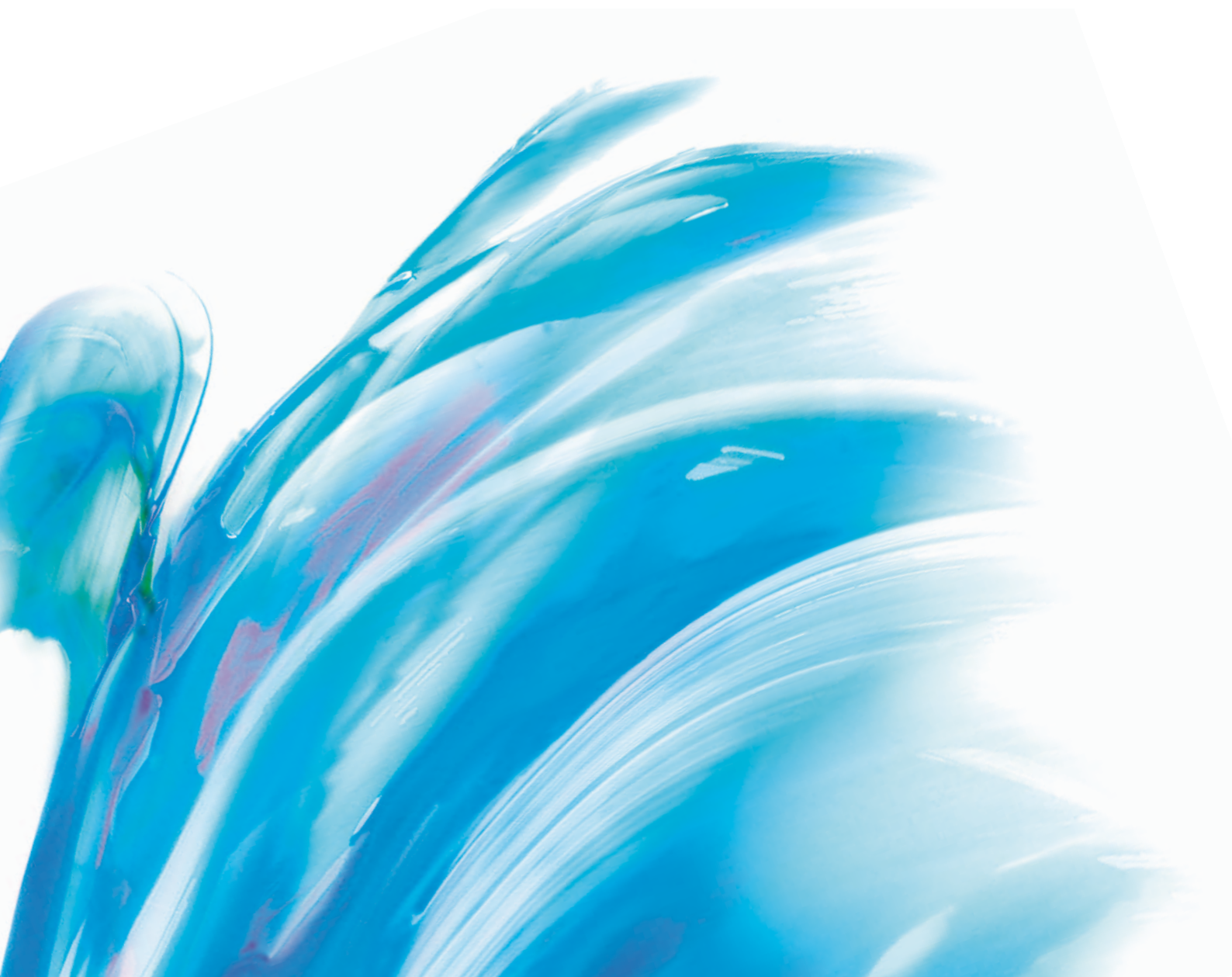


# barclaycard lifestyleplan



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## Barclaycard LifestylePlan

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# Guide to Insurance

In the following section 'we/us' refers to Barclays Bank PLC.

Barclaycard is a trading name of Barclays Bank PLC. Barclays Bank PLC is authorised and regulated by the Financial Services Authority (FSA). The registered address is 1 Churchill Place, London E14 5HP. The FSA is the independent watchdog that regulates financial services in the UK.

## FSA register

Our FSA authorisation number is 122702, you can check that Barclays Bank PLC is registered with the FSA by visiting their website: [www.fsa.gov.uk/pages/register](http://www.fsa.gov.uk/pages/register) or by contacting the FSA on **0845 606 1234**.

## Who is the insurer and whose products do we offer?

This insurance is underwritten by Barclays Insurance (Dublin) Limited (Registered Number 265959) and Barclays Assurance (Dublin) Limited (Registered Number 265960), Registered Office, Two Park Place, Hatch Street, Dublin 2, Ireland. They are regulated by the Central Bank of Ireland. Barclays Bank PLC has an indirect 100% shareholding in Barclays Insurance (Dublin) Limited and Barclays Assurance (Dublin) Limited. For the purpose of this Guide to Insurance, the Insurers are together referred to as 'the Insurer'.

We have been authorised by the Insurer to act on their behalf and we do not offer similar products from any other insurers. We are paid by the Insurer for acting on their behalf in relation to Barclaycard LifestylePlan.

## Advice or information

Barclays Bank Plc has not provided advice in relation to this product. You should ensure that the cover meets your needs and you will need to decide how to proceed.

### **Subject to the cover selected, this product meets the demands and needs of those who wish to ensure:**

- That they receive a sum of money each month to help them meet their monthly financial commitments in the event that they are unable to work due to accident, sickness or involuntary unemployment; and/or
- That their estate will benefit from a lump sum payment in the event of their death.

In addition to the optional benefits selected, this cover will also provide a sum of money on the happening of specific life events to assist with the potential financial impact of those life events.

This product is optional and is not a condition of buying any other product via us.

## Your Protection needs

It is important that you read the policy document within the 30 day cancellation period to check it is suitable for your needs. You should review and update your cover periodically to ensure that it continues to suit your particular needs.

The benefits provided by this policy are not linked to any specific lending or credit provided by Barclays Bank PLC. Any claim payments will be made for the benefit of the insured or his/her estate. Payments made to the insured can be used by the insured to meet their normal monthly commitments as required.

## Complaints

We want to hear from you if you feel unhappy about the service you have received from Barclays Bank PLC regarding the sales process. Letting us know your concerns gives us the opportunity to put matters right for you and improve our service to all our customers. You can contact Barclaycard by writing to the Barclaycard Customer Experience Manager, PO Box 9131, 51 Saffron Way Leicester, LE18 9DE or by telephone on 0844 241 2971\*.

You can make a complaint regarding the insurance product by writing to the Customer Services Team at Barclays Insurance (Dublin) Limited, PO Box 586, Shannon, County Clare, Ireland.

If you still feel the matter has not been resolved to your satisfaction, you may contact the Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR, telephone: 0845 080 1800. Contacting this organisation will not affect your legal right to take action against us.

## Financial Services Authority (FSA) Client Money Rules

Barclays Bank PLC is an approved bank for the purposes of the FSA's Principles & Requirements regarding Client Money. Prior to transferring your premium to the Insurer, Barclays Bank PLC acts as a banker rather than trustee in respect of any money held by it on your behalf in an account with Barclays Bank PLC. As a result, Barclays Bank PLC will not hold money in accordance with the FSA Principles and Requirements on Client Money. In particular, Barclays Bank PLC will not segregate your money from its own and Barclays Bank PLC shall not be liable to account to you for any profits made by its use as a banker of such funds.

## Compensation Scheme

Barclays Bank PLC is covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the FSCS if we cannot meet our obligations, depending on the type of business and the circumstances of the claim. Insurance advising and arranging is covered for 90% of the claim, without any upper limit. Please refer to your Policy Document to find out whether the insurer is also covered by the FSCS. Further information about compensation scheme arrangements is available from the FSCS website [www.fscs.org.uk](http://www.fscs.org.uk) or write to Financial Services Compensation Scheme, 7th Floor Lloyds Chambers, Portsoken street, London E1 8BN.

## Governing Law

In the United Kingdom, you can choose which law will apply to your policy. Unless you and the Insurer make a written agreement saying otherwise before the policy is issued, the law of England and Wales will apply to this insurance. Unless otherwise agreed, the contractual terms of your policy, all prior information and all communications will be in English.

# Barclaycard LifestylePlan – Policy Summary

## Introduction

This Policy Summary is designed to provide you with the key facts about the protection provided by Barclaycard LifestylePlan. It does not contain the full terms and conditions of the Policy, which can be found in the Policy Document on page 11. The Insurance that you have will be confirmed in the Policy Schedule, which will be sent to you once your application has been completed.

**Barclaycard LifestylePlan is designed to provide you with protection in a number of different situations, as follows:**

- It can provide you with a pre-determined fixed sum of money each month to help you to meet your normal monthly commitments in the event of an accident, sickness or involuntary unemployment (depending on the cover you select) which prevents you from working; and
- It can provide you with a pre-set fixed sum on the happening of a life event as defined in the policy; and
- It can provide your representative with a pre-set fixed lump sum in the event of your death.

The Insurer is Barclays Insurance (Dublin) Limited and/or Barclays Assurance (Dublin) Limited. In this Policy Summary, 'we/us' refers to the Insurer.

## Who is eligible?

Cover is available to any customer aged over 18 and under 70 and resident in the UK at the start date of the insurance policy. You must be working to be eligible for Accident & Sickness and Involuntary Unemployment cover. You must be under the age of 70 at the time of the event giving rise to a claim in order to be able to make the claim.

## What is covered and what is not covered?

The following table provides a summary of the cover available. Not all cover types may be relevant to you; the cover you have will be confirmed on your Policy Schedule when your application is completed.

| Cover available  | Qualifying conditions   | Benefits in brief   | Significant or unusual exclusions and limitations in brief  |
|--|---|---|---|
| <p><b>Accident and sickness</b><br/>(see section 1a of the Policy Document for full details).</p>    | <p>You are in receipt of a Doctor's certificate for an accident or sickness for the duration of the deferment period, confirming you are unable to work as a result of an accident or sickness.</p> <p>You are under the regular care and attendance of a doctor.</p> <p>You must be under the age of 70 on the first day of your accident or sickness.</p> | <p>If your deferment period is 14 days, we will pay you a daily equivalent of your monthly benefit for each consecutive day that you are unable to work from the first day of your accident or sickness.</p> <p>If your deferment period is for 30 days or more, we will pay you a daily equivalent of your monthly benefit for each consecutive day that you are unable to work after the deferment period.</p> <p>For further details please see section 1a of the Policy Document.</p> <p>The maximum benefit is 50% of your monthly gross earned income to a maximum £2,000.</p>  | <p>Any condition, injury, illness, disease or sickness for which you had symptoms, consulted a doctor or received treatment or received medication during the 12 months prior to the start of the insurance cover.</p> <p>Deliberate self-inflicted injuries, such as those arising from alcohol consumption, drug abuse, elective or cosmetic Surgery.</p>   |
| <p><b>Involuntary Unemployment</b><br/>(see section 1b of the Policy Document for full details).</p> | <p>You being unemployed for at least the deferment period no sooner than 60 days from the start date of your cover.</p> <p>You must be continuously working for 6 months immediately prior to the claim.</p> <p>You are available for and actively looking for work.</p> <p>You must be under the age of 70 on the first day of your unemployment.</p>      | <p>If your deferment period is 14 days, we will pay you a daily equivalent of your monthly benefit for each consecutive day that you are unemployed, from the first day of your unemployment.</p> <p>If your deferment period is for 30 days or more, we will pay a daily equivalent of your monthly benefit for each consecutive day that you are unemployed after the deferment period.</p> <p>For further details please see section 1b of the Policy Document.</p> <p>The maximum benefit can be up to 50% of your monthly gross earned income up to a maximum of £2,000.</p> <p>Free Back to work programme available.</p> | <p>Any unemployment as follows:</p> <ul style="list-style-type: none"> <li>• That was known about before the start date; or</li> <li>• That was voluntary, including resignation, retirement or arises due to misconduct; or</li> <li>• That arises following seasonal/temporary work; or</li> <li>• That follows the expiry of a fixed-term contract.</li> <li>• Where you are self-employed and your business has not permanently ceased to trade.</li> </ul> |

**What is covered and what is not covered? continued...**

The following table provides a summary of the cover available. Not all cover types may be relevant to you; the cover you have will be confirmed on your Policy Schedule when your application is completed.

| Cover available   | Qualifying conditions  | Benefits in brief  | Significant or unusual exclusions and limitations in brief   |
|---|--|--|--|
| <p><b>Life</b><br/>(see section 1c for details).</p>                                    | <p>Your death.<br/>You must be under the age of 70 on the date of your death.</p>  | <p>The maximum life benefit is £25,000.</p>  | <p>Death from suicide within 12 months of cover being taken out.<br/><br/>Death resulting from any condition, injury, illness, disease or sickness for which you had symptoms, consulted a doctor or received treatment or medication during the 12 months prior to the start of the insurance cover.</p>  |
| <p><b>Life events</b><br/>(see section 1d of the Policy Document for full details).</p> | <p>We will pay you a life event benefit if one of the following life events occurs during your period of cover:</p> <ul style="list-style-type: none"> <li>• Marriage/Civil Partnership</li> <li>• Divorce</li> <li>• Birth of a Child</li> <li>• Adoption of a child</li> <li>• Change of main residence due to your job relocation of more than 125 miles.</li> <li>• Jury service – subject to the specific conditions set out in full in section 1d of the Policy Document.</li> </ul> <p>You must be under the age of 70 on the date the life event occurs.</p> | <p>The amount we will pay to you for each life event is £250.<br/><br/>A maximum of two claims for life event benefit will be paid in any 12 month period.</p> | <p>Any life event which occurs:</p> <ul style="list-style-type: none"> <li>• Within the exclusion period from the policy start date; or</li> <li>• Before the start date or after the end date of the policy; or</li> <li>• As a result of a temporary change of address or separation from your spouse/civil partner; or</li> <li>• If you have fostered a child (rather than adopted a child under the adoption cover).</li> </ul> |

Under all sections of the cover, you will not be covered for anything you already know about prior to purchasing the insurance or that is caused by deliberate or illegal acts on your part. War, riot, terrorism or any similar events are generally excluded. See section 1e of the Policy Document for full details of all general exclusions.

## What happens if I want to cancel this cover?

If, after taking out Barclaycard LifestylePlan and reading the Policy Document, you do not want to continue with the insurance, you may cancel the Policy at any time by:

- Phoning Barclaycard on 0844 241 2971\*; or
- Writing to Barclaycard, PO BOX 9131, 51 Saffron Way, Leicester LE18 9DE stating that you wish to cancel your Policy.

If you have recently cancelled your Barclaycard or you no longer have an active Barclaycard account and you would like to cancel your insurance, please write to: Barclays Insurance (Dublin) Limited, PO Box 586, Shannon, County Clare, Ireland.

You have a 30 day cancellation cooling-off period where you can change your mind about continuing with the policy if you do not wish to proceed. If you do cancel your Policy within the 30 day cooling-off period following receipt of your Policy Document, we will cancel your Policy and refund any monthly premiums already paid. The cancellation will take effect immediately and we will cancel the Policy from day one so that you will be in the same position as if you had never had the cover. Any refund of premium will be paid into your nominated bank account. Once cancelled, you will not be eligible to make a claim under the Policy.

If you wish to cancel your Policy at any time after the first 30 days, you must give 30 days' notice in writing and your Policy will be cancelled from the end of the 30 day notice period. If you cancel your Policy after the first 30 days we will not refund any monthly premiums already paid.

## What is the duration of this insurance?

Unless you or we cancel this insurance, cover (including life events cover) will last as long as you continue to pay monthly premiums. If you select accident and sickness and involuntary unemployment cover, this will last until you retire. If you select life cover, the insurance will last until you die. You must be under the age of 70 at the time of the event giving rise to a claim in order to be able to make the claim.

We can cancel your insurance by giving you 30 days' notice in writing before we cancel your policy. Please read 'Material Facts' under section 8 of the Policy Document for more details. We can only change your policy terms and conditions by giving you 60 days' notice in writing before we make the change to the terms and conditions. Please read 'Changing the terms of your policy' under section 6 of the Policy Document for more details.

## Your ongoing Barclaycard LifestylePlan Protection needs

Where applicable you may need to review and update your cover periodically to ensure it remains adequate. You can do this by phoning us on 0844 241 2971\* or, if you applied through the 'mybarclaycard' system, you can amend your policy by visiting [www.mybarclaycard.co.uk](http://www.mybarclaycard.co.uk).

## How is my monthly premium calculated?

Your monthly premium includes Insurance Premium Tax (IPT) at the rate that applies at the date of payment. The cover you have and your total monthly premium is shown in your Policy Schedule. The monthly premium is calculated as a percentage of your chosen benefit for accident and sickness, involuntary unemployment and/or life cover and a fixed sum in respect of life events cover and is dependent on your individual circumstances including your age, gender and smoking status at the start date or the amendment date. Your premium will be collected monthly in arrears by direct debit from your nominated bank account or credit card.

## Changing the terms of your policy

### Changes to your monthly premium

We will review the cost of the cover, at least annually, and we may change the rate of your monthly premium if there is a change (or we reasonably expect there to be a change in):

- The rate of any relevant taxation, including Insurance Premium Tax;
- The costs of operating your Policy;
- Any law, regulation or industry guidance that affects;
  - our insurance business; or
  - the risk of underwriting your Policy;
- The risk of underwriting your Policy arising from changes to the incidence, prevalence or strength of any illness or disease.

We may also change the rate of your monthly premium if there is a change in (or we reasonably expect there will be a change in) the risk of underwriting your Policy arising from any unforeseen change in the cost or number of claims incurred in relation to this type of policy.

In addition, we may change the amount of your monthly premium if we have another valid reason for doing so, and we will tell you what that reason is.

Any change to the rate of your monthly premium will reflect the change in the rate of any relevant taxation or will be a fair proportion, as reasonably estimated by us, of the impact of the underlying change in the costs we incur in our insurance business.

### Changes to other terms

We may change any of the other terms and conditions of the Policy:

- Where we reasonably consider that the change would make the terms easier to understand or fairer to you or would not be to your disadvantage; or
- To enable us to make reasonable changes to the way we look after your Policy so as to facilitate changes in the insurance industry, technology or the systems we use to run our insurance business or as a result of a legal, regulatory or industry requirement, guidelines or code of practice (or where we reasonably expect that there will be a change in any of them).

We may also change any of the other terms and conditions of your Policy for any reason not listed above.

### Notice of any change

We will give you 60 days' advance notice by post or email of any change. You may cancel your Policy at any time after the first 30 days by giving 30 days' notice. Please refer to the section on page 8 'what happens if I want to cancel this cover?' for details. You will not have to pay for any additional charge for cancelling your policy.

## How do I make a claim?

If you need to make a claim, please read the relevant section for the cover under which you are claiming and ensure none of the exclusions apply to you. If you meet all the conditions, please phone us on **0500 500 700\***.

Please note you will need to provide the following information to support your claim (as applicable):

| Cover available  | What information do I need to make a claim?  |
|--|--|
| <b>Accident and sickness</b><br>(see section 1a of the Policy Document for full details).    | A Doctor's certificate confirming your condition and your employer's confirmation of your absence from work.   |
| <b>Involuntary unemployment</b><br>(see section 1b of the Policy Document for full details). | Confirmation from the Department for Work and Pensions or equivalent agency in your country of residence that you are actively looking for work and your employer's confirmation of involuntary unemployment (if you are self-employed this will be evidence from your accountant or tax office that your business has ceased to trade).   |
| <b>Life</b><br>(see section 1c for details).   | The original or a certified copy of your death certificate will be required from your representative.  |
| <b>Life Events</b><br>(see section 1d for details).  | <p>Marriage/civil partnership – a copy of your marriage certificate</p> <p>Divorce/Dissolution of civil partnership – a copy of the decree absolute or court order of divorce</p> <p>Birth – a copy of the birth certificate</p> <p>Adoption – a copy of the adoption papers</p> <p>Change of main residence – both the employment offer letter and a copy of house purchase documents or your rental agreement. Verification that the move is in excess of 125 miles will be required.</p> <p>Jury service – jury service documents</p> |

You must provide and pay for any proof that is required to support your claim. See section 2 of the Policy Document for full details.

You must continue to pay your monthly premium while you are claiming benefit.

## How do I find out more or make a complaint if I am dissatisfied?

You can make a complaint regarding the insurance by writing to the Customer Services Team at Barclays Insurance (Dublin) Limited, PO Box 586, Shannon, County Clare, Ireland.

If you still feel the matter has not been resolved to your satisfaction, you may contact the Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR, telephone 0845 080 1800. Contacting this organisation will not affect your legal right to take action against us.

## Financial Services Compensation Scheme

We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the FSCS if we cannot meet our obligations, depending on the type of business and the circumstances of the claim. Further information about compensation scheme arrangements is available from the FSCS website [www.fscs.org.uk](http://www.fscs.org.uk) or write to Financial Services Compensation Scheme, 7th Floor Lloyds Chambers, Portsoken street, London E1 8BN.

# Barclaycard LifestylePlan – Policy Document

## Introduction

Together, the Policy Document and the **Policy Schedule** make up **your** Policy. This booklet is **your** Policy Document. It contains the full contractual terms and conditions and gives details of all the types of cover available under Barclaycard LifestylePlan. The **Policy Schedule** confirms the details of the cover **you** have. **You** should keep **your** Policy in a safe place.

**You** should read **your** Policy Document and **your Policy Schedule** carefully within the 30 day cooling-off period and on a regular basis thereafter to ensure that it is suitable for **your** needs and that **you** understand what the insurance does and does not cover. The words that appear in bold in this Policy Document have specific meanings and these are defined in section 13 of this Policy Document.

Barclaycard LifestylePlan is designed to help meet **your** normal monthly commitments in the event of **your** death, **accident, sickness** or involuntary **unemployment** and other costs associated with a **Life Event** (depending on the cover **you** have).

This insurance is underwritten by Barclays Insurance (Dublin) Limited in respect of involuntary **unemployment** cover, **accident, sickness** and **life event** cover and by Barclays Assurance (Dublin) Limited in respect of Life cover.

Barclays Insurance (Dublin) Limited (Registered Number 265959) and Barclays Assurance (Dublin) Limited (Registered Number 265960) each have their Registered Offices at Two Park Place, Hatch Street, Dublin 2, Ireland. Both are regulated by the Central Bank of Ireland. Barclays Bank PLC has an indirect 100% shareholding in Barclays Insurance (Dublin) Limited and Barclays Assurance (Dublin) Limited.

Barclaycard is a trading name of Barclays Bank PLC. Barclays Bank PLC is authorised and regulated by the Financial Services Authority (FSA). The FSA is the independent watchdog that regulates financial services in the **UK**.

For the purpose of this Policy Document, Barclays Insurance (Dublin) Limited and Barclays Assurance (Dublin) Limited are together referred to as **we** or **us**.

## What to do if you change your mind, or want to cancel the insurance?

If, after taking out Barclaycard LifestylePlan and reading this Policy Document, **you** do not want to continue with the insurance, **you** may cancel the Policy at any time by:

- Phoning Barclaycard on 0844 241 2971\*; or
- Writing to Barclaycard, PO BOX 9131, 51 Saffron Way, Leicester LE18 9DE stating that **you** wish to cancel **your** Policy.

If **you** have recently cancelled **your** Barclaycard or **you** no longer have an active Barclaycard account and **you** would like to cancel **your** insurance, please write to: Barclays Insurance (Dublin) Limited, PO Box 586, Shannon, County Clare, Ireland.

**You** have a 30 day cancellation cooling-off period during which **you** can change **your** mind about continuing with this policy if **you** do not wish to proceed. If **you** do cancel **your** Policy within the 30 day cooling-off period following receipt of **your** Policy Document, **we** will cancel **your** Policy and refund any **monthly premiums** already paid. The cancellation will take effect immediately and **we** will cancel the Policy from day one so that **you** will be in the same position as if **you** had never had the cover. Any refund of premium will be paid into **your nominated bank account**. Once cancelled, **you** will not be eligible to make a claim under the Policy.

If **you** wish to cancel **your** Policy at any time after the first 30 days **you** must give 30 days' notice and **your** Policy will be cancelled from the end of the 30 day notice period. If **you** cancel **your** Policy after the first 30 days **we** will not refund any **monthly premiums** already paid.

## 1. Insurance Cover

### THE COVER YOU HAVE IS CONFIRMED ON YOUR POLICY SCHEDULE.

Please find below details of what is and is not covered for each of the cover options.

#### 1a. Accident and Sickness Cover

| What is covered?        |   |
|-------------------------|---|
| <b>To qualify</b>       | <ul style="list-style-type: none"> <li>• <b>You</b> must be <b>working</b> and suffer an <b>accident</b> or <b>sickness</b> (which first occurs after the <b>start date</b> of the Policy) that prevents <b>you</b> from doing <b>your</b> normal <b>work</b> (or any other paid <b>work</b> which <b>your</b> experience, education or training reasonably qualifies <b>you</b> to do); and</li> <li>• <b>You</b> must have a <b>Doctor's</b> certificate confirming <b>you</b> are unable to <b>work</b> for at least the duration of <b>your</b> <b>deferment period</b> (the first seven days may be self-certified). <b>You</b> must also provide confirmation from <b>your</b> employer of <b>your</b> absence from <b>work</b>.</li> <li>• <b>You</b> must be under the <b>regular care and attendance</b> of a <b>Doctor</b> for benefits to continue.</li> <li>• If <b>you</b> are self-employed, the <b>accident</b> or <b>sickness</b> must stop <b>you</b> from managing or carrying out the day-to-day running of the business.</li> <li>• <b>You</b> must be under the age of 70 on the first day of <b>your</b> <b>accident</b> or <b>sickness</b>.</li> </ul> |
| <b>Benefit payable</b>  | <ul style="list-style-type: none"> <li>• If <b>your</b> <b>deferment period</b> is 14 days, <b>we</b> will pay <b>you</b> a daily equivalent of <b>your</b> <b>monthly benefit</b> for each consecutive day that <b>you</b> are unable to <b>work</b> from the first day of <b>your</b> <b>accident</b> or <b>sickness</b>.</li> <li>• If <b>your</b> <b>deferment period</b> is for 30 days or more, <b>we</b> will pay <b>you</b> a daily equivalent of <b>your</b> <b>monthly benefit</b> for each consecutive day that <b>you</b> are unable to <b>work</b> after the <b>deferment period</b>.</li> </ul>   |
| <b>Benefit Duration</b> | <p><b>We</b> will continue to pay this benefit, on a monthly basis, until:</p> <ul style="list-style-type: none"> <li>• The date <b>you</b> return to <b>work</b>; or</li> <li>• The date <b>you</b> retire; or</li> <li>• The date from which <b>you</b> no longer have a <b>doctor's</b> certificate to support <b>your</b> claim; or</li> <li>• <b>We</b> have paid <b>your</b> benefit for <b>your</b> <b>maximum benefit duration</b>; or</li> <li>• The <b>end date</b>,</li> </ul> <p>whichever happens first.</p>   |
| <b>Maximum Benefits</b> | <ul style="list-style-type: none"> <li>• <b>Your</b> <b>monthly benefit</b> and <b>your</b> <b>maximum benefit duration</b> are both shown in <b>your</b> <b>Policy Schedule</b>.</li> <li>• The maximum <b>monthly benefit</b> <b>we</b> shall pay under this policy and any other Income Protection or similar policy underwritten by <b>us</b> or any other subsidiary of Barclays Bank PLC is 50% of <b>your</b> monthly <b>gross earned income</b> at the <b>start date</b> or if amended, at the <b>amendment date</b>.</li> </ul>  |

### What is not covered?

We will not pay benefit for any **accident** or **sickness** that is the result of any of the following:

- Any condition, injury, illness, disease or **sickness** for which **you** had symptoms, consulted a **Doctor**, or received treatment or medication during the 12 months immediately before the **start date**, (however, if at the time of a claim, **you** have not had any symptoms or consulted a **Doctor** or received treatment in the two years before the claim, this exclusion will not apply);
- Deliberate or self-inflicted injuries, including but not limited to injuries resulting from:
  - o drinking alcohol or taking drugs (unless the drugs are prescribed by a **Doctor** for purposes other than to treat drug addiction); or
  - o elective or cosmetic surgery or beauty treatment, (unless it is needed because of a physical illness, disease or injury).
- We will not pay benefit for any **accident** or **sickness** while **you** are receiving benefit in respect of **unemployment** which commenced prior to the **accident** or **sickness**.

### Subsequent claims or claims where the condition or cause changes

If a subsequent claim occurs within three months of the end of a previous claim period, and that claim arises from a related condition or one which existed at the same time as the previous claim, **we** will consider the subsequent claim as part of the original claim. **We** will continue to pay this claim as long as the aggregate amount is not more than the maximum benefit **we** pay. **You** can make a new claim for an unrelated condition once **you** have returned to **work** for at least one month.

If a subsequent claim occurs more than three months after the end of a previous claim period and that claim arises from a related condition or one which existed at the same time of the original claim, **you** must have returned to **work** for at least three consecutive months to be eligible to make a new claim.

## 1b. Involuntary Unemployment Cover

| What is covered?        |  |
|-------------------------|--|
| <b>To qualify</b>       | <ul style="list-style-type: none"> <li>• <b>You</b> must be <b>working</b> and become continuously <b>unemployed</b> beginning no sooner than 60 days after the <b>start date</b>. <b>You</b> must be continuously <b>unemployed</b> for at least the duration of <b>your deferment period</b>.</li> <li>• <b>You</b> must be available for, capable of and actively looking for <b>work</b> (except where <b>you</b> left <b>work</b> to care for a relative and <b>you</b> are registered as a carer) while <b>unemployed</b>.</li> <li>• <b>You</b> will need to provide satisfactory proof that <b>you</b> are actively looking for <b>work</b>, including:<br/> <p>Being registered for work with the Department for Work and Pensions or another relevant agency in your country of residence and receiving a form of Jobseeker's Allowance as defined by the relevant legislation or regulations and receiving credits for National Insurance contributions because you meet the conditions for Jobseeker's Allowance, even if you do not receive Jobseeker's Allowance (we will treat the first day of your being registered as the first day of your claim); or</p> <p>If <b>you</b> are not eligible for Jobseeker's Allowance because <b>you</b> receive alternative state support, for example <b>you</b> are in receipt of Income Support Benefit, or Widow's Pension, or Single Parent Allowance, each month <b>you</b> must provide evidence of this alternative benefit and two pieces of satisfactory evidence for <b>us</b> to validate that <b>you</b> are seeking <b>work</b>.</p> </li> <li>• If <b>you</b> are self-employed, evidence from <b>your</b> Accountant or Tax Office that <b>your</b> business has ceased to trade.</li> <li>• <b>You</b> must be under the age of 70 on the first day of <b>your unemployment</b>.</li> </ul> |
| <b>Benefit payable</b>  | <ul style="list-style-type: none"> <li>• If <b>your deferment period</b> is 14 days, <b>we</b> will pay you a daily equivalent amount of <b>your monthly benefit</b> for each consecutive day that <b>you</b> are <b>unemployed</b>, from the first day of <b>your unemployment</b>.</li> <li>• If <b>your deferment period</b> is for 30 days or more, <b>we</b> will pay a daily equivalent of <b>your monthly benefit</b> for each consecutive day that <b>you</b> are <b>unemployed</b> after the <b>deferment period</b>.</li> <li>• If <b>you</b> have more than one job immediately prior to making a claim and <b>you</b> have since been made <b>unemployed</b> with respect to one of those jobs and <b>you</b> are ineligible for Jobseeker's Allowance <b>we</b> will pay <b>your</b> benefit on a pro-rata basis, relative to the <b>working</b> hours lost, subject to the terms and conditions contained within this Policy (e.g. If <b>you</b> were <b>working</b> in 2 part-time jobs of 20 hours per week each and <b>you</b> were made redundant from one job, <b>we</b> would pay half of the normal benefit payable on this basis).</li> </ul>  |
| <b>Benefit Duration</b> | <p><b>We</b> will continue to pay this benefit, on a monthly basis, until:</p> <ul style="list-style-type: none"> <li>• The <b>end date</b>; or</li> <li>• The date <b>you</b> retire; or</li> <li>• <b>You</b> are no longer <b>unemployed</b>; or</li> <li>• <b>You</b> are no longer available for, and actively looking for <b>work</b> (or cannot provide evidence that <b>you</b> are); or</li> <li>• <b>We</b> have paid benefit for <b>your maximum benefit duration</b>;</li> </ul> <p>Whichever happens first.</p>   |
| <b>Maximum Benefits</b> | <ul style="list-style-type: none"> <li>• <b>Your monthly benefit</b> and <b>your maximum benefit duration</b> are both shown in <b>your Policy Schedule</b>.</li> <li>• The maximum <b>monthly benefit</b> <b>we</b> shall pay under this policy and any other Income Protection or similar policy underwritten by us or any other subsidiary of Barclays Bank PLC is 50% of <b>your monthly gross earned income</b> at the <b>start date</b> or if amended, at the <b>amendment date</b>.</li> </ul>  |

### What is not covered?

We will not pay benefit for **unemployment** in any of the following circumstances:

- If the **unemployment** occurs within 60 days of the **start date**; or
- If at the **start date**, **you** knew **you** were going to be made **unemployed**, or **you** had reason to believe that it was likely; or
- If **you** have not been in continuous **work** for six months, with one or more employers, immediately before **your** employment ended. (for this purpose we will disregard any period of two weeks or less when you are not working); or
- If the **unemployment** results from **your** conduct (including fraud, illegal activity, dishonesty or anything that led to or might have led to a disciplinary procedure), **your** resignation, any **unemployment** of a voluntary nature, or where **you** have taken early retirement; or
- If **your work** is seasonal or temporary and in either case **unemployment** is a regular feature of **your work**; or
- If **your** fixed-term contract reaches its expected expiry date, unless **you** have an **employment history** with **your** employer and none of the circumstances above apply.

We will not pay benefit for any **unemployment** while **you** are receiving benefit in respect of **accident** or **sickness** which commenced prior to the **unemployment**.

### Subsequent claims

If **you** become **unemployed** within three months of the end of a previous claim period (for example, **you** become **unemployed** after a period of temporary work) and **we** have not paid the maximum aggregate amount of benefit, **we** will consider your subsequent claim as being part of the original claim. **We** will continue to pay this claim as long as the aggregate amount is not more than the **maximum benefit we** pay. **We** will waive the requirement to be continuously employed for claims that occur within six months of the end of a previous claim period. If **we** have paid the maximum amount of benefit, **you** must have returned to **work** for at least six consecutive months before **you** may make a new claim.

### 1c. Life Cover

| What is covered? |   |
|------------------|---|
| To qualify       | <ul style="list-style-type: none"><li>• If <b>you</b> die after the <b>start date</b> and before <b>you</b> reach the age of 70 <b>we</b> will pay the <b>Life benefit</b>, at which stage all cover will cease.</li><li>• Your <b>Life benefit</b> amount is shown in <b>your Policy Schedule</b>.</li></ul> |

### What is not covered?

We will not pay **Life benefit** if **your** death is the result of:

- Suicide within 12 months of the **start date**; or
- Any condition, injury, illness, disease or **sickness** for which **you** had symptoms, consulted a **Doctor**, or received treatment or medication during the 12 months immediately before the **start date**, (however, if at the time of a claim, **you** have not had any symptoms or consulted a **Doctor** or received treatment in the two years before the claim, this exclusion will not apply).

## 1d. Life Event Cover

| What is covered?        |  |
|-------------------------|--|
| <b>To qualify</b>       | <p><b>Marriage/Civil Partnership</b><br/>Your marriage/civil partnership must occur more than 6 months after the <b>start date</b>. You will be required to provide the relevant evidence to confirm the change in your personal circumstances, such as a copy of <b>your</b> marriage certificate or civil partnership document.</p> <p><b>Divorce / Dissolution of civil partnership</b><br/>Your divorce / dissolution of civil partnership must occur more than 6 months after the <b>start date</b>. You will be required to provide the relevant evidence to confirm the change in <b>your</b> personal circumstances, such as a copy of the decree absolute or court order of divorce or civil partnership dissolution.</p> <p><b>Birth of a Child</b><br/>The birth must occur more than 9 months after the <b>start date</b>. You will be required to provide the relevant evidence to confirm the change in <b>your</b> personal circumstances, such as a copy of the birth certificate.</p> <p><b>Adoption of a child</b><br/>The adoption must occur more than 9 months after the <b>start date</b>. You will be required to provide the required evidence to confirm the change in <b>your</b> personal circumstances, such as a copy of the adoption papers.</p> <p><b>Change of main residence</b><br/>The change of your main residence must be a result of <b>your</b> change of permanent <b>work</b>, it must occur more than 6 months after the <b>start date</b> and must be a move in excess of 125 miles. You will be required to provide the relevant evidence to confirm the change in <b>your</b> personal circumstances, this will include both the employment offer letter and a copy of house purchase documents or <b>your</b> rental agreement. Verification that the move is in excess of 125 miles will be required.</p> <p><b>Jury service</b><br/>Your jury service must occur more than 1 month after the <b>start date</b>. You will be required to provide the relevant evidence to confirm the change in <b>your</b> personal circumstances, such as jury service documents.</p> <p>You must be under the age of 70 on the date the <b>life event</b> occurs.</p> |
| <b>Benefit payable</b>  | The maximum amount we will pay in respect of any one <b>life event</b> is the <b>life event</b> benefit.   |
| <b>Benefit Duration</b> | You can make a maximum of two claims for <b>life event benefit</b> in any 12 month period. Each 12 month period will be calculated from the anniversary date of the <b>start date</b> .  |

### What is not covered?

You will not receive any life event benefit for any of the following:

- if **you** have fostered a child rather than adopted a child under the adoption cover;
- where **you** change **your** residence temporarily;
- if you have temporarily separated from your spouse or civil partner;
- if **you** have changed **your** residence to carry out temporary or seasonal **work**;
- where **you** are unable to provide supporting documentation to prove the change in **your** circumstances;
- where the **life event** occurs before the **start date** or after the **end date** of this policy;
- if **you** have received the maximum **life event benefit** for the **life event** **you** are claiming for;
- where **you** have claimed a maximum of two claims in any one 12 month period; or
- where **you** have provided us with false information, or **you** have made or attempted to make a fraudulent claim.

**You** are not covered for any **life event** that arises or that **you** know of before the **start date**, and which may cause **you** to claim. **We** may still insure **you** but **we** will not pay **life event benefit** directly relating to any claim which **we** consider **you** were aware of before the **start date**.

## 1e. General exclusions applying to Accident and Sickness, Involuntary Unemployment, Life and Life Event cover

**You** are not covered for anything that is:

- Material to **your** claim and that **you** knew but did not tell **us** about prior to purchasing this insurance (cover for anything **you** do tell us about is always subject to the terms and conditions of **your** Policy Documents); or
- Caused by illegal or deliberate acts on **your** part.

If **we** have reasonable grounds for believing that the cause of death was a condition, injury, illness, disease or **sickness** for which **you** had symptoms, consulted a **Doctor**, or received treatment or medication during the 12 months immediately before the **start date**, before **we** pay the claim **we** shall be entitled to require **your** representative to obtain and provide to **us** confirmation from **your Doctor** that either:

- This was not the cause of death; or
- **You** had not had any symptoms or consulted a **Doctor** or received treatment in the two years before the claim.

**We** have the right not to pay benefit for claims that are directly or indirectly caused by riot, terrorism, war or any similar event, nuclear radiation, ionising radiation or the dangerous parts of any nuclear equipment.

## 2. If you need to claim

If **you** need to make a claim, please read the relevant section for the cover that **you** are claiming under, as shown in section 1 of this Policy Document and make sure none of the exclusions apply to **you**.

If **you** meet all the conditions, please follow the steps below to register **your** claim:

**Step 1** To make a claim or for any queries on our claims process, please phone **us** on **0500 500 700\*** or, if **you** are a registered mybarclaycard customer log onto the 'mybarclaycard' section of the Barclaycard website [www.barclaycard.co.uk](http://www.barclaycard.co.uk) and download a claim form. Should **you** need to make a claim for a **Life Event** please call our **Life Events** helpline on **0500 500 700\*** where one of **our** Customer Care associates will talk **you** through the claim process.

**Step 2** **We** will take the details of **your** claim and register the claim (and, where possible, give **you** a decision) over the phone, or **we** will send **you** a claim form, which **you** should complete in full and provide the relevant additional information (in English) to support **your** claim (as applicable):

- **Accident and Sickness** claim – a **Doctor's** certificate confirming **your** condition and **your** employer's confirmation of **your** absence from **work**.
- Involuntary Unemployment claim –
  - o confirmation from the Department for Work and Pensions (or the equivalent agency in **your** country of residence) of Jobseekers Allowance (JSA); or
  - o if **you** are ineligible for JSA, alternative evidence that **you** are actively looking for **work**;
  - o **your** employer's confirmation of **your** involuntary **unemployment**; or
  - o if **you** are self-employed, evidence from **your** Accountant or Tax Office that **your** business has ceased to trade.
- Life claim – the original or a certified copy of **your** death certificate will be required from **your** representative. If **we** have reasonable grounds for believing that the cause of death was a condition, injury, illness, disease or **sickness** for which **you** had symptoms, consulted a **Doctor**, or received treatment or medication during the 12 months immediately before the **start date**, before **we** pay the

claim **we** shall be entitled to require **your** representative to obtain and provide to **us** confirmation from **your Doctor** that either:

- o this was not the cause of death; or
  - o **you** had not had any symptoms or consulted a **Doctor** or received treatment in the two years before the claim.
- **Life Events** claim -
    - o Marriage/civil partnership – **you** will be required to provide the relevant evidence to confirm the change in **your** personal circumstances, such as a copy of **your** marriage certificate or civil partnership document.
    - o Divorce/Dissolution of civil partnership – **you** will be required to provide the relevant evidence to confirm the change in **your** personal circumstances, such as a copy of the decree absolute or court order of divorce or civil partnership dissolution.
    - o Birth – **you** will be required to provide the relevant evidence to confirm the change in **your** personal circumstances, such as a copy of the birth certificate.
    - o Adoption – **you** will be required to provide the required relevant evidence to confirm the change in **your** personal circumstances, such as a copy of the adoption papers.
    - o Change of main residence – **You** will be required to provide the relevant evidence to confirm the change in **your** personal circumstances, this will include both the employment offer letter and a copy of house purchase documents or **your** rental agreement. Verification that the move is in excess of 125 miles will be required.
    - o Jury service – **you** will be required to provide the relevant evidence to confirm the change in **your** personal circumstances, such as jury service documents.

**You** must provide and pay for any proof that is required to support **your** claim.

**Step 3** Return the claim form with the required evidence.

**Step 4** **We** will contact **you** (or **your** representative in the event of **your** death) by telephone or in writing to advise of our decision about **your** claim. If **we** have accepted **your** claim, **we** will pay it promptly to **your nominated bank account** or to **your** representative.

**Step 5** If **you** are claiming under **accident** and **sickness** or **unemployment**, **we** will send **you** a continuing claim form each month, which **you** need to complete and return to **us**, and, if approved, **we** will pay the benefit each month until **you** no longer qualify to claim or until the claim is fully paid, whichever is sooner. Any subsequent claim benefit payments will be dependant upon **your** assistance in providing any additional information required and our continuing assessment of **your** claim. **We** may send a representative to visit **you** during the period of a claim.

If **you** are receiving any state benefits, **you** will need to advise the relevant authority if **you** are entitled to receive benefit under this Policy. In certain circumstances, for example where State benefits are means tested, **your** entitlement to State benefits may be affected if **you** receive benefits under this Policy.

### **Back to work support programme**

If **your unemployment** claim continues beyond 30 days, **we** may offer **you** support, additional information and advice to assist **you** with **your** return to **work**. This is a free service and includes helpline assistance and guidance relating to CV writing and information on job vacancies and helpful websites.

### 3. For how long will you be covered?

All cover and all relevant benefit payments provided by this policy will end on the **end date**. You can cancel your insurance at any time. Please refer to the section on page 11 'What to do if you change your mind, or need to cancel the Insurance?' for details.

We can cancel your insurance by giving you 30 days' notice in writing. This does not affect your rights in respect of a claim arising prior to the cancellation date of your Policy. Your insurance will be automatically cancelled on the date you fail to pay the third of three consecutive unpaid **monthly premiums**.

You must continue to pay your **monthly premium** while you are claiming benefit.

### 4. How is your monthly premium calculated?

The cover that you have and your total **monthly premium** is shown in your **Policy Schedule**. The **monthly premium** is calculated as a percentage of your chosen benefit for **accident** and **sickness**, involuntary **unemployment** and/or life cover and a fixed sum in respect of **life events** and is dependant on your individual circumstances including your age, gender and smoking status at the **start date** or at the **amendment date**.

We will collect your **monthly premiums** in arrears by direct debit from your **nominated bank account** or by charging your Barclaycard as applicable. You can change the payment method during the period of your policy, however, only one change to the payment method will be allowed in any 3 month period.

Any outstanding premiums will be collected from the new payment method account.

### 5. Changing your monthly benefit or cover

We recommend that you review your cover and the amount you have protected on a regular basis to make sure they continue to meet your circumstances. If you want to change your cover due to a change in your circumstances (for example, a change in the nature of your employment), you can ask to change the cover chosen at any time by:

- Visiting the 'mybarclaycard' section of the Barclaycard website [www.barclaycard.co.uk](http://www.barclaycard.co.uk); or
- Writing to us: Barclays Insurance (Dublin) Limited, PO Box 586, Shannon, County Clare, Ireland.

Within 28 days of receiving your request, we will tell you the new **monthly premium** and cover and confirm the **amendment date**. If you change your cover or the benefit amount whilst claiming benefit, the change may affect your entitlement to the payment of any benefits in relation to future claims.

The exclusions and limitations outlined in section 1 of this Policy Document will be applied to any increase in your **monthly benefit** or new cover from the **amendment date**. If any of these exclusions or limitations apply, you will not be eligible to claim under the Policy for that increase in your **monthly benefit** or cover; however we will assess the claim on the basis of the benefit to which you were entitled before the **amendment date**.

## 6. Changing the terms of your policy

### 6a. Changes to your Monthly Premium

**We** will review the cost of the cover, at least annually, and **we** may change the amount of **your monthly premium** if there is a change in (or **we** reasonably expect that there will be a change in):

- The rate of any relevant taxation, including Insurance Premium Tax;
- The costs of operating **your** Policy;
- Any law, regulation or industry guidance that affects;
  - o our insurance business; or
  - o the risk of underwriting **your** Policy; or
- The risk of underwriting **your** Policy arising from changes to the incidence, prevalence or strength of any illness or disease.

**We** may also change the amount of **your monthly premium** if there is a change in (or **we** reasonably expect there will be a change in) the risk of underwriting **your** Policy arising from any unforeseen change in the cost or number of claims incurred in relation to this type of policy.

In addition, we may change the amount of **your monthly premium** if **we** have another valid reason for doing so, and **we** will tell **you** what that reason is.

Any change to the amount of **your monthly premium** will reflect the change in the rate of any relevant taxation or will be a fair proportion, as reasonably estimated by **us**, of the impact of the underlying change on the costs **we** incur in **our** insurance business.

### 6b. Changes to other terms

**We** may change any of the other terms and conditions of this Policy:

- Where **we** reasonably consider that the change would make the terms easier to understand or fairer to **you** or would not be to **your** disadvantage; or
- To enable **us** to make reasonable changes to the way **we** look after **your** Policy so as to facilitate changes in the insurance industry, technology or the systems **we** use to run our insurance business or as a result of a legal, regulatory or industry requirement, guidelines or code of practice (or where **we** reasonably expect that there will be a change in any of them).

**We** may also change any of the other terms and conditions of **your** Policy for any reason not listed above.

### 6c. Notice of any change

**We** will give **you** 60 days' advance notice by post or email of any change. **You** may cancel **your** Policy at any time by giving 30 days' notice. Please refer to the section on page 11 "What to do if **you** change **your** mind, or want to cancel the Insurance?" for details. **You** will not have to pay any additional charge for cancelling **your** Policy.

## 7. Complaints and feedback

If **you** have any complaints about this Policy, please contact **us** as follows:

- By phoning **us** on 0800 783 0010\*; or
- By writing to the Customer Services Team at Barclays Insurance (Dublin) Limited, PO Box 586, Shannon, County Clare, Ireland; or
- By sending **us** a fax on 0870 400 4865\*

If **you** are still not satisfied or **you** feel **we** have not fully dealt with **your** complaint, **you** are entitled to refer it to the Financial Ombudsman Service at: South Quay Plaza, 183 Marsh Wall, London E14 9SR (phone: 0845 080 1800).

Making a complaint will not affect **your** right to commence legal action.

## 8. Material facts

Some of the facts **you** give **us** are known as 'material facts'. These are facts which **we** think are likely to affect the risk of insuring **you**. Information **you** give or which is given on **your** behalf in **your** application form, claim forms or other documents must be accurate, particularly information about **your** date of birth, gender, smoker status, medical history, health, **work** and where **you** live. If it later becomes clear that a material fact was not accurate or was left out (whether deliberately or accidentally), **we** can cancel this Policy or refuse to pay a claim, without refunding any **monthly premiums**.

If any information provided in relation to this Policy is fraudulent, or if fraudulent or misleading means are used by **you** or on **your** behalf, **your** right to any benefit under this Policy will end and **we** will commence proceedings to recover any benefit paid and any costs incurred as a result of such fraudulent or misleading information.

**You** must tell **us** if there is a change to any of the information **you** have previously provided to **us**.

## 9. Financial Services Compensation scheme

**We** are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the FSCS if **we** cannot meet our obligations, depending on the type of business and the circumstances of the claim. Further information about compensation scheme arrangements is available from the FSCS website [www.fscs.org.uk](http://www.fscs.org.uk) or by writing to Financial Services Compensation Scheme at: 7th Floor Lloyds Chambers, Portsoken Street, London E1 8BN.

## 10. Governing law

The law of England and Wales will apply to this Policy, unless **we** agree otherwise with **you** in writing before issuing the Policy. The Contracts (Rights of Third Parties) Act 1999 will not apply to this Policy.

## 11. Data Protection

**We**, as joint data controllers, will keep the information **you** provide about **yourself** and third parties in accordance with **our** obligations under the Data Protection Acts, 1988 and 2003, the European Communities (Electronic Communications Networks and Services) (Data Protection and Privacy Regulations), 2003 (as amended), and the Code of Practice on Data Protection for the Insurance Sector (all of Ireland).

**We**, and other members of the Barclays Group (which includes our parent company and any companies **we** or our parent company totally or partly own at any time) will use **your** information (which may include sensitive personal data such as health and conviction details) for research and analysis and to develop and improve our services to **you** and other customers and protect **our** interests. **We** will also use **your** information to manage **your** policy(ies), assess the conditions of the insurance contract, deal with claims, to obtain/provide quotations on an ongoing basis and in the normal course of servicing and administering **your** insurance, to participate in internal or market level statistical exercises to prevent and detect fraud, money laundering and other crime, and to meet **our** legal and regulatory obligations. By going ahead with this insurance **you** give **your** permission to this information being processed by **us** or our associated companies or agents.

**We** may give information **you** have provided (at the time of applying for this insurance, on making a claim, or at any other time), or information **we** hold or have been otherwise provided with (including how **you** use **your** insurance and other services) to the following:

- (a) Other companies within the Barclays Group and our relationship partners.
- (b) Companies and organisations who provide a service to **us**, including but not limited to reinsurers and private investigators, or who are acting as our agents (including their sub-contractors), on the understanding that they will keep the information confidential. If **we** transfer **your** information to a service provider or agent in another country, **we** will make sure that the service provider or agent agrees to apply the same levels of protection as **we** are required to apply to information held in the **UK** and, where appropriate, to use **your** information strictly in accordance with our instructions.
- (c) **Your** advisers (including but not limited to accountants, lawyers, financial advisers or other professional advisers) where authorised by **you** and to any other person notified by **you** as authorised to give instructions or to use the account or products or services on **your** behalf.
- (d) Anyone to whom **we** transfer or may transfer our rights and duties under this agreement.
- (e) Any third party as a result of any restructure, sale or acquisition of any company within the Barclays Group, provided that any recipient uses **your** information for the same purposes as it was originally supplied to **us** and/or used by **us**.
- (f) Fraud-prevention agencies and other organisations, who may record, use and give out information to other insurers.
- (g) Insurers, lenders or their agents, who may use the information for fraud prevention and detection purposes, including (but not limited to) carrying out checks against any information they hold or that is otherwise available (publicly or otherwise).

**We** may also give out information about **you** if **we** have a duty to do so (for example to regulatory organisations which will monitor whether **we** are keeping to regulatory rules or codes) or if the law allows **us** to do so.

Otherwise **we** will keep information about **you** confidential and for as long as the law and business purposes require. **We** will retain information about **you** after the closure of **your** account or expiry of **your** policy, or if **your** application is declined or abandoned for as long as permitted for legal, regulatory, fraud and other financial crime prevention and legitimate business purposes.

**We** and other members of the Barclays Group will use **your** information to inform **you** by letter, telephone, text (or similar) messages, digital television, e-mail and other electronic methods, about products and services (including those of others) that may be of interest to **you**. **You** may tell us at any time if **you** do not wish to receive marketing communications from **us** / or other members of the Barclays Group by writing to **us** or by visiting **your** local branch and providing **your** full name, address and account details and the types of communication that **you** no longer wish to receive (e.g. mail, telephone or email).

**We** may monitor and record communications between **you** and Barclays, for training purposes.

**You** have a right to see **your** personal information which **we** hold (and if necessary rectify, block certain uses or object to the processing of information held about **you**) with limited exception, and on payment of the appropriate fee. For more details write to:

The Data Protection Co-ordinator, PO Box 586, Shannon, County Clare, Ireland.

## 12. Helpline for disabled customers

**We** can provide this Policy Document in Braille, in large print or on audio tape. For any of these, phone 0800 400 100\* or visit [www.barclays.co.uk/accessible-services](http://www.barclays.co.uk/accessible-services)

### 13. Definitions

Where the words below appear in bold in this Policy Document they will have the following meanings:

|                            |  |
|----------------------------|--|
| 'Accident'                 | An incident which <b>you</b> did not expect or intend occurring after the <b>start date</b> resulting in injury to <b>you</b> .  |
| 'Amendment date'           | The date an additional cover is added to, or removed from, <b>your</b> existing Policy, or the <b>monthly benefit</b> including <b>benefit duration</b> and <b>deferment period</b> is changed.  |
| 'Crown employee'           | A person who is either employed by the British Armed Forces or is a civil servant or diplomat employed in a British embassy or consulate, no matter where located in the world.  |
| 'Deferment period'         | A period of time for which <b>you</b> must wait before <b>you</b> are eligible to make a claim. This is shown in <b>your Policy Schedule</b> .   |
| 'Doctor'                   | A qualified medical practitioner who is registered with the relevant professional regulatory body. This person cannot be <b>you</b> , <b>your</b> partner or a relative of <b>yours</b> .  |
| 'Employment history'       | <ul style="list-style-type: none"><li>• <b>You</b> have worked continuously for the same employer for at least 24 months; or</li><li>• <b>You</b> have been on a contract for at least 12 months and had the contract renewed at least once; or</li><li>• <b>You</b> were originally employed permanently by the same employer but have been transferred to a fixed-term contract without a break in employment.</li></ul> |
| 'End date'                 | The earliest to occur of the following events: <ul style="list-style-type: none"><li>• The date the Policy is cancelled; or</li><li>• The date <b>you</b> retire (applicable to <b>accident</b>, <b>sickness</b> and involuntary unemployment cover only); or</li><li>• The date <b>we</b> pay <b>Life benefit</b>.</li></ul>  |
| 'Gross earned income'      | <b>Your</b> monthly income before any taxes or other deductions have been made that <b>you</b> told <b>us</b> at the <b>start date</b> or the <b>amendment date</b> .  |
| 'Life benefit'             | The amount that <b>you</b> choose to be protected as shown in your <b>Policy Schedule</b> . This amount will not exceed £25,000.   |
| 'Life Event'               | Where <b>you</b> experience a change in <b>your</b> personal circumstances. A <b>life event</b> is limited to marriage, divorce, birth or adoption of a child, jury service, or change of <b>your</b> main residence due to a change in <b>your</b> permanent <b>work</b> .  |
| 'Life event benefit'       | The amount <b>we</b> will pay to <b>you</b> for each <b>life event</b> is £250.  |
| 'Maximum benefit duration' | The maximum period of time for which <b>unemployment</b> and <b>accident</b> or <b>sickness</b> benefit will be paid as chosen by <b>you</b> and shown in <b>your Policy Schedule</b> .  |
| 'Monthly benefit'          | The amount that <b>you</b> choose to be protected for <b>unemployment</b> and <b>accident</b> or <b>sickness</b> as shown in <b>your policy schedule</b> up to a maximum of £2,000. This amount cannot exceed 50% of <b>your gross earned income</b> at the <b>start date</b> .  |

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|--------------------------------|---|
| ‘Monthly premium’              | The amount <b>you</b> must pay to <b>us</b> each month for the cover provided by <b>your</b> Policy.  |
| ‘Nominated bank account’       | A bank account in <b>your</b> name from which <b>we</b> will deduct <b>your</b> premium by direct debit and/or into which <b>we</b> will pay <b>your accident</b> and <b>sickness</b> and involuntary <b>unemployment</b> and <b>life event benefits</b> .  |
| ‘Policy schedule’              | The letter which accompanies <b>your</b> Policy Document and sets out the specific details of <b>your</b> cover.  |
| ‘Regular care and attendance’  | A <b>Doctor</b> treating <b>you</b> on a regular ongoing basis for an <b>accident</b> or <b>sickness</b> .  |
| ‘Sickness’                     | An illness which <b>you</b> first had after the <b>start date</b> .   |
| ‘Start date’                   | The date <b>your</b> insurance commences (this is shown in <b>your Policy Schedule</b> ).   |
| ‘UK’                           | England, Scotland, Wales, Isle of Man and Northern Ireland.   |
| ‘Unemployed’ or ‘Unemployment’ | <p><b>You</b> are not <b>working</b> for one of the following reasons:</p> <ul style="list-style-type: none"> <li>• <b>Your</b> employer has made <b>you</b> redundant;</li> <li>• <b>You</b> have had to leave <b>work</b> to care for a relative for at least 35 hours a week (<b>you</b> will need to be registered with the Department of Work and Pensions as a carer);</li> <li>• <b>You</b> are self-employed and <b>you</b> have stopped trading permanently, and: <ul style="list-style-type: none"> <li>o <b>your</b> business is being or has been wound up; or</li> <li>o <b>your</b> business is in the hands of a liquidator; or</li> <li>o <b>your</b> partnership has been dissolved.</li> </ul> </li> </ul>  |
| ‘We’ or ‘Us’                   | Barclays Insurance (Dublin) Limited or Barclays Assurance (Dublin) Limited (or both).   |
| ‘Work’ or ‘Working’            | <p><b>You</b> are actively employed in any paid employment (or <b>you</b> are receiving payment instead of notice) for at least one hour a week in one or more of the following:</p> <ul style="list-style-type: none"> <li>• A permanent job (where <b>your</b> contract of employment does not end on a given or suggested date, is not temporary or casual and <b>you</b> pay Class 1 National Insurance contributions or make similar contributions in <b>your</b> country of residence);or</li> <li>• A fixed-term contract; or</li> <li>• <b>You</b> are self-employed (where <b>you</b> are employed alone or with a partner) in a trade or profession and assessed for tax under the Income Tax (Trading and Other Income) Act 2005 (or a similar law in the country <b>you</b> live in); or <b>you</b> are employed by a company where <b>you</b>, or anyone connected with <b>you</b>, have control over that company.</li> </ul> |
| ‘You’ or ‘Your’                | <p>Any person (not a company) who;</p> <ul style="list-style-type: none"> <li>• is named as the ‘Insured Customer’ on the <b>Policy Schedule</b>; and</li> <li>• is paying us the <b>monthly premium</b>; and</li> <li>• is a <b>UK</b> resident or <b>crown employee</b> at the <b>start date</b>; and</li> <li>• is between 18 and 70 years of age at the <b>start date</b>.</li> </ul>   |

## Contact Details

**You** can contact **us** by calling **0500 500 700\***, by sending a fax to **0870 400 4865\*** or by writing to: Barclays Insurance (Dublin) Limited, PO Box 586, Shannon, County Clare, Ireland.

This item can be provided in Braille, large print or audio by calling **0800 400 100\*** (via TextDirect if appropriate) or by ordering online from [www.barclays.co.uk/accessibleservices](http://www.barclays.co.uk/accessibleservices).

\*To make sure **we** maintain a high-quality service and for training purposes, **we** may monitor or record phone calls. Calls to 0500 numbers are free when calling from a **UK** landline. Calls to 0800 numbers are free when calling from a **UK** landline. Charges for 0870 numbers are charged at National Rates. Additional charges may apply when using a mobile phone or when calling from abroad.

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