

Income Protector



ASSURANT
Solutions

**INSURANCE POLICY WORDING
(ANNUAL POLICY)**



Assurant - on your terms

Assurant Intermediary Ltd are authorised and regulated by the Financial Services Authority

Your Income Protection Insurance

This scheme is arranged by Assurant Intermediary Ltd.
Registered in England No. 4019801. FSA No. 311243.

Registered Office, Assurant House, 6-12 Victoria Street, Windsor,
Berkshire, SL4 1EN.

The policy is underwritten by Assurant General Insurance Limited.
Registered in England No. 2341082. FSA No. 202735

Registered Office, Assurant House, 6 - 12 Victoria Street, Windsor,
Berkshire, SL4 1EN

Assurant Intermediary Ltd and Assurant General Insurance Limited are authorised and regulated by the Financial Services Authority.

This can be checked on the FSA's register by visiting the FSA's website at www.fsa.gov.uk/register or by contacting them on 0845 606 1234.

Copies of this document can be made available on request in alternative media forms as required under the Disability Discrimination Act 1995.

Should you request further copies of the documents in standard format a charge of £10 will apply.

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1. Introduction

Your cover

- 1.1. **Your** insurance cover has been arranged for **you** by **Assurant Intermediary**. This **policy** together with **your policy schedule** and any endorsements comprises **your** contract of insurance. This is based on the information which **you** provided when **you** applied for **your** cover. It is very important that the information **you** provided is accurate to the best of **your** knowledge and belief, otherwise **you** may not be protected in the event of claim.
- 1.2. In this **policy**, words and phrases in bold have specific meanings. These are explained in the 'Glossary' at the back of this document.

Important Information

- 1.3. Please read **your policy** and **policy schedule** carefully as together they explain the **benefits** that are available to **you**, the criteria **you** must meet to qualify for those **benefits** and the exclusions that apply. Certain circumstances may affect **your** right to **benefits** if **you** are aware of them at the **start date**. These are set out in detail in relevant sections of this **policy** and highlighted in the key facts document **you** will have received before taking out **your** insurance. It is important that **you** read them carefully, in particular the exclusions that apply to the **benefits** under this **policy**.

- 1.4. Please make sure that **you**:
 - are eligible for the insurance cover;
 - know what insurance cover **you** have chosen;
 - know what is covered and what is not covered by this **policy**;
 - understand how changes in **your** income and **employment** affect **your** cover; and
 - understand the terms and conditions for making a claim.

If **you** are in any doubt, please contact **your** financial adviser. Alternatively **you** can contact **us** direct – **our** contact details are set out in the "Contacting Us" section towards the end of this **policy**.

- 1.5. Various sections of **your policy** refer to the **start date**. Please note that references to the **start date** only relate to the date **your policy** is first taken out and not any subsequent renewals.

Joint Cover

1.6. If **you** are both eligible for cover, **you** can apply for joint cover. At the time of **your** application, **you** will need to decide in what proportions the **monthly benefit** will be payable. In the event of a successful claim, **we** will pay **your monthly benefit** to each of **you** in the proportions that **you** have selected as stated on **your policy schedule**. Please note that **you** will both be jointly liable for payment of the **premium**.

Premiums

1.7. In return for **you** paying the **premium** **we** agree to insure **you** under the terms and conditions set out in this **policy** and the **policy schedule** during the **period of insurance**. To be covered by this insurance, **you** must keep to the terms of this **policy** and pay the **premium**. **You** can choose to pay for **your** insurance by either annual or monthly **premiums**.

1.8. The **premium** will depend on various factors, including in particular the options that **you** chose when **you** took out the cover. These are detailed in **your policy schedule**, and are made up of:

- the **cover options**
- the **monthly benefit**
- the maximum percentage of **your gross monthly income** for the purposes of section 4.2 below

- the **benefit period**
- the **voluntary excess period**
- any **excluded conditions**.

These terms are explained in the Glossary at the end of this document.

Renewal of your Policy

1.9. **Your policy** is an annually renewable contract.

1.10. **We** will contact **you** at least 21 days before each **renewal date** and provide **you** with details about **your** cover for the next 12 months. At this time, **we** will provide **you** with a new **policy schedule**, and advise **you** of any changes that may apply to the terms and conditions of **your policy** and/or the **premium**.

1.11. If **you** have chosen to pay for **your** insurance by monthly **premiums**, unless **we** advise **you** to the contrary **we** will automatically renew **your policy** each year and **Assurant Intermediary** will continue to collect the **premium** by direct debit. If **you** decide that **you** do not want **us** to renew **your policy** automatically, simply let **us** know before the next **renewal date** and **we** will not renew it. Please note that **our** right to renew this **policy** where **you** pay monthly does not affect **your** right to cancel – please refer to section 16 for further information.

2. Eligibility

2.1. **You** are eligible for cover under the **policy**, if on the **start date you**:

2.1.1. are age 18 or over but under 65 years;

2.1.2. have been in **full-time employment** or **self-employed** (please see section 2.3 below) for at least 6 consecutive months immediately prior to the **start date**;

2.1.3. live in the United Kingdom and work in either the United Kingdom or Republic of Ireland. **You** may also be eligible for cover if **you** worked in the United Kingdom or Republic of Ireland at the **start date** and **you** are subsequently posted to work outside the United Kingdom or Republic of Ireland as:

2.1.3.1. a member of the British Armed Forces or as a civil servant at a British Embassy or Consulate; or

2.1.3.2. **your** employer is based in the United Kingdom or Republic of Ireland and **you** are assigned to work within the European Union.

2.2. **Fixed-term Contract** Workers

2.2.1. If you work on a **fixed-term contract(s)** **you** are eligible for this insurance as long as **you** meet the Eligibility conditions. **You** should read this **policy** carefully to make sure it is suitable for **your** needs. **You** should pay particular attention to the definition of “**fixed-term contracts**”, section 9 “**Unemployment Benefit**” and section 13 “**Claims**”.

2.3. **Self-employed**

2.3.1. If **you** are **self-employed**, **you** will not be eligible under this **policy** for **unemployment** or **return to work benefits**. **You** will, however, be eligible for **accident and sickness benefits**. Please refer to **your policy schedule**.

3. Changing level of benefit/circumstances

- 3.1. It is **your** responsibility to ensure this **policy** continues to meet **your** needs. If **your** circumstances change, **you** may apply to change **your monthly benefit** to match **your** new requirements.
- 3.2. If **you** want to change **your monthly benefit you** should inform **us** in writing. The change will take effect from the date **we** accept the amendment, provided that **you** are not already claiming and receiving **monthly benefit** under this **policy**, or are aware of an impending claim.
- 3.3. **We** will not pay the increased proportion of **your** new **monthly benefit** in the following circumstances:
 - 3.3.1. in respect of any period of **unemployment**:
 - 3.3.1.1. which occurred before the date **you** applied for the increase or change;
 - 3.3.1.2. which **you** knew, or ought reasonably to have known, was impending at the date **you** applied for the increase or change, whether or not **you** had received official notice of it;
 - 3.3.1.3. which arises from any redundancy programme, any departmental or company restructure or any merger with another company that has been announced by **your** employer (whether or not it is in the public domain) on or before the date **you** applied for the increase or change;
 - 3.3.1.4. which **you** receive notice of (verbally or in writing) , including notice that **you** are one of a group of employees at risk of **unemployment**, or which commences, within 120 days of the date **you** applied for the increase or change;
 - 3.3.1.5. which occurs within 12 months of the **start date** and is not preceded by 6 months' continuous **employment** (a gap in **employment** of less than 2 weeks will not be treated as a break in continuous **employment** for the purposes of this section). Please note, this section only applies in the first year of **your policy**; or
 - 3.3.1.6. which results from an **excluded condition**; or
 - 3.3.2. an **accident** or **sickness** claim resulting from any **pre-existing medical condition, chronic condition, condition**, injury, illness, disease, sickness or related **condition** and/or associated symptoms whether specifically diagnosed or not, which **you** knew about (or ought reasonably to have known about) at the date **you** applied for the increase or change, or for which **you** sought or received

3. Changing level of benefit/circumstances - continued

advice, **treatment** or counselling from a **doctor** during the 24 months immediately prior to the date **you** applied for the increase or change. However, **you** will be able to claim if **you** have been symptom free and have not consulted a **doctor** or received **treatment** for the **condition** in the 24 months immediately prior to **your** claim.

4. Benefit limits

- 4.1. **You** may select the **cover options** and **benefits you** require, to ensure that the **policy** is specific to **your** needs. These will be set out in **your policy schedule**.
- 4.2. The maximum **monthly benefit we** will pay **you** under this **policy** is:
- the percentage of **your gross monthly income** as stated on **your policy schedule**; or
 - £3,000
- whichever is the lower. If the **monthly benefit you** have chosen exceeds the above limits, **we** will reduce **your monthly benefit** proportionately. It is therefore very important that **you** make sure that **your** chosen **monthly benefit** remains appropriate to **your** circumstances.
- 4.3. If **you** hold more than one income protection **policy** a deduction will be made from any **benefits** payable under this **policy** to reflect any sums **you** receive under any other income protection **policy** in the event of a claim. It is **your** responsibility to ensure that **you** are not over-insured.

5. Accident and Sickness benefit

- 5.1. If after the **start date** an **accident** or **sickness** prevents **you** from working for longer than the **waiting period**, unless **you** have chosen a **voluntary excess**, immediately following the **waiting period we** will pay **you** one **monthly benefit** and thereafter **we** will pay **you** 1/30th of the **monthly benefit** for each continuous day **you** are unable to work. If **you** have chosen a **voluntary excess**, then no **monthly benefit** will be payable in respect of **your voluntary excess** period. **Your** first **monthly benefit** will therefore be payable on the 31st day after the end of **your voluntary excess** period. **We** will still pay **your** claim for the full **benefit period** after the **voluntary excess** period has ended, provided **you** remain eligible to receive benefits.
- 5.2. The **monthly benefit** will be paid to **you** in arrears provided **you** meet the terms and conditions of this **policy**.
- 5.3. To receive the **monthly benefit** **you** must:
 - 5.3.1. have been in **full-time employment** or **self-employment** when **your accident** occurred or **sickness** began;
 - 5.3.2. satisfy the definition of **accident** or **sickness** set out in the Glossary and be under regular care and attendance of **your doctor**;
 - 5.3.3. be prevented from working only as a result of the **accident** or **sickness**;
 - 5.3.4. not be receiving the **monthly benefit** for **unemployment** for the same period; and
 - 5.3.5. give **us** any evidence **we** ask for in order to prove **your** claim is valid and continues to be so.
- 5.4. When paying **your** claim **we** will consider the first day of **your** claim to be the day a **doctor** certifies that **you** are unfit for work.
- 5.5. **We** will continue to pay the **monthly benefit** for each 30 consecutive day period in which **you** remain unable to work due to **accident** or **sickness** until:
 - 5.5.1. **we** have paid the maximum number of **monthly benefit** payments as shown in **your policy schedule** in respect of a single **accident** or **sickness** claim;
 - 5.5.2. **you** return to **full-time employment** or **self-employment**;
 - 5.5.3. **you** fail to provide satisfactory evidence of **your accident** or **sickness**; or
 - 5.5.4. if **you** are a contract worker, the date **your fixed term contract** would have ended. (Unless **you** have been working for the same employer for at least two years, and **you** have a yearly contract which has been renewed at least once and has at least six months left in which case **we** will consider any claim as if **you** had been in **full-time employment**);

5. Accident and Sickness benefit - continued

whichever happens first.

5.6. Future Claims

5.6.1. **You** may make a further **accident** or **sickness** claim subject to the re-qualification periods detailed below:

5.6.1.1. for an unrelated **condition** - if **you** have returned to **full-time employment** or **self-employment** for at least 1 month following the previous **accident** or **sickness** claim; or

5.6.1.2. for the same or a related **condition** - if **you** have returned to **full-time employment** or **self-employment** for at least 6 consecutive months following the previous **accident** or **sickness** claim.

5.6.2. If two periods of **accident** or **sickness** (each resulting from the same or a related **condition**) are separated by less than 6 consecutive months of **full-time employment** or **self-employment**, **we** will treat them as one continuous claim for the purposes of calculating the maximum **monthly benefits** payable, but no **benefit** will be payable for the time in between.

5.6.3. Statutory maternity or paternity leave can form part or all of the one or six month periods in (5.6.1) and (5.6.2) above.

5.7. Pregnancy and Childbirth - **we** will pay **benefit** for any **accident** or **sickness** resulting from any symptom(s) of, or complication(s) of, pregnancy and childbirth which a **doctor** certifies prevents **you** from working, and which is not excluded under any other exclusions listed in this **policy**. However no **benefit** will be payable for normal pregnancy and childbirth related **conditions**.

6. Accident and Sickness exclusions

We will not pay any **accident** and **sickness benefit** if **your accident** or **sickness** results from or as a consequence of the following:

- 6.1. any **pre-existing medical condition**
- this exclusion does not apply if **you** have been symptom free and have not consulted a **doctor** or received **treatment** for the **condition** in the 24 months immediately prior to **your** claim;
- 6.2. attempted suicide or self-inflicted injuries;
- 6.3. any **chronic condition**;
- 6.4. being under the influence of, or being affected by, alcohol or drugs unless prescribed by a **doctor** (other than prescribed for the **treatment** of drug addiction or alcohol dependency);
- 6.5. backache or related **conditions** where there is no physical or radiological evidence (for example an MRI or x-ray) of a medical **condition** (unless a suitably qualified **consultant** certifies that the **condition** prevents **you** from working, or **you** have been referred to, and receive ongoing **treatment** from an appropriate medical specialist on the recommendation of **your doctor**);
- 6.6. any **condition** of a mental or nervous origin including stress, anxiety or depression (unless a suitably qualified **consultant**, specialising in **your condition**, certifies that the **condition** prevents **you** from working, or **you** have been referred to, and receive ongoing **treatment** from an appropriate medical specialist on the recommendation of **your doctor**);
- 6.7. any **excluded condition**;
- 6.8. for any period for which **your accident** or **sickness** is not confirmed by a **doctor**;
- 6.9. for any period where **you** are in receipt of **your** usual **salary** or sick pay from **your** employer equivalent to **your** usual **salary**;
- 6.10. if **you** are receiving **unemployment benefit** from this **policy**;
- 6.11. if any of the exclusions detailed in section 12 apply.

7. Return to work benefit

- 7.1. **We will pay you return to work benefit** if **you** have received at least one full **monthly benefit** for **accident** or **sickness** under this **policy** and if:
- 7.1.1. **you** have not received the maximum **benefit period you** chose for **accident** or **sickness** cover;
 - 7.1.2. **you** have returned to part-time work with **your** usual employer immediately after **your doctor** confirms **you** are fit to work; and
 - 7.1.3. **you** are receiving less than **your** usual basic monthly **salary** from **your** employer.
- 7.2. **We will pay you** the difference between 75% of the **salary you** received immediately before the **incident date**, and **your** new **salary**, less any **state benefits**, up to the maximum **monthly benefit** as set out in section 4.2.
- 7.3. The reduction in **your** pay must be as a direct result of working reduced hours because of the **condition** resulting in **your accident** or **sickness** claim.
- 7.4. **We will pay return to work benefits:**
- 7.4.1. for a maximum of 3 months in any 12 month period, irrespective of when each **monthly benefit** is paid; or
 - 7.4.2. until **you** receive **your** usual **salary**;
or
 - 7.4.3. up to the maximum **benefit period you** have chosen for **accident** and **sickness**,
- whichever happens first.

8. Return to work exclusions

- 8.1. **You** will not receive **return to work benefit** if:
 - 8.1.1. **you** have not been paid at least one full **monthly benefit** under the **accident** and **sickness** section of this **policy**;
 - 8.1.2. **you** are **self-employed**;
 - 8.1.3. **you** are in receipt of **your** usual **salary**;
 - 8.1.4. **you** are on statutory maternity leave, adoption leave, parental leave or paternity leave;
 - 8.1.5. **you** do not return to work immediately after **your doctor** confirms **you** are certified fit to work;
 - 8.1.6. **you** have received the maximum **benefit period** selected for **accident** or **sickness**;
 - 8.1.7. the reduction in **your salary** is not as a direct result of **your accident** or **sickness**;
 - 8.1.8. the difference between **your** monthly **salary** before and after the **incident date** is less than £150 per month;
 - 8.1.9. **your return to work** claims are for a period of more than 3 months;
 - 8.1.10. if any exclusions in sections 10 or 12 apply.

9. Unemployment benefit

(If specified in your policy schedule)

- 9.1. If after the **start date you** become **unemployed** for longer than the **waiting period**, unless **you** have chosen a **voluntary excess** immediately following the waiting period, **we** will pay **you** one **monthly benefit** and thereafter **we** will pay **you** 1/30th of the **monthly benefit** for each continuous day **you** are **unemployed**. If **you** have chosen a **voluntary excess**, then no **monthly benefit** will be payable in respect of **your voluntary excess** period. **Your** first **monthly benefit** will therefore be payable on the 31st day after the end of **your voluntary excess** period. **We** will still pay **your** claim for the **full benefit period** after the **voluntary excess** period has ended, provided **you** remain eligible.
- 9.2. The **monthly benefit** will be paid to **you** in arrears provided **you** meet the terms and conditions of this **policy**.
- 9.3. To receive the **monthly benefit you** must:
- 9.3.1. have been in **full-time employment** for at least 6 consecutive months immediately prior to the **start date**, if **you** were on a **fixed term contract** then **you** must meet the criteria in section 9.6;
- 9.3.2. satisfy the definition of **unemployment** set out in the Glossary;
- 9.3.3. not be receiving the **monthly benefit** for **accident** or **sickness** for the same period; and
- 9.3.4. give **us** any evidence **we** reasonably ask for in order to prove **your** claim is valid and continues to be so.
- 9.4. When paying **your** claim **we** will consider **your** first day of **unemployment** to be the day **you** are first registered as **unemployed** with the Department for Work and Pensions Jobcentre Plus or the equivalent in Northern Ireland. **You** will not be considered to be **unemployed** for the days for which **you** receive **payment in lieu of notice**.
- 9.5. **We** will continue to pay the **monthly benefit** until:
- 9.5.1. **we** have paid the maximum number of **monthly benefit** payments as shown in **your policy schedule** in respect of a single **unemployment** claim;
- 9.5.2. **you** fail to satisfy the definition of **unemployment** set out in the Glossary;
- 9.5.3. **you** fail to provide **us** with satisfactory evidence of **your unemployment**; or

9. Unemployment benefit - continued

9.5.4. if **you** are a **fixed-term contract** worker, the date **your** contract would have ended. (Unless **you** have been working for the same employer for at least two years, and **you** have a yearly contract which has been renewed at least once and has at least six months left as **we** will consider any claim as if **you** had been in **full-time employment**.)

whichever happens first.

9.6. **Fixed-term Contract Workers** - If **you** work on a **fixed term contract** and **your** contract is not renewed **you** will only be entitled to claim for **unemployment** cover if **you** meet one of the following criteria:

9.6.1. **you** have been on a contract with the same employer for at least 6 months and had the contract renewed at least once. **We** will consider a claim only if **your** current contract is terminated prior to its expiry date. **Monthly benefit** will then be paid until that contract would have expired; or

9.6.2. **you** have worked continuously under contract with the same employer for at least 24 months;

9.6.3. **you** were originally employed on a permanent basis but were transferred to a **fixed-term contract** by the same employer without a break in employment.

9.7. Carer Cover

9.7.1. If **you** are **unemployed** as a result of **you** becoming a carer, **we** will consider an **unemployment** claim if **you** can provide satisfactory evidence that **you**:

9.7.1.1. are required to care for a member of **your** immediate family;

9.7.1.2. are in receipt of Carer's Allowance from the Department for Work and Pensions in Great Britain or the Department for Social Development in Northern Ireland or such government office which replaces them; and

9.7.1.3. were not aware that it was a possibility that **you** would have to leave paid employment to become a carer prior to the **start date**.

9.8. Future Claims

9.8.1. **You** may make a further **unemployment** claim if **you** have returned to **full-time employment** for at least 6 consecutive months following the previous **unemployment** claim. However, if two periods of **unemployment** are separated by less than 6 consecutive months of **full-time employment**, **we** will treat them as one continuous claim for the purposes of calculating the maximum **monthly benefits**

9. Unemployment benefit - continued

payable, but no **benefit** will be payable for the time in between.

9.9. Temporary Work

9.9.1. An **unemployment** claim may be suspended on three occasions for a period of temporary work, provided:

9.9.1.1. **you** notify **us** before **your** temporary work starts; and

9.9.1.2. **your** temporary work lasts for at least one week and no longer than 6 months, whether as one contract or a series of contracts.

9.10. Once **your** temporary work has ended, **you** must re-register with Department for Work and Pensions Jobcentre Plus in Great Britain or the Department for Social Development in Northern Ireland before **we** will continue to pay **your** claim as a continuation of **your** earlier claim up to the **maximum number** of **monthly benefit** payments (as shown in **your policy schedule**) in total, subject to the terms and conditions of this **policy**.

10. Unemployment benefit exclusions

10.1. We will not pay any **unemployment benefit** in the following circumstances:

10.1.1. if **you** are **self-employed**;

10.1.2. in respect of any period of **unemployment**:

10.1.2.1. which occurred before the **start date**;

10.1.2.2. which **you** knew, or ought reasonably to have known, was impending at the **start date**, whether or not **you** had received official notice of it;

10.1.2.3. which arises from any redundancy programme, any departmental or company restructure or any merger with another company that has been announced by **your** employer (whether or not it is in the public domain) on or before the **start date**;

10.1.2.4. which **you** receive notice of (verbally or in writing), including notice that **you** are one of a group of employees at risk of **unemployment**, or which commences within 120 days of the **start date**;

10.1.2.5. which occurs within 12 months of the **start date** and is not preceded by 6 months continuous **employment** (a gap in **employment** of

less than 2 weeks will not be treated as a break in continuous **employment** for the purposes of this section). Please note, this section only applies in the first year of **your policy**;

10.1.3. **your** work was seasonal, casual or temporary or **unemployment** is a regular feature of **your** work;

10.1.4. **you** finish the job **you** were specifically **employed** to do, or **you** come to the expected end of a **fixed-term contract** unless **you** satisfy one of the conditions set out in section 9.6 above;

10.1.5. **you** resign or **you** volunteer for **unemployment**;

10.1.6. **you** are dismissed due to inability to pass a probationary period or perform any elements of **your** job;

10.1.7. **you** lose **your** job because of misconduct, fraud, dishonesty or any act **you** carried out;

10.1.8. **you** are made **unemployed** because of any strike in which **you** took part in or any lock-out by **your** employer;

10.1.9. the **unemployment** results from any **excluded condition** or any **condition** excluded under the **accident** and **sickness** exclusions set out in section 6 or the General Exclusions set out in section 12;

10. Unemployment benefit exclusions - continued

10.1.10. **you** refuse any reasonable offer of alternative **employment** by **your** employer;

10.1.11. if **you** fail to actively seek re-employment;

10.1.12. if **you** are receiving **accident** or **sickness benefit**;

10.1.13. for any period for which **you** have received or are entitled to receive **payment in lieu of notice**.

10.2. Switching to **us** from a previous insurer - If **you** cancel **your** existing insurance with another insurer to take up **our policy**, provided **your** existing **policy** provides the same or equivalent cover as **you** receive under **our policy**, the exclusion set out in section 10.1.2.4 above will not apply. However, **you** will be required to provide a copy of **your** existing **policy** at the time that **you** take out **our policy** as evidence that this is the case.

11. Helping you back to work

11.1. As an important **benefit** under **your policy**, **we** provide a confidential and independent support service called Jobcare to assist **you** in getting back to work. The service is completely free to **you** and is provided by independent specialists.

11.2. In the event that **you** become **unemployed** and **your** claim is accepted by **us**, **we** will arrange for an expert adviser from Jobcare to contact **you**. Jobcare will provide **you** with practical

support and guidance on helping **you** to return to work. In addition to providing confidential advice and support by telephone (rest assured that **your** calls will not be recorded), the service includes assistance with:

- preparing **your** CV;
- finding job vacancies;
- interview techniques
- general career advice.

12. General exclusions

- 12.1. In addition to the exclusions in sections 6, 8 and 10, **you** will not receive any **monthly benefits** for **accident, sickness, unemployment, or return to work** which is caused by or resulting from:
- 12.1.1. taking part in, attempting, or acting as an accessory to, any crime;
 - 12.1.2. taking part in a strike, labour dispute, industrial action or lock-out;
 - 12.1.3. ionising radiation or radioactive contamination from nuclear fuel, waste or equipment
 - 12.1.4. war, invasion, act of foreign enemy hostilities (whether war be declared or not), terrorism, civil war, rebellion, revolution, insurrection, riots, civil commotion, military or usurped power.
- 12.2. If **you** are working outside the United Kingdom on the **incident date**, **you** will not receive any **monthly benefits** for **unemployment, accident, sickness, or return to work benefit** unless **you** are:
- 12.2.1. employed full-time by the British Armed Forces, or as a civil servant in a British Embassy or consulate; or
 - 12.2.2. employed full-time by an employer that is based in the United Kingdom or Republic of Ireland who assigns **you** to work in the European Union on the same terms and conditions; or
 - 12.2.3. employed on a specific project for less than 30 days outside the United Kingdom or Republic of Ireland.

13. Claims

- 13.1. If **you** need to make a claim, **you** must contact **us** as soon as reasonably possible, at least within 30 days following the end of the **waiting period**, and one of **our** agents will explain the claims process. **Our** contact details are set out in the “Contacting Us” section at the end of this **policy**.
- 13.2. The fully completed claim form should be returned to **us** together with any supporting evidence as soon as reasonably practicable thereafter. All the relevant sections should be completed and signed and dated to avoid a delay in receiving **benefits**.
- 13.3. Continuing Claim Forms - **we** will ask **you** to fill in a continuing claim form at **your** expense for each month **you** are claiming. **We** will advise **you** when to submit this form and the information **we** will require in order for further **benefit** payments to be made.
- 13.4. **You** must give **us** any proof **we** reasonably ask for, at **your** own expense, otherwise **we** will not pay any **benefit**. **We** may also ask **you** for additional information during a claim. This proof could be amongst other things:
- 13.4.1. For **accident** and **sickness** claims, **you** will be required to allow **us** access to **your** medical records in order to assess **your** claim. **We** may require medical evidence in addition to **your doctor’s** initial report, and/or ask **you** to undergo a medical examination with a **doctor** or **consultant** appointed by **us**. **We** will pay the costs of this additional medical evidence. **We** will not pay **you** any **benefit** if **you** fail to undergo a medical examination and **you** do not have a reasonable explanation for not attending;
- 13.4.2. For **unemployment** claims - confirmation of **your unemployment** including, but not limited to, **your** wage slips, severance letter, **your** P45 from **your** last employer or a letter from them confirming **you** worked for them, evidence that **you** are actively seeking employment which could include copies of job applications, invitations to interviews, application responses and registration with employment agencies and proof from the appropriate authority that **you** are in receipt of **state benefits**. **You** may also be asked to provide proof that **you** were working at the **start date** of **your policy**;
- 13.4.3. For **return to work** claims, **you** must provide evidence including, but not limited to, **your** pay-slips, final medical certificate from **your doctor** and documentary evidence to support the **state benefits** **you** are receiving. **Your** employer may also be contacted.
- 13.5. If **you** are ineligible to receive **state benefits**, **you** must be able to provide ongoing alternative evidence acceptable

to **us** that **you** are **unemployed** and actively seeking re-employment.

13.6. If **you** or **your** partner are receiving any **state benefit**, **you** should advise the appropriate authority if **you** are also claiming under this **policy**. In some circumstances, the amount of **monthly benefit you** receive under this **policy** may affect **your** entitlement to **state benefits**. **Your** local **benefits** office will be able to provide **you** with further information. Please note that it is **your** responsibility to determine whether or not **monthly benefits** received by **you** under this **policy** need to be declared by **you** to HM Revenue and Customs.

13.7. Insurers share information with each other to prevent fraudulent claims via a register of claims. A list of participants is available on request. In the event of a claim, any information **you** have supplied relevant to this insurance and on the claim form, together with other information relating to the claim, may be provided to the register of claims.

13.8. During **your** claim **we** may arrange for an agent to visit **you** to gather details regarding **your** claim in order to ensure an accurate assessment can be made. It is essential that **you** comply with such a visit, if **you** fail to comply, no further **monthly benefit** will be payable.

14. Change of claim

14.1. **We** will only pay **you** one type of **benefit** (**accident** and **sickness benefit**, **unemployment benefit** or **return to work benefit**) at a time. However, **you** can switch between an **accident** and **sickness** claim and an **unemployment** claim (or vice versa) without interruption (i.e. no additional **waiting period** will be applied), subject to the maximum number of **monthly benefits** (as shown in **your schedule**) being paid in total. All other terms of this **policy** will still apply and both claims must be valid.

15. When cover ends

- 15.1. All cover under this **policy** and all **benefits** shall automatically end on the earlier of the date when any of the following happens:
- 15.1.1. **you** die;
 - 15.1.2. **you** reach 65 years of age or permanently retire (**you** must tell **us** as soon as possible if **you** do not plan to work anymore);
 - 15.1.3. **we** write to advise **you** that **we** will not renew **your** insurance at the next **renewal date**; or
 - 15.1.4. **you** no longer live in the United Kingdom.
- 15.2. Please also refer to section 16 below regarding the circumstances where **you** or **we** may cancel this **policy**.

16. Cancellation

By you

16.1. Within the “cooling off period” - if **you** decide **you** do not want the cover and wish to cancel **your policy**, **you** can do so by contacting **us** within 30 days (the “cooling off period”) of the **start date** or the date **you** receive the **policy** documents, whichever is later, or within 30 days from **your renewal date** each year. **You** will receive a full refund of any **premium** paid during the cooling off period provided no claim has been made under the terms of this **policy**.

16.2. **You** can cancel **your policy** at any other time during the **period of insurance**. If **you** have not made a claim at the time that **you** cancel, then if **you** have paid for **your** insurance by an annual **premium** **you** will receive a refund of the **premium** paid, subject to a deduction for the time for which **you** have been covered (calculated on a pro rata basis for the period **you** have received cover). If **you** pay monthly, if **you** cancel **your policy** on or after the first day of the month, no part of that monthly **premium** will be refundable. There will also be an administration charge of £20 to cover the administrative cost of providing the **policy** and this will payable by **you** on request or may be deducted by **us** from any portion of the **premium** to be refunded to **you**.

16.3. If **you** have claimed - if **you** have made a successful claim against this **policy** and

wish to cancel, no refund of **premium** will be payable. If **you** pay monthly, then **you** will remain responsible for paying the full year’s **premiums** for the **period of insurance** in which **your** claim commenced; in these circumstances **we** will continue to collect the **premium** each month, or else **we** will deduct the amount due from **your** claim.

If **you** wish to cancel **your policy**, then please contact **us**. **Our** details are set out below in the “Contacting Us” section.

By us

16.4. **We** (**Assurant Intermediary** or any agent **we** appoint to act on **our** behalf) may cancel **your policy** by giving **you** 30 days written notice prior to the **renewal date**. In these circumstances, **your policy** will end at the end of the current **period of insurance**.

16.5. Alternatively, if **we** cease offering this type of insurance cover altogether, **we** (**Assurant Intermediary** or any agent **we** appoint to act on **our** behalf) may cancel **your policy** at any time during a **period of insurance** by giving **you** 90 days written notice. In these circumstances, **you** will receive a refund of the **premium** paid, subject to a deduction for the time for which **you** have been covered (calculated on a pro rata basis for the period **you** have received cover).

16. Cancellation - continued

- 16.6. If **you** pay monthly and fail to make a payment when it is due, **we** will re-submit the direct debit for payment of the unpaid **premium**. If it remains unpaid **we** will deem this as notice that **you** want to cancel **your policy**. In these circumstances **we** will write to **you** to confirm that **your policy** has been cancelled.
- 16.7. If **you** or **we** cancel **your policy**, **we** will continue to pay **monthly benefit** that is due in respect of any claim that occurred prior to the date that **your policy** is cancelled. **We** will not, however, be liable for any claims arising after the date of cancellation.

17. Mis-statement of information

- 17.1. If **you** gave false or misleading information or failed to disclose material information when **you** applied for insurance cover and this information affected the decision to insure **you**, the cover may end, and **we** may not pay **you** any **benefits** under this **policy**.
- 17.2. If a claim is fraudulent or any false information is supplied in relation to **your policy** or claim, all **monthly benefits** under this **policy** will be forfeited, **your policy** may be cancelled and **you** may be liable to criminal prosecution. **We** also reserve the right to take legal action against any third party to recover any monies paid. **We** may demand **you** repay any **monthly benefits we** have already paid **you**. **We** will keep the **premium you** have paid **us**. **We** may also advise the police and/or prosecute **you**.

18. Invalid monthly benefit payments

If **we** make any payments as a result of **your** fraud, recklessness or negligence, including **your** failure to advise **us** of changes to **your** circumstances affecting **your policy**, **you** may no longer be entitled to any **benefits** under this **policy** and **we** may demand that any payments made by **us** are paid back. **We** may

take legal action against **you** for the return of such monies and **we** may demand that **you** reimburse **us** for any investigation costs reasonably incurred.

19. General conditions

- 19.1. The **monthly benefit** cannot be paid to anyone else or in any way other than as described in this **policy**.
- 19.2. When **you** cover under this **policy** ends it will not have a cash or surrender value, although in accordance with the terms of this **policy** part of the **premium** may be refundable.
- 19.3. This **policy** cannot be assigned, and the rights given under it, cannot be transferred to anyone else.
- 19.4. A person who is not a party to the contract of insurance set out in this **policy** shall have no rights to enforce any term of this **policy**.
- 19.5. **We** are covered by the Financial Services Compensation Scheme (FSCS). If **we** are unable to meet **our** liabilities, **you** may be entitled to compensation from the FSCS. Further information is available from their website: www.fscs.org.uk or by contacting them on 0800 678 1100.
- 19.6. Unless **we** agree otherwise, **your policy** is governed by the law that applies to where **you** reside in the United Kingdom, Channel Islands or Isle of Man. If there is any disagreement about which law applies, English law will apply.
- 19.7. **We** will use the English language in all documents and communications relating to this **policy**.
- 19.8. **You** are advised that any telephone calls made to **our** policy administration, claims handling and quality assurance units may be monitored or recorded. This is to monitor the accuracy of information provided by **our** customers and **our** own staff. It may also be used to provide additional training to **our** staff or to prove that **our** procedures comply with legal and regulatory requirements. **Our** staff are aware that conversations can be monitored and recorded.
- 19.9. If **you** require copies of documents relating to **your policy**, then please contact **us**. **Our** contact details are set out below in the "Contacting Us" section. Please note that an administration charge of £10 may be applied to cover **our** costs (this will not apply if **you** require a copy of this **policy** in another format).
- 19.10. If **you** need to change **your policy** **you** may be required to complete either a **policy** amendment form or a new application form, dependent upon **your** circumstances. Please note that an administration charge of £15 may be applied to cover **our** costs in making the change to **your policy**.
- 19.11. No changes to **your policy** can be made if a claim is in the process of being validated or paid.

20. Complaints procedure

20.1. Although **we** set ourselves high standards, if **we** do not meet **your** expectations and **you** have any concerns regarding **your** insurance cover, this product, any claim **you** have against the **policy** or the customer service **you** receive from **us**, please let **us** know. **Our** contact details are set out below in the “Contacting Us” section.

20.2. Should **you** remain dissatisfied with the outcome of **our** internal enquiries **you** have the right to refer **your** complaint to the Financial Ombudsman Services. **You** can contact them by writing to:

The Financial Ombudsman Service
(FOS), South Quay Plaza, 183 Marsh
Wall, London E14 9SR

e-mail: complaint.info@financial-ombudsman.org.uk

20.3. In order for the Financial Ombudsman Service to review **your** case **you** must send **your** complaint to them within 6 months of the date of **our** final letter to **you**

20.4. This procedure will not prejudice **your** right to take legal action.

20.5. Please note that if **you** are dissatisfied with the sale of this **policy** please direct **your** correspondence to the entity through which **you** purchased the **policy**.

21. Customer care

We care about the service **we** provide to **you** and **we** make every effort to maintain the highest possible standards. If **you** have any questions about the **policy** please ask **us**. Please have this document available so that **your** enquiry is dealt with efficiently.

22. Data protection

We are committed to maintaining the personal data that **you** provide in accordance with the requirements of the Data Protection Act 1998.

Our Privacy Statement in section 24 gives further information about this.

23. Notice to customers

Assurant General Insurance Limited (FSA No. 202735) and **Assurant Intermediary** Limited (FSA No. 311243) are authorised and regulated by the Financial Services Authority. **You** can check this on the FSA Register at <http://www.fsa.gov.uk/register/> or by calling 0845 606 1234.

24. Privacy statement

- 24.1. For the purposes of the Data Protection Act 1998, the joint data controllers are **Assurant Intermediary** Limited and Assurant General Insurance Limited in respect of any personal information provided. As a result, in this section of **your policy**, references to “**we**”, “**us**” or “**our**” refer to both **us** and **Assurant Intermediary**.
- 24.2. **You** may be assured that Assurant General Insurance Limited, **Assurant Intermediary** Limited and all related companies will treat all personal data as confidential and will not use or process it other than for legitimate purposes. Steps will be taken to ensure that the information is accurate, kept up to date and not kept for longer than is necessary. Measures will also be taken to safeguard against unauthorised or unlawful processing and accidental loss or destruction or damage to the data.
- 24.3. Uses made of **Your** personal information:
- 24.3.1. The personal information that **you** provide to **us** will be used for a number of different purposes including:
- 24.3.1.1. to manage and administer **your policy**;
 - 24.3.1.2. to assess **your** application or subsequent claim(s) including conducting credit checks;
 - 24.3.1.3. to offer **you** insurance products and services (except where **you** have asked **us** not to do so) and to help **us** develop new ones;
 - 24.3.1.4. to contact **you** with details of changes to the products **you** have bought;
 - 24.3.1.5. for internal analysis and research;
 - 24.3.1.6. to comply with legal or regulatory requirements; and
 - 24.3.1.7. to identify **you** when **you** contact **us**.
- 24.4. **We** may use external third parties to process **your** personal information on **our** behalf in accordance with these purposes, subject to their strict compliance with the Data Protection Acts.
- 24.5. Sharing of **your** personal information:
- 24.5.1. Unless **you** have asked **us** not to do so, **your** personal information provided may be shared with other related organisations and **our** agents: so **you** can receive, either in writing or by telephone, details of other products and services which may be of interest to **you**; and in order for **us** to comply with any legal or regulatory requirements.
 - 24.5.2. **We** may share **your** personal information with **our** related companies for the purposes set out in this Privacy Statement.

24. Privacy statement - continued

24.6. Sensitive personal data:

24.6.1. To the extent that **you** provide sensitive personal data, **we** (and **our** related companies) may also process such sensitive personal data, both manually and by electronic means, for the same purposes described in this Privacy Statement. Sensitive personal data includes information as to **your** physical or mental health or **condition**; or the commission or alleged commission of any offence by **you**.

24.7. Business changes:

24.7.1. If **we**, or a related company, undergo a reorganisation or are sold to a third party, the personal information provided to **us** may be transferred to that reorganised entity or third party and used for the purposes set out in this Privacy Statement.

24.8. Overseas transfers:

24.8.1. **We** may transfer **your** personal information to countries located outside the European Economic Area (the EEA). This may happen when **our** servers, suppliers and/or service providers are based outside of the EEA. The data protection laws and other laws of these countries may not be as comprehensive as those that apply within the EEA - in these instances **we** will take steps to ensure that **your** privacy rights are respected and processed in strict compliance with the Data Protection Act. Details of the countries relevant to **you** will be provided to **you** upon request.

24.9. Access to/correction of **your** information:

24.9.1. If any of the information that **we** hold about **you** is incorrect, please provide **us** with the correct information and **we** will make the amendments.

24.9.2. **You** have the right to ask for a copy of the information **we** hold on **you**. There is a charge of £10 for this and must be enclosed along with the written request for information. **Our** contact details are set out below in the "Contacting Us" section.

24.10. Please contact **us** if **you** require a copy of this **policy** in another format. **Our** contact details are set out below in the "Contacting Us" section.

25. Contacting us

REASON	OUR CONTACT DETAILS
<ul style="list-style-type: none"> • General enquiries & help • Renewing your policy • Cancellations • Access to your information • Requesting documents in an alternate format 	<p>Assurant Intermediary Limited Assurant House Amy Johnson Way Clifton Moor York YO30 4XT</p> <p>Email: policyadmin-asi@assurant.com</p> <p>Phone: 0844 248 7871</p>
<ul style="list-style-type: none"> • Claims 	<p>Claims Department PO Box 1033 Assurant Solutions Uxbridge UB8 9PX</p> <p>Email: customer_relations@assurant.com</p> <p>Phone: 0844 871 1119</p>
<ul style="list-style-type: none"> • Complaints 	<p>Quality Assurance Manager PO Box 1033 Assurant Solutions Uxbridge UB8 9PX</p> <p>Email: uk.complaints@assurant.com</p> <p>Phone: 0844 871 1248</p>

Please be aware that the security of all information sent by email cannot be guaranteed and **you** should apply caution when considering the use of email to transmit confidential information, such as bank details or medical information.

Glossary

Where **we** explain in this glossary what a word means, that word will have the same meaning wherever it is used in this document. These words are highlighted in **bold**.

accident	a bodily injury resulting from a sudden, identifiable external event that happened by chance and over which you have no control and which prevents you from doing your normal occupation (or any job you are reasonably able to do, given your experience, education, training) and for which you are receiving treatment from a doctor ;
Assurant Intermediary	Assurant Intermediary Limited (registered in England & Wales, company number 04019801, registered office Assurant House, 6-12 Victoria Street, Windsor, Berkshire, SL4 1EN), which provides sales and after sales administration services in relation to your policy ;
benefit period	the maximum number of monthly benefits that we would pay for any one claim as you have chosen and as set out on your policy schedule ;
chronic condition	a condition that: (a) arises before the start date and continues for an unknown period of time; (b) cannot be cured; or (c) recurs or needs treatment ;
condition	any injury, disease, or sickness (or symptoms of any of these) whether or not it results in a diagnosis;
consultant	a medical specialist registered under the Medical Act 1983 (as amended) who is a member of a Royal College (for example, the Royal College of Physicians) and is recognised by that Royal College as a consultant . It does not include your spouse, civil partner, a relative or someone who lives with you ;
control	having authority to direct a company's affairs, including owning the greater part of the shares or voting rights of that company;
cover option	the type of cover you elected and paid a premium for, as set out in your policy schedule ;

doctor	a fully qualified medical practitioner, registered with the General Medical Council and working in the United Kingdom. The doctor who confirms your accident or sickness , when you are making a claim, cannot be you , your spouse, civil partner, a relative, or someone living with you ;
employment, employed	doing any work (excluding self-employed work) in the United Kingdom or the Republic of Ireland of at least 16 hours a week and paying the correct National Insurance Contributions in the United Kingdom or Pay Related Social Insurance Contributions in the Republic of Ireland;
excluded conditions	the pre-existing medical conditions (if any) that you disclosed at the time you applied for this policy . The excluded conditions are not covered under this policy ;
fixed term contract worker	a person who is employed on a fixed-term contract of employment ;
full-time employment	working for at least 16 hours per week under a contract of employment that does not have a fixed or implied end date. You must be receiving a salary or wages and be paying the appropriate National Insurance Contributions in the United Kingdom or Pay Related Social Insurance Contributions in the Republic of Ireland;
gross monthly income	your gross monthly salary before tax and the correct National Insurance Contributions in the United Kingdom or Pay Related Social Insurance Contributions in the Republic of Ireland have been deducted;
incident date	the date you become unemployed or the date your doctor confirms you were first unable to work due to accident or sickness ;
insured person, insured people	the person or people who are named on the policy schedule and covered by the policy ;
monthly benefit	the monthly amount we will pay to you based on the cover you have chosen and shown on your policy schedule , subject to the limits set out in section 4, if you become a carer, sick , unemployed or are involved in an accident ;

Glossary - continued

<p>payment in lieu of notice</p>	<p>any payment you receive relating to the notice period your employer gives you under the terms of your contract of employment or letter of appointment; or</p> <p>any compensation payment made for loss of office, including, but not limited to any payments made as compensation under a compromise agreement or redundancy package, whether this directly or indirectly relates to the notice period your employer should have given you under the terms of your contract of employment or letter of appointment, or not; and</p> <p>if it is unclear what period is covered by any of these payments, we will calculate the period covered by dividing the payment amount by your average gross weekly earnings for the 13 weeks immediately before the incident date;</p>
<p>period of insurance</p>	<p>the 12 month period commencing on the start date or any renewal date, as detailed in your policy schedule;</p>
<p>policy</p>	<p>the terms and conditions set out in this document;</p>
<p>policy schedule</p>	<p>the document which details the cover we will provide you under this policy;</p>
<p>pre-existing medical condition</p>	<p>any condition, injury, illness, diseases, sickness or related condition and/or associated symptoms, whether diagnosed or not, which</p> <p>(a) you knew about (or ought reasonably to have known about) at the start date; or</p> <p>(b) for which you sought or received advice, treatment or counselling from any doctor during the 24 months immediately before the start date;</p>
<p>premium</p>	<p>the sum payable by you for insurance cover under this policy as detailed on your policy schedule;</p>
<p>renewal date</p>	<p>the date when your insurance cover under this policy is renewed as set out in your policy schedule. Each renewal represents the start of a new period of insurance;</p>

return to work	a proportionate amount we will pay to you when you return to your usual full-time employment , following a valid accident or sickness claim;
salary	the amount shown on your payslip from your employer including the average of any overtime, commission and/or bonus payments you have received in the 12 months prior to the incident date , or if self-employed , this will mean the monthly average of your annual income from your self-employment as declared on your self-assessment return for the previous tax year, as confirmed by HM Revenue and Customs in the United Kingdom;
self-employed, self-employment	you are working for at least 16 hours per week and paying Class II National Insurance contributions and are: (i) helping with, managing or carrying on a business in the United Kingdom and liable to pay tax under Schedule D case I, II, IV and V of the Income and Corporations Taxes Act 1988; (ii) a partner or in a partnership; or (iii) a person who exercises direct or indirect control over a company ;
sickness	any illness which prevents you from doing your normal occupation (or any job which you are reasonably able to do, given your experience, education or training) and for which you are receiving treatment from a doctor . If you are self-employed , you must not be receiving any form of payment or be helping, managing or carrying on any part of the running of the business whilst you are claiming;
start date	the date we advise you are accepted for cover under this policy as shown in your policy schedule
treatment	receiving advice or medication from, being examined or monitored by, or having consultations with a doctor or a consultant ;

Glossary - continued

<p>unemployment, unemployed</p>	<p>(i) being entirely without gainful employment (which includes the assisting, managing and/or the carrying on of any part of the day to day running of a business); and</p> <p>(ii) being available for, and actively seeking work and registered with:</p> <ul style="list-style-type: none"> a. the Department of Work and Pensions; or b. the Department of Social Development in Northern Ireland; or c. the the equivalent authorities in the Channel Islands, Isle of Man or an EU member state; and <p>(iii) you must have signed a Jobseeker’s agreement within the United Kingdom, or equivalent agreement in Northern Ireland, the Channel Islands, Isle of Man or a European Union member state. Failure to comply with any condition of this policy may result in the suspension or the stopping of benefits;</p> <p>We will not consider you as unemployed for any period in respect of which you receive payment in lieu of notice;</p>
<p>voluntary excess</p>	<p>the period immediately after the incident date, during which you will not be able to claim or be entitled to receive monthly benefits. This period is set out on your policy schedule;</p>
<p>waiting period</p>	<p>the first 30 days following the incident date at the beginning of a claim which you must wait before you are eligible for any benefit. If you are not able to work at the end of this period and we have agreed to pay your claim, you will be eligible to claim for monthly benefits from the incident date, subject to any voluntary excess you have chosen;</p>
<p>we, us, our</p>	<p>Assurant General Insurance Limited (registered in England & Wales, company number 2341082, registered office Assurant House, 6-12 Victoria Street, Windsor, Berkshire, SL4 1EN), the underwriter of this insurance policy;</p>
<p>you</p>	<p>the person(s) who have been accepted for insurance cover under this policy;</p>
<p>your</p>	<p>belonging to you.</p>

For further information please contact:

Assurant Intermediary Ltd,
Assurant House, Amy Johnson Way,
Clifton Moor, York, YO30 4XT

T: 0844 248 7871 **E:** policyadmin-asi@assurant.com



ASSURANT
Solutions