



keyfacts[®]

About Sentinel Mortgage Payment Protection Insurance

Some important facts about your insurance are summarised below. This summary does not describe all the terms and conditions of your policy, so please take time to read the policy document to make sure you understand the cover it provides.

**Insurer - UK General Insurance Limited on behalf of:
Ageas Insurance Limited, Registered in England No. 354568.
Registered Office: Ageas House, Tollgate, Eastleigh, Hampshire, SO53 3YA.**

What is Sentinel Mortgage Payment Protection?

This policy will pay the **Monthly Benefit** shown in the policy in the event that **You** are unable to **Work** due to **Unemployment** or **Disability** (as stipulated in **Your Schedule**).

Who is Sentinel Mortgage Payment Protection for?

You can be covered under this **Policy** if at the **Commencement Date** **You** are over 18 and under 60 years of age;

are in **Employment** or **Self-Employment** continuously for at least 12 months prior to the **Commencement Date** and **You** do not know of or could not, reasonably, be expected to know of any **Unemployment** that is likely to happen to **You**;

live and **Work** in the **UK**;

are the owner-occupier of the property secured under the insured **Agreement** which is **Your** main residence and is not used for business purposes;

have paid the **Premium**.

For clarification, we have defined **Self-Employed** as meaning **You** are actively **Working** for profit in a business or profession, alone or in association with others, and paying class2 National Insurance Benefit Contributions or being a director (or being a shareholder) of a private limited company with an issued and fully paid share capital of less than £1,000 or a **Relative** is **Self Employed** as defined and **You** are **Employed** in the same business.

ABOUT YOUR COVER

FEATURES AND BENEFITS INCLUDED AUTOMATICALLY	SIGNIFICANT EXCLUSIONS OR LIMITATIONS	POLICY SECTION
Cover for Total Disability	<p>You must be unable to Work due to total disability for the period of continuous days shown in Your Schedule before You will be eligible to receive payment under this policy.</p> <p>You will not be covered for Disability:</p> <p>Caused by any physical or mental infirmity or disease which necessitated medical or surgical treatment or consultation within the 12 months preceding the Commencement Date or any chronic or continuing disease from which You suffered prior to the Commencement Date;</p> <p>Arising from stress, anxiety or depression or any mental or nervous disorder unless a Consultant certifies that solely the condition prevents You from Working;</p> <p>A back related condition unless there is radiological evidence of medical abnormality, visible wound, contusion, or a Consultant certifies that solely the condition prevents You from Working;</p> <p>A maximum of 12 Monthly Benefit payments will be paid to You for Total Disability Insurance.</p>	<p>Conditions 2</p> <p>Exclusions (b) (ii)</p> <p>Exclusions (b) (iii)</p> <p>Exclusions (b) (iv)</p> <p>Conditions 4 Limitations</p>

<p>Cover for Unemployment</p> <p>Free Return to Work Support</p>	<p>You must be unable to Work due to Unemployment for the period of continuous days shown in Your Schedule before You will be eligible to receive payment under this policy.</p> <p>You will not be covered for Unemployment;</p> <p>First notified to You or commencing during the 60 day period immediately following the Commencement Date in respect of a New Mortgage, or the first 90 days in the period immediately following the Commencement Date in respect of an existing mortgage;</p> <p>Which is a seasonal occurrence in Your occupation or due to Your Work being of a temporary or casual nature (including Work for a temporary employment agency) or where Unemployment is a regular feature of Your Work or which You are aware of as likely to be impending at the Commencement Date whether by Your employer's official notification or otherwise;</p> <p>Until the end of any period for which You have received a Payment in lieu of notice;</p>	<p>Conditions 3</p> <p>Exclusions (c) (i)</p> <p>Exclusions (c) (ii)</p> <p>Exclusions (c) (iii)</p>
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	<p>Due to the natural expiry of a fixed contract of Employment, unless either: You have a regularly renewable contract which has been renewed at least twice and You have been employed by the same employer for at least 24 months, or You have an individually negotiated contract which has been renewed at least twice and You have been employed by the same employer for at least 6 months, in which case the Monthly Benefit is payable only if the contract is terminated early and only for the original duration of the contract of Employment;</p> <p>If You are not making a genuine attempt to get to Work;</p> <p>If You resign, retire, leave Your Employment voluntarily or accept early retirement in lieu of Unemployment.</p> <p>A maximum of 12 Monthly Benefit payments will be paid to you in respect of Unemployment.</p>	<p>Exclusions (c) (iv)</p> <p>Exclusions (c) (v)</p> <p>Exclusions (c) (vii)</p> <p>Conditions 4 Limitations</p>
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DURATION OF POLICY

Your cover is valid for as long as **You** maintain **Your** monthly premium payments and renew annually upon invitation, but it will end when **You** reach age 65, normal state retirement age or **Your** mortgage is repaid.

You should periodically review the level of cover **You** have to ensure it remains adequate to meet **Your** mortgage repayments and associated expenses.

CANCELLATION RIGHT

We hope **You** are happy with the cover this policy provides. However, **You** have the right to cancel it at any time. If **You** cancel within 30 days of the start date we will refund any premium **You** may have paid.

See the section “Ending of Cover” within **Your** policy document.

We can cancel **Your** policy at any time by giving **You** 90 days notice if **We** do not offer **You** an equivalent alternative product, or by giving **You** 30 days notice if **We** do offer **You** an equivalent alternative product. However, this will not affect **Your** right to claim benefits for any event that happens before **We** give **You** notice of cancellation.

MAKING A CLAIM

You must write to Trent Services, Trent House, Stroud Road, Cirencester, Gloucestershire, GL7 6JN telling us **You** want to make a claim, or phone our customer service desk on 01285 626020.

HOW TO MAKE A COMPLAINT

We hope **You** will be pleased with the service we provide. However, if **You** have a complaint about **Our** service or about a claim, please contact Source Software Limited, Drake House, Plymouth Road, Penarth, CF64 3TP or telephone 029 20265214. Please give **Your** name and quote **Your** policy number, which is on **Your** schedule, so that **We** can deal with the enquiry quickly.

If **You** are still not happy with the response **You** have received, **You** may have the right to ask the Financial Ombudsman Service to review the case.

COMPENSATION SCHEME

Ageas Insurance Limited is covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme, if they cannot meet their obligations. This depends on the type of business and the circumstances of the claim. Most insurance contracts are covered for 90% of the claim with no upper limit. **You** can get more information about compensation scheme arrangements from the FSCS or visit www.fscs.org.uk