

Payment Protection Cover

Your Payment Protection Cover policy document.



Lloyds TSB | for the journey...

Useful numbers and addresses

Claims and policy enquiries

You can register or discuss the progress of a claim, or discuss the terms and conditions of your **Payment Protection Cover Insurance policy** by calling us on this number:

Phone: **0845 602 4534**

Our lines are open Monday to Friday 8am to 6pm. Lines are closed on weekends and Public Holidays.

Lloyds TSB Claims Department – PPC,
PO Box 393, West Malling ME6 9FT.

Positive Job Solutions

For job information or employment advice:

Phone: **0845 300 6018**

Lines are open 8am to 8pm Monday to Friday and 8am to noon on Saturdays.

The Positive Job Solutions service is provided by Jobcare Services Limited.

Registered in England, No. 2064316.

Registered Office: GT House,
24-26 Rothesay Road, Luton,
Bedfordshire LU1 1QX.

Administration enquiries

If **you** would like to contact **us** about anything else, for example to amend **your** details, **you** can also call the general enquiries line on the number below:

Phone: **0845 606 2172**

Lines are open 24 hours a day,
7 days a week.

Lloyds TSB Card Operations, Payment Insurance, 4th Floor, Sussex House,
1-9 Gloucester Place, Brighton BN1 4BE.

Telephone call costs, call recording and call monitoring

Calls to 0845 numbers are charged at local rate from UK landlines.

These charges may differ if calling from a mobile or from other countries.

Please note:

Telephone calls may be recorded and/or monitored.

Contents

- 2 Introduction
 - How do I pay for this policy?
 - How do I cancel this policy?
- 4 Our promise to you
- 5 Definitions
- 7 Are you eligible for this policy? (including 'Important notes' and 'Material facts')
- 9 Policy benefits at a glance (including 'How changes during the lifetime of your policy may affect your cover')
- 10 How to make a claim
- 12 Unemployment Cover
- 17 Positive Job Solutions
- 18 Accident or Sickness Cover
- 21 Hospitalisation Cover
- 23 Life Cover
- 25 How long will my policy last?
- 26 General Policy Conditions

Introduction

Thank you for taking out **your Payment Protection Cover Insurance policy** with **Lloyds TSB** Insurance.

This **Payment Protection Cover Insurance policy** is optional and is underwritten by **Lloyds TSB** General Insurance Limited and Scottish Widows plc on a monthly renewable contract. This contract will continue unless cancelled by **you** or **us**.

This booklet is **your Payment Protection Cover Insurance policy** document; it explains how **your** policy works should **you** need to make a claim and contains all the contractual terms and conditions which apply.

You should read this policy document carefully as it explains the benefits of the cover that may be available to **you** and the criteria that **you** must meet to qualify for those benefits.

Words and phrases in bold have certain meanings within this policy document. These are set out within the 'Definitions' section.

These terms and conditions only apply to **Payment Protection Cover Insurance policies** entered into on or after 1 April 2009.

Your policy cannot be transferred or the benefits assigned to anyone else.

This is a monthly renewable contract meaning that cover lasts for a month at a time and will continue on a month by month basis unless it is cancelled by **you** or **us**, or until your cover ends as described within the section entitled 'How long will my policy last?' on page 25 of your policy document.

How do I pay for this policy?

The premium for this policy (inclusive of Insurance Premium Tax where applicable) is charged on a monthly basis as a percentage of **your** monthly credit card statement (excluding the premium **you** pay for **your** optional insurance).

Your monthly repayments can vary due to changes in the amount **you** have borrowed or where interest changes have been notified to **you** in writing by **us**. (Please refer to 'Changes to the premium and/or terms and conditions' section of this policy document on page 26 for a full list of reasons that may lead us to change your premium and/or terms and conditions.)

How do I cancel this policy?

You can cancel this **Payment Protection Cover Insurance policy** after the **start date** if **you** decide that **you** don't want it or it doesn't meet **your** needs.

If **you** cancel within the first 30 days **we** will refund **your** money in full unless a claim has been made and settlement terms have been agreed. Please contact **us** using the details below within 30 days of:

- the date that **you** purchase this **Payment Protection Cover Insurance policy**, or
- the day on which **you** receive **your** policy document

whichever is the later.

The contract between **you** and **us** will then be treated as if it had never happened.

Please write to **us** at:
Lloyds TSB Card Operations,
Payment Insurance, 4th Floor,
Sussex House,
1-9 Gloucester Place,
Brighton BN1 4BE.

Or phone **us** on:
0845 606 2172

If **you** decide that **you** would like to cancel after the 30 days has expired **you** may do so by using the contact details above. However:

- **we** will not refund any premiums already paid, and
- if **you** request to cancel **your** policy and **you** have not yet paid the monthly premium due, **you** will continue to be liable for the outstanding premium, and
- **your** cover will continue until the end of the period for which **you** have paid.

For further details about cancellation rights please refer to the section of this policy entitled 'Our right to cancel your Payment Protection Cover Insurance policy' on page 25 and to the 'Changes to the premiums and/or terms and conditions' of your policy on page 26 of your policy document.

Our promise to you

We aim to provide an excellent service at all times by answering **your** questions as quickly as possible to make the complaints process as straightforward as possible.

If **you** have a complaint about a claim please contact the **Lloyds TSB** Payment Protection Card Customer Care team:

Phone **0845 602 4534**

Post Lloyds TSB Claims Department – PPC
PO Box 393
WEST MALLING
ME6 9FT

If **you** feel that **your** complaint hasn't been answered satisfactorily please write to the Managing Director at the address above or, email* **PPC.customercare@lloydstsb.co.uk**

If **you** have a complaint about the sale of **your** insurance please contact the **Lloyds TSB** Insurance Customer Care team:

Phone **0845 300 5599**

Fax **01633 468835**

Email*

customer.care.insurance@lloydstsb.co.uk

Post Customer Care,
Lloyds TSB Insurance,
Tredegar Park, Newport,
South Wales NP10 8SB.

If **you** feel that **your** complaint hasn't been answered satisfactorily please write to the Managing Director at the address above or email*

managing.director.insurance@lloydstsb.co.uk

Finally, if **you** are still not happy with the way **we** have handled **your** complaint **you** can then contact the Financial Ombudsman Service (FOS) at:

Phone **0845 080 1800**

Post The Insurance Division,
Financial Ombudsman Service,
South Quay Plaza,
183 Marsh Wall,
London E14 9SR.

Contacting the FOS will not affect your legal rights.

*Please be aware that any personal data **you** send to **us** via email could be transmitted across unsecure systems. **We** cannot be held responsible for the security of any such personal data whilst it is in transit to **us**.

Definitions

The following words and phrases are used within this policy document and this section explains exactly what they mean. **We** have set them out in alphabetical order for ease of reference and wherever they are used within this policy document they will appear in bold.

Accident

A sudden and unforeseen event that happens by chance and results in bodily injury.

Account

Your Lloyds TSB Credit Card Account.

Doctor

A qualified and registered medical practitioner other than you or a member of your immediate family.

Hospital

A lawfully operated establishment which has accommodation for resident patients with facilities for diagnosis and major surgery and provides a 24 hour-a-day nursing service by registered nurses. A convalescent, nursing or rest home, or similar section of a hospital is specifically excluded.

Lloyds TSB

The Lloyds TSB group of companies, which includes, (but is not limited to) all companies with the Lloyds TSB name, Cheltenham & Gloucester and Scottish Widows plc, together with all their associated companies from time to time.

Monthly benefit

An amount equal to 5% of your outstanding balance, up to a maximum of £1,000 per month. If you have no outstanding balance at the date of claim, no premium is due since no benefit will be paid.

Outstanding balance

The amount you owe on your account, as shown in the records of Lloyds TSB Bank plc (excluding any arrears from missed payments or any associated interest and costs), and any transactions made up to the:

- date of your death, or where applicable the date of death of the first named additional cardholder,
- date your accident or sickness was certified by a doctor, or up to seven days earlier if you self certified,
- the date on which you became unemployed,
- date on which we reasonably believe you knew you were likely to become unemployed, whether you had official notice or not,
- date on which we reasonably believe you were aware of the need for you to be a carer, or
- date that you knew that you were going into hospital.

Payment Protection Cover Insurance policy

This Payment Protection Cover Insurance contract between you and us.

Definitions (continued)

Pre-existing condition

Any condition, injury, illness, disease, sickness or related condition and/or associated symptoms, whether diagnosed or not:

- which you knew about or should reasonably have known about at the start date, or
- which you had seen or arranged to see a doctor about during the 12 months immediately before the start date.

Self-employed

You are self-employed if:

- you are carrying on a business in the UK, Channel Islands or the Isle of Man either alone or as a partner in a partnership, or
- you can control the affairs of a company you work for because either you or a relative or a member of your household individually or jointly hold the majority of the voting rights in that company, or
- you can otherwise ensure that the company you work for conducts its affairs according to your wishes.

Start date

This is either the date you open your account, or, if you apply for insurance at any other time, your insurance starts on the date we accept your application for insurance.

Treatment

Surgical or medical services, for example, X-ray, that are needed to diagnose, relieve or cure a disease, illness or injury.

Unemployment/unemployed

Out of work and seeking to return to work.

Waiting period

The first 15 days of an Accident or Sickness or Unemployment claim or the first five days of a Hospitalisation claim.

We/us/our

The providers of the insurance cover, who are:

- Lloyds TSB General Insurance Limited for all Unemployment, Accident or Sickness and Hospitalisation cover.
- Scottish Widows plc for Life cover.

Work

Any paid work including self-employed work.

You/your/yours

The person who is eligible, has applied and been accepted by us for this Payment Protection Cover Insurance policy and who has paid or agreed to pay the premiums.

Are you eligible for this policy?

You are eligible for this policy if at the **start date**:

- **you** are aged 18 years or over and under 75, and
- **you** live in the UK, Channel Islands or the Isle of Man, and
- **you** are the first named holder of a credit card **account**, and
- **you** are not in receipt of Incapacity Benefit or Employment and Support Allowance from the relevant government authority.

If **you** have a first named additional cardholder on **your** credit card **account**, they will be eligible for Life Cover under this insurance if at the **start date** they:

- are aged 18 years or over and under 65 throughout the term of **your Payment Protection Cover Insurance policy**, and
- live in the UK, Channel Islands or the Isle of Man, and
- are not in receipt of Incapacity Benefit or Employment and Support Allowance from the relevant government authority.

Important notes

You should refer to each cover section to ensure **you** understand the cover that **you** are eligible for and the exclusions that apply. However, there are certain exclusions and limitations that are particularly relevant when **you** decide to take out this policy. These are listed below:

Accident or Sickness Cover

1. If **you** are off **work** due to an **accident** or sickness at the **start date** of **your** policy

Your Accident or Sickness cover will begin at the **start date** provided **you** return to **work** within 30 days of the **start date**.

If at the **start date** of **your** policy **you** are off **work** due to an **accident** or sickness for more than 30 days, **your Accident** or Sickness cover will not begin until **you** have returned to **work** for at least 30 consecutive days.

Accident or Sickness cover, or Hospitalisation cover

2. Pre-existing conditions

This policy does not cover **pre-existing conditions** unless **you** have been symptom free and have not consulted a **doctor** or received **treatment** for the condition in the 24 months prior to **your** claim.

This exclusion will not apply once **you** have been continuously insured under the **Accident** or Sickness cover or Hospitalisation cover for 12 months.

Please refer to the definition of a **pre-existing condition** on page 6.

Unemployment cover

3. This policy is designed to provide **Unemployment** cover to customers who are employed on a permanent basis for 16 hours or more per week. However, there are some additional circumstances where **we** will provide **Unemployment** cover:

- If **you** are **self-employed** (please refer to the definition of **self-employed** on page 6).

Are you eligible for this policy? (continued)

- If **you work** on a fixed-term contract and **your** contract is not renewed, **you** will only be eligible for **Unemployment** cover where **you** have:
 - worked continuously for the same employer for at least 24 months, or
 - been on a contract for at least 12 months and had that contract renewed at least once, or
 - originally been employed on a permanent basis by the same employer but were transferred to a fixed-term contract by the employer without a break in **your** employment.

Some examples of customers who are not able to claim for **Unemployment** cover under this policy are:

- those employed on a temporary, casual or occasional basis or for a specific task,
 - those working on a seasonal or irregular basis, or for a period of training or apprenticeship.
4. **You** will only be eligible for **Unemployment** cover once **you** have been in **work** 16 hours or more per week for at least a minimum period of six months.
5. This **policy** will not pay for any **unemployment** that **you** were aware of at the **start date**.

6. **You** will not be covered for any **unemployment** which **we** reasonably believe **you** knew was likely to happen, whether **you** had received official notice or not, when **you** took out this insurance.
7. This **policy** will not pay for any **unemployment** that **you** were advised of or which happens during the first 90 days following the **start date**.

Your age and/or employment circumstances may affect the insurance benefits that **you** can claim during the term of **your Payment Protection Cover Insurance policy**. For further details, please refer to the 'Policy benefits at a glance' section on page 9.

If **you** have any questions please call **0845 602 4534**

Material facts

All material facts must be disclosed. A material fact is one that is likely to influence **us** in the acceptance and assessment of an application, for example, living outside the UK, Channel Islands or the Isle of Man. It is **your** responsibility to provide complete and accurate information to **Lloyds TSB** when **you** take out **your** insurance policy.

Please note that if **you** fail to disclose any material information to **us**, this could invalidate **your** insurance cover and could mean that part or all of a claim may not be paid. **We** recommend **you** keep a record (including copies of letters) of all information provided to **Lloyds TSB** for **your** future reference.

Policy benefits at a glance

This table briefly outlines the cover **you** may be eligible for under **your Payment Protection Cover Insurance policy** and how any change in **your** age and/or employment circumstances may affect it.

Your status at point of claim	Unemployment Cover	Positive Job Solutions	Accident or Sickness Cover	Hospitalisation Cover	Life Cover
If at the point of claim you are under 65 and are in work for 16 hours or more a week	✓	✓	✓	✗	✓
If at the point of claim you are under 65 and in work for less than 16 hours a week	✗	✓	✓	✗	✓
If at the point of claim you are: <ul style="list-style-type: none"> 65 or over but under 75, or under 65 and not in work 	✗	✓	✗	✓	✓
The first named additional cardholder aged under 65 on an account insured by us	✗	✗	✗	✗	✓

How changes during the lifetime of your policy may affect your cover

Your age and/or employment circumstances determine which benefits **you** are eligible for under **your Payment Protection Cover Insurance policy**. It is **your** responsibility to ensure that this policy continues to meet **your** requirements should **your** personal circumstances change during the lifetime of **your** policy, as this could affect **your** entitlement to benefits.

For example:

- If **you** reduce **your** hours so that **you** are working less than 16 hours per week, **you** will no longer be eligible for **unemployment** cover.
- If, while claiming, **you** reach the age of 65, any **unemployment**, or **accident** or sickness benefit payments will stop.

- If, **you** leave the UK, Channel Islands or the Isle of Man to permanently live abroad **your** policy will end.

Please refer to **your** policy document for full details, in particular:

Page 12 – **Unemployment** Cover

Page 18 – **Accident** or Sickness Cover

Page 21 – **Hospitalisation** Cover

Page 23 – **Life** Cover

Page 25 – How long will my **policy** last?

Page 26 – Changes to the premium and/or terms and conditions

If **you** wish to discuss how **your** cover may be affected please call the enquiry line on **0845 602 4534**. **Our** lines are open Monday to Friday 8am to 6pm and from 9am to 1pm on Saturdays. Lines are closed on weekends and Public Holidays.

How to make a claim

Here's what **you** need to do:

1. Please refer to the appropriate benefit section of this policy document to see if **you** are eligible to make a claim.
2. To register **your** claim, please call **us** on **0845 602 4534**. **Our** lines are open Monday to Friday 8am to 6pm. Lines are closed on weekends and Public Holidays
3. Please have the following information ready when **you** call:
 - **Your Lloyds TSB** Credit Card number
 - **Your** Payment Protection policy number GCxxx

We will be there to answer any questions **you** may have, register **your** claim over the telephone and advise of the next steps to take.

4. Any correspondence relating to **your** claim should be sent to:

Lloyds TSB Claims Department – PPC
PO Box 393
WEST MALLING
ME6 9FT

Important

It is important that **you** keep **your** payments up to date while **your** claim is being assessed.

Life claims

Your executor or personal representative should register the claim by calling **us** on **0845 602 4534**.

Things to keep in mind when claiming

- **You** must supply and pay for all reasonable information or evidence **we** ask for to support **your** initial claim and from time to time throughout **your** claim. If **we** ask for proof, **you** must be able and willing to supply it.
- If **we** do not receive all the information **we** need (for example declarations and medical questionnaires) or if these documents are not acceptable to **us**, **we** may delay or suspend **your** claim payments.
- **We** may contact **your doctor**, employers or other insurers for information about **you**.
- When making an **Accident** or Sickness claim or Hospitalisation claim, **you** must agree to any medical examination which **we** arrange and pay for.

We are concerned that **you** should not pay for the dishonesty of others. Therefore, in order for **us** to monitor claims effectively, there is a possibility that **you** may be contacted by one of **our** representatives during the life of any claim **you** should make under this **Payment Protection Cover Insurance**. **We** also exchange information with other insurers to prevent fraud.

If any claim under this insurance is fraudulent or intended to mislead **us**, **your** right to any benefit will end and **we** will be entitled to recover any benefit paid and costs incurred. **We** may also cancel this insurance.

State benefits

If **you** make a claim on this **Payment Protection Cover Insurance policy** **you** can still claim state benefits, although they may be affected by **your** insurance benefits. For more details, please ask at **your** local Department for Work and Pensions office.

Paying premiums during a claim

When **you** are making a claim under this policy **you** should continue to pay the monthly premium to ensure that cover can continue once **your** claim has ended.

If **you** cancel **your** policy during a claim **we** will continue to pay **monthly benefit** until **your** claim ends provided the claim happened before the cancellation takes effect, and **your** premiums were up to date. However, **you** will not be covered for any event that gives rise to a claim on or after the cancellation takes effect.

Unemployment Cover

Unemployment cover provides a **monthly benefit** equal to 5% of **your outstanding balance**, up to a maximum of £1,000 per month, subject to the following provisions:

Your eligibility

You will be eligible to claim **Unemployment** benefit under this **Payment Protection Cover Insurance policy** if all of the points below apply to **you** when **you** make a claim:

1. **You** are under 65.
2. **You** are in **work** for at least 16 hours per week and have been paying the correct tax and National Insurance contributions immediately prior to **your** claim.
3. **You** were in **work** for at least 16 hours per week for at least six consecutive months at the **start date** of **your Payment Protection Cover Insurance policy**. If this does not apply to **you** at the **start date** **you** may become eligible for this cover once **you** have been in **work** for at least 16 hours per week for a continuous period of six months.
4. None of the exclusions listed in the 'Exclusions' section on page 14 apply to **you**.

You will not be eligible to claim **Unemployment** benefit under this **Payment Protection Cover Insurance policy** if any of the points below apply to **you** when **you** make a claim:

1. **You** are 65 or over.
2. **You** have not been in **work** for at least 16 hours or more per week and have not been paying the correct tax and National Insurance contributions immediately prior to **your** claim.
3. **You** have not been in **work** for at least 16 hours per week for at least six consecutive months either at the **start date** or during the term of **your Payment Protection Cover Insurance policy**.
4. **You** are retired (however we will consider a claim if **you** are under 65 and **your** employer would not extend **your** contract past their company retirement age and **you** are actively seeking to return to work for 16 hours or more per week).
5. Any of the exclusions listed in the 'Exclusions' section on page 14 apply to **you**.

Please note: **You** may be able to claim **Unemployment** benefit under this **Payment Protection Cover Insurance policy** if **you** have voluntarily left **work** to become a carer. Please refer to the 'What if I become a carer?' section opposite.

You will only be covered for a period of **unemployment** during which:

- 1. You** are available for **work**, actively seeking **work** of at least 16 hours per week and certified as **unemployed** with:
 - the Department for Work and Pensions in Great Britain, or
 - the Department for Social Development in Northern Ireland, or
 - the State's Insurance Authorities in the Channel Islands or an EU member state, and
- 2. You** are not being paid by **your** employer in lieu of notice. If **you** have been paid or are entitled to be paid in lieu of notice, any claim for **unemployment** including the **waiting period** will not start until the end of **your** notice period, and
- 3.** For those who meet the definition of **self-employed**, **you** have involuntarily ceased trading, because **you** could not find enough **work** to meet all **your** reasonable business and living expenses and have declared this to HM Revenue & Customs, and
- 4. You** are meeting the Jobseeker's Agreement within the UK, or equivalent agreements within Northern Ireland, the Channel Islands, the Isle of Man or an EU member state.

Please note that if **you** are ineligible for the Jobseeker's Agreement, **you** must be able to provide alternative proof, which is acceptable to **us**, that **you** are **unemployed** and actively seeking **work** of at least 16 hours per week. This could include copies of job applications, responses and registration with job agencies.

If during **your** claim **you** participate in a government training scheme to improve **your** employment prospects, **your** claim can continue as long as **you** can continue to provide ongoing evidence that **you** are actively seeking employment.

What if I become a carer?

You will be eligible to claim **Unemployment benefit** under this **Payment Protection Cover Insurance policy** if **you** have voluntarily left **work** to become a carer and all of the points below apply to **you** when you make a claim:

- 1. You** are caring for an immediate member of **your** family (i.e. spouse, civil partner, live in partner, children or parents) on a full time basis.
- 2. You** can provide proof that **you** have completed a Carer's Allowance claim pack and are either in receipt of or awaiting Carer's Allowance from the Department for Work and Pensions.

Unemployment Cover (continued)

3. On the **start date** of this policy **you** were unaware of the need to become a carer.
4. None of the exclusions listed in the 'Exclusions' section below apply to **you**.

If **you** cease to become a carer **you** must let **us** know immediately as **we** will then reassess the basis on which **we** are paying **your** claim.

Exclusions

You will not be covered for any period of **unemployment** which:

- lasts for less than 15 complete and consecutive days, or
- **we** reasonably believe **you** knew was likely to happen, whether **you** had official notice or not, when **you** took out the **policy**, or
- **you** are notified of or which happens within the first 90 days of the **start date**, or
- was caused by or is as a result of:
 - **your** dismissal for misconduct/gross misconduct, or
 - any intentional act by **you**, or
 - **your** resignation, voluntary **unemployment** or voluntary redundancy (if **you** have voluntarily left employment to become a carer please refer to the section entitled 'What if I become a carer?'), or
 - immediately follows a period of temporary work (unless **you** have taken temporary work during a claim). Temporary work means work that is casual, occasional or for a specific task. If **you** do any temporary work:
 - during a claim, **your monthly benefit** will be suspended during the period of temporary work and will be resumed when the temporary work finishes,
 - during the **waiting period**, the **waiting period** will be suspended until the end of the temporary work, or
 - is normal in **your** line of work (for example, seasonal or where **your** contract is for a specific task), or
 - immediately follows a period of training, probation or apprenticeship, or
 - results from the end of a fixed-term contract except where **you** have
 - worked continuously for the same employer for at least 24 months, or
 - been on a contract for at least 12 months and had that contract renewed at least once, or
 - originally been employed on a permanent basis by the same employer but were transferred to a fixed-term contract by the employer without a break in **your** employment, or
 - occurs whilst **you** are working outside the UK, Channel Islands, Isle of Man or the EU, unless **your** employer is based in the UK, Channel Islands, Isle of Man or the EU, or

- arises from **you** taking part in any criminal act, or
- is not supported by the required evidence, or
- is as a direct result of war and civil commotion:
War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.

How we pay your benefit

We will pay your first **monthly benefit** payments will be made directly into **your account**. Benefit will be calculated from the first full day of **your Unemployment** claim.

Subject to receipt of the required evidence **we** will pay your first **monthly benefit** payment on day 15. This payment will cover **you** for the first 30 days of **your** claim and **your** next payment will be due on day 60. Following this, subsequent **monthly benefit** payments will be made after each continuous and complete 30 day period.

If **your** claim finishes during one of these 30 day periods or lasts between 30 and 60 days **we** may pay **your** benefit up to the date **your** claim ends on a pro-rata basis.

Following **your** 11th payment, **we** will continue to pay 1/30th of **your monthly benefit** for each further day of **your** claim.

However if **you** continue to claim for a further full month, **we** will pay an amount equal to the remainder of **your outstanding balance**. This payment will include any interest on the **outstanding balance** and will be **your** 12th and final payment.

We will not pay **monthly benefit** for debts incurred, for example, any additional spending, after the date:

- **you** became **unemployed**; or
- **we** reasonably believe **you** knew **you** were likely to become **unemployed**, whether **you** had official notice or not; or
- **we** reasonably believe **you** were aware of the need for **you** to be a **carer** for **your** spouse, civil partner, live in partner, children or parents.

If goods are purchased or money is withdrawn before this date but not debited to **your account** until after this date, **we** will pay benefit provided that **you** can supply satisfactory proof of the date of the transaction.

Benefit limits

We will pay up to a total of £1,000 each month for each of **your** insured **accounts** subject to a maximum benefit payment of £20,000 per claim.

Unemployment Cover (continued)

Your unemployment claim will end when:

- **your unemployment** ends or **you** are no longer a carer,
- **you** have received the maximum 12 payments for any one claim,
- **you** retire from **work** (however we will consider a claim if **you** are under 65 and **your** employer would not extend **your** contract past their company retirement age and **you** are actively seeking to return to **work** for 16 hours or more per week),
- **you** reach the age of 65,
- **your** cover ends, as described in the section of this policy document entitled 'How long will my **policy** last?' on page 25, whichever is the earliest.

Making further claims

If, after claiming for **unemployment**, **you** are made **unemployed** again or **you** claim for a second period of being a carer within three months of returning to **work**, **you** will not have to wait before benefits can be paid.

We will combine these periods into one claim when calculating **your** benefit period subject to a maximum benefit of 12 payments per claim.

Once **we** have paid the maximum of 12 payments, **you** need to return to **work** for at least 16 hours per week for 30 consecutive days before **you** can make a new **Unemployment** claim.

Changing from one benefit to another

If **you** need to switch from an **Unemployment** claim to an **Accident** or Sickness claim or a Hospitalisation claim, there is no additional **waiting period**. **We** will not pay more than 12 payments for any one claim or a combination of claims. **You** cannot make an **unemployment**, or **accident** or sickness or hospitalisation claim at the same time.

Positive Job Solutions

Positive Job Solutions is a confidential and independent telephone advice service, available to **you** and any member of **your** family who lives with **you**.

A specialist team of advisors will discuss any concerns or questions **you** might have and help **you** get back to **work** as soon as possible. This includes a free guide on everything from preparing CVs and application letters to advice on self-employment. **You** will also have access to a national job vacancy database.

You can use the confidential advice service at any time during the life of **your** policy – even for advice on looking for a new job or changing career.

How to contact Positive Job Solutions

Call **0845 300 6018** between 8am and 8pm Monday to Friday or between 8am and 12 noon on Saturdays. (Local rate call costs apply.)

Accident or Sickness Cover

Accident or Sickness cover provides a **monthly benefit** equal to 5% of **your outstanding balance**, up to a maximum of £1,000 per month, subject to the following provisions:

Your eligibility

You will be eligible to claim **Accident** or Sickness benefit under this **Payment Protection Cover Insurance policy** if all of the points below apply to you when you make a claim:

1. **You** are under 65.
2. **You** are in **work** immediately prior to **your** claim. If at the **start date** **you** are off **work** due to **accident** or sickness, your **Accident** or Sickness cover will begin at the **start date** provided that **you** return to **work** within 30 days of the **start date**. If at the **start date** **you** are off **work** due to **accident** or sickness for more than 30 days, **your Accident** or Sickness cover will not begin until **you** have returned to **work** for at least 30 days.
3. **You** are unable to **work** due to **accident** or sickness.
4. None of the exclusions listed in the 'Exclusions' section opposite apply to **you**.

You will not be eligible to claim **Accident** or Sickness benefit under this **Payment Protection Cover Insurance policy** if any of the points below apply to **you** when **you** make a claim:

1. **You** are 65 or over.
2. **You** do not **work**.

3. **You** are **unemployed**, unless already claiming **Unemployment** benefit under this **Payment Protection Cover Insurance policy**.
4. Any of the exclusions listed in the 'Exclusions' section below apply to **you**.

You will only be covered for a period of **accident** or sickness during which: **Your accident** or sickness has been certified by a **doctor**, however **you** can self-certify as sick for the first seven days.

Exclusions

You will not be covered for any period of **accident** or sickness which:

- lasts for less than 15 complete and consecutive days, or
- is due to or arising from any **pre-existing medical condition** which persists or returns during the first 12 months of your **Accident** or Sickness cover. This exclusion will not apply once you have been continuously insured under the **Accident** or Sickness cover for 12 months, so long as **you** are attending **work** at the start of **your** claim. However, a claim may be accepted if **you** remain symptom free and have not consulted a **doctor** or received **treatment** for the condition for a full 24 months prior to **your** claim. If **you** have had appointments to see a **doctor** within this 24 month period and these were not kept, the exclusion will still apply, or

- is as a result of alcohol or drug abuse. Inappropriate use of alcohol or drugs, including but not limited to the following:
 - consuming too much alcohol, or
 - taking an overdose of drugs, whether lawfully prescribed or otherwise, or
 - taking Controlled Drugs (as defined by the Misuse of Drugs Act 1971) otherwise than in accordance with a lawful prescription, or
- is as a result of cosmetic surgery unless medically necessary, for example, reconstructive, or
- is due to intentional self-inflicted injury, or
- is not supported by the required evidence, or
- arises from **you** taking part in any criminal act, or
- is as a direct result of war and civil commotion:

War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.

How we pay your benefit

Your monthly benefit payments will be made directly into **your account**. Benefit will be calculated from the first full day of **your Accident** or Sickness claim.

Subject to receipt of the required evidence **we** will pay your first **monthly benefit** payment on day 15. This payment will cover **you** for the first 30 days of **your** claim and **your** next payment will be due on day 60. Following this, subsequent **monthly benefit**

payments will be made after each continuous and complete 30 day period.

If **your** claim finishes during one of these 30 day periods or lasts between 30 and 60 days **we** may pay **your** benefit up to the date **your** claim ends on a pro-rata basis.

Following **your** 11th payment, **we** will continue to pay 1/30th of **your monthly benefit** for each further day of **your** claim. However if **you** continue to claim for a further full month, **we** will pay an amount equal to the remainder of **your outstanding balance**. This payment will include any interest on the **outstanding balance** and will be **your** 12th and final payment.

We will not pay **monthly benefit** for debts incurred, for example, any additional spending, after the start of **your Accident** or Sickness claim. If goods are purchased or money is withdrawn before this date but not debited to **your account** until after this date, **we** will pay benefit provided that **you** can supply satisfactory proof of the date of the transaction.

Benefit limits

We will pay up to a total of £1,000 each month for each of **your** insured **accounts** subject to a maximum benefit payment of £20,000 per claim.

Your Accident or Sickness claim will end when:

- **your** period of **accident** or sickness ends
- **you** return to **work** (if during **your** claim **you** find part-time **work** of less than 16 hours per week through a government

Accident or Sickness Cover (continued)

initiative, **your** claim can continue as long as **you** are in receipt of either Incapacity Benefit or Employment and Support Allowance and are working fewer hours than those worked prior to **your** claim)

- **you** have received the maximum of 12 payments for any one claim
- **you** reach the age of 65
- **your** cover ends, as described in the section of this policy document entitled 'How long will my policy last?' on page 25, whichever is the earliest.

Making further claims

If **you** return to **work** after claiming for an **accident** or sickness and then are unable to **work** within three months because of the same **accident** or sickness **you** do not have to wait before benefits can be paid. **We** will combine these periods into one claim when calculating **your** benefit period subject to a maximum of 12 payments per claim.

Once **we** have paid the maximum of 12 payments, **you** can make a new **Accident** or Sickness claim for an unrelated condition. However, **you** need to return to **work**, free of all symptoms and not receiving medical **treatment** for **your** original condition for at least 90 consecutive days before **you** can make a new **Accident** or Sickness claim for the same or related condition.

Changing from one benefit to another

If **you** need to switch from an **Accident** or Sickness claim to an **Unemployment** claim or Hospitalisation claim, there is no additional **waiting period**. **We** will not pay more than 12 payments for any one claim or a combination of claims.

You cannot make an **Unemployment** or **Accident** or sickness or Hospitalisation claim at the same time.

Back To Work

If **you** are unable to work following an **accident** which results in a soft tissue injury, **you** may be contacted by **our** specialist Back to Work service. This service is free, confidential and designed to provide advice and assistance to help **you** return to **work**.

This service provides:

- recommendations to appropriate specialists' websites
- a clinically run helpline and self-help booklet with tips to aid **your** recovery
- a personal care adviser who may, at our discretion, arrange treatment to assist **you** in **your** return to **work**.

This service is designed to operate alongside the NHS and other recognised medical professionals.

Hospitalisation Cover

Hospitalisation cover provides a **monthly benefit** equal to 5% of **your outstanding balance**, up to a maximum of £1,000 per month, subject to the following provisions:

Your eligibility

You will be eligible to claim Hospitalisation benefit under this **Payment Protection Cover Insurance policy** if the points below apply to **you** when **you** make a claim:

1. **You** are aged 65 or over but under 75.
2. **You** are under 65 and do not **work**.
3. None of the exclusions listed in the 'Exclusions' section below apply to **you**.

You are not eligible to claim Hospitalisation benefit under this **Payment Protection Cover Insurance policy** if any of the points below apply to **you**:

1. **You** are under 65 and **work**.
2. Any of the exclusions listed in the 'Exclusions' section below apply to **you**.

Exclusions

You will not be covered for any hospitalisation which:

- lasts for less than 5 consecutive days, or
- **you** were aware of on the **start date** of your **Payment Protection Cover Insurance policy**, or
- is due to any **pre-existing condition** which persists or returns during the first 12 months of your Hospitalisation cover. This exclusion will not apply once **you** have been continuously insured under the

hospitalisation cover for 12 months.

However, a claim may be accepted if **you** remain symptom free and have not consulted a **doctor** or received **treatment** for the condition for a full 24 months prior to **your** claim. If **you** have had appointments to see a **doctor** within this 24 month period and these were not kept, the exclusion will still apply, or

- is as a result of alcohol or drug abuse. Inappropriate use of alcohol or drugs, including but not limited to the following:
 - consuming too much alcohol, or
 - taking an overdose of drugs, whether lawfully prescribed or otherwise, or
 - taking Controlled Drugs (as defined by the Misuse of Drugs Act 1971) otherwise than in accordance with a lawful prescription, or
- is as a result of cosmetic surgery unless medically necessary, for example, reconstructive, or
- is due to intentional self-inflicted injury, or
- is not supported by the required evidence, or
- is spent in a convalescent, nursing or rest home, or similar section of a **hospital**, or
- arises from **you** taking part in any criminal act, or
- is as a direct result of war and civil commotion:
War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.

Hospitalisation Cover (continued)

How we pay your benefit

Your monthly benefit payments will be made directly into **your account**. Benefit will be calculated from the first full day of **your** Hospitalisation claim.

Subject to receipt of the required evidence **we** will pay your first **monthly benefit** payment on day 5. Following this, subsequent **monthly benefit** payments will be made after each continuous and complete 30 day period.

If **your** claim finishes during one of these 30 day periods **we** may pay your benefit up to the date **your** claim ends on a pro-rata basis.

Following **your** 11th payment, **we** will continue to pay 1/30th of **your monthly benefit** for each further day **you** remain in **hospital**. However if **you** remain in **hospital** for a further full month, **we** will pay an amount equal to the remainder of **your outstanding balance**. This payment will include any interest on the **outstanding balance** and will be **your** 12th and final payment.

We will not pay **monthly benefit** for debts incurred, for example, any additional spending, after the date that **you** knew **you** were going into **hospital**. If goods are purchased or money is withdrawn before this date but is not debited to **your account** until after this date, **we** will pay **monthly benefit** provided **you** can supply satisfactory proof of the date of the transaction.

Benefit limits

We will pay up to a total of £1,000 each month for each of **your** insured **accounts** subject to a maximum benefit payment of £20,000 per claim.

Your Hospitalisation claim will end when:

- **you** are discharged from **hospital**,
- the **outstanding balance** on **your account** on the date that **you** knew that **you** were going into **hospital** has been repaid,
- **you** have received the maximum of 12 payments,
- **your** cover ends, as described in the section of this policy document entitled 'How long will my policy last?' on page 25, whichever is the earliest.

Making further claims

If **you** are discharged from **hospital** before 12 payments are made and have another stay in **hospital** within three months because of the same condition, **you** do not have to wait before benefits can be paid. **We** will combine these periods into one claim when calculating **your** benefit period subject to a maximum of 12 payments per claim.

Once **we** have paid the maximum of 12 payments, **you** can make a new Hospitalisation claim for an unrelated condition. However, **you** need to be free of all symptoms and not receiving medical **treatment** for **your** original condition for at least 90 consecutive days before **you** can make a new hospitalisation claim for the same or related condition.

Life Cover

Life cover provides a benefit equal to the **outstanding balance** at the date of death subject to a maximum benefit of £20,000.

Your eligibility

Your executor or personal representative will be able to claim life benefit under this **Payment Protection Cover Insurance policy** if **you** die during the term of **your Payment Protection Cover Insurance policy** and none of the exclusions listed in the 'Exclusions' section below apply to **you**.

You will be able to claim life benefit under this **Payment Protection Cover Insurance policy** if the first named additional cardholder dies during the term of **your Payment Protection Cover Insurance policy** and none of the exclusions below apply to the first named additional cardholder.

Only one claim may be submitted under the Life cover for either **you** or the first named additional cardholder at any one time during the period of **your** insurance.

Exclusions

You will not be covered for Life benefit if the claim:

- is as a result of alcohol or drugs. Inappropriate use of alcohol or drugs, including but not limited to the following:
 - consuming too much alcohol, or
 - taking an overdose of drugs, whether lawfully prescribed or otherwise, or

– taking Controlled Drugs (as defined by the Misuse of Drugs Act 1971) otherwise than in accordance with a lawful prescription, or

- is due to intentional self-inflicted injury, or
- is not supported by the required evidence, or
- arises from **you** taking part in any criminal act, or
- is as a direct result of war and civil commotion:
War, invasion, hostilities (whether war is declared or not). Civil war, rebellion, revolution or taking part in riot or civil commotion.

In addition, the first named additional cardholder will not be covered for Life benefit if he/she:

- is aged 65 or over, or
- dies within 90 days of the start date or within 90 days of becoming the first named additional cardholder, whichever is the later, or
- dies as a result of any illness, whether diagnosed or not, that they were aware of (or symptoms of any illness that they were aware of) prior to the start date or prior to the date of becoming the first named additional cardholder, whichever is the later.

How we pay your benefit

If **you**, or the first named additional cardholder dies **we** will pay the **outstanding balance** up to a maximum of £20,000 for each **account** insured by **us**. This payment will be made directly into **your account/accounts**.

If **your** death, or the death of the first named additional cardholder, is as a result of accidental death, **we** will pay double **your outstanding balance**. Accidental death means bodily injury caused by an **accident** whilst this policy is in force, and is the direct result of external, violent and visible means which solely and independently of any other cause, results in death.

Benefit limits

We will pay up to a total of £20,000 for each of your insured accounts.

How long will my policy last?

The cover provided by this **Payment Protection Cover Insurance policy** and all benefit payments will end when:

- **You** reach the age of 75, or
- **Your account** is closed, or
- **Your account** is transferred to a third party, or
- **You** are required to repay the full amount **you** owe under **your account** because **you** have broken the conditions of **your account** or **you** become bankrupt, or
- A Court Judgement is entered against **you** in respect of **your account**, or
- **You** leave the UK, Channel Islands or the Isle of Man to permanently live abroad, or
- **You** make a false claim (**you** will have to return any claim payments **we** have made), or
- **You** die,

whichever is the earliest.

The cover provided by this **Payment Protection Cover Insurance policy** will end but **we** will continue to pay **monthly benefit** that is due to be paid for any claim that happened prior to the end date when:

- **You** cancel this insurance, (please refer to the 'How do I cancel this policy?' section of this policy document on page 3), or
- **Your** premium has remained unpaid for 90 consecutive days, or
- **We** cancel this insurance by giving **you** 60 days written notice, (please refer to the 'Our right to cancel your Payment Protection Cover Insurance policy' section of this policy document opposite).

Our right to cancel your Payment Protection Cover Insurance policy

In addition to the reasons provided within the section entitled 'How Long will my policy last?' on page 25, **we** also reserve the right to choose to cancel **your** policy at any time for the reasons set out below, but **you** will be given at least 60 days advance written notice to **your** last known address. The reasons are:

- any event outside **our** control which makes it impossible or impracticable to carry out **our** obligations under this policy; or
- any event outside **our** control that **we** expect to have a significant impact on future claims and that **we** could not have foreseen previously.

General policy conditions

Changes to the premium and/or terms and conditions

We reserve the right to make reasonable and proportionate changes to **your** rate of monthly premium and terms and conditions of insurance at any time, but **you** will be given at least 60 days advance written notice to **your** last known address of such a change.

These are the reasons that may lead **us** to change **your** premium and/or the terms and conditions of **your** insurance:

- changes in the law or in taxation that affect **us** or **your** policy; or
- new information arising from industry analysis of claims on this type of policy which indicates that the risk associated with providing **your** policy has increased; or
- new information arising from claims already paid on this type of policy which indicates that the risk associated with providing **your** policy has increased; or
- any event outside **our** control which makes it impossible or impracticable to carry out **our** obligations under this policy; or
- any event outside **our** control that **we** expect to impact on future claims and that **we** could not have foreseen previously.

If **you** are not happy with the change **we** have made **you** have the right to cancel your policy however **we** will not refund any premiums already paid. Please contact 0845 606 2172 within 60 days of receiving notification about the change.

Choice of Law

Unless **we** agree otherwise, English law will apply to this **Payment Protection Cover Insurance policy**.

Financial Services Compensation Scheme

Our obligations are covered by the Financial Services Compensation Scheme (FSCS). If **we** are unable to meet **our** obligations, **you** could be entitled to compensation from this scheme, depending on the type of insurance and the circumstances at the time.

You would be covered for all of the first £2,000 of any claim and 90% of the remainder, without any upper limit.

Further information about the scheme is available from the FSCS website www.fscs.org.uk or write to Financial Services Compensation Scheme, 7th Floor Lloyds Chambers, Portsoken Street, London E1 8BN.

Your personal data and Lloyds TSB

You agree that **we** may keep **your** personal details (which may include sensitive data as defined in the Data Protection Act 1998), given to **us** by **you** or other people during **your** relationship with **Lloyds TSB** and their insurance agents, in a **Lloyds TSB** database. This includes:

- details **you** give on application forms,
- details **you** give during financial reviews and interviews,

- **our** analysis of **your** banking transactions (where applicable), and
- what **we** know from operating **your** bank **account** (if any).

Lloyds TSB may use and update this centrally held information to:

- provide **you** with services,
- identify products and services which might be suitable to **you**,
- assess lending and insurance risks,
- recover debts,
- prevent and detect fraud, and
- update their own records about **you**.

We may also use **your** information for research and statistical analysis with the aim of improving **our** services.

If **you** request it, on payment of a fee, which is currently £10, **we** will provide **you** with a copy of the information **we** hold, in line with the Data Protection Act.

The information **we** hold about **you** is confidential. **We** will only disclose it outside

Lloyds TSB when:

- **you** give **your** consent,
- it's needed by **our** agents and others involved in running accounts and services for **you**,
- **we** or others need to investigate or prevent crime,
- the law permits or requires it, even without **your** consent, or
- there is a duty to the public to reveal the information.

We may check what **you** have told **us** and share information with fraud prevention agencies. **You** understand that it is important that **you** give **us** accurate information as if **you** give false or inaccurate data and **we** suspect fraud, **we** will record this at the fraud prevention agencies.

We and other organisations may use credit or insurance reference agency and fraud prevention agency records about **you** and people financially linked to **you**, and others in **your** household to help make decisions about **you** and them:

- for motor, household, credit, life and other insurance proposals or validating claims (including but not limited to the Claims and Underwriting Exchange register run by Insurance Database Services Limited), and
- for fraud prevention, debtor tracing, debt recovery, and to check **your** identity to prevent money laundering.

If **you** ask **we** will tell **you** which credit reference and fraud prevention agencies **we** have used so **you** can get a copy of **your** details from them.

We or others involved in running **your** policy, may administer **your** policy and provide other services from centres in countries outside Europe (such as India and the USA) that do not always have the same standard of data protection laws as the UK. However, **we** will have a contract in place to ensure that **your** information is adequately protected and **we** will remain bound by **our** obligations under the Data Protection Act even when **your** personal information is processed outside Europe.

General Policy Conditions (continued)

We may monitor or record phone calls with **you** in case **we** need to check **we** have carried out **your** instructions correctly and to help improve **our** quality of service.

We may contact **you** about products and services available from **Lloyds TSB** and from selected companies outside **Lloyds TSB** which **we** believe may interest **you** or benefit **you** financially, unless **you** have told **us** that **you** do not want to receive this information. **Lloyds TSB** or other companies will not make marketing approaches to **you** without **your** consent.

If **you** would prefer not to receive information from **us** about other services please call on **0845 602 4534**.

lloydstsb.com/insurance

The information within this document is available in alternative formats such as Braille, audio tape or large print. Please call **0800 731 9046** if you wish to receive it in one of these formats and we will be happy to help.

Payment Protection Cover (PPC) is underwritten by Lloyds TSB General Insurance Limited (registered in England: 25 Gresham Street, London EC2V 7HN. Company No. 204373 FSA Register number 202091) and Scottish Widows plc (registered in Scotland: 69 Morrison Street, Edinburgh EH3 8YF. Company No. 199549 FSA Register number 191517). Both Companies are authorised and regulated by the Financial Services Authority (FSA). Lloyds TSB General Insurance Limited provide the unemployment, accident or sickness and hospitalisation cover of PPC and Scottish Widows plc provide the life cover.

