

Significant Features and Policy Benefits

This policy summary is to help you understand the cover your insurance provides. It details the key features, benefits, limitations and exclusions, but you are still required to read the full policy wording, schedule and any endorsements for a full description of the terms and conditions of the insurance. The levels of cover and excesses which apply to your insurance are detailed on your schedule. This policy summary does not form part of the policy wording.

Policy Cover

The following benefits are included within the policy as standard:

- Occupational health and wellbeing services included as standard providing your staff with access to a 24-7 EAP line, physio sessions, counselling sessions, CBT, menopause support, stress coaching and much more.
- Bodily Injury or Sickness: from the first full day of absence after the Claim Waiting Period for up to 190 days.
- Accident Cover (inside and outside the workplace) for up to 190 days.
- Bereavement and Bereavement Reaction Benefit: due to the death of a Direct Relative up to five Working Days and a further 10 Working Days if certified by a Doctor as absent due to a reaction to the bereavement.
- Compassionate Leave: up to 10 Working Days.
- Jury Service and attending court as a witness: up to 10 Working Days.
- Adoption and Paternity Benefit: up to 10 consecutive Working Days.
- Death in Service: up to 30 Working Days (up to a maximum of £2,000)
- Phased Returns: 100% of the daily benefit for 35 Working Days after the commencement of a phased return for an Insured Person, providing that the absence exceeds 20 Working Days after the deduction of the Claim Waiting Period.
- Claim payments made by BACS and guaranteed within 5 days.
- AA rated financial protection: Underwritten by Zurich Insurance Company Ltd who are part of the Zurich Insurance Group who have a financial rating of AA/Stable (Standard & Poor's) as of November 2025.

Optional Policy Benefits

Maternity Benefit up to £10,000: If chosen, cover shall be provided for insured persons who become pregnant a) after the start date of cover b) following their appointment to the list of insured persons c) within the 30 calendar days immediately preceding the start date of cover. Maternity benefit claims are paid regardless of whether the member of staff chooses to return to work, or resigns from their role.

Pre-existing Condition Cover: If chosen, cover shall be provided for recurrence of absence whereby the member of staff has been absent for the same condition for more than five days in the 12 month period preceding the Start Date of Cover.

COVID-19 Cover: If chosen, cover shall be provided from the date of a positive COVID-19 test result (of a type recommended by the United Kingdom or devolved government) after the Claim Waiting Period.

Stress Cover: If chosen, cover shall be provided based on the following option chosen:

No Stress Cover- all stress related claims will be excluded.

Standard Stress Cover- includes 30 days stress cover for a wide range of stress causes.

Premium Stress Cover- includes 190 days stress cover for a wide range of stress causes.

Significant Exclusions

- Any condition or ailment, where the Insured Person has been Absent from work or study for more than five Working Days in the month period immediately preceding their Start Date of Cover for a related condition. This does not include Minor Ailments or non-recurring conditions.
- The undergoing of any planned or recommended Medical Procedure for a medical condition for which an Insured Person has not been free of symptoms, not received Treatment or Advice for 18 months prior to the last Policy Renewal Date or Start Date of Cover, whichever is later.
- Absence claims where the Absence relates to a Stress/Mental Health Related Illness and is not reported to the Claims Administrator within 14 Calendar Days after the first full date of Absence.
- Absences where any requested claims information is not received.
- Absences where the Doctor had failed to respond to enquiries from the Claims Administrators regarding an Insured Persons Absence.
- Absences where an Occupational Health Consent Form and an Occupational Health Report is requested and is not received.
- Absence claims where the Insured Person was, or is undergoing or facing the prospect of undergoing any disciplinary, competency, capability, appraisal or suspension procedures.

Significant Limitations

- If any claim for an Insured Person exceeds 100 Working Days, the Daily Benefit will be reduced by fifty percent (50%) for the remainder of the Benefit Period.
- Medical Conditions arising directly or indirectly from the provision of care for Direct Relatives or Medical Conditions caused or contributed to by the illness or injury of Direct Relatives shall be limited to 10 days.
- Absence claims caused or contributed to or by, any Chronic Condition that existed prior to the Start Date of Cover is limited to 10 Working Days per condition for each Insured Person.

Insurer Details

This policy is underwritten by Zurich Insurance Company Ltd., a public limited company incorporated in Switzerland, registered in the Canton of Zurich, No. CHE-105.833.114, registered offices at Mythenquai 2, 8002 Zurich. UK Branch registered in England and Wales no BR000105. UK Branch Head Office: The Zurich Centre, 3000 Parkway, Whiteley, Fareham, Hampshire PO15 7JZ. Zurich Insurance Company Ltd is authorised and regulated in Switzerland by the Swiss Financial Market Supervisory Authority FINMA. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request. Firm reference number 959113.

Cancellation

You may cancel this Policy within 14 days of the date that You instruct Us to proceed with arranging Your Cover and if no claim has been made Your Premium will be refunded in full.

All insurance under each section of this contract will terminate on the first of the following:

- Expiry of the contract, except where this Policy is renewed, in which case cover will continue under this Policy as per the terms and conditions agreed at Renewal;
- Cancellation of this contract;
- Non-payment of Premium within the credit terms stated.

Complaints Provision

You should notify Us of Your Complaint as soon as possible to the address in the policy wording. Any delay in notifying Us of Your complaint may mean We are unable to consider it in full or part. We will acknowledge Your complaint within five Working Days providing information on the complaints process, and update You if We have been unable to respond after four weeks. We will issue Our final response in writing within eight weeks of Us receiving Your complaint.

If We are unable to resolve your complaint to your satisfaction, then one of the alternative routes is available:

- a) If You are an eligible small business, You will be referred to the Financial Ombudsman Service (FOS).
- b) You will be referred to an independent mediation service, at Our expense, who will assist by bringing both parties together to make arrangements to see whether a resolution can be achieved.