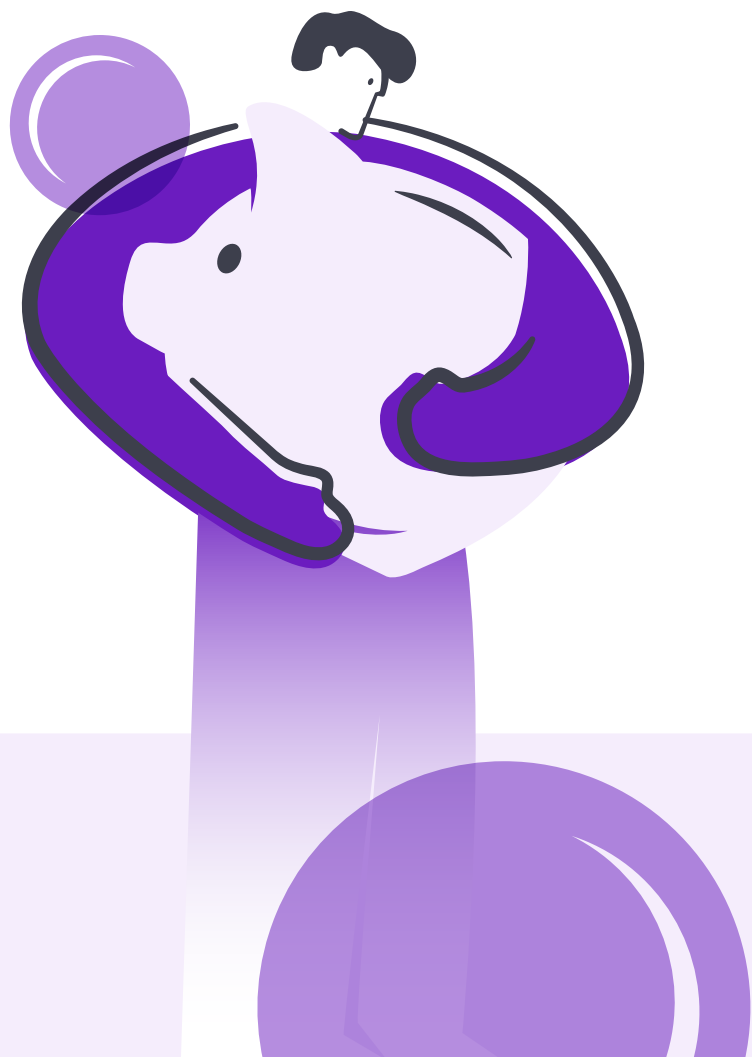




Policy Conditions

# Eleos Income Protection



# Eleos Income Protection

Eleos Income Protection is arranged and administered by Eleos Life Limited and underwritten by the Insurer, The Shepherds Friendly Society Limited, trading as Shepherds Friendly.

In this document the terms 'you', 'your' and 'yours' refer to you, the policyholder, and the terms 'we', 'us' and 'ours' refer to Eleos Life.

These Policy Conditions together with your Policy Document and Application Summary make up the legal contract between you and the Insurer. Please make sure you read them carefully as they contain the information you need to know, and then keep them handy so you can refer to them in the future.

It is important that you check your Policy Document as soon as you receive it to ensure that all the information we hold about you is correct. If you spot any errors or have any questions about your policy, please email us: [help@eleos.co.uk](mailto:help@eleos.co.uk), or contact our customer service team on WhatsApp: 07360495366.

We suggest that you review your cover from time to time to ensure it provides the right level of protection for you. Thank you for choosing Eleos Income Protection.

## Financial Services Compensation Scheme (FSCS)

The Insurer is covered by the FSCS, which means you may be entitled to compensation under the terms of the scheme if they cannot meet their obligations. This depends on the type of business and the circumstances of the claim.

For long-term policies such as this, the scheme covers 100% of the claim with no upper limit. Further information about the scheme is available from the FSCS - Visit: [fscs.org.uk](https://www.fscs.org.uk) or call: 0800 678 1100.

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No advice has been given to you at any stage. If you are in any doubt as to whether a policy is suitable for you, we recommend getting in touch with an independent financial adviser, who will be happy to take you through your options. If you do consult a financial adviser there could be a cost involved and you should confirm this cost beforehand.

## 1 Who provides Eleos Income Protection?

Eleos Income Protection is arranged and administered by Eleos Life Limited and underwritten by the Insurer, Shepherds Friendly. Eleos Life Limited (firm reference number: 998550) is authorised and regulated by the Financial Conduct Authority. The Shepherds Friendly Society Limited is an incorporated Friendly Society under the 1992 Friendly Societies Act No 240F, authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, firm reference number 109997.

## 2 The contract

2.1 The contract between you and the Insurer is made up of the following documents:

Your Policy Document, which contains:

- 📄 Your Policy Document, which contains the:
  - Cover Summary
  - Application Summary
  - Premium Illustration
  - Agreement
- 📄 These standard Policy Conditions
- 📄 The Insurer's privacy notice, which can be found [here](#)

Please read these documents and ask us if anything is not clear to you.

2.2 From time to time, Eleos may produce other documents which provide general guidance about your policy, but in the event of any conflict or discrepancy, the terms of these standard Policy Conditions will take precedence. Other documents that we have produced include:

- 📄 The Key Features document
- 📄 A guide to making a sickness claim document

- ⊗ Posters, sales leaflets and other advertising material

Please ask us if you have any questions about any of these other documents.

**2.3** The Insurer has taken the following information into account when agreeing to enter into the contract with you:

- ⊗ The answers you gave us in the eligibility check you completed online
- ⊗ The personal, payment and medical details you gave us online when buying your insurance

You must ensure that the information you have given us is both accurate and complete.

**2.4** Unless you write to us about any changes that need to be made, the Insurer will continue the contract with you on the terms of the policy document and on the basis of the following:

- ⊗ The Insurer will be assuming that the information you provided when applying for the policy remains true; and
- ⊗ The Insurer will be assuming that there have not been any significant changes in your circumstances. Significant changes in your circumstances are described in the 'Your duties' section below. They include (but are not limited to) a change of occupation, a reduction in your annual income of more than 10%, and you ceasing to be in paid employment or earning through self-employment, whether through dismissal, redundancy, retirement or otherwise.

**2.5** If the information you have given ceases to be true, or if there has been a significant change in your circumstances, you must inform Eleos as soon as reasonably possible, and in any event within two calendar months. If you fail to do so, it may affect your contract or your entitlements under the contract in the event of a claim.

**2.6** Eleos and the Insurer are required by legislation to establish the identity of customers we deal with. If we have to verify your identity we may have to carry out checks, including electronic identity checks.

Please see our privacy notice ([eleos.co.uk/legal/privacy-policy](https://eleos.co.uk/legal/privacy-policy)) for more information on the type of personal data we collect, why we collect it, what we do with it and who we share it with.

Please see Shepherd's Friendly's privacy notice ([shepherdsfriendly.co.uk/privacy-policy](https://shepherdsfriendly.co.uk/privacy-policy)) for more information on the type of personal data they collect, why they collect it, what they do with it and who they share it with.

## 3 Eligibility

3.1 We do not accept applications for a policy from people who do not meet the eligibility criteria:

- ⊗ We do not accept applications from people who, at the time of applying, are not in paid employment or earning through self-employment.
- ⊗ We do not accept applications from people who, at the time of applying, are not working due to physical or mental illness or injury.
- ⊗ We do not accept applications from people who, at the time of applying, are younger than 16 or older than 60 at the start of the policy. The last date a person may apply for a policy is the day of their 60th birthday.
- ⊗ We do not accept applications from people in some occupations, and we reserve the right to refuse applications or to impose restrictions or other limitations on cover. You must tell us your occupation:
  - when applying for a policy, and
  - if you change your occupation after your policy has started.
- ⊗ We do not accept applications from people who, at the time of applying, or subsequently, are not liable to pay tax in the United Kingdom. You must be liable to pay tax in the United Kingdom for the duration of the Term of the policy.
- ⊗ United Kingdom - For the purposes of the policy, the United Kingdom includes the Isle of Man. Please note different tax rules may apply if you are a resident of the Isle of Man.
- ⊗ We do not accept applications from people who, at the time of applying, do not hold a bank or building society account in the United Kingdom. You must hold a bank or building society account in the United Kingdom for the duration of the Term of the policy.
- ⊗ We do not accept applications from people who, at the time of applying, are not resident in the United Kingdom and have not been resident for a period of at least 36 consecutive months immediately prior to the date of completing the application.
- ⊗ We do not accept applications from people who, at the time of applying, are not registered with a medical practice in the United Kingdom, and have not been registered for a period of at least 36 consecutive months immediately prior to the date of completing the application.

- 3.2** You must tell us immediately if you do not meet these eligibility criteria. We may need you to produce documentation to establish your eligibility for the policy.
- 3.3** If it turns out that you were not eligible for a policy at the time of your application, your policy will be void from its start date. Eleos may refund any premiums you have paid - the Insurer will be entitled to recover any sums they have paid to you.
- 3.4** If you cease to be eligible for the policy after it has started, your policy will end automatically with immediate effect. Cover will cease, any claim you have made will be cancelled and you will no longer be entitled to any Benefits. We will not refund any premiums you have paid us.

## **4 Incapacity**

**4.1** For the purposes of the contract between you and the Insurer, you suffer from an Incapacity and are Incapacitated if you are not fit and able to work in your Own Occupation as a result of physical or mental illness or injury. The illness or injury that causes your Incapacity must not be due to a Personal Exclusion and must not be excluded by the conditions set out in Section 5.

### **4.2 Own Occupation**

Your Own Occupation is the occupation(s) you are engaged in and from which you earn an income at the start of your Incapacity. It (or they) should also be the occupation(s) stated in your application for the policy unless you have since notified us of a significant change in circumstances. If you fail to notify us of a significant change in circumstances this may affect your policy or your entitlements under the policy in the event of a claim.

### **4.3 Fit and able**

Whether you are fit and able to work in your Own Occupation is a question of fact. The Insurer will determine this question based on the evidence you provide and in consultation with any medical and employment advisers who they may choose to instruct. In the event of a dispute, the opinion of the Insurer and their advisers will be final.

You do not have to be working in your Own Occupation to be found to be fit and able to do so. For example, if you choose not to work in your Own Occupation for lifestyle reasons, or if you are unable to work in your Own Occupation because no job is available, or you are furloughed, then you will not be entitled to Benefits under the policy.



## 5 Exclusions

- 5.1 Your physical illness, mental illness or injury must not arise out of or relate to any medical exclusion on your Personal Exclusion list. These Personal Exclusions form part of your policy on acceptance of your application (see your Cover Summary for details). Personal Exclusion(s) may be reviewable, please see section 14.3 for further details.
- 5.2 This policy will not pay any claim for Benefit arising out of activities on our Dangerous Hobbies list:
- 🚫 **Ball Games** - Gaelic football / rugby
  - 🚫 **Stick Sports** - Hurling
  - 🚫 **Cycling or Mountaineering Cycling** - With participation in competitions / mountain biking / mountaineering
  - 🚫 **Climbing** - Apart from trekking, bouldering, hillwalking, artificial climbing wall and coastering
  - 🚫 **Racing or Motorsports** - Adventure racing – multi-day, expedition events / motor car sports / motorcycle sports / powerboat racing / quad biking
  - 🚫 **Aviation or Flying** - More than 50 hours per year, record attempts, test flying or competition flying / ballooning / non-powered gliding / powered and non-powered hand gliding / micro lighting / paragliding / parascending / private aviation (including fixed wing and rotary wing) / test or experimental flying / stunt flying - aeronautics, aerobatics, air racing, air rallying
  - 🚫 **Extreme Sports** - Base Jumping / bungee jumping – instructor / jumpmaster, more than five jumps per year, member of bungee club, takes part in competitions / parachuting / zorbing – instructor level, more than 10 times per year / potholing & caving
  - 🚫 **Contact Sport or Weightlifting** - Amateur or contract boxing / gaelic football / martial arts – apart from aikido, hapkido & judo / competitive or amateur weightlifting or body building / amateur wrestling / war gaming
  - 🚫 **Water Sports** - Diving – sub-aqua diving at depths below 40 metres, any high diving activities / solo diving / rebreather diving / sailing / yachting – racing or ocean sailing / powerboat racing
  - 🚫 **Winter Sports** - Bobsleigh / ice hockey / ice boating / luge tobogganing / ski bob / off-piste skiing / off-piste snowboarding / ski jumping / participation in snowmobiling competitions / competitive racing (i.e. snowcross)

- 🚫 **Equestrian Sports** - Flat racing / steeplechase / national hunt racing / harness racing / carriage driving / hunting / polo / point to point / rodeo / show jumping / three day eventing

**5.3** Your physical or mental illness or injury must not be self-inflicted, and must not arise out of or in connection with, or have been aggravated by, any of the following:

- 🚫 Your participation in a criminal act
- 🚫 An addiction to or misuse of drugs, alcohol, solvents, prescription medicines or other substances
- 🚫 An unreasonable failure to follow medical advice, or an unreasonable refusal to have any treatment or surgery which your doctor or other treating physician has recommended
- 🚫 Cosmetic surgery for non-medical reasons or any complication resulting from such surgery
- 🚫 HIV or AIDS, except if contracted during the course of and as a consequence of carrying out your Own Occupation, or through a blood transfusion you received in the United Kingdom, or as a result of a physical assault
- 🚫 Any failure to follow the current regulations relating to health and safety at work
- 🚫 War, invasion, hostilities (whether war is declared or not), civil war, rebellion terrorism or riot
- 🚫 Normal pregnancy, although we will cover complications associated with pregnancy

You will need to establish any physical or mental illness or injury to our satisfaction. You will not be entitled to Benefits under your policy if your physical or mental illness or injury arises out of, or in connection with, or is aggravated by, any of the matters listed above, and if it does not prevent you from being fit and able to work in your Own Occupation.

## 6 Benefits

**6.1** At the start of your policy, you can choose the level of the income you wish to receive should you become Incapacitated, within the minimum and maximum range permitted under the policy. For the purpose of the contract between you and the Insurer, this level of income is known as your Benefits. The higher your chosen Benefits, the higher the premium that will be payable under the policy.

**6.2** The minimum level of Benefits you can choose is determined by the requirement to have a minimum monthly premium of £5. The maximum level of Benefits you can choose is the lower of 70% of your annual income or £33,600 per year. For these purposes, your annual income means:

- 🕒 **If you are employed**, what you are paid by your employer, before the deduction of tax and National Insurance, during the 12 months immediately before the start of your policy
- 🕒 **If you are a self-employed sole trader**, your average annual profits (after business costs are deducted, but before tax and National Insurance are deducted) during the three years immediately before the start of your policy, as shown in your professional accounts or in any other documents that the Insurer may request from you
- 🕒 **If you are the Director of a Limited Company** (even if you have no other employees);
  - (i) Any salary which you have been paid as an employee of the Limited Company during the 12 months immediately before the start of your policy. The Insurer will need to see your payslips and this income will be assessed before the deduction of tax and National Insurance;

And:

- (ii) Any dividend income which you have been paid by your Limited Company for the 12 month period documented in the most recent Corporation Tax Return for the Limited Company, or your most recent Self-Assessment Income Tax Return, provided that the dividends are consistent with the current trading position of the company. This income will be assessed before the deduction of tax and National Insurance

By way of example only, if your annual income were £24,000, the maximum level of Benefits you could choose would be 70% of that sum i.e. £16,800 per year (or £1,400 pcm). If your annual income were £70,000 per year, the maximum level of Benefits you could choose would be capped at £33,600 per year (or £2,800 pcm).

**6.3** If, owing to a reduction in your income after you take out the policy, your chosen level of Benefits is more than the maximum permitted under the policy (e.g. because your chosen Benefit level now exceeds 70% of your income), any claim made by you will be limited to the maximum permitted under the policy. Therefore, it is important for you to notify Eleos of any significant decrease in your annual income, so that the level of Benefits and your premiums can be adjusted. Eleos will not refund any overpayment of premiums where your chosen level of Benefits exceeds the maximum permitted under the policy. If you are not sure if a decrease in your income is significant, please tell us about it.

## 7 Options

7.1 At the start of the policy, you must decide for how long you want Benefit payments to be made. You can choose:

- To limit Benefits paid for a maximum of one year per claim. See further details in paragraph 7.2 below
- To limit Benefits paid for a maximum of two years per claim. See further details in paragraph 7.3 below

### 7.2 One-Year Benefit option

Please be aware that if you chose this option, the Insurer will only pay you Benefits for a maximum of one year (52 weeks) from the date that they start to pay your claim. This is called the One-Year Benefit period. If you select this option, your Benefits may cease to be payable even though you continue to be Incapacitated for more than one year, because you are not fit and able to work in your Own Occupation as a result of physical or mental illness or injury. 'Benefits' for these purposes includes Working Persons Benefit and House Persons Benefit.

### 7.3 Two-Year Benefit option

Please be aware that if you chose this option, the Insurer will only pay you Benefits for a maximum of two years (104 weeks) from the date that they start to pay your claim. This is called the Two-Year Benefit period. If you select this option, your Benefits may cease to be payable even though you continue to be Incapacitated for more than two years, because you are not fit and able to work in your Own Occupation as a result of physical or mental illness or injury. 'Benefits' for these purposes includes Working Persons Benefit and House Persons Benefit.

### 7.4 Changes to chosen level

You are responsible for ensuring that your chosen level of Benefits is appropriate for your needs and does not exceed the maximum permitted by the policy.

## 8 Waiting Period

8.1 At the start of your policy, you can choose the period you are prepared to wait following the first day of your Incapacity before you start to receive Benefits. This period is known as the Waiting Period. The longer your chosen Waiting Period, the lower the premium that will be payable under the policy.

**8.2** The available Waiting Periods for the One-Year Benefit option are:

- 1 Week
- 4 Weeks
- 8 Weeks
- 13 Weeks

You will not be eligible to receive Benefits until after your chosen Waiting Period has ended. You will not be eligible to receive any Benefits at all if your Incapacity does not last longer than your Waiting Period. As an example only, if you chose a 4 Week Waiting Period, you will not be eligible to receive Benefits until the fifth continuous week of your incapacity.

**8.3** The available Waiting Periods for the Two-Year Benefit option are:

- 1 Week
- 4 Weeks
- 8 Weeks
- 13 Weeks
- 26 Weeks
- 52 Weeks

You will not be eligible to receive Benefits until after your chosen Waiting Period has ended. As an example only, if you chose a 4 Week Waiting Period, you will not be eligible to receive Benefits until the fifth continuous week of your incapacity. You will not be eligible to receive any Benefits at all if your Incapacity does not last longer than your Waiting Period. Your Waiting Period can be found within your Policy Document

## **9** Term of the Policy

**9.1** At the start of your policy, the period of your cover is set to the maximum permitted for your occupation under the policy. This is known as the Term. Your policy, however, may end before the end of your chosen Term. The circumstances in which it may do so include:

- If you are ineligible or become ineligible for the policy
- If you have not provided us with accurate and complete information at the time you applied for your policy

- ⊗ If you do not pay your premium
- ⊗ If you voluntarily cancel your policy
- ⊗ If you die (the policy cannot be assigned)

**9.2** The minimum Term of the policy is five years. The maximum Term is until you reach your 70th birthday, depending on your Occupation - certain Occupations have maximum Terms up to your 50th or 60th birthday.

## **10** Payment of Benefits

**10.1** Provided you have fulfilled your duties, paid your premium and complied with these Policy Conditions, if you suffer a complete or partial loss of income from your employment or self-employment during the Term of your policy as a direct consequence of your Incapacity, the Insurer will pay to you, after your chosen Waiting Period has ended, such sums as are necessary for you to receive your chosen level of Benefits.

### **10.2** Loss of income

You must be engaged in paid employment or earning through self-employment when the Incapacity starts and you must suffer a complete or partial loss of income as a direct consequence of not being fit and able to work in your Own Occupation. Loss of income caused by other factors including medical isolation and government social distancing policies (in circumstances where you remain fit and able to work in your own occupation) are not losses covered under this policy.

**10.3** If you are not in paid employment or earning through self-employment when Incapacity starts, you may instead qualify for House Persons Benefit, if you meet the requirements for that Benefit (see section 20, House Persons Benefit). If you are in paid employment or earning through self-employment and do not suffer a loss of income, you will not be entitled to any Benefits under the policy.

### **10.4** Deduction of other income

If you receive any income or income replacement Benefit from any other source, including any other insurance policies, whilst you are claiming, the Insurer will deduct the amount of that income or income replacement Benefit from the sums payable to you by way of Benefits under the policy, and they will pay you any remaining balance. This includes any income you receive from your employment or self-employment and any payments received via government job retention schemes, furlough schemes, employment support schemes, or corresponding self-employed government income support schemes.

## **10.5 Disposals**

If you dispose of any property, assets or other investments after you have notified a claim to us and this causes a reduction in your income, the Insurer will be entitled to assess the income to be deducted from Benefits based on the income that you would have been entitled to before you disposed of the property, assets or other investments.

## **10.6 Income that will not be deducted**

The Insurer will not deduct from Benefit payments, any Statutory Sick Pay payments (called SSP) or pension payments which you were already receiving when your policy started.

## **10.7 Qualifying days**

Benefits will be payable for each qualifying day of Incapacity. A qualifying day of Incapacity is a day on which you are incapacitated and for which you provide the Insurer with medical evidence of your Incapacity and with a Med3 medical certificate.

## **10.8 Mechanics of payment**

Provided the Insurer has accepted your claim and you have provided them with all the evidence they have asked for to assess your entitlement to be paid Benefits under the policy, they will pay any sums due monthly in advance starting on the expiry of your chosen Waiting Period.

**10.9** Otherwise, the Insurer will pay any sums due as soon as it is practicable to do so. Payments will not be backdated unless you have been prevented, by the physical or mental illness or injury that caused your Incapacity, from submitting your claim or the evidence they have asked for. If you do not inform Eleos or the Insurer within 14 days of the start of your Incapacity, they will use the date you contact them as the start of your Waiting Period.

**10.10** Once a claim is accepted, you must provide the Insurer with the information they request (for example, bank account details) in order for them to process your Benefit payments. All sums will be paid by direct credit to an account held by you at a bank or building society in the United Kingdom. The Insurer will not pay sums to any account held by you at a bank or building society abroad. If any payments are made to you to which you are not entitled, you should notify the Insurer immediately. If you are in any doubt, you must ask.

## 11 No entitlement to Benefits

11.1 Benefits will not be paid:

- ❑ If you are not prevented from working in your Own Occupation;
- ❑ If you do not suffer any loss of income as a direct consequence of your Incapacity;
- ❑ If your Waiting Period does not end until after your policy ends;
- ❑ If the Insurer does not accept your claim;
- ❑ To the extent that you receive income or income replacement Benefit from any other source.

## 12 Cessation of Benefits

12.1 Benefits will cease to be paid:

- ❑ If your policy ends for whatever reason;
- ❑ If you are no longer losing income as a direct consequence of your Incapacity;
- ❑ If you receive income or income replacement Benefit from any other source which exceeds the sums payable as Benefits under your policy;
- ❑ If you become fit and able to work in your Own Occupation;
- ❑ If you have selected the One-Year Benefit option, when the one-year maximum period under that option ends;
- ❑ If you have selected the Two-Year Benefit option, when the two-year maximum period under that option ends;
- ❑ If you are outside of the United Kingdom when you reach the maximum period for which payments are made (see section 13).

## 13 Residence or travel abroad

13.1 Should you become Incapacitated in a country outside of the United Kingdom, you will be entitled to receive Benefits only for a limited duration.

Should you become Incapacitated in Europe, the United States of America or Australia, Benefits will be paid for a maximum of 26 weeks.

Should you become Incapacitated in any other country, Benefits will be paid for a maximum of 13 weeks.

These periods will not be extended if you return to the United Kingdom while you are claiming.



**13.2** If you are resident in the United Kingdom at the date of Incapacity, in order to continue to receive Benefits, you must not leave the United Kingdom for continuous periods longer than 30 days, or for more than 90 days in total in each 12-month period starting on the first day Benefits are paid. You must notify the Insurer of all absences from the United Kingdom regardless of how long they last. If you fail to do this, they may end your claim and decline to pay any further Benefits to you.

## **14** Underwriting

**14.1** Applications for a policy or any amendment or variation to a policy will be subject to the Insurer's process and other relevant considerations. The Insurer's decision whether to accept or refuse such requests or applications, is at their absolute discretion. They are entitled to reject them, or to impose terms, conditions, exclusions and restrictions, and to charge additional premiums as they see fit.

**14.2** For Eleos and the Insurer to be able to make a decision about your application, you must provide accurate and complete information about your current and past health, employment, occupation, residence, lifestyle, sports, hobbies and pastimes. If it is later found that you have not provided accurate and complete information, this may affect your policy or your entitlement to Benefits in the event of a claim under your policy.

**14.3** Upon the first anniversary of the inception date of the policy you can ask the Insurer to remove a Personal Exclusion (also known as a medical exclusion) that has been applied to your policy and they will consider your request provided that for a minimum period of 12 months prior to your request, you have not received treatment and have been free of all symptoms in relation to the matter excluded. The Insurer will always act reasonably in considering your request for a review. However, they reserve the right to refuse to carry out a review which in their view is unlikely to be successful. If The Insurer agrees to a review, they will tell you what information they require and it must be provided at your expense. This may include GP records, hospital records and employer's sick absence records. The Insurer will consider your request by reference to the evidence you provide and in consultation with any medical and employment advisers who they may choose to instruct. Some medical conditions for which exclusions are applied resolve more quickly than others, and this will have an impact on the Insurer's decision about whether to remove the exclusion. The Insurer may refuse to remove a medical exclusion following a review. In the event of a dispute, the opinion of the Insurer's advisers will be final. To request a review of your Personal Exclusion(s), please contact Eleos using the details in section 31 of these Policy Conditions.

## 15 Your duties

- 15.1** You must comply with certain duties both before and during the Term of your policy. If you fail to do so it could affect your policy or your entitlement to Benefits in the event of a claim under your policy.
- 15.2** You must provide Eleos with accurate and complete information when applying for your policy, and when applying for any amendment or variation to your policy.
- 15.3** You must pay the premium when it becomes due.
- 15.4** As soon as reasonably possible and in any event within two calendar months, you must inform Eleos of the following significant changes in your circumstances:
- 🕒 You change your address or country of residence
  - 🕒 You change your Own Occupation, or the country in which you work
  - 🕒 You change from being employed to self-employed or vice versa
  - 🕒 You become unemployed, a house person or student
  - 🕒 You retire
  - 🕒 Your annual income decreases by more than 10%
  - 🕒 Your employer changes the provisions of your sick pay entitlement
  - 🕒 You cease to be liable for tax in the UK
- 15.5** In the event of a claim under your policy:
- 🕒 You must provide the Insurer with any information that they request and cooperate with their investigation, assessment and monitoring of your claim. Further details are set out in section 17 below
  - 🕒 You must not do anything which delays your recovery from your Incapacity
  - 🕒 You must take reasonable steps to return to paid employment or earning through self-employment, either:
    - in your Own Occupation full time
    - in your Own Occupation on a part-time basis or on restricted duties
  - 🕒 You must inform the Insurer if you become fit and able to work in your Own Occupation, or if you can return to work in your Own Occupation on a part-time basis or on restricted duties.

## 16 Premium

- 16.1** The amount of premium you pay will depend on your age, the level of Benefits you choose, the Waiting Period you choose and the options you select. The minimum premium is £5 a month, excluding any premium that's payable for additional options you select. Details of your premium will be set out in your Cover Summary.
- 16.2** Between certain ages, premiums are increased annually on the anniversary of the policy start date. Rates vary depending on your age, your chosen level of Benefits and your chosen Waiting Period. Please refer to your Premium Illustration for further information.
- 16.3** Premiums are also reviewable at the Insurer's discretion during the lifetime of the policy. The Insurers work out the premiums using various types of information including administration costs, what they expect their claims to be and the long-term outlook of the health of a UK citizen, known as 'morbidity rates'. If the information the Insurer uses leads them to expect that the premium you are paying is insufficient to continue meeting any claims, they will increase your premium. We do not expect this to happen very often during the term of your policy, but the Insurer reserves the right to do this.
- 16.4** As the Benefit amount is fixed, it's likely to reduce in value over time due to the effects of inflation.
- 16.5 Payment of premium**
- 🕒 You are responsible for ensuring that you pay your premiums
  - 🕒 You must pay your premiums by monthly card payment, and all payments should be paid on time
  - 🕒 If we or the Insurer decides to cancel your policy, we will notify you in writing and the policy will end on the date we send our notification
- 16.6 Missed payments**
- 🕒 If you miss a premium payment, Eleos will send an email to confirm the missed premium and automatically attempt recollection once weekly over a 30 day period. After this, if the premium is still outstanding, we will send email instructions with how to bring your policy back up to date. If 60 days have passed since the initial missed premium and your policy is not back up to date, Eleos will cancel your policy and send an email to confirm.
  - 🕒 Once the policy ends, all cover will cease, you will no longer be entitled to any Benefits, and any claim made will be cancelled with immediate effect. Eleos will not refund any premiums that you have already paid.

- ⊗ At any point when you are behind on your policy premiums, no Benefit will be paid if you make a claim. You will not be able to claim for an illness that started or an injury that occurred at a time when your payments were not up to date – this is why it's crucial to pay your monthly premiums on time, or pay them as soon as possible if missed.
- ⊗ A policy cannot be reinstated after cancellation due to non-payment of premiums.

#### 16.7 Waiver of premium

Once your claim has been assessed, and accepted, and you have received confirmation of this from the Insurer's Claims team, no premiums will be collected from the period commencing four weeks after the expiry of the Waiting Period until your claim ends. If you are entitled to House Persons Benefits only, premiums are waived after the expiry of the Waiting Period for the duration that those Benefits are payable.

## 17 Claims

17.1 You must notify the Insurer of your incapacity as soon as possible via the online dashboard on the Eleos website. When completing the claim form online, you can upload the necessary information for the Insurer's claims team to assess your claim. At this point, they may ask for evidence of your earnings and your health, including medical records from your GP.

17.2 In order for the Insurer to be in a position to decide

- ⊗ whether you are suffering from a physical or mental illness or injury;
- ⊗ whether the illness or injury arises out of, or in connection with, or is aggravated by, any matter not covered by your policy (as explained in section 5);
- ⊗ whether you are not fit and able to work in your Own Occupation;
- ⊗ whether you have suffered a loss of income from your employment or self-employment as a direct consequence of your Incapacity;

you must provide the Insurer with the evidence they ask for, and you must cooperate with their investigation and assessment of your claim. You will need to establish any physical or mental illness or injury, and its impact on your ability to work, to the Insurer's satisfaction.

You must provide the Insurer with medical certificates. A medical certificate signed by you will be accepted only for the first seven days of your Incapacity. After the seventh day of your Incapacity, you must provide the claims team with a Med3 medical certificate, which has been completed and signed by your doctor or other treating physician after a face to face consultation with you, which certifies that

you are not fit and able to work in your Own Occupation due to Incapacity. Isolation certificates are not accepted as evidence of Incapacity.

If necessary, you must provide the Insurer with your written consent or authorisation to obtain all medical records relevant to your claim. You must also provide them with any further medical information they ask for, and provide any consent or authorisation they need to enable them to make enquiries of, and consult with your doctor or other treating physician. In circumstances where the Insurer is not satisfied that the medical certificate or medical records supplied prove to our satisfaction that you were incapacitated on the days claimed, Benefit will not be paid.

You must provide the Insurer with any evidence they require of any complete or partial loss of income from your employment or self-employment you suffer. You must also provide any information and documentation we reasonably require in connection with your employment, and you must provide any consent or authorisation that the Insurer may need to make enquiries of and consult with your employer or with HMRC in connection with payments made to you under job retention and support schemes, furlough schemes, or self-employment income support and protection schemes.

You must tell Eleos or the Insurer if you return to any work while you are claiming. This includes work for a new employer while you are furloughed from an existing employer.

For a claim to be paid, you must provide evidence of your annual income. If you are employed, this may include your payslips for the 12 months before the start of your Incapacity, together with your last P60, PAYE coding notice and other tax documents. If you are self-employed, this may include your professional accounts for the 3 years before the start of your Incapacity, and any other documents they may ask you for which give evidence of your earnings over that period.

You must provide any information and documentation reasonably required in connection with your occupation, residence, lifestyle, sports, hobbies and pastimes.

You must provide any information and documentation reasonably required in connection with any other insurance policies you hold, and provide any consent or authorisation that may be necessary for them to make enquiries of and consult with your other insurance providers.

You must attend any further interviews or assessments with the Insurer's representatives, or any medical, employment or rehabilitation advisers whom they instruct. If you refuse to attend an interview or assessment without a reasonable explanation, your application for Benefit will be suspended or (if being paid) your Benefit will stop, until you have attended.

If you fail to comply with any other reasonable requests made during the management of your claim, or if you do not provide accurate and complete information to the Insurer's claims team, they may not be able to proceed with your claim. You must take reasonable care to answer all questions honestly and to the best of your knowledge. If you are unsure whether or not any details are relevant, you should share them with us.

Please note: All evidence that is provided to us will need to be in English.

**17.3** You must also cooperate with the Insurer's monitoring of your claim.

- ❑ You must continue to provide Med3 medical certificates to cover all periods for which you intend to claim. The Insurer may require the Med3 to be produced following a face to face consultation (not a telephone or internet consultation). If the Insurer does not receive a Med3 medical certificate completed and signed by your doctor or other treating physician within seven days of the last one running out, they will assume that you have returned to work. Your claim will end and you will no longer be entitled to Benefits
- ❑ You must provide the Insurer's claims team with any proof of your continuing Incapacity they ask for, and provide any consent or authorisation that may be necessary for them to continue to make enquiries of, and consult with your doctor or other treating physician, including queries about the advice and treatment they have given
- ❑ You must complete a claim review form, a health and fitness for work form, or a financial review form when you're asked to do so, and provide the Insurer with any other information, document and other reasonable assistance they ask for

**17.4** If within 26 weeks of the date of submitting:

- ❑ a claim review form, or
- ❑ a health and fitness for work form, or
- ❑ a financial review form,

you fail to provide supporting evidence as asked for by the Insurer for the purpose of assessing your claim, or the amount of any Benefits due, we shall be entitled to refuse your claim, and any entitlement you have had to Benefits for that claim shall be forfeited.

**17.5** Although the Insurer will always act reasonably in investigating, assessing and monitoring your claim, they reserve the right to refuse a claim:

- ❑ if you have not fulfilled your duties, paid your premium on time, or complied with these Policy Conditions

- ❏ if the information you provided to us when applying for the policy was not true, or if it ceased to be true and you failed to inform us of this change, or any other significant change in your circumstances as you were required to do under your policy
- ❏ if you have failed to provide the information requested, or you have failed to cooperate with the investigation, assessment and monitoring of your claim
- ❏ if you have failed to establish to the Insurer's satisfaction, or to the satisfaction of any of their advisers that:
  - you are suffering from a physical or mental illness or injury
  - such illness or injury has not arisen out of or in connection with, or been aggravated by any matter not covered by us as explained in section 5
  - you are not fit and able to work in your Own Occupation
  - you have suffered a loss of income from your employment or self-employment as a direct consequence of your Incapacity.
- ❏ The Insurer will not pay a claim that they consider to be fraudulent - when a claim is assessed, they rely on the information they are given. If you have deliberately or recklessly made untrue statements, or failed to provide an accurate and complete picture of your circumstances, your claim may be refused or, if sums have already been paid to you, sums may be reclaimed from you and any further payments will be stopped. Eleos may also cancel the policy without refunding any premiums you have already paid
- ❏ A claim will not be paid where it can be reasonably considered you have misled us or the Insurer at any point
- ❏ A claim may not be paid if your physical or mental illness or injury arises out of, or in connection with, an accident that was a result of your own negligence (something you did or failed to do)

**17.6** ❏ You must not do anything which delays your recovery from your Incapacity, but must take whatever steps are necessary to assist your recovery, including meeting and working with any advisers appointed by the Insurer

- ❏ You must not unreasonably fail to follow medical advice, or unreasonably refuse to have any treatment, or surgery which your doctor or other treating physician has recommended

**17.7** You must take reasonable steps to return to paid employment or earning through self-employment, either in your Own Occupation full-time, or in your Own Occupation on a part-time basis or on restricted duties

## 18 Helping you return to work

- 18.1** During a claim, our aim is to help you get better and return to work. If it's possible to support you with your recovery by helping to pay for additional services or advice, such as physiotherapy or counselling, the Insurer will fund a referral to one of their nominated rehabilitation providers. The decision to fund this will depend upon your circumstances and the opinion of your doctor and the Insurer's medical and employment advisers. In cases of doubt, the opinion of the Insurer's advisers will be final. Funding services will be agreed to only if they are provided in the United Kingdom.
- 18.2** You must provide the claims team with complete and accurate information in connection with any request you make for assistance to fund return to work services. Provided that you have sent a claim form and all the supporting documentation they have asked for, they will consider offering this support regardless of your chosen Waiting Period.
- 18.3** If the Insurer agrees to support your recovery prior to accepting your claim, they will do this without prejudice to their investigation and assessment of your claim. Shepherds Friendly reserves the right to reject your claim, if there are grounds for doing so. Further details are set out in section 17.

## 19 Working Persons Benefit

- 19.1** The purpose of Working Persons Benefit is to help you return to work during a period of Incapacity. If you are not fit and able to work in your Own Occupation full time as a direct consequence of your physical or mental illness or Incapacity, but can return to work in your Own Occupation on a part-time basis or on restricted duties, or if you can return to work in a different occupation, you may qualify for Working Persons Benefit in place of Benefits.

### **19.2 One-Year Benefit option**

If you chose the One-Year Benefit option and go back to work before the end of the One-Year period and your income on returning to work is less than the Benefits to which your policy would have entitled you, the Insurer will pay you the difference as Working Persons Benefit. Please note, your income on returning to work will be calculated by including any other income or income replacement Benefit you receive from other sources, such as other insurance policies and any payments received via government job retention or employment support schemes, furlough schemes, or corresponding self-employed government income support schemes.



Working Persons Benefit will stop at the end of the One-Year Benefit period or when your income equals or exceeds the Benefit to which you were entitled under the policy during your Incapacity, whichever is sooner.

### **19.3 Two-Year Benefit option**

If you chose the Two-Year Benefit option and go back to work before the end of the Two-Year period and your income on returning to work is less than the Benefits to which your policy would have entitled you, the Insurer will pay you the difference as Working Persons Benefit. Your income on returning to work will include any other income or income replacement Benefit you receive from other sources, such as other insurance policies and any payments received via government job retention or employment support schemes, furlough schemes, or corresponding self-employed government income support schemes.

Working Persons Benefit will stop either at the end of the Two-Year Benefit period, or will be paid for a maximum period of 12 months, or will be paid until your income equals or exceeds the Benefit to which you were entitled under the policy, whichever is sooner.

**19.4** If, while you are receiving Working Persons Benefit, your income from work reduces for reasons not connected with your Incapacity, the amount of Working Persons Benefit being paid will not increase to make up the shortfall. For example, if you are able to work part-time in your own occupation and are being paid 50% of your salary and receiving Working Persons Benefit, but your employer then reduces your salary, or makes you redundant, your additional loss of income will not have arisen as a result of your Incapacity and working persons Benefit will continue to be paid at the same rate subject to all the other terms being met.

The maximum Working Persons Benefit payable by the Insurer will not exceed the Benefits to which you would have been entitled under the policy.

**19.5** The Policy Conditions applicable to Benefits are otherwise applicable to Working Persons Benefits

## **20 House Persons Benefit**

**20.1** You must be engaged in paid employment or earning through self-employment at the date of applying for the policy, and you must be in paid employment or earning through self-employment when any Incapacity starts. You must suffer a complete or partial loss of income as a direct consequence of not being fit and able to work in your Own Occupation in order to be entitled to claim Benefits under the policy. However, if you become unemployed, a house person or a student during

the term of your policy and you subsequently become Incapacitated, you may still be eligible to claim 50% of your chosen level of Benefits up to a maximum of £1,400 per month. This is known as House Persons Benefit and will be paid for a maximum of 12 months.

**20.2** Your chosen Waiting Period will still apply. Once this Waiting Period has ended, the Insurer will pay House Persons Benefit if, without the assistance of another person, you are unable to perform three of the following five Activities of Daily Living (ADLs) as a direct consequence of your Incapacity, provided the inability to perform any ADL occurred after the start of the policy:

- 🕒 **Walking:** the ability to walk 200 metres on a level surface without having to stop
- 🕒 **Bending:** the ability to bend or kneel to pick up something from the floor and straighten up again
- 🕒 **Writing:** the physical ability either to write legibly using a pen or pencil, or to type using a desktop personal computer keyboard, whether or not you own one
- 🕒 **Climbing:** the ability to climb up a flight of stairs and down again, with or without a suitable rest, using one or both handrails if required
- 🕒 **Communicating:** the ability to answer the telephone and take a message, whether or not that message is written down

**20.3** Whether you are unable to perform three of the five ADLs without the assistance of another person is a question of fact. The Insurer will determine this question using the medical evidence you provide and in consultation with any medical adviser who they may choose to instruct. You will be assessed as able to undertake an ADL if you can do so with the use of appropriate assistive or corrective aids or appliances. In the event of a dispute, the opinion of the Insurer's medical adviser will be final.

**20.4** Otherwise, the Policy Conditions applicable to Benefits are applicable to House Persons Benefits.

## **21** Subsequent claims

**21.1** You can claim more than once for Incapacity caused by the same physical or mental illness or injury. However, you will not be able to claim if the physical or mental illness or injury reoccurs in circumstances where you have returned to work against the advice of your doctor or other treating physician.

**21.2** Whether you have already made a claim in respect of the same physical or mental illness or injury is a question of fact. The Insurer will determine this question using

the medical evidence you provide and in consultation with any medical adviser who they may choose to instruct. In the event of a dispute, the opinion of the Insurer's medical adviser will be final.

**21.3 Linked claims within One-Year Benefit period.**

If you chose the One-Year Benefit option and within 26 weeks after your return to work in your Own Occupation you need to claim again for Incapacity arising out of or in connection with the same physical or mental illness or injury, this can be treated as a linked claim and there will be no new Waiting Period. This applies as long as Benefits, including Working Persons Benefit, have not been paid in connection with that claim for 52 weeks. The Insurer will resume paying you Benefits until you return to work or until the remainder of the One-Year Benefit period ends, whichever happens first.

**21.4 Linked claims within Two-Year Benefit period.**

If you chose the Two-Year Benefit option and within 26 weeks after your return to work in your Own Occupation you need to claim again for Incapacity arising out of or in connection with the same physical or mental illness or injury, this can be treated as a linked claim and there will be no new Waiting Period. This applies as long as Benefits, including Working Persons Benefit, have not been paid in connection with that claim for 104 weeks. The Insurer will resume paying you Benefits until you return to work or until the remainder of the Two-Year Benefit period ends, whichever occurs first.

**21.5 Subsequent claims provisions - One-Year Benefit period**

If you chose the One-Year Benefit option and you have reached the one-year maximum period in which Benefits are payable, you will not be able to claim again for Incapacity arising out of or in connection with the same physical or mental illness or injury, unless you have returned to work in your Own Occupation for a continuous period of 12 months.

If, after 12 months, you need to claim for Incapacity arising out of or in connection with the same physical or mental illness or injury, the Insurer will pay to you, after your chosen Waiting Period has ended, the sums that are necessary for you to receive your chosen level of Benefits. Your Own Occupation will be the occupation(s) you are engaged in, and from which you earn an income at the date your new Incapacity starts.

**21.6 Subsequent claims provisions - Two-Year Benefit period**

If you chose the Two-Year Benefit option and you have reached the two year maximum period in which Benefits are payable, you will not be able to claim again for Incapacity arising out of or in connection with the same physical or mental illness or injury, unless you have returned to work in your Own Occupation for a continuous period of 12 months.

If, after 12 months, you need to claim for Incapacity arising out of or in connection with the same physical or mental illness or injury, the Insurer will pay to you, after your chosen Waiting Period has ended, the sums that are necessary for you to receive your chosen level of Benefits. Your Own Occupation will be the occupation(s) you are engaged in, and from which you earn an income at the date your new Incapacity starts.

## 22 Payment Break

**22.1** You may apply to suspend cover under your policy and your premium payments for a minimum continuous period of three months and up to a maximum continuous period of 24 months. Such a suspension of cover and premium payments is referred to in this policy as a Payment Break.

**22.2** The following conditions apply to any application for a Payment Break:

- ❑ You will need to have paid premiums for at least 24 months before you can apply to take a Payment Break
- ❑ You will need to have paid all premiums due. If your premium payments are in arrears, you must pay these arrears before we will consider your application for, or agree to, a Payment Break
- ❑ You must contact us to request a Payment Break by telephone, WhatsApp, email or post (please see contact details at the end of these Policy Conditions)
- ❑ You must provide us and the Insurer with any information that we or they reasonably request in order to consider your Payment Break
- ❑ If a Payment Break is taken within six months of the end of a previous one, it shall be treated as a continuation of the previous one for the purposes of applying the maximum continuous period of 24 months
- ❑ If you have taken previous Payment Breaks, a request for a further Payment Break can be made only if the total period of all Payment Breaks during the Term of your policy does not exceed 48 months. Any application for a further Payment Break beyond this maximum must be specifically drawn to the Insurer's attention who shall consider any such application at their discretion.

**22.3** If the Insurer agrees to your application for a Payment Break:

- ❑ We will notify you of the start and end date of the Payment Break
- ❑ You can cancel a Payment Break at any time before the Payment Break starts. Once your Payment Break has started, you may only cancel the Payment Break if the Insurer agrees to cancel it. They may request your medical records at that stage to assist them in considering your request. If you cancel a Payment

Break, you will not be able to claim under the policy, and you will not be entitled to Benefits until you have returned to work in your Own Occupation for a continuous period of at least six months

- ⦿ You will not have to pay premiums during a Payment Break
- ⦿ Your cover under the policy will be suspended for the duration of the Payment Break
- ⦿ You will not be able to make a claim under the policy and you will not be entitled to Benefits for the duration of your Payment Break
- ⦿ You will not be able to request any changes to your policy during a Payment Break

**22.4** At the end of your Payment Break, you must return to paid work and resume paying your premiums. If you do not resume your premium payments at the end of your Payment Break, your policy will end and you will need to reapply for cover, which will be subject to underwriting. If you do not return to work at the end of a Payment Break, but continue to pay your premiums, you will be treated as unemployed for the purposes of House Persons Benefit. Following the end of a Payment Break, you will not be able to claim under the policy and you will not be entitled to any Benefits, until you have returned to work in your Own Occupation for a continuous period of at least six months.

**22.5** If you do not meet the criteria to be eligible for a Payment Break but you are experiencing financial difficulty and struggling to keep up with your premiums, please reach out to Eleos to discuss your options.

## **23** Recovery of compensation

**23.1** You must tell us or the Insurer as quickly as possible if you believe another party is or may be responsible for the event giving rise to your claim for Benefits under this policy. The Insurer may then write to you or the third party for further information.

**23.2** If you make a claim against any other party, you must include in your claim all payments the Insurer makes to you under the policy. You or your solicitors must keep the Insurer informed about the progress of your claim, any pre-action matters, any action or any settlement including offers and the outcome of any action (whether by agreement or court order).

**23.3** If you recover any monies from another party in relation to payments made by the Insurer to you under this policy, you must repay them to the Insurer within 21 days of receipt. If the claim is settled in full, you must repay the Insurer's outlay

in full. If you recover only a percentage, the same percentage of the Insurer's outlay must be repaid to them. If your claim is repaid as a global settlement, you must repay the Insurer in the same proportion that the global settlement bears to your total claim against the other party.

**23.4** If you do not repay such monies (and interest) to the Insurer, they shall be entitled to recover the same from you and your policy may be cancelled.

**23.5** The Insurer shall not be required to make future payments of Benefits to you to the extent that you have recovered payment from another party for future loss of earnings for the period which the payment from the other party is intended to cover. You shall provide them with all necessary documentation and information to enable them to make this calculation and assessment.

## **24** Subrogation

**24.1** Where a payment has been made to you under this policy in circumstances where another party is or may be responsible for the event giving rise to the claim, the Insurer shall be subrogated to all your rights of recovery and you must do whatever is necessary to preserve those rights and to help the Insurer in exercising them. This includes executing and delivering any documents they ask for, and carrying out any acts that may be necessary or reasonably required by them for the enforcement of those rights. You shall do nothing to prejudice the Insurer's rights of recovery.

## **25** How do Eleos handle any data they hold on you?

**25.1** We need your information to provide you with quotations and underwrite your application. For full details and information about the type of personal data we collect from you, the purposes for which we collect it, how we use it and who we share it with please refer to our privacy notice which can be found online here: [eleos.co.uk/legal/privacy-policy](https://eleos.co.uk/legal/privacy-policy)

## **26** How do Shepherds Friendly handle any data they hold on You?

**26.1** As our insurance and underwriting partner, Shepherds Friendly need your information to handle any claims that you might submit. Your information comprises all the details and information you provide to Eleos and Shepherds Friendly as requested and required under these Policy Conditions and may include special categories of data such as health data. It includes information they obtain about you from third parties such as your employer, medical

professionals, rehabilitation advisers, and other Insurers. Shepherds Friendly will collect and process only the information they need so that they can provide you with the service and Benefits which you have contracted from them as covered by this policy and to send you marketing material as explained below.

This information may be held in electronic format on computer and other electronic systems or in paper records.

- 26.2** As a policyholder you automatically become a member of The Shepherds Friendly Society Limited, which means you have voting rights and can attend its Annual General Meeting.
- 26.3** The Insurer keeps your information secure and only uses it for the purposes for which it was collected, including to provide you with information about the service and Benefits which you may want to buy, or have bought.
- 26.4** For full details about the information Shepherds Friendly collect from you, the purposes for which it is collected, how it is used and who it is shared with please refer to Shepherds Friendly's privacy notice [online](#). If you do not have access to a computer or cannot get online, you can obtain a copy of the privacy notice by contacting Shepherds Friendly on the contact details found at the end of these Policy Conditions.

## **27** Celling the policy

- 27.1** You are entitled to cancel your policy at any time. Your Policy Document includes a 'right to change your mind' notice. If you wish to cancel, you may notify us of your decision by sending us this notice or by telling us via your online dashboard, via email or over the phone:

**Email:** [help@eleos.co.uk](mailto:help@eleos.co.uk)

**Phone:** 0808 196 1113

The policy will end on the date we receive notification of your cancellation. Cover will cease, you will no longer be entitled to any Benefits and any claim made will be cancelled with immediate effect.

If you cancel your policy within 30 days of your application being accepted, Eleos will refund any premiums you have paid, unless you have been paid Benefits during this period. If you cancel your policy at any time after the first 30 days, you will not be entitled to any refund of premiums paid on a monthly basis. This policy has no cash value.

## 28 Complaints

**28.1** If you want to make a complaint about the sale or administration of your policy, please contact Eleos in writing at:

Eleos, 71-75 Shelton Street, Covent Garden, London, United Kingdom, WC2H 9JQ.

**Email:** [help@eleos.co.uk](mailto:help@eleos.co.uk)

Alternatively if your complaint is to do with the insurance product, policy underwriting or claims process, you can contact the policy Insurer, Shepherds Friendly at:

Compliance Officer, Shepherds Friendly, Haw Bank House, High Street, Cheadle, Cheshire SK8 1AL.

**Phone:** 0800 526 249

**Email:** [complaints@shepherdsfriendly.co.uk](mailto:complaints@shepherdsfriendly.co.uk)

If Eleos or Shepherds Friendly don't deal with your complaint to your satisfaction, you can complain to the: Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR.

**Phone:** 0845 080 1800

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

## 29 The law

**29.1** This policy is governed in all respects by the laws of England and Wales.

**29.2** If there is a change in the law, the Insurer has the right to adjust your policy and any Benefits payable to you in order to comply with the law.

## 30 Taxation

**30.1** Under current legislation and HMRC practice, Benefit(s) payable under this cover are normally free from Income Tax and Capital Gains Tax for UK residents. The tax treatment of the policy may change in the future.

NB: Different tax rules may apply if you are resident in the Isle of Man.



# Contact details

For more information please contact:

## Eleos

**Address:** 71-75 Shelton Street, Covent Garden, London,  
United Kingdom, WC2H 9JQ

**Phone:** 0808 196 1113

**WhatsApp:** 07360495366

**Email:** [help@eleos.co.uk](mailto:help@eleos.co.uk)

**Website:** [eleos.co.uk](https://eleos.co.uk)

## Shepherds Friendly

**Address:** Haw Bank House, High Street, Cheadle, Cheshire, SK8 1AL

**Phone:** 0800 526 249

**Email:** [info@shepherdsfriendly.co.uk](mailto:info@shepherdsfriendly.co.uk)

**Website:** [shepherdsfriendly.co.uk](https://shepherdsfriendly.co.uk)

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