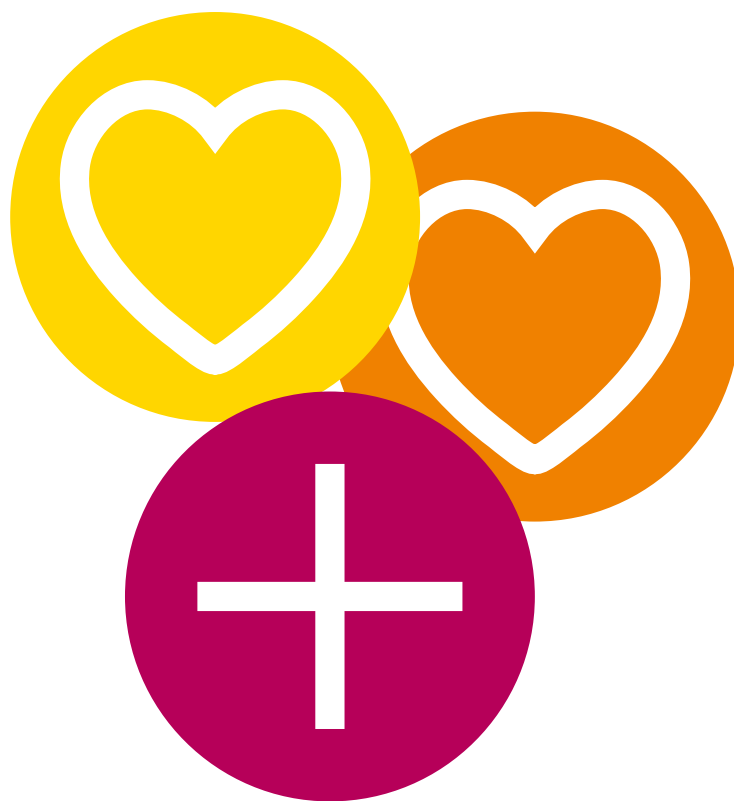


Income One Plus

Policy Document



► Contents

Cover and benefits	4
Making a claim	10
After we assess your claim	15
Managing your membership	20
Further information	27



Definitions

Where you see the following words used in this document, please refer to these definitions to find out exactly what they mean.

Active employment

By active employment, we mean that you must be undertaking the duties of your occupation immediately prior to your illness or injury starting.

Benefit

The insured benefit is the amount of cover as stated on your Policy Schedule.

Day 1 cover

If you chose the Day 1 waiting period, you can claim after being totally unable to work for at least 3 consecutive days excluding Sundays - we will then backdate the claim to the first day you were absent from work due to illness or injury.

Finishing date

The age you select when you apply for your Income One Plus policy, when the policy and all benefits will end.

Houseperson

A person who has not had a paid occupation for a period of at least 3 months during which time they have been looking after their home or caring for children.

Illness or injury

Any illness or injury which results in you being totally unable to work in your own occupation for a period of time. This does not include being unable to work as a direct result of self-elected treatment that is not medically required.

Indexation

If you selected indexation, we will adjust your benefit and premiums each year based on the Retail Prices Index (RPI). Indexation will take place on the policy anniversary, based on the RPI rate 4 months before the point of indexation.

Limited Claim Period

If you selected a Limited Claim Period option, you can only claim for a maximum period of two or five years for any individual claim.

Membership Benefits

Alongside the benefits we provide you under this policy, we seek to enhance your experience by providing you with membership benefits which do not form part of the terms of this insurance policy. Because of this they may be varied or withdrawn without notice by us.

Details of the membership benefits we currently offer are available at www.the-exeter.com

Occupation

This is every trade, profession or type of work that you undertake, it is not a specific occupation with any particular employer. We will always assess a claim based on your occupation at the point you suffered an illness or injury.

Personal taxable income

Income is separated into three categories, depending on whether you are employed, self-employed or a director of your own company:

Employed

- Your personal taxable income from your employment.

Self-Employed

- Your personal taxable income from your business.

Company Directors

- Your personal taxable income and any dividends from your business.

Policy

Our contract of insurance with you.

Premium

The monthly cost of your Income One Plus policy. This cost includes your cover for illness and injury.

Similar insurance benefits

Other insurance benefits which are paid, as a result of illness or injury, on a regular basis to you or to a financial institution on your behalf.

Start of benefit

Once your claim is accepted, this is the date at which your waiting period ends. From this point onwards you are entitled to receive benefit monthly in arrears.

Start of your claim

This is the first point at which you make a claim and inform us of your illness or injury, not the date you start receiving benefit.

Unemployed

A period of at least 3 months when you have not undertaken any duties of any occupation, paid or unpaid.

Waiting period

The continuous period of time from when you are first totally unable to work due to illness or injury until when you are first eligible for benefit to be paid. No benefit is payable for the waiting period.

We/Our/Us

Exeter Friendly Society Limited, trading as The Exeter.

Working week

Your usual number of hours worked in a week, up to a maximum of 48 hours.

You/Your

The person named in the Policy Schedule, also referred to as a member.

Welcome to Income One Plus

Thank you for choosing income protection cover from The Exeter. Income One Plus is designed to pay you a regular benefit if you are totally unable to work as a result of illness or injury.

This document contains the terms and conditions of your policy – please read it with your Policy Schedule for full details of cover.

Please take the time to read through this document

To help, we have signposted certain key information with the following symbols:



indicates information we've highlighted that you may find useful



indicates guidance and examples to explain how the policy works in practice

Words underlined in yellow or white indicate a signpost to another part of the document or a separate brochure.

Cover and benefits

This section details the features and benefits of Income One Plus, explaining how the choices you made during your application will have an impact on how your policy works for you.

► What you are covered for

With your Income One Plus policy you are able to claim when you are totally unable to work due to illness or injury.

We only consider your ability to carry out your own occupation when we assess your claim.

Benefit

When you applied for your policy, you chose a monthly benefit amount of between £500 and £10,000 per month that would cover your commitments and expenses in the event of ill-health or injury. This will be stated on your Policy Schedule and is the maximum regular tax-free amount you will receive during a valid claim.

If you chose the indexation option, we will adjust your benefit each year based on the Retail Prices Index (RPI), which tracks the prices of consumer goods. The increase in benefit will lead to an increase in premiums; we will write to you each year to let you know what this increase will be. The maximum increase in your benefit will be 10% in any one year.



Will your benefit be paid in full?

In selecting your benefit, there were factors you had to consider to make sure it wasn't greater than the maximum you could receive under Income One Plus and taking into account any continuing sources of income you would receive when you were ill or injured and unable to work.

During our financial assessment of your claim, set out in the ['Making a claim'](#) section on [page 10](#), we will follow a similar process to ensure that your benefit isn't greater than the maximum you can receive.

So, it is important that you review your level of benefit regularly to ensure your policy still meets your needs – there is more information about this in the ['Managing your membership'](#) section on [page 20](#).

To protect yourself against your benefit not being paid in full, an important feature of Income One Plus is the option to fix your benefit. We explain two options for how this works on [pages 6-8](#)

Waiting period

You also chose a waiting period from the options shown in the table below. Your benefit would be paid once your waiting period has finished.

Waiting period
Day 1 (no waiting period)
1 week
4 weeks
8 weeks
13 weeks
26 weeks
52 weeks

Claim Period

You had the choice of three claim periods when you applied for your policy.

The standard option would pay out benefits if you are unable to work due to illness or injury until your chosen finishing date.

However, if you chose a Limited Claim Period option we will only pay out for a maximum of two or five years (depending on your choice) on each claim, although you can have multiple claims for different illnesses or injuries.

The option you chose will be shown on your Policy Schedule. For more information on claim periods, go to the [‘Making a claim’](#) section on [page 10](#).

Finishing date

Your policy will be due to end when you reach your finishing date. This is the age between 50 and 70 you selected when you applied for your policy and will be shown on your Policy Schedule.

Guaranteed insurability option

Income One Plus offers a guaranteed insurability option, enabling you to increase your benefit at certain points throughout your membership. This is covered in more detail in the [‘Managing your membership’](#) section on [page 20](#).

Membership benefits

As a member of The Exeter, you may also have access to a range of additional membership benefits. For details of our membership benefits currently offered visit www.the-exeter.com

Waiver of premium

Your policy includes a waiver of premium benefit, a feature that means you no longer need to pay your premiums during a claim.

Premiums are waived for the period that benefits are paid and so will start to be waived after the waiting period. For full details see [‘After we assess your claim’](#) on [page 15](#).

With The Exeter, the waiver of premium feature is included as standard with your cover.

► Options to fix your benefits

When you take out an income protection policy you may want to protect your monthly benefits against any unforeseen reduction in your earnings.

With Income One Plus you had one of two options that help provide reassurance and a simplified claims process:

Fixed Benefit Option

Our standard option enables you to fix up to 75% of your benefit by providing financial evidence. It comes at no additional cost and can be added within 12 months of your policy start date. [See pages 6-7.](#)

Minimum Benefit Guarantee

The Minimum Benefit Guarantee enables you to fix your benefit (up to a maximum of £1,000 per month) in return for providing us with simplified financial evidence at the time of claim. This could only be added when you started your policy and came at an additional cost. [See page 8.](#)

Fixed Benefit Option

If you chose this option, in the event of a claim we will pay you up to 75% of your benefit without requiring any further financial evidence. This is known as your 'fixed benefit'.

This option provides valuable reassurance that if you make a claim, you'll receive the majority of your benefit even if your earnings have dropped in the previous 12 months.

It is important to note, however, that other sources of income you receive if you become ill or injured and totally unable to work may reduce the fixed benefit we pay you. See ['How we assess a claim'](#) on [page 11](#).

If you chose the indexation option, the fixed benefit will increase in line with inflation.

To receive your fixed benefit, you need to be in active employment when you make a claim. If you become unemployed or a houseperson, the fixed benefit option will no longer apply.

What do I have to do to fix my benefits?

Please contact your financial adviser or us directly to discuss fixing your benefit.

Tel: **0300 123 3201**

Email: member@the-exeter.com

We will then let you know what information you need to provide us. This will include the following:

If you are employed:

- Your last month's payslip or equivalent
- Your last P60.

If you are self-employed:

- Your last 2 years' HMRC Self Assessment tax returns
- Copies of the last 2 years of your certified accounts.

If you are a company director:

- Your last 3 months' payslips or equivalent
- Your last 2 years' P60s
- Your last 2 years' HMRC Self Assessment tax returns
- Copies of the last 2 years of your certified company accounts.



Example

John earns a personal taxable income of £30,000 per year, equivalent to £2,500 per month. He takes out an Income One Plus policy with a maximum monthly benefit based on 60% of his income – £1,500. He will not receive any other forms of income in the event that he is unable to work due to illness or injury.

John fixed the maximum 75% of his benefit by providing the necessary financial evidence within 12 months of his policy starting. This means that £1,125 of his benefit is fixed.

A year after taking out his policy, John makes a claim under his Income One Plus policy for a broken hand. His medical condition and employment circumstances are quickly assessed as a valid claim and payments started at £1,125 per month.

John needs to provide us with evidence of his personal taxable income to receive the remaining 25% of his benefit, i.e. £375 per month.

As John's personal taxable income supports the remainder of his benefit, we will pay his full benefit of £1,500 per month. Had his personal taxable income not supported the remainder of his benefit, we would have only paid him the fixed amount of £1,125 per month. We would not have refunded any over-payment of his premiums.

Minimum Benefit Guarantee

If you chose this option, in the event of a claim we will pay you your Minimum Benefit Guarantee amount in return for providing us with simplified financial evidence when you become ill or injured.

The Minimum Benefit Guarantee is a simple approach to claiming on your income protection policy and provides certainty over the benefit you will receive during a valid claim.

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.

If you cannot provide this, the normal financial assessment of your claim will apply. See [‘How we assess a claim’](#) on [page 11](#). Similarly, if you selected a benefit over the £1,000 limit, you need to provide this further financial evidence to receive the additional amount.

If you chose the indexation option, the Minimum Benefit Guarantee will increase in line with inflation.

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



Example

Mark works as a self-employed financial adviser. He wants to protect his earnings against illness or injury and decides that £750 per month would cover his household expenses if he couldn't work.

As Mark's income fluctuates on a monthly basis, he chose to add a Minimum Benefit Guarantee to his policy with a two year Limited Claim Period, for an additional fee. This will reduce the uncertainty around Mark receiving his chosen benefit if his earnings drop in the 12 months before making a claim.

Two years after his Income One Plus policy starts, Mark makes a claim as a result of a serious blood condition. His medical condition is quickly assessed as a valid claim.

Because Mark selected the Minimum Benefit Guarantee, the only financial evidence he needed to provide was confirmation that he was working 30 hours per week in the 3 months leading up to the claim, and that he was receiving at least the National Minimum Wage for his work.

Mark provides sufficient evidence and starts to receive his full benefit of £750 per month.

► What you are not covered for

While there are no standard exclusions on Income One Plus, you may have had a personal exclusion added to your policy

after we assessed your application. These exclusions will be shown on your Policy Schedule.

► Where you are covered

Income One Plus 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. 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 on the right, 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.



Example 1

David becomes ill in Spain and is unable to return to work when he planned to. As Spain is within the European Union, David is entitled to claim under his Income One Plus policy.



Example 2

Maria injures herself in Egypt and is unable to return to work when she planned to. As she is able to travel, Maria will not be covered by her Income One Plus policy until she returns to the UK, any country within the European Union or one of the countries listed above.



Example 3

Joanna suffered an accident in the UK which prevented her from working. She notified us of the claim and payments started.

Although she remained unable to work, her husband was relocated with his work and they moved to Abu Dhabi. Joanna was therefore no longer covered by her policy and her claim payments stopped when they moved.

Making a claim

The true test of any insurance policy is whether or not it will pay out when you need it most. Our expert claims team will provide you with personal support during this difficult time.

This section details the principles of how we will assess any claim you make. However, as every illness or injury is different, what we ask from you may change.

When you let us know you need to make a claim, we will send you a claims guide; you should read this for a more detailed description of the processes involved. You can access this at www.the-exeter.com

► How do I claim?

You can register a claim online or by contacting us via letter, email or phone. You will need to let us know your policy number, the nature of your illness or injury and when it started or occurred.

To register a claim online, login to your personal account at www.the-exeter.com or contact us via:

Tel: [0300 123 3200](tel:03001233200)

Email: member@the-exeter.com



When do I claim?

You must advise us of your wish to claim within the time limits shown below; these are dependent on the waiting period you have chosen which will be shown on your Policy Schedule.

The more notice we have of a claim the better, as it gives us more time to assess the claim before the start of benefit. If you do not notify us of a claim within these time limits, we may not be able to pay your claim.

Waiting period	Time since your illness or injury started
Day 1 (no waiting period)	2 weeks
1 week	2 weeks
4 weeks	2 weeks
8 weeks	4 weeks
13 weeks	4 weeks
26 weeks	8 weeks
52 weeks	8 weeks

► **How we assess a claim**

There are three aspects to our assessment during your claim:

1. Medical assessment

When we assess your illness or injury, we will require information and evidence from you, your GP and other medical professionals.

If this is not provided, we will not be able to pay your claim.

If you are employed or self-employed (including if you are taking a short-term policy break, see [page 24](#)):

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

If you are unemployed (including if you are taking a short-term policy break, see [page 24](#)):

We will assess your ability to go outdoors without assistance from any other person and seek employment in your normal occupation. It's important to note that you cannot claim just because you become unemployed or are made redundant.

If you are a houseperson or homemaker:

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

2. Employment and 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.

3. Financial assessment

When you applied for Income One Plus, one of the key decisions you had to make was how much monthly benefit you needed. During our financial assessment of your claim, we follow a process to ensure your benefit isn't greater than the maximum you can receive.

We've detailed this process over the page, together with what action we will take if your benefit is too high.

If you selected the Fixed Benefit Option or Minimum Benefit Guarantee, the financial assessment of your claim will be different. See [page 14](#) for more details.

Financial assessment of your claim

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 month's payslip 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 HMRC Self Assessment tax return
- A full copy of your latest certified company accounts.

If you earned up to £100,000

If you earned over £100,000

2

We calculate the maximum benefit you can receive from Income One Plus, which is 60% of your personal taxable income.

We calculate the maximum benefit you can receive from Income One Plus, which is 60% of the first £100,000 of your personal taxable income and then 40% above £100,000.

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 e.g. Mortgage Payment Protection.

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 limited benefit calculated in Step 4, whichever is lower. It is important to note that we will not refund any over-payment of your premiums if we can't pay your chosen benefit.

If you are a houseperson

If you are a houseperson, you will be eligible for 50% of your selected benefit, subject to a minimum of £500 and a maximum of £1,500 per month.

It is important to note that you will need to show us that your illness or injury has led to an increase in household costs up to this level, for example you have had to employ a cleaner, in order for a benefit to be paid.

If you are unemployed

If you are unemployed, you will be eligible for 50% of your selected benefit, subject to a minimum of £500 and a maximum of £1,500 per month.

Evidence of income will not be required but you will still need to send us a claim form completed by you and your doctor.



► **If you selected an option to fix your benefits**

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. These are explained below:

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 [page 12](#), 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 on [page 12](#), we will deduct these payments from the maximum benefit you can receive from Income One Plus, see Step 2 of the process.

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 Income One Plus.

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 cannot provide this, the normal financial assessment of your claim will apply, as explained on [page 12](#). Similarly, if you selected a benefit over the £1,000 limit, you need to provide us with evidence of your personal taxable income, as described in Step 1 of the process on [page 12](#), 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.

► **Working week**

We understand that everyone's working week is a little different in terms of duration and what days and hours they have to or choose to work.

We will assess your claim (including claims under '[Return to Work](#)' on [page 17](#)) against what we believe is a reasonable amount of hours. We define a 'working week' as a maximum of 48 hours.

After we assess your claim

When we have completed the full assessment of your claim, we'll contact you to confirm if your claim is covered by your policy and how much benefit you will be entitled to receive each month.

The rest of this section explains the process when we have accepted your claim.

► Waiver of Premium

Waiver of premium is a feature that means you no longer need to pay your premiums during a claim. It gives you one less expense to worry about, leaving you to concentrate on the thing that matters most - your health.

With Income One Plus, you only have to pay your premiums during your waiting period. We will then pay your premiums for you until your claim ends.



How long we will pay a claim

Income One Plus is a long-term plan which protects you until your policy finishes.

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

- You are no longer able to meet the 'Medical Assessment' criteria, as explained on [page 11](#)

- 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.

▶ **When we pay a claim**

We will begin to pay your claim once your waiting period has finished.

Benefit is paid monthly in arrears at the end of each month by BACS. The first payment will be due on the last day of the month following the end of your waiting period.

▶ **Tax**

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 when you make a claim.

Please note that tax rules could change in the future, so this is not guaranteed.

▶ **Multiple illnesses or injuries**

If you've already started a claim and suffer another illness or injury that would prevent you from working, then you must inform us in the timescales detailed in ['When do I claim?'](#) on [page 10](#).

While we can't pay any additional benefit for this new claim, should the previous claim come to an end, you may be eligible for benefits for this new claim with your waiting period applying.

We will then assess this new claim in line with the process set out in ['How we assess a claim'](#) starting on [page 11](#).

If you've chosen a Limited Claim Period option, then this runs from the end of the waiting period for each individual claim. This may mean that the claim periods overlap.



Example

Harry has an Income One Plus policy with a waiting period of 4 weeks and a Limited Claim Period of 2 years. He has an accident and suffers a fracture which prevents him from working as a self-employed bookkeeper, so he claims on his policy.

After he has been off work for 3 months, he starts treatment for cancer which has recently been diagnosed. As this treatment alone would prevent him from working, the waiting period of the cancer claim

starts at this point with the Limited Claim Period starting 4 weeks later.

After a further 2 months, he recovers from the accident and would have been able to return to work. However, he is prevented from doing so due to his cancer treatment.

From this point, cancer becomes the sole cause of the claim. Should it continue to prevent him from working, benefit can be paid for a maximum of 23 further months.

► Return to Work

We know how important both health and work is and the last thing we want is for you to lose out financially by going back to work following an illness or injury.

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

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.

Please note that return to work benefits do not apply if you selected the Minimum Benefit Guarantee option.

The calculation for both rehabilitation and proportionate benefits is shown below.

$$\frac{A - B}{A} \times C = \text{Reduced benefit payable}$$

Key

- A** your income following financial assessment (see [Step 1](#) of the process on [page 12](#))
- B** your new reduced level of income on return to work
- C** your benefit following financial assessment (see [Step 5](#) of the process on [page 12](#))

Rehabilitation benefit

This is designed to pay you a reduced level of benefit for a maximum of 24 months if you return to the same occupation you had before falling ill but only on a part time basis as a result of your illness or injury.

We will continue to pay a rehabilitation benefit until the earliest of:

- You reach a maximum payment of 24 months
- Your claim reaches the Limited Claim Period of two or five years, if selected

- Your income from part time work is equal to or more than your income before falling ill or injured
- You are medically able to return to your previous occupation on a full time basis or for a full working week
- You do not follow medical advice
- Your selected finishing date
- You die.

Proportionate benefit

This is designed to pay you a reduced level of benefit if you remain totally unable to work in your own occupation but you return to work in a different occupation with a lower income. Benefits could start at the end of the waiting period if your new occupation started during this time. We will continue to pay a proportionate benefit until the earliest of:

- Your claim reaches the Limited Claim Period of two or five years, if selected
- Your income from your new occupation is equal to or more than your income before falling ill or injured
- You are medically able to return to the occupation you had before falling ill or injured
- You do not follow medical advice
- Your selected finishing date
- You die.



Example

John suffered a heart attack which prevented him from working. He notified us of the claim and we were able to pay him the full benefit of £1,000 per month (£12,000 per year).

As he started to recover, John and his consultant decided that he was well enough to return to work on a part time basis, undertaking half his usual hours which would increase over a period of time.

Prior to his illness starting, John's taxable income was £20,000 per year and when he starts work, he will be earning half of this.

We calculated his benefit as follows:

$$\frac{\pounds 20,000 - \pounds 10,000}{\pounds 20,000} \times \pounds 12,000$$

$$= \pounds 6,000 \text{ per year}$$

When John returns to work, he will therefore initially receive reduced benefits of £500 per month.

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

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 a Limited Claim Period option:

If you selected a 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 of two or five years, 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 a 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). Remember, you won't need to pay your premiums during the claim with our waiver of premium feature. However, this will not be the case if you returned to work against medical advice.



Managing your membership

Having joined Income One Plus, this section explains how to manage your membership and the options available to change your cover.

► Your changing circumstances

Please let us know if any of your following personal details change, it's important that we hold accurate and up to date information about you.

- You change your address or your country of residence
- You change your name

If you become unemployed or a houseperson

Should your circumstances change and you become unemployed or a houseperson while you are a member, you should inform us as you can still continue your policy.

It is important to note that as soon as you become unemployed or a houseperson, the benefits you are eligible to claim for may reduce, as explained on [page 13](#). If you selected the Fixed Benefit Option or Minimum Benefit Guarantee, these do not apply.

If your benefit level is reduced, your premiums will also reduce as long as you let us know.

The way we assess a claim will be different to the way we would have assessed a claim when you were employed or self-employed, see ['How we assess a claim'](#) on [page 11](#) for more details.

If you return to full employment within a year of becoming unemployed or a houseperson, you can return to your previous benefit level without providing any medical information. Beyond a year, we will require more information from you and a new application.

► Increasing your benefit

With Income One Plus you have two options to increase your benefit. The first requires no medical information but is specific to certain circumstances relating to your policy and personal details. The second can be taken at any time but will require more information from you and a new application.

You can increase your benefit by logging into your personal account at www.the-exeter.com or by contacting your financial adviser or us directly.

For both options, your premiums will increase and we will provide you with

details of your new premium before making any change to your policy.

Your increased benefit will always be financially assessed following the process detailed on [page 12](#) and will not be treated as part of your Fixed Benefit Option or Minimum Benefit Guarantee, if selected.

It is important to remember that your new benefit must not be greater than the maximum benefit you are able to claim, as explained in the process on [page 12](#).

1. Guaranteed insurability option

With the guaranteed insurability option you can increase your benefit by up to a maximum of 20% of your original benefit or £500 per month, whichever of these two amounts is lower. The maximum benefit on Income One Plus is £10,000 per month. To do this you will need to provide us with evidence of your personal taxable income from employment.

This option is available in the following circumstances:

- On your policy anniversary date (only available on your third policy anniversary and every 3 years subsequently)
- When you get married or enter into a civil partnership
- When you or your partner have a baby

- When you take out a new mortgage or you increase your mortgage on the property that you live in
- Other than the option to increase your benefit on your policy anniversary, you must notify us within 3 months of the relevant event.

This option is available up to your 55th birthday. To be eligible you must not:

- Currently be suffering from an illness or injury meaning you are totally unable to work
- Have started a claim
- Be working less than 15 hours per week
- Be working in an occupation not covered by Income One Plus
- Be unemployed or a houseperson.

2. New application required

If your reasons for wanting to increase your benefit are not covered in the previous option, you will need to

complete a new application, providing details of your personal and medical information.

► Changing your other policy options

You can make changes to your Income One Plus policy to adapt it to your changing circumstances. These are shown below.

If you wish to make use of these options, log into your personal account at www.the-exeter.com or contact your financial adviser or us directly.

Decreasing your benefit amount

Making your finishing date earlier or later

Changing your waiting period

Adding or removing a Limited Claim Period option, unless you selected the Minimum Benefit Guarantee

Removing indexation, if selected

Removing the Minimum Benefit Guarantee, if selected

Remember: You can increase your benefit which is detailed on [page 21](#).

Depending on the changes you'd like to make you may have to provide us with updated personal or medical information through a new application.

Please note that you should ensure that any changes are right for your personal circumstances and are within the maximum benefit you are able to claim as explained in the process on [page 12](#).

Making changes may also increase or decrease the premium that you have to pay for your policy; this will be provided to you before any changes are made.

You can also add the Fixed Benefit Option within a year of your policy starting, as explained in '[Options to fix your benefit](#)' on [page 6](#).

► Paying your premiums

You must continue to pay your premiums regularly by monthly Direct Debit. If you fall behind on your premium payments you will not be able to make a claim.

If you miss two months' premiums or more we will cancel your policy with effect from the last paid premium.

If you miss one month's premium you will need to pay any premiums you missed.

► Changes to your premiums over time

When you started your policy you selected a premium option – either level guaranteed or, age-costed guaranteed or age-costed reviewable, which will be shown on your Policy Schedule.

Your premium option will impact on how your premiums change over time, as detailed below.

Level guaranteed premiums

If you chose level guaranteed premiums, your premiums will be the same for the rest of the policy, unless you chose the indexation option or make any changes to your policy (as explained in [‘Managing your Membership’](#)). If you have the indexation option, your premiums will increase in proportion to the increase in benefit.

Age-costed guaranteed premiums

If you chose age-costed guaranteed premiums, your premiums will increase as you get older, but the rates that determine your premiums are guaranteed not to change. You’ll be provided with a schedule of future premiums to help you calculate your premiums in advance.

The only additional increase to your premiums each year will be if you selected the indexation option or make changes to your policy after it has started.

Age-costed reviewable premiums

If you chose age-costed reviewable premiums, your premiums will increase as you get older and we can review and either increase or decrease them by any amount each year once your policy is 3 years old. However, any change will be fair and reasonable and will be advised to you in advance. The rates that are charged determine the premium that you pay, i.e. if there is an increase to your rates your premium will increase.

There are a number of instances when we may change rates. For example, if we experience or expect to experience in the future, a change in the number, length or value of claims that we receive.

Other factors which could have an impact on premiums are:

- our total expenses
- actual or expected future investment returns
- reinsurance costs
- economic and environmental factors
- taxation
- legislative, regulatory, political or territorial changes, and
- changes to how long policies remain on our books.

We will not review rates on an individual basis. We will always give you at least 30 days notice if we review our rates and advise your new premium.

► Policy breaks

We know that sometimes a change in circumstances means that you no longer need or want to continue your income protection cover.

For example, you may want to take a break from your occupation to study or raise a family, or it could be that your financial situation has changed and you feel you can no longer afford your policy.

Income One Plus gives you the option to put your policy 'on hold' during this time, meaning you can retain the existing terms of your policy and reinstate it again quickly and easily. There are two options available to you, as described here:

Short-term policy break

Once your policy is 4 years old, you can have a short-term policy break for up to 52 weeks, which means for a year you can reduce your benefit to a minimum amount and reinstate it very easily.

You can reduce the amount of benefit you have to any level between £500 per month and your current benefit amount. Your premiums may decrease as a result.

Please note that you can only use your short-term policy break once during your policy.

You then have the option to reinstate your policy to its previous level, including any previously fixed benefit or Minimum Benefit Guarantee, at any point during the first 52 weeks of your policy break. We will not require any further medical information or application assessment.

If your circumstances mean you cannot or do not want to reinstate your policy within 52 weeks, you need to let us know so your policy can continue at a reduced benefit level. If you later decide that you want to reinstate your policy back to its previous level, you will need to complete a new application.



Long-term policy break

In some circumstances, you may wish to put your Income One Plus policy on hold for longer than a year. For example, it may be that you are travelling or want to take an extended break from your career to raise a family.

A long-term policy break enables you to put your policy on hold for up to 3 years and reinstate it quickly and easily. You will not have to provide further medical information or go through the application process again.

If you choose a long-term policy break, you will need to pay us a monthly premium equal to 10% of your current premium. During this period, you will not have any benefit available to you if you become ill or injured.

Your premium on reinstatement will be based on the your age at the time of reinstatement and so may be higher than the premium you paid when the policy break started.

To benefit from this option:

- Your policy needs to be more than 4 years old and you must not have previously taken a policy break
- Once your policy break has finished, your policy must have at least 3 years to run before the finishing date.

Starting a policy break

To start a policy break, please contact us or your financial adviser to discuss your needs.

Once your policy is reinstated

When your policy is reinstated on the date you have chosen, your full level of benefit is resumed and your premiums will be based on your age at reinstatement. You will need to provide evidence of your income to support the reinstatement of your full level of benefit, including any previously fixed benefit.

If you are unemployed at the time your policy is reinstated, the maximum benefit you will be able to receive may be lower and the way we will assess a claim will be different. If you had previously selected the Fixed Benefit Option or Minimum Benefit Guarantee this will no longer apply. See [‘How we assess a claim’](#) on [page 11](#) for more details.

During the period of your Long-Term Policy Break, if you suffer an illness or injury that may result in a claim, please let us know. This will help us manage your transition at the end of your Long-Term Policy Break.

Tel: [0300 123 3201](tel:03001233201)

Email: member@the-exeter.com



Cancelling your policy

We don't want you to leave but understand that sometimes circumstances change and you may wish to cancel your policy.

If you cancel within 30 days of taking out Income One Plus, we will refund any premiums you have paid, as long as you have not made a claim.

If you cancel the policy after the 30 day period there is no cash-in value and any premiums you have paid will not be refunded.

When we may cancel your policy

In the following circumstances, we may cancel your policy.

- If you miss three months' premiums or more
- If you have acted dishonestly or knowingly claimed for benefits to which you were not entitled. In this event, we will recover any benefits paid to you and will not refund any premiums
- If you did not take reasonable care to answer the questions to the best of your knowledge when you applied for this policy.

If we identify fraudulent activity, we will share information with the police, other insurers and similar bodies.

Further information

► Contacting us



Telephone

0300 123 3201 (General enquiries)
0300 123 3200 (Claims)



Email

member@the-exeter.com



In writing

The Exeter
Lakeside House
Emperor Way
Exeter EX1 3FD



Website

www.the-exeter.com

► 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 Income One Plus, including any communications with you, will be in English.

The laws of England and Wales apply to Income One Plus.

▶ **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**.





What we require from you

You must answer any questions you are asked as fully and as accurately as you can, to the best of your knowledge and belief.

If you do not we may refuse to pay your claim and could cancel your policy.

► How we handle information about you

Due to the nature of what we do, we hold personal information about you.

This means that we can make sure we provide the best quality cover that you expect. You have our assurance that this information will always be treated in confidence.

We will use the information to contact you about your policy each year, to update you, ask for feedback and when you are making a claim.

However, there are other reasons why we would use this information, such as:

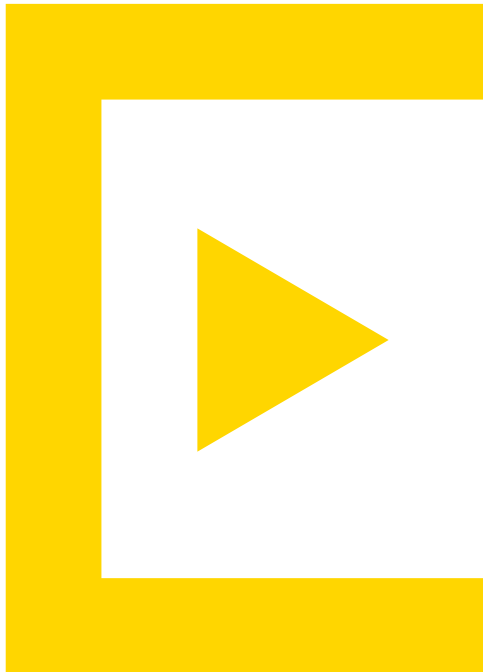
- Cooperation with fraud prevention agencies
- Transmission to those involved in your treatment or care and for the purposes of providing any membership benefits related to your policy
- Retaining cancelled policies and associated details to assist us in determining future applications for insurance that you may wish to make

- Passing information to carefully selected parties (including the financial adviser who arranged your cover, if any) as part of our administering your policy
- Passing information to carefully selected parties for research, advertising or marketing purposes (for example, to tell you about new products).

Further information about why we hold this information can be found in the Register of Data Controllers. You can view and obtain a copy from the Office of the Information Commissioner at www.ico.gov.uk.

Notes





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.

The Exeter is a trading name of Exeter Friendly Society Limited, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Register number 205309) and is incorporated under the Friendly Societies Act 1992 Register No. 91F with its registered office at Lakeside House, Emperor Way, Exeter, England EX1 3FD.