

# Life Event Plan Policy Documentation

- Policy Summary
- Policy Document

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## keyfacts®

**This is a summary of the policy and does not contain the full terms and conditions of the cover which can be found in the policy document. It is important that you read the policy carefully to make sure it is suitable for your needs.**

### Who are the insurers?

Aviva Insurance Limited.

### What is Life Event Plan?

- This policy will pay the minimum scheduled payment each month up to £1,000 and for a maximum of a 12 month period if you are unable to work due to accident or sickness or you become unemployed. If you do not work but your partner does you will be entitled to the same benefit in the event they are unable to work due to accident or sickness or become unemployed provided they meet the eligibility criteria required set out below, please see 'All Sections'.
- If you are hospitalised for more than three consecutive nights in a month, we will pay your minimum scheduled payment for that month up to £1,000. This is subject to a maximum of six consecutive minimum scheduled payments. If you do not work but your partner does you will be entitled to the same benefit in the event they are hospitalised for more than three consecutive nights, provided they meet the eligibility criteria required set out below. Please see 'All Sections'.
- In the event of the birth of your child, adoption, marriage, divorce, the death of your partner, moving house or jury service, this policy will pay the minimum scheduled payment up to £1,000 for a maximum of three months.

### All Sections

You are eligible for this insurance if you can answer yes to all of the following at the start of your insurance.

- a) I am aged 18 or over and under 65.
- b) I live in the UK (excluding Channel Islands).
- c) I work at least sixteen hours per week and have done so continuously for the last six months.
- d) I have a credit account with Shop Direct.

If you only answered no to question C, you will still be eligible for this insurance if your partner is able to answer yes to questions A, B and C.

Your partner is defined as your husband, wife, civil partner or the person with whom you have been living (as if you were a couple) for a period of at least six consecutive months immediately prior to the date of any claim, and upon whom you are financially dependent. Your partner must be aged 18 years or over and under 65 and live in the UK.

For accident or sickness, unemployment and hospitalisation cover if you do not work but reside with your partner who does, it is your partner's employment that is relevant for the purposes of assessing a claim.

The person whose employment we take in to consideration is referred to as the 'employed person'.

If the employed person is self-employed or works on a fixed term contract and they are eligible for this policy you should pay particular attention to the 'Employment Circumstances', 'Unemployment Cover' and 'Things to Keep in Mind When Claiming' sections. If the employed person is in temporary work you are not eligible for this insurance.

**Your eligibility for cover and entitlement to make a claim under the policy and various policy cover sections may change if your circumstances change, for example if you take up employment of more than 16 hours a week, or voluntarily reduce your hours to less than 16 per week, if you retire from work, you reach the age of 65 or leave the UK to live abroad. If this happens or is likely to happen you may wish to discuss this with Shop Direct. This is explained in the 'Making changes To Your Cover' and the 'When Does Your Policy End' sections of the policy.**

# Policy Summary

## What are the benefits and features of Life Event Plan?

- If the employed person is unable to work for more than 28 consecutive days (this period is known as the waiting period) due to accident or sickness or involuntary unemployment:
- We will pay the minimum scheduled payment on your credit account, up to a maximum of £1,000, backdated to the first day the employed person was unable to work.
- We will then continue to pay the minimum scheduled payment up to a maximum of £1,000 for each consecutive and complete 28 day period they are unable to work, until the amount of the outstanding balance of your last account statement before the employed person was unable to work has been paid or they return to work, whichever is sooner. Up to a maximum of 12 minimum scheduled payments.  
The minimum scheduled payment amount will be your payment obligation on your monthly credit account statement to Shop Direct.
- If the employed person is self-employed you will be entitled to claim for unemployment if they have involuntarily ceased trading because they could not find enough work to meet all their reasonable business and living expenses and have declared this to HM Revenue and Customs. They must also register as unemployed with the Department for Work and Pensions.
- If the employed person has been paid or is entitled to be paid in lieu of notice, any claim for unemployment including the waiting period will not start until the end of their notice period.
- If the employed person is in hospital for more than three consecutive nights, we will pay the minimum scheduled payment of the outstanding balance on your last credit account statement before they went into hospital, up to a maximum of £1,000. We will then pay the minimum scheduled payment, up to a maximum of £1,000, for each consecutive monthly period they are hospitalised for three consecutive nights, until the outstanding balance of your last account statement before the employed person was admitted to hospital has been paid or they leave hospital, whichever is sooner. Up to a maximum of a 6 scheduled payments.
- We will cover you for any additional life event that occurs but not more than two events in a rolling 12 month period. The additional life events covered under your policy are:
  - The birth of your child.
  - You adopt a child.
  - You get married.
  - You get divorced.
  - The death of your partner.
  - You move house.
  - You attend jury service.

A more detailed description can be found in the 'Additional Life Events' section of the policy document.

Note: you cannot claim for accident or sickness, unemployment, hospitalisation or an additional life event claim at the same time.

## What am I not covered for?

### All Sections

The policy excludes some situations. These generally involve anything you already know about or that is caused by illegal or deliberate acts on your or the employed person's part. You need to check the 'Accident or Sickness Cover', 'Unemployment Cover', 'Hospitalisation Cover' and 'Additional Life Events' sections of the policy for full details of what is and what is not covered. The main exclusions are shown here:

We will not cover unemployment claims:

- if the employed person knew about the unemployment at the start of the policy
- which the employed person is notified of, or which happens, within the first 90 days of the start of the policy
- if the employed person has resigned, retired, taken voluntary redundancy or been dismissed for misconduct
- after the end of a fixed term contract unless the employed person:
  - has either worked continuously for the same employer for at least two years; or
  - is on a contract of at least 12 months which has been renewed at least once with the same employer; or
  - was originally employed on a permanent basis but were transferred to a fixed term contract by the same employer without a break in employment.

Note: For unemployment claims the employed person will need to have a Jobseeker's Agreement for the whole time you are claiming. If they are ineligible for a Jobseeker's Agreement, you must be able to provide ongoing alternative evidence that is acceptable to us that they are unemployed and actively seeking work. This could include copies of job applications, responses and registration with job agencies.

We will not cover hospitalisation claims:

- which commence or the employed person becomes aware of within the first 30 days of the start of the policy

We will not cover additional life event claims:

- which happen within the first 90 days of the start date of the policy
- if you knew the life event was likely to happen at the start of the policy.

## Changes we can make to premium, policy cover and/or terms and conditions

### All sections

We can, at any time and after taking a fair and reasonable view, make changes to your premium, policy cover and/or terms and conditions of insurance to reflect:

- changes in our expectation of the future cost of providing cover; and/or
- changes in the law, regulation or taxation that affect us or your policy.

Changes will be notified to you in writing at least 30 days in advance. Where we give notice of any proposed changes you have the right to cancel your policy with immediate effect. (Please see 'Changes We Can Make To Premium, Policy Cover and/or Terms and Conditions' section of the policy wording for more information).

## How long does my Life Event Plan run for?

### All sections

Unless this policy is cancelled earlier by you or us your cover will continue as long as you have a credit account with Shop Direct and you continue to pay your monthly premium on time but it will end when you reach 65, when you no longer have your Shop Direct credit account or the employed person retires from work and does not intend to actively seek further work. The policy is designed to cover your minimum scheduled payment on your account so you do not need to review your level of cover.

There are certain circumstances in which we can cancel your policy (for example):

- Where we can offer you an equivalent alternative product we will give you at least 30 days notice.
- Where we are unable to offer you an equivalent alternative product we will give you at least 90 days notice
- If you breach the terms of your policy we can cancel your policy immediately.

In the event that we cancel your policy we will send you notice in writing.

For the full list of circumstances in which we may cancel your policy and details of notice periods, please see the 'When Does Your Policy End' section.

# Policy Summary

## What happens if I take out cover and then change my mind?

### All sections

This insurance is optional and you have the right to cancel your policy during a period of 30 days from the day of purchase of the policy or the day on which you receive your policy documentation, whichever is the later. If you cancel within this period you will receive a full refund of any premiums paid.

To cancel this policy during this period or at any time afterwards please call Shop Direct on 0844 811 1220 or return this policy and accompanying documentation to Customer Services, Sandringham House, Sandringham Avenue, Chelmsford, CM92 1LH.

## How do I make a claim?

### All sections

In the event of a claim 'cash only' orders can be placed on the credit account.

Please call the Life Event Plan Claims Team on 08000 921 920 between 9am and 5pm Monday to Friday. Or write to the Life Event Plan Claims Team, PO Box 1190, Doncaster, DN1 9PS.

For our joint protection telephone calls may be recorded/ or monitored.

0844 numbers will be charged at 5p per minute from a BT landline. Calls from other networks may vary.

## How do I make a complaint?

### All sections

We hope that you will be very happy with the service we provide. However, if for any reason you are unhappy with it, we would like to hear from you.

For complaints please call Shop Direct Finance Company Limited on 0844 811 1220 or write to: Shop Direct Finance Company Limited, Customer Excellence, Sandringham House, Sandringham Avenue, Chelmsford, CM92 1LQ.

If your complaint addressed to any of the above parties is not resolved to your satisfaction you may contact the Financial Ombudsman Service ('FOS'), South Quay Plaza, 183 Marsh Wall, London, E14 9SR stating clearly the nature of the complaint and the party to which that complaint was originally addressed.

Following the complaints procedure does not affect your right to take legal action.

Further details of our complaints procedure can be found in the Policy Document.

## Would I receive compensation if Aviva Insurance Limited were unable to meet its liabilities?

### All sections

We are members of the Financial Services Compensation Scheme. You may be entitled to compensation from the scheme if we cannot meet our obligations depending on the type of insurance and circumstances of the claim.

Underwritten by Aviva Insurance Limited Registered in Scotland No. 2116.

Registered Office: Pitheavlis, Perth PH2 0NH.

Aviva Insurance Limited and Aviva Life and Pensions UK are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority

Shop Direct Finance Company Limited, Registered No. 4660974. Registered office: Aintree Innovation Centre, Park Lane, Netherton, Bootle, L30 1SL. Authorised and regulated by the Financial Conduct Authority.

# Policy Document

## Introduction

This **policy** provides **you** with everything **you** need to know about **your** Life Event Plan. It is important that **you** read it carefully and keep it in a safe place, as it contains the full details of **your policy** including the exclusions.

This **policy** uses words and phrases that have specific meanings; **you** will find these explained in the 'Definitions' section. Defined words are shown in 'bold' wherever they appear.

Make sure that **you**:

- are eligible for the insurance cover
- know what this insurance does and does not cover
- understand how changes to **your work**, age and residency affect **your** eligibility and the terms and conditions of making a claim. If **you** do not **work** but **your partner** does, **you** must also understand how changes to their **work**, age and residency can affect **your** eligibility and the terms and conditions of making a claim.

If **you** have any questions about **your** eligibility for this insurance or changes to **your** circumstances **you** should call Life Event Plan Helpline on 0844 811 1220 Lines open 9am to 5pm Monday – Friday.

Life Event Plan is offered by Shop Direct Finance Company Limited "Shop Direct".

To register a claim (or check progress on a claim), please call the Life Event Plan Claims Team on 08000 921 920 between 9am and 5pm Monday to Friday.

Or write to the Life Event Plan Claims Team, PO Box 1190, Doncaster, DN1 9PS.

If you are registering a claim **you** should read the 'Making A Claim' section before calling to make sure **you** have the relevant information available.

For our joint protection telephone calls may be recorded/ or monitored.

0844 numbers will be charged at 5p per minute from a BT landline. Calls from other networks may vary.

## Changing Your Mind – Your Cancellation Rights

This insurance is optional and you have a right to cancel **your policy** during a period of 30 days from the day of purchase of the **policy** or the day, on which you receive **your policy** documentation, whichever is the later. This is called the 'statutory cooling off period'.

If **you** wish to cancel during this period, **you** will be entitled to a full refund of the premium paid. If **you** have made a claim and then cancel within this period, **we** may seek to recover any monies paid to **you** in settlement of the claim.

To exercise **your** right to cancel in the statutory cooling off period, please call Shop Direct on 0844 811 1220 or return this **policy** and accompanying documentation to Customer Services, Sandringham House, Sandringham Avenue, Chelmsford, CM92 1LH.

If **you** do not exercise **your** right to cancel **your policy** in the statutory cooling off period, it will continue in force and **you** will be required to pay the premium.

For **your** cancellation rights after the statutory cooling off period, please see the 'When Does Your Policy End' section of this **policy**.

## Customers With Disabilities

This **policy** is also available in large print, audio and Braille. If **you** require any of these formats please contact the Life Event Plan Helpline on 0844 811 1220. Lines open 9am to 5pm Monday to Friday.

## Eligibility, Important Notes and Information We Need To Know About

### Eligibility

**You** are eligible for this insurance if **you** can answer yes to all of the following at the start of **your** insurance.

- A. I am aged 18 or over and under 65.
- B. I live in the **UK** (excluding Channel Islands)
- C. I **work** at least sixteen hours per week and have done so continuously for the last six months.
- D. I have a **credit account** with Shop Direct.

If **you** only answered no to question C, **you** will still be eligible for this insurance if **your partner** is able to answer yes to questions A, B and C.

If **you** answered no to any other question, **you** are not eligible for this insurance and should contact **us** straight away. **Your partner** is defined as **your** husband, wife, civil partner or the person with whom **you** have been living (as if **you** were a couple) for a period of at least six consecutive months immediately prior to the date of any claim, and upon whom **you** are financially dependent.

For the purposes of this insurance **work** means any paid work of at least 16 hours per week. This includes **self-employed work** and statutory maternity and parental leave but it does not include **temporary work**.

For 'Accident or Sickness Cover', 'Unemployment Cover' and 'Hospitalisation Cover' sections the person whose **work** is relevant is defined as the **employed person**. The **employed person** is:

- **you**, if **you work**; or
- **your partner**, if you do not **work** but **your partner** does. Your partner must be aged 18 years or over and under 65 and live in the **UK**.

**You** should read this **policy** carefully to make sure it is suitable for **your** needs. If the **employed person** is **self-employed** or they **work** on fixed term contracts **you** should pay particular attention to the 'Employment Circumstances', 'Unemployment Cover' and 'Your Claim – Things To Keep In Mind When Claiming' sections.

### Important Notes:

1. If the **employed person** is off **work** due to **accident or sickness** at the **start date** and they do not return to **work** within the first 30 days following the **start date**, **your accident or sickness** cover will not start until the **employed person** has returned to **work** for 30 consecutive days.
2. This **policy** will not pay for any **unemployment** the **employed person** was aware of at the **start date**. You will not be covered for any **unemployment** which **we** reasonably believe the **employed person** knew was likely to happen, whether they had official notice or not, when you took out this insurance.
3. This **policy** will not pay for any **unemployment** that the **employed person** was advised of or which happens during the first 90 days of the **start date**, whether they were aware of it or not at the **start date**.
4. This **policy** will not pay any **hospitalisation** claims which commence or the **employed person** becomes aware of within the first 30 days of the **start date**.
5. This **policy** will not pay any additional life event claims within the first 90 days of the **start date**.

**If you have any questions you should call Life Event Plan Helpline on 0844 811 1220.  
Lines open 9am to 5pm, Monday to Friday.**

## Information We Need To Know About

**You** must take reasonable care to provide correct and accurate answers to the questions **we** ask when **you** take out or make changes to **your** insurance. **You** must inform **us** throughout the life of **your** insurance if any of the information listed in the 'Changes We Need To Know About' box within the 'Making Changes To Your Cover' section changes.

If **you** fail to provide correct and accurate information this may affect **your** insurance and entitlement to make a claim. This is explained in the 'Making Changes To Your Cover' and the 'When Does Your Policy End' sections.



## Employment Circumstances

The **employed person's** employment circumstances will affect **you** eligibility for cover and entitlement to make a claim. If the **employed person's** employment changes or is likely to change or **you** have any questions **you** should contact Shop Direct.

## Fixed Term Contracts

If the **employed person works** on a fixed term contract and their contract is not renewed, **you** will only be entitled to claim for **unemployment** cover if the **employed person** meets one of the following criteria:

- the **employed person** has worked continuously for the same employer for at least 24 months; or
- the **employed person's** contract is for at least 12 months and has been renewed at least once with the same employer; or
- the **employed person** was originally employed on a permanent basis but was transferred to a fixed term contract by the same employer without a break in employment.

## Self Employed

**We** consider the **employed person** to be **self-employed** if they meet one of the following criteria:

- the **employed person** is carrying on a business in the **UK** either alone or as a partner in a partnership; or
- the **employed person** can control the affairs of a company they **work** for because either the **employed person** or a relative or a member of their household individually or jointly hold the majority of the voting rights in that company; or
- the **employed person** can otherwise ensure that the company they **work** for conducts its affairs according to their wishes.

If the **employed person** is **self-employed** they will need to provide the following for **you** to be entitled to claim for **unemployment** benefit:

- satisfactory proof that they have involuntarily ceased trading because they could not find enough **work** to meet all their reasonable business and living expenses and have declared this to HM Revenue & Customs; and
- are registered as unemployed with the Department for Work and Pensions.

## Retiring Before The Age of 65

If the **employed person** retires before the age of 65 and they do not intend to actively seek further **work**, **you** will no longer be eligible for cover under this insurance.

It is **your** responsibility to contact Shop Direct to cancel **your** insurance, please see the 'When Does Your Policy End' section for more details.

## Your Benefits At A Glance

This is only a summary of **your** cover; full details are given in the following sections

Cover	Waiting Period	Maximum Claim Duration	Maximum Claim Amount
<b>Accident or Sickness</b>	28 days	12 <b>scheduled payments</b> or until the amount of the <b>outstanding balance</b> on your last <b>credit account</b> statement before <b>your</b> claim has been paid, whichever is the sooner.	£1,000 per payment or the <b>outstanding balance</b> on your last <b>credit account</b> statement before <b>your</b> claim, whichever is the lesser.
<b>Unemployment</b>	28 days	12 <b>scheduled payments</b> or until the amount of the <b>outstanding balance</b> on your last <b>credit account</b> statement before <b>your</b> claim has been paid, whichever is the sooner.	£1,000 per payment or the <b>outstanding balance</b> on your last <b>credit account</b> statement before <b>your</b> claim, whichever is the lesser.
<b>Hospitalisation</b>	three consecutive nights	six <b>scheduled payments</b> or until the amount of the <b>outstanding balance</b> on your last <b>credit account</b> statement before <b>your</b> claim has been paid, whichever is the sooner.	£1,000 per payment or the <b>outstanding balance</b> on your last <b>credit account</b> statement before <b>your</b> claim, whichever is the lesser.
<b>Additional Life Event</b>	N/A	three <b>scheduled payments</b> or until the amount of the <b>outstanding balance</b> on your last <b>credit account</b> statement before your claim has been paid, whichever is the sooner.	£1,000 per payment or the <b>outstanding balance</b> on your last <b>credit account</b> statement before <b>your</b> claim, whichever is the lesser.  Maximum of two additional life event claims in any 12 month period.

Note you cannot make a claim:

- (1) Under the 'Unemployment Cover' which the **employed person** is notified of or which happens within the first 90 days following the **start date**.
- (2) Under the 'Hospitalisation Cover' which commences or the **employed person** becomes aware of within the first 30 days of the **start date**.
- (3) Under the 'Additional Life Events' that happens within the first 90 days of the **start date**.

## Accident or Sickness Cover

In this section **we** will only assess claims based on the **employed person**.

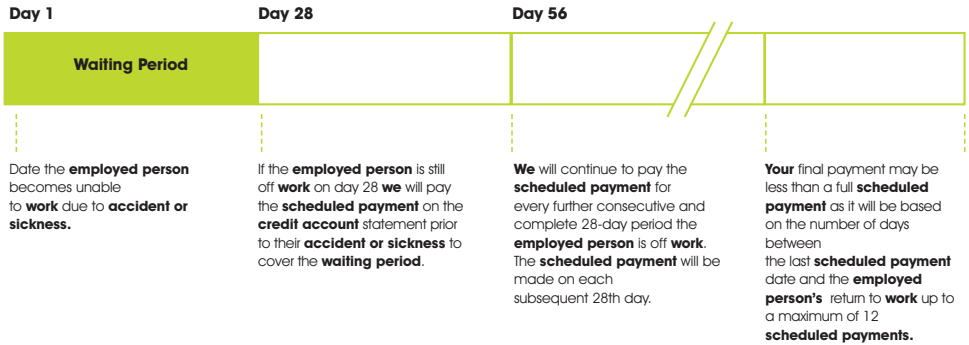
### What Is Covered

If an **accident** or **sickness** prevents the **employed person** from working for longer than the **waiting period**, **we** will pay;

- the **scheduled payment** on the **credit account** statement prior to their **accident or sickness** on day 28, up to a maximum of £1,000, then
- **we** will continue to pay the **scheduled payment** for every further consecutive and complete 28-day period the **employed person** is unable to **work** on each subsequent 28th day until the amount of the **outstanding balance** on your last **credit account** statement before the **employed person's accident or sickness** has been paid, up to a maximum of 12 **scheduled payments**, whichever is the sooner.

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## Example of how a claim is calculated



- If the **employed person** returns to **work** after claiming for **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 two periods into one claim when calculating your benefit period subject to a maximum of 12 **scheduled payments**.
- Once **we** have paid the maximum of 12 **scheduled payments**, the **employed person** needs to return to **work**, free of all symptoms and not receiving medical treatment for their original condition, for at least six consecutive months before **you** can make another **accident or sickness** claim for the same or a related condition. However if **your** new claim is for an unrelated condition, the **employed person** will only need to be back at **work** for 30 days for **you** to be eligible to claim again.
- **We** will not pay benefits for orders placed after the start of your **accident or sickness** claim. If goods are purchased but not debited to **your credit account** until after the start of the **employed person's accident or sickness**, **we** will pay benefit provided that **you** can supply satisfactory proof of the date of the transaction.

Note: If the **employed person** is not at **work** immediately prior to their **accident or sickness**, **you** will not be able to claim for **accident or sickness**.

## Unemployment Cover

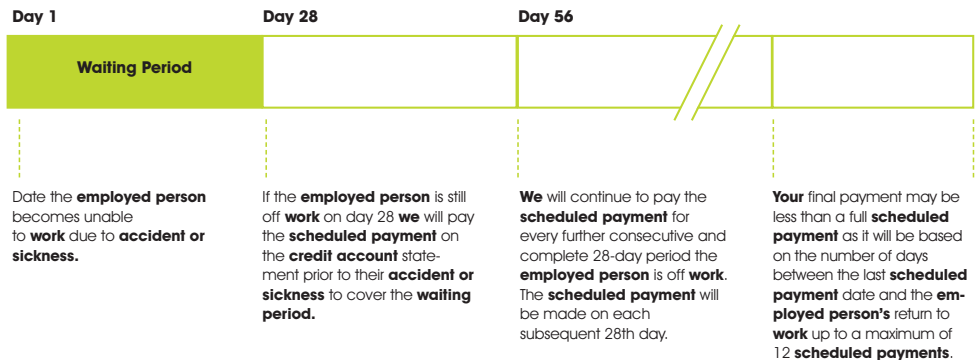
In this section **we** will only assess claims based on the **employed person**.

### What Is Covered

If the **employed person** is **unemployed** for more than the **waiting period**, **we** will pay:

- the **scheduled payment** on the **credit account** statement prior to their **unemployment** on day 28, up to a maximum of £1,000, then
- **we** will continue to pay the **scheduled payment** for every further consecutive and complete 28-day period the **employed person** is **unemployed** until the amount of the **outstanding balance** on your last **credit account** statement before the **employed person's unemployment** has been paid, or a maximum of 12 **scheduled payments**, whichever is the sooner.

### Example of how a claim is calculated



- If, within three months of returning to **work**, the **employed person** is made **unemployed**, **you** will not have to wait for another **waiting period** before benefits are paid. **We** will combine these two periods of **unemployment** into one claim when calculating **your** benefit period subject to a maximum of 12 **scheduled payments** per claim.
- Once **we** have paid the **outstanding balance** on your last **credit account** statement before the **employed person's unemployment** or **you** have received the maximum of 12 **scheduled payments** the **employed person** will need to return to **work** for at least three consecutive months before you can make another **unemployment** claim.
- **We** will not pay benefits for orders placed after the start of your **unemployment** claim. If goods are purchased before but not debited to **your credit account** until after the start of the **employed person's unemployment**, **we** will pay benefit provided that **you** can supply satisfactory proof of the date of the transaction.

### Temporary Work

If the **employed person** does any **temporary work**:

- during a claim, **we** will not pay **your scheduled payment** during the period of **temporary work**. **We** will continue to pay **your scheduled payment** when the **temporary work** finishes; or
- during the **waiting period**, the **waiting period** will be suspended until the end of the **temporary work**.

### Self-Employed

If the **employed person** is **self-employed** and they have involuntarily ceased trading because they could not find enough **work** to meet all their reasonable business and living expenses and have declared this to HM Revenue & Customs **you** will be entitled to claim for **unemployment** benefit.

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In either case the **employed person** will need to have a Jobseeker's Agreement for the whole time **you** are claiming. If the **employed person** is ineligible for a Jobseeker's Agreement, **you** must be able to provide ongoing alternative evidence that is acceptable to us that the **employed person** is **unemployed** and actively seeking **work**. This could include copies of job applications, responses and registration with job agencies.

## Payment in Lieu Of Notice

If the **employed person** has been paid or is entitled to be paid in lieu of notice any claim for **unemployment**, including the **waiting period**, will not start until the end of their notice period.

## What Is Not Covered (in addition to General Exclusions)

We will not pay for any **unemployment**:

- **we** reasonably believe the **employed person** knew was likely to happen, whether they had official notice or not, when **you** took out the **policy**;
- the **employed person** is notified of or which happens within the first 90 days of the **start date**;
- if the **employed person** has resigned or taken voluntary redundancy;
- that is as a result of the **employed person's** misconduct;
- after **temporary work** (unless the **employed person** has taken **temporary work** during a claim);
- which is normal, regular or seasonal in the **employed person's work**;
- after the end of a fixed term contract which is not renewed, unless:
  - the **employed person** has worked continuously for the same employer for at least 24 months; or
  - the **employed person's** contract is for at least 12 months and has been renewed at least once with the same employer; or
  - the **employed person** was originally employed on a permanent basis but were transferred to a fixed term contract by the same employer without a break in employment.

## Hospitalisation Cover

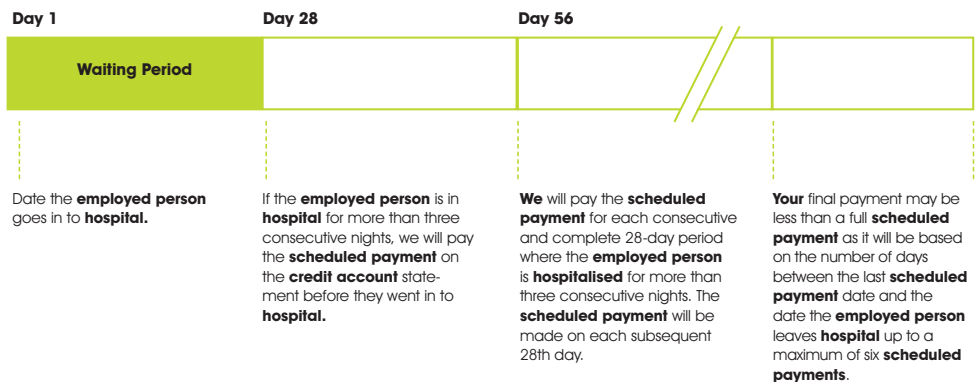
In this section **we** will only assess claims based on the **employed person**.

### What Is Covered

If the **employed person** is in **hospital** for more than three consecutive nights, **we** will pay:

- the **scheduled payment** on the **credit account** statement before the **employed person** went in to **hospital**, up to a maximum of £1,000, then
- **we** will continue to pay the **scheduled payment**, up to a maximum of £1,000, for each consecutive and complete 28-day period the **employed person** is **hospitalised** for more than three consecutive nights, until the amount of the **outstanding balance** on **your** last **credit account** statement before the **employed person** went in to **hospital** has been paid, up to a maximum of six **scheduled payments**, whichever is the sooner.

### Example of how a claim is calculated



- **We** will not pay benefits for orders placed after the start of your **hospitalisation** claim. If **goods** are purchased before but not debited to your **credit account** until after the start of the **employed person's hospitalisation**, **we** will pay the benefit provided that **you** can supply satisfactory proof of the date of the transaction.
- If the **employed person** leaves **hospital** after claiming for **hospitalisation** and then is re-admitted to **hospital** within three months because of the same condition **we** will combine these two periods into one claim when calculating your benefit period subject to a maximum of six **scheduled payments**.
- Once **we** have paid the maximum of six **scheduled payments**, the **employed person** needs not to have been re-admitted to **hospital**, free of all symptoms and not receiving medical treatment for their original condition, for at least six consecutive months before **you** can make another **hospitalisation** claim for the same or a related condition. However if **your** new claim is for an unrelated condition, the **employed person** will only need to wait 30 days for **you** to be eligible to claim again.

### What Is Not Covered (in addition to General Exclusions)

**We** will not pay for any **hospitalisation**:

- which commences or the **employed person** becomes aware of within the first 30 days of the **start date**.

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## Additional Life Events

In this section we will only assess claims based on you.

### What Is Covered

If after the start date any one of the following life events occur:

Life Event	Meaning
Birth	The birth of <b>your</b> child.
Adoption	Completion of the adoption by <b>you</b> of a child through a recognised child adoption agency in and in accordance with the laws of the <b>UK</b> .
Marriage	<b>You</b> marry or enter in to a civil partnership which is legally recognised in the <b>UK</b> .
Divorce	The granting to <b>you</b> of a decree absolute by a court in the <b>UK</b> .
Death of a partner	The death of <b>your partner</b> .
Moving House	<b>Your</b> relocation from the address to which we normally send <b>your</b> statement to a new location which <b>you</b> intend to be <b>your</b> permanent place of residence in the <b>UK</b> .
Jury Service	<b>Your</b> attendance for jury service at a court in the <b>UK</b> . Insurance in respect of jury service begins on the date <b>we</b> accept <b>your</b> application for insurance provided this is before <b>you</b> receive notice of <b>your</b> selection for jury service by Her Majesty's Court Services.

**We** will, subject to the following conditions, pay to **your credit account** the **scheduled payment**.

### What Is Covered

- a maximum of £1,000 in respect of each **scheduled payment**;
- three **scheduled payments** in respect of any one additional life event;
- **you** can only claim for two additional life events within a 12 month period. The 12 month period will commence on the date of the first life event **you** receive benefit for.

### What Is Not Covered

**We** will not pay any additional life event:

- that happens within the first 90 days of the **start date**;
- **we** reasonably believe **you** knew was likely to happen, when you took out the **policy**;
- caused, or contributed to, by any unlawful act or omission by **you**.

## General Exclusions

These are the general exclusions that apply to the 'Accident or Sickness Cover', 'Unemployment Cover' and 'Hospitalisation Cover' sections of your policy.

**We** will not pay any claim;

1. due to or arising from the **employed person's** own deliberate actions (including cosmetic surgery or any other treatment which is not medically necessary), drug or alcohol abuse (this does not include any drugs prescribed by the **employed person's doctor**, except if they are to treat a drug addiction).
2. which is the direct or indirect result of any of the following, or anything connected with any of the following, whether or not such consequence has been contributed to by any other cause or event:
  - a) war, invasion, act of foreign enemy, hostilities or a warlike operation or operations (whether war be declared or not), civil war, mutiny, rebellion, revolution, military rising, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power;
  - b) any action taken in controlling, preventing, suppressing or in any way relating to a) above.

The above exclusion does not apply if the **employed person** is a member of H.M. Armed Forces and a claim occurs as a result of active service outside of the **UK**.

## Making Changes To Your Cover

If **you** need to advise **us** of a change in **your** or the **employed person's** circumstances or want to apply to make a change to **your** insurance, please call the Life Event Plan Insurance Helpline on 0844 811 1220. Lines open Mon to Fri - 9:00am to 5:00pm.

**We** will check that **you** remain eligible for this insurance and, **we** will explain which of the terms and conditions detailed in this **policy** will apply to **your** insurance. **We** will also tell **you** if the change results in a cancellation of **your** insurance as specified in the 'When Does Your Policy End' section.

## Changes We Need To Know About

**You** must take reasonable care to provide complete and accurate answers to the questions **we** ask when **you** take out or make changes to **your** insurance. Keeping **your** details up to date is really important.

**We** need to be told whenever the following occur:

- any information on **your policy schedule** changes;
- the **employed person** retires from **work** and does not intend to actively seek further **work**;
- The **employed person's** employment changes; for example, their **work** becomes **temporary work**;
- the **employed person** voluntarily reduces their hours of work to less than 16 hours per week
- **you** or the **employed person** reach 65 years of age;
- **you** leave the **UK** for a period of more than 12 consecutive months;

If **you** fail to provide complete and accurate information this may affect your insurance and entitlement to make a claim. This is explained in the 'Making changes To Your Cover' and the 'When Does Your Policy End' sections.



## Your Claim

### Making A Claim

It is important that **you** register **your** claim as soon as possible with the Life Event Plan Claims Team.

**Step 1** – Please have the following information ready when you call

- **your credit account** number
- the date on which **your** claim starts.

**Step 2** – Call 08000 921 920 between 9am and 5pm Monday to Friday or write to the Life Event Plan Claims Team, PO Box 1190, Doncaster, DN1 9PS.

The Life Event Plan Claims Team will be there to give you advice, answer questions, help **you** through the claim and register it for **you**.

**Step 3** – A claim pack will then be sent to **you**.

**Step 4** – The form contained in **your** claim pack should be completed as soon as possible and returned to the Life Event Plan Claims team with the relevant information.

- For **accident or sickness**, or **hospitalisation** claims **you** will need to get a **doctor** and the **employed person's** employer to fill in the relevant section of the form.
- For **unemployment** claims **you** will need to arrange for a Department for Work and Pensions official and the employed person's previous employer to fill in the relevant sections of the form.
- For additional life event claims, **you** would have to provide **us**, with the relevant information, depending on the additional life event, **you** are claiming on.

## 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 throughout **your** claim. If **we** ask for proof, **you** need to 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 the **employed person's** employer, past employers or other insurers for information about the **employed person**.
- For **unemployment** claims, the **employed person** needs to have a Jobseeker's Agreement for the whole time **you** are claiming. If the **employed person** is ineligible for a Jobseeker's Agreement, **you** must be able to provide ongoing alternative evidence acceptable to **us** that the **employed person** is **unemployed** and actively seeking **work**. This could include copies of job applications, responses and registration with job agencies.
- When making an **accident or sickness**, or **hospitalisation** claim the **employed person** 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 and exchange information with other insurers to prevent fraud.
- When working out the benefit due to **you**, **we** will not include any element of arrears on **your account**.

# Policy Document

## Paying Claims

**We** will make claim payments to your **credit account** on your **behalf**. When **we** have made these payments, **we** will not make any further payments for the same claim.

## Switching Between Claims

If **you** need to **you** can switch from an **accident** or **sickness** claim to an **unemployment** claim, or the other way around – there is no additional **waiting period**. However, **we** will not pay more than 24 **monthly benefit** payments for a combination of both, (being a maximum of 12 months for **accident** or **sickness** and 12 months for **unemployment**).

**You** cannot claim for **accident** or **sickness**, **unemployment**, **hospitalisation** or an additional life event claim at the same time.

## When Will Monthly Claim Payments End

**We** will continue paying your claim until the first of the following happens:

- The **employed person's unemployment** ends, the **employed person** recovers from their **accident** or **sickness** or the **employed person** leaves **hospital**.
- The amount of the **outstanding balance** on **your** last **current account** statement prior to **your** claim has been paid.
- **You** start **work** during an **accident** or **sickness** or **unemployment** claim where **your partner** is the **employed person**.
- **We** have paid:
  - 12 **scheduled payments** for any one continuous period of **accident** or **sickness**, **unemployment**; or
  - 24 **scheduled payments** for a contribution of both, (being a maximum of 12 months for **accident** or **sickness** and 12 months for **unemployment**); or
  - six **scheduled payments** for any one continuous period of **hospitalisation**; or
  - three **scheduled payments** for additional life events.
- **You** die.

## Paying Premiums During A Claim

When **you** are making a claim under this **policy we** will pay **your** monthly premium to ensure that cover can continue once **your** claim has ended. **You** will only be able to place 'cash only' orders on the **credit account** whilst **you** are making a claim.

Should **you** cancel **your policy** during a claim then **we** will continue to pay the **scheduled payment** provided the claim happened prior to the cancellation date, and **your** premiums were up to date. However, **you** will not be covered for any claim that happens on or after the cancellation date.

## Changes We Can Make To Premium, Policy Cover and/or Terms and Conditions

1. **We** can, at any time and after taking a fair and reasonable view, make changes to your premium, **policy** cover and/or terms and conditions of insurance, to reflect changes in **our** expectations of the future likely cost of providing cover. Premiums and/or **policy** cover may go up or down but will not recoup past losses.

When doing so **we** will only consider one or more of the following:

- **Our** experience and expectations of the cost of providing this product and/or other Aviva products of a similar nature.
- Information reasonably available to **us** on the actual and expected claims experience of insurers of similar products.
- Widely available economic information such as inflation rates, interest rates and **unemployment** rates.
- **Our** experience and expectation of the costs of administering **your policy**.

Changes (together with the reasons for such changes) will be notified to **you** in writing at least 30 days in advance and once **we** make any changes **we** will not make any further changes under this paragraph 1 for at least six months.

2. Additionally, **we** can, at any time and after taking a fair and reasonable view, make changes to:

- **your** premium, **policy** cover and/or terms and conditions of insurance to reflect changes (affecting **us** or **your policy**) in the law or regulation or the interpretation of law or regulation, or changes in taxation.
- **your policy** cover and/or terms and conditions of insurance to reflect decisions or recommendations of an Ombudsman, regulator or similar person, or any code of practice, with which **we** intend to comply.
- **your policy** cover and/or terms and conditions of insurance in order to make **your policy** clearer and fairer to **you** or to rectify any mistakes that may be discovered in due course.

Changes (together with the reasons for such changes) will be notified to **you** in writing at least 30 days in advance and there is no minimum period between changes.

## When Does Your Policy End

1. The cover provided by this **policy** and all benefit payments will end immediately, if any of the following happen:

- **Your credit account** is closed.
- **You** reach 65 years of age.
- Where **you** are not the **employed person**, the **employed person** reaches the age of 65 and **you** do not **work** at that time.
- There is any dishonest, intentionally exaggerated or fraudulent behaviour by **you** or anyone acting for **you** in relation to a claim under this **policy**. In such cases, **you** may have to return any benefits already paid, and **you** may forfeit all future rights under this **policy**, with no refund of premium.
- **You** breach the **policy** terms and conditions.
- The **employed person** retires from **work** and does not intend to actively seek further **work**, unless retirement is due to **accident or sickness** on the advice of a doctor.

Note: if **you** are the **employed person** and **you** retire, then **your partner** will become the **employed person** if they **work**. If **your partner** does not intend to actively seek **work** this **policy** will end immediately.

- **You** die.

2. **You** may cancel the **policy** immediately at any time by contacting Shop Direct Finance Company Limited, Customer Services, Sandringham house, Sandringham Avenue, Chelmsford, CM92 1LH. If **you** do so you will be entitled to a refund of the premium paid subject to a deduction for the time for which you have been covered. This will be calculated on a pro-rata basis for the period for which **you** received cover.

3. **We** may cancel **your policy**, by sending **you** notice in writing to **your** last known address, if:

- **You** have not paid **your** premium when it was due - in which case **your policy** will end with effect from the beginning of the period in respect of which premium has not been paid. This will not apply if **you** are in the process of making a claim and **your** premium has been waived.

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- **We** offer **you** an equivalent alternative product (which does not materially disadvantage **you**). In this event **we** will give **you** at least 30 days notice.
  - **We** give **you** at least 90 days notice where **we** do not offer **you** an equivalent alternative product.
4. If **we** cancel **your policy** under 3 above, excluding where **you** have not paid **your** premiums when they are due, **you** will be entitled to a refund of the premium paid subject to a deduction for the time for which **you** have been covered. This will be calculated on a pro rata basis for the period for which **you** received cover.
5. If **you** or **we** cancel **your policy** under 2 or 3 above then all cover will end from the date of cancellation outlined above. However, **we** will continue to pay the **scheduled payment** that is due to be paid for **accident or sickness, unemployment, hospitalisation** or additional life event cover for any claim that happened prior to the date on which **your policy** ends.

## Promise of Service – Complaints Procedure

**Our** goal is to give excellent service to all **our** customers but **we** recognise that things do go wrong occasionally. **We** take all complaints **we** receive seriously and aim to resolve all **our** customers' problems promptly. To ensure that **we** provide the kind of service **you** expect **we** welcome **your** feedback. **We** will record and analyse **your** comments to make sure **we** continually improve the service **we** offer.

## What Will Happen If You Complain

- **We** will acknowledge **your** complaint promptly.
- **We** aim to resolve all complaints as quickly as possible.

Most of **our** customers' concerns can be resolved quickly but occasionally more detailed enquiries are needed. If this is likely, **we** will contact **you** with an update within 10 working days of receipt and give **you** an expected date of response.

## What to do if you are unhappy

If **you** have a complaint about the sale of **your** insurance please call the Insurance Team on 0844 811 1220, or write to: Customer Excellence Team, Sandringham House, Sandringham Avenue, Chelmsford, CM92 1LQ.

If **you** have a complaint about the insurance or a claim **you** have made, please call the Claims Team on 0844 811 1220, or write to: Claims Team, Sandringham House, Sandringham Avenue, Chelmsford, CM92 1LH.

If **you** are unhappy with the outcome of **your** complaint **you** may refer the matter to the Financial Ombudsman Service ('FOS'), South Quay Plaza, 183 Marsh Wall, London, E14 9SR. Telephone: 0800 023 4567 (charges may be incurred for calls made from mobile phones and from certain service providers) or 0300 123 9123 (calls to this number are charged at the same rate as 01 or 02 numbers on mobile phone tariffs).

Or simply log on to their website at [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk) stating clearly the nature of the complaint and the party to which that complaint was originally addressed.

Full contact details of the FOS will be provided when **we** write in response to **your** complaint.

### Please note:

- Whilst SDFC/Aviva are bound by the decision of the FOS **you** are not.
- Following the complaints procedure does not affect **your** right to take legal action.

## General Information

This insurance is underwritten by Aviva Insurance Limited.

Aviva Insurance Limited and Aviva Life and Pensions UK are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Aviva Insurance Limited has agreed that Shop Direct may administer the claims handling process on its behalf.

## The Law

There is a choice of law for this insurance, but unless **we** agree otherwise, the law for that part of the UK where **you** live at the **start date** will apply.

## Use of Language

Unless otherwise agreed, the contractual terms and conditions and other information relating to this contract will be in English.

## Financial Services Compensation Scheme

**We** are members of the Financial Services Compensation Scheme. **You** may be entitled to compensation from this scheme if **we** cannot meet **our** obligations, depending on the type of insurance and the circumstances of **your** claim.

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

## Data Protection Act – Information Uses

For the purposes of the Data Protection Act 1998, the joint Data Controllers in relation to any personal data **you** supply are Aviva Insurance Limited and Shop Direct

### Insurance Administration

Information **you** supply may be used for the purposes of insurance administration by **us**, **our** associated companies and agents, by reinsurers and Shop Direct. It may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing **our** compliance with any regulatory rules/ codes. **Your** information may also be used for research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. Where this happens, **we** will ensure that anyone to whom **we** pass **your** information agrees to treat **your** information with the same level of protection as if **we** were dealing with it.

If **you** give **us** information about another person, in doing so **you** confirm that they have given **you** permission to provide it to **us** and for **us** to be able to process their personal data (including any sensitive data) and also that **you** have told them who **we** are and what **we** will use their data for, as set out in this notice.

In the case of personal data, with limited exceptions, and on payment of the appropriate fee, you have the right to access and if necessary rectify information held about **you**.

### Sensitive Data

In order to assess the terms of the insurance contract or administer claims which arise, **we** may need to collect data which the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By proceeding with this insurance, **you** signify **your** consent to such information being processed by **us** or **our** agents.

## Fraud Prevention and Detection

In order to prevent and detect fraud **we** may at any time:

- share information about **you** with other organisations and public bodies including the police
- undertake credit searches and additional fraud searches
- check and/or file **your** details with fraud prevention agencies and databases, and if **you** give **us** false or inaccurate information and **we** suspect fraud, **we** will record this

**We** can on request supply further details of the databases **we** access or contribute to.

## Definitions

Wherever the following words or phrases appear in this **policy**, they will be shown in 'bold' and have the following meanings:

### **Accident or Sickness –**

- Any accident, sickness or disease; or
- Any complication of pregnancy or childbirth which has developed into an identified **medical condition** diagnosed and recognised by a recognised obstetric **specialist**, (but not delivery by Caesarean section or other surgically assisted means or any normal symptom of a temporary or minor nature, which presents no significant medical hazard to mother or baby)

which occurs after the **start date** which results in the **employed person** being totally unable to carry out the duties of their **normal work** and not doing any other **work**, as confirmed by a **doctor** or **specialist**. **Normal work** means the **employed person's work** immediately before their **accident or sickness**, or any other **work** which **we** think the **employed person** is, or may reasonably become qualified for, in view of their training, education and ability.

**Credit Account – Your** account with Shop Direct to which this **policy** applies.

**Doctor** – A medical practitioner, (other than **you** or a member of **your** family) who holds a full qualification entitling him or her to full registration with the General Medical Council.

**Employed Person** – The person whose **work** is relevant for the purposes of assessing a claim for the 'Accident or Sickness Cover', 'Unemployment Cover' and 'Hospitalisation Cover' sections. This will be:

- **you**, if **you work**; or
- **your partner**, if **you** do not **work** but **your partner** does. **Your partner** must be aged 18 years or over and under 65 and live in the **UK**.

**Hospital** – A lawfully operated establishment (other than a convalescent, nursing or rest home, or similar section of a **hospital**) which has accommodation for diagnosis and major surgery and which provides twenty-four hours a day nursing services by registered nurses.

**Hospitalisation/Hospitalised** – Being confined to a **hospital** upon the recommendation of a **doctor** because of **accident or sickness**.

**Medical Condition** – Any injury, illness, disease or sickness

**Outstanding Balance** – The amount **you** owe on **your credit account**, as shown in the records of Shop Direct (excluding any arrears from missed payments or any associated interest and costs), and any transactions made up to **your last credit account** statement date immediately prior to:

- start of **your accident or sickness** claim;
- start of **your unemployment** claim;
- start of **your hospitalisation** claim;
- start of **your** additional life event claim.

**We** will pay benefit up to a maximum of £10,000 per claim.

**Partner** – **Your** husband, wife, civil partner or the person with whom **you** have been living (as if **you** were a couple) for a period of at least six consecutive months immediately prior to the date of any claim, and upon whom **you** are financially dependent.

**Policy** – This document sets out the benefits, terms, conditions and exclusions of **your** Life Event Plan.

**Scheduled Payment** – The minimum monthly payment amount shown on your **credit account** statement.

**Self-employed** – The **employed person** is **self-employed** if:

- the **employed person** is carrying on a business in the **UK** either alone or as a partner in a partnership; or
- the **employed person** can control the affairs of a company they **work** for because either the **employed person** or a relative or a member of their household individually or jointly hold the majority of the voting rights in that company; or
- the **employed person** can otherwise ensure that the company they **work** for conducts its affairs according to their wishes.

**Specialist** – A **doctor** who is or has been a consultant at an NHS **hospital**.

**Start Date** – The date shown on **your policy** schedule on which cover under this insurance commences.

**Temporary Work** – Work that is casual, occasional or for a specific task. Also work that is seasonal or irregular, or for a period of training or apprenticeship.

**UK** – England, Scotland, Wales, Northern Ireland and the Isle of Man (excludes Channel Islands).

**Unemployment/Unemployed** – Having no **work** or **temporary work** and having a Jobseeker's Agreement with the Department for Work and Pensions in the **UK**. If the **employed person** is ineligible for a Jobseeker's Agreement **you** must be able to provide alternative proof acceptable to **us** that they are actively seeking **work**.

**Waiting Period** – The first:

- 28 days of any **accident or sickness** and **unemployment**;
- three nights of any **hospitalisation** claim.

**We/Us/Our** – Aviva Insurance Limited.

**Work** – Any paid work of at least 16 hours a week. This includes **self-employed** work and statutory maternity and parental leave but not **temporary work**.

**You/Your** – The person who is eligible, whose name appears on the monthly **credit account** statement, has applied and been accepted by **us** for insurance and who has paid or agreed to pay the premiums.

Underwritten by Aviva Insurance Limited.

Registered in Scotland No. 2116 Registered Office: Pitheavlis, Perth PH2 0NH.

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority

Shop Direct Finance Company Limited, Registered No. 4660974. Registered offices: Aintree Innovation Centre, Park Lane, Netherton, Bootle, L30 1SL.

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