



IMPORTANT DOCUMENT
PLEASE READ

PERSONAL INCOME PROTECTION PLAN

Key Features Document

WESLEYAN
we are all about you



KEY FEATURES OF THE PERSONAL INCOME PROTECTION PLAN

The Financial Conduct Authority is a financial services regulator. It requires us, Wesleyan Assurance Society, to give you this important information to help you decide whether our Personal Income Protection Plan is right for you. You should read this document carefully so that you understand what you are buying, and keep it safe for future reference.

This document gives the main points about our Personal Income Protection Plan. It doesn't explain all the definitions and exclusions or include all the Terms and Conditions – that information is in the Plan Document, which we send you when we accept your application. If you'd like a copy, please contact our Head Office using the contact details on page 11.

The Plan is designed to move with you through your career and the stages of your life, providing income protection cover and flexible options that meet your changing needs.

In this document, 'we', 'us' and 'our' refer to Wesleyan Assurance Society, who provides the cover for the Personal Income Protection Plan. For details of all definitions and exclusions, please read the Plan Document.



AIMS OF THE PLAN

The Personal Income Protection Plan is designed to pay you a regular monthly benefit if you cannot work because you have suffered an illness or injury which leads to a loss of earnings.

YOUR COMMITMENT

We ask you to do the following when taking out this Plan.

- ▶ Provide us with all the information we ask you for when applying for your Plan and when claiming benefit. If you don't do this, we may not be able to pay your benefit.
- ▶ Make all the regular premium payments for the length of the Plan.
- ▶ Tell us about a claim within the time limits we set (where reasonably possible).
- ▶ Review your level of cover regularly to make sure you don't have more cover than you can claim for.

RISK FACTORS

- ▶ You won't be covered if you don't pay premiums when they are due.
- ▶ Your cover may not be enough to meet your needs if you don't review your cover regularly to keep it in line with your earnings.
- ▶ When you make a claim, we will only pay out the full cover under the Plan if you can provide evidence that your earnings are enough to justify the amount you are asking us to pay out. If you cannot provide this evidence, we won't pay out the benefits or give you back any of the premiums you have paid.
- ▶ The benefit we pay under the Plan may affect your claim to some means-tested state benefits and benefits paid under other income protection policies.
- ▶ You do not have to pay tax on the Plan's benefits at present, but this may change. Refer to the 'What about tax?' section on page 10 for more information.

QUESTIONS AND ANSWERS

How do I know if the Personal Income Protection Plan is right for me?

The Personal Income Protection Plan may be right for you if you are looking for protection against the loss of your personal earned income if you become unable to work because of illness or injury. The Plan is designed to pay out a regular monthly income if this should happen to you.

The Plan allows you to choose from a number of options, including the period of time you want to be covered, the amount of benefit you could receive, how long after the start of your incapacity you want the income to start, and how long you would like the income to be paid for.

It may not be right for you if:

- ▶ you want a cash lump sum (rather than a regular income)
- ▶ you need the cover for less than five years.

When will the Plan pay out if I make a claim?

You can make a claim under the Plan if you are incapacitated. By this we mean that because of your illness or injury, you are totally unable to carry out the essential duties of one or more of your insured occupations. Essential duties are those that cannot be left out without affecting your ability to carry out those occupations.

Essential duties will be based on your specific job description at the time you make a claim.

Even if you are not working at the time you become incapacitated, the Plan can pay some benefit. In this case, we'll assess whether you're incapacitated based on your ability to do certain day-to-day activities (such as walking, reading and writing). There is further information on this in condition A1 of the Plan Document.

What personal information do you need to set up my Plan?

The application process will include questions about your medical history and we may ask for further medical evidence to support your application. This may be as part of your application or later, as part of assessing a claim.

We will also ask about your earnings and occupation (or occupations).

How much benefit can I get?

The maximum amount of cover you can apply for is shown in the table below.

Occupation	Maximum weekly insured benefit
Doctors, dentists and lawyers	£4,000
Other occupations	£2,500

You choose the amount of benefit you'll need.

Although tax and National Insurance are deducted from your normal earnings, they won't be deducted from the benefit we pay out.

The benefit we will pay if you need to claim will depend on your actual income during the period leading up to your claim, and takes account of certain ongoing payments you receive.

To work out the benefit we will pay when you claim, we first calculate your insurable income by using the formula below. To understand how annual income is calculated, see 'What makes up my income before a claim?'

Level of your annual income before a claim	How we calculate your insurable income
If your income before a claim is £40,000 or less	<ul style="list-style-type: none"> ▶ We take 60% of your income before a claim, then ▶ we divide the result by 52 to give us a weekly equivalent.
If your income before a claim is £110,000 or less	<ul style="list-style-type: none"> ▶ We take 60% of the first £40,000 of your income before a claim (£24,000), then ▶ we add on 55% of your income before a claim between £40,000 and £110,000. ▶ we divide the result by 52 to give us a weekly equivalent.
If your income before a claim is more than £110,000	<ul style="list-style-type: none"> ▶ We take 60% of the first £40,000 of your income before a claim (£24,000), then ▶ we take 55% of your income before a claim between £40,000 and £110,000 (£38,500), then ▶ we add on 50% of your income before a claim which falls above £110,000. ▶ we divide the result by 52 to give us a weekly equivalent.

Once we have worked out your insurable income we will apply the minimum benefit guarantee, if it applies, we then take off other payments you may be receiving from other sources such as an employer's sick-pay scheme, income you continue to receive from other occupations you're still able to carry out, or benefits paid under other insurance policies that provide regular benefit if you suffer an illness or injury.

We will never pay out more than the amount of cover you have chosen under the Plan. As the result of this calculation could mean that you receive less benefit than you have paid for, you need to make sure that the level of benefit you've chosen under your Plan accurately reflects your income and takes account of the ongoing payments we'll deduct. We will not refund any of the money you have paid to us if this happens.

We know your income can go up and down over time. If you need to make a claim and your income has reduced, provided you're working at least 32 hours a week as a doctor, dentist, or surgeon, we'll increase your insurable income calculation to the lower of £3,000 a month, or your insured benefit when you first took the policy out, if your insurable income would be lower than either of these amounts. We will still deduct other payments, such as from an employer's sick-pay scheme, you are receiving, as detailed above.

This guarantee will not apply to a claim if the benefit taken out at the start of the Plan is greater than the level of insurable income that you would have been entitled to based on your earnings when the Plan starts.

There is further information on this in conditions A5 and A6 of the Plan Document.

What makes up my income before a claim?

When choosing your cover, remember that if you claim, we'll pay benefits based on your actual income before a claim. We do not take into account income received from savings and investments.

The following explains how we work out the amount of income on which to base your claim.

- ▶ If you're employed, this is your personal gross income from your employment. It also includes the before-tax equivalent of the following 'benefits in kind'.
 - ▶ Company car.
 - ▶ Living accommodation.
 - ▶ Private medical insurance.

You'll find information on your income and benefits in your latest P60 and P11D Form or in your latest tax return.

- ▶ If you're self-employed, this is your share of before-tax profits. By this we mean your gross earnings from your business each year, less any amount allowed as expenses against income tax, before income tax is deducted. You'll find this information in your tax return.

- ▶ If you receive your income in the form of dividends, we take account of income received from a limited company you work for, but only if:
 - ▶ the dividend income is related to your work activities and is paid direct to you instead of a regular salary
 - ▶ for the period being considered, dividends are paid out of company profits and not out of retained profits, and
 - ▶ the dividends are consistent with a level of salary that the company's trading position allows on a continuing basis.

Your income can also include dividends paid to your spouse, registered civil partner or cohabiting partner as long as:

- ▶ They are also a shareholder
- ▶ They don't take over the running of the business if you are unable to work

Income does not include money you receive from a business (or otherwise) in the form of loans, or in the form of repayments of loans you have made.

If you make a claim, we'll look at your income over the previous 12 months. If all or part of your income relates to self-employment or to income paid in the form of dividends, we will average your self-employed or income from dividends over the last three years. If fewer than three years' records are available, we'll base our calculation on what information is available so that we can reach a fair and representative equivalent.

When will benefit payments start?

There will be a period when you are first unable to work because of illness or injury for which we do not pay benefit. This is called the 'deferred period'. For better flexibility, we allow you to have up to five different deferred periods under your Plan. Once we accept a claim, we will start to pay your benefit after the deferred period has finished.

We can also apply a 'specially enhanced' deferred period to your Plan, as described below. If this doesn't apply to you, you can choose the deferred period (or periods) to meet your needs.

NHS sick-pay guarantee

We understand that, if you are employed by the NHS, your entitlement to sick pay from your employer, if you are ill or injured, changes over time.

If you are a dentist, doctor or surgeon directly employed by the NHS in the UK and registered with the General Medical Council (GMC) or General Dental Council (GDC), or a nurse or midwife employed by the NHS in the UK and registered with the Nursing and Midwifery Council (NMC), we will apply a 'specially enhanced' deferred period, which means we will start paying benefit to cover your NHS earnings when they reduce or stop because you have become unable to work.

The level of benefits you receive, and when you are entitled to receive them, will depend on your entitlement to sick pay from your employer and certain other payments. These are set out in conditions C5 and C6 of the Plan Document.

This specially enhanced deferred period applies only to earnings from employment with the NHS or where your employer has adopted the NHS sick-pay arrangements. It does not apply to any income you receive from a private practice, or income you receive from employment by GP or dental partnerships or other healthcare businesses where your employer has sick-pay arrangements that are different to those of the NHS.

The deferred periods you can choose are 0, 2, 4, 8, 13, 26 or 52 weeks.

If you have chosen more than one deferred period on your Plan, your benefit payments will start as each deferred period ends according to the amount of cover that relates to each deferred period. However, if you have chosen a zero-week deferred period for any part of the benefit under your Plan, you will need to be incapacitated for at least seven days before you can make a claim.

How long will benefits be paid for?

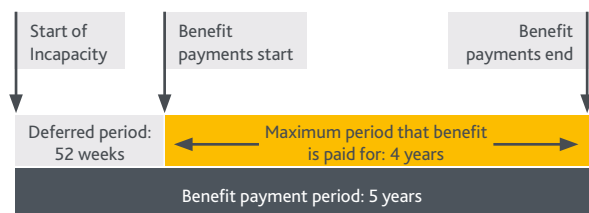
You can choose to set up the Plan to pay benefits until the 'Plan end age' (the age you want the Plan to end), as long as you remain incapacitated throughout this period.

Or, you can choose for the Plan to pay benefits for a limited period of up to two or five years from when you're first incapacitated. We call this the 'benefit payment period'.

The benefit payment period starts on the first day of your incapacity, although we will only pay benefits after the deferred period ends. This means that the maximum period you will receive benefits for is the length of time from the end of the deferred period up to the end of the benefit payment period you have chosen.

If you have chosen more than one deferred period on the Plan, the same benefit payment period will apply to each of them.

The illustration below shows how we would pay benefits for a five-year Plan and a single, 52-week deferred period.



When will my benefit payments stop?

We will pay benefits until the first of the following happens.

- ▶ You are no longer incapacitated.
- ▶ The income you continue to receive during your incapacity increases to the point that you are no longer entitled to claim benefit under the Plan, as explained in 'How much benefit can I get?' on page 4.
- ▶ You reach your chosen Plan end age.
- ▶ You reach the end of the two or five-year benefit payment period (if you have chosen to have a limited benefit payment period).
- ▶ You die.

How long will the cover last?

You choose how long you want the cover to last by specifying the age when you want your Plan to end. This is usually the age when you think you would no longer need the benefits. The date you choose should be no later than your planned retirement date, because you cannot receive any benefit from the Plan if you have retired.

There must be at least five years between the date your Plan starts and the age you choose it to end. The Plan must end no later than your 70th birthday.

We may limit the Plan end date to an earlier age for some occupations. We will tell you before your Plan starts if this applies to you.

How much will I pay?

Your premium payments depend on your age, occupation, smoking habits, medical history, other personal circumstances and the level and features of the cover you choose.

You will receive a personalised illustration which will show the typical cost of the cover you have chosen.

We will tell you the actual cost you will pay once we have assessed your application.

When you are claiming benefits, you will not have to pay your premium payments. These will restart when your claim ends so that you still have cover.

How will you assess my claim?

- ▶ We'll look at the nature of your illness or injury, the duties of your occupation (or occupations) and your ability to do them.
- ▶ We'll ask for evidence of your income and of any relevant payments you're continuing to receive.
- ▶ If we haven't already seen it, we'll ask for evidence of your age.

We will also ask for a medical report from the medical practitioner in charge of your case and we may ask for further medical information, if we need it, to assess your claim.

Is there a deadline for claiming?

You should tell us as soon as possible that you want to make a claim. If your illness or injury means you can't tell us yourself, certain close family members or people who are legally authorised to act for you can tell us.

The table below shows you the timescales within which you should tell us that you've become incapacitated. (See 'When will the Plan pay out?' on page 3 for our explanation of 'incapacity'.)

Shortest deferred period under the Plan	When you need to tell us about your incapacity
None (zero weeks) or 2 weeks or 4 weeks	Within 2 weeks of the start of your incapacity.
8 weeks	Within 3 weeks of the start of your incapacity.
13 weeks or 26 weeks or 52 weeks	Within 8 weeks of the start of your incapacity.

If you do not tell us about your incapacity within these periods, payment of your claim is likely to be delayed. There is further information on this in condition A4 of the Plan Document.

What if I need to claim again?

If you need to claim again within 26 weeks of having returned to work following a previous claim, you may not have to wait before we pay out again. There is further information on this in condition C4 of the Plan Document.

How many claims can I make?

There is no limit to the number of claims you can make. However, you must restart paying premiums when your claim ends so that you still have cover.

How flexible is my cover?

The Personal Income Protection Plan allows you to update your cover as you progress in your career or if your personal circumstances change (or both).

The Plan offers valuable options such as:

- ▶ increasing your cover without having to provide evidence of your state of health (we call these 'Guaranteed Increase Options'), and
- ▶ suspending cover during breaks from your career to cover 'life events' such as having a baby, caring for a dependant or taking a sabbatical break.

You can also apply to increase your cover and make changes to the 'Plan end age' (the age you want your Plan to end) and deferred periods on the Plan.

If you apply to increase your cover, extend the Plan end age or shorten the deferred periods on your Plan, we may need further medical evidence to support your application. If we accept your application, your premiums will normally increase as a result.

You can also apply to reduce the cover that you have (as long as this does not go below our minimum monthly premium of £10).

Will my benefits keep up with increases in the cost of living?

On each anniversary of the date your Plan started, we will increase your cover in line with rises in the Retail Prices Index. We call this 'indexation'. If this index is not available, we will use an appropriate replacement index instead.

Your premium will increase when we make an indexation increase. We will tell you about any change in premium when the change takes place.

You can choose not to accept any of these increases in cover or stop them completely by contacting us. You can restart indexation increases without having to provide further evidence of your state of health, even if you have refused these increases in the past. When this happens, we will restart indexation increases from the next anniversary of your Plan's start date.

We will not allow you to add to the Plan any indexation increases that you have refused in previous years. However, you may increase the cover amount using other options available under the Plan. See 'What are Guaranteed Increase Options?' and 'What other options do I have to increase my cover?' on page 8.

When we are paying a claim, benefits will also increase each year in line with changes in the Retail Prices Index (up to a maximum of 12% per year). When claim payments stop, your cover and premiums will go back to what they were before we accepted your claim.

What are Guaranteed Increase Options?

Guaranteed Increase Options allow you to increase your cover without providing further evidence of your state of health on certain specific occasions.

In the table below we have summarised the events that may entitle you to use a Guaranteed Increase Option.

Your premium will go up to reflect the increase in your cover. If you want to increase your cover by more than the options outlined in this section allow, please contact us. You may need to provide us with new evidence of your state of health, earnings, occupation and other personal information.

We'll tell you before your Plan starts whether Guaranteed Increase Options apply to you (if any).

You won't be able to increase your cover amount by using a Guaranteed Increase Option if you are incapacitated. This will also be the case if you have already suffered an illness or injury but you haven't yet made a claim.

You need to use Guaranteed Increase Options within 90 days of the event they relate to. There is further information on this in condition A9 of the Plan Document.

When using Guaranteed Increase Options to increase your cover, you may want to take advice from a Wesleyan Financial Services (WFS) Specialist Financial Advisor to make sure that the cover amount is right for your circumstances and that you will not be paying for more cover than you can claim.

What other options do I have to increase my cover?

If you can't increase your cover using a Guaranteed Increase Option, you can still apply to increase your cover at any time but we will ask for evidence of your state of health when we consider your application. Whenever we increase your cover, your premiums will also increase. See 'How much benefit can I get?' on page 4 for more information.

You can't increase the cover under your Plan to more than the overall maximum amounts shown on page 4 and which are determined by your insured occupation (or occupations).

When increasing your cover, you may want to take advice from a WFS Specialist Financial Advisor to make sure that the cover amount is right for your circumstances and that you will not be paying for more cover than you can claim.

Summary of the Guaranteed Increase Options available	
Large Earnings Increase Option	<p>This option is only available up to your 36th birthday.</p> <p>You can only use this option once and your benefit cannot increase by more than £480 per week.</p> <p>This option is only available to doctors, dentists and lawyers.</p> <p>You can use this option if you experience an increase in your earnings as a result of certain significant progress in your career (such as promotion or gaining a professional qualification). You can ask us to increase the cover relating to each individual deferred period under your Plan up to twice the existing level of cover related to that deferred period. Condition A9 of the Plan Document has details of specific career events.</p>
10% Earnings Increase Option	<p>This option is only available up to your 56th birthday.</p> <p>You can use this option if your income increases by at least 10%. You can ask us to increase the cover relating to one or more of the deferred periods under your Plan by a maximum of 10%.</p> <p>You can only use this option three times during the Plan.</p>
Mortgage Increase Option	<p>This option is only available up to your 56th birthday.</p> <p>You can use this option if your mortgage payments increase as a result of moving home or if you borrow more on your mortgage to pay for home improvements. You can ask us to increase the cover relating to one or more deferred periods under your Plan by up to 50%.</p> <p>The maximum increase to your Plan is limited to the weekly equivalent of the increase to your mortgage payments.</p>
Marriage or Civil Partnership Option	<p>This option is only available up to your 56th birthday.</p> <p>You can use this option if you marry or enter into a registered civil partnership. You can ask us to increase the cover relating to one or more deferred periods under your Plan by up to 50%.</p>
Childbirth or Legal Adoption of a Child Option	<p>This option is only available up to your 56th birthday.</p> <p>You can use this option if you have a child, or if you legally adopt a child (this must be legally recognised in the UK). You can ask us to increase the cover relating to one or more deferred periods under your Plan by up to 50% of your existing cover.</p>

What are my options if I take a break from my career?

This Plan offers flexible options for the times when you may decide to take a break from your career.

Continuing cover during a break from employment

If you take a break from employment for the reasons listed in the table below, you can choose to continue your cover. Although while you're on a break you won't be doing any paid work, for the period of time shown we will treat you as if you are still employed and will base your income on what it was before the break started.

We will assess your claim based on whether or not, if you had been at work, your incapacity would have prevented you from doing one or more of your insured occupations.

	Eligibility	How long you can choose to continue your cover for
Maternity or Paternity Break	If you take a recognised period of maternity or paternity leave.	Up to 12 months
Sabbatical Break	If you are temporarily excused (with written agreement from your employer beforehand), from carrying out your normal occupation with a guaranteed position to return to.	Up to 24 months
Carer's Break	If you stop all paid work to provide unpaid help to a person, without which the person you support could not manage. As a carer you may be supporting a relative, partner or friend, who is ill, frail, disabled, or who has mental-health or substance-misuse problems.	Up to 12 months

If your break lasts longer than the periods shown above or if your break is for any other reason, we'll treat you as if you're unemployed for the purposes of working out how much benefit you're entitled to if you claim. This means you'll only receive a maximum of £300 per week (or your insured benefit if this is lower) if you have to claim.

To make sure you're not paying for cover you can't claim, it's important that you consider reducing your level of cover if you stop working.

If you do reduce your cover and within five years of the start of your break you apply to increase your cover again (to no more

than it was before), we won't ask you for new evidence of your state of health when we consider your application.

Suspending cover during a break from employment

Instead of continuing cover, you can choose to suspend cover and premiums for the following reasons for up to the maximum periods shown below.

	Eligibility	How long you can choose to suspend your cover for
Maternity or Paternity Break	If you take a recognised period of maternity or paternity leave.	Up to 12 months
Sabbatical Break	If you are temporarily excused (with written agreement from your employer beforehand), from carrying out your normal occupation with a guaranteed position to return to.	Up to 24 months
Carer's Break	If you stop all paid work to provide unpaid help to a person, and they could not manage without this support. As a carer, you may be supporting a relative, partner or friend, who is ill, frail or disabled, or who has mental-health or substance-misuse problems.	Up to 12 months
Career Break	If you leave employment but intend to return to the same occupation (or occupations) you were doing immediately before the break started.	Up to 60 months

You won't be covered if you become incapacitated while you've suspended your cover and you won't be able to reinstate it if you're incapacitated. If you want to suspend your cover, you need to tell us before the start of the break.

At the end of your break (or at the end of the maximum period shown if this happens sooner), we will reinstate your cover and you'll need to start paying premiums again. We will base your premiums for the increased cover on your age and the premium rates in force at the time of the increase. We'll tell you the premium that will apply when your Plan is reinstated.

If you don't reinstate your cover by the end of the period shown, your Plan will end.

Condition C3 of the Plan Document contains more details on breaks, including eligibility and conditions.

What happens if I return to work part-time following a claim, or return to a job that pays me less?

You may be able to claim some benefit if, after we've started to pay benefits, you return to work part-time or need to take up a less well-paid position due to your incapacity.

If you return to work in the same job part-time, we'll stop paying benefits once you're able to work the number of hours you were working in that job before you were incapacitated (or once you're able to work for at least 30 hours per week).

There is further information on this in conditions C5 and C6 of the Plan Document.

What happens if I change my occupation (or occupations)?

You do not need to tell us if you change your occupation. We will assess any claim based on the occupation (or occupations) you had immediately before you became incapacitated.

What if my needs change?

To make sure that you have the right amount of cover, you may want to speak to your Specialist Financial Adviser (from Wesleyan Financial Services).

Will you still pay benefit if I am outside the United Kingdom?

We will cover you if you suffer an illness or injury anywhere in the world. However, there are restrictions on how long we will pay benefit for.

We will pay benefit while you are in the United Kingdom, any country or territory which is a member of the European Union, or if you are in one of the following:

- ▶ Australia
- ▶ Canada
- ▶ Channel Islands
- ▶ Gibraltar
- ▶ Iceland
- ▶ Isle of Man
- ▶ New Zealand
- ▶ Norway
- ▶ Switzerland
- ▶ United States of America

If you are not in one of the countries or territories listed, we will only pay benefit for a maximum of six months from the start of your incapacity. This means that if your deferred period is 26 weeks or more, you won't receive any benefit from the Plan. There is further information on this in condition C10 of the Plan Document.

When will the Plan not pay out?

The Plan has no standard exclusions.

However, please note that the Plan is designed to pay benefits if you are ill or injured – you cannot claim because you become unemployed.

Pregnancy is not considered an illness. However, we will cover complications associated with pregnancy.

Are there any other significant or unusual exclusions or limitations?

We may apply exclusions, conditions or limitations in some cases, depending on your medical or family medical history and on certain aspects of your lifestyle. If so, we'll tell you before you start your Plan and show this on your Plan Schedule.

Does the Plan have a cash-in value?

No, the Plan has no cash-in value.

What about tax?

- ▶ Tax and National Insurance are not deducted from the benefits we pay you on this Plan.
- ▶ You do not get income tax relief on premiums.

This is how we understand the current tax rules, but they may change in the future. Your actual tax treatment depends on your personal circumstances.

What if I stop paying premiums?

If you miss a premium and you do not pay it within 30 days of the date it was due, your Plan and cover will end. You won't get any money back.

You can restart your Plan within six months of missing the first premium. You will have to pay all the premiums you have missed and give us evidence that you are in good health.

We can only collect premiums from a UK bank account. If you close your UK bank account and we are unable to collect premiums, your Plan and cover will end.

What charges apply to my Plan?

The premiums you pay include all the costs of administration, underwriting, claims and selling expenses along with any fees you have to pay for medical examinations, which we may ask you to have. Also included in the premium is a Plan fee of £3 per month.

Can I change my mind?

After we accept your application, you have three months in which to change your mind. To do this you will need to send us a completed Cancellation Notice, which we will give you when you take out your Plan.

If you cancel your Plan within this three-month period, we will refund any premiums paid after we have deducted any benefits we may have paid you.

You can cancel your Plan at any time after the three months has ended, but we won't refund any premiums.

OTHER INFORMATION

How to contact us

If you have any questions about this Plan, you can contact us in the following ways:

- ▶ Call us on 0800 316 5049. Our lines are open from 9am to 5pm, Monday to Friday. Calls may be recorded to help us provide, monitor, and improve our services to you.
- ▶ Email us at Protection-Servicing@wesleyan.co.uk
However, please avoid sending personal information by email as it is not a secure method of communication.
- ▶ Write to us at:
Protection Servicing Team
Wesleyan Assurance Society
Colmore Circus
Birmingham
B4 6AR
- ▶ You should send instructions to us in writing to the address above. However, we may accept instructions other than in writing from time to time. We can only communicate with you in English. We can contact you by phone or in other ways to get instructions about your Plan.

Making a claim

If you want to make a claim, you can contact us in the following ways:

- ▶ Call us on 0800 975 0131. Our lines are open from 9am to 5pm, Monday to Friday. Calls may be recorded to help us provide, monitor, and improve our services to you.
- ▶ Email us at ProtectionClaims@wesleyan.co.uk
However, please avoid sending personal or policy information by email as it is not a secure method of communication.
- ▶ Write to us at:
Protection Claims Team
Wesleyan Assurance Society
Colmore Circus
Birmingham
B4 6AR

How to complain

We do everything we can to make sure we always give you the best possible service. If you are unhappy with any part of the service we have given you, and want to complain, you can contact us in the following ways:

- ▶ Call us on 0800 316 5049. Our lines are open from 9am to 5pm, Monday to Friday. Calls may be recorded to help us provide, monitor, and improve our services to you.
- ▶ Complete the online contact form which can be found on our website at www.wesleyan.co.uk/contact/complaints

- ▶ Email us at complaints@wesleyan.co.uk
However, please avoid sending personal information by email as it is not a secure method of communication.
- ▶ Write to us at:
Complaints Team
Wesleyan Assurance Society
Colmore Circus
Birmingham
B4 6AR

If, after receiving our response, you're still not happy, you can refer your complaint to the Financial Ombudsman Service:

Financial Ombudsman Service
Exchange Tower
London
E14 9SR

Phone: 0800 023 4567 or 0300 123 9123
Email: complaint.info@financial-ombudsman.org.uk
Website: www.financial-ombudsman.org.uk

Complaining to the Ombudsman won't affect your legal rights.

Law

The Plan is governed by the law of England.

Compensation

If we cannot meet our financial obligations to you, you may be entitled to compensation from the Financial Services Compensation Scheme (FSCS) under the Financial Services and Markets Act 2000. You can get details of the scheme from the FSCS at:

FSCS
PO Box 300
Mitcheldean
G17 1DY

Phone: 0800 678 1100 or 020 7741 4100
Email: enquiries@fscs.org.uk
Website: www.fscs.org.uk

Conflicts of interest

You can find a copy of our Conflicts of Interest policy on our website at www.wesleyan.co.uk/pdf/wesleyan-conflicts-of-interest-and-anti-bribery-policy, or you can ask us for a copy.

Use of personal data

The security of your personal data (and any other personal data you may share with us) is very important to us and we will never sell this data to other companies. You can read more about how we protect this information and your rights by reading our privacy notice, which is available upon request or via our website at www.wesleyan.co.uk/privacy.

We are all about you.

Since we were founded over 180 years ago, we have cherished our mutual status. It's an integral part of who we are and with no shareholders, our focus is on members and customers. We work to benefit those who invest in our business. Not only today, but also in the future.

It's why 'we are all about you'.

A guide to the many ways in which the Wesleyan Group of companies can help you to plan, prioritise and secure your financial future.

For you



Savings & Investments



Mortgages



Retirement Planning



Insurance



Life & Income Protection

For your business



Finance & Funding



Equipment Insurance



Personal Protection



Premises Insurance

For more information about the Wesleyan Group of companies, visit wesleyan.co.uk/ourcompanies

If you would like this document in Braille, large print or audio format, please contact **0800 975 3710**.

Follow us for regular updates on social media



@wesleyan



facebook.com/
wesleyanAS



linkedin.com/
company/wesleyan

'WESLEYAN' is a trading name of the Wesleyan Group of companies.

Wesleyan Assurance Society is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Advice is provided by Wesleyan Financial Services Ltd (Registered in England and Wales No. 1651212) who is authorised and regulated by the Financial Conduct Authority and is wholly owned by Wesleyan Assurance Society. Incorporated in England and Wales by Private Act of Parliament (No. ZC145). Registered Office: Colmore Circus, Birmingham B4 6AR. Telephone: 0345 351 2352. Calls may be recorded to help us provide, monitor and improve our services to you.