




Customer Services

Freephone: 0800 169 7733
Main switchboard: 020 8546 7733
Office hours: Monday to Friday,
9am to 7pm

E-mail
csd@uk.combined.com

Website
www.combinedinsurance.co.uk

European Headquarters
Combined House
15 Wheatfield Way
Kingston upon Thames
Surrey
KT1 2PA

Member of 



Insurance cover provided by
Combined Insurance Company of
America (Combined Insurance)

A company with limited liability
incorporated in Illinois, USA

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the UK: FC005307 and as a branch:
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The ACE Group of Companies



Product Summary

Sickness Income Plan

This policy provides
additional income
to help face
unexpected expenses
if you become
incapacitated by
a sickness.



Important information

Customer Services

Freephone: 0800 169 7733

E-mail: csd@uk.combined.com

Website: www.combinedinsurance.co.uk

Financial Ombudsman Service

Phone: 0845 080 1800

Fax: 020 7964 1001

E-mail: enquiries@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

You can ask us for this information in large print. Please call Freephone 0800 169 7733 for details.

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If you become incapacitated by an illness, you might face unexpected expenses when you could least afford them. This policy provides peace of mind by providing additional income so all you need focus on is getting better.



This document explains the Sickness Income Plan. Please read it.

The cover we provide

What is the Sickness Income Plan?

The policy provides benefits if you suffer total disability (incapacity) because of sickness. We provide financial support from the fourth day up to an initial maximum period of six months.

Other important facts about your Sickness Income Plan

- You choose the level of benefits that best suits your needs. There are nine levels of benefit.
- You pay regular premiums to keep the benefits in force.
- We will not pay benefits for a covered sickness you suffer from within the first 30 days of your policy being in force.
- You may be covered by this policy if you are over 16 and under 65 years of age on the date you apply. The policy will end when you reach 80 years of age. We will reduce the benefits by 50% when you reach 70 years of age.
- Cover is not available to anyone who is unemployed and is claiming Jobseeker's Allowance at the time you take out the policy.

Summary of benefits

The maximum amount of Sickness Income Plan cover is based on your yearly earned income on the date we issue the policy. If you are buying a policy to add to any existing Sickness Income Plan we provide, these limits apply to the total disability benefit rates under all your policies.

Your yearly earned income:	Total disability benefit allowed each month:	Units
Less than £12,000	£100 - £400	1 to 4
£12,000 to £14,999	£500	5
£15,000 to £17,999	£600	6
£18,000 to £20,999	£700	7
£21,000 to £23,999	£800	8
£24,000 or more	£900	9



Level of cover

Important - cover begins 30 days after the date we issue the Policy

Shown below are the nine benefit level options. Benefit level 1 is for when you want to add to your existing cover. It is not available on a stand-alone basis.

1	2	3	4	5	6	7	8	9
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We pay benefit at the monthly rate of:

£100	£200	£300	£400	£500	£600	£700	£800	£900
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Total Disability (incapacity) - covered sickness

Paid for total incapacity due to sickness. By this we mean the inability to perform each duty of your normal business or occupation (or carry out one or more of your activities of daily living if you are not in paid work). If you have more than one paid occupation, our assessment is based on the main one.

We will pay benefit from the fourth day of disability for up to **six months**. This increases by one month for every three months you keep the policy in force, until the maximum period of cover reaches **12 months**. We use the date you first show symptoms of the sickness to work out any increase.

What other features are there?

Best Doctors

While your policy is in force, you have access to the leading medical advisory service Best Doctors® if you suffer from one of the following conditions.

- AIDS
- Alzheimer's disease
- Blindness
- Cancer
- Cardiovascular conditions
- Coma
- Deafness
- Kidney failure
- Loss of speech
- Major organ transplant
- Motor neurone disease
- Multiple sclerosis
- Paralysis
- Parkinson's disease
- Severe burns
- Stroke

You will have access to:

Best Doctors InterConsultation™ service

Best Doctors will choose an expert from a database of over 50,000 specialists worldwide to review your case with the aim of answering two questions.

- Is your diagnosis correct?
- What are the best treatment options?

Best Doctors FindBestDoc™ and FindBestCare® services

These services identify and recommend the top specialists and most experienced centres worldwide to treat your condition.

Best Doctors provides these services, not us. We will try to make sure you can have access to these services at all times.

If we end our arrangements with Best Doctors, we will write to you with a full explanation, giving as much notice as possible. We will then do our best to find a suitable replacement service.

Best Doctors, InterConsultation, FindBestDoc and FindBestCare are registered trademarks and service marks of Best Doctors, inc. in the United States of America and other countries.

After the policy starts, is there anything I need to do?

We will send you confirmation of your plan in the post together with your Policy Schedule. This will include some details about your personal circumstances which you will need to check. If the details are not correct, you must tell us immediately.

What we do not cover

Cover starts 30 days after we issue your policy.

We will not pay for any claim for you resulting directly or indirectly from the following.

- An illness that does not meet our definition of a covered sickness
- Bodily injuries
- Childbirth
- Pregnancy
- Mental or emotional disorders
- Conditions which we have said we will not cover by name or specific description on an endorsement
- Infection with human immunodeficiency virus (HIV)
- Conditions due to any acquired immune deficiency syndrome (AIDS)

- A pre-existing condition unless the period of disability for which you are making a claim starts 24 months after the date we issue the policy.
- Unreasonable failure to ask for or follow medical advice.
- Any period of sickness during which you are treated for your condition outside of Europe, the United States of America, Canada, Australia and New Zealand.
- Any period of sickness during which you are treated for your condition by a medical practitioner registered in a country outside of Europe, the United States of America, Canada, Australia and New Zealand.
- We will not pay a claim you tell us about more than 30 days after the first day of total disability. We must receive your filled-in claim form within 30 days of us sending you the claim form.

Paying your premiums

What will my premiums be?

Your first premium payment is shown on the last page of this booklet and on your Policy Schedule.

The amount you pay depends on:

- personal details – for example, your age; and
- the level of cover and payment option you choose.

You can pay your premiums every month, every three months, every six months or every year.

Changes to premiums or benefit payments in the future

You will have to pay Insurance Premium Tax on all premiums. This is currently 5%, but may change.

We will review your premiums regularly. Please see the Policy Provisions for full details. Your premium will only change if we change the premiums of all groups of similar policies. We will give you at least 60 days' notice if we plan to change your premium.

Ending or changing your cover

When will the policy end?

Your policy will end when you:

- choose to cancel the policy;
- stop paying premiums;

- reach age 80; or
- die;

whichever happens first.

Your right to cancel

If you are not satisfied with your policy for any reason, you may cancel it within 30 days of the date we issue it by phoning us on 0800 169 7733 or by contacting our Customer Services Department in writing. You can find full contact details on the back page.

If this happens, we will refund any premiums you have paid. However, if you make a valid claim before you cancel your policy, we will keep part of the premium to cover our reasonable administration costs.

If you cancel the policy after this 30-day period, it will stay in force until the next premium is due and we will then cancel it.

Our right to cancel

We will give you 60 days' notice if we want to cancel your policy. This will not cancel your policy just because of:

- any change in your health or physical conditions; or
- the amount of benefit we pay you for valid claims.

Some examples of why we may cancel your policy are if:

- within the first 30 days of taking cover, we find that we have allowed you to go over the maximum amount of cover we allow;
- you fail to reveal to us any material information you could reasonably have been expected to reveal;
- you act with anyone else to get cover from us in circumstances where we would not normally have granted you cover;
- we decide to cancel all policies which have been issued under the Sickness Income Plan; or
- within the first 90 days of taking cover, we find that your medical details do not meet the policy's requirements. In this case, we will return all your premiums.

If you make a claim that is fraudulent or that we reasonably believe to be deliberately false or exaggerated, we will cancel your cover immediately.

Making a claim

If you have any questions or want to make a claim, please contact the Customer Services Department on 0800 169 7733. You can also contact us by letter or e-mail. You can find full contact details on the back page. Please quote your policy number and, if possible, a daytime phone number.

Complaints procedure

We are dedicated to providing a high-quality service and want to maintain this at all times. If you are not satisfied with our service, please contact the Customer Services Department on 0800 169 7733, so we can deal with your complaint as soon as possible. You can also contact us by letter or e-mail. You can find full contact details on the back page.

If you are not satisfied with our response to a complaint, please write to the Complaints Manager. They will review the complaint to see if our decision was correct and that we gave you a clear explanation. If you find our final decision unacceptable, you can ask the Financial Ombudsman Service to investigate.

Financial Ombudsman Service

South Quay Plaza, 183 Marsh Wall, London, E14 9SR

Phone: 0845 080 1800 **Fax:** 020 7964 1001

E-mail: enquiries@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

This does not affect your right to take legal action at a later stage.

Financial Services Compensation Scheme

If we cannot pay all claims due to customers, you may be entitled to compensation under the Financial Services Compensation Scheme (FSCS).

Their contact details are:

Financial Services Compensation Scheme

7th Floor Lloyds Chambers, Portsoken Street, London, E1 8BN

Phone: 020 7892 7300 **Fax:** 020 7892 7301

Website: www.fscs.org.uk

Other important information

Terms and conditions

This Product Summary gives a guide to the Sickness Income Plan. It does not include all the definitions, exclusions, terms and conditions.

If you would like a copy of the full terms and conditions, please contact us direct.

Tax

Present UK law and HM Revenue & Customs practice means that:

- you pay Insurance Premium Tax on your premiums; and
- benefit payments are free of UK income tax and capital gains tax.

This may change in future.

Law

The law of England and Wales applies to the policy.

Personal example

Valid for one month from the date shown

DDMMYYYY

This could change when you buy the policy if your age or health have changed.

We do not provide any cover until you have bought a policy.

Premium (including Government Insurance Premium Tax as %)

Benefits level selected	Monthly	Every three months	Every six months	Every year
Direct debit <input checked="" type="checkbox"/>				
Mail <input checked="" type="checkbox"/>				

You will have to pay Insurance Premium Tax on all premiums. This is currently 5%, but may change.

Representative's name

Licence number

Representative's telephone number: