

Mortgage REWARDS



Back to day 1
or
Excess period
Mortgage Payment
Protection Insurance

Including an
Exclusive LOYALTY
Payment Holiday Bonus
and
"Back-to-Work" assistance
Package

Valid from 01.05.2006

 **Berkeley
Alexander**

1. Who needs mortgage payment protection?

Simply consider the following information:

Key Considerations

- Today in Britain there are over 1,559,000 unemployed people. (IDS February 2006)
- Over 937,600 people are receiving Jobseekers Allowance. (IDS March 2006)
- Over 2,500,000 are claiming incapacity benefits - most claiming for more than a year. Of these nearly 1,500,000 have been claiming for more than 7 years - with 25% of them suffering from stress, depression or other mental health problems. (National Statistics Sept. 04)
- Just under 8,000,000 are now recognised as being economically inactive. (National Statistics Sept 04)
- The number of manufacturing jobs are at their lowest since 1978 with only 3,380,000 being employed. (Telegraph June 2004)

2. How will mortgageREWARDS help you?

Consider the following benefits:

- You must have a mortgage to be insured under **mortgageREWARDS**. It is designed to cover your monthly mortgage repayment plus up to 25% of your mortgage payment as additional cover to pay for your other expenses.
- Exclusive 'back-to-work' assistance including 24-hour stress and medical help-line.
- Free transfer and immediate cover for clients who switch from another insurer (see section 15).
- Highly competitive premiums payable monthly by Direct Debit at no extra cost.
- Various waiting period options - from back to day 1 to a 60 day excess period.
- Benefits are payable for either 12 or 24 months.
- Choose either unemployment only cover, or incapacity only cover (accident and sickness), or both combined.
- The self-employed, directors and proprietors of businesses are covered if their business ceases to trade.
- Tax free benefits.
- No premium loading on the basis of gender, occupation or smoking habits.

3. Exclusive loyalty reward bonus scheme

We promise to waive your premium for 2 months after every 12-months that you:

1. have had no claims during the past 12-months
2. continue to renew your MortgageREWARDS insurance with us

This loyalty bonus continues throughout the life of the plan - so for every subsequent 12 months that are claims free we will waive 2 months of your premium for as long as you continue to buy this insurance from us.

4. Exclusive 'back-to-work' assistance and free 24-hour stress/medical helpline

We provide an exclusive outplacement facility from Sapient HR Consulting, following unemployment, which provides:

- Support from a personal consultant with local employment market knowledge.
- Rapid face-to-face meeting held in a mutually convenient location within seven working days.
- Emphasis always on your personal needs.
- Access to multiple databases of potential employers.
- CV preparation and interview technique training.
- Consultant support and guidance is maintained for three months between 8.30am to 6pm six days a week.
- Free 24 hour stress/medical helpline.

5. Who is eligible for mortgageREWARDS?

You can apply for this insurance if at the start date you:

- have a mortgage on your main home, which is not in arrears;
- are aged between 18 and 64 and are permanently resident and working within the UK, Channel Islands or Isle of Man;
- are actively working in employment or self-employment for more than 16 hours per week and have been so continuously for the previous six months during which time you have not registered as unemployed with the appropriate government agency. You cannot obtain this insurance if you work in temporary or seasonal employment;

Important notes (please refer to your policy wording for full details)

- If, at the start date, you know that you will become unemployed, we will not pay any claim for that period of unemployment.
- If you are made unemployed, or are notified that you will be, within the initial exclusion period, you will not be able to claim for that period of unemployment.
- If, at the start date, you are on a fixed-term contract, please see section 13 for full details of how you will be treated by this policy and how you will be treated during a claim.
- If, at the start date, you are a company director, a company secretary or you are a relative of a director who is working for the same company as you, please refer to section 13 for full details of how you will be treated by this policy and how you will be treated during a claim.

6. Your commitment to mortgageREWARDS

By taking out **mortgageREWARDS** you provide the following commitments:

- To decide the amount of benefit you require, when you need the benefit to start and for how long.
- To give us all the employment, medical and other information we ask for when applying for your plan and when claiming any benefit. If you don't do this we may not be able to insure you or pay any claim.
- To make regular premium payments each month by direct debit.
- To tell us if you change your occupation (not including a change in your job title or a change in your work location if this does not entail a change in your actual duties), if your job or duties change with your existing employer or if you change employer or become unemployed. Any of these changes must be notified to us within 14-days from the end of each monthly period. (Failure to inform us could invalidate any claim you might wish to make).
- To tell us of unemployment, illness or injury within the time limits we set which has stopped you from working.
- To select an appropriate level of cover and review it regularly to make sure you have enough for your needs but no more than we will pay.
- To tell us if you change address or bank details so that we can keep you properly informed as well as keeping our records up-to-date.

7. How much cover can you have?

Mortgage Protection: You can apply for cover if you have a mortgage. The monthly benefit available under **mortgageREWARDS** is the actual monthly mortgage repayment amount to your lender. Any benefit will be paid to you by way of a cheque which will be posted to your home address.

Additional Cover: This can only be purchased in conjunction with your mortgage protection through **mortgageREWARDS** to cover other household related expenses (for example, the insurance premium for this policy, life assurance premiums, household utility bills etc). You can buy up to 25% of your actual monthly mortgage repayment to your lender.

You can only opt for 24-month benefits if you have purchased this insurance within 30-days of completing your mortgage. In all other cases you will be limited to 12-months.

The total of both sections combined, as applicable, is a maximum of £2,000 per month and must be less than 60% of your gross monthly income*, whichever is the lower.

* Gross monthly income means your monthly salary before tax and national insurance have been taken off plus the average of any overtime, commission or bonus payments you have received in the 12 months prior to the insurance start date or the date of your claim, whichever is applicable.

You may choose to amend your cover from time to time. However your monthly benefit and the insurance cover shown on your certificate of insurance will remain unchanged unless you contact us and we agree to a variation. You cannot increase the amount of monthly benefit or change the insurance cover while you are making a claim.

Please note that unless an increase to the monthly benefit is as a direct result of an increase in the mortgage interest rate that applies to your mortgage, as supported by evidence from your lender, a 90-day qualifying period will apply to the increase starting on the amendment date. So if you are notified that you are going to be made unemployed within the 90-day period, you will receive only the original monthly benefit and we will not pay the increased benefit during the claim. This 90-day qualifying period will also apply if the policy is in joint names and the monthly benefit is transferred between the people who are insured.

8. What are the costs of cover?

All the various premium rate options are available via your intermediary or in the separate premium rate information sheet. The costs of cover are expressed as a rate per £100 of monthly benefit and including insurance premium tax.

Some examples of pricing: If you are aged 40 and are paying £525 per month for your mortgage you can opt to take out a 12 month benefit after a 30-day excess period for incapacity and unemployment cover combined - the cost will be £6.01 per £100 of benefit - £525 divided by £100 = 5.25 x £6.01 = £31.55 per month. If you are 35 the cost is £25.36 per month.

If you are 40 and wanted the same cover but for 24 months the cost increases to £42.16 per month and if aged 35 the cost is £34.23 (as long as you purchase this insurance with 30-days of completing your mortgage).

You may be self-employed and decide to just buy the incapacity only cover or you may already have incapacity insurance and decide that you just want unemployment only cover. If again you are 40 years old for 12 months benefit with a 30-day waiting period that if triggered the claim will pay back-to-day 1 will cost you £25.04 per month. If aged 35 this will be £19.01 per month.

If you have a joint mortgage you can both buy this insurance but please note that you will have to show the monetary split between 1st and 2nd applicant based on each person's share of the mortgage and this will be rated depending on your individual ages.

Please also remember that at the start of the 2nd and subsequent years you may be entitled to a 2-month payment holiday - please refer to Section 3.

9. How are premiums paid?

This is a monthly plan which automatically renews each time you pay your premium through your direct debit mandate and meet the conditions set out in this document and your policy wording. Any premium due under **mortgageREWARDS** is payable monthly in advance by Direct Debit. If you are claiming monthly benefit, you must continue to pay your premium as it falls due in order to ensure continuous cover under **mortgageREWARDS**. If the collection date is missed we will collect two months premium during the following month. Any alterations or amendments to your cover or your premium during the lifetime of your plan will take effect from the following month. Compass or the insurer can amend your premium by giving you 30 days notice in writing. If there are any changes to the current level of Insurance Premium Tax or any new taxation levies are imposed, your premium will be amended from the date any such taxation changes are implemented.

10. When does cover and benefits cease under mortgageREWARDS?

- a) The date you reach 65;
- b) When you reach your normal retirement date or you retire;
- c) The date your mortgage ends;
- d) The date on which your circumstances change if the change would make the insurance invalid;
- e) The date the premium is due in the event of the premium not being paid by you and you failing to put this right within 14 days;
- f) Your death;
- g) If you are no longer a resident in the UK;
- h) If your mortgage payments are in arrears and the litigation process has started;
- i) You tell us in writing that you want to cancel this policy and return your certificate of insurance. We will cancel the insurance on the day we receive your request. If you cancel this insurance within 30 days of the start date we will refund any premium you may have paid unless you have made a claim.

11. What documentation do you receive?

This key features brochure is designed to provide you with a summary of the cover available under **mortgageREWARDS**. Once your application has been accepted, you will receive the following documentation:

- A personalised certificate of insurance.
- A copy of the policy wording and policy summary.
- Details of our exclusive 'back-to-work' assistance and free stress/medical helpline.

- To apply for **mortgageREWARDS** protection, complete this Application Form in BLOCK CAPITALS using a ball point pen (blue or black ink).
- Insurance begins when Compass Underwriting on behalf of Assurant Solutions has accepted your application and confirmed this to you in writing.
- You must give full and true answers to all questions. If you do not do so, your insurance cover may not protect you in the event of a claim.
- You should keep a record of all information supplied to Compass Underwriting (including copies of correspondence).
- A copy of the Application Form can be supplied on request within a period of 3 months after its completion.
- A copy of the Policy is available on request.

Title **Your full name First Applicant (1)** Date of birth (1)

Home address Home telephone number

Email address

Postcode

Employment status (1) - Please tick the appropriate box

Employed Self Employed Shareholding Director Contract Worker

What is your gross monthly income? (1) See Section 7 /month

Length of service with current employer (1) yrs mths

Name of employer (1)

The industry you work in (1) Occupation (1)

Title **Your full name Second Applicant (2)** Date of birth (2)

Employment status (2) - Please tick the appropriate box

Employed Self Employed Shareholding Director Contract Worker

What is your gross monthly income? (2) See Section 7 /month

Length of service with current employer (2) yrs mths

Name of employer (2)

The industry you work in (2) Occupation (2)

Please answer the following questions by ticking the appropriate box.

Are you now actively working within the UK, Channel Islands or Isle of Man for at least 16 hours per week and have been continuously working during the past six months?

Is your work temporary, casual or seasonal (including any work for a temporary employment agency)?

Have you at any time during the past 12 months been registered as unemployed?

Have you been during the past 12 months, or are you in dispute or in the course of any disciplinary action with your employer?

Do you know of any redundancies, restructure, reorganisation, financial or contractual threats within the business you work in, even if you do not believe these actions will result in you becoming unemployed?

Are you currently receiving medical treatment or medical care of any kind, or awaiting referral for consultation treatment?

Have you had any illness or other treatment in the last three years including ever attending any hospital or clinic or had any specialist tests or investigations including those of a routine or minor nature?

Do you have any other similar insurances, ever been declined for this type of insurance, or had special terms imposed?

Applicant (1)		Applicant (2)	
YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Important Note - If you have ticked any of the shaded boxes above, please provide further information on a separate sheet.



**Instructions to your bank or building society
to pay direct debits**



Originators identification number

7 2 8 0 1 0

Name(s) of account holder(s)

Compass Underwriting Ltd reference number (office use only)

Bank or building society account number

Branch sort code

Instruction to your bank or building society

Please pay Compass Underwriting Ltd direct debits from the account detailed in this instruction subject to the safeguards assured by the direct debit guarantee. I understand that this instruction may remain with Compass Underwriting Ltd and if so details will be passed electronically to my bank or building society.

Name and full postal address of your bank or building society branch

Signature (1)

Signature (2)

Date

Banks or building societies may not accept direct debit instructions on some types of accounts

This guarantee should be detached and retained by the payer

Direct debit guarantee

This guarantee is offered by all banks and building societies that take part in the direct debit scheme. The efficiency and security of the scheme is monitored and protected by your own bank or building society.

If the amounts to be paid or the payment dates change, Compass Underwriting Ltd will notify you five working days in advance of your account being debited or as otherwise agreed.

If an error is made by Compass Underwriting Ltd or your bank or building society, you are guaranteed a full and immediate refund from your branch of the amount paid.

You can cancel a direct debit at any time by writing to your bank or building society. Please also send a copy of your letter to us.



What to do now

- ✓ Please detach the application form from the key features document
- ✓ Please ensure you have completed and signed the relevant sections of the application form
- ✓ Please ensure that you have completed and signed the Direct Debit Mandate
- ✓ Please forward the completed documents to Berkeley Alexander at the address shown below:

**Berkeley Alexander,
Temple House, 25-26 High Street, Lewes, East Sussex BN7 2SD
Tel: 01273-477784 Fax: 01273-478994**

Agent Number						

Agent Stamp

Important Notes

This insurance will not commence until we have assessed and accepted your application and confirmed this to you in writing.

In most instances your payments will be as originally quoted. Revised terms may be offered to you, but occasionally we may be unable to offer any terms.

We may ask you to contact your doctor to speed up the completion of reports which we have requested.

If we ask you to attend a medical examination, it may be necessary for us to share the application information with another company authorised by us. They will make the arrangements for the examination to take place, usually by telephone.

The insurer has a confidentiality policy in place which means that your medical information is held securely and access is limited to authorised individuals only.

It may be necessary to send your application and relevant medical reports to our insurer for their opinion or agreement of the terms offered.

You are entitled to ask for a copy of the terms and conditions of your insurance at any time and can request a copy of your application form within a period of 3 months after its completion.

The law and courts of England will decide any dispute.

The UK Financial Services and Markets Act 2000 covers your plan. It is designed to protect you if the insurer become insolvent.

Access to Medical Reports Act 1988

We may need to obtain medical reports to support your application or your claim. Before we can ask any doctor that you have consulted to complete a report, we require your permission under the Access to Medical Reports Act 1988. Your rights under the Act are as follows:

You do not need to give your permission but, if you do not, we will be unable to proceed with your application. This does not prevent you from applying to other companies for insurance.

You can ask to see the report before the doctor returns it to us. If this is the case we will ask the doctor to keep the report for a period of 21 days for you to arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.

If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date.

If you think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.

Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following:

- Your current health
 - Any care, medication or treatment you are currently receiving
 - The results of referrals or tests you are waiting for
- Any time off work in the last three years
- Your past health
 - Details of any relevant illness, trauma or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:
 - Malignancy (cancer), cardiovascular (heart) disease, diabetes and degenerative (gradually worsening) diseases

- Musculoskeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles
- Anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue
- Suicidal thoughts or attempts at suicide or
- Conditions related to drug or alcohol misuse or smoking or chewing tobacco

Details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations

Any blood pressure readings in the last three years

- Any history of disease among your parents or brothers or sisters that you have told your doctor about

We have asked your doctor not to reveal information about:

- Negative tests for HIV, Hepatitis B or C
- Any sexually-transmitted diseases unless there could be long-term effects on your health or
- Predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from

The information you and your doctor provide about your health may result in us:

- Refusing to provide insurance
- Declining your claim (e.g. for a pre-existing medical condition)

If you have any questions about your rights under the Act or relating to the process of us obtaining, assessing or storing medical information, please write to the Chief Underwriter at Compass Underwriting Ltd, 1-2 Crutched Friars, London EC3N 2HT.

12. Return to work benefits

If the cover you have selected includes incapacity benefit you may also be eligible for this additional benefit. Should you return to work on a reduced salary then we will make up the difference up to 75% of your prior gross monthly salary you received immediately before you made a claim, less any state benefits, subject to:

- You must have made a successful incapacity claim for at least one month
- You must not have received the maximum benefit
- you have returned to part-time work with your usual employer immediately after your GP confirms that you are fit (you cannot claim this benefit if you are self-employed).
- you are receiving less than your usual basic salary due to a direct result of working reduced hours due your prior incapacity claim. The difference must be greater than £100 per month.

This return to work benefit is payable for up to 3 months in any 12 month period, irrespective of when each monthly benefit is paid and will stop when you have received the maximum benefit period or you start to receive your usual salary or when your policy or benefits end as set out in section 10. For full details see the policy wording sections 8 and 9.

13. Are you a shareholding director, proprietor or contract worker?

Unemployment cover under this certificate of insurance will depend on your employment status.

- Employed people (not including company directors, company secretaries or their relatives if working for the same company or contract workers)
 - a If you are working, and you are eligible to claim under this policy we will cover you if you become unemployed.
- Employed company directors, company secretaries or their relatives
 - a If you own less than 10% of the issued share capital of the business you are working for, or you are a relative of a company director or company secretary who owns less than 10% of the issued share capital of the business you are working for, and you are eligible to claim under this policy we will cover you if you become unemployed.
 - b If you own more than 10% of the issued share capital of the business you are working for, or you are a relative of a company director or company secretary who owns more than 10% of the issued share capital of the business you are working for, and you are eligible to claim under this policy we will cover you if that business ceased to trade.
- Employed contract workers

If you are employed under a fixed term contract of employment, we will consider your cover under the unemployment section in accordance with the following:

 - a) If you have been working for the same employer for at least six months and your contract has been renewed at least once, we will consider a claim only if your current contract is terminated prior to its expiry date. Monthly benefit will only be paid until that contract would have expired.
 - b) If you have been working for the same employer for at least two years and if you have an annual contract, which has been renewed at least once and has at least six months remaining, we will consider any claim as if you had been in permanent employment.
- Self-employed and their relatives

If you are the sole owner or a partner in the business you are working for, or you are a relative of the sole owner or partner in the business you are working for, and you are eligible to claim under this policy we will cover you if that business ceased to trade.

14. When can you make a claim under mortgageREWARDS?

You can make a claim under **mortgageREWARDS** at any time during the period of insurance providing you notify us within 30 days of being made aware that you may become unemployed, redundant or incapacitated (as applicable) or as soon as reasonably possible. You may be required to see one of our consultants.

For unemployment claims you must be in receipt of the appropriate class of National Insurance contribution credits, actively looking for work (detailed evidence of this must be provided), without any work and registered as unemployed with the appropriate government agency and not in receipt of payments instead of working your notice, nor any other paid employment. For incapacity claims you must provide us sick-notes for periods no longer than 1-month (otherwise you must provide written details from your doctor) plus allow us access to your medical records.

Once you have notified us we will send you a claim form which you must return to us as soon as possible, or within 30-days, including all the relevant information requested by us. If you are unable to do this you must write to us with your explanation. The information you need to provide us will include such items as details of your mortgage, termination notice, Jobseekers Allowance (ABI1's), P60, P45, at least 4-months of wage slips and if self-employed, independent proof of earnings, audited accounts, bank statements, Inland Revenue and National Insurance records. For incapacity you will also need to provide medical information and sick notes. Failure to provide this information could seriously delay your benefit being paid or even result in non-payment of your claim.

You will not be able to claim under this insurance during any holidays that you might take whilst your claim is on-going. This is because you are unable to obtain your ABI1 forms nor could you be actively looking for work during this period. For lone parents or claimants over 60 years old you may not need to register with the jobcentre in order to obtain your ABI1 form but you will need to provide alternative supporting evidence. Our customer services will provide more information if necessary.

If you restrict your insurance to unemployment only cover or incapacity only cover, monthly benefit will only be payable in respect of a claim arising from the specific type of cover you have selected.

You must provide us, within 14-days from the end of each monthly period, detailed evidence every month that you want to claim. For unemployment claims this will include completing a monthly continuation form, providing evidence of your job seekers allowance (ABI1 forms) and detailed evidence of your job searches, including copy adverts, emails, responses, letters and your job search diary. For incapacity claims you will need to provide a monthly continuation form, sick-notes from your GP for periods no longer than 1-month (otherwise you must provide written details from your doctor). If you are unable to provide this within 14-days please write to us with a detailed explanation as to why it will be delayed.

15. Initial Exclusion Period

If the start date of **mortgageREWARDS** is within 30-days of the completion of your mortgage on your main private residence then the initial exclusion period will be 60-days. If not then the initial exclusion period will be 90-days. You cannot make a claim for unemployment if you become aware of the possibility of or are notified of your unemployment within the initial exclusion period unless you have qualified for an exclusion free transfer.

Initial Exclusion Period Transfer Waiver

If you already have an existing mortgage payment protection insurance and you wish to transfer your existing benefits to **mortgageREWARDS** you may do so and if you are eligible we will delete the initial exclusion period clause. To be eligible you must complete a transfer request form which will ask you to confirm that you have had your previous policy for the last six months claim free and that all the premiums have been paid. We will then assess your application for this waiver and if accepted we will confirm this to you in writing. You must cancel your prior plan once it has been transferred. Failure to cancel your plan or meet these requirements may invalidate any claim that you might make.

16. How long are benefits paid for in the event of a claim?

You can choose at the time of purchase to receive up to a maximum of either 12 or 24 monthly benefit payments for any separate incapacity or unemployment claim under **mortgageREWARDS**.

17. What happens if you need to make more than one claim?

Incapacity claims

If we have paid the maximum number of monthly benefit payments in the benefit period for any one incapacity claim, you must have returned to work for at least:

- six months before you will be entitled to claim again for the same incapacity;
- one month before you will be entitled to claim again for a different unrelated incapacity; or

If we have paid less than the maximum benefit period for any one incapacity claim, you must have returned to work for at least one month before you can claim again for a different unrelated incapacity.

If you suffer the same incapacity again within six months of returning to work, we will treat your claim as a continuation of the original claim. Neither the waiting nor excess period, as applicable, will be applied again, and in total we will pay monthly benefit payments up to the maximum benefit period.

Unemployment claims

If we have paid the maximum number of monthly benefit payments in the benefit period in respect of any one unemployment claim, you must have returned to work for at least:

- six months before you are able to claim again for unemployment;
- If we have paid less than the maximum benefit for any one unemployment claim and you become unemployed again within six-months we will treat your claim as a continuation of the original claim. Neither the waiting nor excess period, as applicable, will be applied again, and in total we will pay monthly benefit payments up to the maximum benefit period.

We will not pay any monthly benefit payments for the time you were in employment or other work between the two periods of unemployment. In total, we will pay monthly benefit payments up to the maximum benefit period.

If your claim changes from unemployment to incapacity or from incapacity to unemployment, the relevant waiting or excess period will not be re-applied, and in total we will pay monthly benefit payments up to the maximum benefit period.

18. How long do you wait before receiving your first benefit payment?

Subject to the provisions of section 14, you will need to be in continuous employment and become unemployed or incapacitated during the period of insurance for longer than your chosen excess or waiting period of either 30 or 60-days.

As long as you have been unemployed or incapacitated beyond this period we will pay you a monthly benefit payment on the day after the waiting or excess period has ended provided we have all the information required to validate your claim (i.e. back to day one under the 30 or 60 day waiting option or from day 31 or 61 under the excess period option). We will continue to pay you 1/30th of the monthly benefit for each further day you remain continuously unemployed or incapacitated. We will pay the benefit every month for the month passed for up to your chosen maximum benefit period.

We will continue to pay you until:

1. the last day of your unemployment or incapacity;
 2. the date you stop providing proof that you are still unemployed or incapacitated;
 3. we have made the maximum number of monthly benefit payments in the benefit period;
 4. you return to work;
- whichever happens first.

19. What happens if you are offered temporary work?

If you are eligible to claim for unemployment under this insurance and you are offered a temporary job, for less than six months, you can suspend your claim as long as:

1. you tell us who you will be working for (even if you will be self-employed), how many hours you will be working for and how long the temporary work will last;
2. you continue to meet the conditions of this insurance and tell us immediately if any of the circumstances above change; and
3. when your temporary work finishes you must re-register with the Job Centre within 15 days.

You are eligible to claim for unemployment when a temporary job ends provided you have complied with the above. We will begin paying you monthly benefit payments again (up to your chosen benefit period for any one claim period).

20. Are there any circumstances when your claim payments may be reduced?

As detailed in section 7 there are limits applying to the mortgage protection, additional cover and the overall policy, so it is important that your monthly benefit is maintained within these limits. In the event of a claim should your monthly benefit exceed these limits your benefit will be reduced accordingly. No premium will be refunded should this occur.

MORTGAGE REWARDS POLICY SUMMARY

This document is a summary of cover only. The full terms and conditions are provided in the Certificate of Insurance.

The Name of the Insurer

This policy is underwritten by Bankers Insurance Company Limited (a member company of Assurant Solutions) who is authorised and regulated by the Financial Services Authority. This can be checked on the FSA's website www.fsa.gov.uk/register or by phoning them on 0845 606 1234.

What am I covered for?

This policy can provide you with cover against incapacity (accident and sickness) or involuntary unemployment that prevents you from working for 30 or more consecutive days. Benefits will be payable monthly. The amount of your monthly benefit is shown on your certificate of insurance. The maximum you can choose is £2,000, or 125% of your mortgage payment, or 60% of your gross monthly income, whichever is the lesser. Where you have a joint application the monthly benefit can be set in proportion upon completion and acceptance of the application. All benefits under this policy are paid directly to the Policyholder(s).

You may also be entitled to a payment freeze. This is a period of 2 months after every continuous 12 month claim free period, when you do not have to pay your monthly premium, subject to the conditions as set out in Section 16 of your policy wording.

You should review the cover provided by this insurance regularly to make sure that it remains suitable for your needs.

How much does this policy cost?

The amount of premium to be paid is dependent upon your age at the time of buying this insurance, the amount of monthly benefit and the cover you choose. The monthly premium payable, including Insurance Premium Tax (IPT), is shown in the premium section of your application form and in your certificate of insurance.

What are the Main Exclusions of this policy?

The following are the main exclusions; please see sections 7, 9, 11 and 12 of the Policy Terms and Conditions for full details of all exclusions.

You will not receive incapacity (accident and sickness) benefit for any claim, which is caused by, or resulting from:

- any pre-existing medical condition you knew of or should reasonably have known about at the start date, or which you asked or received treatment or counselling for from any doctor before the start date; but you will be entitled to benefit if you have not suffered from that condition for two years before the first date you became unable to work. You have not suffered from a condition if throughout that two year period you: (paragraph 7.1):
 - have not consulted a doctor for that condition; (paragraph 7.1.1) and
 - have not received treatment for that condition; (paragraph 7.1.2) and
 - have been free of symptoms of that condition, (paragraph 7.1.3).
- backache and related conditions, including back injuries, which are not supported by medical evidence, (paragraph 7.6);

You will not receive involuntary unemployment or incapacity benefits in the following circumstances:

- If you were not in continuous work for 6 months immediately before your employment ended (paragraph 11.1);
- Unemployment caused or resulting from your employment ending within the exclusion period (paragraph 11.2);
- You being told, or made aware either before the start date or within the exclusion period that your employment will end. This is irrespective of when employment actually ends (paragraph 11.3);
- Misconduct which contributes or leads to your dismissal (paragraph 11.6);
- Resignation, voluntary unemployment or voluntary redundancy (paragraph 11.10); or
- If you are self-employed and your business temporarily stops trading (paragraph 11.13).

The policy will automatically end: if you die, or you reach the statutory retirement age or permanently retire, or when you cancel the policy, or you are no longer resident in the UK, or if you stop paying the monthly premium (see Section 13 of the policy wording – When cover ends).

Elimination, Excess and Waiting Periods

An elimination period will apply for each cover option taken. You can choose either an excess period or a waiting period. In the event of you making a claim for incapacity (accident and sickness) or involuntary unemployment, the period of elimination you have selected will be applied at the time of your claim. This means that when you have a claim you will have to wait for the selected time period to pass before you receive or are entitled to receive any benefit payments (paragraph 4.5).

Your Cancellation Rights

You can cancel the policy within the first 30 days of the start date or the date on which you received the Policy Terms and Conditions, whichever is the later, and as long as you have not made a claim, we will give you a full refund of any premiums you have paid. Please refer to the policy terms and conditions for the cancellation process (paragraph 15.2).

If you cancel the policy after the first 30 days, no further monthly premium will be collected and no refund of premium will be made (paragraph 15.3).

How do I make a claim?

If you need to make a claim, you must contact Compass Underwriting Limited as soon as reasonably possible and at least within 30 days of the incident date (see section 14 of the key features).

You should contact Compass Underwriting Limited, 1-2 Crutched Friars, London EC3N 2HT or telephone 020 7398 0100 (paragraph 17.2).

Please fill in the claim form and return it to Compass Underwriting Limited who will process your claim. The claim form should be received by Compass Underwriting Limited within 30 days. If you do not do this, your benefit may be affected. You may be allowed a longer period to register a claim if you ask. Compass Underwriting Limited will give you information to help you fill in your claim form and tell you what details are required (see Section 14 of the key features and paragraph 17.3 of the policy wording).

What should I do if I have a complaint?

Although we set ourselves high standards, if we do not meet your expectations and you are dissatisfied in some way we would like to know. If you follow the guidelines below, your complaint will be dealt with in the most efficient way possible (paragraph 20.1).

- Step 1.** Please contact or write to the Customer Care Manager, Compass Underwriting Limited, 1-2 Crutched Friars, London EC3N 2HT or phone 020 7398 0100, fax 020 7398 0109 or email: complaints@compassuw.co.uk.
- Step 2.** Please contact or write to the Operations Director, Assurant Solutions, 117-119 Whitby Road, Slough, Berkshire, SL1 3DR. Phone: 0870 152 6000, or email uk.complaints@assurant.com
- Step 3.** If you are still not satisfied with the way we have dealt with your complaint you can ask the Financial Ombudsman Service (FOS) to review your case. You can contact them at the following address: South Quay Plaza, 183 Marsh Wall, London, E14 9SR. Phone: 0845 080 1800 or fax 020 7964 1001.

The FOS is an independent organisation that arbitrates on complaints about general insurance products. It will consider complaints after the insurer has given you written confirmation that they have been through their full complaints procedure. You have six months from the date of the insurer's final response in which to refer your complaint to the FOS. This does not affect your right to take legal action.

The Financial Services Compensation Scheme

If Bankers Insurance Company Limited is unable to meet its liabilities, you may be entitled to compensation from the Financial Services Compensation Scheme (FSCS) who can be contacted at: 7th Floor Lloyds Chambers, Portsoken Street, London, E1 8BN, Telephone 0207 892 7300, email: enquiries@fscs.org.uk. The first £2,000 of an insurance claim or policy is covered in full through the FSCS, plus 90% of the balance.

What should you do if you require further information?

If you require any further information regarding **mortgageREWARDS**, or you would like a copy of the full insurance terms and conditions, you should contact your financial adviser but if they cannot help then contact Berkeley Alexander at:

Office address: Temple House, 25-26 High Street, Lewes, East Sussex, BN7 2SD.

Telephone: 01273 477784 during Monday to Friday 9am to 5pm.
We may monitor or record calls to improve our service.

Facsimile: 01273 478994

Email: info@baonline.co.uk

Please note that your financial adviser will normally be your first point of contact. Should you need further assistance then you can contact Berkeley Alexander. Neither Compass nor the insurer will be able to give you financial advice.

However if you do have any questions, you can contact Compass at:

Office address: 1-2 Crutched Friars, London EC3N 2HT
Telephone: 020 7398 0100 during Monday to Friday 9am to 5pm.

We may monitor or record calls to improve our service.

Facsimile: 020 7398 0109

Email: info@compassuw.co.uk

ADMINISTERED, UNDERWRITTEN & REGULATED BY



Compass Underwriting are authorised and regulated by the Financial Services Authority.

The insurer is Bankers Insurance Company Ltd (a member company of Assurant Solutions), who is authorised and regulated by the Financial Services Authority. This can be checked on the FSA's register by visiting the FSA's website at www.fsa.gov.uk/register or by contacting them on 0845 606 1234.

ARRANGED EXCLUSIVELY BY



Berkeley Alexander are authorised and regulated by the Financial Services Authority.

1. Declaration of Insurance

Your intermediary has completed your application form on your behalf electronically. It is your responsibility to ensure that this information is correct as we will rely on this when we, on behalf of the insurer, assess your application and in the event of any claim. Please carefully review the information provided and the statements made in this declaration, as by going through this sales process you agree to be bound by these conditions. If you are unsure as to whether any further information should be given or you need to make a correction, you should provide it as soon as possible to your intermediary.

I declare that:

I will inform the insurer of any changes that occur before this insurance commences. I understand that failure to do so may result in this insurance being declared void and that a claim for the benefits may not be paid.

To the best of my knowledge and belief all the statements made, which includes anything I have said, have been recorded accurately in this application or are as attached and are true and complete. This disclosure will form the basis of the contract.

I understand that this contract will renew automatically at the end of each month subject to the terms and conditions of this insurance and as specifically stated in the Key Facts section which I confirm that I have read and understood. I also understand that I will not be required to complete a new direct debit mandate when the contract renews nor at the end of each 12-month period, though I may be required to complete a declaration of health and employment form.

I agree to Compass and the insurer obtaining medical information from any doctor I have consulted about my physical or mental health, in order to assess my proposal. Compass and the insurer may obtain relevant information from other Insurers about previous or concurrent applications for incapacity insurance that I have applied for.

I authorise those asked for such information to provide it on the production of a copy of this consent. This consent allows Compass and the insurer to obtain reports at any time during the life of the plan to support any claim made on the plan proceeds.

In the event of an insurance claim, I consent to any information which I provide to you, whether on this form, the claim form or otherwise, being put onto a Register of Claims through which insurers share such information to prevent fraudulent claims. I understand that a list of participants and the name and address of the operator are available from you.

I agree that a copy of the agreement given in this declaration will have the validity of the original.

Data Protection Act 1998

To set up and administer your policy Bankers Insurance Company Limited (a member company of Assurant Solutions) and Compass Underwriting Limited will hold and use information about you supplied by you and by medical providers. We may send it in confidence for processing to other companies within Assurant Solutions (or companies acting on our instructions) including those located outside the European Economic Area.

By signing this declaration you consent to such use of your personal data.

Important Notes:

You and the Insurers are free to choose the Law which applies to this insurance contract. Unless you and the Insurers agree otherwise this insurance shall be subject to English Law and the English Courts will deal with any disputes.

You are reminded that you must inform us within 30 days if your occupation changes or you change employer at any time during the period of this insurance.

2. Important Notes

This insurance will not commence until we have assessed and accepted your application and confirmed this to you in writing.

In most instances your payments will be as originally quoted. Revised terms may be offered to you, but occasionally we may be unable to offer any terms.

We may ask you to contact your doctor to speed up the completion of reports which we have requested.

If we ask you to attend a medical examination, it may be necessary for us to share the application information with another company authorised by us. They will make the arrangements for the examination to take place, usually by telephone.

The insurer has a confidentiality policy in place which means that your medical information is held securely and access is limited to authorised individuals only.

It may be necessary to send your application and relevant medical reports to our insurer for their opinion or agreement of the terms offered.

You are entitled to ask for a copy of the terms and conditions of your insurance at any time and can request a copy of your application form within a period of 3 months after its completion.

The law and courts of England will decide any dispute.

The UK Financial Services and Markets Act 2000 covers your plan. It is designed to protect you if the insurer become insolvent.

3. Access to Medical Reports Act 1988

We may need to obtain medical reports to support your application or your claim. Before we can ask any doctor that you have consulted to complete a report, we require your permission under the Access to Medical Reports Act 1988. Your rights under the Act are as follows:

You do not need to give your permission but, if you do not, we will be unable to proceed with your application. This does not prevent you from applying to other companies for insurance.

You can ask to see the report before the doctor returns it to us. If this is the case we will ask the doctor to keep the report for a period of 21 days for you to arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.

If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date.

If you think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.

Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following:

- Your current health
 - Any care, medication or treatment you are currently receiving
 - The results of referrals or tests you are waiting for
- Any time off work in the last three years
- Your past health

Details of any relevant illness, trauma or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:

- Malignancy (cancer), cardiovascular (heart) disease, diabetes and degenerative (gradually worsening) diseases
- Musculoskeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles
- Anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue
- Suicidal thoughts or attempts at suicide or
- Conditions related to drug or alcohol misuse or smoking or chewing tobacco

Details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations

Any blood pressure readings in the last three years

- Any history of disease among your parents or brothers or sisters that you have told your doctor about

We have asked your doctor not to reveal information about:

- Negative tests for HIV, Hepatitis B or C
- Any sexually-transmitted diseases unless there could be long-term effects on your health or
- Predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from

The information you and your doctor provide about your health may result in us:

- Refusing to provide insurance
- Declining your claim (e.g. for a pre-existing medical condition)

If you have any questions about your rights under the Act or relating to the process of us obtaining, assessing or storing medical information, please write to the Chief Underwriter at Compass Underwriting Ltd, 1-2 Crutched Friars, London EC3N 2HT.