

Saga Accidental Death Benefit

Your Policy Booklet

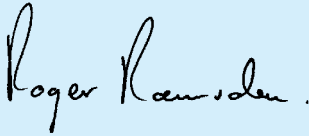


Welcome to Saga Accidental Death Benefit.

As with all our services, we have designed this policy with our customers' needs in mind and I hope you will be satisfied with the cover provided.

Our aim has been to write this policy in clear, concise English. If you have any questions about your insurance cover, we will be pleased to help you.

Please refer to the telephone numbers on the back cover.



Roger Ramsden
Chief Executive

Saga Accidental Death Benefit insurance is underwritten by Acromas Insurance Company Limited, 57–63 Line Wall Road, Gibraltar. Registered Number 88716 (Gibraltar). UK branch address: Middelburg Square, Folkestone CT20 1AZ.

Introduction

The words shown in bold print are defined in the Glossary of terms opposite.

Our contract with you

This policy is a contract between **you** and **us**. The statement of insurance, policy **schedule** and this booklet all form part of this contract. Under the terms of this policy, **we** will pay the benefits described in the 'What is covered' section if **you** suffer **bodily injury** during any **period of insurance** which **you** have paid for, and for which **we** have accepted the payment. This policy gives details of **your** insurance.

Please read the **schedule** and policy booklet carefully to make sure that **you** have the cover **you** want and that **you** are eligible for the cover.

We will not change **your** premium or the terms of this insurance without writing to tell **you**. If **we** do change **your** premium or the terms **we** will give **you** at least 30 days' notice. **We** review premiums and terms for all Saga Accidental Death Benefit policyholders every year.

Choice of law

Unless **we** agree otherwise, English Law will apply to this insurance.

Inheritance Tax

Payment for accidental death benefit may be subject to Inheritance Tax. **We** will not enter into any trust, or other arrangement and will pay any claim to **your legal personal representative** only.

Important – Personal information

The information **you** have given **us** will be held and used to manage **your** insurance **policy** and this will include both underwriting and claim handling. For this purpose **we** may disclose it to other interested third parties – for example, other insurers, regulatory authorities and agents who provide services on **our** behalf.

Your calls may be monitored and recorded in order that the service may be improved and to help prevent and detect fraud. **We** may check information provided or received and **we** may also undertake credit searches and additional fraud searches.

By accepting this **policy you** consent to **our** processing personal data including sensitive data about **you** and other persons who may be insured under the **policy. You** understand that all personal data **you** give to **us** must be accurate and that **you** have the specific consent of those other persons to disclose their personal data.

In the case of personal data, with limited exceptions, **you** have the right to access and if necessary rectify information held about **you** by formal written application to Saga's Group Data Protection Officer at Enbrook Park, Sandgate, Folkestone, Kent CT20 3SE.

You should show these notes to anyone to be covered under this policy.

Glossary of terms

Bodily injury

Injury that is caused by accidental means and which, within 12 months of the date of the accident, shall solely and independently of any other cause, result in death. It does not include sickness or disease (or treatment for sickness or disease as a result of the accident), degenerative condition or medical disorder.

Bodily injury includes the following:

a) Exposure

Injury caused to **you** as a result of **you** being exposed to the elements.

b) Disappearance

If **you** disappear and, after **we** have examined all available evidence, it is reasonable to believe that **you** have died as a result of injury that is caused by accidental means, the death benefit shall become payable. The beneficiary must sign an undertaking to refund such payment to **us** if **you** are subsequently found to be living.

Doctor

A medical practitioner who has the primary degrees in the practice of medicine and surgery, and who is licensed to practise medicine in the country where treatment is given, except anyone related to **you**.

Legal personal representative

The person who **you** have nominated to represent **your** interests in the event of **your** death.

Period of insurance

30 days from the commencement date as set out in the **schedule** and any further monthly periods for which the insurer accepts a premium.

Schedule

The schedule attached to this policy.

Spouse/partner

The marital or civil partner or a cohabitee who has been residing with the policyholder at the same address for at least six months prior to the date of accident giving rise to a claim under this policy.

We, us, our

Acromas Insurance Company Limited.

You, your, yours

The person(s) named on the **schedule** who:

- is between 50 and 89 years of age at the start of this insurance;
- has applied for and been accepted for this insurance; and
- has paid, or has agreed to pay, the premiums when they are due.

What is covered

- If **you** have an individual policy **we** will pay **your legal personal representative(s)** £25,000 should **you** die as a result of an accidental **bodily injury**.
- If **you** have a joint policy with a **spouse/partner**, **we** will pay **your legal personal representative(s)** half the benefit due, i.e. £12,500 should **you** die as a result of an accidental **bodily injury**.

What is not covered

We will not pay any claim arising directly or indirectly from the following:

- Suicide or intentional self-inflicted injury;
- Flying other than as a passenger in a licensed passenger aircraft;
- Engaging in Military or Naval or Airservice operations;
- Any consequence whatsoever resulting directly or indirectly from or in connection with any of the following, regardless of any other contributing cause or event: war, invasion, act of foreign enemy, hostilities or a warlike operation or operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.

We will not pay any claim where:

- **we** have not received the completed claim form within 180 days of the date of death;
- **you** are claiming under more than one Saga Accidental Death Benefit insurance with **us**.

Conditions

1. Transfer of interest

You cannot transfer this insurance to any other person.

2. When cover will end

All cover provided by this insurance and all benefit payments will end on one of the following dates:

- The first monthly renewal date following **your** 90th birthday;
- The date **you** cancel this insurance by giving **us** 30 days' written notice;
- The date **we** cancel this insurance by giving **you** 30 days' written notice;
- The 30th day after the date **your** monthly premium becomes due and remains unpaid;
- The date **you** make a fraudulent claim (if this happens, **your** insurance cover will end, **you** will have to return any insurance benefits **we** have paid, **you** will not receive any further benefits and **we** will not collect any more premiums);
- The date of death except where a joint policy is held and the **spouse/partner** is eligible to continue cover.

3. Claims

When a claim is made, **your legal personal representative** must provide and pay for any proof **we** ask for.

4. Cancellation rights

If this policy does not meet **your** needs **you** have the right to cancel it at any point during its duration. **You** can telephone **us** on 0800 015 0117. **You** can also write to **us** at Saga Services Ltd, Middelburg Square, Folkestone, Kent CT20 1AZ to cancel **your** policy. Cancellation is effective from the date **your** letter is dispatched. **We** will refund any premium owing on a pro-rata basis, if a claim has not been made.

We or Saga Services Limited may cancel this policy by giving **you** 30 days' notice by recorded delivery letter. **We** will send this notice to **your** last known address.

5. Cancellation within the first 14 days

If **you** cancel **your** policy within 14 days of receiving it **we** will refund **your** full premium within 30 days, unless a claim has been made.

If **you** do wish to cancel **your** policy and the insurance cover has not yet commenced **you** will be entitled to a full refund of the premium.

If after 14 days **you** have not cancelled **your** policy, **we** will assume that **you** have accepted the terms and wish **your** policy to continue for the agreed period of cover.

Useful information

How your legal personal representative can make a claim

Telephone us on **0845 301 4996** between 8am and 6pm Monday to Friday, 9am and 12.30pm on Saturday. (Please have the policy number to hand when calling.) Alternatively write to us at: Accidental Death Benefit Claims, Acromas Insurance Company Limited, Eurokent Business Park, Haine Road, Broadstairs, CT12 5AE as soon as possible to let us know that a claim is to be made.

We will send a claim form that should be completed and sent back to us as soon as possible with any evidence we ask for. The claim form includes a report for the deceased's doctor or consultant to complete. Please answer all the questions on the claim form that apply, giving as much information as possible, and return it to us at the above address.

We may monitor or record telephone calls.

Customer service

Our customer service commitment to you

Saga aims to provide you with high levels of service at all times. However, there may be times when you feel that our service has fallen below the standard you expect. If this is the case and you want to make a complaint, we will do our best to try to resolve the issue.

Whether you are phoning or writing, please remember to quote your name, address and policy number, as it will help us deal with your enquiry or complaint quickly.

If you have a query or complaint about your Saga Accidental Death Benefit policy, please contact our Customer Services Department on 0800 015 0117. If you have a complaint about a claim, please call Saga Accidental Death Benefit Claims on 0845 301 4996. If this does not resolve your complaint please follow the procedure listed below:

If you have a specific complaint relating to an underwriting decision, premium change or other technical insurance matter, you should contact:

Customer Relations Department
Saga Services Limited
Middelburg Square
Folkestone CT20 1AZ
Telephone: 01303 771160
Fax: 01303 771347
e-mail: services.customer-relations@saga.co.uk

If you are still dissatisfied, you should write to:

The Chief Executive Officer
Saga Services Limited
Middelburg Square
Folkestone CT20 1AZ

If you have a specific complaint relating to claims mismanagement, you should contact:

Claims Customer Care Department
Saga Accidental Death Benefit Claims
PO Box 644
Folkestone CT20 9BE
Telephone: 01303 776778
Fax: 01303 776779
e-mail: technicalclaims@saga.co.uk

If you are still dissatisfied you should write to:

Head of Saga Accidental Death Benefit Claims
PO Box 644
Folkestone CT20 9BE

If you are not satisfied with the response you receive, you can ask the Financial Ombudsman Service to review your case. The Financial Ombudsman Service will resolve your dispute in an independent and fair way. You can contact them at:

Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London E14 9SR.
Telephone: 0300 123 9123
Fax: 0207 964 1001
Website: www.financial-ombudsman.org.uk
e-mail: enquiries@financial-ombudsman.org.uk

Important Note

The Financial Ombudsman Service will only consider your complaint if you have already given us the opportunity to resolve the matter. However, if we have not provided a final response within eight weeks you can refer your complaint straight to the Financial Ombudsman Service.

If you follow this complaint procedure, it does not affect your legal rights.

Future underwriter changes

Your Saga Accidental Death Benefit policy is currently provided and underwritten by Acromas Insurance Company Limited as part of an agreement between Saga Services Limited and Acromas Insurance Company Limited. At some time in the future Saga Services Limited may enter into an agreement with a new provider for all or part of your policy, in which case this new provider will offer you accidental death benefit to replace your current policy. If this is the case, Saga Services Limited will write to you to confirm the details of the new provider and give you details of any changes to the Terms and Conditions of your policy. You hereby authorise Saga to transfer any personal data to a new provider, including health or other data defined as 'sensitive personal data' under the Data Protection Act, and consent to the new provider being able to offer cover to you. If at any time you wish to withdraw your agreement to this, please let us know by calling 0800 015 0117.

Helplines (Please have your policy number to hand when calling)

Claims
Saga claims helpline

0845 301 4996

8am–6pm Monday to Friday and 9am–12.30pm Saturday

Customer Service
Enquiries about your policy

0800 015 0117

9am–5.30pm Monday to Friday and 9am–1pm Saturday

This Policy Booklet is also available in large print, audio and Braille. If you require any of these formats please contact us on **0800 015 0117**

If you have a hearing or speech impairment you can also contact us by e-mailing dda@saga.co.uk

Acromas Insurance Company Limited is authorised by the Financial Services Commission, Gibraltar.
Acromas Insurance Company Limited is a member of the Association of British Insurers.

Saga Services Limited is registered in England and Wales (Company No. 732602). Registered Office: Enbrook Park, Sandgate, Folkestone, Kent CT20 3SE. Authorised and regulated by the Financial Services Authority.

Saga Services Limited and Acromas Insurance Company Limited are ultimately wholly owned subsidiaries of Acromas Holdings Limited