60+ Personal Accident Plan

Policy wording

Contents

60+ Personal Accident Plan Policy wording 3
1. Definitions 3
2. Eligibility 3
Law applicable and language 4
3. Paying premiums 4
4. What is covered 4
5. Exclusions 4
6. General conditions 5
7. Sanctions 6
8. How to make a claim 6
9. What happens if you are not satisfied with the service. 6
10. Data protection notice 7
11. Other important information 8
Contact us 9

60+ Personal Accident Plan Policy wording

Thank you for choosing the 60+ Personal Accident Plan administered by Union Income Benefit Holdings Ltd and underwritten by Stonebridge International Insurance Ltd.

In return for the appropriate **premium** this insurance will pay **you** the **benefit** shown on the Table of benefits (section 4. What is covered?) if an insured person suffers:

- **accidental death**; or
- one of the specified **fractures**, **burns** or **dislocations** listed as the result of an **accident**.

This insurance does not cover **accident**, **accidental injury** 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, in their death within 12 calendar months of the accident.

Administrator - Union Income Benefit Holdings Ltd (Union Income Benefit or UIB) who sell and administer the insurance 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 benefit(s) are shown in the Table of benefits (section 4. What is Covered?).

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**.

Dislocation - a condition where the bones of a joint are completely displaced from, and remain out of, their normal positions, and which requires manipulation or medical intervention by a **medical practitioner** to return them to their normal positions, e.g. requiring local or general anaesthetic or traction.

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.

Insured person - **you** or **you** and **your partner** if **you** have selected joint cover. The option that **you** have chosen will be shown on **your Policy schedule**.

Injury – an **injury** which is caused solely by an **accident** and occurs within 90 days (or for a fracture, burn or dislocation claim, 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.

Maximum total benefit – this is the maximum limit on the amount of the **benefit** which **we** will pay for all claims under the **policy** in respect of each person covered under the **policy**. The **maximum total benefit** payable for each **insured person** is outlined in the Table of benefits (section 4. What is Covered?). When this limit has been reached, **we** will not pay any further **benefit** and cover will end 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** or **injury**, as though they were **your** spouse or civil **partner**.

Period of insurance - The **period of insurance** commences on the **start date** and is for one month and continues for each successive month for which **you** have paid and **we** have accepted **your** premium.

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

Plan - means this 60+ Personal Accident 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**.

Premium(s) – the amount you pay in return for the **plan** as set out in **your Policy schedule**.

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

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**.

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, our - 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**.

▪ are aged between 60 and 79 years inclusive at the **start date**.

If **you** have selected joint cover, as shown on **your Policy schedule**, **we** will cover **your partner** under this contract if **your partner** is:

• a **UK resident**

• aged between 60 and 79 years inclusive at the **start date** or the **change date** when **you** select joint cover

Law applicable and language

You and **we** are free to choose the law applicable to the **policy**. **We** propose to apply the laws of England and Wales and by purchasing this **policy you** have agreed to this. The language used to communicate with **you** will be English.

3. 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.

4. 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 the Table of benefits.

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 an **accident**, the **accidental 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 **accidental death benefit** shall be refunded to **us**.

b. 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.

c. Burns

If during a **period of cover** an accident occurs resulting in an **injury** causing one of the **burns** specified in the Table of benefits and which is confirmed by a **qualified medical practitioner**, **we** will pay the **benefit** as specified in the Table of benefits.

d. Dislocations

If during a **period of cover** an **accident** occurs resulting in **injury** causing a **dislocation** and which is confirmed by a **qualified medical practitioner** and which requires manipulation or medical intervention by a **medical practitioner** to return them to their normal positions, e.g. local or general anaesthetic or traction, we will pay the **benefit** as specified in the Table of **benefits**.

Table of benefits How much an **insured person** is covered for under each section of cover	
Accidental death benefit	**£20,000**
Fractures	
Hip, upper leg, heel or pelvis (incl. coccyx)	**£6,000**
Lower leg, spine, skull (excl. cheek, facial and jaw bones), collar bone, ankle, arm (including wrist and elbow)	**£4,500**
Hand (excl. fingers), foot (excl. toes and heel), shoulder blade, knee-cap or sternum, cheek, facial and jaw bones	**£3,000**
Any other **fracture**	**£1,500**
Maximum per **accident** per **insured person** for **fractures** (a maximum of two **fracture** benefits are payable per **insured person** per **accident**)	**£12,000**
Burns	
Third degree burns to 15% or more of body surface or 50% of either hand	**£5,000**
Third degree burns to at least 4% but to less than 15% of body surface (except hands)	**£2,500**
Second degree burns of 9% or more of body surface	**£2,500**
Single claim maximum	**£5,000**
Dislocations	
Single dislocation	**£2,000**
Single dislocation maximum	**£2,000**
Single claim maximum	**£4,000**
Maximum total benefit across all claims per **insured person**	**£40,000**

Claims provisions

1. For any one **accident** resulting in an **accidental death** claim **we** will only pay **benefit** for death for the **insured person**. The **benefits** for **fractures**, **dislocations** and **burns** will not be paid in addition to the death **benefit**.

2. A maximum of three accidents per **insured person** in any 12-month period can be claimed for (**accidental death** is not included in this limit).

3. There is a maximum amount payable under the Plan for each **insured person** across all claims which is shown as the **maximum total benefit** in the Table of benefits.

5. Exclusions

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

• naturally occurring conditions that do not result from an **injury**

• 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)

• 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

• the **insured person** taking part in an illegal act

• circumstances in which the **insured person**

is under the influence of alcohol, drugs or medication according to an official report or independent evidence

Example: If the **insured person** is taking drugs or medication in accordance with a prescription from a **qualified medical practitioner**, or in accordance with the manufacturer's instructions, the **insured person** will be covered. However, if the **insured person** drives a motor vehicle whilst over the legal limit of alcohol at the time and place of the **accident**, this would be considered to be 'under the influence of alcohol' and the **policy** would not pay out.

• **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

6. 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

• if the **maximum total benefit** limit is reached for the **policyholder**; or

• on the first **premium** due date following the **policyholder**'s 85th 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.

Cover will end for an **insured partner**:

• on their death; or

• on reaching age 85; or

• when the **insured person** who is not the

policyholder no longer meets the definition

of **partner**.

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

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 department 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 Customer Services at UIB:

▪ by email to customercare@uibuk.com

▪ by telephone on 0343 178 1255

(Mon to Fri 9am-6pm)

▪ by writing to

Customer Services
Union Income Benefit
Level 5, 154 – 160 Fleet Street, Blackfriars
London EC4A 2DQ

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.

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;

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 **change date** specified in the **Policy schedule** to record the change in cover becoming effective.

Contact Customer Services at UIB:

By phone: 0343 178 1255

By Email: customercare@uibuk.com

In writing:

Customer Services
Union Income Benefit
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

No **benefits** will 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** are extending the cover under this **policy**.

7. 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** 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**.

8. How to make a claim

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

UIB Claims Department

Level 5, 154 – 160 Fleet Street

Blackfriars

London EC4A 2DQ

Telephone: 0800 014 7024;

Email: claims@uibuk.com

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 **benefits** to **you** or **your** legal representative promptly once settlement terms are agreed. No interest is payable by **us** on claim settlements.

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

Other insurance

You cannot keep in force or claim **benefit** under more than one **policy** which principally provides **accidental death**, **fractures**, **dislocations** or **burns benefits** as a result of an **accident** 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.

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

We and the **administrator** 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 Holdings Ltd 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

Level 5, 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.

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

PO Box 300,
Mitcheldean,
GL17 1DY

or by telephone 0800 678 1100 or
020 7741 4100.

10. 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 separate data controllers (as defined in the Data Protection Act 2018 (DPA) and the UK General Data Protection Regulation) and each accepts responsibility for protecting the privacy of its customers and the confidentiality and security of personal information provided to it.

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 or them. **You** agree to receive on their behalf any data protection notices from **us** or the **administrator**. These can be found on our respective websites.

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 e.g. 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: customercare@uibuk.com

By phone: 0343 178 1255

By post:

Customer Services
Union Income Benefit
Level 5, 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 United Kingdom and the European Economic Area (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, right to rectification if **you** believe **your** information is incorrect, right to be forgotten (erasure), right to restrict processing, right to data portability, right to object and rights relating to automated decision making and profiling. **You** can also contact the Data Protection Officer regarding any data protection related complaints.

The Data Protection Officer can be contacted

• By email: dataprotection@embignell.com

• By post: Data Protection Team, Union Income Benefit, Level 5, 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 **you** have any concerns about how we use **your** personal information, please contact us in the first instance. If the complaint cannot be resolved to **your** satisfaction, **you** can contact the Information Commissioner's Office (ICO), the UK's data protection regulator.

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 Notice which can be viewed online at

https://unioninsurance.co.uk/privacy-policy/

11. Other important information

60+ Personal Accident 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

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
Level 5, 154 – 160 Fleet Street
Blackfriars
London EC4A 2DQ

Lines open Mon to Fri 9am to 6pm

Claims

Telephone: 0800 014 7024
Email: claims@uibuk.com

Address:
Claims Department
Union Income Benefit
Level 5, 154 – 160 Fleet Street
Blackfriars
London EC4A 2DQ

Lines open Mon to Fri 9am to 6pm

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