

IMPORTANT DOCUMENT – PLEASE READ

keyfacts

KEY FEATURES OF THE EMPLOYEE INCOME PROTECTION PLAN



WESLEYAN

we are all about you

KEY FEATURES OF THE EMPLOYEE INCOME PROTECTION PLAN

The Financial Conduct Authority is a financial services regulator. It requires us, Wesleyan Assurance Society, to give you this important information to help you decide whether our Employee Income Protection Plan is right for you. You should read this document carefully so that you understand what you are buying, and then keep it safe for future reference.

This document gives the main points about our Employee Income Protection Plan. It doesn't explain all the definitions and exclusions or include all the terms and conditions – that information is in the Plan Document, which we send you when we accept your application. If you'd like a copy, please contact our Head Office.

In this document, 'we', 'us' and 'our' refer to Wesleyan Assurance Society, who provides the cover for the Employee Income Protection Plan. For details of all definitions and exclusions, please read the Plan Document.

Aims of the plan

The Employee Income Protection Plan is designed for dental or legal practices who want to provide income protection for one or more people working within their business against the long-term financial consequences of illness or injury.

For simplicity, throughout this document we refer to a person covered by the plan as the 'insured employee', although, in some circumstances, the working relationship might not actually be employer/employee (such as a partner or member of an LLP, for example). Please see 'Who can take out the plan?' on page 3 for more information.

The plan can also cover the cost of pension contributions and National Insurance payments that you make as their employer.

Your commitment

We ask you to do the following.

- ▶ Give us all the information we ask for when applying for your plan and when claiming benefit. If you don't do this we may not be able to pay the benefit.
- ▶ Make all the regular premium payments for the length of the plan.
- ▶ Tell us if the insured employee changes their insured occupation or duties (or both).
- ▶ Tell us about a claim within the time limits we set (where reasonably possible).
- ▶ Review the level of cover regularly to make sure it is enough to meet your requirements.
- ▶ Tell us if the insured employee is absent from work due to illness or injury between the date of your application and the date your plan starts.
- ▶ Tell us if the insured employee returns or plans to return to work after they have recovered from an illness or injury.

Risk factors

- ▶ You won't be covered if you don't pay your premiums when they are due.
- ▶ Your plan may not provide enough to cover the insured employee's earnings and the National Insurance and pension contributions that you pay as their employer, if you don't review it regularly.
- ▶ When you make a claim, we may not pay out the full cover under the plan if you cannot provide evidence that your employee's earnings are enough to justify the amount you are asking us to pay out or if your employee has continuing income from other sources. We won't give you back any of the premiums you have paid if this happens.
- ▶ We may not pay out cover for your employer National Insurance contributions if you cannot show us that you have a liability to pay them. We won't give you back any of the premiums you have paid if this happens.
- ▶ We may not pay out cover for employer pension contributions if you cannot provide satisfactory evidence of the level of contributions you made in relation to the insured employee, before their illness or injury. We won't give you back any of the premiums you have paid if this happens.
- ▶ If you or the insured employee does not provide any of the information we ask for, or if the information provided is misleading or untrue, we may not pay out benefit.
- ▶ The tax treatment of the plan's benefits may change.
- ▶ Your premiums may increase if you have chosen reviewable premiums (which are based on factors such as our claims experience and interest rates). We will tell you before we make any change to the premiums you pay.
- ▶ The plan has no cash-in value at any time.

Questions and answers

How does this plan meet my needs?

The plan pays you a regular monthly amount, allowing you to provide a continuing income for the insured employee if they suffer an illness or injury that prevents them working for you.

It could also cover the cost of pension contributions you make as their employer, helping to protect their retirement benefits as well as their income. You can also cover employer National Insurance contributions that you pay in relation to the insured employee.

The plan is designed to cover only the earnings from the insured employee's employment with you, and not any income they may have from other sources (such as any work they do for another employer, or on a self-employed basis). However, please note that any such other income may affect the benefit we pay under the plan.

You choose certain features of the plan to make sure the cover is right for your business.

You decide:

- ▶ the amount of cover you want
- ▶ how soon you need the benefit payments to start, once the insured employee is unable to work
- ▶ how long you want benefits to be paid for
- ▶ how long you want the cover to last, and
- ▶ whether to pay reviewable or guaranteed premiums.

Who can take out the plan?

The plan is designed for dental or legal practices who want to provide one or more people working within the business with a regular income if an illness or injury prevents them from working.

If you are a limited liability partnership, partners or members as well as employees can be covered.

In England, Wales and Northern Ireland, the plan is not suitable for covering partners in an ordinary partnership or sole traders, but employees who are employed by them can be covered.

In Scotland, the plan can be taken out by a Scottish partnership or Scottish limited partnership, in which case a partner in the partnership can be covered as well as an employee.



Whether or not the insured employee has a significant ownership interest in the business may affect how premiums and benefits from the plan are taxed. For more information, please see 'What about tax?' on page 13.

When will the plan pay out?

You can make a claim under the plan if the insured employee is incapacitated. By this we mean that because of an illness or injury, they are totally unable to carry out the essential duties of their insured occupation. Essential duties are those that cannot be left out without affecting the insured employee's ability to carry out that occupation.

What information do you need to set up my plan?

The application process will include questions about the employee's medical history and we may ask for further medical evidence to support your application. This may be as part of the application process or later, as part of assessing a claim.

We will also ask about the employee's earnings and the work that they do for you and for anyone else (either as an employee or on a self-employed basis).

Which of my employees can be covered by the plan?

You decide which employees are to be covered under the plan. If you want to cover more than one employee, we will issue a separate plan for each. The plan is able to cover any employee who is employed in a business which operates as a dental or legal practice.

How much benefit can I apply for?

You choose the amount of benefit you need, up to the maximum weekly insured amount as shown in the table above (opposite).

Occupation	Maximum weekly insured benefit
Dentists and lawyers	£4,200
Other occupations	£2,300

The benefit we will pay, if you need to claim, will depend on the insured employee's actual income at the time they become incapacitated and takes account of income from other sources and certain ongoing payments they may receive.

How do you work out the amount of benefit you will pay if I need to claim?

When choosing how much cover to apply for, remember that, if you claim, we'll pay benefit based on the income that the insured employee was actually earning when they became incapacitated. We will include dividend payments relating to the work carried out within your business but not income received from savings and investments. For more details see 'Dividend payments' on page 5.

When you make a claim, in order to calculate the benefit we will pay, we first work out the level of the insured employee's income. We base our calculation on the income they have received during the previous 12 months, although if any part of their income is from dividends, we will average this over the previous three years. For these purposes, the insured employee's income includes the following.

Personal taxable income

- ▶ The insured employee's personal taxable income from their employment with you. By this we mean their earned income before any income tax is paid, less any expenses that are allowed against tax. It also includes the before-tax equivalent of the following 'benefits in kind'.
 - Company car

- Living accommodation
- Private medical insurance

Dividend payments

- ▶ If the insured employee's income earned from the work carried out for you is received in the form of dividends, we take account of this dividend income but only if:
 - it is related to their work activities and is paid direct to them instead of a regular salary
 - dividends are paid out of company profits and not out of retained profits, and
 - the dividends are consistent with a level of salary that your company's trading position allows on a continuing basis.

National Insurance and pension contributions

We can also include the following when calculating the insured employee's income if you choose to include cover for them in your application.

- The value of pension contributions you will have to continue to pay as their employer, but this cannot be more than one-third of the insured employee's taxable income (which is described in 'Personal taxable income').
- The National Insurance contributions you will have to continue to pay as their employer.

It's important to note that we will only cover the employer's National Insurance contributions. The insured employee's National Insurance contributions will continue to be deducted from their pay.

How do you treat other income received by the insured employee?

Once we have calculated the insured employee's income in line with the above, we take 80% of that amount and divide the result by 52 to give us a weekly equivalent.

We then take off any other benefits you, or the insured employee, may be receiving. This may be, for example, other insurance policies that provide a regular benefit if the insured employee suffers an illness or injury.

We will also take into account any income the insured employee receives from:

- ▶ pensions, and
- ▶ other occupations they are still able to carry out, but this will only include any increase in that income since they became unable to work for you.

If they receive other income from you

The amount of benefit we pay will be reduced if the insured employee continues to receive an income from you (not including that which relates to the benefit we pay under this plan). This might happen because their incapacity does not prevent them from carrying out their other work. However, we will only take into account any increase in this income after the start of their incapacity.

If they receive other income from self-employment

If this other income is from self-employment (from a source other than their employment with you), we take into account their share of before-tax profits, averaged over the previous three years. By this we mean their gross earnings from their business each year, less any amount allowed as expenses against income tax, before income tax is deducted. They will find this information on their tax return.

Please see condition A5 of the Plan Document for more information.

We'll never pay out more than the amount of cover you have chosen under the plan in relation to the insured employee who is covered under it. We'll confirm the maximum benefit we will pay for each of the following.

- ▶ Income protection benefit.
- ▶ Employer's National Insurance contributions.
- ▶ Employer's pension contributions.

Please note: we will only pay benefit for each of the above if you use it for that purpose only.

The result of this calculation could mean that you receive less benefit than you have paid for under the plan. We will not refund any of the money you have paid to us if this happens.

Please see conditions A4 and A5 of the Plan Document for more information.

When will benefit payments start?

There will be a period, when the insured employee is first unable to work because of illness or injury, for which we do not pay benefit. This is called the 'deferred period'. Once we accept a claim, we will start to pay benefit after the deferred period has finished.

You choose the deferred period (or periods) to meet your needs. Ideally, benefits should start when the insured employee's income from you would otherwise stop. You can have up to five different deferred periods under your plan so that payment of benefits can, if you prefer, increase in stages.

The deferred periods you can choose are 0, 4, 8, 13, 26 or 52 weeks.

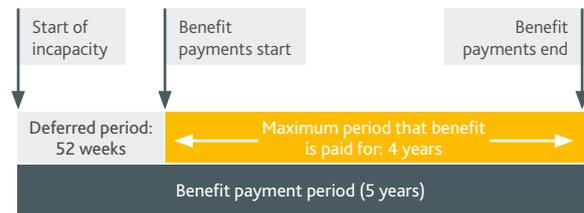
If you have chosen more than one deferred period on your plan, benefit payments will start as each deferred period ends according to the amount of cover that you have for each. However, if you have chosen a zero-week deferred period for any part of the benefit, the insured employee will need to be incapacitated for at least seven days before you can make a claim.

How long will benefits be paid for?

You can choose to set up the plan to pay benefits until the 'plan end age' (the insured employee's age when you want cover to end), as long as the insured employee remains incapacitated throughout this period. Or, you can choose for the plan to pay benefits for a limited period of up to two or five years from when the insured employee is first incapacitated. We call this the 'benefit payment period'.

The benefit payment period starts on the first day of incapacity, although we will only pay benefits after the deferred period ends. This means that the maximum period you will receive benefits for is from the end of the deferred period up to the end of the benefit payment period you have chosen. If you have chosen more than one deferred period on the plan, this rule will apply to each of them.

The illustration below shows how we would pay benefits for a five-year plan and a single, 52-week deferred period.



When will the benefit payments stop?

We will pay benefits until the first of the following happens.

- ▶ The insured employee is no longer incapacitated.
- ▶ The total income they continue to receive during their incapacity increases to the point that you are no longer entitled to claim benefit under the plan, as explained in 'How do you treat other income received by the insured employee?' on page 5.
- ▶ The insured employee reaches the chosen plan end age.
- ▶ The two-year or five-year benefit payment period ends (if you have chosen to have a limited payment period).
- ▶ You no longer employ the insured employee (but special arrangements apply if they are incapacitated at the point their employment with you ends).
- ▶ The insured employee dies.
- ▶ You stop trading.

How long will the cover last?

You choose how long you want the cover to last. The cover usually ends when the insured employee reaches an age at which you would no longer need to cover them under the plan. We call this the 'plan end age'. This is usually the age when you expect they will retire from your employment because you cannot receive any benefit from the plan once this happens.

There must be at least five years between the date your plan starts and the insured employee's plan end age. The plan must end no later than the insured employee's 70th birthday.

The plan will normally end if your business stops trading, or if the insured employee's employment with you ends.

If the insured employee is incapacitated when their employment with you ends, special arrangements apply to allow us to pay the benefits to them direct. Please see condition G6 of the Plan Document for more information.

We may limit the plan end age for some occupations. We will tell you before your plan starts if this applies to you.

How much will I pay?

You can choose to pay premiums either monthly or yearly. Once you have chosen the option you prefer, you cannot change it in the future.

The premiums you pay to us depend on the insured employee's age, occupation, smoking habits, medical history, other personal circumstances and the level and features of the cover you choose. Your premium will also depend on whether you choose guaranteed or reviewable premium rates. For more details, see 'Will my premiums change in the future?' (shown opposite).

You will receive a personalised illustration which will show the typical cost of the cover you have chosen.

We will tell you the actual cost you will pay once we have assessed your application.

When you are claiming benefits, you will not have to pay your premium payments. These will restart when your claim ends so that you still have cover.

Will my premiums change in the future?

This plan offers you the choice of either 'guaranteed' or 'reviewable' premium rates.

- ▶ If you choose guaranteed premium rates, your premiums will stay the same throughout the length of your plan. However, the actual premium you pay could change if your cover changes.
- ▶ If you choose reviewable premium rates, your premiums may change when we carry out a premium review and it shows that we expect the costs of providing your cover will change. We will review your premium on the fifth anniversary of the date the plan started and every year after that. The premium may go up or down, or it may stay the same as a result of the review. We can increase or reduce your premiums by any amount and there is no limit to the size of any change.

We will review premiums in a fair and reasonable way, by considering:

- ▶ our experience of all our similar protection products
- ▶ information reasonably available to us on the actual and expected experience of insurers of similar income protection plans, and
- ▶ economic information such as interest rates and tax rates.



Our reviews will compare the costs allowed for in your premium with what we think future costs will be. We will not look to recover past losses or redistribute past profits as part of a review, and your premium will not be directly affected by whether you have claimed or not.

We'll give you at least 14 days' notice if we change your premium following a review.

- ▶ If we tell you that we plan to increase the cost of providing your cover, we will increase your premium so the level of cover is continued.
- ▶ You could leave your premium unchanged for a reduced level of benefit, which will be based on the revised cost of providing cover.
- ▶ If the cost of providing cover reduces, we will reduce your premium and the level of cover will remain unchanged.

Please see condition C5 of the Plan Document for more details.

How will you assess my claim?

- ▶ We'll look at the nature of the insured employee's illness or injury, the duties of their occupation and their ability to do them.
- ▶ We'll ask for evidence of their income and of any relevant payments you or they are continuing to receive.
- ▶ If we haven't already seen it, we'll ask for evidence of the insured employee's age.

We will also ask for a medical report from the medical practitioner in charge of the insured employee's case and we may ask for further medical information, if we need it, to assess your claim.

Is there a deadline for claiming?

You should tell us as soon as possible that you want to make a claim.

The table below shows you the timescales within which you should tell us that the insured employee has become incapacitated. (Please see 'When will the plan pay out?' on page 4, for what we mean by 'incapacity'.)

The shortest deferred period that will apply	When you need to tell us about the insured employee's incapacity
None (zero weeks) or four weeks	Within two weeks of the start of incapacity.
Eight weeks	Within three weeks of the start of incapacity.
13 weeks or 26 weeks or 52 weeks	Within eight weeks of the start of incapacity.

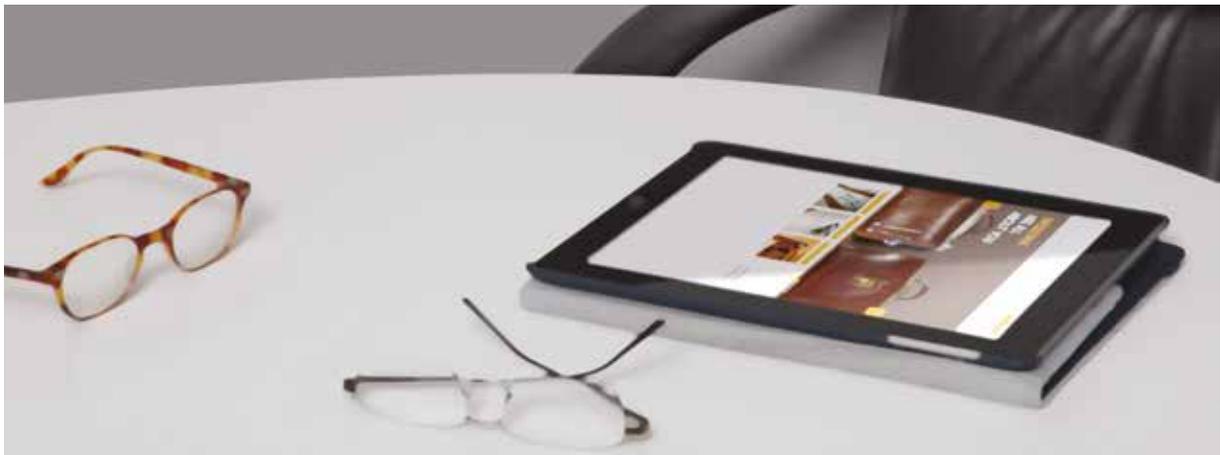
If you don't tell us about the insured employee's incapacity within these notice periods, payment of your claim is likely to be delayed. Please see condition A3 of the Plan Document for more details.

What if I need to claim again?

If you need to claim again within 26 weeks of the insured employee returning to work following a previous claim, you may not have to wait before we pay out again. Please see condition A8 of the Plan Document for more information.

How many claims can I make?

There is no limit to the number of claims you can make. However, you must restart paying your premiums when each claim ends so that you still have cover.



Will my benefits keep up with increases in the cost of living?

On each anniversary of the date your plan started, we will increase your cover in line with rises in the Retail Prices Index (up to 12% per year), regardless of any changes in the insured employee's state of health. We call this 'indexation'. If the Retail Prices Index is not available, we will use an appropriate replacement index instead.

If you have included employer's pension and National Insurance contributions in the amount of cover you have chosen, please bear in mind that indexation may mean that your cover goes up by more (or less) than the amount by which these contributions actually change. You should regularly review the amount of cover to make sure it stays in line with your needs.

Your premium will increase when we make an indexation increase. We will tell you about any change in premium before the change takes place.

You can choose not to accept any of these increases in cover or stop them completely. You can restart indexation increases without having to provide further evidence of the insured employee's state of health, even if you have refused these increases in the past. When this happens, we will restart indexation increases from the next anniversary of your plan's start date.

We will not allow you to add to the plan any indexation increases that you have refused in previous years. However, you may increase the

cover amount using other options available under the plan. For further details, please see 'How flexible is my cover?' below and 'What is the Guaranteed Increase Option?' on page 10.

When we are paying a claim, benefits will also increase each year in line with changes in the Retail Prices Index (up to 12% per year). When claim payments stop, your cover and premiums will go back to what they were before the claim was accepted.

How flexible is my cover?

The Employee Income Protection Plan allows you to update your cover to reflect changes in your needs.

To make sure that you have the right amount of cover, you may want to speak to your Wesleyan Financial Consultant.

Increasing, extending and reducing your cover

You can apply to increase your cover, extend the plan end age or shorten the deferred periods. If you do this, we may need further evidence of the insured employee's state of health to support your application. If we accept your application, your premiums will normally increase as a result.

You can also apply to reduce the cover that you have (as long as this does not go below our minimum monthly premium which is currently £10 a month or £120 a year).



What is the Guaranteed Increase Option?

The Guaranteed Increase Option allows you to increase the cover relating to one or more of the deferred periods under your plan by up to 10% without providing further evidence of the insured employee's state of health. You can use it when the insured employee's basic salary from their employment with you increases by at least 10%.

This option is only available up to the insured employee's 56th birthday and you can only use it three times during the plan. You cannot increase cover by more than £1,800 per week or to more than the amounts shown in the table below.

Occupation	Maximum weekly insured benefit
Dentists and lawyers	£4,200
Other occupations	£2,300

We'll tell you whether the Guaranteed Increase Option is available on your plan before it starts.

You won't be able to increase the cover amount by using the Guaranteed Increase Option if the insured employee is incapacitated or if they have already suffered an illness or injury but you haven't yet made a claim.

You need to use the Guaranteed Increase Option within three months of the salary increase taking effect. Please see condition B2 of the Plan Document for more details.

Your premium will go up to reflect the increase in cover. If you want to increase your cover by more than is allowed under the Guaranteed Increase Option, please contact us. In this case, you may need to provide us with new evidence of the insured employee's state of health, earnings, occupation and other personal information.

When using the Guaranteed Increase Option to increase your cover, you may want to take advice from your Wesleyan Financial Consultant to make sure that you will not be paying for more cover than you can claim.

What are my options if the insured employee takes a break from their employment?

This plan offers flexible options for the times when the insured employee may decide to take a break from their career.

You cannot claim if the insured employee was not working for you when they became incapacitated, unless the insured employee is taking a recognised period of maternity or paternity leave and as long as you have not chosen to suspend cover as outlined below.

Maternity and paternity breaks

If the insured employee takes a break from work for a period of maternity or paternity leave but is still employed by you, you can choose to suspend your cover.

However, if you decide not to suspend your cover during this time, we will assess the insured employee's incapacity against the occupation they were carrying out, and the income they were earning, immediately before the maternity or paternity break started.

Sabbatical or carer's break

If the insured employee is taking a sabbatical or carer's break, your cover and premiums can be suspended while they are not doing any paid work. We will not pay benefit during the break, even if you have continued to pay your premiums.

We explain more about the breaks available on your plan in the table below.

	Suspend or continue cover?	Eligibility	Maximum period
Maternity or paternity break	Either option available	If the insured employee takes a recognised period of maternity or paternity leave.	Up to 52 weeks
Sabbatical break	Suspend cover and premiums	If the insured employee is temporarily excused (with your written agreement beforehand) from carrying out their normal occupation.	12 or 24 months
Carer's break	Suspend cover and premiums	If the insured employee stops all paid work to provide unpaid help to a person who could not manage without that support. As a carer, the insured employee may be supporting a relative, partner or friend who is ill, frail or disabled, or who has mental-health or substance-misuse problems.	Up to 52 weeks



When the insured employee returns to work or at the end of the maximum period shown (whichever happens sooner), we will reinstate your cover and you'll need to start paying premiums again. We will base your premiums for the reinstated cover on the insured employee's age and the premium rates in force at the time. We'll tell you the premium that will apply when your plan is reinstated.

Please note that you won't be able to reinstate your cover if the insured employee is incapacitated when you want to reinstate it.

If you don't reinstate your cover by the end of the period shown in the table, your plan will come to an end.

For more details on breaks, including eligibility and conditions, please see sections D1 and D2 of the Plan Document.

What happens if the insured employee returns to work part-time following a claim, or returns to a job that pays them less?

You may be able to claim some benefit if, after we've started to pay benefits, the insured employee returns to work part-time or needs to take up a less well-paid position due to their incapacity.

We'll stop paying benefits once they are able to work the number of hours they were working in that job before they were incapacitated (or once they are able to work for at least 30 hours per week).

Please see condition E1 and E2 of the Plan Document for more information.

What happens if the insured employee's work duties change?

If the insured employee's occupation or the duties of their occupation change, we may have to change the terms on which your cover is based (including your premium). This is because some occupations put those who do them at greater risk of being unable to work because of illness or injury.

For those occupations that do carry a higher risk, we may have to stop your cover at an age earlier than your chosen plan end age. Also, there are some occupations we may not be able to cover. Please see Part F of the Plan Document for more information.

Will you still pay benefit if the insured employee is outside the United Kingdom?

You can claim benefits if the insured employee suffers any illness or injury anywhere in the world. However, there are restrictions on how long we will pay benefit for.

We will pay benefit while the insured employee is in the United Kingdom, any member state of the European Union or one of the following:

- ▶ Australia
- ▶ Canada
- ▶ Channel Islands
- ▶ Gibraltar
- ▶ Iceland
- ▶ Isle of Man
- ▶ New Zealand
- ▶ Norway
- ▶ Switzerland
- ▶ United States of America

If they are not in one of the territories or countries listed, we will only pay benefit for a maximum of six months from the start of their incapacity (depending on the deferred period (or periods) you have chosen). This means that you won't receive any benefit under the plan that relates to a deferred period of 26 weeks or more. Please see condition G3 of the Plan Document for more information.

What happens if my insured employee leaves?

If the insured employee leaves your service the plan will end.

However, if the insured employee is incapacitated when they leave and we have accepted a claim, benefit payments can continue (or start to be paid if the deferred period had not already ended). We will pay benefits directly to the insured employee for as long as their incapacity lasts (but not once the benefits would have otherwise ended). You can find more details about this in condition G6 of the Plan Document.

When will the plan not pay out?

The plan has no standard exclusions.

However, please note that the plan is designed to pay benefits in the event of illness or injury; you cannot claim because the insured employee becomes unemployed.

Pregnancy is not an illness, so you cannot claim if a condition arises from the normal effects of pregnancy, childbirth (or both). However, we will cover complications associated with pregnancy.



Are there any other significant or unusual exclusions or limits?

We may apply exclusions, conditions or limits in some cases, depending on the insured employee's medical or family medical history and on certain aspects of their lifestyle. If so, we'll tell you before you start your plan and show this on your Plan Schedule.

Does the plan have a cash-in value?

No, the plan has no cash-in value.

What about tax?

- ▶ Premiums are not treated as a 'benefit in kind' for the insured employee.
- ▶ For most employees, premiums would normally be treated as a business expense. However, HM Revenue & Customs (HMRC) don't normally allow tax relief on premiums paid for anyone who owns a significant share in the business. They may allow relief if a substantial number of other employees are entitled to similar benefits. You should check the tax position with your local Inspector of Taxes.
- ▶ Benefits are paid to you, as the employer, and you would normally pay tax on them. However, the cost of paying the continuing salary can usually be offset as a deduction against tax.
- ▶ When you pass the benefits on to the insured employee as continuing salary, they will have to pay income tax and National Insurance on them.
- ▶ If the insured employee is no longer employed by you, and we are paying them direct, the payments will be taxable and the insured employee would have to declare them in their self-assessment tax return.

For more details, please see 'What happens if my insured employee leaves?' on page 12.

This is based on our understanding of current tax rules, which may change in the future.

What if I stop paying premiums?

If you miss a premium and you don't pay it within 30 days of the date it was due, your plan and cover will end. You won't get any money back.

You can restart the plan within six months of missing the first premium. You will have to pay all the premiums you have missed and provide us with evidence that the employee is in good health.

What charges apply to my plan?

The premiums you pay include all the costs of managing your plan such as underwriting, commission, claims, ongoing administration and selling expenses, along with any fees you have to pay for medical examinations which we may ask the insured employee to have. Also included in the premium is a plan fee of £3 per month (or £36 per year).

Can I change my mind?

After we accept your application, you have three months in which to change your mind. To do this, you will need to send us a filled-in Cancellation Notice, which we will give you when you take out your plan.

If you cancel your plan within this three-month period, we will refund any premiums paid after we have deducted any benefits we may have paid you.

You can cancel your plan at any time after the three months has ended. We won't refund any premiums you have already paid if you do this.

How to contact us

If you have any questions about this plan, please call us on 0345 351 2352.

Our phone lines are open from 8.30am to 6.30pm Monday to Friday and from 9am to 2pm on Saturdays. We may monitor calls to improve our service.

Fax us on 0121 200 2971.

Write to us at our Head Office:

Wesleyan Assurance Society
Colmore Circus
Birmingham
B4 6AR

If you have any questions about making a claim, we will try to answer them promptly.

Claims

If you want to tell us about a claim, please:

- ▶ call us on 0345 351 2352
- ▶ write to the Health Claims Department at the address above
- ▶ email us at phiclaimsadmin@wesleyan.co.uk, or
- ▶ fax us on 0121 200 9718.

You can find more information about our claims process at www.wesleyan.co.uk

How to complain

We do everything we can to make sure we always give you the best possible service. If you are unhappy with any part of the service we have given you, and want to complain, you can contact us in the following ways.

- ▶ Speak to our Customer Relationship Centre team on 0800 092 1990. Our lines are open from 8.30am to 6.30pm, Monday to Friday and from 9am to 2pm on Saturdays.
- ▶ Fill in the online contact form which you can find on our website www.wesleyan.co.uk

- ▶ Email the Compliance Team at compliance@wesleyan.co.uk

- ▶ Write to:
Complaints Team
Compliance Department
Wesleyan Assurance Society
Colmore Circus
Birmingham
B4 6AR

- ▶ You can also fax your letter to us on 0121 200 9210.

If, after receiving our response, you're still not happy, you can refer your complaint to the Financial Ombudsman Service.

The Financial Ombudsman Service
Exchange Tower
London
E14 9SR

Phone: 0800 023 4567 or 0300 123 9 123

Email: complaint.info@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

Complaining to the Ombudsman won't affect your legal rights.

Law

The plan is governed by the law of England.

Compensation

If we cannot meet our financial obligations to you, you may be entitled to compensation from the Financial Services Compensation Scheme (FSCS) under the Financial Services and Markets Act 2000. You can get details of the scheme from the FSCS at:

10th Floor Beaufort House
15 St Botolph Street
London
EC3A 7QU

Phone: 0800 678 1100 or 020 7741 4100

Email: enquiries@fscs.org.uk

Website: www.fscs.org.uk



For further information, please call 0345 351 2352.
Or visit: www.wesleyan.co.uk

If you would like this document in Braille, large print or audio format,
please contact 0345 351 2352.

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Advice is provided by Wesleyan Financial Services Ltd.

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