1. Definitions

Like many industries, insurance has a language all of its own. We’ve tried to remove jargon wherever we can. Where we need to use a technical or legal term we’ll show this in bold. A glossary of these terms can be found in section 15.

Please see section 12 for details of the general terms applying to your policy, as these are important.

2. What cover does your policy provide?

Zurich Income Protection is designed to pay you a regular income to replace, at least in part, any loss of net earnings if you’re incapacitated and unable to perform your own occupation as a result of illness or injury. A range of flexible features, additional benefits and options allow you to tailor your cover to your individual needs and circumstances.

3. Who will be covered?

The policy can cover one person only. You can only take it out for yourself and not on someone else’s behalf.

Your policy can start any time from the age of 16 until the day before your 65th birthday. You must be either employed or self-employed when your policy starts, as well as UK resident. You will also need to have been registered with a UK General Practitioner for at least two years.

4. When will you be covered?

Your policy will run from the start date to the end of the term – these are shown in ‘Your Zurich Income Protection policy schedule’. You can choose a start date up to 90 days in the future, providing your premiums won’t increase from those we’ve agreed with you, in which case you’ll need to choose an earlier date. This is because how old you are affects how much we’ll charge you for your cover.

You agree with us how long you want the term of your policy to be. This may be a specific number of years (a minimum of five) or to a specific birthday. You can choose for the policy to end from the age of 50 until the day before your 70th birthday. If you choose to take your policy until a specific birthday, this may result in a term with a partial year. In this case you must pay your premiums monthly rather than annually.
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**You** agree with **us** how long **you** want the **term** of **your** policy to be. This may be a specific number of years (a minimum of five) or to a specific birthday. **You** can choose for the policy to end from the age of 50 until the day before **your** 70th birthday. If **you** choose to take **your** policy until a specific birthday, this may result in a **term** with a partial year. In this case **you** must pay **your premiums** monthly rather than annually.

This document sets out the terms and conditions relating to your Zurich Income Protection policy. Your ‘Confirmation of terms’ sets out the specific cover we agree with you. Together these documents form the contract of your policy provided by Zurich Assurance Ltd. You should read them carefully.
At the end of the policy your cover will stop. Your policy will stop before the end of the term if:

- your premiums aren’t paid when agreed (see section 8)
- you die
- we cancel the policy because you didn’t answer all the questions we asked you fully, honestly and accurately, to the best of your knowledge
- we cancel the policy because offering you cover will violate any financial sanctions, laws or regulations
- in our reasonable opinion you are in material breach of the terms and conditions, or
- you don’t give us your consent to access your medical reports as part of our routine checks (see section 7.1 for more details).

You can end your policy at any time. There is no cash-in value for the policy.

5. How much will you be covered for?

Your ‘Confirmation of terms’ shows the amount you’re covered for, any additional benefits included and any specific exclusions. It also shows how soon after you’re incapacitated we’ll start making payments.

At the start of your policy you choose how much you want to be covered for – we’ll refer to this as your ‘monthly benefit’.

- The lowest monthly benefit you can choose is subject to a minimum premium of £5 per month or £50 per year (excluding the cost of multi-fracture cover).
- The maximum monthly benefit you can choose is the lower of £20,000 per month or 80% of your annual net earnings. This limit will take into account all income protection policies you have with Zurich and any other provider.

Your monthly benefit will stay the same throughout the life of your policy unless you choose increasing cover or decide to make any other changes to your policy (see section 10). If you want to check your current level of cover at any time, you can view your policy online on your customer portal.

### Income protection benefit

We’ll pay you the monthly benefit if you’re incapacitated and can’t perform your own occupation due to illness or injury.

**How it works**

The incapacity must have started after your policy began and you must be unable to carry out the main duties of the occupation you were doing before the injury or illness started. If you have more than one occupation, you must be unable to perform the main duties of all of these.

If you return to work in a limited capacity (for example on reduced hours), or to a different and lower paid occupation, the monthly benefit will stop. However you may be entitled to receive an income under our return to work package – see page 6 for details.
How much we’ll pay
The amount we’ll pay will depend on your net earnings when you claim.

The maximum amount we’ll pay, before taking into account any deductions, as shown below, will be the lower of your monthly benefit or 80% of your net earnings over the 12 months immediately before you became incapacitated.

This means that if your net earnings have fallen between taking out your policy and making a claim, the amount we pay you could be lower than your monthly benefit. However, if this means the income we’ll pay you (before deductions) is at least 90% of your monthly benefit, we’ll pay you an income based on your monthly benefit.

The amount we pay will be limited so that the combined monthly amount you receive from all income protection policies you have with Zurich (including this one), and any other provider, does not exceed £20,000.

Example – monthly benefit

If, when you took out your policy, your net earnings were £75,000 per year, the maximum monthly benefit you could have applied for was £5,000 a month.

When you make a claim, if your net earnings are £60,000 per year, the maximum income we’ll pay, based on 80% of this, will be £4,000. This is less than 90% of your monthly benefit, so we’ll pay you a maximum of this lower income amount.

However, if your net earnings are £68,000 per year, the maximum income we’ll pay you, based on 80% of this, will be £4,533. As this is more than 90% of your monthly benefit, we’ll still pay a maximum income based on your monthly benefit of £5,000.

What will reduce how much we’ll pay
The amount we’ll pay you will be reduced by any continuing income or benefits you receive, as follows:

- Continuing salary, bonuses, sick pay, commission or benefits in kind after deduction of income tax and national insurance, from your employer.

- Your share of any continuing post-tax profits of the company, if you’re a director of a limited company.

- Continuing net profit from your business after deduction of income tax and national insurance, if you’re self-employed.

- Other insurances and pensions that start to be paid or you are entitled to as a result of your incapacity. This includes regular payments made directly to you or payments made on your behalf, such as to pay your mortgage, credit cards or loans. It also includes payments from any other income replacement policies you have, in addition to this one.

We won’t take into account any State benefits you may be receiving as a result of your incapacity, or any income you have from any savings and investments.

If the benefit we pay is less than your chosen monthly benefit, we won’t refund any of your premiums.

Example – continuing income deductions
If, when you claim, you’re still receiving:

- income from your employer of £1,500 a month, and

- State benefits of £130 a month

when we assess your claim, if we calculated the income we could pay you (before any deductions) was £5,000 a month, we’d reduce this by £1,500 to reflect the income from your employer, but we’d ignore the State benefits. This would give you a monthly income of £3,500 from us.
Return to work package

If as a result of **your incapacity** you are able to return to work but only on a part time basis, or to another lower paid **occupation**, then **you** may be eligible for the return to work package. If **you** are eligible, **we** will continue to pay **you** a percentage of the income **we** were paying **you** immediately before **you** returned to work. To work out the percentage, **we** will compare **your net earnings** before your incapacity with **your net earnings** after **you** return to work.

The percentage of income **we** will continue to pay **you** will be the same percentage by which **your net earnings** have fallen.

If **you** return to the same **occupation** you were doing before your incapacity, but on reduced hours, **we** will pay an income in respect of the return to work package for a maximum of 24 months only.

**You**’ll only receive the return to work package if **we**’re still paying **you** an income when **you** go back to work. If **you** weren’t in work immediately before becoming incapacitated, **we** won’t pay any return to work benefit.

**We** won’t pay any return to work benefit if **you** return to work on a part time basis or to another lower paid **occupation** for a reason other than **your incapacity**.

---

**Example – return to work package**

If **your net earnings** before **you** became incapacitated were £5,000 a month, but are only £3,750 a month when **you** return to work, this would be a reduction of 25%.

To offset this, **we**’d pay **you** 25% of the income **we** were paying **you** immediately before you returned to work. If **we**’d been paying **you** £4,000 (80% of your pre-incapacity net earnings assuming no deductions), the income **we**’d pay under the return to work package would be £1,000.

So, when **you** return to work, **you**’d have **net earnings** of £3,750 a month and £1,000 a month from **us**, giving **you** a total income of £4,750 a month.

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**When we’ll stop making payments**

**We**’ll continue to pay **you** an income until the earliest of the following:

- **You** no longer meet our definition of **incapacity**.
- **You** no longer have any loss of **net earnings**.
- Any continuing income or other benefits increase to more than the maximum benefit **we**’ll pay.
- **Your** policy ends.
- **You**’ve returned to the same **occupation** you were doing before the **incapacity** started, on reduced hours, and have been receiving the return to work benefit for 24 months.
- **You**’ve chosen the limited benefit period option and **you**’ve been paid the benefit, including any return to work benefit, for 24 months.
- **You** die.

**When we won’t pay**

**We** won’t pay a claim if any of the following apply:

- **You** haven’t paid all the **premiums** that were due.
- **You** have no loss of **net earnings**.
- **Your** policy will end before the end of your deferred period.
- **You** have more than one **occupation** and **you** can still do the main duties of any of them.
- **You**’re not continuously incapacitated throughout the deferred period.
- The cause of the claim arises from the circumstances detailed in any specific exclusions listed in your ‘Confirmation of terms’.

**Claiming overseas**

If **you**’re permanently or temporarily resident outside any of the countries listed in section 14.5, **we**’ll need **you** to return to one of these countries to have **your** claim assessed. If **you** remain resident outside these countries, the longest **we** can pay a valid claim is three months.
You can choose to set the level of **monthly benefit** we’ll pay you as either level or increasing. You’ll need to decide this before your policy starts – your ‘Confirmation of terms’ shows what type you have.

**Level cover**

Your **monthly benefit** will remain the same over the **term** of your policy.

**Increasing cover**

You can choose for your **monthly benefit** to increase each year by 3%, 5%, or in line with the Retail Prices Index (RPI). If you choose to increase your **cover** by the RPI, any increase will be limited to a maximum of 10% in any year.

The increase in cover will only apply to the **monthly benefit** on your policy. All other benefits will stay at the same level throughout the **term** of your policy. Your **premiums** will go up each year by 1.5% for each 1% increase in cover we provide. If your ‘Confirmation of terms’ shows a premium loading on your policy, your **premiums** may go up by less than this.

We’ll make this change automatically each year on the anniversary of the **start date**. We’ll let you know eight weeks in advance how much your monthly benefit will increase by and how much extra you’ll need to pay. If you tell us you don’t want to increase your monthly benefit, we’ll keep your **cover** and premiums at the same level as they were for the previous policy year. If you ask to keep your cover and premiums the same three times during your policy, we’ll remove increasing cover from your policy and you won’t be able to add it back on. Your policy will then become a level cover policy.

We won’t increase your **cover** and premiums if it means that the **monthly benefit** would exceed the maximum benefit offered by this type of policy (see start of section 5 for details).

If you have multi-fracture cover, your **cover** and premiums for this benefit will stay the same throughout the **term** of your policy.

**Increases whilst receiving monthly benefit**

If we’re paying you an income when your monthly benefit is due to increase, the income will increase by the same percentage as your monthly benefit unless the income we’re paying you is the minimum benefit guarantee (see section 6.1).

We’ll still write to you ahead of the anniversary of your policy **start date** to let you know what your new **monthly benefit** and premiums will be, as explained above. The increases won’t apply until your claim comes to an end.

If the income we’re paying you is lower than your monthly benefit, the actual increase in the income we’re paying will be less than the increase in your monthly benefit.

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**Example – increasing cover if you’re receiving the monthly benefit**

If you take out a policy with a **monthly benefit** of £10,000 with cover increasing at 5% a year, on the first anniversary your **monthly benefit** will increase to £10,500.

If you have to make a claim before the first anniversary and we’re paying you an income of £10,000, both your **monthly benefit** and the income we’re paying you will be increased to £10,500 from the anniversary of your policy **start date**.

However, if your net earnings had fallen before you made the claim and we’re only able to pay you £8,000 a month, your **monthly benefit** will increase by 5% to £10,500 and the income we’re paying you will increase by 5% to £8,400.
### Claim period

*You* can choose to set the maximum duration of a claim to run for the full term of *your* policy or limit it to a maximum of two years for each claim. *You’ll* need to decide this before *your* policy starts. *Your* ‘Confirmation of terms’ shows the claim period *you* have.

### Full term benefit period

This means that for as long as *you’re incapacitated*, *you’ll* be able to claim until *your* policy ends (subject to any other *continuing income you* may be receiving which *we’ll* take into account – see section above, ‘Income protection benefit’). There’s no limit to the number of times *you* can claim and *you* can make repeated claims for the same condition. *You* can also make multiple claims for different conditions. If *you’re* making a further claim for the same condition within a 12 month period, *we* won’t apply a new *deferred period* (see section below, ‘Deferred period’). *We’ll* only pay one claim at a time, even if *you* have two or more conditions causing *your* incapacity.

### Limited benefit period

This means that for as long as *you’re incapacitated*, *you’ll* be able to claim for up to 24 months for each claim (subject to any other *continuing income you* may be receiving which *we’ll* take into account – see section above, ‘Income protection benefit’). This period includes any return to work benefit received. This can either be as one long claim or a series of shorter ones. Once the 24 month limit has been reached, the claim will end and *we’ll* start to collect *premiums* again (see section 6.1, ‘Waiver of premium’). If *you’re* still unable to work at this time and wish to cancel *your* policy, *you can ask us* to do this – see section 7.3.

There’s no limit to the number of times *you* can claim and *you* can make repeated claims for the same or different conditions. If *you’re* making a further claim for the same condition within a 12 month period, *we won’t* apply a new *deferred period* (see section below, ‘Deferred period’). Once *you’ve* claimed for 24 months in total, *your* claim will end and *you’ll* need to fully return to work for six months before *you can* claim again for any condition. If *you* do make another claim, a new *deferred period* will be applied.

*You* can make multiple claims for different conditions, limited to 24 months at a time. *We’ll* only pay one claim at a time, even if *you* have two or more conditions causing *your* incapacity.
Deferred period

You agree how soon after becoming incapacitated you want the benefit to start – this is known as the deferred period. Your ‘Confirmation of terms’ shows the length of deferred period that applies to your policy. You can have one (single) or two (dual) deferred periods – a number of options are available for each.

Single deferred period

A number of single deferred period options are available. These are always measured in weeks and are 4, 8, 13, 26, 52 or 104 weeks. For certain higher risk occupations, the options available will be restricted.

If you return to work before the end of your deferred period, we can link future incapacity caused by the same condition to the original claim. This means you won’t need to start the deferred period from the beginning.

After a claim has ended, if you subsequently suffer from the same cause of incapacity as the first claim within a 12 month period, a new deferred period will not be applied. For policyholders with a limited benefit period, linked claims only occur within the same two year limited benefit claim period.

If you subsequently suffer a different cause of incapacity after a claim has ended, a new deferred period will be applied.

Dual deferred period

You can choose to have two deferred periods in order to let you stagger your monthly benefit. When the first deferred period ends, you’ll start to receive an income. An additional amount will then be payable when the second deferred period ends. This can be useful if you’re entitled to company sick pay for a specific period and only need a lower level of income while you’re receiving the sick pay.

If you’ve chosen a limited benefit period (see section above, ‘Claim period’), we’ll pay you an income for up to two years from the end of each deferred period. This means the income payable from the end of your second deferred period can continue to be paid after the income from your first deferred period has stopped.

A number of dual deferred period options are available and are always measured in weeks. Options are the same for the first and second, and are 4, 8, 13, 26, 52 or 104 weeks. For certain higher risk occupations, the options available will be restricted.

If you return to work before the end of your deferred periods, we can link future incapacity caused by the same condition to the original claim. This means you won’t need to start your deferred periods from the beginning.
6. What additional benefits can the policy provide?

6.1 Additional benefits – all policies

The following are included within all Zurich Income Protection policies, subject to any conditions detailed under each additional benefit, as shown below. Your ‘Confirmation of terms’ provides details of your specific level of cover.

Minimum benefit guarantee

Your policy guarantees a minimum income of £1,500 per month (or £3,000 per month if you’re a doctor or surgeon – see section below, ‘Doctors and surgeons package’), as long as your monthly benefit is higher than this. If your monthly benefit is less than £1,500, the guarantee will be limited to your monthly benefit.

How it works
If you’re working at least 16 hours a week at the time you become incapacitated and your net earnings have dropped since the start of your policy, we’ll still pay you an income of £1,500 a month before any deductions (£3,000 if you’re a doctor or surgeon), even if this would be more than 80% of your net earnings in the 12 months immediately before you became incapacitated. Any continuing income will still be deductible from the amount actually paid.

If you make a claim and the income we pay you is the minimum benefit guarantee, this won’t increase during your claim even if you chose increasing cover (see section 5).

Example – minimum benefit guarantee

If, for example, you take out a policy when your net earnings are £75,000, you decide to take the highest monthly benefit you can of £5,000 a month.

But, when you come to make a claim, your net earnings in the 12 months before you were incapacitated have dropped significantly to £15,000.

Based on this, the maximum income we’d be able to pay would be £1,000 a month. But, as this is now below the minimum benefit guarantee, the maximum income we’ll pay before any deductions will be £1,500.

Waiver of premium

You don’t need to pay the premiums for your policy while we’re paying you an income.

How it works
We’ll stop collecting premiums 13 weeks from the date of incapacity or at the end of your deferred period, whichever is earlier. If you notify us of a valid claim during the deferred period, we’ll put you in touch with a claims specialist who will assess your claim and agree the next steps with you. If you follow these agreed steps, we’ll stop collecting premiums from the date you notified us.

Your premiums will be suspended until the end of your claim. This will either be when you’re no longer incapacitated, or you’ve reached the end of your limited benefit claim period, or you die.
Maternity, paternity and adoption benefit

If you go on maternity, paternity or adoption leave and you become incapacitated during this period, your claim will be based on the same occupation you were doing immediately before the leave began.

How it works
There’s no need to tell us if you go on maternity, paternity or adoption leave, unless you make a claim. If you make a claim during such leave, the maximum amount payable will be based on your 12 months net earnings before this leave started, as long as:

• For maternity and paternity leave – the incapacity is within 12 months of the date of the child’s birth.
• For adoption leave – the incapacity is within 12 months from the date of adoption.

House person benefit

If you’re not in a paid occupation when you become incapacitated, you may be able to claim house person benefit. We’ll pay the lower of 80% of your net earnings immediately before you stopped working, the monthly benefit or £1,500 per month (subject to any deductions for continuing income).

How it works
To be eligible, you must be unable to perform two of the following five activities of daily living – even with the use of appropriate assistive or corrective aids or appliances, and without the continual help of another person:

• Bending – able to get into or out of a standard saloon car, and able to bend or kneel to pick up something from the floor and straighten up.
• Communicating – able to answer the telephone and take a message.
• Reading – able to read a daily newspaper.
• Walking – able to walk 200 metres on the flat without having to stop.
• Writing – able to write legibly using a pen or pencil.
Doctors and surgeons package

Minimum benefit guarantee £3000

This benefit is only for doctors and surgeons and is in place of the standard ‘Minimum benefit guarantee’, shown at the start of section 6.1.

If you’re eligible, your policy guarantees a minimum income of £3,000 per month, as long as your monthly benefit is higher than this. If your monthly benefit is less than £3,000 the guarantee will be limited to your monthly benefit.

If you’re working at least 16 hours a week at the time you become incapacitated and your net earnings have dropped since the start of your policy, we’ll still pay you an income of £3,000 a month before any deductions, even if this would be more than 80% of your net earnings in the 12 months immediately before you became incapacitated. Any continuing income will still be deductible from the amount actually paid.

NHS sick pay guarantee

This benefit is only for doctors or surgeons employed directly by the NHS, and is an alternative to the deferred periods detailed in section 5. This benefit will only apply if you choose the deferred periods of 26 and 52 weeks, as shown below, and meet the NHS Terms and Conditions of Service.

If you take out a policy with two deferred periods, the first for 26 weeks and the second for 52 weeks:

- We’ll end your first deferred period when your NHS sick pay reduces and you are still on sick leave, even if this is less than 26 weeks.
- We’ll end your second deferred period when your NHS sick pay stops and you are still on sick leave, even if this is less than 52 weeks.

We won’t deduct any NHS sick pay when calculating the maximum amount you can claim. We’ll deduct any other continuing income you may be receiving, including any income you may receive from a private practice, or income you receive from employment by General Practitioners partnerships.

Example – NHS sick pay guarantee

If you take out a policy with dual deferred periods of 26 weeks and 52 weeks, when you make a claim we’d normally start to pay you an income after six months, followed by an additional income payable after another six months.

The NHS sick pay guarantee means that if, at the time you’re incapacitated, you don’t yet qualify for the maximum sick pay from the NHS, we’ll start paying you an income earlier than this.

For example, if you qualified for two months on full sick pay and two months on half sick pay:

- Instead of 26 weeks, the income from your first deferred period would be payable after two months, when your full sick pay ends.
- Instead of 52 weeks, the income from your second deferred period would be payable after four months, when your half pay ends.
6.2 Additional benefits – Zurich Income Protection Select only

The following are ONLY included within Zurich Income Protection Select policies, subject to any conditions detailed under each additional benefit, as shown below. Your ‘Confirmation of terms’ will show if you have the Select option included.

<table>
<thead>
<tr>
<th>Family carer benefit</th>
<th>Zurich Income Protection Select only</th>
</tr>
</thead>
</table>

If you have to routinely care for your spouse, civil partner or child, as they need help to perform certain activities of daily living (see details below), we'll pay the lower of the monthly benefit or £1,500 per month for a maximum of 12 months.

**How it works**
To be eligible, your spouse, civil partner or child must, for at least three consecutive months, be unable to routinely perform at least three of the following six activities of daily living – even with the use of appropriate assistive or corrective aids or appliances, and without the continual help of another person:

- Washing – able to wash and bathe, including getting into and out of the bath or shower.
- Dressing – able to put on, take off, secure and unfasten all necessary items of clothing.
- Feeding themselves – able to eat and drink prepared meals.
- Continence – able to maintain a satisfactory level of personal hygiene by using a toilet and controlling bowel or bladder functions.
- Moving around – able to move from one room to another.
- Getting in and out of bed – able to get out of bed into an upright chair or wheelchair and back again.

Any inability must be due to illness or injury and not age-related. For a child under the age of five, the incapacity must require continuous health care throughout the day and night at a greater level than would be expected for a healthy child of a similar age.

**When we won’t pay**
We won’t pay a claim for family carer benefit if:

- The illness or injury to your spouse, civil partner or child was intentionally inflicted by you.
- The spouse, civil partner or child is living abroad and doesn’t get a diagnosis in one of the countries we accept (see section 14.5 for details).
- We don’t receive medical evidence we reasonably ask for.
- You’re claiming the monthly benefit or return to work package.
- The claim is for your spouse or civil partner and the illness or injury was diagnosed, or they suffered symptoms before:
  - you took out Zurich Income Protection Select, or
  - you married or entered into a civil partnership.
- The claim is for your child and the illness or injury was diagnosed, or they suffered symptoms or either parent received counselling or medical advice for it before:
  - you took out Zurich Income Protection Select,
  - you adopted or became legal guardian of the child, or
  - you became a step-parent of the child.
**We**’ll stop paying family carer benefit if:

- **Your** spouse, civil partner or **child** becomes able to do at least four of the six specified activities of daily living.
- Where the claim relates to a **child** under the age of five, the **child** no longer has a need for continuous health care throughout the day and night.
- **You** die.
- **Your** spouse, civil partner or **child**, who **you** are caring for, dies whilst the family carer benefit is being paid.
- **You** start claiming under the **monthly benefit**.
- **Your** policy ends.

### Trauma benefit

If **you** suffer one of the conditions listed below we’ll pay the lower of six times the **monthly benefit** or £50,000. This benefit can only be paid once over **your** policy **term** and will be in addition to any other benefit **you** claim.

**How it works**

To be eligible, **you**’ll need to meet one of the following conditions:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blindness – permanent and irreversible</strong></td>
<td>Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in the better eye using a Snellen eye chart, or visual field is reduced to 20 degrees or less of an arc, as certified by an ophthalmologist.</td>
</tr>
<tr>
<td><strong>Deafness – permanent and irreversible</strong></td>
<td>Permanent and irreversible loss of hearing to the extent that the quietest sound that can be heard is 90 decibels across all frequencies in the better ear using a pure tone audiogram.</td>
</tr>
<tr>
<td><strong>Loss of hand or foot – permanent physical severance</strong></td>
<td>Permanent physical severance of a hand or foot at or above the wrist or ankle joints.</td>
</tr>
<tr>
<td><strong>Loss of speech – total permanent and irreversible</strong></td>
<td>Total permanent and irreversible loss of the ability to speak as a result of physical injury or disease.</td>
</tr>
<tr>
<td><strong>Paralysis of limb – total and irreversible</strong></td>
<td>Total and irreversible loss of muscle function to the whole of any limb.</td>
</tr>
<tr>
<td><strong>Loss of ability to live independently, due to mental failure – irreversible and permanent mental impairment</strong></td>
<td>An organic brain disease or brain injury evidenced by the loss of ability to remember, reason, perceive, understand and give effect to ideas, as diagnosed by a consultant neurologist or psychiatrist. This causes a significant reduction in mental and social functioning which requires continuous supervision.</td>
</tr>
</tbody>
</table>
Loss of ability to live independently, due to inability to perform three out of six activities of daily living

Inability to perform three out of the following six activities – even with the use of appropriate assistive or corrective aids or appliances, and without the continual help of another person:

- Washing – able to wash and bathe, including getting into and out of the bath or shower.
- Dressing – able to put on, take off, secure and unfasten all necessary items of clothing.
- Feeding yourself – able to eat and drink prepared meals.
- Continence – able to maintain a satisfactory level of personal hygiene by using a toilet and controlling bowel or bladder functions.
- Moving around – able to move from one room to another.
- Getting in and out of bed – able to get out of bed into an upright chair or wheelchair and back again.

When we won’t pay

We won’t pay a claim for trauma benefit if:

- Your symptoms were present before you took out Zurich Income Protection Select.
- Your ‘Confirmation of terms’ shows you have an exclusion for the condition.
- You don’t tell us about the claim within six months of diagnosis.
- You’re living abroad and don’t get a diagnosis in one of the countries we accept (see section 14.5 for details).
- Your policy ends.

Hospital stay benefit

| Zurich Income Protection Select only |

We’ll pay you £100 per night after you’re admitted to hospital as an inpatient for seven consecutive nights or more due to an illness or injury that occurs during the deferred period.

How it works

You must be in hospital for seven consecutive nights or more before the benefit commences, and we’ll then pay you £100 per night for the seventh night and subsequent nights. So for a stay of ten consecutive nights, you’d receive hospital stay benefit of £400 for the last four nights. You’ll need to submit evidence, such as a discharge summary or similar documentation.

Hospital stay benefit will be paid for a maximum of 90 days across the term of your policy. As this benefit is only payable during your deferred period, we’ll stop paying hospital stay benefit when your main monthly benefit becomes payable. We won’t pay a claim for hospital stay benefit if the cause of the claim arises from the circumstances detailed in any specific exclusions listed in your ‘Confirmation of terms’.

If Income Protection Select is added to your policy after it starts, we won’t pay a claim for hospital stay benefit during the first six months after you’ve added Income Protection Select. However, we will pay a hospital stay benefit during this period if the hospital stay results from an accident, unless the accident was caused by you acting in a way which in our reasonable opinion was reckless.
Needlestick benefit | Zurich Income Protection Select only

If you become infected with HIV (Human Immunodeficiency Virus), Hepatitis B or Hepatitis C as a result of an accident during the course of your pre-incapacity occupation, we’ll pay the lower of six times the monthly benefit or £50,000. This benefit can only be paid once over your policy term and will be in addition to any other benefit you claim.

How it works
To be eligible, you’ll need to meet the following conditions:

HIV, Hepatitis B or Hepatitis C caught from an accident at work

Infection by HIV, Hepatitis B or Hepatitis C resulting from an incident occurring during the course of performing normal duties of employment, after the policy starts and satisfying all of the following:

- The accident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures.
- There must be proof the accident involved a definite source of the infection.
- There must be proof the new infection occurred within six months of the accident, demonstrating seroconversion from:
  - HIV antibody negative to HIV antibody positive.
  - Hepatitis B surface antigen negative to Hepatitis B surface antigen positive.
  - Hepatitis C antibody negative to Hepatitis C antibody positive.

When we won’t pay
We won’t pay a needlestick benefit claim if:

- HIV, Hepatitis B or Hepatitis C is contracted by any other means, including blood transfusion, physical assault, sexual activity or drug misuse.
- You decline an available medical treatment for the prevention of Hepatitis B or Hepatitis C prior to making a claim.
- You don’t tell us about the claim within six months of diagnosis.
- You’re living abroad and don’t get a diagnosis in one of the countries we accept (see section 14.5 for details).

Funeral benefit | Zurich Income Protection Select only

If you die during the policy term, we’ll pay out the lower of six times the monthly benefit or £10,000.

If Income Protection Select is added to your policy after it starts, we won’t pay a claim for funeral benefit during the first 12 months after you’ve added Income Protection Select. We will pay a funeral benefit during this period if you die as a result of an unforeseen accident, unless the accident was caused by you acting in a way which in our reasonable opinion was reckless.
6.3 Additional benefits – multi-fracture cover

Your 'Confirmation of terms' will show if you have this cover and the cost.

### Multi-fracture cover

This benefit is payable if you fracture a bone, dislocate a joint, rupture a tendon or tear a ligament included in our list of injuries below. You can only include this benefit if you don’t already have it on any other policy with Zurich.

**How it works**

We’ll pay a lump sum of £2,000, £4,000 or £6,000 depending on the location of the fracture, dislocation, rupture or tear – see the table below for full details. You can claim for more than one injury as part of a single claim and there is no limit to the number of claims you can make during the term of your policy. The maximum amount we’ll pay out in any policy year is £6,000.

We won’t pay a claim for multi-fracture cover if:

- The fracture is classified as fatigue, hairline, stress, avulsion, chip or microfracture.
- The injury occurs as a result of osteoporosis.
- The injury is self-inflicted.
- The injury occurs as a result of a cosmetic surgical procedure.
- The injury occurs while taking part in any of the following: BMX biking, boxing, Gaelic football, horse riding, hurling, martial arts or cage fighting, motor car or motorcycle sport, mountain biking, rugby or shinty.
- You don’t tell us about the claim within six months of injury.
- You’re living abroad and don’t get a diagnosis in one of the countries we accept (see section 14.5 for details).
- The injury occurred before you took out the benefit.
- Your policy ends.

If you make a claim for multi-fracture cover we’ll ask you for copies of medical evidence from a doctor or surgeon confirming full details of the fracture or injury. We reserve the right to obtain radiological imaging or other objective evidence to confirm the claim.

If you make a claim under this benefit it won’t affect the other benefits on your policy.

The table below shows a full list of what we cover and how much we’ll pay.
<table>
<thead>
<tr>
<th>Condition</th>
<th>£6,000</th>
<th>£4,000</th>
<th>£2,000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fracture</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The specified fractures are covered unless the fracture is classified as avulsion, fatigue, stress, hairline, chip, or microfracture.</td>
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<tr>
<td>Skull:</td>
<td></td>
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<tr>
<td>- cranium only (excluding facial bones and jaw bones)</td>
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<tr>
<td>Upper leg/hip:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>- femur</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Knee:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- patella</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Lower leg/ankle:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- tibia</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>- fibula</td>
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<td></td>
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<tr>
<td>- talus</td>
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<td>Pelvis:</td>
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<tr>
<td>- ilium (excluding ramus)</td>
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<tr>
<td>Upper arm:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>- humerus</td>
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<td></td>
<td></td>
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<tr>
<td>Lower arm:</td>
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<td></td>
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<tr>
<td>- radius</td>
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<td></td>
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<tr>
<td>- ulna</td>
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<td></td>
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<tr>
<td>Wrist:</td>
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<td></td>
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<tr>
<td>- distal radius</td>
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<td></td>
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<tr>
<td>- distal ulna</td>
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<td></td>
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<tr>
<td>- carpal bones</td>
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<td></td>
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<tr>
<td>Spine:</td>
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<td></td>
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<tr>
<td>- vertebra</td>
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<td></td>
<td></td>
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<tr>
<td>- cervical</td>
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<td></td>
<td></td>
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<tr>
<td>- thoracic</td>
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<td></td>
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<tr>
<td>- lumbar</td>
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<td></td>
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<tr>
<td>- sacrum</td>
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<tr>
<td>- coccyx (excluding injury to the spinal discs)</td>
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<tr>
<td>Ribs</td>
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<tr>
<td>Collar bone:</td>
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<td></td>
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<tr>
<td>- clavicle</td>
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<td></td>
<td></td>
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<tr>
<td>Facial and jaw bones:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>- zygomatic</td>
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<td></td>
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<tr>
<td>- mandible</td>
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<td>- maxilla</td>
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<td>- nasal</td>
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<td>- lacrimal</td>
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<td>- palatine</td>
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<td>- vomer</td>
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<td>- inferior nasal concha</td>
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<tr>
<td>Shoulder blade:</td>
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<tr>
<td>- scapula</td>
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<td></td>
<td></td>
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<tr>
<td>Breast bone:</td>
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<td></td>
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<tr>
<td>- sternum</td>
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<td></td>
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<tr>
<td>Hand:</td>
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<td></td>
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<tr>
<td>- metacarpal (excluding all digits (phalanges))</td>
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<td></td>
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<tr>
<td>Foot:</td>
<td></td>
<td></td>
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<tr>
<td>- metatarsals</td>
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<td></td>
<td></td>
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<tr>
<td>- cuneiform</td>
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<td></td>
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<tr>
<td>- cuboid</td>
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<tr>
<td>- navicular</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- calcaneus (excluding all digits (phalanges))</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

| Dislocation                   |        |        |        |
| All joints are covered for dislocation except fingers, thumbs and toes (phalanges). This is defined as the displacement of bone from its normal position at the joint requiring either regional, local, spinal or general anaesthesia (not including sedation). |        |        |        |
| Spine:                        |        |        |        |
| - vertebra                    |        |        |        |
| - cervical                   |        |        |        |
| - thoracic                   |        |        |        |
| - lumbar                      |        |        |        |
| - sacrum                      |        |        |        |
| - coccyx (excluding injury to the spinal discs)                           |        |        |        |
| Hip                           |        |        |        |
| Knee:                         |        |        |        |
| - joint                       |        |        |        |
| - patella                     |        |        |        |
| Ankle:                        |        |        |        |
| - talus                       |        |        |        |
| Shoulder Elbow                |        |        |        |
| Wrist                         |        |        |        |
| Jaw                           |        |        |        |
| Middle ear bones:             |        |        |        |
| - ossicular chain disruption   |        |        |        |

| Achilles tendon rupture       |        |        |        |
| This covers the complete transection of the Achilles tendon. |        |        |        |
| Achilles tendon               |        |        |        |

| Knee ligament tear            |        |        |        |
| This covers the complete tear of a cruciate knee ligament. Tears to collateral knee ligaments are not covered. |        |        |        |
| Knee:                         |        |        |        |
| - anterior cruciate ligament (ACL) |        |        |        |
| - posterior cruciate ligament (PCL) |        |        |        |
7. Your commitment

7.1 If anything changes or is incorrect

You must take reasonable care to answer the questions we ask fully, honestly and accurately, to the best of your knowledge. Even if this information has already been provided in a previous application, it must be provided again.

If someone other than you records your answers, you must make sure the recorded answers accurately reflect what you have said. Our decision to offer cover, and the terms of that cover, will be based upon the recorded answers and won’t take into account any verbal information not otherwise recorded.

If you think anything you’ve told us is wrong or if anything changes between you agreeing to take out the policy and the policy start date, it’s important you let us know as soon as possible.

If you don’t tell us about something that’s incorrect or has changed, your policy may be cancelled, its terms may be changed, or a claim may be rejected or not fully paid. Cancelling a policy means that no cover or other benefits will be provided.

If you tell us about something that’s incorrect or has changed but it does not affect the cover we have offered then we may alter the policy to the extent required to keep our records up to date but your premiums and these terms will not change.

As part of our routine checks on the accuracy of the information that has been provided to us, we may ask for permission to access your medical reports up to six months after your policy has started. If you don’t give us your consent, we’ll cancel your policy and refund your premiums.

7.2 If your contact details change

You can make changes to your contact details on your customer portal – please let us know as soon as possible if your name, address or contact details change. If you move abroad, you must let us know – please see section 14.4 for more details.

7.3 If you want to cancel

You can tell us you no longer want cover at any time.

When we issue your policy documents we’ll send you details of how to cancel your policy. You’ll have 30 days from receiving these documents to do this. If you decide to cancel within the 30 day period, we’ll refund any premiums you’ve already paid and will stop providing you with cover.

If you tell us that you want to cancel at any time after the 30 day cancellation period, we’ll stop collecting premiums and offering you cover.

7.4 If you need to make a claim on your policy

You should tell us as soon as possible if you need to make a claim (section 9.3). For more information on how to make a claim, please see section 9.
8. Paying your premiums

8.1 How much you’ll pay

Your ‘Confirmation of terms’ shows how much your premiums will be.

Your premiums are guaranteed – this means they won’t change unless you change your cover or you’ve chosen increasing cover. If you do make a change to your cover, we’ll tell you how much your new premium will be. The change will take place from your next premium due date.

Any changes you make to your policy must not reduce your premium below our minimum premium amount. As at May 2018, our minimum premiums are £5 a month or £50 a year (not including any premium you may also be paying for multi-fracture cover).

8.2 How you can pay

We’ll collect your premiums by direct debit. You can choose whether to pay monthly or annually unless your policy runs to a specific birthday, in which case you must pay monthly.

Premiums will only be collected from a bank account held in the UK and must be paid in sterling.

If you make a claim and we’re paying you an income, your premiums will be waived. Payments to your policy must restart when we stop paying you an income.

8.3 When you pay

You can choose which day of the month you wish us to collect the premium (any day between 1st and 28th). This is your premium collection date. Your first premium may be collected on a different day as we’ll always give you 10 working days’ notice of any new or amended premiums. We’ll write to you to let you know when your first premium will be collected.

If you choose a premium collection date which is different to your premium due date, premiums will be collected after they are due. This won’t affect your cover or the amount of premium that you pay. You can change your premium collection date at any time.

If your policy term is for an exact number of years, you can at any time:

• change from monthly to annual premiums, or
• change from annual to monthly premiums.

This change will take effect from your next premium due date.

8.4 If you don’t pay your premium

If you don’t pay a premium within two months of the premium due date the policy will end and we’ll stop providing you with cover. If your premiums are paid by a third party, it’s your responsibility to ensure they’re paid on time.

We won’t reinstate a policy which has ended – if you still need cover you’ll need to apply for a new policy.
9. Making a claim

If you need to make a claim, you, or the person dealing with your affairs, should contact us using the details below.

Call us on:
Tel. 0370 243 0827
(Opening hours: 9am to 5pm, Monday to Friday)

Alternatively, go to the customer portal or visit us online at:
www.zurich.co.uk/life-insurance/claim

We always try to pay all valid claims as soon as possible and we’ll keep you informed of how the claim is progressing.

9.1 How do we assess your claim?

• We’ll contact you by phone to discuss the details of your claim and talk you through the process. If this isn’t possible, we’ll send you a claim form instead.

• Following our initial phone call we’ll send a brief summary for you to check, sign and return. Alternatively we’ll ask you to sign and return the claim form.

• Once we’ve received your signed confirmation, we’ll let you know what evidence we need and any other requirements we may have.

9.2 What information will we need?

When you get in touch we’ll let you know exactly what information we require from you in order to assess the claim. The sort of evidence we may need includes:

• Medical evidence.

• Evidence of net earnings.

• Details of your occupation.

• Evidence of hospitalisation if claiming hospital stay benefit.

• Evidence of the family relationship if claiming family carer benefit.

• Evidence of death and entitlement to claim if claiming funeral benefit.

9.3 How early should you notify us?

• The earlier you notify us the sooner we can start assessing the claim.

• If you notify us of a valid claim during the deferred period, we’ll put you in touch with a claims specialist who will assess your claim and agree the next steps with you. If you follow these, we’ll stop collecting premiums from the date you notified us.
10. What changes can you make to your policy?

You can make a range of changes to the benefits and level of cover you’ve chosen, enabling you to tailor your policy to suit your circumstances. Please contact your financial adviser if you want to change your policy in any of the following ways.

Depending on your requirements, we may ask you for details on your personal circumstances to check if we’re able to change your cover.

If you make a change to your cover, we’ll tell you how much your new premium will be. These changes will take place from your next premium due date.

10.1 Increasing your monthly benefit

If you wish to increase your monthly benefit, two options are available to you – requested increase and milestone benefit. These are detailed below.

**Requested increase**

You can ask us to increase your monthly benefit at any time. We’ll ask you about any changes in your personal circumstances to see if we’re willing to offer you this. We’ll take into account your latest personal circumstances, together with your current age and the remaining term to assess the premium, given the change to the policy.

**Milestone benefit**

Your policy may include a milestone benefit – this will be included on your policy unless we’ve specifically excluded it on your ‘Confirmation of terms’.

This benefit allows you to increase your monthly benefit within 90 days of a significant life event – see the table below to see what’s included. You’ll need to send us evidence of the life event – details of what we can accept are also provided in the table. You’ll need to be 54 or younger to use this benefit and your policy must have at least 12 months to run. You don’t need to tell us about any other changes in your personal circumstances.

The standard maximum increase you can make to your monthly benefit using the milestone benefit is the lower of half of your original monthly benefit or £10,000 per year (£833 per month).

In addition to this you can increase your monthly benefit by up to £20,000 per year (£1,666 per month) if you have had an increase in salary by more than 20% since the start date of the policy. You can only do this once during the term of the policy, and you must be in full-time employment at the time of making this increase.

In any case, the most you can increase your monthly benefit to is the lower of £20,000 per month or 80% of your annual net earnings (see section 5). This applies across all similar policies you hold. If you have already used up all your milestone benefit on another policy you hold with us, you won’t be able to use it on this policy. In other policies, this may be called “Guaranteed Insurability Option” or “Special Event Benefit”.

We’ll work out your new premium based on your personal circumstances when you took out the policy, your age at the time you increase your monthly benefit and the number of years left until the end of the policy’s term. Once the new monthly benefit is in place, your premiums will increase to reflect this.
10.1 Increasing your monthly benefit

To make a permanent change
If you wish to increase your monthly benefit, you can do this at any time. There’s no limit on the amount you can reduce this by, providing your premiums do not go below the minimum premium amount, as shown in section 5.

See section 10.1 for what will happen if you want to increase your monthly benefit again. If you reduce your monthly benefit, your new premiums will be adjusted accordingly.

To make a temporary change – career break
If you only want to reduce your monthly benefit for a short period, you can take what’s known as a career break.

A career break lets you reduce your monthly benefit to as little as £250 a month (subject to our minimum premium – see section 5) for up to 52 weeks. You can do this once at any time during the term of your policy but not until the policy has been in force for 12 months. At the end of your career break, your monthly benefit and premiums will automatically be increased back to their previous levels without the need for you to provide any further information on your health.

You can also end your career break at any time if you need to. If you tell us to end your career break, your cover and premiums will be increased with effect from your next premium due date.

If you have increasing cover and accept an increase during your career break, this will also be included when your monthly benefit and premiums automatically increase at the end of your career break.

If you make a claim during your career break, your monthly benefit will remain at the reduced level whilst you’re incapacitated. You won’t be able to increase your monthly benefit and premiums back to the previous levels until you’re no longer incapacitated and return to work.

10.3 Changing your policy term

Increasing your policy term
If you wish to increase the term of your policy, you can ask us to do this at any time. We’ll ask you about any changes in your personal circumstances to see if we’re willing to offer you this. We’ll take into account your latest personal circumstances, together with your current age and the remaining term to assess the premium, given the change to the policy. Please see section 4 for details of maximum ages and terms available.

Reducing your policy term
If you want to reduce the term of your policy so that the end date is brought forward, you can do this at any time, subject to the minimum end date and minimum premium (see sections 4 and 5 for details). We’ll recalculate your premium to reflect the new period of cover.
10.4 Changing your claim period

You can change your policy from a limited benefit period to a full term benefit period, as long as you haven’t yet made a claim against your policy and your policy still has at least five years to run. We’ll ask you about any changes in your personal circumstances to see if we’re willing to offer you this. We’ll take into account your latest personal circumstances, together with your current age and the remaining term to assess the premium, given the change to the policy.

You can change your policy from a full term benefit period to a limited benefit period at any time. We’ll recalculate your premium to reflect the revised benefit period.

10.5 Changing the rate your policy increases

If you’ve chosen increasing cover you can change the rate at which the cover increases at any time, unless we are currently paying you an income, or your claim is in the deferred period. The rates your policy can increase by are as shown in the explanation of increasing cover (see section 5). The new rate of increase will apply from the next anniversary of the start date.

10.6 Removing the increasing cover option

If you’ve chosen increasing cover but want to change to level cover (see section 5, ‘Level or increasing cover’), you can do this at any time. Once you’ve removed this option, you won’t be able to add it back again. It’s not possible to change from level cover to increasing cover at any time.

10.7 Changing your deferred period

Increasing your deferred period

If you want to increase the length of one or both of your deferred periods so your benefit is paid later, this is possible at any time, subject to the maximum length available (see section 5, ‘Deferred period’ for details). We’ll recalculate your premium to reflect the revised deferred period.

Decreasing your deferred period

If you want to reduce the length of your deferred period so your benefit is paid sooner, you can ask us to do this at any time. We’ll ask you about any changes in your personal circumstances to see if we’re willing to offer you the decrease. We’ll take into account your latest personal circumstances, together with your current age and the remaining term to assess the premium, given the change to the policy. Please see section 5, ‘Deferred period’ for details of minimum deferred periods available.

Removing a deferred period (for dual deferred periods only)

If you have a dual deferred period and want to remove one of the deferred periods, this is possible at any time. All of your monthly benefit will then be subject to the remaining deferred period.

If you want to remove the shorter deferred period, we’ll recalculate your premium to reflect this change.

If you want to remove the longer deferred period, we’ll ask you about any changes in your personal circumstances to see if we’re willing to remove it. We’ll take into account your latest personal circumstances, together with your current age and the remaining term to assess the premium, given the change to the policy.

Adding a dual deferred period

If you have a single deferred period and want to add a second deferred period, this is possible at any time. You must choose how much of your monthly benefit you want to move to be payable after the new deferred period.

If the new deferred period is shorter than your existing deferred period, we’ll ask you about any changes in your personal circumstances to see if we’re willing to add it. We’ll take into account your latest personal circumstances, together with your current age and the remaining term to assess the premium, given the change to the policy.

If the new deferred period is longer than your existing deferred period, we’ll recalculate your premium to reflect this change.
10.8 Changing the additional benefits on your policy

**Zurich Income Protection Select**

If you initially don’t take out the Zurich Income Protection Select option but later decide you’d like to increase your cover to include these additional benefits, you can add this at any point. We’ll ask you about any changes in your personal circumstances to see if we’re willing to offer you the Select option. We’ll take into account your latest personal circumstances, together with your current age and the remaining term to assess the premium, given the change to the policy.

If you take out the Zurich Income Protection Select option but later decide you no longer want these benefits, you can remove it at any point. We’ll recalculate your premium to reflect this change.

**Multi-fracture cover**

If you initially don’t take out multi-fracture cover but later decide you’d like to include it, you can add it at any point. We’ll add the premium for this to your policy.

If you take out multi-fracture cover but later decide you no longer want it, you can remove it at any point. We’ll remove the premium for this from your policy.

10.9 Reviewing your premium if you’ve previously smoked

When we work out the premium for your policy, one of the factors we use to determine the premium you pay is whether you smoke, or how long it is since you gave up smoking.

If, since the start of the policy you’ve given up smoking for 12 months or more, you can ask us to review your premiums to see if we can reduce them. We’ll ask you about any changes in your personal circumstances to see if we’re willing to do this.

We’ll work out your new premium based on your latest personal circumstances at the time you change your cover. You can then decide whether or not you want to accept the new amount.

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11. Changes we can make to your policy

This document sets out the terms and conditions of your policy. Only we can change or add to the terms and conditions.

We may alter the terms and to the extent that the change is proportionate and reasonable for any of the following reasons:

- To take account of changes to, or to comply with the law, taxation, official guidance, codes of practice, or the way in which we are regulated or the amount of capital we need to hold.
- To provide for the introduction of new or improved systems, methods of operation, service or facilities.
- To take account of a recommendation, requirement or decision of any court, government body, ombudsman, regulator or similar body anywhere in the world where the recommendation, requirement or decision impacts on us with regard to your policy.
- To make these terms and conditions clearer or more favourable to you.
- To put right any mistake we may discover in future.
- To reflect changes in technology or industry practice.
- To reflect any change to our corporate structure arising from any reorganisation of our business, that does not unfavourably affect your policy but requires us to make certain changes to these terms and conditions.
- To allow for changes to levies or charges imposed by law or under the Financial Services Compensation Scheme or by the Financial Conduct Authority (unless we are told we must not pass these onto our customers).
- If, in our reasonable opinion, we are at material risk of becoming insolvent and this may be avoided by changing these terms and conditions and the changes are in the interests of our policyholders as a whole.

Wherever possible, we will let you know at least three months before we make any material changes to these terms and conditions. You can get the most up-to-date version of these terms and conditions from your adviser or on your customer portal.
12. General terms

In these terms and conditions, where we can use our discretion, make a decision, require information or evidence or use our judgment, then we will do so acting reasonably, proportionately, fairly and in accordance with the law and regulations.

If there is a difference between these terms and conditions and any other communications we have with you, the terms and conditions will prevail.

If any of the details you have provided are wrong, we can change the terms of your policy to reflect the correct details.

The policy is not transferable.

Only you (or if you die, the person managing your affairs or the person who is entitled to benefit from the policy) can enforce the terms of your policy. We exclude the rights of any other persons under the Contracts (Rights of Third Parties) Act 1999.

13. Law

The policy is governed by the law of England.

We will not provide you with any services or benefits if in doing so we violate any applicable (including UK, EU and USA (Office of Foreign Asset Control)) financial sanctions, laws or regulations. This could result in us having to terminate your policy with us.

14. Other information

14.1 How to complain

If you need to complain, please see section 16, ‘How to contact us’.

You can ask us for details of our complaint handling process. If you are not satisfied with our response to your complaint, you can complain to:

Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London
E14 9SR

Telephone: 0800 023 4567 or 0300 123 9123

Or visit the website www.financial-ombudsman.org.uk

This service is free to you and you can find out more at any time by contacting the Financial Ombudsman Service. You do not have to accept the decision of the Financial Ombudsman Service and you are free to go to court instead if you wish.

14.2 Compensation

We are covered by the Financial Services Compensation Scheme (FSCS). If we cannot meet our obligations, you may be entitled to compensation under the scheme.

Any compensation you receive under the scheme will be based on the FSCS’s rules.

For this type of policy, the scheme covers 100% of the claim. Please note that for life assurance products the FSCS’s first responsibility is to ensure the cover continues rather than pay compensation.
If you need more information, you can contact the FSCS at:
Financial Services Compensation Scheme
10th Floor
Beaufort House
15 St Botolph Street
London
EC3A 7QU
UK
Telephone: 0800 678 1100 or 020 7741 4100
Or visit the website www.fscs.org.uk

14.3 Data Protection
Zurich Assurance Ltd is your data controller under data protection legislation and is committed to ensuring the way we collect, hold, use and share personal information about you complies fully with the legislation. This is explained in our data protection statement, ‘Your privacy is important to us’, which your adviser will give you when you apply. Please contact us if you would like another copy.

14.4 Moving abroad
This policy is designed for customers who are resident in the United Kingdom. The policyholder must be deemed a permanent UK resident at the time the policy starts.

We do not provide any tax advice. If you decide to live outside of the United Kingdom after this policy has been issued, we recommend that you obtain independent advice in relation to this policy on the tax consequences of changing your country of residence. We are not responsible for any adverse tax consequences that may arise in respect of your policy and/or any payments made under your policy as a result of you changing your country of residence.

If you move to another country outside the UK, your policy may no longer be suitable for your individual needs. UK laws or the local laws and regulations of the jurisdiction to which you move may impact our ability to continue to operate your policy in line with these terms and conditions. You must tell us of any planned change in your residency while you have a policy prior to such change becoming effective, if you do not do so this will be a material breach of these terms and conditions and we may terminate the policy as a result.

14.5 Living abroad
If you make a claim for monthly benefit, family carer benefit, trauma benefit, needlestick benefit or multi-fracture cover, all medical certificates and examinations that we require to assess the claim must be provided from the UK, the European Union (member states as of 2017), Australia, Canada, Japan, New Zealand, Norway, Switzerland or the USA. We will also accept evidence from other countries if, in our assessment, the evidence is comprehensive enough and of a sufficient standard for us to properly assess the claim. If necessary we may need you to consult and be examined by a doctor of our choice to confirm the diagnosis. We will always act reasonably when reviewing evidence to support a claim.

14.6 Conflicts of interest
We make every effort to identify conflicts of interest. A conflict of interest is where the interests of our business conflict with those of a customer, or if there is a conflict between customers of the business. Once identified, we aim to either prevent the conflict or put steps in place to manage it so that it is no longer potentially detrimental to our customers. We have processes in place to ensure we conduct our business lawfully, with integrity, and in line with current legislation. We operate in line with our conflicts of interest policy, available on request or on our website, which details the types of conflicts of interest that affect our business and how we aim to prevent or manage these. Where we cannot prevent or manage a conflict which may be detrimental to you, we will fully disclose it to you in line with our policy.

14.7 Interpretation
In these terms and conditions, where the context requires, words in the singular include the plural and vice versa.
## 15. Glossary

Within the pages of this document we’ve highlighted in **bold** type a number of defined terms. The definition of these can be found below.

<table>
<thead>
<tr>
<th>Technical or legal term</th>
<th>Meaning</th>
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</thead>
<tbody>
<tr>
<td><strong>child</strong></td>
<td>The natural, step, legally adopted and/or future <strong>child</strong> of the <strong>policyholder</strong>, up to the day before the <strong>child</strong>’s 22nd birthday.</td>
</tr>
</tbody>
</table>
| **continuing income**   | The **continuing income** or benefits which will reduce **your** maximum benefit amount:  
  - Continuing salary, bonuses, sick pay, commission or benefits in kind after deduction of income tax and national insurance, from **your** employer.  
  - **Your** share of any continuing post-tax profits of the company, if you’re a director of a limited company.  
  - Continuing net profit from **your** business after deduction of income tax and national insurance, if you’re self-employed.  
  - Other insurances and pensions that start to be paid or you are entitled to as a result of **your incapacity**. This includes regular payments made directly to you or payments made on your behalf, such as to pay your mortgage, credit cards or loans. It also includes payments from any other income replacement policies **you** have, in addition to this one. |
| **customer portal**     | The online portal where **you** can find details of **your** policy and any communications **we** send to **you**. |
| **deferred period**     | The amount of time **you** have to wait after **you** become incapacitated and before **we** start paying **you** the monthly benefit. No monthly benefit is payable during the deferred period. |
| **doctor**              | A **doctor** registered, or provisionally registered, with the General Medical Council and licensed to practice in the UK. At the time you become unable to work, your licence to practice in the UK must not have been suspended or you must not have been removed from the General Medical Council register. |
| **exclusion**           | This removes our obligation to pay the cover or the benefits (or both) where the claim results from **you** taking part in certain specified occupations, pursuits or activities, or where you suffer from certain specified illnesses, disabilities or medical conditions. We’ll include any specific exclusions on **your** ‘Confirmation of terms’. |
| **gross earnings**      | If you’re employed, this will include basic salary, overtime payments, benefits in kind as defined and valued by HM Revenue & Customs, bonuses paid in the last 12 months, commission payments, and before any deductions are made for employee pension contributions or charges for flexible benefits or salary sacrifice arrangements. This will be as evidenced by your payslips, P60 and Self Assessment tax return in the last 12 months.  
If you’re a director of a private limited company, this will also include your share of any pre-tax profits of that company as evidenced in your most recent Self Assessment tax return, and Company profit and loss accounts.  
If you’re self-employed, this will be your share of the post-tax profits of your business as evidenced in your most recent Self Assessment tax return, and profit and loss accounts. |
incapacitated, incapacity: An injury or illness that causes you to be unable to do the main duties of your usual paid occupation. We’ll look at the duties of your occupation and your ability to do them. For example, you might be a personal assistant whose main duties include writing and typing letters and using the telephone to organise meetings and diaries. We’d still pay the monthly benefit if you could no longer write and type letters and organise meetings and diaries, even if you were still able to use the telephone. Paid occupation does not include undertaking domestic tasks, for example as a housewife or househusband, in your own home. If you are looking after someone else’s house and being paid to do so, this does count as a paid occupation. We’ll always act reasonably in considering your claim to be incapacitated.

monthly benefit: The amount of benefit you want to be covered for each month, based on your net earnings at the time you take out your policy unless this is altered by you in line with these terms and conditions.

net earnings: This is your gross earnings reduced by income tax for a UK resident and national insurance contributions for employees.

occupation: A trade, profession or type of work undertaken for profit or reward. It is not a specific job with any particular employer and is independent of location.

own occupation, pre-incapacity occupation: The occupation you’re doing at the start of your policy on which the premiums you’ll pay will be based unless you alter the policy in accordance with these terms and conditions. If you make a claim, we’ll base our assessment against the occupation you were performing immediately before you became incapacitated. If you were not working at that time, you may be eligible to claim house person benefit.

personal circumstances: These include details of your age, previous and current smoker status, occupation, health, family history, lifestyle, activities and travel.

policy year: The 12 month period running from the anniversary of the policy start date.

customer portal: a website or mobile application that allows customers to manage their policies and claims

policyholder: The person who has taken out the policy.

premium, premiums: The monthly or annual amount you pay for your cover.

premium collection date: The day of the month you choose for your premiums to be collected

premium due date: If you choose to pay monthly, the first premium will be due on the start date of the policy, and subsequent premiums will be due on the same day of each month after that. If your policy start date is on 29th, 30th or 31st of the month, in any month which doesn’t have one of those dates in it, the due date will be the last day of that month.

If you choose to pay annually, the first premium will be due on the start date of the policy, and subsequent premiums on each anniversary of the start date after that.
Retail Prices Index (RPI)  A measure of inflation in the United Kingdom as compiled by the Office for National Statistics, or any official published retail prices index that we adopt in its place. It measures the average change each month in the prices of goods and services bought by most households in the United Kingdom. If you have chosen to have your cover increase by RPI, your cover will increase by the same percentage as the RPI increased over the 12 month period that ended four months before the relevant anniversary of the date you started the policy. Your level of cover will not change if there has been a fall, or no increase, in the index over this period.

seroconversion  The time period during which a specific antibody develops and becomes detectable in the blood.

smoker, smoking  Someone who last smoked cigarettes or cigars, used a pipe or any other form of tobacco or nicotine products, including e-cigarettes or nicotine replacement products, in the last 12 months.

start date  The date your cover starts.

surgeon  A surgeon registered, or provisionally registered, with the General Medical Council and licensed to practice in the UK. At the time you become unable to work, your licence to practice in the UK must not have been suspended or you must not have been removed from the General Medical Council register.

term  The length of time your policy will provide cover for. You can select to have the policy run for a set number of years, or until you reach a certain age.

UK resident  Someone who is habitually resident in the United Kingdom (UK) for a minimum of six months and for tax purposes. Habitually resident means the UK is their centre for economic, domestic and social interests.

we, our, us, Zurich  Zurich Assurance Ltd – the company providing the policy.

you, your  This means the policyholder – the person who has taken out the policy.
16. How to contact us

If you want to contact us you can phone or write.

📞 Phone: 01793 514514
  Monday to Friday 8.30am – 6.00pm
  We may record or monitor calls to improve our service.

✉️ Write to: Zurich Assurance Ltd
  Tricentre One
  New Bridge Square
  Swindon
  SN1 1HN
  UK

Keep in touch

It’s important that we keep in touch so if you change your address or any of your contact details, please let us know.

We want everyone to find it easy to deal with us. If you need information about our policies and services in a different format, just let us know and we’ll provide it.

Please let us know if you would like a copy of this in large print or braille, or on audiotape or CD.

If you are a textphone user, we can answer any questions you have through a Typetalk Operator. Call us on 18001 01793 514514. Or, if you’d prefer, we can introduce your adviser to a sign-language interpreter.