



Term Life & Critical Illness Cover Summary Information Document

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Summary Information Document

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This policy summary does not contain the full terms and conditions of the policy; these can be found in the policy document.

Who are the insurers?

Life Cover is underwritten 100% by Isle of Man Assurance Limited, a company based in the Isle of Man and authorised and regulated by the Isle of Man Financial Services Authority.

Critical Illness cover is also underwritten 100% by Isle of Man Assurance Limited.

Can I take out this cover?

To be eligible for the cover on the start date you and/or your family members, if applicable:

1. must permanently and legally reside in the United Kingdom; and;
2. must be aged between 18 and 55 at the effective date; and your partner/spouse are between the age of 18 years and 55 at the effective date; and
3. you must have the legal capacity to enter into the policy in your own right and not through a third party, without limiting the generality of the foregoing, be it an attorney, guardian or the like. For the avoidance of doubt the completion of the application by your regulated insurance intermediary is permitted subject to the limitations as set out in the definition of You, Your in the policy Terms & Conditions in terms of your legal capacity;

Policy can be renewed up to the age of 68. The Life cover benefit will be reduced to 50% of the benefit following the renewal age of 56 and stops following the renewal of 68. The Critical Illness benefit will be reduced to 50% of the benefit following the renewal age of 56 and stops following the renewal age of 61. You may also include your partner, but children are only eligible for term life cover under this policy, subject to the relevant premium being paid, if applicable

What happens if I take out cover and then change my mind?

You may cancel the policy by writing to ESMI 30 Dukes Place, London EC3A 7LP within 30 days of the start date or the day you receive your documents if it is later, provided no benefit has been paid and receive a full refund of any premiums paid. You may then cancel the policy at any time and we will work out any refund of premium on a pro rata basis for the unused period of insurance (administration fees are non-refundable).

What cover does the policy provide?

Life Cover

The Life cover provides a guaranteed cash sum up to a maximum of £100,000 (being the maximum sum of all Guaranteed Life policies insured by IOMA which may have been purchased separately by you, if applicable) if you die during the term of cover.

Critical Illness Cover

The Critical Illness provides a guaranteed cash sum up to a maximum of 50% of your chosen life benefit up to an overall limit of £50,000 (for all policies insured by IOMA if purchased separately by you) in the event that you suffer one of the specified critical illness conditions, for the first time during the policy period.

- Bacterial Meningitis
- Cancer
- Coronary Artery by-pass grafts
- Heart Attack
- Kidney Failure
- Major Organ Transplant
- Multiple Sclerosis
- Stroke

All these conditions have specific definitions and limitations, which are fully set out in the policy wording under Section B of the policy wording.

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How the benefit works?

In the event of a Critical Illness claim the Life's sum assured will be reduced. The Critical Illness lump sum will be deducted from the Life sum assured. The remaining sum assured will be paid out to you in the event of your death during the lifetime of the policy.

Please see your insurance policy for confirmation of your benefit amount. Please see table of Benefits and examples below.

Table of Benefits

Level 1

Age	Life Cover Benefit	Critical Illness Benefit
18-50	£100,000	£50,000
51-55	£100,000	£50,000
56-61	£50,000	£25,000
62-68	£50,000	£0

Level 2

Age	Life Cover Benefit	Critical Illness Benefit
18-50	£75,000	£37,500
51-55	£75,000	£37,500
56-61	£37,500	£18,750
62-68	£37,500	£0

Level 3

Age	Life Cover Benefit	Critical Illness Benefit
18-50	£50,000	£25,000
51-55	£50,000	£25,000
56-61	£25,000	£12,500
62-68	£25,000	£0

Level 4

Age	Life Cover Benefit	Critical Illness Benefit
18-50	£25,000	£12,500
51-55	£25,000	£12,500
56-61	£12,500	£6,250
62-68	£12,500	£0

Example cases

- Policyholder aged 25 takes out £100,000 Life Cover. The policyholder makes a Critical Illness claim. A lump sum of £50,000 is paid out. The Life Cover lump sum has now been reduced to £50,000.
- Policyholder aged 52 takes out £50,000 Life Cover. The policyholder makes a Critical Illness claim. A lump sum of £25,000 is paid out. The Life Cover lump sum has now been reduced to £25,000.
- Policyholder aged 56 has £50,000 Life Cover. The policyholder does not make a critical illness claim throughout the lifetime of the policy. The policyholder dies and a lump sum of £50,000 is paid out to the insured's estate.

Are there any limitations on the benefits and what am I NOT covered for under the policy?

Life Moratorium

We do not provide cover for any pre-existing condition, or any related condition, for which you have suffered signs or symptoms, sought or received medical advice, tests or treatment or taken medication, prescribed or not, in the 3 years before your effective date.

However, subject to the plan terms and conditions, a pre-existing condition can become eligible for cover providing you have not:

- consulted anyone (e.g. a doctor or specialist) for medical treatment, tests or advice (including check-ups);
- taken medicines (including prescription or over-the-counter drugs, medicines, special diets or injections), for that pre-existing condition or any related condition for two continuous years after your effective date.

If you experience symptoms, receive advice, medication, diagnostic tests or treatment for that medical condition within the first 2 years of your start date then the moratorium period will not be satisfied, and you will only be covered after there has been a continuous period of 2 years where you have been advice, medication, symptom, test and treatment free for that condition.

Critical Illness Moratorium

For your Critical Illness cover, an exclusion is extended to a period of 10 years prior to the start of your policy, where any CI pre-existing medical condition relates to one of the specified Critical Illness Conditions. This exclusion will not apply if you remain symptom free for the balance of the 10-year period after the policy begins.

Subject to the plan terms and conditions, a CI pre-existing condition can become eligible for cover providing you have not: consulted anyone (e.g. a doctor or specialist) for medical treatment, tests or advice (including check-ups); taken medicines (including prescription or over-the-counter drugs, medicines, special diets or injections), for that CI pre-existing condition or any related condition over the balance of the 10 year period after the policy begins.

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Example cases

Policyholder A had breast cancer from which he/she was declared to be disease free 6 years before the policy began. The exclusion prevents payment for another cancer within a 10-year period, so for the first 4 years of the policy, we will not consider a claim for Cancer under the Critical Illness Cover part of the policy.

Policyholder B suffered a Heart Attack 5 years before the policy started. So, for the first 5 years of the policy, the exclusion prevents payment for another heart attack or other related condition for which treatment has been received. Thereafter, a claim may be made and will be judged on its merit as an individual event.

The following are some of the key exclusions however you can see the full details of the exclusions under 'Exclusions' in Section A & Section B of the policy wording.

We will not pay a Life or Critical Illness claim as a direct or indirect result or consequence of:

- A pre-existing condition. A pre-existing medical condition as referred to in the moratorium section on page 2.
- intentional self-inflicted injury
- taking alcohol or drugs, unless a doctor has told you to do so (but not for treating drug addiction).
- war, invasion, acts of foreign enemies, hostilities (whether war be declared or not) civil war, riots, strikes, civil commotion, terrorism, rebellion, insurrection or military or usurped power, or explosions of war weapons;
- nuclear contamination, biological contamination or chemical contamination.

We will not pay a Critical Illness claim as a direct or indirect result or consequence of:

- A CI pre-existing condition. A CI pre-existing medical condition as referred to in the moratorium section on page 2.
- Your failure to seek or follow medical advice
- Acquired Immune Deficiency Syndrome (AIDS or HIV) or AIDS Related complex (ARC)
- Medical operations or treatments, which are not medically necessary

How long does the policy run for?

This policy lasts for a period of 5 years from the start date and is reviewable* every 5 years. The premium rate you are charged at the start date of your plan is guaranteed by the insurer not to change for 5 years. Your cover will end when the first of the following happens:

- you die;
- your policy is due for renewal after you reach the age of 68 (Life cover only) and the age of 61 (Critical Illness cover only)
- you stop permanently residing in the UK, ;
- you or we cancel this policy as shown in the policy document ; or
- you stop paying your premium, whichever is earlier.

*Reviewable means that the terms and conditions can be changed after the first 5 years of cover the rate can also be changed. There is no guarantee that cover will continue to be provided as the insurer has the right to terminate the policy under 'Our right to cancel' on page 4 of the policy document. If the insurer decides to change the Terms and Conditions or not to provide you with a new policy this will be because of changes to all policies or the product has been withdrawn. No changes or withdrawal of the policy will be as a result of your own personal circumstances. Any changes or withdrawal will be communicated to you at the contact details we have been provided for you at least 90 days prior to any change or withdrawal.

How do I claim?

If you need to make a claim, please write to us at:

Compass Underwriting .

Suite 214, 75 King William Street, London, EC4N 7BE

Or you can phone the claims department directly on 0203 758 9744 (please note all calls may be monitored and recorded for security purposes) or go www.getesmi.co.uk to get a claim form.

How do I make a complaint?

We always try to provide an excellent standard of service. But if you wish to complain it is important you know that we are committed to providing you with an exceptional level of service and customer care. We realise that things can go wrong and there may be times when you feel that we have not provided the service you expected. When this happens, we want to hear about it so that we can try to put things right.

Who to contact?

So that your complaint is dealt with as quickly and efficiently as possible, you will need to make sure that:

- you are talking to the right person; and
- you are giving them the right information.

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When you contact us

- Please give your name and phone number.
- Please give your policy or claim number and the type of policy you hold.
- Please explain the reason for your complaint clearly and briefly.

Step one – making your complaint

For complaints relating to your policy or benefits please contact,

The Customer Service Manager,
Compass Underwriting

Suite 214, 75 King William Street, London, EC4N 7BE

Tel: 0800 319 6601 or via the landline +44 (0) 20 7398 0100 (please note that calls are recorded)

Email: complaints@compassuw.co.uk

If you want to provide written details, we have prepared the following checklist for you to use when writing your letter.

- Write 'Complaint' at the top of your letter. Give your full name, postcode and phone numbers.
- Include the type of policy and your policy or claim number.
- Explain clearly and briefly the reasons for your complaint.

You should send the letter to the person dealing with your complaint along with any other material that is needed. We expect to sort out most complaints quickly and satisfactorily at this stage. At any stage you can also contact us at:-

Complaints

Isle of Man Assurance Limited (IOMA)

IOMA House

Hope Street

Douglas

Isle of Man

IM1 1AP

Step two

Compass Underwriting

If it is not possible to reach an agreement, you have the right to make an appeal to the Financial Ombudsman Service. This also applies if you are insured in a business capacity and have an annual turnover of less than £2 million and fewer than ten staff. You may contact the Financial Ombudsman Service, Exchange Tower, London E14 9SR. Telephone: if calling from a landline 0800 023 4567 or if calling from a mobile 0300 123 9123. Fax: 020 7964 1001.

Email: complaint.info@financialombudsman.org.uk

Isle of Man Assurance Limited

At any stage, you may have the right to contact the Financial Services Ombudsman who can review complaints from 'eligible complainants' which includes private individuals, sole traders and partnerships.

The Financial Services Ombudsman

Isle of Man Office of Fair Trading

Thie Slieau Whallian

Foxdale Road

St John's

Isle of Man

IM4 3AS

Tel: +44 (0) 1624 686500

Fax: +44 (0) 1624 686504

E-mail: ombudsman@iomoft.gov.im

Website www.gov.im/oft

The above complaints procedures are in addition to your statutory rights as a consumer. For further information about your statutory rights contact your local authority Trading Standards Service or Citizens Advice Bureau. Full details are shown on pages 11 and 12 of the policy document.

Privacy and Data Protection Notice

Your information will be held by Isle of Man Assurance Limited, which is part of the IOMA Group. This privacy notice is to let you know how companies within the Group promise to look after your personal information. This includes what you tell us about yourself, what we learn by having you as a customer, and the choices you give us about what marketing you want us to send to you. This notice also tells you about your privacy rights and how the law protects you. We've approached our privacy policy with brevity and clarity in mind. We're happy to provide any additional information or explanation needed and/ or answer any questions you may have.

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How we use your personal data

We use the personal data we hold about you for the purposes of providing insurance, handling claims and any other related purposes (this may include underwriting decisions made via automated means), for offering renewal, research or statistical purposes and to provide you with information, products or services that you request from us. We will also use your data to safeguard against fraud and money laundering and to meet our general legal or regulatory obligations.

Sensitive personal data

Some of the personal information, such as information relating to health or criminal convictions, may be required by us for the specific purposes of underwriting or as part of the claims handling process. The provision of such data is conditional for us to be able to provide insurance or manage a claim. Such data will only be used for the specific purposes set out in our notice.

Disclosure of your personal data

We disclose your personal data third parties involved in providing products or services to us, or to service providers who perform services on our behalf. These include our group companies, third party administrators, reinsurers, reinsurance intermediaries, insurance reference bureaus, credit agencies, medical service providers, fraud detection agencies, loss adjusters, external law firms, external accountants and auditors, regulatory authorities, and as may be required by law.

International transfers of data

We may transfer your personal data to destinations outside European Economic Area ("EEA"). Where we transfer your personal data outside the EEA, we will ensure that it is treated securely and in accordance with the Legislation.

Your rights

You have the right to ask us not to process your data for marketing purposes, to see a copy of the personal information we hold about you, to have your data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to restrict the processing of your data, to ask us to provide a copy of your data to any controller and to lodge a complaint with the local data protection authority.

Retention

Your data will not be retained for longer than is necessary and will be managed in accordance with our data retention policy. In most cases the retention period will be for a period of six (6) years following the expiry of the insurance contract, or our business relationship with you, unless we are required to retain the data for a longer period due to business, legal or regulatory requirements.

If you have any questions concerning our use of your personal data, please contact The Data Protection Officer, IOMA Group – please see website for full address details. <https://www.iomagroup.co.im/privacy.html>

Would I receive compensation if the insurer was unable to meet its liabilities?

Isle of Man Assurance Limited are covered by the Isle of Man's Life Assurance (Compensation of Policyholders) Regulations 1991 which ensure that, in the event of a life assurance company being unable to meet its liabilities to its policyholders, and subject to the Regulations, the scheme manager shall pay to the policyholder out of the Policyholders' Compensation Fund a sum equal to 90% of the amount of any liability of the insurer under the contract,

The Island's scheme operates globally, providing protection to policyholders no matter where they reside.

For more details please see: <https://www.iomfsa.im/regulated-sectors/life-insurance/policyholder-protection/>

Other Important Information

Life and Critical Illness Cover is underwritten 100% by Isle of Man Assurance Limited.

Isle of Man Assurance Limited (IOMA) is a private limited company incorporated in the Isle of Man with company number 3792C and is regulated and authorised by the Isle of Man Financial Services Authority. IOMA's registered address is IOMA House, Hope Street, Douglas, Isle of Man IM1 1AP. ESMI is a trading style of Essential Supplementary Medical Insurance Ltd. (Registered Number 07915134 and registered office, 4th Floor, Venture House, 27/29 Glasshouse Street London, W1B 5DF.),

Essential Supplementary Medical Insurance Ltd (Registered Number 07915134) is a private limited company in England and Wales and is an Appointed Representative of ViVet Limited. ViVet is registered with the Financial Conduct Authority under number 565079. ESMI is both the Product Sponsor and Master Agent of ESMI Insurance products.

ESMI Life cover is arranged by Compass Underwriting. Compass and Compass Underwriting are trading names of ViVet Limited. ViVet Limited is a private limited company limited by shares incorporated in England under registered number 07632781. ViVet Limited is authorised and regulated by the Financial Conduct Authority under register number 565079 which can be checked at www.register.fca.org.uk or by calling them on 0800 111 6768. ViVet Limited is a member of the Managing General Agents' Association.

Isle of Man Law applies to this policy unless you have asked for another law and we have agreed to this in writing before the start date. In accordance with the Disability Discrimination Act 1995 we are able to provide upon request a text phone facility, audio tapes or large print documentation. Please advise us if you require any of these services to be provided so that we can communicate in an appropriate manner. A copy of our complaints procedure is available on request from the address above.