# POLICY DOCUMENT ACCIDENTAL DEATH PLAN

DOCUMENT ID: 50311

THIS IS A REPLACEMENT DOCUMENT

SCHEDULE			
Reference No:		Policy Effective Date*:	
The Insured:		Date of Birth:	
Benefit:		(see "Benefit" clause on reverse)	
Period of Insurance: Monthly Premium:	From	to the Insured's 80th birthday (includes Insurance Premium Tax)	

(continued on reverse)

<sup>\*</sup> This Policy will be effective from the date shown, provided the Insured named above has made an application to Avon Insurance plc (the Company) subject to the terms of the Policy.

COVER WILL COMMENCE ON POLICY EFFECTIVE DATE SPECIFIED ONLY IF COMPLETED AUTHORISATION HAS BEEN RECEIVED BY THE COMPANY - AND FIRST PREMIUM PAYMENT HAS BEEN COLLECTED

## ACCIDENTAL DEATH PLAN

Once the Insured named in the Schedule has agreed to pay the premium, Avon Insurance plc (the Company) will provide insurance in the terms of this policy during the Period of Insurance.

#### Benefit

The Company will pay to the estate of the Insured Person the Benefit upon death of that Insured Person, provided that death has resulted from, and within 365 days of, an accidental bodily injury occurring during the Period of Insurance.

The Benefit will be reduced by 50% in respect of any Insured Person who is aged between 75 years or above and under 80 years. No benefit will be payable for any Insured Person aged 80 years or above.

This Policy has no surrender or maturity value.

#### **Accidental Bodily Injury**

Accidental bodily injury means bodily injury resulting solely and directly from accidental external violent and visible means and does not include illness or disease or any naturally occurring condition or degenerative process.

#### **Insured Person**

The Insured Person means the Insured named in the Schedule.

#### Exclusions

The Company will not pay the Benefit for death resulting directly or indirectly from:

- 1) suicide, attempted suicide or intentional self-injury;
- an accident occurring while the Insured Person is under the influence of alcohol or of any drug not prescribed by a registered medical practitioner;
- flying or any form of airborne aerial activity, except while travelling on a recognised airline;
- 4) war, invasion or act of foreign enemy, hostilities (whether war is declared or not), terrorism in Northern Ireland, civil war, rebellion, revolution, insurrection or military or usurped power.

#### **Conditions**

#### 1 Occupation, travel or residence

The policy is free from all restrictions relating to occupation, travel or residence, with the exception of Exclusion 3.

#### 2 Non-Payment of Premiums

In the event of non-payment of the first premium, cover will not commence. In the event of non-payment of any subsequent premium, cover will lapse after one calendar month. In the event of a claim, any outstanding premium will be deducted from the Benefit payable.

### Notice and proof of claim

In the event of a claim, written notice must be given to the Company within 365 days of the date of death to the address below in Stratford-upon-Avon. The Company, upon receipt of such notice, will provide forms for filing proof of any claim. Written proof of accidental bodily injury must be provided to the Company.

#### The Direct Debit Guarantee

If you have elected to take this cover and have therefore completed the Direct Debit Instruction the Direct Debit Guarantee will apply to you.

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, Avon Insurance will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Avon Insurance or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to Avon Insurance.

The Policy and the Application form constitute the contract between the Insured and the Company. Insurance is only effective if the Insured is eligible for insurance and becomes and remains insured in accordance with the provisions, terms and conditions of this policy.

#### Please note

If you have any enquiry or complaint please contact Jill Milward, Avon Insurance plc, Stratford-upon-Avon: (01789) 200859\*. Please have ready the details of your policy and in particular your policy number to help us to deal with your enquiry speedily.

If you are not satisfied with the way in which your complaint has been dealt with, please write to the PA Plans Manager at Avon Insurance plc, Arden Street, Stratford-upon-Avon, CV37 6WA. If you are still not satisfied, please write to the General Manager at the same address. Should you remain dissatisfied, you have the right to ask the Financial Ombudsman to review your case. He can be contacted at the following address:

The Financial Ombudsman, The Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR. Telephone No. 0845 080 1800.

This will not affect your right to take legal action against Avon Insurance plc.

Avon Insurance plc are members of the General Insurance Standards Council (GISC), the ABI, and the FOS.

The parties to this contract have the right to choose the law applicable to it. In the absence of specific agreement, English Law will apply.

Please read this policy and make sure that it meets your requirements.

\* In order to maintain the highest levels of service, telephone calls may be monitored and recorded.

Signed on behalf of the Company





Alcu :

General Manager, Avon Insurance plc

Examined