

IMPORTANT DOCUMENT - PLEASE READ

keyfacts®

KEY FEATURES OF THE PERSONAL INCOME PROTECTION PLAN



WESLEYAN

we are all about you

KEY FEATURES OF THE PERSONAL 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 Personal 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 Personal 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.

The plan is designed to move with you through your career and the stages of your life, providing income protection cover and flexible options that meet your changing needs.

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



Aims of the plan

The Personal Income Protection Plan is designed to pay you a regular monthly benefit if you cannot work because you have suffered an illness or injury which leads to a loss of earnings.

Your commitment

We ask you to do the following.

- ▶ Give us all the information we ask you for when applying for your plan and when claiming benefit. If you don't do this, we may not be able to pay your benefit.
- ▶ Make all the regular premium payments for the length of the plan.
- ▶ Tell us if you change your occupation or duties (or both).
- ▶ Tell us about a claim within the time limits we set (where reasonably possible).
- ▶ Review your level of cover regularly to make sure you don't have more cover than you can claim for.

Risk factors

- ▶ You won't be covered if you don't pay premiums when they are due.
- ▶ Your cover may not be enough to meet your needs if you don't review your cover regularly to keep it in line with your earnings.
- ▶ When you make a claim, we may not pay out the full cover under the plan if you cannot provide evidence that your earnings are enough to justify the amount you are asking us to pay out. We won't give you back any of the premiums you have paid if this happens.
- ▶ The benefit we pay under the plan may affect your claim to some means-tested state benefits and benefits paid under other income protection policies.
- ▶ You do not have to pay tax on the plan's benefits at present, but this 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.

Questions and answers

How does this plan meet my needs?

It is a plan designed to pay you a regular monthly benefit if you suffer an illness or injury leading to a loss of earnings. You choose certain features of the plan to make sure the cover is right for you.

You decide:

- ▶ the amount of benefit you need
- ▶ how soon you need the benefit payments to start
- ▶ how long you want benefits to be paid for, and
- ▶ how long you want the cover to last.

When will the plan pay out?

You can make a claim under the plan if you are incapacitated. By this we mean that because of your illness or injury, you are totally unable to carry out the essential duties of one or more of your insured occupations. Essential duties are those that cannot be left out without affecting your ability to carry out those occupations.

Even if you are not working at the time you become incapacitated, the plan can pay some benefit. In this case, we'll assess whether you're incapacitated based on your ability to do certain day-to-day activities (such as walking, reading and writing). Please see condition C1 of the Plan Document for more information.

What personal information do you need to set up my plan?

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

We will also ask about your earnings and occupation (or occupations).

How much benefit can I get?

The maximum amount of cover you can apply for is shown in the table below.

Occupation	Maximum weekly insured benefit
Doctors, dentists and lawyers	£2,600
Other occupations	£1,400

You choose the amount of benefit you'll need.

Although tax and National Insurance are deducted from your normal earnings, they won't be deducted from the benefit we pay out.

The benefit we will pay if you need to claim will depend on your actual income during the period leading up to your claim, and takes account of certain ongoing payments you receive.

To work out the benefit we will pay, we first calculate your insurable income by using the formula below.

Level of your income before a claim	How we calculate your insurable income
If your income before a claim is £150,000 or less	<ol style="list-style-type: none"> 1. We take 55% of your income before a claim. 2. Then we divide the result by 52 to give us a weekly equivalent.
If your income before a claim is more than £150,000	<ol style="list-style-type: none"> 1. We take 40% of your income before a claim which falls above £150,000. 2. We then add on £82,500. 3. We then divide the result by 52 to give us a weekly equivalent.

Once we have worked out your insurable income, we then take off other payments you may be receiving from other sources such as an employer's sick pay scheme, income you continue to receive from other occupations you're still able to carry out, income from pensions, or benefits paid under other insurance policies that provide regular benefit if you suffer an illness or injury.

We will never pay out more than the amount of cover you have chosen under the plan. **As the result of this calculation could mean that you receive less benefit than you have paid for, you need to make sure that the level of benefit you've chosen under your plan accurately reflects your income and takes account of the ongoing payments we'll deduct. We will not refund any of the money you have paid to us if that happens.**

Please see conditions C5 and C6 of the Plan Document for more information.

The earnings to base your cover on

When choosing your cover, remember that if you claim, we'll pay benefit based on your actual income before a claim. We do not take into account income received from savings and investments.

The following explains how we work out the amount of income on which to base your claim.

▶ If you're employed, this is your personal taxable income from your employment. By this we mean your 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

You'll find information on your income and benefits in your latest P60 and P11D Form or in your latest tax return.

▶ If you're self-employed, these are your share of before-tax profits. By this we mean your gross earnings from your business each year, less any amount allowed as expenses against income tax, before income tax is deducted. You'll find this information in your tax return.

▶ If your income is received in the form of dividends we take account of income received from a limited company in which you work but only to the extent that:

- the dividend income is related to your work activities and is paid direct to you instead of a regular salary
- for the period being considered, dividends are paid out of company profits and not out of retained profits, and
- the dividends are consistent with a level of salary that the company's trading position allows on a continuing basis.

If you make a claim, we'll look at your income over the previous 12 months. If all or part of your income relates to self-employment or to income paid in the form of dividends, we will average your self-employed or income from dividends over the last three years. If fewer than three years' records are available, we will base our calculation on what information is available so that we can reach a fair and representative equivalent.

When will benefit payments start?

There will be a period when you are 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 your benefit after the deferred period has finished.

You choose the deferred period (or periods) to meet your needs. You can have up to five different deferred periods under your plan. So that benefits can start when your sick pay reduces or stops, you're likely to want to choose deferred periods which tie in with any existing sick pay arrangements.

The deferred periods you can choose are 0, 2, 4, 8, 13, 26 or 52 weeks.

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

How long will benefits be paid for?

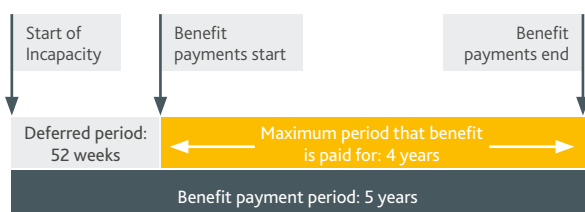
You can choose to set up the plan to pay benefits until the 'plan end age' (the age you want the plan to end), as long as you remain incapacitated throughout this period.

Or, you can choose for the plan to pay benefits for a limited period of up to two or five years from when you're 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 the length of time 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, the above 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 my benefit payments stop?

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

- ▶ You are no longer incapacitated.
- ▶ The income you continue to receive during your incapacity increases to the point that you are no longer entitled to claim benefit under the plan as explained in 'How much benefit can I get?' on page 4.
- ▶ You reach your chosen plan end age.
- ▶ You reach the end of the two or five-year benefit payment period (if you have chosen to have a limited benefit payment period).
- ▶ You die.

How long will the cover last?

You choose how long you want cover to last by specifying the age when you want your plan to end. This is usually the age when you think you would no longer need the benefits. The date you choose should be no later than your planned retirement date, because you cannot receive any benefit from the plan if you have retired.

There must be at least five years between the date your plan starts and the age you choose it to end. The plan must end no later than your 70th birthday.

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

How much will I pay?

- ▶ Your premium payments depend on your age, occupation, smoking habits, medical history, other personal circumstances and the level and features of the cover you choose. Your premiums will also depend on whether you choose guaranteed or reviewable premium rates. (For more details on guaranteed or reviewable premium rates see 'Will my premiums change in the future?' as shown on page 6.)
- ▶ 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 a 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 you choose to alter your cover or as a result of yearly increases to your cover.
- ▶ If you choose reviewable premium rates, your premiums may change when we carry out a premium review if our views on the expected costs of providing cover change. We will review your premium on the fifth anniversary of the plan 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 on our individual income protection product and all other similar Wesleyan income protection plans
- ▶ 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 premiums 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 premiums will not be directly affected by whether you have claimed or not.

We will give you at least 14 days' notice if we change your premiums 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.
- ▶ However, 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 D5 of the Plan Document for more details, including an explanation of everything we take into account when reviewing your premiums.

How will you assess my claim?

- ▶ We'll look at the nature of your illness or injury, the duties of your occupation (or occupations) and your ability to do them.
- ▶ We'll ask for evidence of your income and of any relevant payments you're continuing to receive.
- ▶ If we haven't already seen it, we'll ask for evidence of your age.

We will also ask for a medical report from the medical practitioner in charge of your 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. If your illness or injury means you can't tell us yourself, certain close family members or people who are legally authorised to act for you can tell us.

The table below shows you the timescales within which you should tell us that you've become incapacitated. (See 'When will the plan pay out?' on page 3 for our explanation of 'incapacity'.)

Shortest deferred period under the plan	When you need to tell us about your incapacity
None (zero weeks) or two weeks or four weeks	Within two weeks of the start of your incapacity.
Eight weeks	Within three weeks of the start of your incapacity.
13 weeks or 26 weeks or 52 weeks	Within eight weeks of the start of your incapacity.

If you do not tell us about your incapacity within these periods, payment of your claim is likely to be delayed. Please see condition C4 of the Plan Document for more details.

What if I need to claim again?

If you need to claim again within 26 weeks of having returned to work following a previous claim, you may not have to wait before we pay out again. Please see condition E4 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 premiums when your 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 your state of health). We call this 'indexation'. If this index is not available, we will use an appropriate replacement index instead.

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 your 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. See 'What are Guaranteed Increase Options?' and 'What other options do I have to increase my cover?' on page 8.

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

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 Personal Income Protection Plan allows you to update your cover as you progress in your career or if your personal circumstances change (or both).

The plan offers valuable options such as:

- ▶ increasing your cover without having to provide evidence of your state of health (we call these 'Guaranteed Increase Options'), and
- ▶ suspending cover during breaks from your career to cover 'life events' such as having a baby, caring for a dependant or taking a sabbatical break.

You can also apply to increase your cover and make changes to the 'plan end age' (the age you want your plan to end) and deferred periods on the plan.

If you apply to increase your cover, extend the plan end age or shorten the deferred periods on your plan, we may need further medical evidence 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 of £10).



What are Guaranteed Increase Options?

Guaranteed Increase Options allow you to increase your cover without providing further evidence of your state of health on certain specific occasions (see the table below for further details).

We'll tell you before your plan starts whether Guaranteed Increase Options apply to you (if any).

You won't be able to increase your cover amount by using a Guaranteed Increase Option if you are incapacitated. This will also be the case if you have already suffered an illness or injury but you haven't yet made a claim.

You need to use Guaranteed Increase Options within 90 days of the event they relate to. Please see condition C9 of the Plan Document for more details.

In the table below we have summarised the events that may entitle you to use a Guaranteed Increase Option.

Your premium will go up to reflect the increase in your cover. If you want to increase your cover by more than the options outlined in this section allow, please contact us. You may need to provide us with new evidence of your state of

health, earnings, occupation and other personal information.

When using Guaranteed Increase Options to increase your cover, you may want to take advice to make sure that the cover amount is right for your circumstances and that you will not be paying for more cover than you can claim.

What other options do I have to increase my cover?

If you can't increase your cover using a Guaranteed Increase Option, you can still apply to increase your cover at any time but we will ask for evidence of your state of health when we consider your application. Whenever we increase your cover, your premiums will also increase. See 'How much benefit can I get?' on page 4 for more information.

You can't increase the cover under your plan to more than the overall maximum amounts shown below and which are determined by your insured occupation (or occupations).

Summary of the Guaranteed Increase Options available

Large Earnings Increase Option	<p>This option is only available up to your 36th birthday.</p> <p>You can only use this option once and your benefit cannot increase by more than £480 per week. This option is only available to doctors, dentists and lawyers.</p> <p>You can use this option if you experience an increase in your earnings as a result of certain significant progress in your career (such as promotion or gaining a professional qualification). You can ask us to increase the cover relating to each individual deferred period under your plan up to twice the existing level of cover related to that deferred period. For details of specific career events, please see condition C9 of the Plan Document.</p>
10% Earnings Increase Option	<p>This option is only available up to your 56th birthday.</p> <p>You can use this option if your income increases by at least 10%. You can ask us to increase the cover relating to one or more of the deferred periods under your plan by a maximum of 10%.</p> <p>You can only use this option three times during the plan.</p>
Mortgage Increase Option	<p>This option is only available up to your 56th birthday.</p> <p>You can use this option if your mortgage payments increase as a result of moving home or if you borrow more on your mortgage to pay for home improvements. You can ask us to increase the cover relating to one or more deferred periods under your plan by up to 50%.</p> <p>The maximum increase to your plan is limited to the weekly equivalent of the increase to your mortgage payments.</p>
Marriage or Civil Partnership Option	<p>This option is only available up to your 56th birthday.</p> <p>You can use this option if you marry or enter into a registered civil partnership. You can ask us to increase the cover relating to one or more deferred periods under your plan by up to 50%.</p>
Childbirth or Legal Adoption of a Child Option	<p>This option is only available up to your 56th birthday.</p> <p>You can use this option if you have a child, or if you legally adopt a child (this must be legally recognised in the UK). You can ask us to increase the cover relating to one or more deferred periods under your plan by up to 50% of your existing cover.</p>

Occupation	Maximum weekly insured benefit
Doctors, dentists and lawyers	£2,600
Other occupations	£1,400

When increasing your cover, you may want to take advice to make sure that the cover amount is right for your circumstances and that you will not be paying for more cover than you can claim.

What are my options if I take a break from my career?

This plan offers flexible options for the times when you may decide to take a break from your career.

Continuing cover during a break from employment

If you take a break from employment for the reasons listed in the table below, you can choose to continue your cover. Although while you're on a break you won't be doing any paid work, for the period of time shown we will treat you as if you are still employed and will base your income on what it was before the break started.

We will assess your claim based on whether or not, if you had been at work, your incapacity would have prevented you from doing one or more of your insured occupations.

	Eligibility	For how long?
Maternity or Paternity Break	If you take a recognised period of maternity or paternity leave.	Up to 12 months
Sabbatical Break	If you are temporarily excused (with written agreement from your employer beforehand), from carrying out your normal occupation with a guaranteed position to return to.	Up to 24 months
Carer's Break	If you stop all paid work to provide unpaid help to a person, without which the person you support could not manage. As a carer you may be supporting a relative, partner or friend, who is ill, frail, disabled, or who has mental-health or substance-misuse problems.	Up to 12 months

If your break lasts longer than the periods shown above or if your break is for any other reason, we'll treat you as if you're unemployed for the purposes of working out how much

benefit you're entitled to if you claim. This means you'll only receive a maximum of £300 per week (or your insured benefit if this is lower) if you have to claim. To make sure you're not paying for cover you can't claim, it's important that you consider reducing your level of cover if you stop working. If you do reduce your cover and within five years of the start of your break you apply to increase your cover again (to no more than it was before), we won't ask you for new evidence of your state of health when we consider your application.

Suspending cover during a break from employment

Instead of continuing cover, you can choose to suspend cover and premiums for the following reasons for up to the maximum periods shown below.

	Eligibility	For how long?
Maternity or Paternity Break	If you take a recognised period of maternity or paternity leave.	Up to 12 months
Sabbatical Break	If you are temporarily excused (with written agreement from your employer beforehand), from carrying out your normal occupation with a guaranteed position to return to.	Up to 24 months
Carer's Break	If you stop all paid work to provide unpaid help to a person, and they could not manage without this support. As a carer, you 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 12 months
Career Break	If you leave employment but intend to return to the same occupation (or occupations) you were doing immediately before the break started.	Up to 60 months

You won't be covered if you become incapacitated while you've suspended your cover and you won't be able to reinstate it if you're incapacitated. If you want to suspend your cover, you need to tell us before the start of the break.

At the end of your break (or at the end of the maximum period shown if this happens sooner), we will reinstate your cover and you'll need to start paying premiums again. We will base your premiums for the increased cover on your age and the premium rates in force at the time of the increase. We'll tell you the premium that will apply when your plan is reinstated.

If you don't reinstate your cover by the end of the period shown, your plan will end.

For more details on breaks, including eligibility and conditions, please see condition E3 of the Plan Document.

What happens if I return to work part-time following a claim, or return to a job that pays me less?

You may be able to claim some benefit if, after we've started to pay benefits, you return to work part-time or need to take up a less well-paid position due to your incapacity.

If you return to work in the same job part-time, we'll stop paying benefits once you're able to work the number of hours you were working in that job before you were incapacitated (or once you're able to work for at least 30 hours per week).

Please see conditions E5 and E6 of the Plan Document for more information.

What happens if I change my occupation (or occupations)?

If you change your insured occupation (or occupations), 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. We do not take into account any changes to your health.

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 condition E7 of the Plan Document for more information.

Will you still pay benefit if I am outside the United Kingdom?

We will cover you if you suffer an illness or injury anywhere in the world. However, there are restrictions on how long we will pay benefit for.

We will pay benefit while you are in the United Kingdom, any country or territory which is a member 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 you are not in one of the countries or territories listed, we will only pay benefit for a maximum of six months from the start of your incapacity (depending on the deferred period (or periods) you chose). 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 E10 of the Plan Document for more information.

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 you become unemployed.

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

Are there any other significant or unusual exclusions or limitations?

We may apply exclusions, conditions or limitations in some cases, depending on your medical or family medical history and on certain aspects of your 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?

- ▶ Tax and National Insurance are not deducted from the benefits we pay you on this plan.
- ▶ You do not get income tax relief on premiums.

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 do not 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 your plan within six months of missing the first premium. You will have to pay all the premiums you have missed and give us evidence that you are in good health.

What charges apply to my plan?

The premiums you pay include all the costs of administration, underwriting, claims and selling expenses along with any fees you have to pay for medical examinations, which we may ask you to have. Also included in the premium is a plan fee of £3 per month.

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 completed 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, but we won't refund any premiums.

Other information

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 on 0800 092 1990. Our lines are open from 8.30am to 6.30pm, Monday to Friday and from 9am to 2pm on Saturdays.
- ▶ Complete the online contact form which can be found by visiting our website www.wesleyan.co.uk
- ▶ Email the Complaints Team at complaints@wesleyan.co.uk
- ▶ In writing to the address below:

Complaints Team
Risk and Regulatory
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.

Financial Ombudsman Service
Exchange Tower
London
E14 9SR

Phone: 0800 023 4567 or 0300 123 9123.

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

How to contact us

If you have any questions about this plan, please contact us in any of the following ways.

- ▶ Call us on 0345 351 2352. Our lines are open from 8.30am to 6.30pm, Monday to Friday and from 9am to 2pm on Saturdays. We may monitor our calls to improve our service.
- ▶ Write to us at:
Wesleyan
Colmore Circus
Birmingham B4 6AR
- ▶ Fax us on 0121 200 2971.
- ▶ Visit our website at www.wesleyan.co.uk

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: 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.

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.

For regular news, updates and information find us on social media. Visit:



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