

Income Protection

Guide to claiming



► Thank you for letting us know that you need to make a claim.

We're sorry to hear of your illness or injury and we appreciate that this can be a worrying time.

As a result we have tried to make the claims process as simple and stress free as possible; we want you to be able to concentrate on getting better.

This guide is designed to let you know what you can expect from your claim. It doesn't form part of your contract with us, so it's important to read it alongside your Policy Document.

This guide covers all of our income protection products:

- **Pure Protection Plus**
- **Income One Plus**
- **Pure Protection**
- **Income One and Professional Income Protection (PIP)**
- **Bills & Things**
- **Income Protection (Holloway)**

The way we assess a claim can be different for each product, so while reading through this guide look out for any information specific to your policy.

Before we detail the specifics, here are some general principles about how we will manage your claim:

- Our claims team is based at one site, our Head Office in Exeter in the UK
- We need to ensure that we only pay claims that are valid under the terms and conditions of your policy. This is the only way we can be fair to all of our members
- While there are no standard exclusions on your policy, you may have had a personal exclusion added during the assessment of your application. These exclusions will be shown on your Policy Certificate or Schedule.

If you have any questions while reading through this guide, our claims assessors are here to help. You can speak to them directly by calling **0300 123 3200**.

Please note this claims guide is subject to change from time to time, so you should always check our website for the latest version.

▶ **You've notified us that you need to make a claim; what's next?**

We will firstly ask you to complete a claim form so we can assess your claim. This is designed to capture much of the information we need up-front and in many cases it will gather all the information we need. Please note that all of the medical information we request will be stored under strict rules of confidentiality.

We will ask you to complete the form by one of the following methods:

By post

If we send the claim form to you in the post, it is very important that you and your GP complete the form carefully, accurately and fully. Also, remember that the quicker you return the form, the sooner we will be able to begin our assessment.

If there is information that you are waiting for, or that is not yet available, send us what you do have. You can then send on the remaining information as soon as you have it.

By telephone

We might arrange for a trained professional working on our behalf to contact you over the phone to discuss your circumstances in more detail. If we do, we will still need you and your GP to complete a shortened claim form.

By a visit

Sometimes, we'll ask a qualified nurse or claims specialist to visit you at home to help you complete the claim form and gather all the information we require to assess your claim. They may also be able to offer you support, advice and assistance to help you cope with your illness or injury and throughout your recovery.

▶ **Assessing your claim**

There are three aspects to our claims assessment:

- 1. Medical assessment**
- 2. Employment & occupation assessment**
- 3. Financial assessment**

During your claim it is extremely important that you provide truthful and accurate information. If you do not, we may not pay your claim and may also cancel your policy.

► **Medical assessment**

We will assess your illness or injury against the following medical assessment criteria:

If you are employed or self-employed (including if you are taking a short-term policy break):

Pure Protection Plus, Income One Plus, Pure Protection, Income One & PIP, Bills & Things

We will assess whether your illness or injury totally prevents you from carrying out your own occupation.

Income Protection (Holloway)

We will assess whether your illness or injury totally prevents you from carrying out your own occupation. If your claim lasts for longer than 52 weeks (or 26 weeks depending on your specific policy), we reserve the right to assess your illness or injury differently. We may look at any occupation to which you are suited by education, training or experience.

If you are unemployed (including if you are taking a short-term policy break):

Pure Protection Plus, Income One Plus, Pure Protection, Income One & PIP, Income Protection (Holloway)

We will assess your ability to go outdoors without assistance from any other person and seek employment in your normal occupation. You cannot claim just because you become unemployed or made redundant.

Bills & Things

You will not be covered by Bills & Things.

If you are a houseperson or homemaker:

Pure Protection Plus, Income One Plus, Pure Protection, Income One & PIP, Income Protection (Holloway)

We will assess whether your illness or injury totally prevents your ability to carry out your normal household duties.

Bills & Things

You will not be covered by Bills & Things.

What we require from you and your GP

The claim form includes a section for your GP to complete. If your GP charges to complete this form, you will need to pay for this. We also need you to send us any medical certificates provided by your GP. On many occasions this is enough for us to make a decision regarding your claim. If we need additional information from your GP and/or other healthcare professionals, we will let you know. We will pay for any additional information we request. Examples of the type of information we may request include copies of relevant medical records from your GP or medical reports from any healthcare professional.

In addition to requesting information, we may ask you to attend a medical examination with an independent specialist; for example if you haven't seen a consultant recently.

If we ask you to do this, we will meet the full cost of the examination and reimburse you for any reasonable travelling expenses you incur. However, we will try to ensure that any examination takes place as close to your home as possible to minimise disruption for you.

Potential delays in medical assessment

As we will request and require information from medical professionals who don't work for or on behalf of us, we sometimes experience delays which can slow the process. However, please rest assured that we do chase all parties to make sure that any delays are minimised as far as possible.

Your rights

You have the right to see any medical reports before the people who treat you send them to us. Further information about your rights to access these reports can be found at www.legislation.gov.uk.

► Employment & occupation assessment (employed or self-employed only)

In order to complete our assessment of your illness or injury and the impact it has on your ability to work in your own occupation, we may need to contact you or your employer.

If we do, we may ask for clarification of your employment history, the main duties of your occupation and the possibilities for your return to work. We will require different information from you if you selected the Minimum Benefit Guarantee (Pure Protection Plus and Income One Plus only) – see [page 9](#) for details.

► Financial assessment

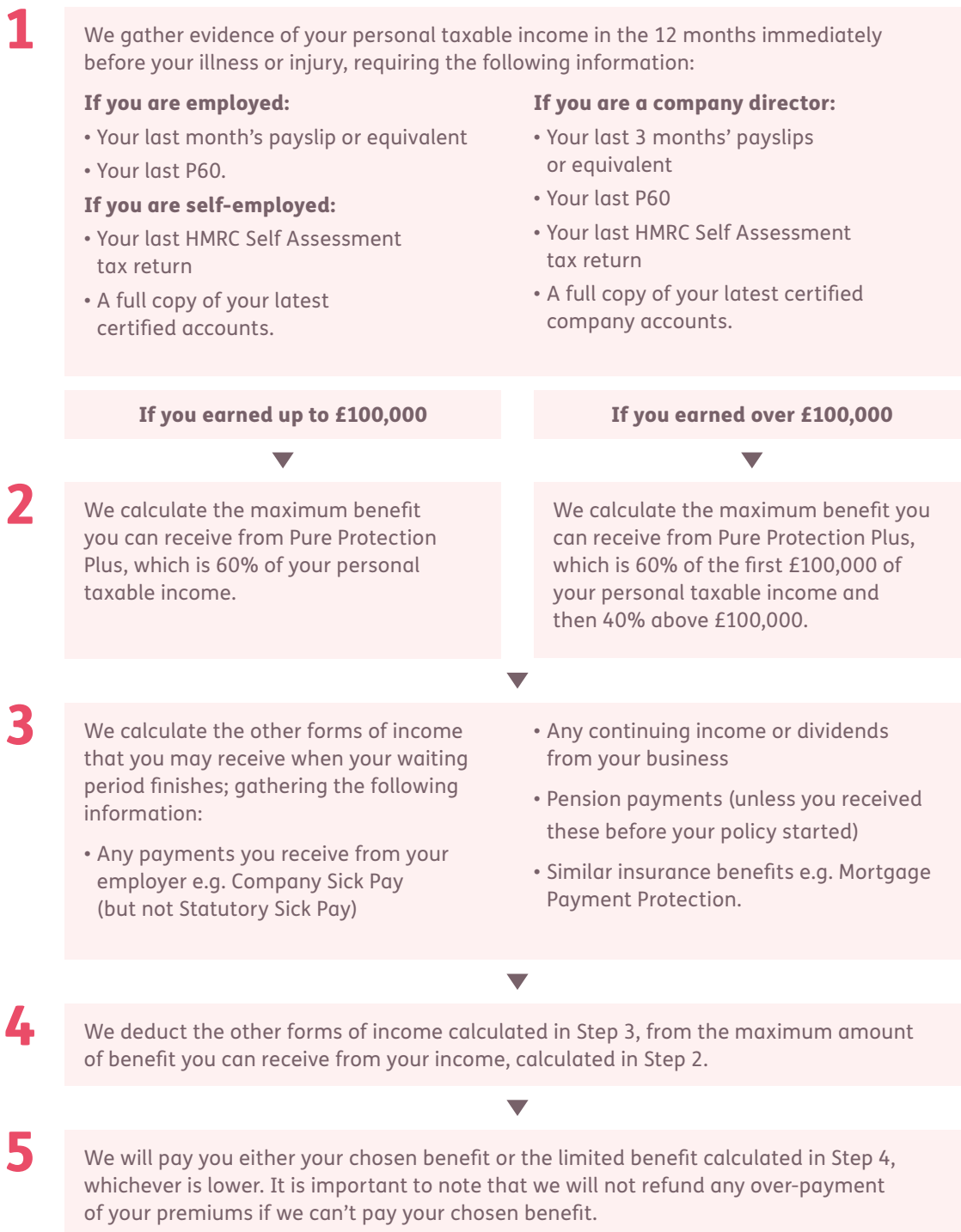
How we carry out the financial assessment will depend on the type of policy you have with us.

Please go to the section that relates to your policy and read this information only.

► Financial assessment for Pure Protection Plus policies

During our financial assessment of your claim, we need to ensure that your benefit isn't greater than the maximum you can receive under the terms and conditions of the policy.

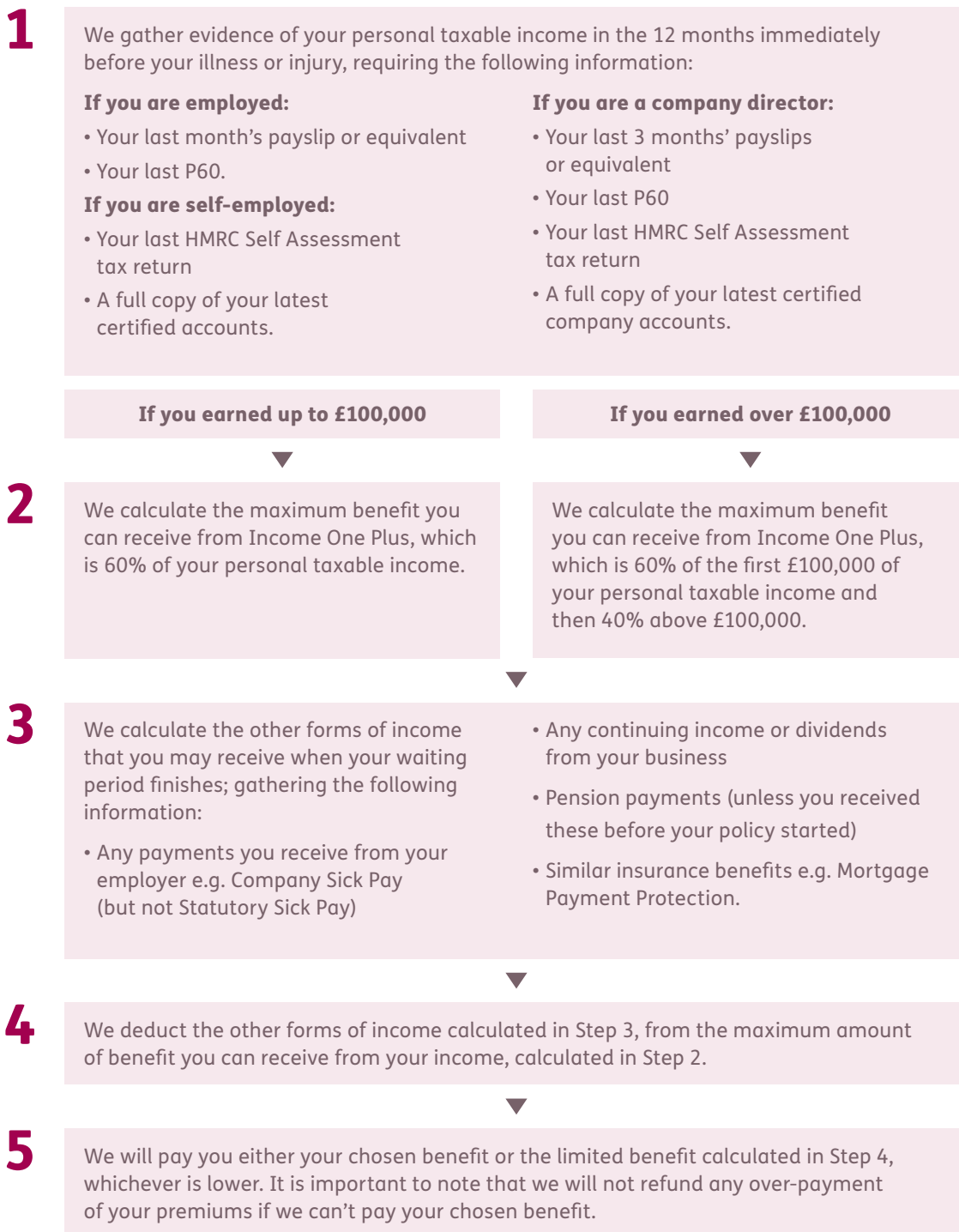
This is detailed in the following diagram, together with what action we will take if your benefit is too high.



► Financial assessment for Income One Plus policies

During our financial assessment of your claim, we need to ensure that your benefit isn't greater than the maximum you can receive under the terms and conditions of the policy.

This is detailed in the following diagram, together with what action we will take if your benefit is too high.



► **If you selected an option to fix your benefits on Pure Protection Plus or Income One Plus**

If you selected one of the two options to fix your benefit, there are some things that you need to understand when we assess your claim.

Fixed Benefit Option

You will not have to provide us with evidence of your income to receive the benefit you have fixed (a maximum of 75%) but you will need to provide us with evidence of your personal taxable income, as described in Step 1 of the process on [pages 7 and 8](#), to receive the remaining benefit (a minimum of 25%).

If you are receiving other sources of income as explained in Step 3 of the process, we will deduct these payments from the maximum benefit you can receive, see Step 2.

While this may mean that we will pay less than your fixed benefit, it means that the total you will receive from all sources will be no greater than the maximum amount you can receive under your policy.

In these circumstances it is important to note that we will not refund any over-payment of your premiums.

Minimum Benefit Guarantee

The only financial evidence you will need to provide is confirmation that in the 3 months leading up to the claim, you were working 30 hours per week or more and were receiving at least the National Minimum Wage for your work. This will be assessed based on your age at the time of your illness or injury.

If you are self-employed you will need to provide a Self Assessment tax return to evidence this.

If you cannot prove this, the normal financial assessment of your claim will apply, as explained on [pages 7 and 8](#). Similarly, if you selected a benefit over the £1,000 Minimum Benefit Guarantee limit, you need to provide us with evidence of your personal taxable income, as described in Step 1 of the process, to receive the additional amount.

If you become unemployed or a houseperson

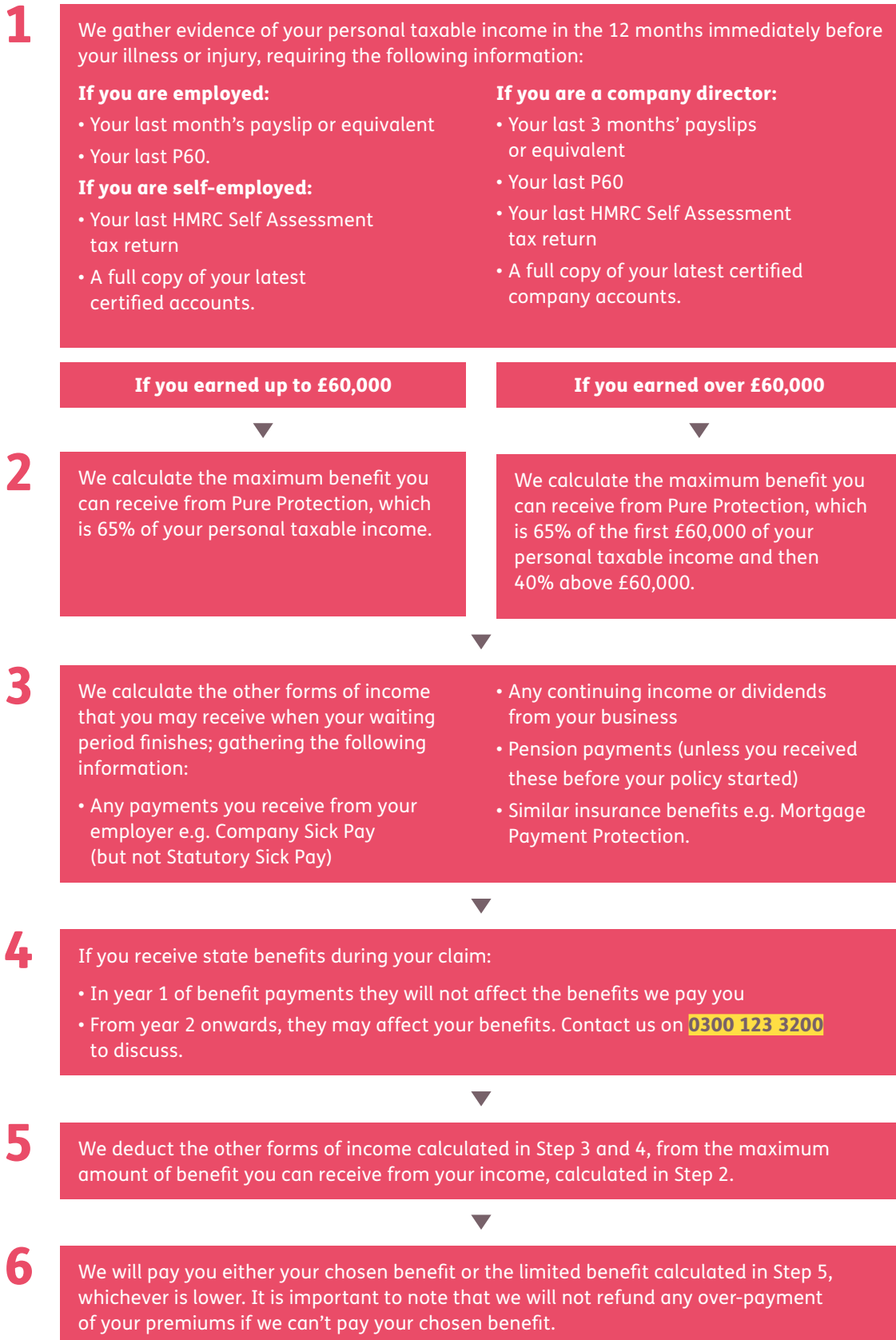
If you become unemployed or a houseperson, the Fixed Benefit Option or Minimum Benefit Guarantee will no longer apply.



► Financial assessment for Pure Protection policies

During our financial assessment of your claim, we need to ensure that your benefit isn't greater than the maximum you can receive under the terms and conditions of the policy.

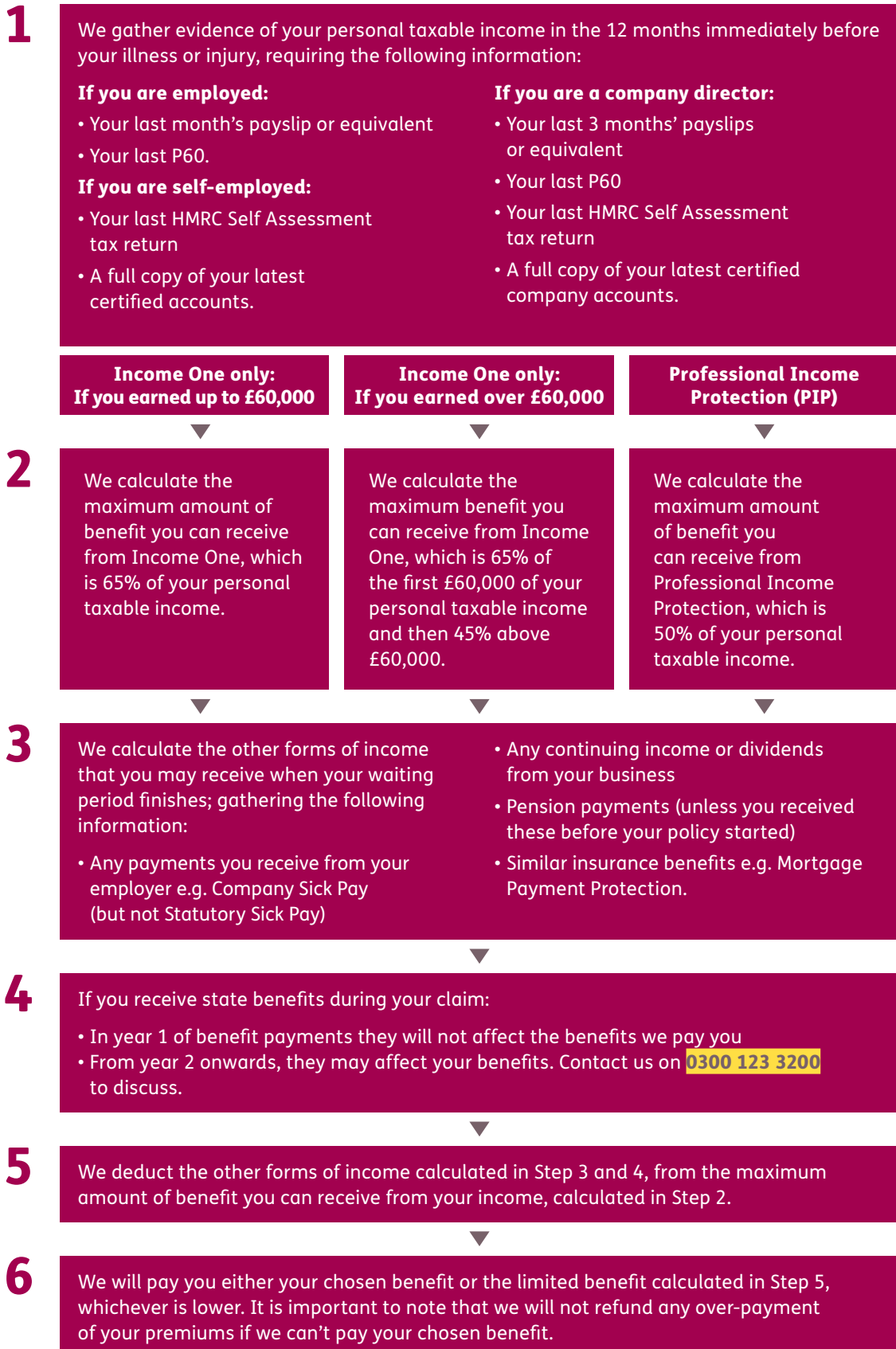
This is detailed in the following diagram, together with what action we will take if your benefit is too high.



► Financial assessment for Income One & PIP policies

During our financial assessment of your claim, we need to ensure that your benefit isn't greater than the maximum you can receive under the terms and conditions of the policy.

This is detailed in the following diagram, together with what action we will take if your benefit is too high.



► **If you have fixed your benefit on Pure Protection, Income One & PIP**

If you have fixed your benefit, there are some things that you need to understand when we assess your claim.

If you fixed all of your benefit

You will not have to provide us with further evidence of your income.

We will assess your claim using the evidence you provided when you fixed your benefit. This includes if you chose the fixed benefit option on PIP.

If you only fixed part of your benefit

You will need to provide us with evidence of your personal taxable income, as described in Step 1 of the diagram relating to your product on the previous 2 pages, to receive the proportion of your benefit above the amount you fixed.

Other sources of income

In both of the above circumstances, if you are receiving other sources of income as explained in Step 3 and Step 4 of the diagram relating to your product on the previous 2 pages, we will deduct these payments from the maximum benefit you can receive, see Step 2 of the diagram. Please note that the deduction described in Step 4 does not apply to PIP.

While this may mean that we will pay less than your chosen benefit, it means that the total you will receive from all sources will be no greater than the maximum amount you can receive. In these circumstances it is important to note that we will not refund any over-payment of your premiums.

If you become unemployed or a houseperson

If you become unemployed or a houseperson, the fixed benefit will no longer apply.

► **Financial assessment for Bills & Things policies**

Unlike many income protection plans, with Bills & Things there is no financial assessment.

However, because Bills & Things can only cover you whilst you are in active employment, we will check what your employment status was when your illness or injury occurred. This is detailed in the claims section of your Policy Document.

It is important to note that if you were not in active employment when your illness or injury started, you are not covered by Bills & Things and your claim will not be paid.



► Financial assessment for Income Protection (Holloway) policies

During our financial assessment of your claim, we need to ensure that your benefit isn't greater than the maximum you can receive under the terms and conditions of the policy.

This is detailed in the following diagram, together with what action we will take if your benefit is too high.

1

We gather evidence of your personal taxable income in the 12 months immediately before your illness or injury, requiring the following information:

If you are employed:

- Your last 3 months' payslips or equivalent
- Your last P60

If you are self-employed:

- Your last HMRC Self Assessment tax return
- A full copy of your latest certified accounts.

If you are a company director:

- Your last 3 months' payslips or equivalent
- Your last P60
- Your last 3 years HMRC Self Assessment tax return
- A full copy of your latest certified company accounts

2

We calculate the maximum amount of benefit you can receive from Income Protection (Holloway), which is 65% of your personal taxable income.

3

We calculate the other forms of income that you may receive when your waiting period finishes; gathering the following information:

- Any payments you receive from your employer e.g. Company Sick Pay (but not Statutory Sick Pay)
- Any continuing income or dividends from your business
- Pension payments (unless you received these before your policy started)
- Similar insurance benefits which are paid, as a result of illness, on a regular basis to you or to a financial institution on your behalf
- State benefits after 52 weeks of a claim (or 26 weeks depending on your specific policy).

4

We deduct the other forms of income calculated in Step 3, from the maximum amount of benefit you can receive from your income, calculated in Step 2.

5

We will pay you either your chosen benefit, or the benefit calculated in Step 4, whichever is lower. It is important to note that we will not refund any over-payment of your premiums.

▶ **Paying your claim**

When we have completed the medical and financial assessment, we will begin to pay your claim once your waiting period has finished. At this time we will explain any deductions we have made from your benefit.

Your benefit will be paid by BACS directly into your bank account:

- Fortnightly in arrears for Pure Protection, Income One & PIP and Income Protection (Holloway) policies
- Monthly in arrears for Bills & Things policies

- Monthly in arrears for Pure Protection Plus and Income One Plus policies at the end of each month. The first payment will be due on the last day of the month following the end of your waiting period.

Will you have to pay tax on your claim?

Under current UK legislation, if you paid your premiums from your personal taxable income, we will not deduct tax or National Insurance from your benefits. Please note that tax rules could change in the future, so this is not guaranteed.

▶ **Your benefit payments have started; what's next?**

Firstly, it is important to confirm that your claims assessor will stay in contact with you throughout the process to let you know when we will be reviewing your claim. Your assessor will also use their experience to provide you with help and support during what can be a difficult time.

The length of claim you need to make will vary due to your personal circumstances and the nature of your illness or injury. However for some, the claims process will continue after our initial assessment. This process will consist of ongoing reviews, where we may ask you:

- For up to date information about your medical and financial situation. For details of what we will ask for, please refer to the previous sections '[Medical Assessment](#)' and '[Financial Assessment](#)'

- For details on your progress towards a return to work
- For details of any consultations you have attended with your GP, a consultant or any medical professional and the outcomes of these
- To attend an examination with a medical professional working on our behalf. If we do this, we will pay any associated costs
- To be visited by a health claims adviser or nurse to help us with our review.

For the prevention, detection and investigation of crime, private investigators are used as part of our claim process. Therefore, if there are any changes in your medical or financial situation during your claim, you need to let us know immediately. This includes if you have returned to any kind of work, whether paid or unpaid.

► Waiver of premium

Waiver of premium is a feature that means you may no longer need to pay your premiums during a claim, giving you one less expense to worry about.

Please note that if you have an Income Protection (Holloway) policy, your entitlement to the waiver of premium feature will depend on your specific policy.

Pure Protection Plus, Income One Plus

Premiums are waived for the period that benefits are paid and so will start to be waived after the waiting period.

Pure Protection, Income One & PIP, Income Protection (Holloway)

If you have no waiting period (day 1), 1 week, 4 week or an 8 week waiting period:

You only have to pay your premiums for a period of 3 months following the day you became ill or injured. We will then pay your premiums for you until your claim ends or your policy reaches its finishing date.

If you have a 13 week, 26 week or a 52 week waiting period:

You only have to pay your premiums during your waiting period. We will then pay your premiums for you until your claim ends or your policy reaches its finishing date.

Bills & Things

You only have to pay your premiums for a period of 4 weeks following the first day you became ill or injured.

► Will your benefit rise with inflation?

Pure Protection Plus, Income One Plus, Pure Protection, Income One & PIP, Income Protection (Holloway)

If you selected the index linking option when you took out your policy, the benefits you receive from us will increase in line with the effects of inflation. This is subject to maximum limits, please read your Policy Document for further details.

Bills & Things

The benefits you receive from us will automatically increase in line with the effects of inflation. This is subject to maximum limits, please read your Policy Document for further details.

► Will we pay your benefit if you are not currently in the UK?

Your policy is designed to offer you cover if you live and work in the UK.

If you become ill or injured in a country outside of the UK, or you travel outside the UK once you have become ill or injured, you may still be able to receive benefit.

Pure Protection Plus, Income One Plus, Pure Protection, Income One & PIP, Bills & Things

For your claim to be paid, you must either return to the UK, any country within the European Union or one of the countries listed below, unless you're medically prevented from doing so.

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

Income Protection (Holloway)

Claims from inside the EU are treated in the same way as UK claims. However, claims from outside the EU will be restricted to 13 weeks in any period of one year subject to an overall limit of 39 weeks in total over the term of the policy. You will be expected to comply with our normal claims criteria for any claims outside the UK.

► How long will we pay your claim?

We will continue to pay your claim until the first of the following events happens:

Pure Protection Plus, Income One Plus, Pure Protection

- You are no longer able to meet the 'Medical Assessment' criteria
- You are no longer suffering a loss of earnings
- Your claim reaches the Limited Claim Period of two or five years, if selected
- You do not follow medical advice
- Your policy reaches your selected finishing date
- You die.

Income One & PIP, Income Protection (Holloway)

- You are no longer able to meet the 'Medical Assessment' criteria
- You are no longer suffering a loss of earnings
- You do not follow medical advice
- Your policy reaches your selected finishing date
- You die.

Bills & Things

- You are no longer able to meet the 'Medical Assessment' criteria
- You do not follow medical advice
- Your claim reaches the maximum claim period of 1 or 2 years, depending on which you chose
- Your policy reaches the finishing date
- You die.

► What support do we provide?

We know that you want to return to work as soon as possible and we're here to help you achieve this.

Our claims assessors and medical officers use the benefit of their experience to help you through your claim. We may also call upon other tools and services to help, including:

- Using qualified professionals who can offer you assistance on retraining or working with the Department for Work & Pensions for career advice
- Using the services of medical or vocational rehabilitation specialists
- Liaising with your employer and/or your GP
- Paying for medical diagnosis or treatment which help you recover from your illness or injury more quickly
- Paying for rehabilitation programmes which may help your recovery and return to work.

► Returning to work

Our claims team can provide you with the benefit of their experience to help you get back to work. This could be practical advice on jobs and training, or it could just be the personal support you need during trying times.

We understand that sometimes an illness or injury means that you will be totally unable to go back to work in your previous occupation, but that it may not stop you from working altogether.

We will look at each case on an individual basis and it's important that you let your claims assessor know when you are planning a return to work.

Pure Protection Plus, Income One Plus, Pure Protection, Income One & PIP

You may go back to work on a part-time basis or to a different occupation, meaning that your income will reduce as a result.

If this is the case we will pay you a reduced benefit in proportion to your reduction in income up to a maximum period of 24 months (depending on your specific policy). How much we pay will be calculated by comparing your new income with your former income.

Contact us on **0300 123 3200** to discuss.

► **After you return to work, how long is it before you can claim again?**

Pure Protection Plus, Income One Plus, Pure Protection

If you need to claim for a different, completely unrelated illness or injury, there is no time limit – you can claim again immediately and your waiting period will apply again. If you make a claim as a result of the recurrence of an illness or injury, we'll take into account whether you selected the Limited Claim Period option:

If you selected the Limited Claim Period option:

If you have previously claimed for the same illness or injury within 6 months but without reaching your Limited Claim Period of two or five years, the waiting period will not apply and benefit will be paid immediately until you return to work or have reached the remainder of the Limited Claim Period. However, this will not be the case if you returned to work against medical advice.

If any claim you make lasts as long as the Limited Claim Period and you need to claim again as a result of the same illness or injury, you must have returned to work for a continuous period of at least 6 months before you can claim again and the waiting period will apply.

If you did not select the Limited Claim Period option:

If you have previously claimed for the same illness or injury within 6 months, the waiting period will not apply and benefit will be paid immediately (this is known as linking claims). However, this will not be the case if you returned to work against medical advice.

Income One & PIP, Income Protection (Holloway)

You can claim again on Income One straight away. If you need to claim for a different, completely unrelated illness or injury, your waiting period will apply again.

If you have previously claimed for the same illness or injury within 6 months, the waiting period will not apply and benefit will be paid immediately (this is known as linking claims). However, this will not be the case if you returned to work against medical advice.

Bills & Things

If you need to claim for a different, completely unrelated illness or injury, there is no time limit – you can claim again immediately and your waiting period will apply again.

If you make a claim as a result of the recurrence of an illness or injury, and you have previously claimed for the same illness or injury within 6 months but without reaching your Claim Period of 1 or 2 years, the waiting period will not apply and benefit will be paid immediately until you return to work or have reached the remainder of the Claim Period. However, this will not be the case if you returned to work against medical advice.

If any claim you make lasts as long as the Claim Period you chose, and you need to claim again as a result of the same illness or injury, you must have returned to work for a continuous period of at least 6 months before you can claim again and the 4 week waiting period will apply.

► Feedback and complaints

We aim to provide our members with quality products complemented by a simple and efficient service.

When we exceed your expectations it's nice to receive that feedback, so please let us know.

Whilst we hope you won't ever have cause to complain, if for any reason you are unhappy with our products or service please contact us:



By email: member@the-exeter.com



By telephone: **0300 123 3201**



By post: The Exeter, Lakeside House, Emperor Way, Exeter, EX1 3FD

We will investigate your complaint and respond to you, and if you remain unhappy we will escalate your concerns to an impartial complaints handler.

If we remain unable to resolve your complaint to your satisfaction, or we do not respond within 8 weeks, you have the option of asking the independent Financial Ombudsman Service to investigate on your behalf. You can visit their website at www.financial-ombudsman.org.uk or you can contact them on **0800 023 4567** or **0300 123 9123**.

► Language and Law

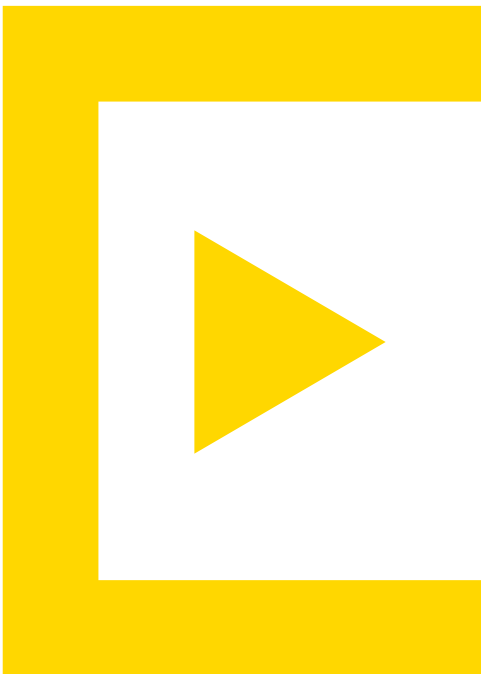
All documents relating to all of our products, including any communications with you, will be in English.

The laws of England and Wales apply to all of our products.

► Financial Services Compensation Scheme (FSCS)

The Exeter is covered by the FSCS, which was established under the Financial Services and Markets Act 2000. This means that you may be entitled to compensation if we become insolvent and are unable to meet our obligations.

Further details are available from the FSCS at www.fscs.org.uk or you can telephone them on **0800 678 1100** or **020 7741 4100**.



Contact us

The Exeter, Lakeside House, Emperor Way, Exeter, EX1 3FD

Members

General enquiries: 0300 123 3201

Claims: 0300 123 3200

member@the-exeter.com

Financial Advisers

All enquiries: 0300 123 3203

adviser@the-exeter.com

www.the-exeter.com

Calls may be recorded and monitored.

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