

Zurich Income Protection

Terms and conditions



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Large print,
braille and
audio.

Please let us know if you'd like a copy of this in large print, braille or audio.

If you're 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.

This document sets out the terms and conditions relating to the Zurich Income Protection policy. You should read it alongside your ‘Confirmation of terms’, which sets out the level of cover and any options, benefits and exclusions on your policy. Together these documents form the contract of your policy provided by Zurich Assurance Ltd. You should read them carefully.



If you ever need to make a claim on your policy, please contact us as soon as possible. We'll need to write to your GP or physician to get medical evidence to assess your claim. We'll also need you to give us your financial information. Delays in receiving this evidence can impact our ability to start paying your claim at the end of your deferred period.

1. Definitions

Zurich and you

Zurich is the company providing the policy to you. Throughout this document, when we say “we”, “our”, “us” or “Zurich”, we’re referring to Zurich Assurance Ltd. When we say “you” or “your” we’re referring to you, the person, using the services.

Technical terms

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 16.

Please see section 13 for details of the general terms applying to your policy, as these are important.

2. What the policy provides

Zurich Income Protection



Zurich Income Protection is designed to pay you a regular **monthly benefit** to replace part of your **gross income** if you’re **unable to work** due to illness or injury and can’t perform your **own occupation**. A range of flexible features, additional benefits and options allow you to tailor your policy to your individual needs and circumstances.

3. Who the policy can cover



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 18 until the day before your 60th birthday.

You must be either employed or self-employed, and working at least 16 hours a week when your policy starts, as well as a **UK resident**.

You’ll also need to have been registered with a **UK doctor** for at least two years.

See section 10 for more details on making a claim.

4. How long you can be covered for



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 120 days in the future from the date we agree terms with you.

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 – please see section 7, ‘Your commitment’ for more details.

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.

At the end of the **term** your policy will stop.



Your policy will stop before the end of the **term** if:

- your **premiums** aren't paid when agreed (see section 9)
- 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 it will violate any financial sanctions, laws or regulations
- in our reasonable opinion you're in material breach of the terms and conditions
- you don't give or withdraw your consent to access your medical records as part of our routine checks (see section 7 for more details).

You can end your policy at any time. If you cancel your policy it will continue until the end of the period you've already paid for.

There is no cash-in value for the policy.



5. The amount of cover you can take out and the amount we'll pay



Income Protection Benefit

Your policy is designed to pay your **monthly benefit** if you're **unable to work** due to illness or injury and can't perform your **own occupation**, subject to the **maximum benefit** and any deductions we need to make for **continuing income**.

How it works

Your **inability to work** must have started after your policy began and you must be unable to perform the main duties of the **occupation** you were doing before the injury or illness began. If you have more than one **occupation**, you must be unable to perform the main duties of all of them.

If, due to your illness or injury you return to work in a limited capacity (such as reduced hours), or to a different, lower paid occupation, you may still be eligible to get part of your **monthly benefit** under our Return to Work Package - see page 8 for details.

The cover you can take out

At the start of your policy, you choose how much you want to be covered for - we call this your '**monthly benefit**'. This can't be more than the '**maximum benefit**'.

You should regularly review your **monthly benefit** to ensure you're not over or under insured.

The **maximum benefit** is based on your **gross income**. It's calculated when you take out the policy to determine the maximum **monthly benefit** you can be covered for. It's calculated again when you claim to assess the maximum amount we can pay based on your **gross income** at the time.

Your 'Confirmation of terms' shows the **monthly benefit** you've chosen.

Your **monthly benefit** will stay the same throughout the **term** of your policy unless you choose Increasing Cover or decide to make any other changes to your policy (see section 8). If you want to check your current **monthly benefit** at any time, you can view your policy online on your **customer portal**.

The lowest **monthly benefit** you can choose is subject to a minimum premium of £5 a month or £50 a year (excluding the cost of Zurich Accelerate, Multi-Fracture Cover and Zurich Income Protection Enhanced).

How much we'll pay if you claim

We'll assess this based on your circumstances at the time you make a claim. We'll base our assessment on your **gross income** and any **continuing income** you may have at that time.

If your **gross income** when making a claim is no longer high enough to support your **monthly benefit**, the amount we pay you could be lower than your **monthly benefit**. To help protect against changing income, the policy includes both a Maximum Benefit Guarantee and Minimum Benefit Guarantee. These are explained on pages 13 and 14.

Calculating the maximum benefit

We'll calculate the **maximum benefit** before taking into account any deductions for **continuing income** as being:

- 65% of the first £60,000 of your **gross income**, and
- 45% of your **gross income** above this amount,

Up to a maximum of £20,000 a month.

We'll calculate the **maximum benefit** using your **gross income** over the 12 months immediately before you became **unable to work**.

If you've started a new job in the last 12 months, we can assess your claim using your salary from your **employment contract**. We won't use this method if:

- it results in a lower **maximum benefit** than if we were to assess your last 12 months **gross income**
- you're in a position to decide the amount of your own **gross income** – for example, a company director.

If you're a company director or self-employed, we may consider using an average of your last 36 months **gross income** prior to your claim. We'll do this if it more accurately reflects your typical income – for example, if you were diagnosed with a worsening condition and continued to work and earned less. We'll need medical evidence to support the drop in income.

The amount we pay may be limited to ensure the combined monthly amount you get from all income protection policies you have with Zurich (including this one), and any other provider, does not exceed £20,000 a month.

We'll then deduct any **continuing income** you're getting at the time from the **maximum benefit**. **Continuing income** is explained below.

Continuing income

The **continuing income** we'll include in the assessment will be any of the following:

- salary, bonuses, sick pay, commission or **benefits in kind** (which continue following your **inability to work**)
- income from your business including earned dividends
- regular payments from pensions related to ill-health (excluding tax free lump sum payments)
- other insurance cover you're entitled to as a result of your **inability to work**. This includes regular payments made directly to you or on your behalf (for example to pay your mortgage), as well as payments from any other income replacement policies you may have, whether personal or employer funded.

For income that's taxable, we'll only deduct the net amount you receive.

We won't take account of any state benefits you get as a result of your **inability to work**, or any savings and investment income.

If the amount we pay is less than your **monthly benefit**, we won't refund any of your **premiums**.

If any of your **continuing income** stops, we'll recalculate the amount we pay to you.



Example 1: continuing income deductions

Your policy covers you for a **monthly benefit** of £2,500 and when you come to claim we assess the **maximum benefit** we could pay based on your **gross income** as £3,000. Plus you have net **continuing income** of £400.

We would deduct your net **continuing income** of £400 from the **maximum benefit** which would be £2,600. However, as this is still above the amount you're covered for, we would pay you a **monthly benefit** of £2,500.

Example 2:

Your policy covers you for a **monthly benefit** of £2,500 and when you come to claim we assess the **maximum benefit** we could pay based on your **gross income** as £3,000. Plus you have net **continuing income** of £1,000.

We would deduct your net **continuing income** of £1,000 from the **maximum benefit** and pay you a **monthly benefit** of £2,000. This would be assessed again if your **continuing income** changes during your claim.



Return to Work Package

If as a result of your **inability to work** you're able to return to work but only on a part time basis, or in a lower paid **occupation**, you may be eligible for the Return to Work Package. If you're eligible, we'll continue to pay you a percentage of the benefit we were paying you immediately before you returned to work.

We work out the amount we'll pay you using the following calculation:

Your monthly gross income before you claim minus your new monthly gross income	x	the benefit we were paying you under your claim	÷	your monthly gross income before you claim
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- You'll only get the Return to Work Package if we're paying you a benefit when you go back to work.
- The Return to Work Package is only available if you were employed or self-employed at the time you became **unable to work**.
- The Return to Work Package isn't available if you return to work on a part time basis or in a lower paid **occupation** for reasons other than your **inability to work**.



Example: Return to Work Package

Your **gross income** before becoming **unable to work** was £4,000 a month. When you return to work, you're earning £3,000 a month, a 25% reduction.

To offset this, we'd continue to pay you 25% of the benefit we were paying to you immediately before you returned to work.

Assuming we were paying you a benefit of £2,600 a month immediately before your return to work, your **gross income** would be £3,000 a month from your employment plus £650 a month from us, giving you a total income of £3,650 a month.

$$(\text{£}4,000 - \text{£}3,000) \times (\text{£}2,600 \div \text{£}4,000) = \text{£}650$$



How long we'll pay you for

We'll continue to pay you a benefit until the earliest of the following:

- you no longer meet our definition of being **unable to work**
- you no longer have a loss of **gross income**
- any **continuing income** or other benefits increase to more than the **maximum benefit** we'll pay
- your policy ends
- you've chosen the limited term benefit period option and been paid the benefit, including any Return to Work Package, for 24 months (see page 11 for more information)
- you die.

When we won't pay a claim

- you haven't paid all the **premiums** that were due
- you have no loss of **gross income**
- 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 **unable to work** throughout the **deferred period**
- the cause of the claim arises from the circumstances detailed in any specific **exclusions** listed in your 'Confirmation of terms'
- you have not followed reasonable advice given to you by relevant medical professionals, such as your GP or physician
- you don't give us the evidence we need to assess or manage your ongoing claim.

Claiming overseas

If you're permanently or temporarily resident outside any of the countries listed in section 15.6, 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.

Level or Increasing Cover

You can choose cover that stays the same or increases over time. 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 stay the same over the **term** of your policy. This means it won't increase in line with inflation or any potential salary increases you may get over the **term** of your policy. Your **premium** will also stay the same over the **term** of your policy.



Increasing Cover

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

This increase 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 the **monthly benefit**.

We'll make this change automatically each year on the anniversary of the **start date**. We'll let you know eight weeks in advance in your 'Annual statement' 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 it and your **premiums** at the same level as they were for the previous **policy year**.

If you ask to keep your **monthly benefit** and **premiums** the same three times during your policy **term**, 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 **monthly benefit** and **premiums** if it means that the **monthly benefit** would exceed the maximum amount offered by this type of policy which is £20,000 a month.

If you have Zurich Income Protection Enhanced, your cover and the additional **premium** you pay for this benefit will stay the same throughout the **term** of your policy. Only the **monthly benefit** and **premium** you pay for Income Protection will increase if you've chosen Increasing Cover.

If you have Multi-Fracture Cover, your cover and **premiums** for this benefit will stay the same throughout the **term** of your policy, even if you've chosen Increasing Cover.

If you have Zurich Accelerate, the **premium** is reviewable so may change in the future. However, it won't increase each year if you've chosen Increasing Cover.

Increases while we're paying a claim

If we're already paying your **monthly benefit**, it will continue to increase on each policy anniversary. However, if the benefit you get is based on the Minimum Benefit Guarantee, it will only increase up to the maximum amount available under the guarantee for policies with Increasing Cover.

We'll write to you ahead of the anniversary of your policy **start date** to let you know what your new **monthly benefit** will be. We'll also confirm what the new monthly **premiums** would be if your claim was to end.



Example: Increasing Cover if we're paying a claim

If you take out a policy with a **monthly benefit** of £10,000 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 your full **monthly benefit** of £10,000, your **monthly benefit** will be increased to £10,500 from the anniversary of your policy **start date**.

If your **gross income** 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 benefit we're paying you will increase by 5% to £8,400.

Based on the second example scenario, when your claim finishes and you need to start paying **premiums** again, you should consider adjusting your **monthly benefit** to reflect the **maximum benefit** we could pay to avoid being over insured.

Claim period

You can choose how long your policy will pay a **monthly benefit** for, following the **deferred period** (see section 'Deferred period' on page 12). This can be either:

- a full term benefit period which can pay a benefit for the remaining policy term, or
- a limited term benefit period, up to a maximum of 24 months for each claim.

You need to decide this before your policy starts. Your 'Confirmation of terms' shows the chosen claim period.

Whether you choose a full or limited term claim period, you can make as many claims as you need for the same or different conditions. However, we'll only ever pay one claim at a time.

If you select a limited term benefit period

Your policy will only pay out for up to 24 months for each claim. This can be one long claim or several shorter ones. The period will include any Return to Work package payments you receive.

After 24 months, the claim will end and you'll need to start paying **premiums** again (see page 16 'Waiver of Premium'). Depending on your circumstances, you'll have a number of options:

- if you experience a new or unrelated condition after your previous claim has ended, you can make a new claim
- to claim for the same or a related condition, you'll need to fully return to work for six months before you can claim again
- if you can't return to work, you can ask us to cancel the policy - see section 7.

Linked claims

If you return to work after a claim and then need to take time off again, we'll consider linking the claims.

If we agree to link the claims, you won't have to wait for a **deferred period** to end before we start paying you again.

To qualify as a linked claim, it must meet the following criteria:

- you meet our definition of being **unable to work** due to illness or injury again within 12 months of the previous claim ending, and
- the claim is for the same or a related condition covered by the previous claim, and
- you must be working in the same **occupation** across the linked claim period.

If these criteria are not met, the claims won't be linked and a new **deferred period** will apply to your new claim before you get your **monthly benefit**.

On policies with a limited term benefit period, a claim can only be linked if the previous claim paid out for less than the maximum 24 months. If this happens, you can use the remaining months you had left under your previous claim.



Example: Linked claims

Full term benefit claim period

Following a successful claim, the policy begins to pay a £2,000 **monthly benefit** after a 13 week **deferred period**. The policy continues to pay out for a few years before you're able to return to work full time and restart paying your **premiums**. However, ten months later your condition returns and you claim again. Because the claim is for the same condition and within 12 months of the previous claim, the claims are linked and the **monthly benefit** starts straightaway, subject to the criteria outlined earlier in the section.

Linked term benefit claim period

Following a successful claim, the policy begins to pay a £2,000 **monthly benefit** after a 13 week **deferred period**. The policy pays out for 16 months before you're able to return to work full time and restart paying your **premiums**. However, ten months later your condition returns and you claim again. Because the claim is for the same condition and within 12 months of the previous claim, the claims are linked and the **monthly benefit** starts straight away, subject to the criteria outlined earlier in this section. However, it only pays out for the remaining eight months of the original claim.

Deferred period

You agree how soon after becoming **unable to work** you want the **monthly 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 may be restricted.

If you return to work before the end of your **deferred period**, we may link any future **inability to work** caused by the same or related condition to the original claim. This means you won't need to start the **deferred period** from the beginning. This only applies where the multiple incidents causing your **inability to work** occur within a 12 month period.

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 get the benefit you're covered for under your first **deferred period**. The remainder of your benefit will then be payable when the second **deferred period** ends. This can be useful if you're entitled to company sick pay that gradually reduces over time.

If you've chosen a limited term benefit period (see section 'Claim period' on page 11), we'll pay you a benefit for up to 24 months from the end of each **deferred period**. This means the benefit payable from the end of your second **deferred period** can continue to be paid after the benefit 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 may be restricted.

If you return to work before the end of your **deferred period**, we may link any future **inability to work** caused by the same condition to the original claim. This means you won't need to start your **deferred periods** from the beginning. This only applies where the multiple incidents causing your **inability to work** occur within a 12 month period.

If we agree to pay your claim, when you reach the end of your **deferred period** we'll start paying your **monthly benefit**, subject to the **maximum benefit** calculation and any deductions for **continuing income**. You'll get this monthly, at the end of each month. If your claim starts or ends part way through a month we'll pay you part of the monthly amount based on the number of days you're eligible to claim.

If there are delays in us receiving medical or financial evidence to assess your claim, this can impact our ability to start paying you at the end of your **deferred period**. This is most likely to impact policies with shorter **deferred periods**. If this happens, we'll make any payments due from the end of the **deferred period** as a one-off payment once we've assessed and agreed your claim. We reserve the right to start a claim from point of notification if you have taken an unreasonable amount of time to notify us of your claim.

6. Additional policy options and benefits

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' gives details of your specific **monthly benefit**.

Maximum Benefit Guarantee



If you become **unable to work** due to illness or injury and the difference between the **maximum benefit** and your **monthly benefit** is 10% or less, we'll make up the difference and pay your full **monthly benefit**, less any **continuing income**.

Key points

- If you make a claim and you qualify for the Maximum Benefit Guarantee, your **monthly benefit** will increase during your claim if you have Increasing Cover.
- We'll ask for evidence of your **gross income** at the time when you took out your policy if we assess your claim using the Maximum Benefit Guarantee.
- You can't over insure yourself when you first take out your policy or make changes to it. This guarantee is designed to protect you if your income changes during the policy **term**, or if your salary doesn't keep up with any Increasing Cover.



Example: Maximum Benefit Guarantee

When you took out your policy, your **gross income** was £60,000 a year, meaning the **maximum benefit** you could've applied for was £3,250 a month. You chose to take the highest **monthly benefit** available.

When you make a claim, if your **gross income** is now £55,000 a year, the **maximum benefit** we'd normally pay would be £2,979 a month. But as this is within 10% of your **monthly benefit**, we'll actually pay your full **monthly benefit**, before any deductions for **continuing income**.

If your **gross income** is now £50,000 a year, the **maximum benefit** we'd normally pay would be £2,708 a month. As this is not within 10% of your **monthly benefit**, you wouldn't qualify for the Maximum Benefit Guarantee and we'd assess the claim based on your £50,000 income.

Minimum Benefit Guarantee



If you become **unable to work** due to illness or injury and you don't qualify for the Maximum Benefit Guarantee, we still guarantee you a minimum benefit.

If your monthly benefit is higher than £1,500 a month

We'll use the **maximum benefit** to work out how much we can pay you based on your **gross income**. If the **maximum benefit** calculation results in a benefit that's lower than £1,500, we'll still guarantee to pay you £1,500, less any **continuing income**.

If your monthly benefit is lower than £1,500 a month

We'll pay your **monthly benefit**, less any **continuing income**.

If you're a **doctor, surgeon** or **dentist**, we'll increase the guarantee to £3,000 a month.

Key points

- To be eligible for this benefit, you must be either self-employed and working at least 16 hours a week, or employed and working at least 25 hours a week at the time you become **unable to work**.
- If you have Increasing Cover and make a claim and we apply the Minimum Benefit Guarantee, the benefit we pay you during your claim can't increase beyond £1,500 a month, or £3,000 if you're a **doctor, surgeon** or **dentist**.
- We'll ask for evidence of your **gross income** at the time when you took out your policy if we assess your claim using the Minimum Benefit Guarantee.
- You can't over insure yourself when you first take out your policy or make changes to it. This guarantee is designed to protect you if your income changes during the policy **term**, or if your salary doesn't keep up with any Increasing Cover.



Example 1: Minimum Benefit Guarantee

You take out a policy when your **gross income** is £36,000 and decide to take the highest **monthly benefit** you can of £1,950 a month.

When you come to claim, your **gross income** has dropped to £24,000.

Based on this lower income, the most we'd normally pay based on the **maximum benefit** would be £1,300 a month. But, as this is below the Minimum Benefit Guarantee, we'll actually pay £1,500 before any deductions for **continuing income**.

Example 2: Minimum Benefit Guarantee

You take out a policy when your **gross income** is £24,000 and decide to take the highest **monthly benefit** you can of £1,300 a month.

When you come to claim, your **gross income** has dropped to £18,000.

Based on this lower income, the most we'd normally pay based on the **maximum benefit** would be £975 a month. But, as this is below the Minimum Benefit Guarantee, we'll actually pay £1,300 before any deductions for **continuing income**.

Medical Professions Sick Pay Guarantee



If you've chosen a 52 week **deferred period** and are employed by the NHS and meet our definition of a **doctor, surgeon, dentist, nurse or midwife**, we'll start paying you half of your **monthly benefit** when your sick pay reduces. When your sick pay ends, we'll pay your full **monthly benefit**.

This is an alternative to the **deferred periods** detailed on page 12.

This guarantee also applies if you're a **doctor, surgeon, dentist, nurse or midwife** working outside the NHS, and your employer follows the NHS sick pay structure.

The table below shows how much sick pay you get based on your length of service and how much we'll pay.

Length of service	NHS full sick pay entitlement	NHS half sick pay entitlement	Sick pay guarantee 50% of the monthly benefit is payable after	Sick pay guarantee Full monthly benefit is payable after
0 – 1 years	1 month	2 months	1 month	3 months
1 – 2 years	2 months	2 months	2 months	4 months
2 – 3 years	4 months	4 months	4 months	8 months
3 – 5 years	5 months	5 months	5 months	10 months
Over 5 years	6 months	6 months	6 months	12 months

Key points

- This guarantee only applies to your **gross income** which is subject to the NHS sick pay structure.
- We won't deduct any income you receive which matches the NHS sick pay when we work out the benefit we can pay. However, we'll deduct any other **continuing income** from the total income you get from all sources, including income from private practices, General Practitioners or Dental partnerships or any other healthcare business.
- If you choose any **deferred period** other than 52 weeks, you won't qualify for the sick pay guarantee.
- This guarantee will only apply if you're employed as a **doctor, surgeon, dentist, nurse or midwife** at the time you become ill or injured.

Sabbatical Cover



If you're employed and decide to take a sabbatical break of up to 12 months from your job, you can continue paying your **premiums** and we'll cover you as if you were still working.

You don't need to tell us if you decide to take a sabbatical but if you need to claim, we'll need evidence of when your sabbatical started and that you had a guaranteed job to return to following your sabbatical.

Key points

- You must continue to pay your **premiums** during your sabbatical.
- You can't take a sabbatical in the first year of your policy, or the first year of starting a new job.
- We allow you to take multiple 12 month sabbaticals during your policy **term**. However, you must return to work for at least 12 months before taking another sabbatical.
- If you become **unable to work** due to illness or injury and you've been on sabbatical for more than 12 months, or you can't give us the evidence we need - for example, evidence of a guaranteed job to return to, you'll be assessed against the House Person Benefit - see page 17 for details.
- This benefit won't apply if you're self-employed.

Waiver of Premium



You don't need to pay the **premiums** for your policy while we're paying you a benefit.

If you notify us of your claim during the **deferred period**, we'll put you in touch with a claims specialist who'll 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.

Key points

- If you don't agree to the steps we recommend, we'll stop collecting **premiums** 13 weeks from the date of your **inability to work** or at the end of your **deferred period**, whichever comes first.
- Your **premiums** will be suspended until the end of your claim. This will either be when:
 - you're no longer **unable to work**, or
 - there is no longer a loss of **gross income**, or
 - you've reached the end of your limited term benefit claim period, or
 - you die.

Maternity, Paternity and Adoption Benefit



If you go on maternity, paternity or adoption leave and you become **unable to work** due to illness or injury during this period, your claim will be based on the same **occupation** you were doing and **gross income** you were earning before the leave began.

Key points

- There's no need to tell us if you go on maternity, paternity or adoption leave, unless you make a claim.
- Your claim will be considered, as long as:
 - for maternity and paternity leave – your **inability to work** starts within 12 months of the date of the child's birth
 - for adoption leave – your **inability to work** starts within 12 months of the date of adoption.

Own Occupation Guarantee



If you become **unable to work** due to illness or injury between jobs, and you left your last job within the last three months, we'll assess your claim based on your previous **occupation** and **gross income**.

Key points

This benefit won't apply if:

- you were working less than 16 hours a week in your last job if you were self-employed or less than 25 hours a week if you were employed
- you become **unable to work** due to illness or injury and left your last job more than three months ago.

House Person Benefit



If at the point you become ill or injured you haven't done any paid work in the last three months, and don't meet our requirements for Sabbatical Cover or Maternity, Paternity and Adoption Benefit, you may still be able to claim House Person Benefit.

We'll pay the lower of

- the **monthly benefit**, or
- £1,500 a month (subject to any deductions for **continuing income**).

Special conditions

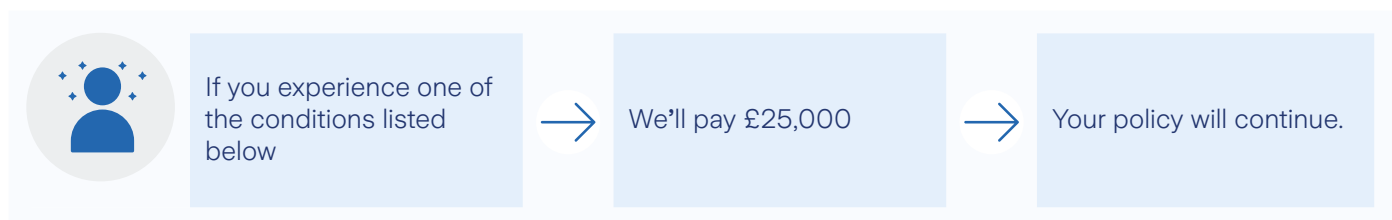
To be eligible, you must be unable to perform at least three of the following six activities of daily living – without the continual assistance of another person, even with the use of assistive or corrective aids or appliances and having taken any appropriate prescribed medicine:

- **walking** - the ability to walk more than 200 metres on a level surface
- **climbing** - the ability to climb up a flight of 12 stairs and down again, using the handrail if needed
- **lifting** - the ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table
- **bending** - the ability to bend or kneel to touch the floor and straighten up again
- **getting in and out of a car** - the ability to get into a standard saloon car, and out again, including being able to unlock and operate the door latches and locks
- **writing** - the manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.

6.2 Additional benefits – Only available on Zurich Income Protection Enhanced

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

Trauma Benefit



Key points

This benefit can only be paid once over your policy **term** and will be in addition to any other benefit you claim.

Conditions covered

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

Blindness – permanent and irreversible

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.

Brain Injury - resulting in permanent symptoms

Death of brain tissue due to traumatic injury or reduced oxygen supply (anoxia or hypoxia) resulting in **permanent neurological deficit with persisting clinical symptoms**.

Deafness – permanent and irreversible

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.

Loss of hand or foot – permanent physical severance

Permanent physical severance of a hand or foot at or above the wrist or ankle joints.

Loss of speech – total, permanent and irreversible

Total, **permanent** and irreversible loss of the ability to speak as a result of physical injury or disease.

Paralysis of limb - total and irreversible

Total and irreversible loss of muscle function to the whole of any limb.

Total and permanent loss of ability to live independently

Total and **permanent** loss of the ability to perform at least three out of the following six activities – without the continual assistance of another person, even with the use of assistive or corrective aids or appliances and having taken any appropriate prescribed medicine:

- **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 a Trauma Benefit claim

- your symptoms were present before you took out Zurich Income Protection Enhanced
- your 'Confirmation of terms' shows you have an **exclusion** for the condition
- you're living abroad and don't get a diagnosis in one of the countries we accept (see section 15 for details).

Hospital Stay Benefit



If you're admitted to hospital as an inpatient for seven consecutive nights or more due to an illness or injury



We'll pay you £150 a night from the seventh night and subsequent nights



Your policy will continue.

Key points

- You must be in hospital for seven consecutive nights or more before the benefit commences.
- 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 nights across the **term** of your policy.



Example: How Hospital Stay Benefit works

If you're in hospital for a total of ten consecutive nights, we'll pay you £150 a night for the seventh night and subsequent nights so you'd get £600 for the last four nights.

When we won't pay a Hospital Stay Benefit claim

- If the cause of the claim arises from the circumstances detailed in any specific **exclusions** listed in your 'Confirmation of terms'.
- If the cause of the claim arises from an elective medical procedure, such as cosmetic surgery, or anything that is not medically recommended.

Funeral Benefit



If you die during the policy **term**



We'll pay £10,000



Your policy will end.

When we won't pay a Funeral Benefit claim

If you die as a result of suicide or intentional self-inflicted injury within 12 months of the policy **start date**.

6.3 Additional benefits

Your 'Confirmation of terms' will show what benefits you've chosen.

Zurich Accelerate



You can only include this benefit if you don't already have it on any other policy with Zurich. Zurich Accelerate can be added when you start your policy or at a later date, up to the day before your 60th birthday subject to your **personal circumstances** at the time. If you select Accelerate you must have online access as all communications relating to an Accelerate claim will be made online.

You can remove the Accelerate benefit at any time. Otherwise, it will continue until either:

- your policy ends, or
- you become non-**UK** resident for tax purposes.

The **premium** for Accelerate is reviewable so may change in future if there is a change in the cost of providing the services or the rate of Insurance Premium Tax.

We'll always give you as much notice as possible of any changes to **premiums**.

Accelerate gives you and your children access to quick diagnosis and the best international treatments for cancer, heart and neurological conditions along with bone marrow and live donor transplants. It includes the following services:

Virtual Consultant – Initial consultations with a consultant following a GP referral for heart, cancer or neurological conditions

Private Diagnostics Plus – Quick referral to a private **UK** diagnostic centre for tests to diagnose your condition, and determine treatment options and plans

Second Medical Opinion – Expert medical opinion on your diagnosis or treatment plan from a heart, cancer, neurological or transplant consultant

Precision Cancer Medicine – Genetic profiling of cancer to create a personalised treatment plan for you

Cancer Clinical Trial Support – Support to identify, apply to, and attend a clinical trial if you ever need to

Global Treatment Plus – Treatment for cancer, heart surgery, neurosurgery or transplants at non-**UK** hospitals

Accelerate benefits are administered by the Further Group with all claims made online through their Trusteddoctor platform. Full details can be found in the Accelerate Policy wording and Insurance Product Information Document.



Multi-Fracture Cover



You can only include this benefit if you don't already have it on any other policy with Zurich. Multi-Fracture Cover can only be added when you start the policy and can't be added at a later date. It can be removed at any time.

If you fracture a bone, dislocate a joint, rupture or tear a tendon or ligament, included in our list of injuries on the following page



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



Your policy will continue.

You can claim for more than one injury as part of a single claim and there's no limit to the number of claims you can make during the **term** of the policy. The maximum amount we'll pay in any **policy year** is £6,000.

If the accident or injury results in fractures to more than one bone in either your Facial and Jaw bones, a Hand, a Foot, a Wrist or your Ribs, we'll treat these fractures as a single injury and not multiple injuries. We show how this works in practice in the following examples.



Examples of how Multi-Fracture Cover works for multiple injuries

1. You trip and break both your nose and jaw – we'll treat this as a single injury as both bones are in the facial and jaw bones definition and pay £2,000.
2. You fall off your bike fracturing your collar bone and several ribs – we'll treat the broken collar bone as a single injury and the broken ribs as a single injury and pay £4,000.
3. A heavy item drops breaking multiple bones in both your feet – we'll treat this as two separate injuries and pay £4,000.



Example: How Multi-Fracture Cover works for dislocations

If you fall and dislocate your shoulder and it's able to be treated and relocated at the scene of the accident without anaesthesia or sedation – we won't pay.

If as a result of the accident, you're taken to hospital to relocate your shoulder with the use of anaesthesia or sedation, we would pay the claim.



Example: How Multi-Fracture Cover works

You have a Life Cover policy with a sum assured £80,000 and you've chosen to add Multi-Fracture Cover to your policy. You break your collar bone while ice skating and we pay out £2,000. Three months later you rupture your Achilles tendon playing volleyball and you make a claim. The maximum payment for this injury is £6,000, however, as both claims are in the same policy year we'll only pay out a further £4,000, as the annual limit for claims under Multi-Fracture Cover is £6,000.

If you have an injury after the end of that policy year, you could claim again. Your Life Cover sum assured remains unchanged, so if you were to die during the term of the policy, we would pay out £80,000.

The definition of specific bones covered within the Facial and Jaw bones, Hand, Foot, Wrist and Ribs are listed on the following page.

Special conditions for Multi-Fracture Cover

When we won't pay a Multi-Fracture Cover claim:

- the fracture is classified as fatigue, hairline, stress, avulsion, chip, or microfracture
- the dislocation is relocated without the use of regional, local, spinal or general anaesthesia or sedation
- the injury occurs as a result of osteoporosis
- the injury is self-inflicted
- the fracture, dislocation or rupture occurs within 12 months of the date of a previous injury to the same bone, joint, tendon or ligament
- the injury occurs as a result of a cosmetic surgical procedure
- your main **occupation** is a professional or semi-professional sportsperson
- the injury occurs by participation in any sport where you're paid or get compensated in another way to take part
- the injury relates to taking part in, or training for, any of the following sports or pursuits;
 - rugby, Gaelic football or American football
 - boxing, combat sports, martial arts or cage fighting
 - hockey, lacrosse, hurling or shinty
 - horse riding, horse jumping or polo
 - motorcar or motorcycle sport
 - BMX biking, mountain biking, rollerskating or skateboarding
 - skiing or snowboarding
 - extreme sports, for example, but not limited to, base jumping, parkour
 - rock climbing, mountaineering, caving, potholing or abseiling
 - private flying, paragliding, gliding or parachuting.
- 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 15.6 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, including radiological evidence where available, from a **doctor** or **surgeon** confirming full details of the fracture or injury. We reserve the right to get other imaging or objective evidence to confirm the claim.

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

If you have Multi-Fracture Cover on more than one policy, we will only pay out the benefit on the earliest policy and will remove the benefit on your newer policy and refund any **premiums**.

The table below shows a full list of what we cover and how much we'll pay.

Condition	£6,000	£4,000	£2,000
<p>Fracture The specified fractures are covered unless the fracture is classified as avulsion, fatigue, stress, hairline, chip, or microfracture. Fractures of sesamoid bones are not covered.</p> <p>If the accident or injury results in fractures to more than one bone in either your Facial and Jaw bones, a Hand, a Foot, a Wrist or your Ribs, we'll treat these fractures as a single injury and not multiple injuries.</p>	<ul style="list-style-type: none"> • Skull: <ul style="list-style-type: none"> – cranium only (excluding facial bones and jaw bones) • Upper leg/hip: <ul style="list-style-type: none"> – femur • Knee: <ul style="list-style-type: none"> – patella • Lower leg/ankle: <ul style="list-style-type: none"> – tibia – fibula – talus • Pelvis: <ul style="list-style-type: none"> – ilium (excluding ramus) 	<ul style="list-style-type: none"> • Upper arm: <ul style="list-style-type: none"> – humerus • Lower arm: <ul style="list-style-type: none"> – radius – ulna • Wrist: <ul style="list-style-type: none"> – distal radius – distal ulna – carpal bones • Spine: <ul style="list-style-type: none"> – vertebra – cervical – thoracic – lumbar – sacrum – coccyx (excluding injury to the spinal discs) 	<ul style="list-style-type: none"> • Ribs • Collar bone: <ul style="list-style-type: none"> – clavicle • Facial and jaw bones: <ul style="list-style-type: none"> – zygomatic – mandible – maxilla – nasal – lacrimal – palatine – vomer – inferior nasal concha • Shoulder blade: <ul style="list-style-type: none"> – scapula • Breast bone: <ul style="list-style-type: none"> – sternum • Hand: <ul style="list-style-type: none"> – metacarpal (excluding all digits (phalanges)) • Foot: <ul style="list-style-type: none"> – metatarsals – cuneiform – cuboid – navicular – calcaneus (excluding all digits (phalanges))
<p>Dislocation All joints are covered for dislocation except fingers, thumbs and toes (phalanges).</p> <p>This is defined as the displacement of bone from its normal position at the joint requiring either regional, local, spinal or general anaesthesia or sedation.</p>	<ul style="list-style-type: none"> • Spine: <ul style="list-style-type: none"> – vertebra – cervical – thoracic – lumbar – sacrum – coccyx (excluding injury to the spinal discs) • Hip • Knee: <ul style="list-style-type: none"> – joint – patella • Ankle: <ul style="list-style-type: none"> – tibiotalar joint or subtalar joint 	<ul style="list-style-type: none"> • Shoulder • Elbow • Wrist 	<ul style="list-style-type: none"> • Jaw • Middle ear bones: <ul style="list-style-type: none"> – ossicular chain disruption
<p>Achilles tendon rupture This covers the rupture or complete tear of the Achilles tendon.</p>	<ul style="list-style-type: none"> • Achilles tendon 		
<p>Knee ligament rupture This covers the rupture or complete tear of a cruciate knee ligament.</p> <p>Partial tears, and tears to collateral knee ligaments are not covered.</p>	<ul style="list-style-type: none"> • Knee: <ul style="list-style-type: none"> – anterior cruciate ligament (ACL) – posterior cruciate ligament (PCL) 		

7. Your commitment

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 given in a previous application, it must be given again. If you don't answer the questions correctly the 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 someone other than you records your answers, you must make sure the recorded answers accurately reflect what you've said. Our decision to offer a policy, and the terms of that policy, 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 applying for the cover and the policy **start date**, it's important you let us know as soon as possible.

As part of our routine checks on the accuracy of the information that has been given to us, we may use the permission you gave us, when applying for your policy, to access your medical records to obtain information for up to six months after your policy has started. If you withdraw your consent, we'll cancel your policy.

If our routine checks find incorrect information, or if you don't tell us about something that's incorrect or changes before the policy **start date**, the 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 benefits will be given.

Following our routine checks we may need to amend the terms of your policy and/or your **premium** to continue to keep you covered. We'll issue a new 'Confirmation of terms' and you'll have 30 days to decide whether or not you want to accept it. If you make a claim during this time, we'll take into account any additional information we get as part of our routine checks. If you decide not to accept the new 'Confirmation of terms', we'll need to end your policy. If we do this from 30 days after your policy **start date**, we won't refund any paid **premiums**.

If we need to cancel your policy following our routine checks, we'll let you know and refund any **premiums** you've already paid.

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 15.5 for more details.

If you want to cancel

You can tell us you no longer want your policy 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 under your policy.

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 under your policy. Any **premiums** you've already paid will not be refunded and your policy will continue until the end of the period you've already paid for.

You can contact us to cancel using the contact details in section 15.1 'How to contact us'.

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 10.3). For more information on how to make a claim, please see section 10.

8. Changes you can make to your policy

The changes you can make to the policy options and benefits on your policy are set out below. If you want to make any of these changes, please contact your adviser.

Any changes you make will only come into effect from your next **premium due date**. Any changes to your **premiums** will also be effective from the same date.

Depending on the change being made, we may ask you for details of your **personal circumstances** to check if we're willing to change your policy.

If you want to make any other changes to your policy that are not covered below, please contact us using the contact details on page 33.

8.1 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 able 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.

To use this option, you must be 59 years old or younger.

Milestone benefit

Your policy may include 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 included in the table. You must be 54 years old or younger to use this benefit and your policy must have at least 12 months remaining. You don't need to tell us about any other changes in your **personal circumstances**.

The standard maximum increase to your **monthly benefit** using the milestone benefit is:

- the lower of half of your original **monthly benefit** or £833 a month
- up to £1,666 a month if your salary has increased by more than 20% since the **start date** of the policy. This increase can be made only once during the policy **term**, and you must be in full time employment at the time.

The overall maximum you can increase your **monthly benefit** to is the lower of £20,000 a month or the **maximum benefit** based on your current income. This limit applies to all similar policies you hold.

If you've already used the milestone benefit on another policy with us, you can't use it on this policy. This benefit may also be referred to as the "Guaranteed Insurability Option" or "Special Event Benefit" in other policies.

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.

Milestone	What documents do we need to see?
Marrying or entering into a civil partnership.	Marriage or civil partnership certificate.
Divorcing, dissolving a civil partnership, or separation.	Decree absolute, final order or dissolution order. Alternatively, for separation, evidence of a transfer of mortgage, new mortgage, or evidence of separate addresses.
Becoming the natural parent of a child or adopting a child .	Birth or adoption certificate.
Increasing your mortgage to purchase your home, move house, or improve your main home. If using this significant life event, the most you can increase your monthly benefit by is the increase in your monthly payments.	One of the following: Solicitors confirmation of completion letter or lenders confirmation of drawdown of the loan/mortgage.
Increasing your annual gross income by 10% or more after a promotion or change of occupation .	Evidence of the promotion or change in job and increased annual gross income as well as evidence of your previous gross income .
Increasing your annual gross income by 20% or more since the start of the policy. This does not apply if you're self employed or if you're employed by a business where you, or a family member, is the owner, director or partner in the company. Family members include a husband, wife, civil partner, parent, child, brother, sister or any other relative by blood or marriage.	Copy of payslips evidencing the increase in annual gross income as well as evidence of your previous gross income .
Increase: <ul style="list-style-type: none"> to your rental payments imposed by your landlord, or to your rental payments when you move to a new rental property, or in your payments when you change from rental payments to mortgage payments, or in your payments when you change from mortgage to rental payments. <p>If using this significant life event, the most you can increase your monthly benefit by is the increase in your monthly payments.</p>	Evidence of the new rental or mortgage agreement and your previous rental or mortgage amount.

8.2 Reducing your monthly benefit

Requested reduction

If you want to reduce 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** don't go below the minimum **premium** amount, as shown in section 5.

See section 8.1 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 from your next **premium due date**.

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. This is a different benefit to Sabbatical Cover which is detailed on page 15.

A career break lets you reduce your **monthly benefit** temporarily to as little as £250 a month (subject to our minimum **premium** – see section 5) for up to 12 months. 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 give 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 **monthly benefit** 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 while you're **unable to work**. You won't be able to raise your **monthly benefit** and **premiums** back to their previous levels until you're fit to work again and have returned to your job.

8.3 Changing your policy term

Increasing your policy term

If you want 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 11 for details of maximum ages and **terms** available.

To use this option you must be 59 years old or younger.

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 policy **term**.

8.4 Changing your claim period

You can change your policy from a limited term benefit period to a full term benefit period, as long as you haven't yet made a claim against your policy and it has at least five years remaining. 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.

To use this option, you must be 59 years old or younger.

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

8.5 Removing the Increasing Cover option

If you've chosen Increasing Cover but want to change to Level Cover (see 'Level or Increasing Cover' on page 10), 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.

8.6 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.

To use this option, you must be 59 years old or younger.

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 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.

To use this option, you must be 59 years old or younger.

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

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.

To use this option, you must be 59 years old or younger.

If the new **deferred period** is longer than your existing **deferred period**, we'll recalculate your **premium** to reflect this change.

8.7 Adding or removing additional benefits from your policy

Zurich Income Protection Enhanced and Multi-Fracture Cover can only be added when you start your policy and can't be added at a later date. You can remove either benefit at any time.

Zurich Accelerate can be added or removed at any time throughout the **term** of the policy. The ability to add Zurich Accelerate is dependent on availability at the time. If you want to add it we'll ask you about any changes in your **personal circumstances** to see if we're willing to offer you this.

If you remove an additional benefit, we'll reduce your **premium** to reflect these changes to your policy.

8.8 Reviewing your smoker status

When we work out the **premium** for your policy, one of the factors we use to determine the **premium** you pay is whether you use or have used tobacco or nicotine products.

If, since the start of the policy, you've stopped using tobacco or nicotine products 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 able to do this.

If we can alter the status, we'll work out your new **premium** based on your latest **personal circumstances** at the time you change your cover.

9. Paying your premiums

9.1 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 policy using the options detailed in section 8
- you've chosen Increasing Cover
- we get additional information regarding your application and your terms are changed because of this (see further details in section 7)
- you've selected Zurich Accelerate and we change the Accelerate **premium**.

If you do make a change to your policy, 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 1st January 2025, our minimum **premiums** are £5 a month or £50 a year (not including any **premium** you may also be paying for Zurich Accelerate, Multi-Fracture Cover and Zurich Income Protection Enhanced).

9.2 How you can pay

We'll collect your **premiums** by direct debit. You can choose whether to pay monthly or annually when your policy starts. You're unable to change this later. If your policy runs to a specific birthday or you select Zurich Accelerate, 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 a benefit, your **premiums** will be suspended. Payments to your policy will restart when we stop paying you a benefit.

9.3 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 ten 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're due. This won't affect your policy or the amount of **premium** that you pay. You can change your **premium collection date** at any time.

9.4 If you don't pay your premium

If you don't pay a **premium** on the **premium collection date**, we'll write to remind you and tell you the next steps to ensure your policy continues.

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 under your policy. 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 or been cancelled – if you change your mind, you'll need to apply for a new policy.

10. 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.

Your policy may not include all the benefits listed throughout this document. You should check your 'Confirmation of terms' to see what you're covered for before making a claim.



Call us on

0370 240 0073

Monday to Friday 9am to 5pm
(excluding bank holidays).

We may record or monitor calls to improve our service.



Visit us online

Go to the **customer portal** at

www.zurich.co.uk/customer-portal

or the Zurich website at

www.zurich.co.uk/life-insurance/claim

Email us at

zurichmulticlaims@uk.zurich.com



Making a claim on Zurich Accelerate

Zurich Accelerate is an online service and you'll need to claim through your Trusteddoctor account.

If you want to make a claim for Accelerate, and have already registered for Trusteddoctor, login at www.trusteddoctor.com/zurich-accelerate.

If you haven't registered yet, please follow the instructions in the Welcome to Accelerate email we sent when your policy started. If you need help, you can get in touch with Trusteddoctor using the 'chat' feature on their login page.

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

If you provide false or inaccurate information and fraud is identified, the matter will be investigated and appropriate action taken. Your policy will be cancelled. It may also result in your case being referred to the Insurance Fraud Enforcement Department (IFED) or other police forces and fraud prevention agencies. You may face fines or criminal prosecution. In addition, Zurich may register your name on the Insurance Fraud Register, an industry-wide fraud database.

10.1 How we assess your claim

We'll send you a claim form to complete along with a consent form so we can contact your **doctor** and any other relevant third parties, such as an employer or other insurance company. If we issue your claim form electronically this typically speeds up the process but we can also send claim forms via email or post.

Once we've got the completed form, we'll phone you to discuss your claim in more detail. We'll talk you through the process and confirm any other information we may need.

10.2 Information we'll need

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

- medical evidence
- evidence of **gross income**
- details of your **occupation**
- evidence of your diagnosis if claiming Trauma Benefit
- evidence of hospitalisation if claiming Hospital Stay Benefit
- evidence of death and entitlement to claim if claiming Funeral Benefit.

10.3 When you should notify us

Please notify us of your claim at the earliest opportunity so we can start requesting the evidence we need to assess your claim.

After we're notified of a claim, we gather the medical and financial evidence we need. There can be delays in:

- GPs or physicians sending us medical reports
- arranging medical examinations and receiving reports
- third parties such as your accountant or employer sending financial information.

If there are delays in us receiving medical or financial evidence to assess your claim, this can impact our ability to start paying you at the end of your **deferred period**. This is most likely to impact policies with shorter **deferred periods**. If this happens, we'll make any payments due from the end of the **deferred period** as a one-off payment once we've assessed and agreed your claim. We reserve the right to start a claim from point of notification if you have taken an unreasonable amount of time to notify us of your claim.

If you notify us of a claim during the **deferred period**, we'll put you in touch with a claims specialist who'll assess your claim and agree the next steps with you. If you follow these steps, we'll stop collecting **premiums** from the date you notified us.

11. Minimum and maximum ages and terms

This table shows the minimum and maximum age you can be to start a policy, and the maximum age you can be when the policy ends. For example if the age is shown as 59, it means before your 60th birthday.

Type of cover	Minimum age at start date	Maximum age at start date	Maximum age at end of term	Minimum term	Minimum age at end of term	Maximum term
Income Protection	18	59	69	5 years	50	52 years
Income Protection Enhanced						
Additional benefits which can end before the main cover						
Zurich Accelerate	18	59	69	-	-	-
Multi-Fracture Cover						

12. Changes we can make to the terms and conditions

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 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're 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 doesn't 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're told we must not pass these onto our customers)
- if, in our reasonable opinion, we're 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'll 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**.

Zurich Accelerate has its own Policy wording and circumstances for when we can make changes to the product or **premium**.

13. 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'll 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've given 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.

14. Law

The policy is governed by the law of England. Your contract will be in English and we'll always write and speak to you in English.

We'll 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.

15. Other information

15.1 How to contact us

**Call us on**

0370 850 5682

Monday to Friday 9am to 5.30pm
(excluding bank holidays).

We may record or monitor calls to
improve our service.

**Write to us at**

Zurich Customer Services
Protection Operations
PO Box 4157
Swindon
SN4 4QB

Email us at

life.service@uk.zurich.com

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.

15.2 How to complain

If you need to complain, please contact us using the details above.

You can ask us for details of our complaint handling process. If you're 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're free to go to court instead if you wish.

15.3 Compensation

We're 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 policy continues rather than pay compensation.

For details of the compensation arrangements that apply to Zurich Accelerate, please see the Zurich Accelerate Policy Wording.

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

15.4 Data protection

Zurich 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'd like another copy.

15.5 Moving abroad

This policy is designed for customers who are resident in the **UK**.

You 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 **UK** 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're 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. This is to ensure we can maintain our customer records and check your policy options are still available.

15.6 Living abroad

If you make a claim, 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'll 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 and manage the claim. If necessary we may need you to consult and be examined by a doctor of our choice to confirm the diagnosis. We'll always act reasonably when reviewing evidence to support a claim.

15.7 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'll fully disclose it to you in line with our policy.

15.8 Interpretation

In these terms and conditions, where the context requires, words in the singular include the plural and vice versa.

15.9 Our regulator

Zurich Assurance Ltd is an insurance company. We're authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority. We're entered on the Financial Services register under number 147672. This is on the website www.fca.org.uk. You can phone the FCA free from a landline on 0800 111 6768.

16. 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.

Technical or legal term	Meaning
benefits in kind	A non-cash benefit you get as part of your employment such as a company car, private healthcare or subsidised accommodation. These will be shown on form P11D.
child	<p>The natural, step, legally adopted, under legal guardianship and/or future child of you or your partner.</p> <p>A child born from surrogacy shall be treated as a child within this definition once the legal parenthood has been transferred to you through a parental order or through legal adoption.</p>
continuing income	Continuing income is other income you get after your deferred period , which we'll deduct from the maximum benefit . This can effect the benefit we pay you. It's defined in section 5 on page 7.
customer portal	The online portal where you can find details of your policy and any communications we send to you.
deferred period	<p>The amount of time you have to wait after you become unable to work due to illness or injury before we start paying you the monthly benefit. No monthly benefit is payable during the deferred period.</p> <p>If we agree to pay your claim, when you reach the end of your deferred period we'll start paying your monthly benefit, subject to the maximum benefit and any deductions for continuing income. You'll get this monthly, at the end of each month. If your claim starts or ends part way through a month we'll pay part of the monthly amount based on the number of days you're eligible to claim.</p>
dentist	A dentist registered, or provisionally registered, with the General Dental Council and licensed to practice in the UK .
doctor	A doctor registered, or provisionally registered, with the General Medical Council and licensed to practice in the UK .
employment contract	<p>A contract of employment relating to a job you've started in the last 12 months. This only includes your guaranteed income – for example, your basic salary and excludes any performance related commission, bonuses or other company benefits that are not guaranteed.</p> <p>At claim you must give evidence of the employment contract which we may verify with your employer.</p>
exclusion, exclusions	This removes our obligation to pay the monthly benefit or other policy 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'.

Technical or legal term	Meaning
gross income	<p>Employed income</p> <p>Your pre-tax income for PAYE assessment purposes as detailed on your P60 or payslips.</p> <p>Benefits in kind you get that won't continue to be paid during the period when you're unable to work.</p> <p>Income received in the form of dividends on the basis that:</p> <ul style="list-style-type: none"> • they represent your share in the business, and • would stop following your inability to work, and • the dividend is consistent with the companies regular trading position and doesn't exceed your share of the typical net profit over the earnings period used to assess your claim. <p>Dividend income paid to your spouse, civil partner or cohabiting partner on the basis that:</p> <ul style="list-style-type: none"> • they're a shareholder in the business, and • they don't generate any profit for the business, and • their dividend would stop upon your inability to work, and • they haven't insured their share of the dividend through another income protection policy. <p>If your spouse, civil partner or cohabiting partner takes over the running of the business when you're unable to work this could impact the monthly benefit we pay you. In certain circumstances, we may insist that they don't take over the running of the business.</p> <p>We'll assess your claim using your gross income in the 12 months immediately before your inability to work, unless you've started a new job in the last 12 months, in which case we can assess your claim using your salary as per your employment contract. We won't use this method if it results in a lower maximum benefit than if we were to assess your last 12 months gross income, or if you're in a position to decide the amount of your own gross income – for example, a company director.</p> <p>If you're a company director, we may use an average of your last 36 months gross income at the time of the claim if it better reflects your typical income. For example, if you were diagnosed with a worsening condition and continued to work but earned less. Medical evidence would be needed to support the income drop during this period.</p> <hr/> <p>Self employed income</p> <p>Your share of the annual pre-tax profits of your business as evidenced in your most recent Self-Assessment tax return, and profit and loss accounts.</p> <p>We'll assess your claim based on your gross income in the 12 months immediately before you became unable to work. If it better reflects your typical income, we may use an average of your last 36 months gross income. For example, if you were diagnosed with a worsening condition and continued to work but earned less. Medical evidence would be needed to support the income drop during this period</p> <hr/>
inability to work, unable to work	<p>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.</p> <hr/>

Technical or legal term	Meaning
maximum benefit	The maximum amount you could be entitled to at point of claim based on your gross income at that time.
midwife	A midwife registered, or provisionally registered, with the Nursing & Midwifery Council.
monthly benefit	The amount of benefit you choose to be covered for each month and is subject to the maximum benefit payable, and deductions for continuing income .
non smoker	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 more than five years ago or has never smoked or used any nicotine products, including e-cigarettes or nicotine replacement products.
nurse	A nurse registered, or provisionally registered, with the Nursing & Midwifery Council.
occupation	A trade, profession or type of work undertaken for profit or reward. It's not a specific job with any particular employer and is independent of location.
own occupation	The occupation you're doing at the start of your policy, which the premiums you'll pay will be based on unless you alter the policy in line 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 unable to work .
permanent	Expected to last throughout your life.
permanent neurological deficit with persisting clinical symptoms	<p>Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout your life.</p> <p>Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.</p> <p>The following are not covered:</p> <ul style="list-style-type: none"> • an abnormality seen on brain or other scans without definite related clinical symptoms • neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms • symptoms of psychological or psychiatric origin.
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 .
premium, premiums	The monthly or annual amount you pay for your policy.
premium collection date	The day of the month you choose for your premiums to be collected.
premium due date	<p>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.</p> <p>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.</p>

Technical or legal term	Meaning
previous smoker	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 over 12 months ago but less than five years ago.
Retail Prices Index (RPI)	A measure of inflation in the UK 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 UK . If you've chosen to have your monthly benefit increase by RPI , your monthly benefit 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 monthly benefit will not change if there's been a fall, or no increase, in the index over this period.
smoker	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 policy starts.
surgeon	A surgeon registered, or provisionally registered, with the General Medical Council and licensed to practice in the UK .
term	The length of time your policy will last. You can select to have the policy run for a set number of years, or until you reach a certain age.
UK	The United Kingdom of England, Northern Ireland, Scotland and Wales but for the avoidance of doubt excluding the Channel Islands and the Isle of Man.
UK resident	Someone who is habitually resident in the 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.

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