Accident Protection Plan

Policy wording

Please note

- For policies with a start date **before 1 September 2026**: you and any additional insured adults must be aged between 18 and 69 years inclusive at the start date or the change date
- For policies with a start date on or **after 1 September 2026**: you must be between 18 and 59 years inclusive at the start date, and any additional insured adults must be aged between 18 and 59 at the start date or the date at which they are added to the cover

Contents

Accident Protection Plan Policy wording....3

1. Definitions....3
2. Eligibility....4
3. Law applicable and language....5
4. Paying premiums....5
5. What is covered?....5
6. What is not covered?....6
7. When does cover start?....6
8. Indexation provision....6
9. General conditions....7
10. Sanctions....8
11. How to make a claim....8
12. What happens if you are not satisfied with this service?....9
13. Financial Services Compensation Scheme....9
14. Data protection notice....9
15. Other important information....10

Contact us....11

Policy Wording - Accident Protection Plan

Thank you for choosing the Accident Protection Plan administered by Union Income Benefit Holdings Ltd (UIB) and underwritten by Stonebridge International Insurance Ltd. In return for the appropriate **premium** this insurance will also pay **you** the **benefit** shown on **your policy schedule** if an **insured person** suffers:

- **accidental death;**
- **fracture** as the result of an **accident;** or
- **injury** as a result of an **accident** which results in **hospital confinement** of at least 24 hours.

This insurance does not cover **accident, accidental injury, hospital confinement** or death which is caused by sickness, disease or any naturally occurring condition or process; and does not cover **fracture** breaks that are caused by unhealthy bones and those that are unable to withstand normal stresses.

All terms in bold are defined in section 1 below. These definitions have the same meaning wherever they are used in the policy wording.

1. Definitions

Where **we** explain what a word means, that word will have the same meaning wherever **we** use it in the **policy**. These words are highlighted in **bold**.

Accident and **Accidental** - a sudden, unexpected, unforeseen, and unintentional incident that occurs whilst the policy is in force and which results directly from external factors and not from a symptom of disease or illness.

Accidental Death - if during the **period of cover** an **insured person** suffers an **accident**, which results directly and independently of any other cause within 12 calendar months, in their death.

Administrator - Union Income Benefit Holdings Ltd (Union Income Benefit or UIB) who sell and administer the insurance, and manage claims on behalf of the insurer.

Air travel - boarding, travelling in or getting out of any fully licensed passenger carrying aircraft (owned by a registered commercial airline).

Benefit - the amount the **insured person** is covered for on the **policy**. The cash **benefit(s)** are shown on **your policy schedule.**

Benefit period - the maximum number of days for which **benefit** is payable for any **hospital confinement** as shown on **your policy schedule.**

CBRN Terrorism - an unlawful act committed for political, religious or ideological purposes with the aim of influencing a government and/or causing fear among the public that results directly or indirectly in the release of chemical, radiological, biological or nuclear agents.

Change date - the date any change was made to **your policy**. This is shown on **your policy schedule.**

Child or **children** - all **children** for whom **you** have legal responsibility; they have to be unmarried, financially dependent on **you**, live with **you** (unless attending boarding school during term or studying away from home) and be aged under 18.

Confinement - admission to **hospital** as an **inpatient** on the advice of, and under the regular care and attendance of a **qualified medical practitioner.**

End date - the date when cover under the **policy** ends. This is shown on **your Policy schedule**.

Fracture - A break in a bone. This does not include breaks that are caused by unhealthy bones and those that are unable to withstand normal stresses. Where the **accident** is such that it would have caused a healthy bone to break anyway, **we** will not reduce the **benefit** payable.

Grace Period - the 60 day period after a **premium** is due but unpaid.

Hospital - an establishment which:

- exists primarily for the diagnosis, medical care and treatment of sick or injured people on an **inpatient** basis under the supervision of **qualified medical practitioner(s)** one or more of whom is available for consultation at all times;
- provides (where appropriate) facilities for major surgery within the confines of the establishment or in facilities controlled by the establishment;
- provides full-time nursing service by and under the supervision of nursing staff
- **hospital** shall not include a special unit in a **hospital** or a place existing primarily:
  - for the treatment of psychiatric disease or sub-normality;
  - for the care of the aged, drug addicts or alcoholics;
  - as a health hydro or nature cure clinic, a nursing or convalescent home, extended care facility, rest home or hospice.

Injury - an injury which is caused solely by an **accident** and is diagnosed within 90 days of **you** suffering that **accident.** It does not include any

injury caused by sickness, disease or any naturally occurring condition or process.

Inpatient - an i**nsured person** whose **hospital confinement** is as a resident bed patient, for whom a clinical case record has been opened and whose **confinement** is necessary for the medical care, diagnosis and treatment of **injury** covered by this **policy**.

Insured adult - the person or persons insured under this **policy** who are aged between 18 and 69 inclusive.

Insured child - the person or persons insured under this **policy** who are a child aged under 18.

Insured person - the person or persons insured under this **policy.** The option that **you** have chosen will be shown on **your policy schedule.**

Maximum total fracture benefit - this is the maximum limit on the amount of the **benefit** which **we** will pay for all **fracture** claims under the **policy** in respect of each person covered under the **policy**. The **maximum total fracture benefit** payable for each **insured person** is outlined in the Table of benefits (section 5. What is Covered?). When this limit has been reached, **we** will not pay any further **fracture** benefit for that **insured person**.

Partner - the person who is living with **you** and to whom **you** are married, or with whom **you** have a civil partnership; or the person who has been living with **you** as a couple, at the same address, for at least 3 months at the date of their **accidental death, hospital confinement** or **fracture** as though they were your spouse or civil **partner**.

Period of cover - the period between the **start date** and the date up to which **you** have paid the correct **premium.**

Plan - means this Accident Protection Plan.

Policy - means the terms agreed between **us** and **you** to provide the insurance cover. The **policy** is made up of the **policy** wording, the **policy schedule** and any information provided as part of the application. These documents should be read together.

Policy schedule - the document that forms part of **your policy**; it includes important information that is specific to **your** insurance.

Policyholder - the person named on the **policy schedule** who applied for this insurance **policy**, who pays the premium and is legally entitled to cancel the **policy**, or make any changes to the **insured persons**.

Premium(s) - the amount **you** pay in return for accident protection cover as set out in **your policy schedule.**

Qualified medical practitioner - a doctor or specialist registered or licensed to practise medicine under the laws of the country in which they practise who is neither: **you** nor a **relative** of **yours** unless approved by **us.**

Relative - a husband, wife, **partner** or any other immediate family member related to the **insured person** by blood, marriage or law.

Sanctions - Any sanctions, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom.

Start date - the date when cover under the **policy** begins. This is shown on **your policy schedule**.

UK resident - means resident in England, Scotland, Wales, Northern Ireland for 7 months out of each year. This includes those currently employed as an offshore worker, seafarer or mariner, whose permanent residence remains in the UK.

We, **us** or **our** - means the insurer Stonebridge International Insurance Ltd.

You, your - the **Policyholder.**

2. Eligibility

We will cover **you** under this contract if **you** are:

- a **UK resident**.
- For policies with a **start date** before 1 September 2026 are aged between 18 and 69 years inclusive at the **start date**.
- For policies with a **start date** on or after 1 September 2026 are aged between 18 and 59 years inclusive at the **start date**.

If **you** have selected joint or family cover, as shown on **your policy schedule, we** will cover **your partner** under this contract i**f your partner is:**

- a **UK resident**
- For policies with a **start date** before 1 September 2026: aged between 18 and 69 years inclusive at the **start date** or the **change date** when **you** select this level of cover.
- For policies with a **start date** on or after 1 September 2026: aged between 18 and 59 years inclusive at the **start date** or the **change date** when **you** select this level of cover.

If **you** have selected **policyholder** & **children** or family cover, as shown on **your policy schedule,** you can add up to five **children. We** will cover **your children** under this contract if **your** children are:

- **UK residents**
- aged under 18 years at the **start date** or the **change date** when **you** select this level of cover.

3. Law applicable and language

Unless otherwise agreed, this **policy** will be governed by the laws of England and Wales. The language used to communicate with you will be English.

4. Paying premiums

a. Premiums are payable monthly and collected by the **administrator** by direct debit.

b. We or the **administrator** can change the **premium** by giving **you** 14 days' notice.

If there are any changes to the current level of Insurance Premium Tax (IPT) or any new charges are placed on **us** or the **administrator**, **we** will change **your premium** from the date any changes are put in place.

5. What is covered?

a. Accidental Death

If during a **period of cover** an **insured person** suffers **accidental death, we** will pay the **benefit** as specified in **your policy schedule**.

Special Conditions applicable to this section of the **policy**: if during a **period of cover** an **insured person** disappears and after a period of time it is reasonable for the Police or registration authorities to believe that such **insured person** has died as a result of **injury**, the death **benefit** shall become payable subject to a signed undertaking given by the **insured person's** legal representatives that if the **insured person** is subsequently found to be alive such death **benefit** shall be refunded to **us**.

b. Hospitalisation (accident only)

If during a **period of cover** an **accident** occurs causing **injury** to an **insured person** resulting in **hospital confinement** of at least 24 hours, **we** will pay the **benefit** appropriate to the period of **hospital confinement,** provided that the period of **hospital confinement** commenced within 12 months of the **accident.**

The maximum number of days for which **hospital confinement** will be payable across all claims is 180 days for each **insured person.**

For example:

Insured is hospitalised and claims 60 days of **benefit** payments on the policy. Once these have been paid the maximum number of future **hospitalisation benefit** payable on the policy is 120 days.

c. Fractures

If during a **period of cover** an **accident** occurs resulting in an **injury** causing **fracture** in a bone and which is confirmed by a **qualified medical practitioner**, we will pay the **benefit** as specified in the Table of benefits. In the event there are multiple **fractures** suffered in an accident, a maximum of two **fractures** per **accident** per **insured person** can be paid, with the higher two **fracture benefit** amounts being paid.

Table 1: Table of Benefits	**Insured adult**	**Insured Child**
Accidental Death	**£150,000**	**£15,000**
Hospital Confinement (Accidents Only)		
Daily Benefit: (payable for each full 24 hour of **hospital confinement**): Up to a maximum of 180 days over all claims.	**£300**	**£100**
Fractures		
Hip, upper leg, heel or pelvis (incl. coccyx)	**£1,500**	**£150**
Lower leg, spine, skull (excluding: cheek; facial bones including nose, cheek bone and eye socket; and jaw bones), collar bone, ankle, arm (including wrist and elbow)	**£1,200**	**£120**
Hand (excluding fingers), foot (excluding toes and heel), shoulder blade, knee-cap or sternum, cheek, facial bones (including nose, cheek bone & eye socket) and jaw bones	**£750**	**£75**
Any other **fracture** not listed above	**£375**	**£37.50**
Maximum per **accident** per **insured person** for **fractures** (a maximum of two **fracture** benefits are payable per **insured** person per **accident**)	**£3,000**	**£300**
The above benefits will increase in line with the Indexation Provision set out in section 8.		
Maximum total fracture benefit across all claims per **insured person** (this limit applies to the **fracture** benefit only).	**£12,000**	**£1,200**

Claims provisions

1. Payment for **accidental death** will only be made if death occurs within 12 months of the **accident.**
2. For each **insured person**, once the 180 day limit for **hospital confinement** is reached then no further hospitalisation benefit will be payable.
3. A maximum of three **fracture** accidents per **insured person** in any 12-month period can be claimed for.

6. What is not covered?

We will not pay any claim if it is caused directly or indirectly from any of the following:

- any sickness or disease not directly resulting from an **accident**
- any sickness or disease not directly resulting from **injury**
- suicide or attempted suicide or the **insured person** deliberately injuring themselves or putting themselves in danger (unless the **insured person** is trying to save someone's life)
- the **insured person** taking part in an illegal act
- circumstances in which, according to an official report or independent evidence, the **insured person** is under the influence of alcohol, drugs or any medication (whether prescribed or non prescribed) that causes a disturbance of consciousness or impairment of mental or physical faculties.
- war whether declared or undeclared or by armed forces duty, service or operations
- medical error or negligence
- competing in any kind of race other than on foot or while swimming
- participating in diving, underwater diving, mountaineering / rock climbing, potholing or parachuting
- any flying activity except **air travel** (see definitions)
- motorcycling (including riding mopeds and motor tricycles) as a driver or a passenger
- **CBRN Terrorism**
- ionising radiation or contamination by biological or chemical agents or radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel or the radioactive, toxic, explosive or other dangerous properties of any nuclear assembly or nuclear component machinery thereof.

7. When does cover start?

Cover starts from the **start date**. Any change in cover starts from the **change date**. Both dates are shown on **your policy schedule**.

8. Indexation Provision

At the annual anniversary of the first premium due date the **benefit** and the **premium** will each increase by 5% on the amounts specified in the expiring **policy schedule**.

Upon the **benefit** reaching the limits in the table below, such increases shall cease.

A revised **policy schedule** showing the new **premium** and **benefit** will be issued at each anniversary.

Table 1: Table of Benefits	**Insured adult**	**Insured Child**
Accidental Death	**£200,000**	**£20,000**
Hospital Confinement (Accidents Only)		
Daily Benefit: (payable for each full 24 hour of **hospital confinement**): Up to a maximum of 180 days over all claims.	**£400**	**£133.33**
Fractures		
Hip, upper leg, heel or pelvis (incl. coccyx)	**£2,000**	**£200**
Lower leg, spine, skull (excluding: cheek; facial bones including nose, cheek bone and eye socket; and jaw bones), collar bone, ankle, arm (including wrist and elbow)	**£1,600**	**£160**
Hand (excluding fingers), foot (excluding toes and heel), shoulder blade, knee-cap or sternum, cheek, facial bones (including nose, cheek bone & eye socket) and jaw bones	**£1000**	**£100**
Any other **fracture** not listed above	**£500**	**£50**
Maximum per **accident** per **insured person** for **fractures** (a maximum of two **fracture** benefits are payable per **insured** person per **accident**)	**£4,000**	**£400**

Note: The **maximum total fracture benefit** across all fracture claims will remain at £12,000 per **insured adult** and £1,200 per **insured child** (see Table 1 under Section 5: What is covered?).

9. General conditions

a. When does cover end?

All cover under this **policy** will end:

- if the **premium** is not paid when due or within the **grace period**; or
- if the **policy** is cancelled by **you** or by **us**; or
- on the first premium due date following the **policyholder's** 70th birthday; or
- if the **policyholder** ceases to be a **UK resident**; or
- the death of the **policyholder**

whichever occurs first.

If the first **premium** is not paid when due the **policy** will be void.

If **you** do not pay **your premium** when due or within the **grace period**, **your** cover will end automatically at the end of the last month **you** paid **your premium**.

Cover will end for an **insured person** who is not the **policyholder**:

- on their death; or
- on an **insured adult** reaching age 70; or
- on an **insured child** reaching age 18; or
- if they cease to be a **UK resident;** or
- when the **insured person** who is not the **policyholder** no longer meets the definition of **partner** or **child**; or
- when all cover under the **policy** ends

whichever occurs first.

b. Cancelling your cover

Your statutory cancellation rights: **You** may cancel this policy within 30 days of receipt of the policy documents by contacting the **administrator's** Customer Services on the details below. Providing **you** have not incurred eligible claims during the period **we** will refund any **premium you** may have paid.

Cancellation outside the statutory period: If **you** cancel at any other time no refund of any part of **your premium** will be made. **You** will continue to be covered by the **policy** up until the next **premium** due date. No further **premiums** will then be due.

Contact UIB Customer Services Department:

- By phone: 0343 178 1255
- By Email: customercare@uibuk.com
- In writing:
- Customer Services, Union Income Benefit Holdings Ltd, Level 5, 154 - 160 Fleet Street, Blackfriars, London EC4A 2DQ

We or the **administrator** reserve the right to cancel **your policy** when there is a valid reason to do so. Valid reasons include, but are not limited to: **You** fail to pay the premium when due;

- **You** act in a fraudulent manner;
- **You** fail to supply requested validation documents;
- **You** fail to take reasonable care to ensure that information provided by **you** and/or an **insured person** is accurate and not misleading.
- **We** will not cancel **your policy,** or the cover of any **insured person**, solely because of:
- any change in an **insured person's** health or physical condition;
- the number of claims presented, or the amount of **benefit** paid under this **policy**.

We may cancel **your policy** or change the cover and **benefits** for similar groups of **insured persons,** but **we** will only do this if **we** make the same change to every similar **policy** under this **plan**.

If **we** need to cancel **your** policy, **we** will write to **you** at least 14 days in advance using the contact details that we hold for **you**. Within this notice **we** will advise **you** of our reasons for cancelling **your** policy. If **we** are unable to collect a payment, **we** will use reasonable endeavours to collect the outstanding payment(s) before exercising **our** right to cancel the **policy**.

c. Changing your policy

If **you** want to change **your policy** or if **your** insurance needs or any of the information **you** have given **us** changes **you** must notify the **administrator** (UIB) on the details below. The **administrator** will update the **policy** and issue a new **policy schedule** each time a change is agreed. Any change made to **your policy** will begin on the date that the **policy schedule** issued to record the change in cover becomes effective.

Contact UIB Customer Services Department:

- By phone: 0343 178 1255
- By Email: customercare@uibuk.com
- In writing:
  Customer Services, Union Income Benefit Holdings Ltd Level 5, 154 - 160 Fleet Street, Blackfriars, London EC4A 2DQ

We reserve the right to make changes or add to these **policy** terms:

- for legal, regulatory or taxation reasons; and/or
- to reflect new industry guidance and codes of practice; and/or
- to reflect legitimate costs increases or reductions
- associated with providing the **plan** or policies in a similar class of business.

If changes become necessary, they will be applied to all **policies** issued under this **plan**. **We** will not make changes which apply only to **your policy** or to **persons insured** under **your policy**. The **administrator** will contact **you** using the contact details they have for **you** with details of

any changes at least 30 days before **we** make them. **You** will then have the option to continue with, or to cancel, the **policy**. Should **you** request that **your policy** be cancelled the **administrator** will cancel it from the last day of the month on which they receive **your** cancellation request, provided that the **premium** for that month was fully paid. No refund of **premium** will be made.

d. Fraud

You must not act in a fraudulent way. If **you** or anyone acting for **you**:

- make a claim under the **policy** knowing the claim to be false or exaggerated in any way;
- make a statement to support a claim knowing the statement to be false in any way;
- send **us** a document to support a claim knowing the document to be forged or false in any way; or
- make a claim for any loss or damage caused by **your** deliberate act or with **your** agreement.
- In these circumstances **we:**
- will not pay the claim;
- will not pay any future claim, which may, or may not, have already been notified to **us**;
- may declare the **policy** void;
- will be entitled to recover from **you** the amount of any claim already paid under the **policy**;
- will not return any of **your premiums**;
- may let the police know about the circumstances.

e. Moving abroad

Benefit will not be paid for an **accident** which happens to an **insured person** under this **policy** if at the date of the **accident** the **insured person** has been outside the United Kingdom for more than 12 weeks in the preceding 52 week period. Cover in respect of that **insured person** will cease on the last day of the twelfth week.

If **you** wish to extend cover to include such absences, then please write to the **administrator** with full details before the **insured person** concerned leaves the United Kingdom. **We** will then decide whether **we** are able to extend cover to the **insured person** while they are abroad. If **we** do, **we** will send you written confirmation to the details that **we** extending the cover under this **policy**.

f. Our acceptance of this insurance, and the terms and premium applied, were determined on the basis of the information **you** disclosed. **You** must take reasonable care to provide complete and accurate answers to the questions asked and ensure that information provided by **you** and/or an insured person when **you** take out the **policy** is accurate and not misleading when **you** take out or make changes to **your policy**.

If the information provided by **you** is not complete and accurate:

- **we** may cancel **your policy** and refuse to pay any claim, or
- **we** may not pay any claim in full, or
- **we** may revise the premium, or the extent of the cover may be affected.

If **you** become aware that any information **you** have given is incomplete or inaccurate, please contact the **administrator** (UIB) as soon as possible. Their contact details are shown in the Contact Details section at the end of the Policy Wording.

10. Sanctions

We will not be liable to provide cover (including payment of a claim or provision of any other benefit) under this **policy** if **we** are prevented from doing so by any **sanction** which prohibits **us** or **our** parent company (or **our** parent company's ultimate controlling entity) from providing cover under this **policy**. **Sanctions** change from time to time and can include prohibiting the transfer of funds to a sanctioned country, freeze the assets of a government, the corporate entities and residents of a sanctioned country, or freeze the assets of specific individuals or corporate entities. This means that if **you**, or any third party who has suffered a loss which would otherwise be covered under the **policy,** are the subject of a **sanction**, **we** may not be able to provide cover under the **policy**.

11. How to make a claim

To make a claim under the **policy** please, request a claim form from the **administrator -**
Claims Department:

- By phone: 0800 014 7024
- By Email: claims@uibuk.com
- In writing: Claims Department, Union Income Benefit Holdings Ltd, Level 5, 154 - 160 Fleet Street, Blackfriars, London EC4A 2DQ

The **administrator** will ask for details and any relevant information **we** need in order to consider the claim. The person who is able to claim on **your policy** will normally be **you** or **your** legal representative in the event of **your** death.

Once **we** agree to pay the claim **we** will usually pay any cash **benefits** to **you** or **your** legal representative promptly once settlement terms are agreed. No interest is payable by **us** on claim settlements.

Other insurance

You cannot keep in force or claim benefit under more than one **policy** principally providing **accidental death, fracture** or **accident hospitalisation** benefits which has been issued under guaranteed acceptance and is administered by Union Income Benefit Holdings Ltd and underwritten by Stonebridge International Insurance Ltd and in respect of which a **premium** is paid.

If **you** hold or are an **insured person** under more than one of these **policies**:

• **we** will consider **you** to be insured under the **policy** which provides the highest benefits; or

• if the benefits are the same, **we** will consider **you** to be insured under the **policy** which was issued first.

In any case, **we** will refund the **premium** or part **premium** paid for **you** under the **policy** which is not giving cover and issue an amended **policy schedule** showing the correct details.

If necessary to assess the claim, where requested by **us** the insured person must also agree to a medical examination, at **our** expense.

12. What happens if you are not satisfied with the service?

We and the **administrator** - Union Income Benefit Holdings Ltd always try to provide a first-class standard of service. However, sometimes things can go wrong. If **you** have a complaint **you** should contact the **administrator,** Union Income Benefit who arranged this insurance for **you**;

- by email: customerrelations@uibuk.com
- by phone on: 0343 178 1255
- by writing to: Customer Relations, Union Income Benefit Holdings Ltd, 154 - 160 Fleet Street, Blackfriars, London, EC4A 2DQ

If the **administrator** cannot resolve the complaint to **your** satisfaction, **you** can contact:
Financial Ombudsman Service, Insurance Division, Exchange Tower, London E14 9SR.
Phone: 0800 0234567 or fax: 020 7964 1001.
Email: complaint.info@financial-ombudsman.org.uk.
FOS is an independent organisation that arbitrates on complaints about general insurance products. It will consider complaints after the firm has given **you** written confirmation that they have been through their full complaints procedure. **You** have six months from the date of the firm's final response in which to refer **your** complaint to the FOS.

Making a complaint to FOS does not affect **your** right to take legal proceedings. **We** and the **administrator** are bound by a FOS decision but **you** are not.

13. Financial Services Compensation Scheme (FSCS)

In the unlikely event **we** are unable to meet **our** liabilities, **you** may be entitled to compensation under the Financial Services Compensation Scheme. Further information can be obtained from the Financial Services Compensation Scheme by visiting their website at www.fscs.org.uk, by contacting them via email on enquiries@fscs.org.uk in writing to Financial Services Compensation Scheme, PO Box 300, Mitcheldean, GL17 1DY; or by telephone 0800 678 1100 or 020 7741 4100.

14. Data protection notice

The Personal Information **you** provide.

Stonebridge International Insurance Ltd, the insurer (**we**/**us**) and Union Income Benefit Holdings Ltd, the **administrator**, are the joint data controllers (as defined in the Data Protection Act 2018 and any successor regulation (DPA)) and fully accept the responsibility of protecting the privacy of customers and the confidentiality and security of personal information provided to either party.

In this notice, Personal Information is personal data (as defined in the DPA) and means any information that identifies an individual and includes any special category personal information (as defined in the DPA e.g. information about health or medical condition(s)).

Where this notice refers to **you** or **your** Personal Information, this will include any information that identifies another person whose information **you** have provided to **us** or the **administrator**. **We** and the **administrator** will assume that they have appointed **you** to act for them. **You** agree to receive on their behalf any data protection notices from **us** or the **administrator**.

Your Personal Information will be used for the purpose of providing insurance services: to decide if **we** can offer insurance to **you**; to administer **your policy** and to handle claims. The Personal Information **we** collect will include name, address, date of birth and financial information. If a claim is made, **we** will collect additional information about the claim. Where this includes special category data eg information relating to health, where appropriate **we** will ask **you** for consent to collect this information.

Your Personal Information will be used by **us** and the **administrator** for legitimate interests **we** or the **administrator** have as a business including customer profiling to better understand customers, improve products and to suggest

other products that may be relevant to customers including marketing and for management and audit of business operations. **We** or the **administrator** will only communicate with **you** in line with any marketing preferences that **you** have given **us** or the **administrator** and this may continue after **your policy** has ended. **Your** marketing preferences can be updated at any time by contacting the **administrator**:

- by email: customerrelations@uibuk.com
- by phone on: 0343 178 1255
- by writing to: Customer Relations, Union Income Benefit Holdings Ltd,154 - 160 Fleet Street, Blackfriars, London, EC4A 2DQ.

We or the **administrator** may share **your** Personal Information with the Embignell group, reinsurers, business partners and agents to help administer the products and services and to keep regulatory obligations.

We or the **administrator** may also pass **your** Personal Information to other insurers and regulatory and law enforcement bodies for the prevention of fraud, financial crime or where the law requires **us** or the **administrator** to do so.

We or the **administrator** may transfer **your** Personal Information to countries outside the EEA which may not have the same level of data protection as in the United Kingdom, but if this is necessary it will be ensured that appropriate safeguards are in place to protect **your** Personal Information.

We may carry out automated decision making based on **your** Personal Information. This will include **your** age and the level of cover and is used to calculate the price of cover that **we** provide.

We and the **administrator** may monitor and/or record **your** communication with **us** or the **administrator**, either ourselves or using reputable organisations selected by **us**, to ensure consistent servicing levels and operations. **We** or the **administrator** will keep information about **you** only for so long as it is appropriate. **We** and the **administrator** need **your** personal information to administer **your policy** or handle any claims whilst **your policy** is in force. **We** may need to keep information after **your policy** has ended to ensure **we** and the **administrator** have an accurate record of our relationship to **you** and communications that **we** or the **administrator** had or where **we** are required to keep the information for legal, regulatory or tax purposes.

You have the right to ask **us** to delete **your** data or cease processing it at any time, however **we** may not be able to do this if **we** require **your** data in respect of our contract with **you**. The **administrator** has a dedicated Data Protection Officer who **you** can contact for any queries or to exercise any of **your** rights under data protection regulations including: data subject access requests, correcting **your** information, making a complaint. If **you** believe **we** or the **administrator** are holding inaccurate information about **you** or wish to request a copy of **your** information, **you** should contact the **administrator**.

Contact Details:
Data Protection Officer

- By email: dataprotection@embignell.com
- By post: Data Protection Team, Union Income Benefit Holdings Ltd,154 - 160 Fleet Street, Blackfriars, London, EC4A 2DQ.

The information that **you** have requested will be provided in a suitable format to meet **your** requirements.

If the complaint cannot be resolved to **your** satisfaction, **you** can contact the Information Commissioner's Office who are the Supervisory Authority in the UK protecting the rights of individuals under current Data Protection regulations.

- Website: www.ico.org.uk
- By post: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF
- By telephone: 0303 123 1113

More detail is also available in the **administrator's** Privacy Policy which can be viewed online at www.embignell.com/privacy-policy

15. Other important information

Accident Protection Plan is underwritten by Stonebridge International Insurance Ltd, authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, register number 203188. Union Income Benefit Holdings Ltd and Stonebridge International Insurance Ltd are both members of the same group of Companies and are ultimately owned and controlled by the Parent Company Embignell Ltd, registered in England no 05871053.

Union Income Benefit Holdings Ltd acts an agent of the Insurer for sales, administration, claims management and complaints.

Contact Us

Lines open Mon to Fri 9 a.m. to 6 p.m. Telephone calls may be recorded for monitoring and quality purposes.

Customer Services

Telephone: 0343 178 1255

Email: customercare@uibuk.com

Address:
Customer Services
Union Income Benefit Holdings Ltd,
154 - 160 Fleet Street,
Blackfriars,
London,
EC4A 2DQ

Claims

Telephone: 0800 014 7024

Email: claims@uibuk.com

Address:
Claims Department
Union Income Benefit Holdings Ltd,
154 - 160 Fleet Street,
Blackfriars,
London,
EC4A 2DQ

8192 UIB - APP (06-2026) V12