

Critical Illness policy

Cubico Sustainable Investments Limited

- 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 quide
- 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.

- A person will automatically become a member when they first meet the eligibility conditions you have chosen including the eligibility date and any requirement to be actively at work
- It is important that you provide us with information about new members. Please see the user guide for more details
- 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 <u>user guide</u> UP845 09-2017 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.

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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:
 - Ocover for the employee ceases, as described in the user quide
 - 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. 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.

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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

If the number of members increases above or falls below 20, we may alter the basis on which the premium is calculated. If the membership falls below the minimum, we may terminate the policy. You must let us know if there are any significant changes to your business. 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.

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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: <u>CustomerResolution@unum.co.uk</u>

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 you are still dissatisfied you have the right to contact the Financial Ombudsman Service, for up to 6 months after our final decision.

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

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

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

Web: www.financial-ombudsman.org.uk

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Coverage

Start date 1 September 2018

Policy anniversary 1 September

Policy review date 1 September 2020

Policy automatic entry limit £500,000 (benefit)

The following company is insured under this policy:

1. Cubico Sustainable Investments Limited Company registration number 09263711

Policy overriding provision

This policy is part of the AMII - Chase Templeton small schemes agreement, a special arrangement between your advisor and us. This policy needs a minimum of 2 members. If this policy stops being part of the AMII - Chase Templeton small schemes Agreement (for example by changing advisor or not meeting the criteria to participate) or if the arrangement changes, we will remove or change the applicable terms at the next policy review date or, if earlier, when you accept a quote.

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Category name 1. All UK employees (excluding those who have opted out for P11d tax

reasons)

Who is eligible for cover

Employment type Employed (PAYE taxed)

Eligibility All UK employees (excluding those who have opted out for P11d tax reasons)

Entry ages 16 to State Pension Age

Cover cease age State Pension Age

New entrants join Daily

Benefits covered

Benefit 2 x salary

Salary definition Basic annual salary as on the day before the Critical Illness event

Salary changes Daily

Cover basis Base and Extra

Total and permanent disability basis Unable to do any occupation at all ever again

Temporary absence Cover continues until cover cease age for illness or injury and for 3 years for

any other reason

Increases during temporary absence Annually in line with the RPI (for ill-health and statutory absence only)

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