

keyfacts®

Term Life Insurance: Policy Summary



EMERALDLIFE



POLICY SUMMARY

This Policy Summary shows the key facts that the Financial Conduct Authority in the UK has asked us to bring to your attention. They are not the full terms and conditions. These are detailed in the policy document.

THE INSURERS

This insurance is underwritten by Lloyd's Syndicate 779 which is managed by ANV Syndicates Limited (company number 226696). ANV Syndicates Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

WHAT IS COVERED

This is life insurance which provides a lump sum benefit in the event that the insured person dies during the period of insurance. The period covered by this insurance policy can be between 1 year and 10 years with the choice being made by you.

At the time of purchase of this Policy, you need to be a UK resident. You do not need to remain a UK resident going forward and your beneficiaries do not need to be UK residents.

Circumstances may change so please review and update the cover in order to ensure it remains suitable.

WHAT IS NOT COVERED:

The **Insurer** will not pay any benefit for death that occurs as a result of:

- **Suicide**
- Alcohol or solvent abuse, or the taking of drugs except under the direction of a registered medical practitioner
- **War**

PREMIUMS

The premium amount and the frequency of its payment are shown in the schedule.

The premium must be paid within 30 days of the Start Date of this policy and within 15 days of each due date thereafter.

If a claim arises during this period, the unpaid premium will be deducted from any sum insured payable. The premiums payable are guaranteed not to change during the period of insurance.

If the premium has not been paid by the end of these 30 days, this policy will be cancelled and all benefits under it will cease.



WHEN YOUR COVER ENDS:

The insurance cover will terminate immediately upon:

- the death of the **Insured Person**, or
- on the **Insured Person's 66th birthday**, or
- if **You** do not pay your premium when due, or
- cancellation of this insurance cover by either **You** or the **Insurer**, or
- the end of the period of insurance specified in the schedule.

INFORMATION YOU HAVE GIVEN US:

In deciding to accept this insurance and in setting the terms and premium, the **Insurer** has relied on the information **You** have given. **You** must take care when answering any questions to ensure that all information provided is accurate and complete.

If it is established that **You** deliberately or recklessly provided false or misleading information, the **Insurer** will treat this insurance as if it never existed and decline all claims.

If it is established that **You** were careless in providing the information relied upon in accepting this insurance and setting its terms and premium, the **Insurer** may amend the insurance to reflect the terms that would have been offered had the information been accurate. In these circumstances:

1. If your Policy would not have been issued had the accurate information been provided, the Insurer is entitled to cancel Your Policy. However, any premiums you have paid will be refunded;
2. If your Policy would have been issued on different terms and conditions (other than those relating to the premium) had the accurate information been provided, the Insurer may make changes to the terms and conditions of your Policy and treat your Policy as if it had been issued on the different terms and conditions;
3. In addition, if your Policy would have been issued with higher premiums had the accurate information been provided, the Insurer may reduce the amount of cover to reflect the higher premiums that would have applied had the accurate information been provided.

The answers **You** gave in your proposal form are shown on your schedule.

CANCELLATION

You have a statutory right to cancel this Policy within 30 days from the date of concluding this contract by completing and returning the cancellation form included with these documents. Providing the cancellation form is posted on or before the 30th day after the start date of this policy, any money paid will be refunded.

You may cancel this policy at any time after the 30th day after the start date of this policy by writing to Emerald Life. No premiums will be refunded if this policy is cancelled after the 30th day after the start of this policy.

CLAIMS:

If **You** need to make a claim, please contact the **Insurer** by telephone on 020 7280 6000 or by writing to The Claims Manager, ANV, 1st Floor, 47 Mark Lane, London EC3R 7QQ and a claim form will be sent to you.

In order for the claim to be assessed, **You** will need to complete and return the claim form together with the original death certificate. In addition, the **Insurer** may need some or all of the following evidence depending on the nature and circumstances of the claim:

- Proof of the Insured Person's age
- Ownership details
- Medical reports and records
- Coroners and/or police reports
- Such other information as the Insurer may reasonably require to assess the claim

If it should be found that the age of the Insured Person was understated when this policy commenced, then the sum insured shall be reduced to such a sum as would have been provided had the age been correctly stated.

The Insurer will not pay a claim if by doing so they will be in breach of any sanction, prohibition or restriction imposed by law (see Section 6 below) or regulation (EU Regulations and UN Security Council Resolutions).



LAW AND JURISDICTION:

The parties are free to choose the law applicable to this insurance. This insurance shall be governed by the laws of England and Wales and subject to the exclusive jurisdiction of the courts of England.

LANGUAGE OF THIS INSURANCE:

Unless otherwise agreed the language of this insurance shall be English.

DATA PROTECTION ACT 1998:

You should understand that any information **You** have provided will be processed by **Us** in compliance with the provisions of the Data Protection Act 1998 for the purpose of providing insurance and handling claims and complaints, if any, which may necessitate providing such information to other parties.

COMPLAINTS PROCEDURE

We make every endeavour to provide an excellent level of service. If **You** have cause for complaint or

would like to give feedback please follow the procedure below. In all correspondence please state that **Your** insurance is provided by ANV Syndicate 779 and quote scheme name Emerald Life Term Life insurance reference **EMERALD TERM LIFE INSURANCE B1132HGBA16086**

About the sale of the insurance policy:

Emerald Life Customer Relations
2 Melford Court, The Havens
Ransomes Europark
Ipswich, Suffolk
IP3 9SJ

Tel: 0330 131 9950

Email: customerservice@emerald.life

About the claims process:

ANV Syndicate 779,
1st Floor,
47 Mark Lane,
London EC3R 7QQ

Tel: 020 7280 6000

Emerald Life has internal complaints handling procedures, which are available upon request.

At any stage **You** can also contact Lloyd's with **Your** complaint. The contact details at Lloyd's are:

The Complaints Team

1 Lime Street
London EC3M 7HA

Tel No: 020 7327 5693

Fax No: 020 7327 5225

E-mail: complaints@lloyds.com

Details of Lloyd's complaints procedures are set out in a leaflet "**Your** Complaint - How We Can Help To Resolve **Your** Complaint" available at www.lloyds.com/complaints and are also available from the above address.

If **You** remain dissatisfied after Lloyd's has considered **Your** complaint, **You** may have the right to refer **Your** complaint to the Financial Ombudsman Service. The address is:

Financial Ombudsman Service

Exchange Tower
Harbour Exchange Square
London E14 9GE

Tel: 0800 0234 567 (calls to this number are free on mobile phones and landlines).

Email: complaint.info@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

Further details will be provided at the appropriate stage of the complaints process. This complaint procedure is without prejudice to **Your** right to take legal proceedings.





FINANCIAL SERVICES COMPENSATION SCHEME

Lloyd's insurers are covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the Scheme if a Lloyd's insurer is unable to meet its obligations to **You** under this contract. If **You** were entitled to compensation under the Scheme, the level and extent of the compensation would depend on the nature of this contract. Further information about the Scheme is available from the Financial Services Compensation Scheme (10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU) and on their website (www.fscs.org.uk).

REGULATORY AUTHORITIES:

This insurance is underwritten by Lloyd's Syndicate 779 which is managed by ANV Syndicates Limited (company number 226696). ANV Syndicates Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Emerald Life Limited is an Appointed Representative of Integro Insurance Brokers Limited, which has a registered company number 02957627 and registered address 100 Leadenhall Street, 2nd Floor, London EC3A 3BP. Emerald Life Limited has the registered company number 07201151, registered address The Leather Market, 11/13 Weston Street, London SE1 3ER and is authorised and regulated by the Financial Conduct Authority, firm number 666615.

You can go to the FCA register to check this at www.fsa.gov.uk/register/firmSearchForm.do