

Your Demands and Needs Statement

"You have chosen AA Payment Protection Cover because **You** wish to protect **Your** finance commitment should **You** suffer an accident or sickness or unemployment or in the unfortunate event of death. **You** have not received a personal recommendation. The policy cover is based on the requirements **You** provided us. This is shown on **Your** policy documents and on the policy summary below."

Your Policy Summary Document

This document contains key information that you should read carefully

This summary does not contain the full terms and conditions of the Insurance Contract. Full details of the terms, conditions and exclusions of the Insurance Contract are contained in the Policy Document.

- (1) This insurance is underwritten by St Andrew's Life Assurance plc and St Andrew's Insurance plc.
- (2) Instalment Account Payment Protection Insurance providing Life, Accident and Sickness, Unemployment and Carer Cover.

In this Summary, "the Agreement" means **Your** AA Instalment Credit Agreement with Automobile Association Insurance Services Limited ("the Coverholder") under which **You** agree to pay by monthly instalments the sum due for the product or service arranged by and paid for on **Your** behalf by the **Coverholder**, and any other AA Instalment Credit Agreement which **You** may subsequently enter into with the **Coverholder** to finance (a) any additional sums that may become due in respect of the same product or service and/or (b) the sums due on any renewal of the same product or service.

- (3) Significant Features and Benefits
Eligibility

To be eligible for cover **You** must be the first named on the **Agreement**, in employment or **self-employed** and paying the correct class of National Insurance Contributions and have been so for the previous 6 months, over 18 and under 65 and a UK resident.

Life Insurance

We will pay the outstanding balance due under **Your Agreement** if **You** die up to a maximum of £10,000.

Accident and Sickness Insurance

We will pay an amount equal to the monthly instalment due under **Your Agreement** up to a maximum of £1,000 per month if **You** are unable to work due to accident or sickness. **You** will be eligible for this monthly benefit to be paid after **You** have been disabled for a continuous period of 30 days and further monthly benefits will become payable for each complete 30 days **You** are disabled until the next renewal date of the product or service paid for under the **Agreement**, after which **You** must return for work for at least 3 consecutive months before any further claim may be made.

Unemployment Insurance

We will pay an amount equal to the monthly instalment due under **Your Agreement** up to a maximum of £1,000 per month if **You** suffer involuntary unemployment. **You** will be eligible for this monthly benefit to be paid after **You** have been unemployed for a continuous period of 30 days And further monthly benefits will become payable for each complete 30 days **You** are unemployed until the next renewal date of the product or service paid for under the **Agreement**.

Carer Cover Insurance

If **Your** work ceases due to the need for **You** to become a **Carer** for a relative, **We** will pay an amount equal to the amount of outstanding monthly instalments payable up to the next renewal date of the product or service paid for under the **Agreement** at the date **You** become a **Carer** up to a maximum of £1,000 per month when added to any other cover **Carer** benefit underwritten by **Us** in respect of any other product or service paid for by the **Coverholder**. Once a payment has been made under this part of the policy the **Carer** cover part of the policy ceases.

- (4) Significant Exclusions

Disability resulting from a pre-existing or chronic medical condition, a mental or nervous disorder (e.g. depression) or stress related conditions. Please refer to the Policy Document Part 3 Benefits (b) Accident and Sickness Insurance.

Unemployment that is voluntary or **unemployment** that **You** are aware of at the start of cover. **Unemployment** that results from the expiry of a fixed term contract of employment, unless **You** have been employed on a yearly renewable contract which has been renewed at least once, or **You** have been in employment for a total unbroken period of 2 years or more with the same employer. Please refer to the Policy document Part 3 Benefits (c) Unemployment Insurance.

Carer cover – **We** will not pay benefit if work ceases for reasons not associated with becoming a **Carer**, if the sickness, disease, condition or injury of the person being cared for existed before the start date cover, or the community care assessment does not confirm that **Your** relative requires a **Carer**. Please refer to Part 3 Benefits (d) Carer Cover Insurance.

- (5) Other exclusions

Other exclusions and limitations apply to this policy. Please see the Policy Document Part 3 Benefits for full details.

- (6) Duration and Termination

Cover will continue until the date on which **Your Agreement** ceases with the Coverholder, or if earlier, the earliest of the following: **Your** death, the date **You** reach the age of 65, the date on which **You** permanently retire from work, the date on which a premium under this policy has remained unpaid by **You** for 30 days after it is due, or **You** cancel **Your** cover as set out below.

- (7) Claims Notification and Correspondence

All matters relating to claims should be sent to:

Claims Management Department,
PO Box 741,
Leeds,
LS1 9HB.
Telephone 0870 9010667
Fax 01372 479451.

- (8) Complaints

All complaints relating to this policy should be referred to:

Customer Liaison Manager,
St Andrew's Group plc,
PO Box 741,
Leeds,
LS1 9HB.
Telephone 0870 905 2146

Should **You** remain dissatisfied **Your** complaint may be referred to the Financial Ombudsman Service who will undertake an independent and impartial review of **Your** complaint. The address and telephone number is Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR Telephone 0845 080 1800.

- (9) Financial Services Compensation Scheme (FSCS)

The FSCS may assist **You** if **We** were, in some circumstances, unable to meet our liability to **You**. For claims against insurance firms, the first £2,000 of an insurance claim or policy is covered in full, plus 90% of the balance. For further details please contact the FSCS on 020 7892 7300 or enquiries@fscs.org.uk

YOUR RIGHTS TO CANCEL

You will, for a period of 30 days from the date **You** received **Your** Policy documentation, have a right to cancel this policy and receive a refund (unless **You** have made a total loss claim). This refund will be subject to a charge for the period of cover **You** have received, plus our reasonable administrative charges, except where cover has not commenced prior to the end of this 30 day period, in which case **You** will be entitled to a full refund of the premium **You** have paid. Beyond the above period, **You** will still be entitled to cancel this Policy, however further terms and conditions will apply in these circumstances. If **You** want to cancel **Your** cover, please write to AA Instalments at PO Box 669, Cardiff CF10 2YN.

Other Important Information

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

St Andrew's Life Assurance plc and St Andrew's Insurance plc are authorised and regulated by the Financial Services Authority. **You** can check this on the FSA register by visiting the FSA website www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234.

You incur no additional costs by arranging **Your** insurance by this method. English law will apply to the negotiations that take place prior to the conclusion of **Your** insurance contract.

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