

1. How will this insurance help you?

This insurance has been designed to overcome the consequences of unemployment or disability and to provide the following unique benefits:

- You do not need to have a mortgage to be insured under this insurance. However, being totally flexible it can cover a monthly mortgage payment, or rent, loans, household bills or any other purpose you require.
- Highly competitive premiums payable monthly by direct debit.
- Up to £1,000 per month of tax free benefit.
- Benefits are payable for up to 12 months after an excess period of only 30 days.
- Unemployment only cover, or disability only cover, or both combined.
- The self-employed, directors and proprietors of businesses are covered if their business ceases to trade.
- No premium loading on the basis of age, gender or occupation.

2. Am I eligible for cover?

Cover is available to all UK residents who are not aware of impending unemployment and who are aged between 18 and 60 inclusive, in paid work for an average of 16 hours or more per week and:

- are on a permanent contract of employment or,
- are on a fixed term contract (see below) or,
- are self-employed or,
- are a director who is salaried and employed on a permanent basis and have no control over their own unemployment or,
- are a partner who is salaried and employed on a permanent basis and under a contract of service and have no control over their unemployment or,
- are a trainee with a permanent contract of employment

At the commencement of insurance you must have been in continuous employment for the previous six months (twelve months if self-employed).

3. What unemployment cover will I have if I am on a fixed term contract?

- If you have been continuously employed on a contract of at least 12 months duration with the same employer that has been renewed at least once or a contract with the same employer for a continuous period of at least 24 months, you will be treated as being in permanent employment.
- If you do not meet this criteria, you will not be covered for non renewal of your contract and benefit will not be payable beyond the date your contract would have terminated had you remained working for the original intended period of the contract. If at the commencement date of this insurance, you do not meet this criteria but you subsequently do meet the criteria, you will be treated as being permanently employed if a claim occurs after the criteria has been met.

4. When can you make a claim under this insurance?

You can make a claim under this insurance at any time during the period of insurance providing you notify us as soon as reasonably possible. However, there is a period of 120 days immediately following the insurance commencement date during which any occurrence or notification of impending unemployment will not be insured. This is known as the initial exclusion period.

5. What are the major policy exclusions?

Unemployment exclusions:

- which you knew to be impending on the date of application,
- occurring within 120 days of the commencement date of cover,
- following voluntary redundancy,
- which results from industrial action in which you are involved, or your misconduct, or you voluntarily leaving your employment or tendering your resignation,
- which is a normal or seasonal occurrence in your occupation,

Disability exclusions:

- arising from any physical or mental defect, infirmity, recurring disease or chronic or continuing disease for which you have received treatment or advice, during the 12 months immediately preceding the commencement date of insurance or which you were aware at the commencement date of insurance,
- arising from any psychiatric illness or mental or nervous disorder including anxiety, depression, stress and stress related conditions unless diagnosed by a consultant,
- arising from any surgery which is not medically necessary to sustain or maintain your quality of life and which is undertaken solely at your request
- arising directly or indirectly from normal pregnancy and childbirth related conditions.
- disability caused by any back complaint or associated condition unless there is specialist medical evidence made available to us.

5. What are the major policy exclusions? (cont'd)

General exclusions:

- arising from war, invasion, act of foreign enemy hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, military or usurped power,
- where a claim is a result of attempted suicide or willful exposure to danger (except in an attempt to save human life),
- where a claim is a result of intentional self-inflicted injury or the influence or effect of intoxicating liquor or drugs (other than drugs taken under medical supervision and not for the treatment of drug addiction).

6. How long are claim benefits paid for?

You will receive up to a maximum of 12 monthly benefit payments for any separate unemployment or disability claim under this insurance. Full details of how a claim is treated are shown in the policy wording should a claim change from a disability claim to an unemployment claim or vice versa or should you return to work for a short period of time and then need to claim again shortly afterwards.

7. When do you receive your first benefit payment?

Subject to the provisions of sections 4 and 5 above, you will need to be continuously unemployed or disabled for a period of 30 consecutive days before you are able to claim benefit under this insurance. Thereafter payments will continue monthly in arrears until the earliest of the following events:

- the last consecutive day that you remain unemployed or disabled,
- the date you cease to provide evidence that you remain continuously unemployed or disabled,
- the date on which you have received maximum benefit payments for any separate period of claim,
- the termination date of this insurance.

8. How much cover can you have?

The amount of cover you select is known as the monthly benefit. The maximum monthly benefit available is £1,000 or 50% of gross monthly income* whichever is the lower, less any other form of income and benefit from any similar policy but excluding state benefits.

*Gross monthly income means monthly salary plus the average of any overtime, commission and/or bonus payments received in the 12 months prior to the insurance start date. Should you need to claim under this policy your gross salary for the 12 months prior to the claim will be confirmed with your employer.

9. What are the costs of cover?

The costs of cover are expressed as a rate per £100 of monthly benefit and include insurance premium tax.

MONTHLY PREMIUM RATES	
Unemployment & disability	£5.80
Unemployment only	£3.70
Disability only	£3.70

10. Complaints procedure

We always try to provide a first-class standard of service. However, if you have a complaint, you should contact the intermediary who arranged this insurance for you.

If they cannot sort the matter out, please write to the Head of Customer Care of AXA General Insurance Limited. His address is: Civic Drive, Ipswich, IP1 2AN. Tel: 01473 205926, Fax: 01473 205101, or email: customercare@axa-insurance.co.uk.

If you are still not satisfied, you can refer your case to the Financial Ombudsman Service (FOS).

The FOS is an independent body that arbitrates on complaints after we have provided you with written confirm that our internal complaints procedure has been exhausted:

Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR. Tel: 0845 080 1800 Fax: 020 7964 1001

Referral to the FOS will not affect your right to take legal action against us.

11. Arranging cover under this insurance

This insurance is underwritten by **AXA General Insurance Limited** who are members of The General Insurance Standards Council.

AXA General Insurance Limited Personal Communication Centre will provide you with a premium quotation for the cover you require and answer any queries that you may have.

Address: PO Box 147, Civic Drive, Ipswich, IP1 1RP

Tel: 0870 333 0956

Email: biba.incomeprotection@axa-insurance.co.uk

A full copy of the insurance terms and conditions, which includes how to claim, is available online at www.biba-income-protection.co.uk where you can also calculate the cost of cover by using the instant quote facility.

Please complete the form in block capitals using a ball-point pen. Tick boxes where appropriate.

1. ABOUT YOU

Name in full: Mr/Mrs/Miss/Ms	Date of birth
Postal address	Postcode

2. DETAILS OF YOUR EMPLOYMENT

Self-employed applicants should only complete items a) to f) of this section. Employed applicants should only complete items g) to m) of this section.

THE SELF-EMPLOYED (complete if applicable)

a) Date of self-employment commenced

b) What is the nature of your business?

c) How many hours do you work per week?

d) Has there been any break in your self-employment during the last 12 months? YES NO

e) Are you aware of any impending unemployment? YES NO

If you answer "YES" to either d) or e) above, we regret that you are not eligible for cover under the plan.

f) Are you permanently resident in the UK, Channel Isles or Isle of Man? YES NO

If "NO", please provide full details

EMPLOYEES (complete if applicable)

g) i) Occupation

ii) Name and address of current employer

h) i) Length of employment with current employer

ii) If less than six months, please state your previous occupation and the dates of employment

i) How many hours do you work per week?

j) Are you on a fixed term contract? YES NO

If "YES"

i) what is the length of the contract?

ii) How many times has it been renewed?

k) Are you aware of any impending unemployment? YES NO

If "YES" we regret that you are not eligible for cover under this plan

l) Has your employer recently announced a reduction in staff numbers? YES NO

If "YES" please give details:

m) Are you permanently resident in the UK, Channel Isles or Isles of Man? YES NO

If "NO" please provide full details:

3. YOUR FINANCIAL COMMITMENTS

a) Do you currently have a mortgage and/or personal loans? YES NO

If "YES" please state the lender(s)

b) Have you had any rent or mortgage arrears in the last 2 years? YES NO

If "YES" please give details

c) Have you any history of default under any credit agreements other than mortgages in the last 2 years? YES NO

If "YES" please give details

d) Have you ever had a County Court Judgement against you or been involved in bankruptcy proceedings? YES NO

If "YES" please give details:

4. YOUR INCOME

a) Please state your total gross earnings in the past 12 months
Gross earnings means:

i) employed – total income shown on P60 £

ii) self employed – personal annual earnings as assessed for income tax after deduction of allowable business expenses £

b) Do you have income from any other source? YES NO

If "YES" please give details:

Your income will be verified at the time of any claim

c) At what level and for how long would your income continue from your employer or business if you were unable to work due to illness or accident? % OF INCOME MONTHS

d) Are you insured elsewhere for sickness, accident or unemployment benefit or have you made applications elsewhere in the past 12 months (e.g. in connection with mortgage payments or loan repayments)? YES NO

If "YES" please give details in the box below

Type of benefit	Company	Benefit amount	Benefit period	tick if current

5. THE COVER YOU REQUIRE

a) Please tick the type of cover you require:

i) unemployment protection only or ii) accident and sickness protection only or iii) unemployment, accident and sickness protection

b) What level of monthly benefit do you require? £

PLEASE NOTE
The benefit is restricted to 50% of your gross earnings, less employer and other disability or unemployment policy benefits, subject to a maximum of £1000 per month. For the self employed, earnings are those that are annually assessed for Income Tax after deduction of allowable business expenses.

6. YOUR OCCUPATIONAL & PASTIME DETAILS

a) Do you, or do you intend to:

i) engage in any pursuit or sport which may be considered hazardous? YES NO

ii) fly except as a fare paying passenger on an established public service? YES NO

If "YES" to i) or ii) please give full details

iii) work below ground or underwater? YES NO

If "YES" we regret that you are not eligible for cover under this plan

iv) work at heights? YES NO

If "YES" please state maximum height at which work is carried out

DECLARATION OF INSURANCE

Please sign this declaration once you have read it. If you are unsure as to whether any information should be given, you should provide it.

I declare that:

I will inform underwriters of any changes that occur before this insurance commences. I understand that failure to do so may result in this insurance being declared void and that a claim for the benefits may not be paid.

To the best of my knowledge and belief all the statements made, which includes anything I have said, have been recorded accurately in this application or are as attached and are true and complete. This disclosure will form the basis of the contract.

I agree to underwriters obtaining medical information from any doctor I have consulted about my physical or mental health, in order to assess my proposal. Underwriters may obtain relevant information from other Insurers about previous or concurrent applications for disability or unemployment insurance that I have applied for.

I authorise those asked for such information to provide it on the production of a copy of this consent. This consent allows the underwriters to obtain medical reports at any time during the life of the plan or after my death to support any claim made on the plan proceeds.

I agree that a copy of the agreement given in this declaration will have the validity of the original.

Data Protection Act 1998

AXA Insurance is a member of the AXA Group. To set up and administer your policy we will hold and use information about you supplied by you and by medical providers. We may send it in confidence for processing to other companies in the AXA Group (or companies acting on our instructions) including those located outside the European Economic Area. By signing this form you consent to such use of your personal data.

AXA Insurance may send you details of your other products and services. To enable them to send you details of their services we may also share your name and address with other AXA Group companies based within the European Economic Area and with other carefully selected companies outside the AXA Group.

If you do not wish to receive such details please tick the appropriate box(es). You may be contacted by telephone, fax or e-mail if appropriate.

Important Notes

This insurance will not commence until we have assessed and accepted your application and confirmed this to you in writing.

In most instances your payments will be as originally quoted. Revised terms may be offered to you, but occasionally we may be unable to offer any terms. We may ask you to contact your doctor to speed up the completion of reports which we have requested.

If we ask you to attend a medical examination, it may be necessary for us to share the application information with another company authorised by us. They will make the arrangements for the examination to take place, usually by telephone.

Underwriters have a confidentiality policy in place which means that your medical information is held securely and access is limited to authorised individuals only.

It may be necessary to send your application and relevant medical reports to our underwriters for their opinion or agreement of the terms offered.

You are entitled to ask for a copy of the terms and conditions of your insurance and a copy of your application form at any time.

In the event of an insurance claim, I consent to any information which I provide to you, whether on this form, the claim form or otherwise, being put onto a Register of Claims through which insurers share such information to prevent fraudulent claims. I understand that a list of participators and the name and address of the operator are available from you.

Full name of applicant in block capitals	Signature of applicant	Date
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DIRECT DEBIT MANDATE

Instructions to your bank or building society to pay direct debits



Originators identification number

9 2 0 0 0 6

Name(s) of account holder(s)	AXA General Insurance Limited reference number (office use only)
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Bank or building society account number	Branch sort code
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Name and full postal address of your bank or building society branch	
The Manager	Bank or building society
Postcode	

Instruction to your bank or building society

Please pay AXA General Insurance Limited direct debits from the account detailed in this instruction subject to the safeguards assured by the direct debit guarantee. I understand that this instruction may remain with AXA General Insurance Limited and if so details will be passed electronically to my bank or building society.

Signature (1)
Signature (2)
Date

Banks or building societies may not accept direct debit instructions on some types of accounts

THE DIRECT DEBIT GUARANTEE

- This guarantee is offered by all banks and building societies that take part in the direct debit scheme. The efficiency and security of the scheme is monitored and protected by your own bank or building society.
- If the amounts to be paid or the payment dates change, AXA General Insurance Limited will notify you five working days in advance of your account being debited or as otherwise agreed.
- If an error is made by AXA General Insurance Limited or your bank or building society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a direct debit at any time by writing to your bank or building society. Please also send a copy of your letter to us.

AGENCY DETAILS (IF APPLICABLE)

Agency name	Agency number
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