

Critical Illness policy

Nottingham Trent University

- Critical illness insurance provides a lump sum benefit to a member when they are diagnosed with one of the defined medical conditions or undergo one of the surgical procedures (which we call critical illness events). The list of critical illness events and their definitions is contained in the user guide
- Pre-existing medical conditions are excluded from cover. The pre-existing conditions and how they apply are explained in the user guide
- The number of events covered is dependent upon whether Base cover or Base and Extra cover has been chosen. The choice of cover is shown in the coverage section
- Benefits become payable if a member survives for 14 days following their critical illness event. We call this the survival period

A member may be an employee, equity partner, barrister, or member of a Limited Liability Partnership, who meets the eligibility conditions shown in the coverage section. The detailed terms concerning members are contained in the user guide.

- Eligible employees can choose whether to join the policy
- We can also provide cover for a member's spouse or partner
- Members' children are automatically covered for 25% of the member's benefit to a maximum of £25,000

This Critical Illness policy has two parts:

1. This **coverage** document, which contains the key terms of the policy and the cover choices you have made
2. The **[user guide](#)** UP845 08-2019 which contains the **general terms** of the policy and also tells you how the insurance works in day to day practical terms

The coverage and the general terms within the user guide together form the contract between us - this is known as the policy.

Policy coverage

Key terms

The member will be entitled to the benefits shown in the coverage section when they or their insured spouse, partner or child has one of the covered critical illness events and survives 14 days. Membership and benefits are explained in the coverage section which sets out your choice of the following:

Who is covered?

You decide the eligibility conditions for membership. If you have chosen more than one category of membership the terms applying to each category are shown.

When does cover begin and end?

- The policy begins on the date you choose, this is called the start date
- New members are covered from the date shown in each category
- Cover will end on the date you have chosen as the cover cease age or earlier in some circumstances, described in the user guide
- Cover for a member's spouse or partner will end when:
 - Cover for the employee ceases, as described in the user guide
 - The employee's spouse or partner attains the cover cease age
 - They cease to be their spouse or partner (e.g. through divorce or separation)
- The user guide also explains the circumstances when the policy may terminate earlier

How much is covered and for what critical illness events?

The coverage section includes your choice of cover and benefits. Eligible employees can choose the level of cover they want (within the limits shown in the coverage document). The rules for choosing and changing the level of cover are explained in the user guide. A pre-existing and related condition exclusion applies. This means that once a member has suffered a critical illness event they will not be able to make another claim for that or any related event. Certain medical conditions will also prevent claims for a number of critical illness events. The full terms relating to pre-existing and related conditions are explained in the user guide. Members will usually be covered up to the automatic entry limit. A medical health and lifestyle assessment will be necessary for members benefits above that limit. The results of the assessment will affect the terms on which cover will be offered.

Premium

We will calculate the premium based on the information you have provided. If we do not have all the information we need, we will charge an approximate premium based on the details we have at that time and make an adjustment when the information is provided. The premium will be adjusted (usually, at the policy anniversary) to take account of any changes in the membership during the preceding year. Any changes to the premium will be due and payable as shown on the account we send to you.

Claims

To make a claim, you should notify us as soon as possible after the critical illness event has occurred, ideally within 21 days. **If we do not receive the completed claims forms within 90 days of the critical illness event, we have the right to deny the claim or to limit cover.**

Policyholder obligations

Information

The benefits and the premiums payable under this policy are based on the information you give us. The members covered by the policy and the benefits payable will change during the life of the policy and it is important that you provide us with details of changes. If you do not provide the information we need, this could mean that you will have no cover or that cover is limited. You must provide the evidence, information and access to information we need to assess a claim and must make sure that the member is aware that they need to let us know of any changes to their circumstances that might affect the claim.

Membership

We may alter the basis on which the premium is calculated if the number of members increases above or falls below the number set out in the user guide. If the membership falls below the minimum, we may cancel the policy. If we do alter the premium calculation basis or cancel the policy, this will be from the next policy anniversary. You must let us know if there are any significant changes to your business (examples of this can be found in the user guide). The user guide contains more detail about the information you need to provide and when.

If the information we need is not provided, this could result in the policy being cancelled. Alternatively, it could mean that we will refuse or limit cover for a specific claim.

Changes to the policy and the policyholder

This policy may continue for many years. This means we may need to make changes to the policy's terms and the premium rate from time to time. These will usually be made at the policy review date. But, if there are material changes to the law, regulations affecting state benefits or tax, or changes to the policyholder or an associated company, changes can be made at other times. The circumstances when changes may be made are set out in the user guide. The terms and conditions applying to a claim will be those in force on the date the member or their spouse or partner or child suffers the critical illness event.

Complaints

If you are not completely happy with our service or a claims decision, you can make a complaint to our Customer Resolution team.

Phone: 01306 644761

Email: CustomerResolution@unum.co.uk

Letter: Customer Resolution Team, Unum, Milton Court, Dorking, Surrey RH4 3LZ

Fax: 01306 873635

Please include your preferred contact details.

We will do our best to resolve your complaint but if your complaint has not been resolved within 8 weeks, we will explain why it remains unresolved and inform you of your right to refer the matter to the Financial Ombudsman Service (FOS). Once we have finished investigating your complaint we will issue a Final Response Letter. If you remain dissatisfied you have the right to refer the matter to the FOS. You must refer any complaint to the FOS within 6 months of the date of the Final Response Letter. Please note that some cases may not be eligible for referral to the FOS.

Consumer helpline: 0800 023 4567 / (from mobile) 0300 123 9 123

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

Letter: The Financial Ombudsman Service, Exchange Tower, London E14 9SR

Web: www.financial-ombudsman.org.uk

Coverage

Start date	1 October 2011
Effective date	1 October 2022
Policy anniversary	1 October
Policy review date	1 October 2024

The following company is insured under this policy:

1. Nottingham Trent University Company registration number 00000000

Index of categories

1. All employees
2. Spouse - All employees

Category name 1. All employees

Who is eligible for cover

Employment type	Employed (PAYE taxed)
Eligibility	All employees Cover is voluntary and subject to the member paying the required contributions. The policyholder is responsible for collecting the contributions and paying us the premiums.
Entry ages	16 to 70
Cover cease age	70
New entrants join	Daily

Benefits covered

Units of benefit	Benefits are in units of £10,000
Maximum units of benefit	50 units
Benefit changes allowed at	Policy anniversary and lifestyle event
Maximum number of benefit changes per year	2 (1 each at the policy anniversary date and a lifestyle event)
Maximum unit increase at each change	1 unit

Benefits can be changed at the following lifestyle events

- Adoption or the beginning/ end of adoption leave
- Birth, pregnancy or the beginning/ end of parental leave
- Death of a dependant
- Divorce, dissolution of civil partnership or separation
- Marriage, civil partnership or a relationship with a partner of 6 months

Cover basis	Base and Extra
Total and permanent disability basis	Unable to do any suited occupation ever again
Temporary absence	Cover continues until cover cease age for illness or injury and for 3 years for any other reason

Category name 2. Spouse - All employees

Who is eligible for cover

Employment type	Employed (PAYE taxed)
Eligibility	All employees with a spouse, civil partner or dependant partner Cover is voluntary and subject to the member paying the required contributions. The policyholder is responsible for collecting the contributions and paying us the premiums.
Entry ages	16 to 65
Cover cease age	65
New entrants join	Daily

Benefits covered

Units of benefit	Benefits are in units of £10,000
Maximum units of benefit	25 units
Benefit changes allowed at	Policy anniversary and lifestyle event
Maximum number of benefit changes per year	2 (1 each at the policy anniversary date and a lifestyle event)
Maximum unit increase at each change	1 unit

Benefits can be changed at the following lifestyle events

- Marriage, civil partnership or a relationship with a partner of 6 months
- Adoption or the beginning/ end of adoption leave
- Birth, pregnancy or the beginning/ end of parental leave
- Death of a dependant
- Divorce, dissolution of civil partnership or separation

Cover basis	Base and Extra
Total and permanent disability basis	Unable to look after yourself ever again
Temporary absence	Cover continues until cover cease age for illness or injury and for 3 years for any other reason