

Pure Protection

Policy Document





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 Certificate.

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 Pure Protection 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.

Limited Claim Period

If you selected the Limited Claim Period option, you can only claim for a maximum period of two 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 Because of this they may be varied or withdrawn without notice by us.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 Pure Protection 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 fortnightly 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.

State benefits

Benefits received from the government related to your personal circumstances, excluding pensions. We will not deduct benefits related to your additional support requirements in long term disability.

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.

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Welcome to Pure Protection

Thank you for choosing income protection cover from The Exeter. Pure Protection 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 Certificate 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 Pure Protection, 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 Pure Protection 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 Certificate and is the maximum regular tax-free amount you will receive during a valid claim.

If your policy includes 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.

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



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 Pure Protection, based on your income and other 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 21](#).

To reduce the likelihood that your benefit will not be paid in full, an important feature of Pure Protection is the option to fix your benefit. We explain how this works on [pages 6-7](#).

Claim Period

You had the choice of two 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 the Limited Claim Period option we will only pay out for a maximum of two years on each claim, although you can have multiple claims for different illnesses or injuries.

The option you chose will be shown on your Policy Certificate. 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 Certificate.

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.

Whether your premiums are waived will depend on the waiting period you have chosen and the length of your claim. For full details see '[After we assess your claim](#)' on [page 16](#).

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

► Fixed Benefit Option

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

With Pure Protection you had the option to include this benefit at the time you applied.

If you did not select this option at the time of your application, you still have 12 months from your policy start date in which to add this valuable benefit.

How the Fixed Benefit Option works

If you chose this option, in the event of a claim we will pay you the benefit you have fixed without requiring any further financial evidence.

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](#) for further details.

If you chose the indexation option, the benefit you have fixed 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.

How much benefit can I fix?

How much benefit you can fix will depend how much benefit you chose.

Full benefit fix:

If your benefit is up to 50% of your personal taxable income, you can apply a full benefit fix and no further financial evidence is required when you make a claim.

Partial benefit fix:

If your benefit is above 50% of your personal taxable income, you can apply a partial benefit fix.

This means that the proportion of benefit which is above 50% of personal taxable income, will require financial evidence in the event of claim.

Please see [‘How we assess a claim’ on page 11](#) for further details.

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 3 years' HMRC Self Assessment tax returns
- Copies of the last 3 years of your certified accounts.

If you are a company director:

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



Example 1

John earns a personal taxable income of £30,000 per year, equivalent to £2,500 per month. He takes out a Pure Protection policy with a monthly benefit of £1,250. 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 his benefit at the time he applied for the policy by providing the necessary financial evidence.

As his benefit was 50% of his personal taxable income, he was able to fix the entire amount.

A year after taking out his policy, John makes a claim under his Pure Protection policy for a broken hand. Because he had fixed his benefit, the claims process is easier. We only need to assess his injury and employment circumstances and to ensure he is not receiving any other forms of income (as explained in the diagram on [page 12](#)). He didn't need to provide evidence of his personal taxable income from his occupation.

John's claim is valid and he is paid the full fixed amount, even if his pay had reduced.



Example 2

Gill earns a personal taxable income of £60,000 per year, equivalent to £5,000 per month. She takes out a Pure Protection policy with a monthly benefit of £3,000. She will not receive any other forms of income in the event that she is unable to work due to illness or injury.

Gill fixes her benefit within one year of taking the policy out by providing the necessary financial evidence. As her benefit exceeded 50% of her personal taxable income, she wasn't able to fix the entire amount and could only fix £2,500 per month.

Two years after her Pure Protection policy started, Gill makes a claim as a result of a serious blood condition.

Gill's medical condition and employment circumstances are quickly assessed as a valid claim and payments started at £2,500 per month. Because Gill had a partial benefit fix, she needed to provide us with evidence of her personal taxable income to receive the remainder of her benefit, i.e. £500 per month.

As Gill's personal taxable income supports the remainder of her benefit as she is not receiving any other forms of income, we will pay her full benefit of £3,000 per month. Had her personal taxable income not supported the remainder of her benefit, we would have only paid her at least the fixed amount of £2,500 per month. We would not have refunded any over-payment of her premiums.

► What you are not covered for

While there are no standard exclusions on Pure Protection, you may have had a personal exclusion added to your policy after we assessed your application.

These exclusions will be shown on your Policy Certificate.

► Where you are covered

Pure Protection 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 Pure Protection 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 Pure Protection 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 make a claim by sending us a letter, email or by phone. You will need to let us know your policy number, the nature of your illness or injury and when it started or occurred.

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

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 Certificate.

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 Pure Protection, 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 fixed your benefit, the financial assessment of your claim will be different. See '[If you have fixed your benefit](#)' on [page 15](#) for more details.

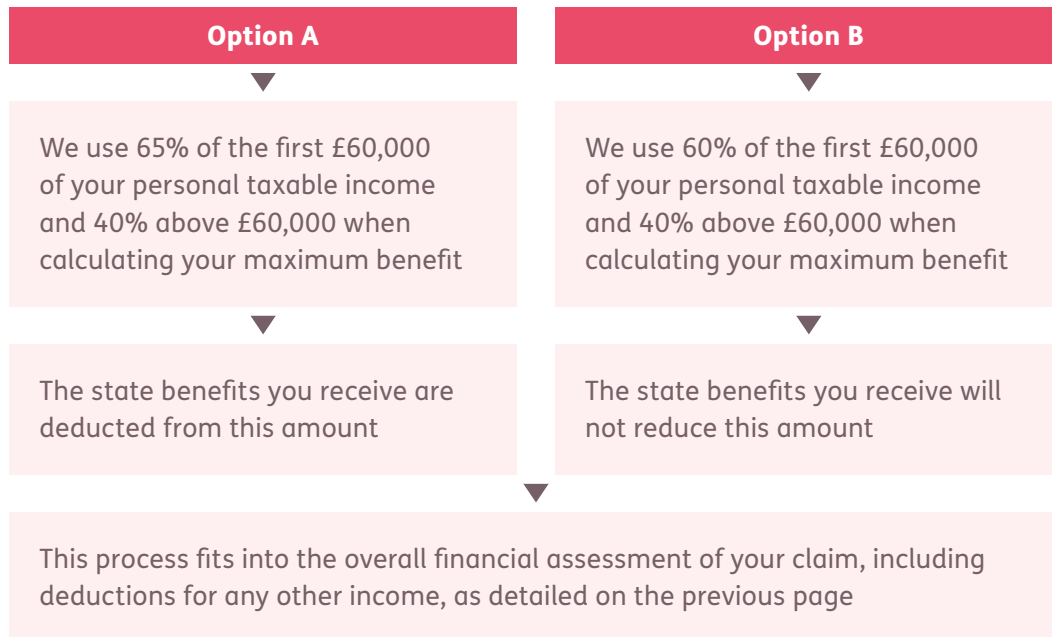
Financial assessment of your claim



State benefits explained

If you receive state benefits during your claim, in year 1 of benefit payments they will not affect the benefits we pay you.

From year 2 onwards, we will use the higher result of the following two calculations to assess your benefit:



State benefits will depend on personal circumstances in terms of eligibility, value and duration and may change over time.

Please note that the payment of income protection benefits may impact on your eligibility for state benefits and need to be declared to the Government.



Example

Shula earns £1500 per month and has selected a benefit of £750. She claims on her policy and is in a situation where she receives state benefits throughout her claim of £250 per month. She receives no other income while claiming.

In year one she receives her selected £750 benefit per month, alongside her £250 state benefits. In year two, her assessment is as follows:

OPTION A: 65% of £1500 = £975 less £250 state benefit = maximum benefit of £725 per month

OPTION B: 60% of £1500 = £900. With no deduction of state benefit the maximum benefit is £900 per month.

In this case, Shula's benefit from her income protection policy would be assessed at £725 under option A and £750 (her selected benefit amount) under option B. Therefore we would pay the greater of these two amounts which is £750.

If you are a houseperson

If you are a houseperson, you will be eligible for benefits up to £10,400 per year (or the lower benefit you have chosen). If you have been a houseperson for 3 months or longer, evidence of income will not be required but you will still need to send us a claim form completed by you and your doctor.

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, 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 benefits up to £10,400 per year (or the lower benefit you have chosen).

If you have been unemployed for 3 months or longer, 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 have fixed your benefit**

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 with your application.

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 under Pure Protection.

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 on [page 12](#), to receive the proportion of your benefit above the amount you fixed.

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.

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 on [page 12](#), we will deduct these payments from the maximum benefit you can receive from Pure Protection, see [Step 2](#) of the diagram.

▶ **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 18](#)) 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.

Your waiver of premium benefit will depend on your waiting period.

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.

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.



How long we will pay a claim

Pure Protection 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 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.

Your benefit will be paid fortnightly in arrears by BACS direct into your bank account.

▶ 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 to 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 the 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 a Pure Protection policy with a waiting period of 4 weeks and a Limited Claim Period of 2 years. He has an accident and suffers multiple fractures which prevents him from working as a brick layer, 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.

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 diagram on [page 12](#))
- B** your new reduced level of income on return to work
- C** your benefit following financial assessment (see [Step 6](#) of the diagram 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:

- You reach a maximum payment of 24 months

- Your claim reaches the Limited Claim Period of two 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:

- Your income from your new occupation is equal to or more than your income before falling ill or injured
- Your claim reaches the Limited Claim Period of two years, if selected
- 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 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 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 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 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.



Managing your membership

Having joined Pure Protection, 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:

- You change your address or your country of residence
- You change your name for any reason

While these will not change the terms of your policy it is important that we hold accurate and up to date information about you.

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, you will only be eligible for benefits of up to £10,400 per year.

If this is lower than your previously chosen benefit, your premiums will reduce in line with the reduction as long as you let us know.

Once you have been unemployed or a houseperson for 3 months, 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.

► Changing your other policy options

You can make changes to your Pure Protection policy to adapt it to your changing circumstances. These are shown below.

If you wish to make use of these options, please contact us or your financial adviser to discuss the options that are allowed for you.

Increasing or decreasing your benefit amount

Making your finishing date earlier or later

Changing your waiting period

Adding or removing the Limited Claim Period option

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.

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.

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

You also have the option to fix your benefits within a year of your policy starting, as explained in '[Fixing 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 one month's premiums you will need to pay any premiums you missed.

If you miss two months' premiums we'll ask you to provide an update of your medical information to assess whether your cover can start again. You'll also need to pay any premiums you missed.

If you miss three months' premiums or more we will cancel your policy with effect from the first unpaid premium. If you want to re-join you will need to complete a new application.

► Changes to your premiums over time

Your premiums are based on rates which change for your increasing age. We've enclosed a rate table with your welcome pack to help you calculate your premiums in advance.

The rates shown in these tables are reviewable, which means that we can review and either increase or decrease them by any amount each year. 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 and/or regulatory changes, and
- changes to how long policies remain on our books.

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

It is important to note that we will not review your premium rates within the first three years of your policy starting. The only increase will be related to benefit increases due to inflation and your increasing age.



► **Policy breaks and policy suspension**

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.

Pure Protection 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 three options available to you, as described here:

Short-term policy break

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 £250 per month and your current benefit amount. Your premiums may decrease as a result.

If you have previously fixed your benefit, the reduced benefit amount you have chosen under the short term policy break will apply.

You then have the option to reinstate your policy to its previous level including any previously fixed benefit at any point during the first 52 weeks of your policy break without the need for you to provide any further medical information, or any further application assessment by us.

If your circumstances mean you cannot or do not want to reinstate your policy within 52 weeks, it will 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 Pure Protection 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 reinstate your Pure Protection policy quickly and easily without having 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 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 three years old and you must not have taken a policy break or suspension before
- You need to decide how long you wish the Long-Term Policy Break to last. Your policy must be re-instated either 2, 4, 6, 8 or 10 years after the exact date the policy break started
- Once your policy break has finished, your policy must have at least 10 years to run before the finishing date.

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 is £10,400 per year and the way we will assess a claim will be different. 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.

Policy suspension

If you change your job it is possible that your new employer will offer you replacement income benefits as part of their employment package. In these circumstances you may not need the cover provided by your Pure Protection policy.

Pure Protection gives you the option of suspending your policy during this time. To be eligible, your policy needs to be more than three years old and you must not have taken a policy break or suspension before.

A policy suspension means you can suspend your cover whilst you are in your employer's scheme and reinstate your cover without having to provide further personal or medical information when you leave your employer's scheme. To do this, you will need to pay us a monthly premium equal to 10% of your current premium. Whilst the policy is suspended you will not have any benefit available to you if you become ill or injured.

Reinstating your policy

You are able to reinstate your policy in either of the following circumstances:

- You become self-employed
- You start a new occupation with an employer that does not offer replacement income benefits.

In order to reinstate your cover, you need to let us know as soon as you leave your employer's replacement income benefit scheme; this must be within 90 days of leaving the scheme. You also need to provide evidence that this cover has ended.

You can only reinstate your cover if you are not receiving disability income replacement benefits from either your previous employers scheme or another similar insurance policy.

When your policy is reinstated and your full level of cover is resumed, your premiums will be based on your age at reinstatement.

Starting a policy break or policy suspension

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

Tel: **0300 123 3201**

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.

You can cancel your policy at any time. If you cancel within 30 days of taking out Pure Protection, 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 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](tel:03001233201)



Email
member@the-exeter.com



In writing
The Exeter
Lakeside House
Emperor Way
Exeter EX1 3FD



Website
www.the-exeter.com

▶ Tell us how we are doing

It's always nice to hear if we're doing a good job but equally we need to know if we can improve things. If you have any comments, good or bad, please contact us using the details above.



Our Chief Executive, Andy Chapman, is interested in hearing your views and opinions. If there is anything in particular that you would like to mention to Andy, please contact him by email at andrew.chapman@the-exeter.com or in writing using the address above.



We don't always get it right

We aim to provide our members with the service that you expect but we don't always get it right.

If you are not satisfied with any aspect of the service we provide, contact us on **0300 123 3201** and we will help you resolve your query. If you are not satisfied with the response, please ask to be referred to a manager to discuss your concerns.

If you remain unhappy, your complaint will be acknowledged by our Complaints Handler within 5 working days and we will contact you with an update if it hasn't been resolved in 20 working days.

► **Complaints Handler**

Our Complaints Handler can be contacted in the following ways:

Email:
customercomplaints@the-exeter.com

Customer Complaints

The Exeter
Lakeside House
Emperor Way
Exeter EX1 3FD

► **Financial Ombudsman Service**

If you are not happy with our response or we do not provide it within 8 weeks, you have the option of asking the Independent Financial Ombudsman Service to investigate the matter on your behalf.

You can visit their website at www.financial-ombudsman.org.uk

or you can contact them at:
Tel: 0800 023 4567

The Financial Ombudsman Service

Exchange Tower
Harbour Exchange Square
London E14 9SR

► **Language and Law**

All documents relating to Pure Protection, including any communications with you, will be in English.

The laws of England and Wales apply to Pure Protection.

► **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 intermediary who arranged your cover, if any) as part of our administering your plan
- 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.



Contact us

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

Members

0300 123 3201

member@the-exeter.com

Financial Advisers

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.