

Your insurance policy

# Payment Protection Insurance

This optional insurance is no longer sold. Details are provided in case you chose to purchase the insurance prior to its withdrawal from sale.

This document clearly explains the details of the Insurance Policy.  
Please read it so that you know what is covered and keep it in a safe place.

Please note:

- 1 The Financial Conduct Authority (FCA) is the independent watchdog that regulates financial services. Use this information to decide if our services are right for you.
- 2 For our Business Credit Card programmes we offer insurance from Protection Life Company Limited.
- 3 You will not receive advice or recommendations from us in respect of the insurance detailed in this booklet. You will need to make your own choice on how to proceed.
- 4 You will not have to pay a fee for our services in respect of the insurance detailed in this booklet.
- 5 National Westminster Bank Plc, 250 Bishopsgate, London EC2M 4AA is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our Financial Services Register number is 121878. Our permitted business includes arranging and advising on non-investment insurance. You can check this on the Financial Services Register by visiting the FCA's website [fca.org.uk/register](http://fca.org.uk/register) or by contacting the FCA on 0800 111 6768.

- 6 If you wish to register a complaint, please contact us:

In writing: National Westminster Bank Plc, Commercial Cards,  
PO Box 5747, Southend-on-Sea, Essex SS1 9AJ.

By phone: 0370 909 3701.

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

- 7 We are covered by the Financial Services Compensation Scheme. 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 90% of the claim, without any upper limit.

You are entitled, at any time, to request information regarding any commission which the Bank may have received in respect of these insurance products that are relevant to your account by calling 0370 909 3701 (Minicom 0370 154 1192).

Calls may be recorded. Call charges from residential lines, business lines and mobiles vary and depend on your telephone operator's tariffs.

# Payment Protection Insurance (For Sole Traders with a credit card product only)

## Statement of Demands and Needs

This policy meets the demands and needs of those who wish to receive business card Payment Protection Insurance coverage as described in the Policy. We have not provided you with a personal recommendation as to whether the policy is suitable for your specific needs and it's your responsibility to make sure that the policy is right for you.

## Statement of Price

NatWest Payment Protection Insurance (For Sole Traders with a credit card product only) is provided with your card at a cost of 79p a month for every £100 of your outstanding balance.

## keyfacts<sup>®</sup>

### Your Policy Summary

Please read this document carefully. Please refer to your policy wording for full terms and conditions. This document does not form part of the contract between you and your insurer. It's your responsibility to make sure this policy is right for you. Please read your policy carefully to ensure it meets your needs.

### Who is the Insurer?

Accident, sickness and unemployment cover is underwritten by U K Insurance Limited. Life cover is provided by Protection Life Company Limited.

### What Are the Features of NatWest business card Payment Protection Insurance?

This NatWest business card Payment Protection policy can repay 10% of the outstanding balance on your NatWest business card, if you are unable to work for more than 14 days in a row as a result of accident, sickness and unemployment. In the event of your death, the insurer will pay NatWest the outstanding balance on your agreement as at the date of death (including interest), less any sum over your agreed credit limit.

### Are You Eligible?

On the commencement date you must:

- Be aged between 18-64;
- Have applied for cover and agreed to pay the appropriate monthly premium;
- Be named as the principal cardholder under your agreement who is also the owner of the business. (A claim can not be considered for additional cardholders); and
- Be a sole trader in the UK.

### Important Note on Normal Pregnancy/Childbirth Related Conditions:

This policy does not include cover for Normal Pregnancy/Childbirth Related Conditions. Therefore, when a claim is made by you, for a medical condition which typically occurs during pregnancy or childbirth, we may refer you to a doctor or consultant who specialises in obstetrics for an opinion as to whether the condition is a normal pregnancy/childbirth related condition. We will consider this opinion to be final.

### What Are the Significant Exclusions and Limitations?

The cover is subject to exclusions, all of which are fully explained in section 4A and 4B titled 'What Are You Not Covered For?' in the policy wording. However, listed below are the significant exclusions and limitations for your information:

Type of cover	Significant Exclusions or Limitations
Unemployment	<ul style="list-style-type: none"><li>■ Knowledge of impending unemployment</li><li>■ Unemployment occurring during the initial exclusion period of 30 days</li><li>■ Voluntary cessation of trading</li><li>■ You must register with the Department for Work and Pensions to be able to claim</li><li>■ Your business must have ceased trading to be able to claim</li></ul>
Accident and Sickness	<ul style="list-style-type: none"><li>■ Wilful acts including cosmetic and beauty treatments</li><li>■ Alcohol and drugs related</li></ul>
Life cover	<ul style="list-style-type: none"><li>■ Alcohol and drugs related</li><li>■ War</li></ul>

### What is the Duration of the Policy?

This is a monthly policy which can run for the duration of the time that you hold your NatWest business card. As this policy could run for several years, you may want to review your insurance needs periodically to ensure the policy is adequate.

### Your Right to Cancel

If this cover does not meet your requirements, please return all your documents within 30 days of receipt. The insurer will return any premium paid in full provided no claims have been made on the policy during that time.

### How Do You Make a Claim?

To notify the insurer in the first instance, please telephone 0845 601 3204, or Textphone on 0800 051 3030, to request a claim form. The Helpline is open 9am to 5pm, Monday to Friday. Calls may be recorded.

### How Do You Make a Complaint?

Should there ever be an occasion where you need to complain, please call the insurer on 0845 601 3204.

If you wish to write, then address your letter as follows, Customer Liaison Unit, UK Insurance Limited, The Wharf, Neville Street, Leeds LS1 4AZ. If the Insurer is unable to resolve the complaint or you are unhappy with the resolution, you may refer it to the Financial Ombudsman Service (FOS). Their address is: Exchange Tower, Harbour Exchange Square, London E14 9SR, telephone 0300 123 9123 or 0800 023 4567.

### Details About Our Regulator

We are authorised by the Prudential Regulation Authority and regulated by the Prudential Regulation Authority and the Financial Conduct Authority. The Financial Conduct Authority website, which includes a register of all regulated firms can be visited at [fca.org.uk](http://fca.org.uk) or the Financial Conduct Authority can be contacted on 0800 111 6768. The Prudential Regulation Authority website can be visited at [bankofengland.co.uk/pru](http://bankofengland.co.uk/pru) or the Prudential Regulation Authority can be contacted on 020 7601 4878. (U K Insurance Limited registration number: 202810, Protection Life Company Limited registration number: 2199286). Under the Financial Services and Markets Act 2000, should the company be unable to meet all its liabilities to policyholders, compensation may be available. Insurance advising and arranging is covered for 90% of the claim, without any upper limit. For compulsory classes of insurance, insurance advising and arranging is covered for 100% of the claim, without any upper limit. Information can be obtained on request, or by visiting the Financial Services Compensation Scheme [fscs.org.uk](http://fscs.org.uk)

## Payment Protection Insurance (For Sole Traders with a credit card product only)

### Your Policy

#### Statement of Demands and Needs

This policy meets the demands and needs of those who wish to receive business card Payment Protection Insurance coverage as described in the Policy. We have not provided you with a personal recommendation as to whether the policy is suitable for your specific needs and it's your responsibility to make sure that the policy is right for you.

For **Your** NatWest business card

**Important** – Please read this document carefully and keep it in a safe place. Make sure that **You** are eligible for the insurance cover. **You** should make sure **You** know what this insurance does and does not cover. If **You** are not completely satisfied, return this document, with a covering letter stating **Your** name, address and credit card details, within 30 days following initial receipt to **Your Lender**. The **Lender** will cancel the cover from the **Commencement Date** and refund the premium paid, provided no claim has been made. Cover is for one calendar month at a time and is automatically renewed every month until the **End Date**.

The information given to the **Insurer** orally, in writing or otherwise and in the application forms the basis of the contract between **You** and the **Insurer**. **You** must tell the **Insurer** of any change to this information as soon as possible, as failure to do so could affect the cover provided. It's your responsibility to make sure that the policy is right for you.

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## Section 1 – Are You Eligible?

On the **Commencement Date You** must:

- Be aged between 18-64;
- Be named as the principal cardholder under **Your Agreement** who is also the owner of the business;
- Have applied for cover and agreed to pay the appropriate monthly premium. (A claim cannot be considered for additional cardholders); and
- Be a sole trader in the **UK**.

Important Note on Normal Pregnancy/Childbirth Related Conditions:

This policy does not include cover for Normal Pregnancy/Childbirth Related Conditions. Therefore, when a claim is made by you, for a medical condition which typically occurs during pregnancy or childbirth, we may refer you to a doctor or consultant who specialises in obstetrics for an opinion as to whether the condition is a normal pregnancy/childbirth related condition. We will consider this opinion to be final.

If **You** are **Working** but are absent from **Work** at the **Commencement Date** due to accident or sickness, **Your** Accident and Sickness cover will not start until **You** have returned to **Work** for a continuous period of at least one calendar month.

## Section 2 – Meaning of Words and Phrases

These are listed in bold in alphabetical order and have the following meanings whenever they appear in the policy.

**Agreement** – The credit card agreement, to which this cover applies, between **You** and the **Lender**.

**Carer** – Being completely without **Work** solely due to the need to care for an immediate family member (spouse, partner, parent, child) and being registered with **Your** local Social Services Department as a **Carer** (having undertaken a Community Care Assessment or Carer's Assessment).

**Commencement Date** – The date on which **You** signed **Your Agreement** or the date the **Insurer** accepts **You** for insurance if this is later.

**Doctor** – A **UK** registered medical practitioner, practising in the **UK**, other than **You** or **Your** relatives.

**End Date** – The earliest of the following dates:

- **Your Agreement** ends or is cancelled
- **Your** 65th Birthday
- All payments due to the **Lender** under the **Agreement** have been paid
- The date of **Your** death
- **You** permanently retire (**You** must tell the **Insurer** if **You** retire before the age of 65)
- **You** miss paying 3 monthly premiums in a row.

**Incurred Date** –

- For Accident and Sickness claims – the day after **Your** last day in **Work**.
- For **Unemployment** claims – the date when **You** first knew **Your** business would cease trading.
- For Life claims – the date of **Your** death.

**Insurer** – U K Insurance Limited for Accident, Sickness and **Unemployment** cover and Protection Life Company Limited for the Life insurance cover.

**Lender** – The National Westminster Bank Plc.

**Major Illness** – a heart attack, cancer (excluding skin cancers other than melanoma), a stroke (otherwise known as cerebro-vascular accident lasting longer than 24 hours), coronary by-pass, kidney failure (requiring dialysis) or major organ transplant (receiving a heart, liver, lung, pancreas, kidney or bone marrow) which leaves **You** unable to carry out the duties of **Your Normal Occupation**.

**Monthly Benefit** – 10% of the **Outstanding Credit Card Balance** on **Your Agreement** on the **Incurred Date** or £10 whichever is more. If **Your Outstanding Credit Card Balance** on the **Incurred Date** was nil, then **Your Monthly Benefit** will also be nil.

**Normal Occupation** – **Your** paid occupation immediately before **Your** accident or sickness, or similar occupation that **You** are able to perform or may reasonably become qualified to perform, based on **Your** education, training and ability.

**Normal Pregnancy/Childbirth Related Conditions** – Symptoms which normally accompany a pregnancy and/or childbirth (including those related to multiple pregnancy) and which are generally of a minor and/or Temporary nature not representing an unusual or significant hazard to mother or baby.

**Off Sick** – A period when **You** are unable to carry out the duties of **Your Normal Occupation** due to accident or sickness as certified by a **Doctor**, which starts during the **Period of Cover**. **You** must be under the regular care and attention of a **Doctor**.

**Outstanding Credit Card Balance** – The amount **You** still owe to the **Lender** under the **Agreement** (including interest).

**Period of Cover** – The period from the **Commencement Date** to the **End Date**.

**Self-Employed/Self-Employment** – Actively **Working** in a profession or business alone or in a partnership with others and paying Class 2 National Insurance under the Social Security Contributions and Benefits Act 1992 and liable to pay income tax under Schedule D of the Income and Corporation Tax Act 1988, or a company director who is a controlling director.

**Specialist** – A **Doctor** who holds, or has held, a consultant appointment in an NHS hospital in a specialty relevant to **Your** condition.

**Temporary Work** – **Work** that is not permanent and is not governed by a contract of employment, fixed or otherwise, and is not **Self-Employment**. Also **Work** that is seasonal or irregular.

**UK** – The United Kingdom, the Channel Islands and the Isle of Man.

**Unemployment/Unemployed** – Shall mean **Your** business either having stopped trading and being in the course of being wound up, or being put into the hands of an insolvency practitioner because **You** could not find **Work** to meet all **Your** reasonable business and living expenses, in all cases a declaration to this effect having been made to HM Revenue and Customs.

**You** must have throughout **Your** claim been registered with the appropriate authority (the Department for Work and Pensions). If **You** have been entitled to make reduced National Insurance contributions in the past or **You** are aged over 60 and in receipt of pension credits then **You** do not need to be registered with the Department for Work and Pensions. For further details of how to make a claim please see section 5.

**Please note** – if **You** are seeking employment in the EU for a period of up to 3 months, **You** must make arrangements with the Department for Work and Pensions to register with the equivalent office in the country **You** are going to. **You** must obtain a form E303/3 from the Overseas Benefits Office in Newcastle before leaving the **UK**.

**War** – Armed conflict between states, organisations, or domestic factions of opposing citizens of the same country, characterised by lethal violence between combatants or against civilians.

**Work/Working** – Being in **Self-Employment**, for at least 16 hours a week in the **UK**, or on statutory maternity or paternity leave.

**You/Your** – The principal cardholder under **Your Agreement**.

### Section 3 – What Are You Covered For?

#### Accident & Sickness Cover

If **You** are **Off Sick** for a continuous period of at least 14 days during the **Period of Cover**, the **Insurer** will pay to the **Lender** a sum equivalent to the **Monthly Benefit** divided by the number of days that are in the month **You** are unable to **Work**, for each consecutive day that **You** are **Off Sick**. The payment will be made on a monthly basis. This entitlement will continue until the maximum of 12 **Monthly Benefits** per claim have been paid, or until the cover **End Date**, whichever happens first.

For example if **Your Monthly Benefit** is £300 and **You** are **Off Sick** for 20 days in November the payment **You** will receive will be worked out by dividing **Your Monthly Benefit** by the number of days in the month and then multiplying by the number of the days in the months that **You** have been **Off Sick**, which in this example would mean **You** would be entitled to £200.

If **You** are **Off Sick** for two periods, both resulting from the same cause, that are separated by three months or less, the **Insurer** will treat this as one claim, but will not pay any **Monthly Benefit** for the time in between. Otherwise, if the cause is the same condition and if the period of time between the two claims is more than 3 months, **You** will not be able to make the second Accident and Sickness claim until **You** have been back at **Work** for six continuous months. This will not apply, if the cause is the same and is defined under this policy as a **Major Illness** which will mean **You** will be able to make a claim within this period. The **Insurer** will treat this claim and the previous claim as one claim, but will not pay any **Monthly Benefit** for the time in between. If, however **You** are **Off Sick** for a different cause, **You** will not be able to make a

second Accident and Sickness claim until, **You** have been back at **Work** for at least 30 consecutive days between each claim.

### **Unemployment Cover**

If **You** are **Working** and become **Unemployed** for a continuous period of at least 14 days during the **Period of Cover**, the **Insurer** will pay to the **Lender** a sum equivalent to the **Monthly Benefit** divided by the number of days that are in the month that **You** are out of **Work**, for each consecutive day that **You** are **Unemployed**. The payment will be made on a monthly basis. This entitlement will continue until the maximum of 12 **Monthly Benefits** have been paid, or until the cover **End Date**, whichever happens first. If **You** are no longer **Self-Employed**, but start working in paid employment or become **Self-Employed** again, then the **Insurer** will stop paying **Your Unemployment** claim.

For example if **Your Monthly Benefit** is £300 and **You** are **Unemployed** for 20 days in November, the payment **You** will receive will be worked out by dividing **Your Monthly Benefit** by the number of days in the month and then multiplying by the number of the days in the month that **You** have been **Unemployed**, which in this example would mean **You** would be entitled to £200.

If **You** are receiving **Unemployment** benefit and want to start **Temporary Work** which will continue for less than six months, please tell the **Insurer** before **You** start this **Work**. The **Insurer** will not pay any **Monthly Benefit** during the period of **Temporary Work**. However, when the **Temporary Work** finishes, **Your Unemployment** claim may continue in which case the **Insurer** will treat this as one continuous claim until the **End Date** or until the maximum of 12 **Monthly Benefits** have been paid (with any 6 accumulated time that was put towards fulfilling the 14 day waiting period before a claim can commence, continuing once the **Temporary Work** has ended).

If **Your Work** ends due to the need for **You** to become a **Carer**, **You** may claim under this section. **You** will however be required to provide evidence to substantiate **Your** claim, which is detailed in 'Section 5 – How Do **You** Make A Claim?'

### **Life Cover**

In the event of **Your** death during the **Period of Cover**, the **Insurer** will pay the **Lender** the **Outstanding Credit Card Balance** at that date, less any amount over **Your** agreed credit limit.

### **Section 4 – What Are You Not Covered For?**

A. This policy does not cover **You** for any claim arising wholly or partly from:-

- **Your** wilful or deliberate actions during the **Period of Cover**
- Anything which occurs as a result of taking alcohol or drugs, unless they are taken under the direction of a **Doctor** and are not for the treatment of drug addiction;
- **War**;
- Any medical operations or treatments not medically necessary, including cosmetic or beauty treatments.

B. This policy does not cover **You** for any period of **Unemployment**:

- Which occurred before the **Commencement Date**;
- If **You** are informed, within the first 30 days immediately after the **Commencement Date**, that **You** are to lose **Your** employment or **You** knew it to be impending at the **Commencement Date**, whether or not **You** had received official notice;
- If it results from **Your** resignation, voluntary redundancy or early retirement or **Your** business voluntarily ceases trading;
- If **Your Unemployment** is caused by **Your** own misconduct;
- If **Your** business stops trading temporarily.

### **Section 5 – How Do You Make a Claim?**

To notify the **Insurer** of a claim in the first instance **You** (or **Your** personal representatives for a Life claim) should telephone the Helpline number on 0845 601 3204, or Textphone on 0800 051 3030, to request a claim form. The Helpline is open 9am to 5pm, Monday to Friday. Calls may be recorded.

Please fill in the form fully and accurately, and where applicable arrange for **Your Doctor** or an official of the Department for Work and Pensions to fill in the appropriate sections, and return it to the address shown on the form.

In order to verify **Your** claim, **You** will have to provide any proof that is reasonably asked for (at **Your** own expense, if any). If adequate proof is not received **Your** claim may not be paid.

**You** (or **Your** personal representative for a life claim) may also be asked for more information, for example:

Life claims – an original death certificate (in English) or an office copy Grant of Probate/Letters of Administration.

Accident and Sickness claims

- a certificate from **Your Doctor** saying that **You** are not **Working**; **You** may also be required to be examined (at the **Insurer's** expense) by a **Doctor** of the **Insurer's** choice.

**Unemployment** claims –

- a copy of the Jobseekers **Agreement** that **You** signed with the Department for Work and Pensions and declared to them that **You** have ceased trading. The **Insurer** will also require satisfactory proof of **Your** bankruptcy or the involuntary insolvency of **Your** business and ceasing to trade.

**Carers** –

- Evidence that **You** are required to care for an immediate family member, a Community Care Assessment or **Carer's** Assessment and that **You** were not aware of the need for **You** to become a **Carer** at the **Commencement Date**.

**You** will also be asked to fill in a continuation claim form (at **Your** own expense, if any) for each month that **You** continue to claim for Accident and Sickness or **Unemployment**. **You** should send this to the **Insurer** on a monthly basis unless otherwise stated. **Your** claim may be delayed if the **Insurer** cannot verify it because **You** are late in sending the **Insurer Your** continuation claim form. As soon as **You** go back to **Work You** should tell **Your Insurer**, so that the correct final payment can be made and **Your** claim closed.

Any claim supported by a false declaration or found to be fraudulent, unfounded or intentionally exaggerated will not be paid. If this happens or if **You** carry on claiming after **You** have returned to **Work Your** insurance will be cancelled and action will be taken to recover any overpayments.

The **Insurer** will only pay one type of benefit (Accident, Sickness or **Unemployment**) at a time. All **Monthly Benefits** will be paid to the **Lender** for the credit of **Your** business card account.

If **You** or **Your** partner are receiving any State benefit, **You** should advise the appropriate authority if **You** are also claiming under this policy. In some circumstances, the amount of **Monthly Benefit You** receive under this policy may affect **Your** entitlement to State benefit. **Your** local employment authority will be able to provide **You** with further information.

## Section 6 – How Can You Change Your Claim?

If the **Insurer** is paying an Accident or Sickness claim and **You** become **Unemployed** or vice versa please tell the **Insurer** as soon as possible. Depending on the situation the **Insurer** may send **You** a new claim form, which will need completing by **Your Doctor** or Department for Work and Pensions to ensure **Your** claim is valid.

The **Insurer** will treat **Your** Accident, Sickness and **Unemployment** claims as one continuous claim and payments will continue without a further waiting period up until the **End Date** or until the maximum number of **Monthly Benefits** have been paid.

## Section 7 – Important Information

### What is the Duration of the Policy?

This is a monthly policy which can run for the duration of the time that you hold your NatWest business card. As this policy could run for several years, you may want to review your insurance needs periodically to ensure the policy is adequate.

### Your Right to Cancel

If this cover does not meet **Your** requirements, please return all **Your** documents within 30 days following initial receipt to NatWest Commercial Cards, Cards Customer Services, PO Box 5747, Southend-on-Sea, SS1 9AJ with a covering letter stating **Your** name, address and credit card details. **Your** cover will be cancelled and any premium paid will be returned in full provided no claims have been made on the policy during that time. By cancelling the Card cover will automatically be cancelled.

### How to Cancel

If you wish to cancel this insurance policy, please contact: National Westminster Bank Plc, Commercial Cards, PO Box 5747, Southend-on-Sea, Essex SS1 9AJ, telephone: 0370 909 3701.

### Complaints Procedure

Should there ever be an occasion where **You** need to complain, please call the **Insurer** on 0845 601 3204, Textphone 0800 051 3030, lines are open 9am-5pm Mon-Fri. Calls may be recorded. If **You** wish to write, then address **Your** letter to Customer Liaison Unit, U K Insurance Limited, The Wharf, Neville Street, Leeds LS1 4AZ. If the **Insurer** is unable to resolve the differences or **You** are unhappy with the resolution,

**You** may refer **Your** complaint to the Financial Ombudsman Service (FOS). Their address is: **Exchange Tower, Harbour Exchange Square, London E14 9SR, telephone 0300 123 9123 or 0800 023 4567.**

If **You** do refer **Your** complaint to the Financial Ombudsman Service, this will not affect **Your** right to take legal action.

A copy of the **Insurer's** complaints procedure leaflet is available on request.

### **Choice of Law**

The law applying to this insurance shall be the law of England and Wales unless there is a written agreement to the contrary.

### **Claims Investigations**

In the event of a claim, any information, which **You** provide or have provided to the **Insurer**, will be put on the Register of Claims through which insurers share information to prevent fraudulent claims. A list of participants and the name and address of the operators of Register of Claims is available from the **Insurer**.

### **Cost**

The cost of this insurance is 79p (including Insurance Premium Tax) per £100 of the **Outstanding Credit Card Balance** as at the date of statement. This will be calculated monthly and added to **Your Outstanding Credit Card Balance**. Cover is applicable to the sole trader only.

### **Termination of Contract**

The **Insurer** has the right to cancel **Your** policy by giving **You** 30 days written notice at **Your** last known address. **You** also have the same right. The **Insurer** will continue paying **Monthly Benefits** under the terms of the policy for any valid claim, which is being paid at the cancellation date.

### **Business Language Used**

The language used in this and all other documents relating to this policy is English. All future communications both verbal and written will be in English.

### **Assignment**

**You** cannot transfer **Your** rights or interest in this policy to any other person. If the **Insurer** transfers their rights and interests in this policy to any other person **Your** rights and interests under this policy will not be diminished and the level of service received under this policy will not be diminished.

### **The Insurers**

Accident, Sickness, and **Unemployment** Insurance is underwritten and provided by U K Insurance Limited, Registered Office, The Wharf, Neville Street, Leeds LS1 4AZ. Registered in England No. 1179980. The Life insurance is underwritten by Protection Life Company Limited. Registered in England No. 2199286. Registered Office: Harbour House, Portway, Preston, Lancs. PR2 2PR. Registered in England no. 2199286. Both companies are authorised by the Prudential Regulation Authority and regulated by the Prudential Regulation Authority and the Financial Conduct Authority.

### **Details About Our Regulator**

The Financial Conduct Authority website, which includes a register of all regulated firms can be visited at [fca.org.uk](http://fca.org.uk) or the Financial Conduct Authority can be contacted on 0800 111 6768. The Prudential Regulation Authority website can be visited at [bankofengland.co.uk/pru](http://bankofengland.co.uk/pru) or the Prudential Regulation Authority can be contacted on 020 7601 4878. U K Insurance Limited is entered in the Financial Services Register under number 202810, Direct Line Life Insurance Company Limited is entered under number 170956.

Under the Financial Services and Markets Act 2000, should the company be unable to meet all its liabilities to policyholders, compensation may be available. Insurance advising and arranging is covered for 90% of the claim, without any upper limit. For compulsory classes of insurance, insurance advising and arranging is covered for 100% of the claim, without any upper limit. Information can be obtained on request, or by visiting the Financial Services Compensation Scheme [fscs.org.uk](http://fscs.org.uk)

### **Privacy Notice**

#### **Why we need your information**

We need your information and that of others you name on the policy to give you quotations, and manage your insurance policy, including underwriting and claims handling. Your information comprises of all the details we hold about you and your transactions and includes information we obtain about you from third parties. We will only collect the information we need so that we can provide you with the service you expect from us.

### **How we will use your information and who we will share it with**

Accident, Sickness, and Unemployment cover is arranged by NatWest, and underwritten and provided by U K Insurance Limited ("UKI"). Life Cover is underwritten and provided by Protection Life Company Limited. In this Information statement, "we", "us" and "our" refers to NatWest, UKI & Protection Life Company Limited unless otherwise stated.

During the course of our dealings with you we may need to use your information to:

- Assess financial and insurance risks,
- Prevent and detect crime including anti money laundering and financial sanctions,
- To comply with our legal and regulatory obligations,
- Develop our products, services, systems and relationships with you,
- Record your preferences in respect of products and services,
- Recover any debt or if you have any outstanding debt from previous dealings with us we will only offer you a policy upon settlement of the full outstanding amount,
- Review our records for signs of any previous fraudulent activity which may affect our ability to offer you cover.

In carrying out the actions above we may:

- Use the information we hold in our system about you and that of others named on the policy, for example joint policy holders,
- Share the information with agencies that carry out certain activities on our behalf, for example those who help us underwrite your policy,
- Use and share your information with our approved suppliers where this is reasonably required to help deal with your claim or let you benefit from our policyholder services, including with our credit hire providers and legal advisors,
- Disclose some of your information and that of others named on the policy to other insurers, third party underwriters, reinsurers, credit reference, fraud prevention, regulators and law enforcement agencies and other companies that provide service to us or you.

We do not disclose your information to anyone except where:

- We have your permission,
- We are required or permitted to do so by law,
- We may transfer rights and obligations under this agreement.

### **Where we transfer your information**

From time to time we may require services from suppliers that are based worldwide and your information will be shared with them for the purposes of providing that service. Where we engage these suppliers we require that they apply the same levels of protection, security and confidentiality we apply. However, such information may be accessed by law enforcement agencies and other authorities to prevent and detect crime and comply with legal obligations.

### **Sensitive Information**

Some of the personal information we ask you for may be sensitive personal information, as defined by the Data Protection Act 1998 (such as information about health or criminal convictions). We will not use such sensitive personal data about you or others except for the specific purpose for which you provide it and to provide the services described in your policy documents.

### **Dealing with other people**

It is our policy to deal with your spouse or partner who calls us on your behalf, provided they are named on the policy. Please tell us who they are when you take out your policy. If you would like someone else to deal with your policy on your behalf on a regular basis please let us know. In some exceptional cases we may also deal with other people who call on your behalf, with your consent. If at any time you would prefer us to deal only with you, please let us know.

### **Keeping you informed**

From time to time we may need to change the way we use your information. Where we believe you may not reasonably expect such a change we will write to you. When we do so, you will have 60 days to object to the change but if we do not hear from you within that time you consent to that change.

### **Fraud Prevention and Anti-Money Laundering**

Please take time to read the following as it contains important information relating to the details you have given or should give to us. You should show this notice to anyone whose data has been supplied to us in connection with your policy.

To prevent and detect fraud we may at any time:

Share information with other organisations and public bodies including the police although we only do so in compliance with the Data Protection Act 1998

Check and/or file details with fraud prevention agencies and databases and if we are given false or inaccurate information and we identify fraud, we will record this. We and other organisations may also use and search these agencies and databases from the UK and other countries to:

- Help make decisions about the provision and administration of insurance, credit and related services for you and members of your household,
- Trace debtors or beneficiaries, recover debt, prevent fraud, and to manage your accounts or insurance policies,
- Check your identity to prevent money laundering, unless you provide us with other satisfactory proof of identity.

Law enforcement agencies may access and use this information.

We and other organisations may also access and use this information to prevent fraud and money laundering, for example when:

- Checking applications for, and managing credit and other facilities and recovering debt,
- Checking insurance proposals and claims,
- Checking details of job applicants and employees.

We, and other organisations that may access and use information recorded by fraud prevention agencies, may do so from other countries.

We can provide the names and addresses of the agencies we use if you would like a copy of your information held by them. Please contact: **Data Protection Officer** at, UKI, Churchill Court, Westmoreland Road, Bromley BR1 1DP quoting your reference. The agencies may charge a fee.

### **Financial Sanctions**

We will use information about you and that of others named on policy to ensure compliance with financial sanctions in effect in the UK and internationally. This will include the checking of your information against the HM Treasury list of financial sanctions targets as well as other publically available sanctions lists. Your information and that of others named on policy may be shared with HM Treasury and other international regulators where appropriate. You may also be contacted in order to provide further details in order to ensure compliance with Financial Sanctions requirements.

### **Credit Reference Agencies**

We carry out a consumer search when any application for insurance is submitted to evaluate insurance risks. This is done only using the data that is publically accessible on your credit file (i.e. bankruptcy, CCJ and electoral roll information). Information about access to the public part of your credit file is automatically deleted after 12 months and in no way affects your ability to obtain credit.

You will have been asked to agree to this when you first contacted us but please ensure that you only provide us with sensitive information about other people with their consent.

### **Access to your information**

You have the right to see the information we hold about you. This is called Subject Access Request. If you would like a copy of your information, please write to:

**Data Access Team** at, UKI, Churchill Court, Westmoreland Road, Bromley BR1 1DP quoting your reference. A fee may be payable.

We will be happy to send you any of our brochures, letters or statements in Braille, large print or audio, upon request.

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