



ace europe

Your Policy

Pulse Locum Insurance Scheme

Important information

Pulse Independent I.F.A.

tel: 0844 477 4860

email: info@gp-locum-insurance.co.uk

website: www.gp-locum-insurance.co.uk

Claims

tel: 0844 477 4860

Financial Ombudsman Service

tel: 08000 234 567

fax: 020 7964 1001

website: www.financial-ombudsman.org.uk

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Welcome

This Policy is provided by Pulse Independent I.F.A. and underwritten by ACE European Group Limited (**ACE**).

The Policy, consisting of this booklet, a Policy Schedule and the information provided by the **Policyholder**, is a contract between the **Policyholder** and **ACE**. **ACE** agrees to insure the **Policyholder**. The information the **Policyholder** gave **ACE** either over the telephone and/or on the **Policyholder's** Application Form is part of the **Policyholder's** contract with **ACE**. The Policy Schedule shows the cover the **Policyholder** has chosen and the maximum **ACE** will pay for each benefit. This booklet and the Policy Schedule must be read together. The **Policyholder** should check these carefully to be sure the cover meets the **Policyholder's** needs. If the **Policyholder** has any questions, they should contact Pulse Independent I.F.A. on 0844 477 4860.

If the **Policyholder's** needs change, or if any information the **Policyholder** gave **ACE** changes, **ACE** must be informed because **ACE** may need to change the Policy. **ACE** will update the Policy and send the **Policyholder** a new Policy Schedule each time **ACE** agrees a change with the **Policyholder**.

This Policy shall be governed and construed in accordance with the Law of England and Wales and the English Courts alone shall have jurisdiction in any dispute. All communication of and in connection with this Policy shall be in the English language.

ACE is required to notify the **Policyholder** that other taxes or costs may exist which are not imposed by **ACE**.

The **Policyholder** and **ACE** have agreed that it is not intended for any third party to have the right to enforce the terms of this contract. The **Policyholder** and **ACE** can cancel or vary the terms of this contract without the consent of any third party to this contract, who might seek to assert that they have rights under the Contracts (Rights of Third Parties) Act 1999.

It is the **Policyholder's** responsibility to provide complete and accurate information to **ACE** when the **Policyholder** takes out the Policy and throughout the life of the Policy. It is important that the **Policyholder** ensure all statements made on the Application Form, over the telephone, on claim forms and other documents are full and accurate. Please note that if the **Policyholder** fails to disclose any material information to **ACE**, this could invalidate the insurance cover and could mean that part or all of a claim may not be paid

One of **ACE's** authorised representatives must sign the Policy Schedule for the cover to be valid.



Andrew Kendrick
Chairman and CEO
ACE European Group Limited

Definitions

Throughout the Policy, there are words and phrases, which have special meaning. These are listed here.

'Accident' and 'Accidental'

A sudden identifiable, violent external event which happens by chance and which could not be expected; or unavoidable exposure to severe weather.

'Benefit Amount'

The difference between:

- the cost per week of engaging a **Locum**, including reasonable additional direct costs of the **Locum** which the **Policyholder** has necessarily agreed to pay according to normal custom and practice, and
- any amount recoverable under the Local Health Authority Locum Reimbursement Scheme

up to, but not exceeding, the level of cover the **Person Insured** has at the time of the **Accident** or **Illness** as shown in the Policy Schedule.

'Benefit Period'

The maximum, but not necessarily consecutive, period for which benefit is payable as shown in the Policy Schedule.

'Bodily Injury'

Injury to the **Person Insured** which happens while the Policy is in force and which:

- is caused only by an **Accident**; and
- on its own, leads to **Temporary Total Disablement** within 24 months of the **Accident**.

'Commencement Date'

The day, month and year shown in the Policy Schedule for the cover to start.

'Daily Benefit Amount'

The maximum daily amount **ACE** can pay the **Policyholder** based on the level of cover the **Person Insured** has at the time the **Person Insured** attends **Jury Service** as shown in the Policy Schedule.

'Deferment Period'

The first number of weeks of any period of **Temporary Total Disablement** during which no benefit is payable. The **Deferment Period** shall be dependent on which period the **Policyholder** has chosen as shown in the Policy Schedule.

'Effective Date'

The day, month and year shown in the Policy Schedule for any change in cover to start.

'General Medical Practice'

A medical practice operating under the National Health Service providing general medical services to patients.

'Illness'

Sickness or disease contracted by the **Person Insured** which:

- commences while the Policy is in force; and
- on its own, leads to **Temporary Total Disablement**.

'Jury Service'

Within the **United Kingdom**, serving as a juror in one of Her Majesty's courts.

'Locum'

Regarding **Temporary Total Disablement** cover:

A **Qualified Medical Practitioner, Practice Nurse** or **Practice Manager** (as applicable to the role of the **Person Insured**) who temporarily replaces the **Person Insured** in the **General Medical Practice**, when the

Person Insured suffers **Bodily Injury** or **Illness**.

Regarding **Jury Service** cover:

A **Qualified Medical Practitioner**, (working in **General Medical Practice**), a **Practice Nurse** or **Practice Manager** (as applicable to the role of the **Person Insured**) who temporarily replaces the **Person Insured** in the **General Medical Practice**, when the **Person Insured** attends **Jury Service**.

'Nurse'

A qualified nurse duly registered according to the laws of the country in which they are employed.

'On Duty'

When the **Person Insured** is carrying out their normal occupation, in **General Medical Practice**, including travelling to and from their normal place of work.

'Permanently Resident'

Resident in the first instance for at least 3 months and thereafter for 40 weeks on average each year.

'Person Insured'

The **Salaried GP**, **Practice Nurse** or **Practice Manager** who is named in the Schedule.

'Policyholder'

The person, partnership, firm, organisation or other legal entity named in the Policy Schedule(s) who/which has taken out the policy.

'Pre-existing Medical Condition'

Illness or injury for which the **Person Insured** has, or should reasonably have, received relevant medical treatment or advice by a **Qualified Medical Practitioner** during the 36 months immediately before the

Commencement Date or **Effective Date** if later.

'Practice Manager'

The senior administration officer working in **General Medical Practice** at the same surgery as the **Policyholder**.

'Practice Nurse'

A nurse working in **General Medical Practice** at the same surgery as the **Policyholder**.

'Qualified Medical Practitioner'

A doctor or specialist, registered or licensed to practise medicine under the laws of the country in which they practise who is neither:

- the **Policyholder**; nor
- a **Person Insured**; nor
- a relative of the **Policyholder** (if a person) or the **Person Insured**; unless approved by **ACE**.

'Salaried GP'

A **Qualified Medical Practitioner** working in **General Medical Practice** at the same surgery as the **Policyholder**.

'Scheme'

The Pulse Locum Insurance Scheme.

'Temporary Total Disablement'

Temporarily being unable to perform all the duties of a **Salaried GP**, **Practice Nurse** or **Practice Manager**, as appropriate, and being under the regular care and attendance of a **Qualified Medical Practitioner**.

'United Kingdom'

England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man.

The cover ACE provides

Pre-requirement for cover to apply

The **Person Insured** must:

- be **Permanently Resident** in the **United Kingdom** and
- not be serving full time in the armed forces of any country or international organisation.

When and where cover applies

The cover applies 24 hours a day anywhere in the world.

The cover is provided in sections. The Policy Schedule(s) identifies which sections of this Policy apply to the **Person Insured**.

Temporary Total Disablement

This section is mandatory. The Policy Schedule identifies the specific cover.

If, whilst the Policy is in force, the **Person Insured** is occupied as a **Salaried GP**, **Practice Nurse** or **Practice Manager** and suffers an **Illness** or has an **Accident** and suffers **Bodily Injury**, which leads to **Temporary Total Disablement** lasting the length of the **Deferment Period**, **ACE** will pay the weekly **Benefit Amount** for the subsequent period, subject to the **Benefit Period** limitations as detailed in the "Conditions of Cover", during which the **Policyholder** engage(s) a **Locum**.

NOTE

If the **Policyholder** has a valid claim but is unable to obtain a **Locum** the **Policyholder** may arrange for a **Qualified Medical Practitioner**, **Practice Nurse** or **Practice Manager**, as appropriate within the **Policyholder's General Medical Practice** to cover the **Person Insured's** duties and responsibilities whilst they are suffering

Temporary Total Disability. Payment is conditional upon evidence being provided to show:

- all appropriate costs; and
- all reasonable efforts have been made to obtain a **Locum**.

Conditions of cover

1. To make a claim for **Temporary Total Disablement** the **Person Insured** must see a **Qualified Medical Practitioner**. **ACE** will treat the first day of the **Person Insured's Temporary Total Disablement** as the day their **Qualified Medical Practitioner** confirms that they cannot perform all the duties of their occupation.
2. The **Person Insured** must remain under the care of a **Qualified Medical Practitioner** throughout the **Deferment Period**.
3. At the end of the **Deferment Period**, and after every subsequent 30 day period or whenever **ACE** request, the **Person Insured** must provide **ACE** with a **Qualified Medical Practitioner's** certificate confirming their continuing **Temporary Total Disablement**.
4. **ACE** will pay a weekly **Benefit Amount** on or after 1 week beyond the **Deferment Period** and continue to pay similar weekly amounts for each complete week for the duration of the **Benefit Period** for any one period of **Temporary Total Disablement** or until the **Person Insured** is no longer suffering **Temporary Total Disablement**.
5. **ACE** will pay 1/7th of the weekly **Benefit Amount** for each day of any period of **Temporary Total Disablement** after the **Deferment Period** that ends less than a complete week after the previous weekly **Benefit Amount** became due.

Accidental HIV infection

If, whilst the Policy is in force, the **Person Insured** is diagnosed with Human Immunodeficiency Virus (HIV) which leads to **Temporary Total Disablement** lasting the length of the **Deferment Period** **ACE** will pay the weekly **Benefit Amount** for the subsequent period, subject to the **Benefit Period** limitations as detailed in the “Conditions of Cover”, during which the **Policyholder** engages a **Locum** provided the condition was caused by:

- a blood transfusion which was given by a **Qualified Medical Practitioner** as part of a medical treatment regime after the **Person Insured's Commencement Date** or **Effective Date** if later; or
- an **Accident** while the **Person Insured** was **On Duty** leading to infection by a needlestick/sharp injury or by exposure to mucus, blood or blood stained fluid occurring after the **Person Insured's Commencement Date**, or **Effective Date** if later, provided that:
 - a) within 5 days of the **Accident** they underwent a blood test which indicated the absence of HIV or antibodies to such a virus; and
 - b) the **Accident** follow-up included a further blood test within 12 months of the **Accident** which indicated the presence of HIV or antibodies to such a virus.

There must not have been the presence of HIV or antibodies to such a virus prior to the **Person Insured's Commencement Date** or **Effective Date** if later.

Recurring disability

In respect of both **Accident** and **Illness**, if two periods of **Temporary Total Disablement** resulting from the same condition or cause are separated by less than 14 days **ACE** will treat this as one claim and

the **Deferment Period** will not apply to the second period of **Temporary Total Disablement**. However:

- **ACE** will not pay for any days when the **Person Insured** did not suffer **Temporary Total Disablement**; and
- **ACE** will pay a maximum **Benefit Amount** calculated by multiplying the **Benefit Amount** by the **Benefit Period**.

Exhaustion of benefits and reinstatement of cover

Should the **Person Insured** be absent from work for the maximum **Benefit Period** as the result of one occurrence of **Temporary Total Disablement** resulting from **Bodily Injury** or **Illness**, cover shall automatically terminate at the end of the **Benefit Period**.

If the **Person Insured** subsequently returns to their regular occupation for a period of not less than 30 consecutive days the **Policyholder** may re-apply for cover, providing:

- the **Person Insured** meets the then current eligibility and underwriting requirements; and
- the **Policyholder** pays the required premium payment appropriate to the age of the **Person Insured** and level of cover at the time of re-application.

Jury Service

This section is optional. An additional Policy Schedule will be issued if the **Policyholder** has activated this section.

If, whilst the Policy is in force, the **Person Insured** is in employment and 90 days after the **Person Insured's Commencement Date** (or **Effective Date** if later) is summoned for, and attends, **Jury Service**, **ACE** will pay the **Daily Benefit Amount** for the period during which the **Policyholder**

engages a **Locum**, up to the length of the **Benefit Period**.

If the **Policyholder** has a valid claim but is unable to obtain a **Locum** the **Policyholder** may arrange for a **Qualified Medical Practitioner, Salaried GP, Practice Nurse** or **Practice Manager**, as appropriate from within the **Policyholder's** own **General Medical Practice** to cover the **Person Insured's** duties and responsibilities whilst they attend **Jury Service**. Payment is conditional upon evidence being provided to show all reasonable efforts have been made to obtain a **Locum**.

What is not covered

ACE will not pay any claim which is caused by or results from:

- war or any act of war;
- the **Person Insured** serving more than 30 days, in any one year, on active duty in the armed forces;
- the **Person Insured's** suicide, attempted suicide or deliberate self-inflicted injury regardless of the state of their mental health;
- the **Person Insured** taking part in air travel, unless travelling as a fare-paying passenger in an aircraft which is provided and operated by an airline or air charter company which must be licensed for this (this exclusion will not apply when the **Person Insured** is travelling as a passenger in any aircraft while engaged on professional duties);
- the **Person Insured** participating in or training for professional sport;
- the **Person Insured's** illegal acts;
- the **Person Insured** driving any kind of vehicle while the alcohol level in their blood is higher than the legal limit of the

- country where the **Accident** occurs;
- the **Person Insured** taking a drug unless it is properly prescribed and was not taken for the treatment of drug addiction;
- the **Person Insured** contracting Human Immunodeficiency Virus (HIV) or other forms of the virus, Acquired Immune Deficiency Syndrome (AIDS) and AIDS-Related Complex (ARC)*;
- any Pre-existing Medical Condition during the first 36 months after the **Commencement Date** or **Effective Date** if later. In the event of a recurrence, **ACE** shall not pay any **Benefit Amount** for **Temporary Total Disablement** until the **Person Insured** has been insured for a minimum of 36 months during which they have not suffered a further recurrence. If this Policy replaces a previous Policy under this **Scheme** for the same **Person Insured**, and provided the cover is continuous, the **Commencement Date** shall be considered as that of the earlier Policy, for the purpose of establishing the period between the **Commencement Date** and the date of any Pre-existing Medical Condition. If the Pre-existing Medical Condition is controlled during the first 36 months, from the **Commencement Date**, by drugs or regular treatment and there was no actual recurrence or manifestation of the condition then this would be regarded as having served the 36 month probationary period.

*Except as provided in the “Accidental HIV infection” section of ‘The cover **ACE** provides’.

Additional exclusions applying only to Jury Service (if this section is active)

- ACE** will not pay any claim which is caused by or results from:
- the **Person Insured's Jury Service** commencing within the first 90 days after

the **Commencement Date** (or **Effective Date** if later);

- the **Person Insured's Jury Service** being a deferred attendance relating to an original summons pre dating the **Commencement Date** (or **Effective Date** if later) relating to this cover.

Dual Insurance

The **Person Insured** should avoid having cover under more than one Policy issued under this **Scheme** or elsewhere, as if the **Person Insured** is entitled to receive benefit under any other insurance for the costs of engaging a **Locum**, the **Benefit Amount**, or **Daily Benefit Amount**, payable under this Policy will be limited to its rateable proportion of such costs.

When premiums must be paid

When the Policyholder must pay

The amounts the **Policyholder** must pay, and when, are shown in the Policy Schedule. Once any applicable free period has ended, if the **Policyholder** does not start paying the premiums, this Policy will not provide any cover.

Premiums are payable by direct debit through a bank or building society at or around the end of each month.

As there is a period of free cover attaching to this Plan, the **Policyholder's** first premium will be collected at or around the end of the first chargeable month. However, the **Policyholder** will still enjoy the full extent of the free period.

For each premium the **Policyholder** pays, **ACE** will provide cover until the next premium is due.

Stepped premiums (applies only to the Temporary Total Disablement section)

The premiums payable are based on the **Person Insured's** age at the **Commencement Date**, or **Effective Date** if later, and each subsequent anniversary of the **Commencement Date**. The premium will increase as the **Person Insured's** age, at an anniversary, falls into the next higher age band.

Smokers' premium increase (applies only to the Temporary Total Disablement section)

If the **Person Insured** has smoked in the 12 months period prior to the **Commencement Date**, or their **Effective Date** if later, or they intend to smoke in the future, a 10% load will apply to the monthly premiums that would have been due had they been a non-smoker.

If the non-smokers premium applies, and the **Person Insured** starts or re-starts smoking the **Policyholder** may either:

- agree from then on to pay the increase required to bring the monthly premium up to the loaded rate; or
- continue to pay the same premium in which case in the event of a claim the payment due will be reduced by 10%.

Please note **ACE** will adopt the latter approach unless the **Policyholder** tells **ACE** otherwise.

Indexation provision

Please refer to the Policy Schedule to see if Indexation applies to the **Temporary Total Disablement** section of the Policy. Indexation cannot be applied to the **Jury Service** section.

At each anniversary date of the **Commencement Date** the **Benefit Amount** and premium will be increased by 5%.

These Indexation provisions are compound and shall continue from the **Effective Date** as

shown in the Policy Schedule until the **Policyholder/Person Insured** writes to **ACE** asking **ACE** to cancel this option.

The **Policyholder/Person Insured** can activate or reinstate this provision at any time subject to **ACE's** approval and any terms and conditions that **ACE** requires.

Ending or changing cover

The Policyholder's right to cancel this Policy in the first 14 days.

If, for any reason, the **Policyholder** is not satisfied with this Policy they may, within 14 days of receipt, email us at: info@gp-locum-insurance.co.uk and tell us to cancel the Policy or write to us at:

*Pulse Independent I.F.A.
147 Connaught Avenue
Frinton on Sea
Essex CO13 9RA*

and the Policy will be cancelled. If this happens **ACE** will refund any premiums the **Policyholder** has paid. However **ACE** reserves the right to charge the **Policyholder** a premium commensurate with the cover that has been in force up to the date of the cancellation.

If the Policyholder wants to cancel after 14 days

The **Policyholder** can cancel this Policy at any time by emailing us at: info@gp-locum-insurance.co.uk or write to us at the above address.

ACE will cancel the Policy from the date the **Policyholder** emails or posts the **Policyholder's** cancellation instruction or any

later date the **Policyholder** requests. There is no minimum duration on the **Policyholder's** Policy. **Your** premium refund will be calculated on a pro-rata basis.

If ACE wants to cancel

If **ACE** no longer wish to offer this **Scheme** and needs to cancel the **Policyholder's** Policy **ACE** will write to the **Policyholder** at the latest address **ACE** has for them. **ACE** will then cancel the Policy 30 days after the date of the letter. The premium refund will be calculated on a pro-rata basis.

ACE may cancel the Policy or revise the covers and benefits but **ACE** will do this only when **ACE** cancels or revises all Policies issued under this **Scheme**.

ACE will not cancel this Policy alone or cancel the insurance of a **Person Insured** because of any change in a **Person Insured's** health or physical condition, or the number of claims presented or the amount of benefit paid under this Policy.

When cover automatically ends

All cover under the Policy will end if the **Policyholder** stops paying premiums - from the date the **Policyholder** owes **ACE** a premium.

Regarding **Temporary Total Disablement** cover:

Cover for a **Person Insured** will end:

- on the first policy anniversary date following attainment of the **Person Insured's** 65th birthday; or
- on the date the **Person Insured** ceases working in the **Policyholder's General Medical Practice**; or
- at the end of the **Benefit Period** should the **Person Insured** be absent from work for the maximum **Benefit Period** as the

result of one occurrence of **Temporary Total Disablement** resulting from **Bodily Injury** or **Illness**; or

- when the **Person Insured** dies; whichever happens first.

Regarding **Jury Service** cover:

Cover for a **Person Insured** will end:

- on the first policy anniversary date following attainment of the **Person Insured's** 65th birthday; or
- on the date the **Person Insured** ceases working in the **Policyholder's General Medical Practice**; or
- when the **Person Insured** dies; whichever happens first.

The time cover will end

Cover will stop at midnight on the day this cover ends.

What happens to the premiums when cover ends?

If the **Policyholder** has paid a premium for any period after cover ends, **ACE** will refund it. If the **Policyholder** owes any premiums up to the date cover ends, **ACE** will ask the **Policyholder** to pay them.

If ACE want to make changes to the Policy or premium

ACE reserves the right to make changes or add to these Policy terms and to change the premiums applicable:

- for legal or regulatory reasons; and/or
- to reflect new industry guidance and codes of practice; and/or
- to reflect legitimate costs increases or reductions associated with providing this **Scheme**.

If changes become necessary, they will be applied to all Policies issued under this **Scheme**. **ACE** will not make changes which

apply only to the **Policyholder's** Policy. **ACE** will write to the **Policyholder** with details at least 30 days before **ACE** make any changes. The **Policyholder** will then have the option to continue with, or to cancel, the Policy. Should the **Policyholder** request **ACE** to cancel the Policy **ACE** will comply with the **Policyholder's** request either from the date **ACE** receives the **Policyholder's** letter or from any later date the **Policyholder** gives **ACE**.

What happens if the Policyholder uses the Policy for other purposes?

If the **Policyholder** sells or transfers the Policy, or uses it as security for a loan or for any kind of business, **ACE** will not recognise this. At all times, **ACE's** contract will be with the **Policyholder** and **ACE** will only deal with the **Policyholder** and/or the **Policyholder's** legal representatives.

Making a claim

How to claim

If a claim needs to be made, notification must be made within 30 days of the **Accident, Illness** or **Jury Service** or as soon as possible after that.

In the first instance written notice must be sent to:

Pulse Independent I.F.A.
147 Connaught Avenue
Frinton on Sea
Essex CO13 9RA
Tel : 0844 477 4860
e-mail: info@gp-locum-insurance.co.uk

A claim form must be completed to register the claim and sent to Pulse Independent I.F.A.

ACE's contact details are:
ACE European Group Limited
Claims Department,
200 Broomielaw, Glasgow G1 4RU
Telephone : 0845 8410 059
Fax : 01293 597 323
e-mail : claims@acegroup.com

ACE will need to be sent any medical certificates or other documents, which **ACE** ask for. **ACE** will not pay for these. The **Person Insured** must agree to a medical examination if **ACE** asks for it. **ACE** will pay for this.

The **Person Insured** may be required to meet with external agents, approved by **ACE**, to substantiate the claim.

Paying claims

If the **Policyholder** has a claim, **ACE** will deal with it based on the cover details shown in the last Policy Schedule **ACE** sent the **Policyholder** before the **Accident, Illness** or **Jury Service**.

If the **Policyholder** is entitled to receive benefit under any other insurance for the costs of engaging a **Locum** replacing the **Person Insured**, the **Benefit Amount**, or **Daily Benefit Amount**, payable under this Policy will be limited to its rateable proportion of such costs.

Interest

No sum payable under this Policy shall carry interest unless payment has been unreasonably delayed following **ACE's** receipt of all the required information, documents or other evidence necessary to support the claim.

Temporary Total Disablement & Accidental HIV infection

ACE will pay the **Benefit Amount** or the

assessed percentage to the **Policyholder** and the **Policyholder's** receipt shall be a full discharge of all liability by **ACE** in respect of the claim for such **Benefit Amount** or the assessed percentage.

The **Policyholder** will need to submit invoices to support the **Policyholder's** claim for **Locum** costs.

Jury Service

ACE will pay the **Daily Benefit Amount** or the assessed percentage to the **Policyholder** and the **Policyholder's** receipt shall be a full discharge of all liability by **ACE** in respect of the claim for such **Daily Benefit Amount** or the assessed percentage.

The **Policyholder** will need to submit the following to support the **Policyholder's** claim where the **Person Insured** is called for **Jury Service**:

- Proof of the **Policyholder** having engaged a **Locum**; and
- a copy of the **Person Insured's** original summons letter; and
- a copy of the **Person Insured's** subsequent confirmation letter indicating the dates the **Person Insured** was expecting to serve and confirming whether the **Person Insured's** attendance was deferred; and
- the **Person Insured's** Certificate of Attendance from the Jury Officer at the court.

Compliance with Policy terms

ACE may not accept a claim where the **Policyholder** has not kept to the terms of the Policy.

Dishonest claims

ACE will not pay for dishonest claims. If the **Policyholder** makes a dishonest claim, **ACE** may cancel the Policy immediately.

Data Protection

The information the Policyholder provides

- **ACE** will use the information about the **Policyholder** and **Person Insured** for the purpose of providing the **Policyholder** with insurance services and additional products and services. **ACE** accepts fully its responsibility to protect the privacy of customers and the confidentiality and security of information entrusted to **ACE**.
- The information the **Policyholder** provided when the **Policyholder** took out the Policy, together with other information, will be used by **ACE** and its group companies. It will be used for administration, marketing, customer service and profiling the **Policyholder's** purchasing preferences. **ACE** may disclose information to **ACE's** service providers and agents for these purposes.
- It may also be used for the purpose of fraud prevention including passing details to other insurers and regulatory bodies.
- Where the **Policyholder** has provided information about another person in connection with the purchase and performance of this insurance Policy the **Policyholder** confirms that they have appointed the **Policyholder** to act for them, that they have consented to the processing of their personal data, including sensitive personal data and they have consented to the transfer of their information abroad. The **Policyholder** also agrees to receive on their behalf any data protection notices from **ACE**.
- Unless the **Policyholder** has informed **ACE** otherwise, **ACE** may contact the **Policyholder** by mail or telephone to let the **Policyholder** know about any goods services or promotions that may be of interest to the **Policyholder** and/or share the **Policyholder's** information with

organisations that are **ACE's** business partners.

- The **Policyholder** has the right to withdraw the **Policyholder's** consent at any time and have the **Policyholder's** details removed from future marketing programmes. In addition, if the **Policyholder** asks **ACE**, **ACE** will tell the **Policyholder** what information **ACE** holds about the **Policyholder** and will provide it to the **Policyholder** in accordance with applicable law. Any information which is found to be incorrect will be corrected promptly.
- **ACE** itself may monitor and/or record the **Policyholder's** communication with **ACE** or select reputable organisations to do so, to ensure consistent servicing levels and account operation.
- **ACE** will keep information about the **Policyholder** only for so long as it is appropriate.

Please telephone **ACE** on 0800 137926 or write to:

*The A&H Customer Service Manager
ACE European Group Limited
200 Broomielaw
Glasgow G1 4RU
e-mail : cust.servuk@acegroup.com*

Mis-statement of age

(applies only to the Temporary Total Disablement section)

In the event of a claim, if the **Policyholder** or the **Person Insured** has mis-stated the **Person Insured's** age and in doing so obtained a lower monthly premium, the percentage of underpayment made will be applied to any claim payment **ACE** may make.

If **ACE** discovers that the **Policyholder** or the **Person Insured** has mis-stated the **Person Insured's** age before having made a claim, **ACE** will ask the **Policyholder** to pay **ACE** any outstanding premiums.

Complaints procedures

ACE is dedicated to providing a high quality service and wants to maintain this at all times. If the **Policyholder** is not satisfied with **ACE's** service Pulse Independent I.F.A., should be contacted, quoting the Policy details, so that the **Policyholder's** complaint can be dealt with as soon as possible.

Contact details are:
*Pulse Independent I.F.A.
147 Connaught Avenue
Frinton on Sea
Essex CO13 9RA
Tel : 0844 477 4860
email : info@gp-locum-insurance.co.uk*

If the **Policyholder** is not satisfied with the result they should contact:

*The A&H Customer Service Manager
ACE European Group Limited
200 Broomielaw
Glasgow G1 4RU
Telephone : 0800 137926
Fax : 01293 597376
e-mail : A&Hcustserv.complaints@acegroup.com*

The **Policyholder** may approach the Financial Ombudsman Service (FOS) for assistance if the **Policyholder** is not satisfied with **ACE's** final response. Contact details are given below. A leaflet explaining its procedure is available on request.

*Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London E14 9SR
Telephone : 08000 234 567
Fax : 0207 964 1001
www.financial-ombudsman.org.uk*

The existence of these complaints procedures does not reduce your statutory rights relating to this **Plan**. For further information about your statutory rights contact the Office of Fair Trading or Citizens Advice Bureau.

Financial Services Compensation Scheme

In the unlikely event that **ACE** is unable to meet its liabilities, the **Policyholder** may be entitled to compensation under the Financial Services Compensation Scheme (FSCS). The FSCS will meet the first £2,000 of valid claims in full plus 90% of the balance without any upper limit. From 1/1/2010 the FSCS will meet 90% of all valid claims without any upper limit.

Their contact details are:
*Financial Services Compensation Scheme
7th Floor Lloyds Chambers
Portoken Street, London E1 8BN
Telephone : 020 7892 7300
Fax : 020 7892 7301
Website: www.fscs.org.uk*



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ACE European Group Limited,
whose main business is general
insurance is authorised and
regulated by the Financial
Services Authority, registration
number FRN202803. Full details
can be found on the FSA's
Register by visiting
www.fsa.gov.uk/register or by
contacting the FSA on 0300
500 5000.