

Sick Pay Insurance

Insurance Product Information Document

Company: Lloyd's Syndicate 5000, managed by Travelers Syndicate Management Limited

Product: ESMI Sick Pay Insurance

Travelers Syndicate Management Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm Reference: 204960.

This insurance product information document is a summary and does not contain the full details and conditions of your insurance. Full policy terms and conditions are provided in the Policy Wording and on the Schedule of Insurance.

What is this type of insurance?

This Sick Pay insurance provides financial benefit if an insured person suffers an accident or illness, during the policy period, that results in them being unable to attend their usual place of employment.



What is insured?

- ✓ If an insured person suffers an accident or illness, during the policy period, which leaves them unable to attend their usual place of work, this policy will pay a monthly benefit. The monthly benefit amount will be shown on your schedule of insurance.

✓ Your sums insured (per month): Up to GBP 2,000



Where am I covered?

- ✓ You are covered in the United Kingdom (excluding Northern Ireland).
- ✓ You are also covered for up to 28 days of travel within the European Economic Area (EEA).



Are there any restrictions on cover?

! All insured persons must be resident in England, Scotland or Wales.

! All insured persons must be under 68 years of age.

! A 14 day qualifying period applies to accident benefits, this only applies in the first policy period.

! A 90 day qualifying period applies to illness benefits, this only applies in the first policy period.

! All insured persons must be actively working for at least an average of 16 hours per week.

! The maximum we will pay is the monthly amount shown in your policy schedule or 85% of the insured persons gross monthly salary.



What is not insured?

We will not pay a claim caused directly or indirectly by any of the following:

- ✗ Any pre-existing conditions, unless the insured person has been symptom free and has not required treatment or medical advice for at least 24 months in a row immediately before the policy start date.
- ✗ Any back related condition, unless there is radiological evidence of a medical abnormality or a visible wound or bruising, or a doctor or consultant certifies that this is the only condition which prevents the insured person from attending their usual place of employment.
- ✗ Any claim for psychological, psychotic or mental disorders unless a consultant certifies that this is the only condition preventing the insured person from attending their usual place of employment.
- ✗ The insured person taking part in a criminal act.
- ✗ The insured person taking part in hazardous activities (as shown in your policy wording).
- ✗ The insured person's blood alcohol limit exceeding 80mg per 100ml of blood, solvent abuse or taking an overdose of drugs (whether prescribed or not).
- ✗ An insured person engaging in any sport as a professional or semi-professional.
- ✗ Any surgery or treatment that is not medically necessary, cosmetic surgery, reversing cosmetic surgery or any corrective treatment as a result of previous cosmetic surgery.
- ✗ The insured person committing suicide or attempting to commit suicide, or deliberately injuring themselves or putting themselves in danger (unless they were trying to save another human life).



What are my obligations?

- You must take reasonable care to provide complete and accurate answers to the questions asked when you take out or make changes to your policy.
 - If you become aware that any information you have given is incomplete or inaccurate, please contact your agent as soon as possible.
 - If there are any changes during the life of the cover you must inform the insurer of these changes.
- You must pay the premium when due.
- In the event of a claim, you must have consulted a doctor as soon as possible after an accident or illness. You must submit your claim within 60 days of the accident or illness and you must complete a claim form in full and provide information and assistance to the insurer within 60 days.



When and how do I pay?

- This is an annual policy which you pay for in monthly instalments. The premiums are payable monthly and collected by direct debit on the same day each month
- We may change the premium at your next annual renewal date.



When does the cover start and end?

Your policy is annually renewable. It will automatically renew each year on the anniversary of the start date unless you notify us that you wish to cancel it. We will provide reasonable notice of each renewal.

Start Date: as shown in your policy schedule

End Date: 12 months from the Start date.



How do I cancel the contract?

Cooling off period

You may cancel this policy within 30 days of receipt of the policy documents for each annual period of cover. Providing you have not made a claim and do not intend to make a claim during that cooling off period we will refund any premium paid.

Cancellation after the cooling off period

You may cancel this policy at any time outside the statutory cooling off period but you will not receive a refund of any premium paid.