POLICY SUMMARY

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Some important facts about your insurance are summarised below. This summary does not describe all the terms and conditions of your policy, so please take time to read both your Certificate of Insurance and the Policy Terms and Conditions when you receive them, to make sure you understand the cover it provides. If there is any section you do not understand please ask your Financial Adviser to explain it to you.

Insurer: AXA Insurance UK plc
Accident, Sickness and Unemployment Insurance. This policy will pay the benefit shown on the Certificate in the event that you are unable to work due to Accident, Sickness or Unemployment.

Policy number 50751

You can be covered under this **Policy** if at the **Start Date**:

- **You** are a **UK Resident**,
- **You** are aged 18 or over and under 60,
- **You have been continuously at work for 6 months prior to the Start Date**,
- **You** have signed an **Agreement** (Mortgage Payment Protection only).
- **You** have an **Unsecured Loan** (for **Loan** Protection only).

ABOUT YOUR COVER

FEATURES AND BENEFITS INCLUDED AUTOMATICALLY	SIGNIFICANT EXCLUSIONS OR LIMITATIONS	POLICY SECTION
Cover for Accident or Sickness	An Accident or Sickness- (a) for which **You** received medical treatment from and attendance upon **You** by a **Doctor** or **Consultant** in the period of 12 months up to and including the **Start Date**, or (b) of which **You** were aware (including those disclosed on the application form) or of which **You** should have been aware in the period of 12 months up to and including the **Start Date**.	Definitions
	• A chronic or continuing medical condition that **You** were aware of at the **Start Date.** • **Your Disability** arises from stress, anxiety, depression or any mental or nervous disorder or dysfunction unless the condition has been diagnosed by a **Consultant** Psychiatrist and **You** are under continued supervision of and receiving treatment from a **Consultant** Psychiatrist • **Your Disability** is due to or arises from pregnancy, childbirth, miscarriage or abortion • **Your Disability** arises directly or indirectly from a back-related condition where there is no physical or radiological evidence of a medical abnormality unless a **Consultant** certifies that the condition prevents **You** from working. • **Your Disability** arises from medical operations or treatments that are not medically necessary, including cosmetic or beauty treatments.	Circumstances when You Cannot Claim 5.2
	The **Monthly Benefit** will be reduced by an amount equal to **a)** all monies received from Employment or self employment, either full time or part time, while still off **Work** b) all monies due from In Biz or any similar schemes c) all benefits payable under any other **Policy** of insurance providing cover for the same insured event(s), unless **We** have agreed not to deduct this, and have endorsed **Your Certificate** to this effect. However, if **You** have Stand alone Income Protection cover **You** may insure up to £1000 per month elsewhere without **Your Monthly Benefit** being reduced by **Us**, provided **You** have declared this to **Us** and **We** have agreed to it and **Your Certificate** accordingly. No deduction will be made in respect of any State Benefits **You** may receive. Clauses a, b and c above shall not apply to any Disability claim up to the limit of 125% of the sum of the current monthly payment due on **Your Mortgage**, any payment to a repayment vehicle or life assurance Policy covering the Mortgage, plus any payment to an Unsecured Loan.	Limit of Cover 9.0

Cover for Unemployment	• If you were not in continuous work for 6 months immediately before your employment ended; • **You** become aware of potential **Unemployment** at the **Start Date** or became aware during the **Initial Exclusion Period** even though this may not take place until after this period, or **You** are notified of the start of a period of consultation with a view to **Your** job being made redundant • Your work is seasonal or of a temporary nature • **You** are employed on **Contract Work** and **Your** fixed term contract ends • You accept voluntary redundancy, resign or retire • Your misconduct including fraud, dishonesty, breach of contract or any other circumstance resulted in Your Employer taking disciplinary action against You • You fail to meet standards or targets laid down by your employer The **Monthly Benefit** will be reduced by an amount equal to a) all monies received from Employment or self employment, either full time or part time, while still off **Work** b) all monies due from In Biz or any similar schemes c) all benefits payable under any other **Policy** of insurance providing cover for the same insured event(s), unless **We** have agreed not to deduct this, and have endorsed **Your Certificate** to this effect. However, if **You** have Stand alone Income Protection cover **You** may insure up to £1000 per month elsewhere without **Your Monthly Benefit** being reduced by **Us**, provided **You** have declared this to **Us** and **We** have agreed to it and **Your Certificate** accordingly.	Circumstances when You Cannot Claim 5.1 Limit of Cover 9.0

Your cover is valid for as long as you maintain your monthly premium payments.

CANCELLATION RIGHT
We hope you are happy with the cover this policy provides. However, you have the right to cancel it at any time. If you cancel within 30 days of the start date we will refund any premium you may have paid. See the section headed "Ending of Cover" within the Policy Terms and Conditions.

MAKING A CLAIM
If you have a claim, please contact telephone the Scheme Administrators, DMS Security Plans as soon as possible to tell them about it. In any event you must contact them within 75 days of your ceasing to work or your right to claim will be lost.

HOW TO MAKE A COMPLAINT
We hope you will be pleased with the service we provide. However, if you have a complaint about our service or about a claim, please contact the Scheme Administrators DMS Security Plans. Please give your name and quote your Certificate number so that they can deal with the enquiry quickly.

If you are still not happy with the response you have received, you have the right to ask the Financial Ombudsman Service to review your case.

COMPENSATION SCHEME
AXA Insurance UK plc are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme, if they cannot meet their obligations. This depends on the type of business and the circumstances of the claim. Most insurance contracts are covered for 100% of the first £2,000 and 90% of the remainder of the claim. You can obtain more information about compensation scheme arrangements from the FSCS. The FSCS can be contacted at 7th Floor, Lloyds Chambers, 1 Portsoken Street, London E1 8BN, or by telephone or fax (Tel: 0207 892 7300 or Fax: 020 7892 7301), or by e-mail (enquiries@fscs.org.uk).

SCHEME ADMINISTRATOR

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Telephone:	0845 673 9999
Fax:	0845 130 5624
Website:	www.dms4asr.net
e-mail:	admin@dms4asu.co.uk