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Policy Summary

keyfacts[®]

This summary does not contain the full terms and conditions of your insurance policy. Full details of the terms, conditions and exclusions of your insurance policy are contained in the policy document.

(1) This insurance is underwritten by St Andrew's Life Assurance plc and St Andrew's Insurance plc

For a detailed explanation about which company underwrites which element of cover, please refer to the definition of 'We, Us, Our' in Part 1 of the Policy 'Meaning of Words Used' for further details.

(2) Argos Coversafe Insurance providing Life, Accident and Sickness, Unemployment, Carer Cover, Critical Illness, Hospitalisation and Purchase Protection Cover (where you have chosen this cover option).

Eligibility

To be eligible for cover you must be on the commencement date, the first named party on your agreement, over 18 years of age and less than 65 years of age, in employment or self-employed and have been so continuously for the previous 6 months and paying the correct class of National Insurance Contributions. You must not be aware of any impending unemployment or medical condition that would stop you from working. IF YOU ARE WORKING ON A FIXED TERM CONTRACT you also have to have been employed for at least 12 consecutive months with the same employer and your contract renewed at least once; or have been in employment for a total unbroken period of 24 months or more with the same employer; or have been employed for at least 6 consecutive months with the same employer and your contract has been renewed at least twice; and your contract has a minimum of at least 6 months remaining on it. Please note you must have been in work immediately prior to the incident which results in you submitting any claim under the accident and sickness, unemployment or carer cover sections of this policy.

(3) Significant Features & Benefits Life Insurance

If you have not reached the age of 65, we will pay the outstanding balance to the coverholder if, during the period of cover you die, up to a maximum of £15,000.

Accident and Sickness Insurance

If you have not reached the age of 65 we will pay an amount equal to 15% of the outstanding balance at the date of your disability, up to a maximum of £1,000 per month if you are unable to work due to accident or sickness. You will be eligible for a monthly benefit to be paid after you have been disabled for a continuous period of 15 days. Further monthly benefits will become payable for each complete 30 days you are disabled until the outstanding balance at the start date of your disability has been paid.

Unemployment Insurance

If you have not reached the age of 65 we will pay an amount equal to 15% of the outstanding balance at the date of notification of your unemployment up to a maximum of £1,000 per month if you suffer

involuntary unemployment. You will be eligible for a monthly benefit to be paid after you have been unemployed for a continuous period of 15 days. Further monthly benefits will become payable for each complete 30 days you are unemployed until the outstanding balance at the notification of your unemployment has been paid.

Carer Cover Insurance

If you have not reached the age of 65 and your work ceases due to the need for you to become a carer for a relative, we will pay an amount equal to the outstanding balance at the date you become a carer or the remaining monthly payments due up to a maximum of £1,000 per month, until the policy end date (whichever is the lesser). Once a payment has been made under this part of the policy, the carer cover part of the policy ceases.

Critical Illness Insurance

If you have not reached the age of 65, we will pay the outstanding balance if you suffer a critical illness and survive for a period of not less than 28 days, up to a maximum of £15,000. Critical Illness means cancer, heart attack, kidney failure, coronary artery bypass graft, stroke, major organ transplant all requiring diagnosis by a doctor.

Hospitalisation Insurance (this cover is available to you if you are not eligible for cover under the Unemployment Insurance part of the Policy)

If you are confined to hospital as a result of an accidental bodily injury for not less than 7 consecutive days, we will pay one monthly benefit equal to 15% of the outstanding balance at the date of your hospitalisation up to a maximum of £1,000 per month.

If you are confined to hospital as a result of an accidental bodily injury for more than 14 consecutive days, we will pay the outstanding balance up to a maximum of £15,000.

Purchase Protection Insurance (this cover only applies if you have chosen to include the free optional purchase protection as part of your policy)

Goods purchased during the term of cover using your store card are covered against loss, theft or damage for a period of 120 days from the date of purchase. In the event of damage, the repair or replacement cost will be met. The maximum amount payable in respect of a single article is £1,500. The maximum amount payable for each event is £15,000 and the maximum amount payable in total per annum under this part of the policy is £50,000.

(4) Significant Exclusions

Death resulting from a pre-existing or chronic medical condition. Details of this exclusion can be found in the policy document in Part 3A, Life Exclusions.

Disability resulting from a pre-existing or chronic medical condition, backache or related conditions unless radiological evidence is available, mental or nervous disorders (e.g. depression) or stress

related conditions unless you are under the care of and receiving treatment from a consultant Psychiatrist. Details of these exclusions can be found in the policy document in Part 3B Accident and Sickness Exclusions.

Unemployment that is voluntary or results from your misconduct, or that you are aware of at the start of cover. Unemployment due to the expiry or termination of a fixed term contract within 180 days of the start of cover. Unemployment that results from the expiry of a fixed term contract of employment, unless you have been employed on a yearly renewable contract which has been renewed at least once, or you have been in employment for a total unbroken period of 2 years or more with the same employer. If you are self employed your business must have ceased to trade as a direct result of being unable to pay its debts when due.

If you are a company director your company must have been wound up by a creditor who was not a director of that company. Details of these exclusions can be found in the policy document in Part 3C Unemployment Exclusions.

We will not pay benefit if work ceases for reasons not associated with becoming a carer. If the sickness, disease, condition or injury of the person being cared for existed before the start date of the cover. Details of these exclusions can be found in the policy document in Part 3D Carer Exclusions.

Critical Illness which results from a pre existing condition. Details of these exclusions can be found in the policy document in Part 3E Critical Illness Exclusions.

Hospitalisation resulting from a pre-existing or chronic medical condition. Details of these exclusions can be found in the policy document in Part 3F Hospitalisation Exclusions.

Where you have chosen Purchase Protection Cover, loss, theft or damage to gift vouchers and telephone vouchers is not covered. Jewellery stolen from baggage unless it is carried by hand and is under the supervision of you or a family member, articles stolen from an unattended vehicle unless all reasonable care has been taken to conceal the item, e.g. in a locked glove compartment. Details of these exclusions can be found in the policy document in Part 3H Purchase Protection Exclusions.

(5) Other Exclusions/Definitions/Limitations

Payment under this policy may affect your entitlements to State Benefits.

Other exclusions and limitations apply to this policy. See the policy document for full details.

Part 1 for 'Meaning of Words Used'.

Part 2 for General Provisions.

Part 3 Benefits, Section A for Life cover, Section B for Accident and Sickness cover, Section C for Unemployment cover, Section D for Carer cover, Section E for Critical Illness cover, Section F for Hospitalisation cover, Section G for Confidential Medical and Legal Helplines, and Section H for Purchase Protection Cover.

(6) Duration & Termination

Your cover will terminate at the earliest of the following: your death, the date of diagnosis of a critical illness where as a result a benefit is paid, the date you reach the age of 70, non-payment of a premium.

(7) Claims

All matters relating to claims should be sent to: Claims Management Department, PO Box 741, Leeds LS1 9HB. Telephone 0844 892 0195, fax 01372 479451.

(8) Complaints

All complaints relating to this policy should be referred to: Customer Liaison Manager, St Andrew's Group plc, PO Box 741, Leeds LS1 9HB. If you are not happy or the complaint has not been resolved to your satisfaction, you may refer your complaint to the Financial Ombudsman Service who will undertake an independent and impartial review of your complaint. The address and telephone number is: Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR. Telephone 0845 080 1800. This does not affect your legal rights.

(9) Financial Services Compensation Scheme (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if we cannot meet our obligations. This depends on the type of business and circumstances of the claim. Further information about compensation scheme arrangements is available from the FSCS. Contact them at www.fscs.org.uk or call them on 020 7892 7300.

YOUR RIGHTS TO CANCEL

You can cancel your cover within 30 days of receiving your policy. You will receive a full refund of any premium you have paid. If you cancel your cover after 30 days of receiving your policy you will not be entitled to a refund of premiums. If you want to cancel your cover, please write to: Home Retail Group Card Services Ltd, Royal Avenue, Widnes WA88 1AL.

Other Important Information

This insurance is underwritten by St Andrew's Insurance plc (Registered in England No 3104671) and St Andrew's Life Assurance plc (Registered in England No 3104670) (The Insurers) whose head offices are at 1 Lovell Park Road, Leeds, West Yorkshire LS1 1NS and registered offices at 33 Old Broad Street, London, England, EC2N 1HZ. The main business of the Insurers is underwriting payment protection insurance, claims administration and claims settlement.

St Andrew's Life Assurance plc and St Andrew's Insurance plc are authorised and regulated by the Financial Services Authority. You can check this on the FSA register by visiting the FSA website www.fsa.gov.uk/register or by contacting the FSA on 0300 500 5000.

You incur no additional costs by arranging your insurance by this method.

If you have not exercised the right to cancel your insurance cover within the first 30 days, and you subsequently wish to cancel your insurance, you can do so at any time by giving us 30 days notice in writing. If we wish to cancel your insurance we will give you 30 days notice in writing.

English law will apply to the negotiations that take place prior to the conclusion of your insurance contract.

English law applies to the insurance contract unless you ask for another law and the Insurer agrees to this in writing before the start date of the cover.

The terms and conditions of your policy and the information provided in this document will be provided in English, during the term of your policy we will communicate using the English Language.

Your Policy Document

LIFE, ACCIDENT & SICKNESS, UNEMPLOYMENT, CARER, CRITICAL ILLNESS, HOSPITALISATION INSURANCE (WITH OPTIONAL PURCHASE PROTECTION INSURANCE) MASTER POLICY

ST ANDREW'S LIFE ASSURANCE PLC
(Registered in England No 3104670)

And

ST ANDREW'S INSURANCE plc
(Registered in England No 3104671)

Both with Head Offices at: 1 Lovell Park Road, Leeds, West Yorkshire LS1 1NS.

Policy Number: 48009J360 (Argos Coversafe Insurance and Purchase Protection Insurance)
48015J551 (Argos Coversafe Insurance Only)

Date of Issue of Policy: 17th April 2007.

Coverholder: Home Retail Group Card Services Ltd.

Under this policy **We** agree to provide benefit in the event of death, **Disability** (caused by accident or sickness), **Unemployment**, **Critical Illness**, **You** becoming a **Carer**, **Hospitalisation** and, where **You** have chosen purchase protection insurance, **We** agree to provide benefit in the event of the direct physical loss or damage to **Insured Articles**, all on the basis of the following terms, conditions and exclusions.

If **You** are not in good health at the **Commencement Date** this may affect **Your** ability to claim under certain sections of this policy.

IMPORTANT: This policy contains general provisions and specific exclusions, which define the extent of insurance cover. It is particularly important that **You** check that **You** are eligible to be covered under this policy by carefully reading the following summary of requirements.

On the **Commencement Date** **You** must be:-

1. Between the ages of 18 and 65;
2. In **Work** and have been so continuously for the previous 6 months and not aware of any pending **Unemployment** or medical condition which would preclude **You** from **Work**.

Please note **You** must have been in **Work** immediately prior to the incident which results in **You** submitting any claim under the **Disability**, **Unemployment** or **Carer** cover sections of this policy.

Please note all insurance under this policy ends when **You** reach the age of 70.

If **You** have any enquiry regarding **Your** eligibility, please contact **Us** on telephone number 0844 892 0195*

*Telephone calls may be monitored or recorded to assist with staff training and for quality control purposes.

You may contact **Us** using TypeTalk on telephone number 18001 0844 892 0195*

The words in bold have particular meanings which are set out in part 1 of this policy.

PART 1

MEANING OF WORDS USED IN THIS POLICY

These words are listed in alphabetical order and whenever they are used in the policy in bold typeface they have the meanings set out below.

AGREEMENT: **Your** credit agreement with the **Coverholder**.

ACCIDENTAL BODILY INJURY: bodily injury occurring during the **Period of Cover** and caused solely and directly by accidental, external, visible and violent means and independently of any physical or mental illness.

CANCER: Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, lymphoma and sarcoma.

For the above definition, the following are not covered:

- All cancers which are histologically classified as any of the following:
- pre-malignant, for example essential thrombocythaemia and polycythaemia rubra vera;
- non-invasive;
- cancer in situ;
- having either borderline malignancy; or
- having low malignant potential.
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
- Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.
- Any skin cancer other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).

CARER: **You** being entirely without **Work** as a result of **You** resigning or taking a temporary unpaid leave of absence from **Work** solely due to the need to care for a **Relative**.

CHRONIC CONDITION: any condition, injury, illness, disease, related condition and/or associated symptoms resulting from a chronic condition that was in existence at the **Commencement Date** whether it required medical attention or not.

A **Chronic Condition** is a condition which has at least one of the following characteristics:

- It continues indefinitely; or
- It is constant and is controlled rather than cured; or
- It has symptoms which re-occur and have required consultation, treatment or care on more than one occasion in the past; or
- It requires long-term monitoring or treatment, consultations, check ups, examinations or tests.

COMMENCEMENT DATE: the start date of **Your Agreement** or the date **You** are accepted for insurance whichever is the later.

CONFINED TO HOSPITAL: **You** being confined to a **Hospital** on the recommendation of a **Doctor** solely as the result of an **Accidental Bodily Injury**.

CORONARY ARTERY BYPASS GRAFT: the undergoing of open heart surgery on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with bypass grafts but excluding balloon angioplasty, laser and other procedures.

COVERHOLDER: the company with whom **You** have **Your Agreement**.

CRITICAL ILLNESS: **Heart Attack**, **Cancer**, **Coronary Artery Bypass Graft**, **Kidney Failure**, **Major Organ Transplant** or **Stroke**, all requiring diagnosis by a **Doctor**.

DISABILITY: a state of incapacity resulting solely from an **Accidental Bodily Injury** or sickness or disease which occurs or starts during a period when **You** are in **Work** and which wholly prevents **You** from doing **Your Work** or other work that **You** experience, education or

training would allow **You** to do. Such **Disability** shall be deemed to start on the day **You** first consult, or receive treatment from, and are certified as being unfit to work by, a **Doctor**.

DISABLED: **You** suffering from **Disability** and being under the continued supervision of, and receiving treatment from, a **Doctor**.

DOCTOR: a medical practitioner practising in the **United Kingdom** being a fully registered person under the Medical Act 1983, other than **You**, **Your Partner** or any of **Your** relatives.

EMPLOYMENT: **You** working for remuneration under a contract of employment and paying class 1 National Insurance Contributions (unless **you** fall within the definition of **Self Employed**).

HEART ATTACK: Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- Typical clinical symptoms (for example, characteristic chest pain)
- New characteristic electrocardiographic changes
- The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher;
- Troponin T > 1.0 ng/ml
- AccuTnl > 0.5 ng/ml or equivalent threshold with other Troponin I methods.

The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:

- Other acute coronary syndromes including but not limited to angina.

HOSPITAL: a lawfully operated establishment in the **United Kingdom** (other than a convalescent, nursing or rest home, or convalescent, nursing or self-care or rest section or unit of a hospital) which has accommodation for resident patients with organised facilities for diagnosis and major surgery and which provides a 24 hours a day nursing service by registered nurses.

HOSPITALISATION: **You** being **Confined To Hospital**.

INSURED ARTICLES: means any article purchased during the **Period of Cover** using credit facilities under the **Agreement**. **Insured Articles** shall not include gift vouchers or telephone vouchers or other Argos vouchers.

KIDNEY FAILURE: Chronic and end stage failure of both kidneys to function, as a result of which regular dialysis is necessary.

MAJOR ORGAN TRANSPLANT: The undergoing as a recipient of a transplant of bone marrow or of a complete heart, kidney, liver, lung, or pancreas, or inclusion on an official UK waiting list for such a procedure.

For the above definition, the following is not covered:

- Transplant of any other organs, parts of organs, tissues or cells.

MONTHLY BENEFIT: 15% of the **Outstanding Balance** (subject to a maximum of £1,000 per month) as at the date of **Your Disability** or notification of **Your Unemployment** or **Hospitalisation** or in the case of a claim under the Carer Cover Insurance part of the policy the date **You** cease **Work** due to the need for **You** to become a **Carer**.

OUTSTANDING BALANCE: **Your** total indebtedness, including the balance of any deferred credit schemes, to the **Coverholder** under the **Agreement** (subject to a maximum of £15,000) on **Your** last statement before the date of **Your** death, diagnosis of **Your Critical Illness**, **Your Disability** or the notification of **Your Unemployment** or **Hospitalisation** or in the case of a claim under the Carer Cover Insurance part of the policy the date **You** cease **Work** due to the need for **You** to become a **Carer**.

PARTNER: **Your** spouse, **Your** civil partner (as defined in Section 1 of the Civil Partnership Act 2004) or the person (whether or not of the same sex) who **You** are permanently cohabiting with in a marriage-like relationship.

PERIOD OF COVER: the period from the **Commencement Date** to the **Termination Date**.

PRE-EXISTING CONDITION: any condition, injury, illness, disease, sickness, related condition and/or associated symptoms, whether diagnosed or not about which **You:**

- Knew or should reasonably have known at the **Commencement Date**; or
- Had seen or arranged to see a **Doctor** during the 6 months immediately before the **Commencement Date**.

RELATIVE: **Your Partner**, parent or child.

SELF-EMPLOYED: **You** are **Self-Employed** if **You** are:

- helping with, managing or carrying on business in the UK, paying class 2 National Insurance contributions and are liable to pay tax under Schedule D case, I, II, IV or V of the Income and Corporation Taxes Act 1988; or
- a partner in a partnership; or
- a person who exercises direct or indirect control over a company (not necessarily the majority shareholder or holder of the majority voting rights); or
- working for a company and in any way connected with a person who has control (as referred to above) over that company (for example, **You** are one of his or her family).

ST ANDREW'S INSURANCE: St Andrew's Insurance plc.

ST ANDREW'S LIFE: St Andrew's Life Assurance plc.

STROKE: Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:

- Transient ischaemic attack.
- Traumatic injury to brain tissue or blood vessels.

TERMINATION DATE: the earliest of the following dates:

- i. the date of **Your** death; or
- ii. the date of diagnosis of a **Critical Illness** where as a result a benefit has been paid; or
- iii. the date **You** reach the age of 70; or
- iv. the date of termination of insurance cover under this policy by either **Us** or **You** or **You** fail to pay **Your** premium when due; or
- v. the date on which the **Agreement** with the **Coverholder** is cancelled or terminated.

UNEMPLOYMENT/UNEMPLOYED: **You** being entirely without **Work** and being registered with the Job Centre. **You** must be actively looking for work. If **You** are a woman who has reached statutory pensionable age **You** will be considered as **Unemployed** if **You** provide evidence throughout the period of **Your** claim that **You** are looking for work.

UNITED KINGDOM: England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man.

U.K. RESIDENT: a person who lives lawfully in the **United Kingdom** for at least 40 weeks in any 52 week period throughout the **Period of Cover**.

WE, US, OUR: St Andrew's Life and St Andrew's Insurance.

WORK: being in **Employment** or **Self-Employed**.

YOU, YOUR: a U.K. Resident who has applied for this insurance and has agreed to pay the premium under this policy and who at the **Commencement Date** is:-

- i. over the age of 18 and under the age of 65; and
- ii. in **Work** and has been so continuously for the previous 6 months and is not aware of any pending **Unemployment** or medical condition which would preclude that person from **Work**.

Any reference to any statute shall be construed as a reference to that statute as amended, re-enacted or extended at the relevant time.

PART 2

GENERAL PROVISIONS

1. We confirm that **You** will be considered by **Us** to have paid **Your** premium at such time as any sum in respect of that premium is received by the **Coverholder**.
2. This insurance shall be for monthly periods and the premium shall be due monthly on the same date as the minimum monthly amount is due to the **Coverholder** under the terms of the **Agreement**. During the **Period of Cover** this insurance shall be automatically renewed on the same date provided the premium is paid to the **Coverholder**.
3. No provision or condition of this policy may be waived or modified except by an endorsement signed by an authorised official on **Our** behalf.
4. This policy shall have no surrender value.
5. If any information provided to **Us** by **You** or anyone acting on **Your** behalf is inaccurate or if **You** fail to disclose any information which might reasonably affect **Our** decision to provide insurance to **You**, **Your** right to any benefit under this policy shall end.
6. If any claim under this policy is fraudulent or is intended to mislead **Us** or if fraudulent or misleading means are used by **You** or anyone acting on **Your** behalf to obtain benefit under this policy, **Your** right to any benefit under this policy shall end and **We** shall be entitled to recover any benefit paid and costs incurred as a result of any such fraudulent or misleading claim.
7. **You** can cancel **Your** cover within 30 days of receiving **Your** policy. **You** will receive a full refund of any premium **You** have paid. If **You** cancel **Your** cover after 30 days of receiving **Your** policy **You** will not be entitled to a refund of premiums. If **You** want to cancel **Your** cover, please write to Home Retail Group Card Services Ltd, Royal Avenue, Widnes WA88 1AL.
8. Except under general provision 7 **You** will not be entitled to a refund of any premium paid under this policy unless **You** were ineligible at the **Commencement Date** for insurance under this policy and provided that no information supplied to **Us** by **You** or on **Your** behalf was inaccurate.
9. **We** may at any time change any term or condition of this policy including the premium payable by giving not less than 30 days written notice of such change to **You** at **Your** last known address.
10. **We** may terminate insurance cover under this policy by giving not less than 30 days written notice to **You** at **Your** last known address. **Our** termination will not affect **Our** liability for events occurring during the **Period of Cover** which may give rise to a claim.
11. **You** may terminate **Your** insurance under this policy by giving not less than 30 days written notice to **Us** at Home Retail Group Card Services Ltd, Royal Avenue, Widnes WA88 1AL.

12. It is not possible for **You** to transfer **Your** rights under this policy.
13. All refunds of premium and benefits payable under this policy shall be paid to the **Coverholder** for the credit of the **Agreement**.
14. It is a pre-condition of **Our** liability that **You** comply with all **Your** obligations under this policy and that **You** take all reasonable steps to minimise **Our** risk and ongoing liability under this policy.
15. This policy, any endorsement to it, any proposal and any other written statement made by **You** or on **Your** behalf on which **We** have relied when accepting **You** for insurance under this policy, shall constitute the entire contract between **You** and **Us**.
16. **We** propose to choose English Law as the law which applies to this policy unless **You** ask for another law and **We** agree to this in writing before the **Commencement Date**.
17. Insurers share information with each other to prevent fraudulent claims via a register of claims. A list of participants is available on request. Any information **You** supply on a claim, together with information **You** have supplied as part of **Your** proposal and other information relating to a claim, will be provided to the register participants. Where **We** suspect fraud **We** may use surveillance to protect **Our** business interest.
18. **We** are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme if **We** cannot meet **Our** obligations. This depends on the type of business and circumstances of the claim. Further information about compensation scheme arrangements is available from the FSCS. Contact them at www.fscs.org.uk or call them on 020 7892 7300.

PART 3

BENEFITS

(A) Life Insurance

If **You** have not reached the age of 65, **We** will pay the **Outstanding Balance** to the **Coverholder** if, during the **Period of Cover**, **You** die.

Exclusions: **We** will not pay benefit if:-

Your death results, directly or indirectly, from:-

- i. an episode of self-harm; or
- ii. a **Pre-existing Condition** (See Special Notes) or a **Chronic Condition**; or
- iii. **Your** consumption of alcohol or **You** taking drugs otherwise than under the direction of a **Doctor** (provided that such direction is not given due to **Your** treatment for drug addiction or dependence); or
- iv. **Your** deliberate exposure to danger except in an attempt to save human life.

Please note:-

the maximum benefit payable under the Life Insurance part of this policy, when added to any other death benefit payable under a policy underwritten by **Us** in respect of any of **Your Agreements** with the **Coverholder**, is £15,000.

Special Notes

This exclusion will not apply to a **Pre-Existing Condition** if **You** have been free from symptoms and have not consulted a doctor or received treatment for a 2-year period prior to **Your** claim. If **You** had appointments to see a **Doctor** within this period and these were not

kept, the **Pre-Existing Condition** exclusion will apply unless **You** had been formally discharged.

(B) Accident & Sickness Insurance

If **You** have not reached the age of 65, **We** will pay **Monthly Benefit** to the **Coverholder** if, during the **Period of Cover**, **You** suffer **Disability**.

Please note:-

payment of **Monthly Benefit** is subject to the following conditions:-

1. i. **You** must have been **Disabled** for a continuous period of 15 days after which one **Monthly Benefit** shall become payable.
- ii. a further **Monthly Benefit** shall become payable in respect of each additional complete period of 30 days during which **You** are continuously **Disabled** until the earliest of the following dates:-
 - a. the date on which **You** cease to be **Disabled** or fail to provide proof that **You** are **Disabled**; or
 - b. the date on which **You** return to **Work**; or
 - c. the date on which the **Outstanding Balance** has been paid; or
 - d. the **Termination Date**; or
 - e. the date on which **You** reach the age of 65.
2. The maximum **Monthly Benefit** payable under the Accident & Sickness Insurance part of this policy, when added to any other accident & sickness benefit being paid in respect of that month under a policy underwritten by **Us** in respect of any of **Your Agreements** with the **Coverholder**, is £1,000.
3. Where 2 periods of **Disability** arising from the same condition, are separated by 3 calendar months or less **We** will treat this as one continuous claim.
4. Benefit shall not be payable under the Accident & Sickness Insurance part of this policy if **You** are currently receiving benefit under the Unemployment Insurance part of this policy.
5. If **We** have paid **Monthly Benefit** for 7 consecutive months **We** shall also pay any interest due on the **Outstanding Balance** and the monthly premium that **You** have paid during the period of **Your** claim.

Exclusions: **We** will not pay benefits if:-

the **Disability** results, directly or indirectly, from:-

- i. an episode of self-harm; or
- ii. backache and related conditions unless there is radiological evidence of medical abnormality resulting in **Disability**; or
- iii. **Your** consumption of alcohol or **You** taking drugs otherwise than under the direction of a **Doctor** (provided that such direction is not given due to **Your** treatment for drug addiction or dependence); or
- iv. any psychotic or psychoneurotic illness, mental or nervous disorder or stress or stress related condition, unless the condition has been diagnosed by a Consultant Psychiatrist and **You** are under the continued supervision of, and are receiving treatment from, a Consultant Psychiatrist; or
- v. treatment or surgery which in **Our** reasonable opinion was not medically necessary to sustain **Your** quality of life, carried out at **Your** request and including cosmetic and similar surgery; or

vi. **Your** deliberate exposure to danger except in an attempt to save human life; or

vii. a **Pre-existing Condition** (See Special Notes) or a **Chronic Condition**

Special Notes

This exclusion will not apply to a **Pre-Existing Condition** if **You** have been free from symptoms and have not consulted a doctor or received treatment for a 2-year period prior to **Your** claim. If **You** had appointments to see a **Doctor** within this period and these were not kept, the **Pre-Existing Condition** exclusion will apply unless **You** had been formally discharged.

(C) Unemployment Insurance

If **You** have not reached the age of 65, **We** will pay **Monthly Benefit** to the **Coverholder** if, during the **Period of Cover**, **You** suffer **Unemployment**.

If **You** are **Self-Employed** and wish to make an **Unemployment** claim **We** will only pay benefit if **You** are without **Work** due to the business in which **You** were **Self-Employed** totally and permanently ceasing to trade as a direct result of it being unable to pay its debts as and when they fell due.

If **You** are a company director (as defined by section 741 of the Companies Act 1985) **Your** company must have been wound up by a creditor who was not a director of that company.

Please note:-

payment of **Monthly Benefit** is subject to the following conditions:-

1. i. **You** must have been **Unemployed** for a continuous period of 15 days, after which one **Monthly Benefit** shall become payable.
- ii. a further **Monthly Benefit** shall become payable in respect of each additional complete period of 30 days during which **You** are continuously **Unemployed** until the earliest of the following dates:-
 - a. the date on which **You** cease to be **Unemployed** or fail to provide proof that **You** are **Unemployed**; or
 - b. the date on which the **Outstanding Balance** has been paid; or
 - c. the **Termination Date**; or
 - d. the date **You** reach the age of 65.
2. The maximum **Monthly Benefit** payable under the Unemployment Insurance part of this policy, when added to any other unemployment benefit being paid in respect of that month under a policy underwritten by **Us** in respect of any of **Your Agreements** with the **Coverholder**, is £1,000.
3. **Unemployment** benefits are payable only if **You** have been in continuous **Work** for at least 6 months immediately prior to the date of **Your Unemployment**.
Subject to paragraphs 4 and 5, if **You** cease to be entitled to **Monthly Benefit** under the Unemployment Insurance part of this policy, then **You** will not be entitled to any further **Monthly Benefit** under the Unemployment Insurance part of this policy until **You** have returned to **Work** for a continuous period of at least 6 months.
4. Where **You** are **Unemployed** for 2 periods separated by less than 3 calendar months **We** will treat this as one continuous claim.

5. If whilst **You** are **Unemployed** **You** wish to commence temporary work then, provided **You** have first contacted **Us** and have given **Us** full details of the temporary work and have received **Our** agreement, if the temporary work does not continue for more than 6 months **We** will not during that period pay **Monthly Benefit** but will treat **Your** claim as suspended and will thereafter, commence or resume payment of **Monthly Benefit** as if **You** had one continuous claim.
6. Benefit shall not be payable under the Unemployment Insurance part of this policy if **You** are currently receiving benefit under the Accident & Sickness Insurance part of this policy.
7. If **We** have paid **Monthly Benefit** for 7 consecutive months **We** shall also pay any interest due on the **Outstanding Balance** and the monthly premium that **You** have paid during the period of **Your** claim.
8. If, during payment of an **Unemployment** claim, **You** are not able to actively seek **Work** only because of a **Disability**, **We** may consider continuing to pay **Monthly Benefit** subject to **Us** not being required to pay more than the **Outstanding Balance** at the date of the original **Unemployment**.

Exclusions: **We** will not pay benefit if:-

- i. at the **Commencement Date** **You** knew or in **Our** reasonable opinion **You** had reason to believe **You** were to become **Unemployed**; or
- ii. **Your Unemployment** is in any manner voluntary; or
- iii. **Your Unemployment** occurs whilst **You** are on, or is as a result of the termination of, a temporary contract unless **You** have been in employment for a period of 6 months immediately before **You** became **Unemployed**; or
- iv. **You** are, at the date of **Your Unemployment**:-
 - a. engaged in an occupation of which **Unemployment** is a regular or seasonal occurrence; or
 - b. employed under a fixed term contract of employment, or contract for services the term of which expires on a known or fixed date (for circumstances where this exclusion does not apply see special notes below).
- v. it would be in respect of any period for which **You** have received or are entitled to a payment in lieu of notice of the termination of **Your Employment**; or
- vi. **Your** becoming **Unemployed** results, directly or indirectly, from a strike or labour dispute; or
- vii. **You** become **Unemployed** as a result of **Your** own act, omission or negligence.

Special Notes

Exclusion iv. b will not apply in the following circumstances:-

1. **You** become **Unemployed** due to the expiry of, or during, a fixed term contract and immediately prior to **Your Unemployment**, **You** have been employed for at least 12 consecutive months and **Your** contract has been renewed at least once.
2. **You** become **Unemployed** due to the expiry of, or during, a fixed term contract and immediately prior to **Your Unemployment**, **You** have been in employment for a total unbroken period of 24 months or more with the same employer.
3. **You** become **Unemployed** due to the expiry of, or during a fixed term contract and immediately prior to **Your Unemployment**, **You** have been employed for at least 6 consecutive months with

the same employer and **Your** contract has been renewed at least twice.

4. **You** become **Unemployed** due to the expiry of, or during, a fixed term contract and **You** have previously been employed by the same employer on a permanent basis but were transferred to a fixed term contract without a break in employment.

In addition, if **You** are unable to meet the employment criteria in 1, 2, 3 and 4 above, and **Your** contract has been terminated before the due expiry date, **You** may be eligible to claim benefit for the period until the original expiry date of the fixed term contract, subject to a maximum of the **Outstanding Balance** at the date of **Your** original **Unemployment**.

(D) Carer Cover Insurance

If **You** have not reached the age of 65, **We** will pay an amount equal to the **Outstanding Balance** at the date **You** ceased work to become a **Carer** (or the remaining **Monthly Benefits** due to the **Termination Date** if this amount is lesser) if during the **Period of Cover**, **You** become a **Carer**.

Payment of benefits is subject to the following requirements:-

1. **You** must have been a **Carer** for 15 consecutive days before benefit becomes payable.
2. Prior to any benefit being paid under this section of the policy, **You** will have to provide a letter from the **Doctor of Your Relative** to confirm the nature and start date of the condition suffered. This will include details of when the patient first consulted for this condition and when it was first diagnosed.
3. If **You** were employed **We** will write to **Your** last employers to confirm that **You** did not leave **Your Employment** for reasons other than to become a **Carer**.
4. If **You** are a **Self-Employed** business owner, **You** will need to provide evidence that **Your** business has totally and permanently ceased to trade and that **You** have filed cessation accounts with the Revenue and that this did not occur for reasons other than **You** having to become a **Carer**.
5. The maximum **Monthly Benefit** payable under the Carer Cover Insurance part of this policy when added to any other carer cover benefit being paid in respect of that month under a policy underwritten by **Us** in respect of any of **Your Agreements** with the **Coverholder** is £1,000.
6. The maximum benefit payable under the Carer Insurance part of this policy when added to any other carer cover benefit being paid by **Us** under any policy underwritten by **Us** is £15,000.
7. Only one benefit is payable under the Carer Insurance part of the policy. Once a benefit has been paid the Carer Insurance part of the policy will end.
8. If **You** have received a benefit under the Carer Insurance part of this policy then **You** will not be entitled to a benefit under the Accident & Sickness or Unemployment Insurance parts of this policy until a period of at least 12 months has elapsed from the date that **You** became a **Carer**.
9. **You** must be in receipt of **Carer** allowance or if not eligible for **Carer** allowance must be able to demonstrate that **You** have given up full time **Work** to care for **Your Relative**.

Exclusions: **We** will not pay benefits if:-

1. The sickness, disease, condition or injury of the person being cared for existed prior to the **Commencement Date** (this exclusion will not apply if, in the opinion of **Our** Chief Medical Officer, the sickness, disease, condition or injury would not have normally deteriorated or was not considered likely to deteriorate to the extent that full time care is required during the **Period of Cover**); or
2. **Your Work** ceases for any other reason not associated with the need to become a **Carer**; or
3. **Your** resignation is from employment, which is of a casual or temporary nature.
4. **You** are currently receiving benefits under the Accident & Sickness Insurance part or Unemployment Insurance part of this policy.

(E) Critical Illness Insurance

If **You** have not reached the age of 65, **We** will pay the **Outstanding Balance** to the **Coverholder**, if during the **Period of Cover**, **You** suffer a **Critical Illness** from which **You** survive for a period of 28 days or more from the date of diagnosis.

Please note:-

The maximum benefit payable under the critical illness Insurance part of this policy, when added to any other critical illness insurance benefit payable under a policy underwritten by **Us** in respect of **Your Agreements** with the **Coverholder**, is £15,000.

1. Pre existing Conditions Exclusion

No benefit will be payable in respect of a claim arising in connection with a **Critical Illness** which was diagnosed before the **Commencement Date** of this policy. In addition, no benefit will be payable for any **Critical Illness** which, in the opinion of our Chief Medical Officer, has resulted directly or indirectly from a condition for which **You** have previously received treatment or of which **You** were aware at the **Commencement Date** of this policy.

NB for the purposes of this exclusion, the suffering or undergoing of a **Heart Attack** or **Stroke** is considered to be the same condition.

2. Exclusions - **We** will not pay benefits if the **Critical Illness** results directly or indirectly from:-

- a. an episode of self-harm; or
- b. **Your** consumption of alcohol or **You** taking drugs otherwise than under the direction of a **Doctor** (provided that such direction is not given due to **Your** treatment for drug addiction or dependence).

(F) Hospitalisation Insurance

Hospitalisation Insurance is available to **You** if **You** are not eligible for insurance under the Unemployment Insurance part of this policy.

If **You** are **Confined to Hospital** as a result of **Accidental Bodily Injury** during the **Period of Cover** for a period of not less than 7 consecutive days **We** will pay a **Monthly Benefit** to the **Coverholder**.

If **You** are **Confined to Hospital** as a result of **Accidental Bodily Injury** during the **Period of Cover** for a period of more than 14 consecutive days **We** will pay the **Outstanding Balance** to the **Coverholder**.

1. The maximum **Monthly Benefit** payable under the Hospitalisation Insurance part of this policy, when added to any other hospitalisation benefit being paid in respect of that month

under a policy underwritten by **Us** in respect of any of **Your Agreements** with the **Coverholder**, is £1,000.

2. The maximum benefit payable under the Hospitalisation Insurance part of this policy, when added to any other hospitalisation benefit payable under a policy underwritten by **Us** in respect of any of **Your Agreements** with the **Coverholder**, is £15,000.
3. Benefits shall not be payable under the Hospitalisation Insurance part of this policy if **You** are currently receiving benefit under the Accident & Sickness Insurance part of this policy.

Exclusions: **We** will not pay benefits if:-

the **Hospitalisation** results, directly or indirectly, from:-

- i. an episode of self-harm; or
- ii. **Your** consumption of alcohol or **You** taking drugs otherwise than under the direction of a **Doctor** (provided that such direction is not given due to **Your** treatment for drug addiction or dependence); or
- iii. treatment or surgery which was not medically necessary to sustain **Your** quality of life, carried out at **Your** request and including cosmetic and similar surgery; or
- iv. **Your** deliberate exposure to danger except in an attempt to save human life.
- v. a **Pre-existing Condition** (See Special Notes 2) or a **Chronic Condition**.

Special Notes

This exclusion will not apply to a **Pre-Existing Condition** if **You** have been free from symptoms and have not consulted a doctor or received treatment for a 2 year period prior to **Your** claim. If **You** had appointments to see a doctor within this period and these were not kept, the **Pre-Existing Condition** exclusion will apply unless **You** had been formally discharged.

(G) Confidential Medical and Legal Helplines

Your policy includes the provision of confidential, independent medical and legal helplines. The service provides **You** with assistance, practical help and guidance on:

- i. medical information;
- ii. legal information;
- iii. stress counselling.

Telephone: 0800 015 2843 free of charge for these services. Lines are open 24 hours a day 365 days a year.

Fully trained professional and advisory staff operate these helplines.

These services are provided free of charge during the **Period of Cover**.

(H) Purchase Protection

This part of the policy applies only if **You** have chosen to include Purchase Protection insurance as part of **Your** policy.

1. An indemnity is provided for all risks of direct physical loss or damage to the **Insured Articles** purchased by **You**.
2. (a) **We** will at **Our** option, pay either:- (i) the cost of repair of the **Insured Article** or (ii) if the **Insured Article** is replaced with **Our** prior approval, the sum debited to **Your** account on purchase of the replacement.
(b) In the event of damage the cost of repair or replacement will be met subject to a maximum of the original purchase price. In the event of total loss, the original purchase price of the

item, as evidenced by **Your** statement and appropriate till receipt, will be met, subject always to the limits of the liability set out in this part of this policy.

(c) This policy is one of replacement so that, in the event of total loss or damage, where an **Insured Article** is replaced with **Our** prior approval, evidence that the **Insured Article** has been replaced with the same item will be required. If the **Insured Article** is no longer available for purchase, evidence that a similar item has been purchased will be required. E.g. If a claim is made for damage to a pair of curtains and the same curtains are no longer available for purchase **You** will be required to replace the **Insured Article** with another pair of curtains.

3. **We** will indemnify **You** subject to a maximum aggregate liability of £50,000 per annum, a maximum of £15,000 for each event and the maximum amount payable in respect of any single **Insured Article** of £1,500.
4. The maximum period of cover is 120 days from the purchase date of the **Insured Article** or the date of delivery whichever is the later.
5. If at the date of loss or damage to any **Insured Article** there is any other insurance covering the same loss or damage then **You** will only be indemnified to the extent that the direct physical loss or damage has not been paid by such other insurance. This indemnity will not extend to any policy excess.
6. For **Insured Articles** purchased with a partial payment utilising the credit facilities under the **Agreement** the total limit of liability will be based pro rata upon the percentage the partial payment bears to the full purchase price.
7. In the event of loss or damage to an **Insured Article** which is part of a pair or set, this insurance will only pay for the replacement of the pair or set provided that the items are unusable individually and cannot be replaced or repaired individually.

EXCLUSIONS

1. There shall be no payment for loss or damage arising from, or in respect of:
 - (a) war, invasion, hostilities, rebellion, insurrection;
 - (b) faults or defects covered by the manufacturer's guarantee;
 - (c) the **Insured Article** being used for business purpose;
 - (d) theft from an unattended motor vehicle except where all reasonable care has been taken to conceal the item (e.g. in the boot or locked in a glove compartment and where the vehicle security system has been activated);
 - (e) jewellery stolen from baggage unless it is carried by hand and under the personal supervision of **You** or a member of **Your** family;
 - (f) fraud, abuse, neglect or failure to following the manufacturers instructions;
 - (g) loss or damage to any **Insured Article** as a result of intentional acts by **You**;
 - (h) damage caused by normal wear and tear to the **Insured Article**;
 - (i) damage in the normal course of play and consumable sporting items such as balls and racquet strings;

- (j) the unexplained loss of an **Insured Article**;
- (k) loss of use of the **Insured Article** or any loss over and above the cost of the **Insured Article**;
- (l) loss or damage caused by the failure of any electrical or computer equipment, software, micro-controller, microchip, accessories or associated equipment to correctly recognise and process any calendar date or time;
- (m) theft or damage while the **Insured Article** is in the care, custody or control of anyone other than **You** or a member of **Your** family;
- (n) theft or damage to the **Insured Article** prior to the delivery and acceptance in perfect condition by **You** or someone authorised by **You**;
- (o) theft of any item from any property, land, premises or vehicle unless entry or exit to the property, premises or vehicle was gained by the use of force, resulting in physical damage to the property, premises or vehicle.

GENERAL CONDITIONS

1. When a claim is paid for loss or replacement, the **Insured Article** automatically becomes **Our** property.
2. It is a condition of the insurance that any damage caused by malicious persons or vandals, loss or theft must be notified to the Police within 24 hours of discovery of such damage, loss or theft.

PART 4

CLAIMS PROCEDURE

Written notice of any claim should be given within 120 days of the date of the event giving rise to that claim together with, at **Your** expense, such information and proof as **We** may reasonably require. If such notice and information is not given within this 120 day period then, other than in exceptional circumstances, no benefits will be paid in respect of the claim.

In the event of **Your** death to enable **Us** to assess **Your** entitlement to benefit, additional information may be required from a medical practitioner who has treated **You**. In the event that additional medical information is required, **You** agree to **Us** requesting and obtaining medical information from any medical practitioner who has treated **You**.

Throughout any period for which **Disability**, **Unemployment** or **Hospitalisation** benefits are claimed **You** should provide, at **Your** expense, such proof of continued **Disability**, **Unemployment** or **Hospitalisation** as may be reasonably required. In the case of a **Disability** or **Hospitalisation** Claim this may include copies of **Your** Medical Certificates and/or **Doctor's** Statements. In the case of an **Unemployment** claim this may include documentary evidence that **You** are actively seeking re-employment including copies of job application forms, interview letters and rejection letters. Other than in exceptional circumstances, no benefits shall be payable for any period for which the required substantiating proof is not provided.

In the event that **You** become a **Carer**, to enable **Us** to assess **Your** entitlement to benefit, additional information will be required from **Your** employer and **You** agree to **Us** requesting and obtaining such information. If **You** are **Self Employed**, **You** will need to provide such evidence that **Your** business has totally and permanently ceased to trade. **You** will also be asked to provide at **Your** expense

written confirmation from the **Doctor** of **Your Relative** confirming the details surrounding their medical condition.

We may require **You**, at **Our** expense, to be examined by a medical examiner of **Our** choice. If **You** fail to attend any such examination, no further benefit shall be payable.

We may also arrange for an agent representing **Us** to visit **You**. The purpose of any such visit will be to gather details relating to **Your** claim in order to ensure an accurate assessment. It is essential that **You** make yourself available for any such visit. If **You** fail to do so, no further benefit shall be payable unless circumstances beyond **Your** control have led to **Your** unavailability.

When making a claim for **Unemployment** benefits, **Your** claim may be selected for Back to Work Assistance. This specialised service is designed to provide guidance and assistance with **Your** job search and is provided at **Our** expense. If **Your** claim is selected, **Your** claim details will be provided to **Our** Back to Work Assistance service provider.

Purchase Protection Insurance

Where **You** have chosen to include Purchase Protection Insurance under this policy, the following procedures will apply to any claims made under this insurance.

Notice of any claim must be given within 45 days of the date that the loss or damage occurs. A claim form will be forwarded to **You** when such notification is made. Failure to give such notice within 45 days will result in the loss of benefits in respect of **Your** claim. The completed claim form together with the required documentation must be returned to **Us** within 90 days of the loss or damage occurring.

Upon request from **Us**, **You** or the gift recipient will send the damaged item for which a claim is made to an address designated by **Us**.

We will ask **You** or the gift recipient to forward the damaged item to **Us**, by recorded delivery. **We** will meet the reasonable costs of postage.

We will not accept responsibility for any item not received by **Us**.

In the event that **you** need to make a claim under this policy, please contact:

Claims Management Department
PO Box 741
Leeds
LS1 9HB
Telephone: 0844 892 0195*
Fax: 01372 479451

You may contact **Us** using TypeTalk, Telephone 18001 0844 892 0195*

*Telephone calls may be monitored or recorded to assist with staff training and for quality control purposes.

PART 5

CUSTOMER SERVICE

Any enquiry or complaint regarding this policy should in the first instance be addressed to:-

The Customer Liaison Manager
PO Box 741
Leeds
LS1 9HB

Please supply details of **Your Agreement** number to enable the enquiry to be dealt with promptly.

If **You** have any reason to complain to **Us** **We** will deal with **Your** complaint in the following way:

1. **We** will try **Our** best to resolve **Your** complaint to **Your** satisfaction straight away – and in any event before the end of the next working day.
2. If **We** cannot do this, **We** will send **You** an Acknowledgement Letter within 5 working days and tell **You** who will be handling **Your** complaint and how to contact them. **We** will also tell **You** how **We** will deal with **Your** complaint.
3. If **We** can resolve **Your** complaint in less than 5 days, **We** will send **You** a Final Response Letter which will inform **You** whether **We**:
 - accept **Your** complaint and will tell **You** what **We** will offer **You** to make amends; or
 - reject **Your** complaint and will explain the reasons for doing so; or
 - reject **Your** complaint but in some circumstances **We** will offer **You** some form of compensation and **We** will explain in full why this is being offered to **You**.
4. If we cannot resolve **Your** complaint within 5 working days we must within 4 weeks of receiving **Your** complaint either send a Final Response Letter as detailed above, or send **You** a Holding Response Letter explaining why **We** are not in a position to resolve **Your** complaint and indicate when **We** will make further contact.
5. If within a further 4 weeks (i.e. 8 weeks from the date **We** first received **Your** complaint) **We** are still unable to resolve **Your** complaint, **We** will at this time:-
 - Either send **You** a Final Response Letter; or
 - If **We** cannot make a final response **We** will tell **You** why and indicate when **We** will make further contact.
6. After 8 weeks, or whenever **We** send **You** a Final Response Letter if that is sooner, **You** can refer **Your** complaint to the Financial Ombudsman Service if **You** are not satisfied with the outcome of **Your** complaint or the delay in resolving it. When **We** write to **You**, **We** will send **You** a copy of the leaflet telling **You** how to complain to the Financial Ombudsman Service and that **You** can do this within 6 months of **Our** sending **You** the leaflet.

The Financial Ombudsman Service is at:-

South Quay Plaza,
183 Marsh Wall, London,
E14 9SR.
Telephone No: 0845 080 1800

None of the above affects any right of action **You** may have.

About our Insurance Services

Home Retail Group Card Services Ltd,
Royal Avenue, Widnes WA88 1AL

1. Whose products do we offer?

For Argos Coversafe insurance we act as an agent of the insurer and are contracted to offer only the products of St Andrews Life Assurance Plc and St Andrews Insurance Plc.

2. Which service will we provide you?

We will always aim to ensure that you have sufficient information to make an informed decision. For internet applications you will not receive advice on whether this product is suitable for your needs. If you apply over the telephone we will assess your demands and needs and make a recommendation based on them.

3. What will you have to pay us for our services?

There will be no fee for our services.

4. Who regulates us?

Home Retail Group Card Services Ltd is an appointed representative of Home Retail Group Insurance Services Ltd (HIS), Avebury, 489-499 Avebury Boulevard, Saxon Gate West, Milton Keynes MK9 2NW, who are authorised and regulated by the Financial Services Authority (FSA). FSA Register number for Home Retail Group Insurance Services is 314050.

Home Retail Group Card Services and HIS are part of the same group of companies. The group also includes All Counties Insurance Company Ltd.

Home Retail Group Insurance Services permitted business is arranging and administering general insurance contracts.

You can check this on the FSA's Register by visiting www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234.

5. What to do if you have a complaint?

We do hope that you will be happy with the service that we provide in relation to this insurance. However, if for any reason you are unhappy we would like to hear from you, please contact our Customer Service Department on 0845 640 0700 or at the address at the top of the page.

If you cannot settle your complaint with us, you may be entitled to refer it to the Financial Services Ombudsman Service.

6. Are we covered by the Financial Services Compensation Scheme (FSCS)?

We are covered by the FSCS. You may be entitled to compensation from the scheme if we cannot meet our obligations. This depends on the type of business and the circumstances of the claim.

Insurance advising and arranging is covered for 100% of the first £2,000 and 90% of the remainder of the claim without any upper limit.

Further information about compensation scheme arrangements is available from the FSCS.

7. Premiums and Payments

HIS holds all premiums, refunds and benefits payable under and in connection with purchase and payment protection insurance as an agent of St Andrew's Life Assurance plc and St Andrew's Insurance plc.



Argos Card Services, Royal Avenue, Widnes WA88 1AL

Tel: 0845 640 0700

Registered office: Home Retail Group Card Services Limited, 489-499 Avebury Boulevard,
Saxon Gate West, Central Milton Keynes MK9 2NW.
Registered in England Number 4007072.

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