



BARCLAYS

**Your MortgageCare
Payment Protection –
Guide to Insurance**

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Introduction

Barclays Bank PLC is authorised and regulated by the Financial Services Authority (FSA). Our FSA registration number is 122702 and our Registered Office is at 1 Churchill Place, London E14 5HP. The FSA is the independent watchdog that regulates financial services.

FSA register

You can check that Barclays Bank PLC is authorised and regulated by the FSA by visiting the FSA website: **www.fsa.gov.uk/register** or by contacting the FSA on **0845 606 1234**.

Who is the Insurer?

MortgageCare is Payment Protection Insurance. This insurance is underwritten by Barclays Insurance (Dublin) Limited. Its Registered Office is at Two Park Place, Hatch Street, Dublin 2, Ireland, with Registered Number 265959. Barclays Insurance (Dublin) Limited is regulated by the Financial Regulator (FR).

Barclays Bank PLC has an indirect 100% shareholding in Barclays Insurance (Dublin) Limited.

For the purpose of this Guide to Insurance, Barclays Insurance (Dublin) Limited is referred to as 'the Insurer'.

Advice or Information

A representative of Barclays Bank PLC has discussed your requirements for MortgageCare with you and recommended this product, which has resulted in you receiving a specific Statement of Demands and Needs.

Complaints

We want to hear from you if you feel unhappy about the service you have received from Barclays Bank PLC in arranging insurance for you. Letting us know your concerns gives us the opportunity to put matters right for you and improve our service to all our customers. You can complain in writing, regarding the sale of this Policy to: Complaints, 9th Floor, Barclays Bank PLC, 1 Churchill Place, Canary Wharf, London E14 5HP, or by telephone on **0800 15 16 17***.

If you cannot settle your complaint, you may be entitled to refer it to the Financial Ombudsman Service, Customer Contact Division, South Quay Plaza, 183 Marsh Wall, London E14 9SR. Telephone: **0845 080 1800**.

Making a complaint will not affect your right to commence legal action.

Financial Services Compensation Scheme

We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the FSCS if we cannot meet our obligations, depending on the type of business and the circumstances of the claim.

Insurance advising and arranging is covered for 90% of the claim, without any upper limit. For compulsory classes of insurance, insurance advising and arranging is covered for 100% of the claim, without any limit. Please refer to your Policy Summary to find out whether the insurer is also covered by the FSCS. Further information about compensation scheme arrangements is available from the FSCS website www.fscs.org.uk or write to Financial Services Compensation Scheme, 7th Floor Lloyds Chambers, Portsocken Street, London E1 8BN.

General Information on Governing Law

Unless you and the **Insurer** make a written agreement saying otherwise before the Policy is issued, the law of England and Wales will apply to your insurance.

Unless otherwise agreed, the contractual terms of the Policy, all prior information and all communications will be in English.

About MortgageCare Payment Protection – Policy Summary

keyfacts[®]

This Policy Summary is designed to provide you with the key facts about the cover available in MortgageCare. It does not contain the full terms and conditions of the Policy, which can be found in the Policy Document. The Insurance that you select will be confirmed in the Policy Schedule, which will be sent to you once your application has been completed.

Introduction

MortgageCare is payment protection insurance and is designed to help pay your monthly commitments, including your mortgage, in the event of accident and sickness which prevent you from working or involuntary unemployment (depending on the cover and amount of benefit you select).

The Insurer is Barclays Insurance (Dublin) Limited and in this Policy Summary 'we/us' refers to the Insurer.

Who is eligible?

Cover is available to customers who are aged 18 or over and under age 70, employed and resident in the UK at the start date of the Policy.

What is covered and what is not covered?

The following table provides a summary of the cover available.

Not all cover types may be relevant to you; the cover you select will be confirmed on your Policy Schedule when your application is completed.

YOUR MORTGAGECARE PAYMENT PROTECTION – GUIDE TO INSURANCE

Cover available	Benefits in brief	Claim conditions	Significant or unusual exclusions and limitations in brief
<p>Accident and sickness</p> <p>(See section 1a. of the policy document for full details.)</p>	<p>The policy will pay the daily equivalent amount of the monthly benefit for each day you are unable to work as a result of accident or sickness. This amount will be payable from the 61st day that you are unable to work.</p> <p>There is no cover for the first 60 days that you are unable to work as a result of accident or sickness.</p> <p>The maximum we will pay is the monthly benefit for a maximum duration of 24 months. The maximum monthly benefit payable is £2,000 per month.</p>	<p>You are in receipt of a doctor's certificate covering a period of at least 60 consecutive days as a result of accident or sickness.</p> <p>You continue to receive regular care and attendance of a doctor.</p>	<p>Any condition, injury, illness or disease for which you had symptoms, consulted a doctor or received treatment or medication during the 12 months prior to the start date.</p> <p>Deliberate self-inflicted injuries, such as those arising from alcohol consumption, drug abuse or elective or cosmetic surgery.</p>
<p>Involuntary unemployment</p> <p>(See section 1b. of the Policy Document for full details.)</p>	<p>The Policy will pay the daily equivalent amount of the monthly benefit for each day of your involuntary unemployment, from the 61st day of such unemployment.</p> <p>There is no cover for the first 60 days that you are unemployed.</p> <p>The maximum we will pay is the monthly benefit for a maximum duration of 24 months. The maximum monthly benefit payable is £2,000 per month.</p>	<p>You being unemployed for at least 60 days, beginning no sooner than 60 days from the start date.</p> <p>You must be continuously working for 6 months immediately prior to the claim.</p> <p>You are available for and actively looking for work.</p>	<p>Any unemployment as follows:</p> <ul style="list-style-type: none"> • That occurs within 60 days of the start date; • That was known about before the start date; • That was voluntary, including resignation, retirement or arises due to misconduct; • That arises following seasonal/temporary work; • That follows the expiry of a fixed-term contract.

Under all sections of the Policy, you will not be covered for anything you already know about prior to purchasing the insurance or that is caused by deliberate or illegal acts on your part. You can only claim one type of benefit at a time. War, riot, terrorism and certain similar events are generally excluded. See section 1c. of the Policy Document for full details.

What happens if I want to cancel this insurance?

If, after taking out MortgageCare and reading the Policy, you decide you do not want to continue with the insurance (for example, if you permanently leave employment) please contact a branch. Alternatively, you can write to us at: Barclays Insurance (Dublin) Limited, PO Box 586, Shannon, County Clare, Ireland.

If the policy is in joint names, we will need signatures from both parties before we cancel the policy.

If you do this within 30 days of receiving your Policy Document, we will cancel your Policy and give you your money back and you will not be eligible to make a claim under the Policy.

You can cancel your Policy after 30 days by giving us 30 days' notice in writing.

What is the duration of this insurance?

Unless the Policy is cancelled by you or us under the terms of the Policy, cover will last until you reach age 70 or you retire, as long as you continue paying premiums.

You may cancel your Policy as shown above and we can cancel your Policy by giving you 30 days' notice in writing.

What should I do if I want to change the cover provided by this insurance?

Where applicable, you may need to review and update your cover periodically to ensure it remains adequate. If you want to change your cover due to a change in your circumstances (for example, a change in the nature of your employment), you can ask us to change the cover chosen at any time by writing to us at the following address: Barclays Insurance (Dublin) Limited, PO Box 586, Shannon, County Clare, Ireland.

How much does this insurance cost?

The cost of this insurance is shown in your Policy Schedule and is inclusive of Insurance Premium Tax (IPT). The premium is a fixed amount based on the cover you have selected, regardless of the amount of the actual mortgage and will be paid by direct debit from your nominated bank account. You must continue to pay your monthly premium while claiming any benefit under your Policy.

How do I make a claim?

If you need to make a claim please read the relevant section for the cover that you are claiming under and make sure none of the exclusions apply to you. If you meet all the conditions, please phone us on **0500 500 700**[†].

Please note, you will need to provide the following information to support your claim (as applicable):

Accident and Sickness claim – a doctor's certificate confirming your condition and your employer's confirmation of your absence from work.

Involuntary Unemployment claim – confirmation from the Department for Work and Pensions (or equivalent agency in your country of residence) that you are available for and actively looking for work and your employer's confirmation of involuntary unemployment. If you are self-employed this will be evidence from your Accountant or Tax Office that your business has ceased to trade.

We will try to assess your claim within 48 hours. See section 2 of the Policy Document for full details. You must provide and pay for any proof that is required to support your claim.

Back to work support programme

If you have a claim for unemployment which lasts for more than 90 days, we may offer you support, additional information and advice to assist with your return to work. This is a free service and includes helpline assistance and

guidance relating to CV writing and information on job vacancies and additional websites.

How do I make a complaint if I am dissatisfied?

You can complain regarding the insurance by contacting us by telephone on **0500 500 700**[†] or by writing to The Customer Services Team at PO Box 586, County Clare, Ireland. A leaflet detailing how they deal with complaints is available upon request.

If you cannot settle your complaint, you may be entitled to refer it to the Financial Ombudsman Service, Customer Contact Division, South Quay Plaza, 183 Marsh Wall, London E14 9SR. Telephone: **0845 080 1800**.

Making a complaint will not affect your right to commence legal action.

Financial Services Compensation Scheme

We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the FSCS if we cannot meet our obligations, depending on the type of business and the circumstances of the claim. Further information about compensation scheme arrangements is available from the FSCS website www.fscs.org.uk or by writing to Financial Services Compensation Scheme at: 7th Floor Lloyds Chambers, Portsoken Street, London E1 8BN.

Full Policy Terms and Conditions

1. Introduction

Together, the Policy Document and the **Policy Schedule** make up **your** Policy. This booklet is **your** Policy Document. It contains the full contractual terms and conditions and gives details of all of the covers available under MortgageCare. The **Policy Schedule** confirms the details of the insurance **you** have selected.

You should read **your** Policy Document and **your Policy Schedule** carefully to ensure that **you** are eligible for the cover and that **you** understand what the insurance does and does not cover.

You should keep **your** Policy in a safe place. The words that appear in **bold** in this Policy Document have specific meanings and these are defined in section 12 of this Policy Document.

MortgageCare is payment protection insurance and is designed to help pay **your** monthly commitments including **your** mortgage in the event of an **accident** or **sickness** which prevents you from working or involuntary unemployment (depending on the cover and the amount of benefit **you** selected).

This insurance is underwritten by Barclays Insurance (Dublin) Limited.

Barclays Insurance (Dublin) Limited's Registered Office is at Two Park Place, Hatch Street, Dublin 2, Ireland, and its Registered Number is 265959. Barclays

Insurance (Dublin) Limited is regulated by the Financial Regulator (FR).

For the purpose of this Policy Document, Barclays Insurance (Dublin) Limited is referred to as **we/us**.

What to do if you change your mind, or need to cancel the insurance.

If, after taking out MortgageCare and reading the Policy, **you** decide **you** do not want to continue with the insurance (for example if **you** permanently leave employment), please contact **your** branch. Alternatively, **you** can write to **us** at the following address: Barclays Insurance (Dublin) Limited, PO Box 586, Shannon, County Clare, Ireland.

If **you** do this within 30 days of receiving **your** Policy Document, **we** will cancel **your** Policy and give **you your** money back and **you** will not be eligible to make a claim under the Policy. Any refund of premium will be paid to **your** bank account.

You may cancel **your** Policy at any time after the first 30 days by giving 30 days' notice in writing to Barclays Insurance (Dublin) Limited, PO Box 586, Shannon, County Clare, Ireland.

If the Policy has been taken out by joint applicants, each of **you** must sign any notice of cancellation which is sent to **us**.

MortgageCare Policy in brief (see section 1 for full details).

Cover available	Benefits in brief	Claim conditions	Significant or unusual exclusions and limitations in brief
<p>Accident and Sickness</p> <p>(See section 1a. of the policy Document for full details.)</p>	<p>The Policy will pay the daily equivalent amount of the monthly benefit for each day you are unable to work as a result of accident or sickness. This amount will be payable from the 61st day that you are unable to work.</p> <p>There is no cover for the first 60 days that you are unable to work as a result of accident or sickness .</p> <p>The maximum we will pay is the monthly benefit for a maximum duration of 24 months. The maximum monthly benefit payable is £2,000 per month.</p>	<p>You are in receipt of a doctor's certificate covering a period of at least 60 consecutive days as a result of accident or sickness .</p> <p>You continue to receive regular care and attendance of a doctor.</p>	<p>Any condition, injury, illness or disease for which you had symptoms, consulted a doctor or received treatment or medication during the 12 months prior to the start date.</p> <p>Deliberate self-inflicted injuries, such as those arising from alcohol consumption, drug abuse or elective or cosmetic surgery.</p>
<p>Involuntary unemployment</p> <p>(See section 1b. of the Policy Document for full details.)</p>	<p>The Policy will pay the daily equivalent amount of the monthly benefit for each day of your involuntary unemployment, from the 61st day of such unemployment.</p> <p>There is no cover for the first 60 days that you are unemployed.</p> <p>The maximum we will pay is the monthly benefit for a maximum duration of 24 months. The maximum monthly benefit payable is £2,000 per month.</p>	<p>You being unemployed for at least 60 days, beginning no sooner than 60 days from the start date.</p> <p>You must be continuously working for 6 months immediately prior to the claim.</p> <p>You are available for and actively looking for work.</p>	<p>Any unemployment as follows:</p> <ul style="list-style-type: none"> • That occurs within 60 days of the start date; • That was known about before the start date; • That was voluntary, including resignation, retirement or arises due to misconduct; • That arises following seasonal/temporary work; • That follows the expiry of a fixed-term contract.

Under all sections you will not be covered for claims that are directly or indirectly caused by war, riot, terrorism or any similar event (see section 1c. for full details).

Your policy schedule confirms the cover you have selected.

1a. Accident and Sickness cover

What is covered?

To qualify:

- **You** are **working** and an **accident** or **sickness** (which **you** first had after the **start date**) prevents **you** from doing **your** normal **work**; or
 - **You** must have a **doctor's** certificate for at least 60 consecutive days confirming you are unable to **work**. **You** must also provide confirmation from **your** employer of **your** absence from **work**; or
 - **You** must be under the regular care and attendance of a doctor for benefits to continue; or
 - The **accident** or **sickness** must stop **you** from doing **your** normal job or, if **you** reasonably expect not to return to **your** normal job, any other paid **work** which **your** experience, education or training reasonably qualifies **you** to do. (If **you** are **unemployed** at the time of the claim, the **accident** or **sickness** must prevent **you** from actively looking for **work**); or
 - if **you** are self-employed, the **accident** or **sickness** must stop **you** from managing or carrying out any part of the day-to-day running of the business.
-

Benefit payable:

We will pay the daily equivalent amount of **your monthly benefit** for each consecutive day that **you** are unable to **work**. **We** will pay this monthly from the 61st day of **your unemployment** caused by **your accident** or **sickness**. There is no cover for the first 60 days that **you** are unable to **work** as a result of **accident** or **sickness**.

Benefit duration:

We will continue to pay this benefit, on a monthly basis, until:

- The date **you** return to **work**; or
 - The date from which **you** no longer have a **doctor's** certificate to support **your** claim; or
 - **We** have paid **your** benefit for 24 months; or
 - The **end date**, whichever happens first.
-

Benefit maximum:

The maximum **we** will pay is the **monthly benefit**, for a maximum duration of 24 months.

What is not covered?

We will not pay benefit for an **accident** or **sickness** that is the result of any of the following:

- Any condition, injury, illness or disease for which **you** had symptoms, consulted a **doctor**, or received treatment or medication during the 12 months immediately before the **start date**. (However, if at the time of a claim, **you** have not had any symptoms, consulted a **doctor** or received treatment in the two years before the claim, this exclusion will not apply);
- Deliberate, self-inflicted injuries, including but not limited to injuries resulting from:
 - Drinking alcohol or taking drugs (unless the drugs are prescribed by a **doctor** for purposes other than to treat drug addiction);
 - Elective or cosmetic surgery or beauty treatment (unless it is needed because of a physical illness, disease or injury).

We will not pay **accident** or **sickness** benefits until **you** have consulted a **doctor** and got a certificate from them to confirm the nature of **your accident** or **sickness**. (The certificate needs to be for a period of 60 days or more, however the first 7 days can be self-certified.)

Subsequent claims or claims where the condition or cause changes.

If a subsequent claim occurs within three months of the end of a previous claim period, and that claim arises from a related condition or one which existed at the same time as the previous claim, **we** will consider the subsequent claim as part of the original claim. **We** will continue to pay this claim as long as the aggregate amount is not more than the maximum benefit **we** pay.

If a subsequent claim occurs after three months of the end of a previous claim period and that claim arises from a related condition, **your doctor** must confirm that **you** had recovered sufficiently from the prior condition to return to **your work**.

1b. Involuntary Unemployment Cover

What is covered?

To qualify:

- **You** are working and become continuously **unemployed** for 60 days or more, beginning no sooner than 60 days after the **start date**.
- **You** must be available for, capable of and actively looking for **work** (except where **you** are registered as a carer). **You** will need to provide satisfactory proof that **you** are actively looking for **work**, this can include:
 - Being registered for **work** with the Department for Work and Pensions or another relevant agency in **your** country of residency and receiving a form of Jobseeker's Allowance as defined by the relevant legislation or regulations and receiving credits for National Insurance contributions because **you** meet the conditions for Jobseeker's Allowance, even if **you** do not receive Jobseeker's Allowance; or
 - If **you** are not eligible for Jobseeker's Allowance, for example, **you** are in receipt of Income Support Benefit, or Widow's Pension, or Single Parent Allowance, **you** must provide two pieces of evidence from prospective employers that **you** are seeking **work**.

Benefit payable:

We will pay a daily equivalent amount of **your monthly benefit** for each consecutive day that **you** are **unemployed**. **We** will pay this monthly from the 61st day of **unemployment**. There is no cover for the first 60 days that **you** are **unemployed**.

If **you** have more than one job:

If **you** have more than one job after the **start date** and **you** have since been made **unemployed** with respect to one of those jobs and **you** are ineligible for Jobseeker's Allowance **we** will pay **your** benefit on a pro-rata basis, relative to the **working** hours lost, subject to the terms and conditions contained within this policy. For example, if **you** were **working** in two part-time jobs of 20 hours per week each and **you** were made redundant from one job, **we** would pay half of the **monthly benefit**.

Benefit duration:

We will continue to pay this benefit, on a monthly basis, until:

- The **end date**, or
- The date **you** retire; or
- **You** are no longer **unemployed**; or
- **You** are no longer available for, and actively looking for **work** (or cannot provide evidence that **you** are); or
- **We** have paid **your** benefit for 24 months, whichever happens first.

Benefit maximum:

The maximum **we** will pay is the **monthly benefit**, for a maximum duration of 24 months.

What is not covered?

We will not pay benefit for unemployment in any of the following circumstances:

- If the unemployment occurs within 60 days of the **start date**; or
- If at the **start date**, **you** knew **you** were going to be made **unemployed**, or **you** had reason to believe that it was likely; or
- If **you** have not been in continuous **work** for six months, with one or more employers immediately before **your** employment ended. (If **you** were not **working** for two weeks or less, **we** will not count this as a break in **your** employment); or
- If the unemployment results from **your** conduct (including fraud, illegal activity, dishonesty or anything that led to or might have led to a disciplinary procedure), **your** resignation, any unemployment of a voluntary nature, or where **you** have taken early retirement; or
- If **your work** is seasonal or temporary and in both cases unemployment is a regular feature of **your work**; or
- If **your** fixed-term contract reaches its expected expiry date, unless **you** have an employment history with **your** employer and none of the above circumstances apply.

Subsequent claims

If **you** become **unemployed** within three months of the end of a previous claim period (for example, after a period of temporary **work**) and **we** have not paid the maximum aggregate amount of benefit, **we** will consider **your** subsequent claim as being part of the original claim. **We** will continue to pay this claim as long as the aggregate amount is not more than the maximum benefit **we** pay. **We** will waive the requirement to be continuously employed for claims that occur within six months of a previous claim.

1c. General exclusions applying to Accident and Sickness and Involuntary Unemployment cover

You are not covered for anything that is:

- Material to **your** claim and that **you** knew about prior to purchasing this insurance; or
- Caused by deliberate or illegal acts on **your** part.

You can only claim one type of benefit at a time. **We** have the right not to pay benefit for claims that are directly or indirectly caused by riot, terrorism, war or any similar event, nuclear radiation, ionising radiation or the dangerous parts of any nuclear equipment.

1d. Joint Applications

If the Policy has been taken out by joint applicants, who are both eligible for cover, the benefit can be split between the joint applicants. Each applicant's benefit is limited to a proportion of the **monthly benefit**. The **policy schedule** shows the amount of the **monthly benefit**, which is payable to each applicant in the event of a valid claim. The higher earner can choose the higher proportion of the **monthly benefit**. If the other applicant becomes the higher earner before the **end date**, please write to **us** at PO Box 586, Shannon, County Clare, Ireland. **We** will not change the proportion if a claim event has occurred or if a claim is in the process of being validated or paid, which would benefit the applicant who, before the incident, had the lesser amount.

2. If you need to claim

If **you** need to make a claim, please read the relevant section for the cover that **you** are claiming under, as shown in section 1 of this Policy Document and make sure none of the exclusions apply to **you**. If **you** meet all the conditions, please follow the steps opposite to register **your** claim.

Step 1:

Please phone **us** on **0500 500 700†**.

Step 2:

We will take the details of **your** claim and register the claim (and, where possible, give **you** a decision) over the phone, or **we** will send **you** a claim form, which **you** should complete in full and provide the relevant additional information (in English) to support **your** claim (as applicable):

- **Accident** and **Sickness** claim – a **doctor's** certificate confirming **your** condition and **your** employer's confirmation of **your** absence from **work**.
- Involuntary Unemployment claim – confirmation from the Department for Work and Pensions (or the equivalent agency in **your** country of residence) of Jobseeker's Allowance (JSA), or, if **you** are ineligible for JSA, alternative evidence that **you** are actively looking for **work**, and **your** employer's confirmation of **your** involuntary unemployment. If **you** are self-employed this will be evidence from **your** Accountant or Tax Office that **your** business has ceased to trade.

Step 3:

Return the claim form with the required evidence and certification. **You** must provide and pay for any proof that is required to support **your** claim. **We** will try to assess **your** claim within 48 hours.

Step 4:

We will contact **you** by telephone or in writing to advise **you** of our decision. If **we** have accepted **your** claim, **we** will pay it promptly to **your** nominated bank account.

Step 5:

We will send **you** a continuing claim form each month and, if approved, **we** will pay the benefit each month, until **you** tell **us** that **you** no longer qualify to claim or until the claim is fully paid, whichever is sooner.

Back to work support programme

If you have a claim for unemployment which lasts for more than 90 days, **we** may offer **you** support, additional information and advice to assist with **your** return to **work**. This is a free service and includes helpline assistance and guidance relating to CV writing and information on job vacancies and additional websites.

3. Premium for your cover

Your monthly premium includes Insurance Premium Tax (IPT) at the rate that applies at the date of payment. The cost of the cover **you** have selected is shown in **your Policy Schedule**. The premium is a fixed amount based on the benefit level selected, regardless of the actual mortgage and will be collected monthly in arrears by direct debit from **your** nominated bank account. **You** must continue to pay **your monthly premium** whilst claiming benefit.

4. Period of cover

This Policy will continue until cancelled in one of the following circumstances.

All cover and all relevant benefit payments provided by this cover will end on the **end date**.

If the Policy has been taken out by joint applicants the cover will cease in respect of any of **you** who have reached the age of 70 or have retired. Cover will remain in force for any of **you** who have not yet reached the age of 70 and have not retired. In this event the premium payable by **you** may be adjusted to reflect the benefits to which **you** are entitled.

You can cancel **your** insurance at any time. Please refer to the section on page 8, 'If **you** change **your** mind, or need to cancel the insurance' for details.

We can cancel **your** insurance or change **your** Policy terms and conditions by giving **you** 90 days' notice in writing. This does not affect **your** rights in respect of a claim arising prior to the cancellation date of **your** Policy.

Your insurance will be automatically cancelled on the date **you** fail to pay the third of three consecutive unpaid **monthly premiums**.

5. Changing your monthly benefit or cover

We recommend that **you** review **your** cover and the amount **you** have protected on a regular basis to make sure they continue to meet **your** circumstances. If **you** want to change **your** cover due to a change in **your** circumstances (for example, a change in the nature of **your** employment), **you** can ask **us** to change the cover chosen at any time by writing to **us** at the following address: Barclays Insurance (Dublin) Limited, PO Box 586, Shannon, County Clare, Ireland. If the Policy has been taken out by joint applicants, each of **you** must sign any such request.

Within 28 days of receiving **your** request, **we** will tell **you** the new **monthly premium** and confirm the **amendment date**. If **you** change the cover or the benefit amount whilst claiming benefit, the change may affect **your** entitlement to the payment of any benefits due.

The exclusions and limitations outlined in section 1 of this Policy Document will be applied to any increase in the **monthly benefit** or new cover from the **amendment date**. If any of these exclusions apply, **you** will not be eligible to claim under the Policy for that increase in **monthly benefit** or cover, however **we** will assess the claim on the basis of the benefit to which **you** were entitled before the **amendment date**.

6. Complaints and feedback

If **you** have any questions or complaints about this Policy, please contact **us** as follows:

- By phoning **us** on **0500 500 700[†]**, or
- By writing to the Customer Services Team at Barclays Insurance (Dublin) Limited, PO Box 586, Shannon, County Clare, Ireland, or
- By sending **us** a fax on **0870 400 4865^{**}**

If **you** are still not satisfied or **you** feel **we** have not fully dealt with **your** complaint, please write to: The Managing Director, Barclays Insurance (Dublin) Limited, PO Box 586, Shannon, County Clare, Ireland.

If, after consulting the Managing Director, **you** are still not satisfied that **we** have fully dealt with the matter, **you** may be entitled to refer it to the Financial Ombudsman Service at: South Quay Plaza, 183 Marsh Wall, London E14 9SR.

Telephone: **0845 080 1800**.

Making a complaint will not affect **your** right to commence legal action.

7. Material facts – Special Circumstances for cancellation

Some of the facts **you** give **us** are known as ‘material facts’. These are facts which **we** think are likely to affect the risk of insuring **you**. Information **you** give or which is given on **your** behalf in **your** application form, claims forms or other documents must be accurate, particularly information about **your** age, sex, medical history, health, job and where **you** live. If it later becomes clear that an important fact was not accurate or was left out (whether deliberately or accidentally), **we** can cancel this Policy or refuse to pay a claim, without refunding any premiums. **You** must tell **us** if there is a change to any of the information **you** have previously provided to **us**.

8. Financial Services Compensation Scheme

We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the FSCS if we cannot meet our obligations, depending on the type of business and the circumstances of the claim. Further information about compensation scheme arrangements is available from the FSCS website www.fscs.org.uk or by writing to Financial Services Compensation Scheme at: 7th Floor Lloyds Chambers, Portsoken Street, London E1 8BN.

9. Governing law

The law of England and Wales will apply to this Policy, unless **we** agree otherwise with **you** in writing before issuing the Policy. The conditions of this Policy, all information and all communications will be in English. The Contracts (Rights of Third Parties) Act 1999 will not apply to this Policy.

10. Data protection

You have a right to see **your** personal information, which **we** hold. There is a charge if **you** want to do this. For more details write to: The Data Protection Co-ordinator, PO Box 586, Shannon, County Clare, Ireland.

- **Insurance administration**

Information **you** supply may be used for administration purposes by **us**, or our associated companies and agents.

We may pass the information to regulatory organisations, which will monitor whether **we** are keeping to regulatory rules or codes. **Your** information may also be used for research or for preventing crime.

It may be transferred to any country (including countries outside the EU) for any of these purposes.

- **Sensitive information**

To assess the conditions of the insurance contract or claims that arise, **we** may need to collect information that the Data Protection Act defines as 'sensitive' (such as a person's medical history or criminal convictions).

By going ahead with this insurance, **you** give **your** permission to this information being processed by **us** or our associated companies or agents.

- **Preventing fraud**

We may make the information that **you** have provided, both at the time of applying for this insurance and on making a claim, available to other insurers for claims purposes. Insurers, lenders and their agents may also share information **you** have provided to them and may carry out checks against publicly available information as necessary.

11. Helpline for disabled customers

We can provide this Policy Document in Braille, in large print or on audio tape. For any of these, phone **0800 400 100*** or visit **barclays.com**

12. Definitions – words with important meaning to you

Where the words below appear in **bold** in this Policy Document they will have the following meanings:

Accident

An incident resulting in injury to **you** which **you** did not expect or intend.

Amendment Date

The date an additional cover is added to, or removed from, **your** existing Policy, or the **monthly benefit** is changed.

Crown Employee

A person who is either employed by the British Armed Forces or is a civil servant or diplomat employed in a British embassy or consulate, no matter where it is located in the world.

Doctor

A qualified medical practitioner who is registered with the relevant professional regulatory body. This person cannot be **you**, **your** partner or a relative of **yours**.

Employment History

- **You** have worked continuously for the same employer for at least 24 months; or
- **You** have been on a contract for at least 12 months and had the contract renewed at least once; or
- **You** were originally employed permanently by the same employer but have been transferred to a fixed-term contract without a break in employment.

End Date

The earliest to occur of the following events:

- The date **you** become 70; or
- The date **you** retire; or
- The date the Policy is cancelled.

Monthly Benefit

The amount, up to a maximum of £2,000, that **you** chose to be protected as shown in **your Policy Schedule** (this amount cannot exceed 50% of **your** gross monthly income at the **start date**).

Monthly Premium

The amount **you** must pay to **us** each month for the cover provided by **your** Policy.

Policy Schedule

The letter which accompanies **your** Policy Document and sets out the specific details of **your** cover.

Regular Care and Attendance

A **doctor** continuously treating **you** for the **accident** or **sickness**.

YOUR MORTGAGECARE PAYMENT PROTECTION – GUIDE TO INSURANCE

Sickness

An illness which **you** first had after the **start date**.

Start Date

The date **your** cover commences (this is shown in **your Policy Schedule**).

UK

England, Scotland, Wales and Northern Ireland.

Unemployed

You are not **working** for one of the following reasons:

- **Your** employer has made **you** redundant; or
- **You** have had to leave **work** to care for a relative for at least 35 hours per week (**you** will need to be registered with the Department of Work and Pensions as a carer); or
- **You** are self-employed and **you** have stopped trading permanently and **your** business is:
 - Being or has been wound up; or
 - **Your** business is in the hands of a liquidator; or
 - **Your** partnership has been dissolved.**Your** accountant would have to give **us** proof of this.

We or Us

Barclays Insurance (Dublin) Limited.

Work or Working

You are actively employed in any paid employment (or **you** are receiving payment instead of notice) for at least one hour a week, in one or more of the following:

- A permanent job (where **your** contract of employment does not end on a given or suggested date, is not temporary or casual and **you** pay Class 1 National Insurance contributions or make similar contributions in **your** country of residence); or
- A fixed-term contract; or
- A self-employed trade or profession, and assessed for tax under the Income Tax (Trading and Other Income) Act 2005 (or similar legislation in the country **you** live in); or
- **You** are employed by a company where **you**, or anyone connected with **you**, have control over that company.

You or Your

Any person (not a company) who:

- Has applied for cover and has been accepted for cover by **us**; and
- Is a UK resident or **crowd employee** at the **start date**; and
- Is between 18 and 70 years of age; and
- Is **working**; and
- Is named as the 'Insured Customer' on the **Policy Schedule**; and
- Is paying **us** the **monthly premium**.

Contact Details

You can contact us by calling
0500 500 700[†], by sending a fax to
0870 400 4865^{}** or by writing to:
Barclays Insurance (Dublin) Limited,
PO Box 586, Shannon, County Clare,
Ireland.

Take one small step

 **BARCLAYS**

You can get this in Braille, large print or audio by calling
0800 400 100* (via Text Relay if appropriate) or by ordering
online from barclays.co.uk/accessibleservices/

Call monitoring and charges information

To make sure we maintain a high-quality service, we may monitor or record phone calls.

† Calls to 0500 numbers are free when calling from a UK landline.

* Calls to 0800 numbers are free when calling from a UK landline.

** Charges for 0870 numbers are charged at National Rates. Charges may apply when using a mobile phone or when calling from abroad.

This Insurance is underwritten by Barclays Insurance (Dublin) Limited and Barclays Assurance (Dublin) Limited. Registered Office: Two Park Place, Hatch Street, Dublin 2, Ireland. Registered in Ireland with Numbers 265959/60. Both are regulated by the Financial Regulator (FR) and are subsidiaries of Barclays Bank PLC, which is authorised and regulated by the Financial Services Authority (FSA).

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