

Membership Guide



Call us today on **0844 855 2170** or
email **advice@covermypayments.co.uk**

cover my payments

Peace of mind during your
Debt Management Plan



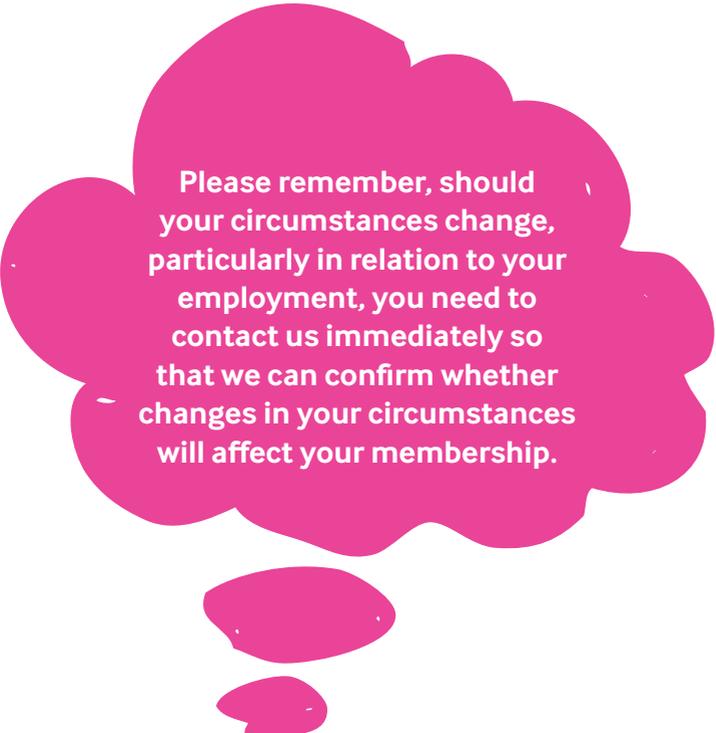
payplan[®]
for peace of mind

Terms & Conditions: All claims must be validated in accordance with claims procedure. By becoming a member of this Payplan Membership Scheme you are not entering into an Insurance contract. You can leave the scheme at your discretion.

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for peace of mind



Please remember, should your circumstances change, particularly in relation to your employment, you need to contact us immediately so that we can confirm whether changes in your circumstances will affect your membership.

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At Payplan, we're committed to providing you with sustainable repayment plans. We believe that if a repayment plan is realistic and achievable, you're more likely to stay on course.

Cover My Payments is a non-insurance membership scheme that will protect your monthly Debt Management Plan (DMP) repayments against loss of work through illness, accident or unemployment.

It provides peace of mind that your plan remains on track and that you won't have to negotiate with creditors while you are ill or unemployed as Cover My Payments may ensure that your payments continue, subject to the terms and conditions of the scheme.

As part of our commitment to you, the scheme also includes full membership of Working Transitions – the UK's leading independent telephone-based employment advice service, giving you free help in getting back to work. Better still, there are no extra costs on top of what you pay Payplan each month.

Important things to remember

Payplan has absolute discretion as to whether or not any creditor of the membership scheme will receive any contribution and as to the amount of the contribution.

- ✓ It is important that you read the General Exclusions as set out in this guide (see page 19-21).
- ✓ All benefit claims must be validated in accordance with the claims procedure.
- ✓ By becoming a member of Payplan Cover My Payments scheme, you are not entering an insurance contract.

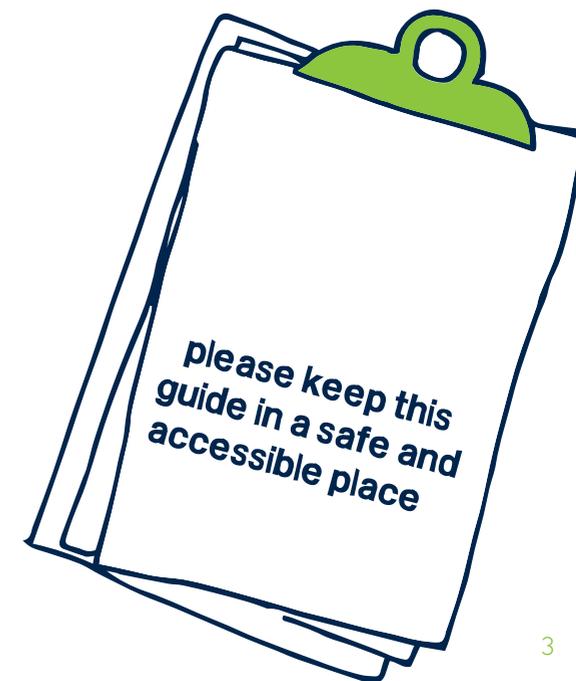
Your benefits at a glance

- No disruptions to your payments means good relationships with creditors
- Benefits paid monthly for up to twelve months
- Membership of Working Transitions for job hunting advice and free CV service
- We pay your creditors
- You concentrate on getting well or finding a new job

Benefits of Cover My Payments

By joining **Payplan's Cover My Payments scheme** and including a payment for **Cover My Payments** into **your** planned **DMP** payment, **you** become a **member**. As a **member** **you** are eligible for the benefits payable in accordance with this **scheme**, provided **you** meet the set criteria within this guide. The membership benefit is that **your** payments are covered if **you** lose **your** job or become unable to **work** through illness, accident or **unemployment**. If payments to **your creditors** stop at any time, they can reinstate interest and charges that may have been frozen and may also take legal action against **you**. Membership of **Cover My Payments** means **creditors** still receive their planned payment.

Your monthly contribution to the **Cover My Payments scheme** will be taken from **your DMP** payment - this is the money used by **Payplan** to pay all of **your creditors**. The **Cover My Payments scheme** is designed only for the benefit of **Payplan** Ltd clients.



How Cover My Payments supports you

Accident or Sickness

For details of exclusions to this membership scheme please turn to pages 19 - 21 of this guide

- If **you** are **working** and become **incapacitated** after the **start date** and before the **end date** for at least 30 continuous days, **we** will pay **your monthly benefit**.
- **You** will continue to receive an amount equal to one thirtieth of **your monthly benefit**, for each further day that **you** remain off **work** until the **end date** or **you** stop being **incapacitated** or **we** have paid 12 monthly benefits for each non related **incapacity** claim.
- **Incapacity** benefits will not start until **you** consult a **doctor**. However, if **you** complete a self-certification form (from your **employer**) for the first 7 days of **incapacity**, **you** will be classed as **incapacitated** for those 7 days.
- **We** will only pay **your monthly benefit** if a **doctor** is regularly treating **you** for the condition causing your **incapacity**.
- If **you** have made an **incapacity** claim which comes to an end for whatever reason, **you** will not be able to make another **incapacity** claim until **you** have been in continuous **work** for 30 days if the **incapacity** is different. If the **incapacity** is the same or related to the original **incapacity**, **you** will not be able to make another **incapacity** claim for 6 months.

We will continue to pay until the earliest of the following events: -

- a) The last consecutive day of your **incapacity**
- b) The date **you** stop providing proof that **you** remain continuously **incapacitated**
- c) **We** have made the maximum number of **monthly benefit** payments allowed in the **benefit period**
- d) **You** return to **work**
- e) **Your DMP** finishes.

Unemployment

- If **you** are **working** and become **unemployed** after the initial exclusion period and before the **end date** for at least 30 continuous days and register with Jobcentre Plus within fifteen days of your **unemployment**, **we** will pay **your monthly benefit**.
- **You** will continue to receive an amount equal to one thirtieth of **your monthly benefit** for each further day that **you** remain out of **work** until the **end date** or **you** stop being **unemployed** or **we** pay 12 monthly benefits for each **unemployment** claim.
- If two periods of **unemployment** are separated by 3 months or less, **we** will treat this as one continuous claim. **We** will not pay any benefit during any time **you** were **employed** between these periods.
- If the two periods of **unemployment** are separated by more than 3 months, **you** must return to **work** for a total of 6 continuous months before **you** can make another **unemployment** claim.
- If **you** are receiving **unemployment** benefit and want to start temporary **work** which will continue for less than 6 months, please let **us** have details in writing before **you** start this **work**. **We** will not pay any benefit during the period that **you** are not **unemployed**. However, when the temporary **work** finishes, your **unemployment** claim may continue and **we** will treat this as one continuous claim. The most **we** will pay for this continuous claim is 12 times the **monthly benefit** in total.

Cover My Payment summary

(membership benefit scheme)

Type of membership

If you suffer from an accident, sickness or unemployment and you are unable to maintain the payments to your Debt Management Plan (DMP), Payplan Membership Services will pay a monthly benefit that will be directly distributed to your creditors. Payplan has absolute discretion as to whether creditors will receive any benefit and the level of any benefit to be paid to creditors.

What is the benefit to me?

If you suffer from accident, sickness or unemployment and your ability to maintain payments to your DMP is affected, your payments may be maintained to your creditors and you need not default on your DMP. When a DMP defaults, some creditors re-introduce any interest and charges previously frozen. Therefore, if your payments to your DMP are maintained, interest and charges may not accrue

Am I eligible?

You will only be eligible for membership if you are:-

- Over age 18 but under age 65
- UK resident paying National Insurance Contributions
- In permanent employment (working a minimum of 16 hours per week)
- Not aware of any impending unemployment
- Employed, and have been in continuous employment for at least 6 months when you become a member of the scheme
- A contract worker on an annual contract that has been renewed at least once and you believe that it will continue to be renewed.

Self employed

Please read page 14 carefully to ensure the membership is appropriate for you

How much does it cost?

It depends how much surplus income you have, but it is calculated as follows:

- £6.00 per £100 of your regular contribution for one person
- £7.50 per £100 of your regular contribution for two people.

Who is the benefit paid to?

Benefits are paid direct to the creditors in your Payplan Debt Management Plan.

Key exclusions

The following are the main exclusions, please see pages 20-22 of the Membership Guide for full details of all of the exclusions that apply to this scheme:-

Accident and sickness

- Any pre-existing medical condition which was diagnosed, you knew about or had arranged to see a doctor about, in the 12 months prior to the start date of the scheme
- Any claim where you are incapacitated for less than 30 continuous days
- Backache and related conditions
- Normal pregnancy
- Mental or nervous conditions, including stress and depression
- Deliberate or self-inflicted injury, alcohol or drug abuse
- Medical treatment or operations not medically necessary, e.g. cosmetic surgery
- HIV/Aids whether contracted before or during your membership

Unemployment

- You cannot claim for unemployment under this scheme during the initial exclusion period of the first 60 days
- You accept voluntary redundancy or resign
- You are dismissed as a result of misconduct or breaking terms of your contract
- You are involved in strike or labour dispute
- You are aware of any impending unemployment on becoming a member of the scheme
- A benefit will not be paid if there is a period of two weeks or less where you were not employed
- Your fixed term contract ends
- Self Employed - reduction in business or temporarily cease to trade
- General exclusion - any incapacity or unemployment, which occurs whilst you are working outside of the UK.

When does my membership start?

Your membership starts as soon as your payment has cleared.

Who do I call if I need to claim a benefit?

If you need to make a claim, you need to notify Trent Services (Claims Benefit Administration) on 01285 626020.

You must notify us within 30 days of your unemployment, illness or accident, otherwise your claim may not be valid.

Contract duration

Your membership of the scheme starts when you make your payment to Payplan for your DMP and your first membership scheme contribution clears. Your membership will end at the earliest of the following events:-

- You die
- You permanently retire from work
- You reach 65 years of age
- You are no longer resident in the United Kingdom
- You default on your monthly contribution to Cover My Payments
- You cancel your membership
- Your DMP finishes.

What should I do if I want to complain?

Please telephone Payplan Membership Services on 0844 855 2170 or write to:-
Complaints Officer
Payplan Membership Services
Kempton House
Dysart Road
Grantham
Lincolnshire
NG31 7LE

What if I change my mind?

You can cancel your membership at any time. However, if you change your mind within the first 30 days of us receiving your first payment, we will issue you with a full refund. You must telephone 0844 855 2170 in order to cancel your membership.

Who can I call if I want more information?

If you have any further questions regarding the Payplan Membership Services Benefit Scheme you can call us on 0844 855 2170.

How to make a claim

I need to claim a benefit – what do I do?

If **you** think **you** may need to claim a benefit under this **scheme** **you** should:

Telephone the Benefit Handlers on **01285 626020** immediately.

This is important because if a claim for benefit is payable, we need to ensure it can be validated as quickly as possible so that payment can be made, on time, to your DMP account.



YOU MUST notify us of a claim within 30 days of the claim event date even if you are still receiving full pay.



We will then take details of the claim over the telephone and send **you** a claim form to complete. **You** must return this within 14 days.

You should not cancel your standing order with your bank for your usual DMP payments until your claim has been confirmed as valid. Should you have a valid claim and it comes to an end, please remember to instruct your bank with a new standing order mandate.

Claiming for unemployment

If **you** are in continuous **employment** and become **unemployed** after the **initial exclusion period** during the period of membership, **we** will pay one **monthly benefit** on the first day that **you** remain continuously **unemployed** when the next payment to **your DMP** becomes due. This may not be a full month's benefit as it will depend on the date **you** became **unemployed** as well as the date **you** are paid by **your employer**. After that **we**

will continue to pay one thirtieth of the **monthly benefit** for each day **you** remain continuously **unemployed**.

We will continue to pay until the earliest of the following events: -

- a) The last consecutive month of **your unemployment**
- b) The date **you** stop providing proof that **you** remain continuously **unemployed**
- c) **We** have made the maximum of 12 monthly payments
- d) **You permanently retire** from **work**
- e) **You** reach 65 years of age
- f) **Your DMP** finishes.

Claiming for incapacity (through accident or sickness)

If **you** are in continuous employment and become **incapacitated** during the period of membership and are unable to **work** for 30 days or more, **we** will pay one **monthly benefit** on the first day that **you** remain continuously **incapacitated** when the next payment to **your DMP** is due. This may not be a full month's benefit as it will depend on the date **you** became **incapacitated** as well as the date **you** are paid by **your employer**. After that **we** will continue to pay one thirtieth of the **monthly benefit** for each day **you** remain continuously **incapacitated**.

We will continue to pay until the earliest of the following events: -

- a) The last consecutive day of **your incapacity**
- b) The date **you** stop providing proof that **you** remain continuously **incapacitated**
- c) **We** have made the maximum of 12 monthly payments
- d) **You permanently retire** from **work**
- e) **You** reach 65 years of age
- f) **Your DMP** finishes.

What proof will I be expected to produce?

Once **you** have received the claim form, make sure **you** complete it carefully, accurately and in full. Send this back to **us** at the address on the form. **We** need to receive **your** claim form within 30 days of the date **your incapacity** or **unemployment** began, or as soon as possible after this.

YOU MUST notify us of a claim within 30 days of the claim event date. **We** cannot accept **your** claim if the event for which **you** are claiming occurred more than 12 months ago.

We may ask **you** to fill in a continuing or supplementary claim for benefit form at **your** own expense for each month **you** are claiming benefit. **You** must send this to **us** within 30 days of the date **we** last paid **your monthly benefit**, or as soon as possible after this. If this is late, it will delay payments to **your creditors** and may cause **you** to default.

When making a claim for benefit, **you** must give **us** all the evidence that **we** need (at **your** own expense) to support and prove **your** claim for benefit. Please provide this evidence in the way **we** ask. **We** may also ask **you** for additional information during **your** claim for benefit such as (but not limited to) being examined by a **doctor** (at **our** expense) or certificates from **your employer** confirming that **you** are not presently **working**, or a copy of the Jobseeker's Agreement that **you** signed with **your** local Jobcentre Plus office and a certificate from **your** last **employer** stating that **you** no longer **work** for them.

We will not pay **your** claim for benefit if **we** cannot validate it because **you** are late sending **us your** claim form or **you** fail to give **us** any additional information that **we** may reasonably request. Attempts to falsify any information provided to **us** may invalidate **your** claim for benefit and may result in **us** cancelling **your** membership of this **scheme** with immediate effect.

If **we** start to pay **monthly benefit** because **you** are **incapacitated** and **you** become **unemployed**, or **you** are **unemployed** and **you** become **incapacitated**, **you** must telephone the **benefit administrator** on the claims number listed at the back of this booklet and advise them without delay. **We** will take into consideration the fact that **you** have not been **working** because of **your unemployment** or **incapacity**. **We** will continue to pay **your incapacity** benefit while it remains valid. If **you** are still **unemployed** once a **doctor** declares **you** fit to return to **work**, **you** must tell **us**. **We** will ask **you** to complete an **unemployment** claim for benefit form. If **your** benefit changes, the maximum **we** will pay for both **your incapacity** and **unemployment** benefits combined is 12 times the **monthly benefit**.

If **you** are unable to meet **our** conditions for **incapacity** benefit, **you** can claim **unemployment** benefit once **you** are fit to **work**. **You** must let the **Benefit handler** know when **you** are no longer **incapacitated** and **you** must meet our conditions to claim **unemployment** benefit. If **your** claim is valid, the maximum **we** will pay is 12 times the **monthly benefit** which will include any **monthly benefit we** paid before **your incapacity** started.

During **your** claim for benefit, it is possible that the Benefit handler may arrange for an investigator to visit **you**. The purpose of this visit will be to gather details regarding **your** claim in order to ensure an accurate assessment. Please make **yourself** available for such a visit. If **you** fail to do so, no further benefit payments will be made.

How will any benefits be paid to me?

When a claim for a benefit has been investigated and agreed as valid, payments will be paid directly into **your DMP**, when the payment becomes due. Please make sure **you** let **us** know as soon as possible to ensure **we** maintain **your** payments to **your creditors**.

General questions and further details about my membership

Who is eligible?

You can join if, on the **start date**:

- You are over 18 but under 65 years of age
- You are **working** for more than 16 hours a week
- You are in permanent **employment**
- You have been **employed** by the same **employer** for the last six months
- You have paid the **monthly contribution** to become a **member**
- You have met the **scheme** criteria set out in the application
- You are resident in the **UK** and paying National Insurance contributions and **we** have accepted **your** application
- You are not aware of any illness, disease, condition or accident before the **start date** that may cause **you** to make a claim for **incapacity** and **you** are not aware of any impending **unemployment**. **You** may still be accepted as a **member**, but **we** will not pay benefits directly relating to **unemployment** which **you** were aware of in the 6 months prior to the **start date** nor will **we** pay benefits directly relating to the illness, disease, condition or accident which **you** were aware of or received treatment for 12 months prior to the **start date**.
- You are **Self Employed** and have accounts for a minimum of 6 months.

What if I change my mind?

If **you** change **your** mind and wish to cancel **your** membership, **you** can do so within 30 days of the **start date** or on receipt of **your member's** guide (whichever is first). **We** will refund any **monthly contribution you** may have paid. No refund of the **monthly contribution** will be made where a claim has been paid out under **Payplan's Cover My Payments scheme**.

When does my membership start?

Your membership starts as soon as **your** payment has cleared.

How much does Cover My Payments membership scheme cost ?

Your monthly contribution for **Cover My Payments** will be taken from the **planned payment you** make to **Payplan** every month. The remainder of **your planned payment** will be used to pay **your creditors** their agreed payment.

The monthly cost depends on how much **you** pay to **your creditors** every month and whether **your DMP** is in **your** name as an individual or in joint names.

As an individual, the cost to **you** is £6.00 for every £100. For joint membership, the cost is £7.50. To keep things clear, anything above or below a round £100 will be calculated on a pro-rata basis. For example, if **your planned payment** is £99.00 per month, the cost to be a sole **member** would be £5.94. If **you** are paying £200 per month to **Payplan** for distribution to **your creditors**, the cost of being a **scheme member to you** would be £12 per month.

The amount is calculated to allow payments into the plan to continue should **you** become **unemployed, incapacitated** due to sickness or unable to **work** following an accident. To be eligible for the benefits of the membership **scheme, your planned payments** must continue to be made into the **Debt Management Plan**.

What if there are two of us?

If there are two of **you, you** need to consider the following:

- If there are two of **you** in the **Debt Management Plan** and only one of **you** wants to apply to be a **member** of the **scheme, you** may decide to nominate the person who pays the highest share of their income for distribution to **creditors**. However, if anything happens to the other person (who has applied for membership), no benefits can be claimed from the **scheme**.
- **You** can both become **members** but this will affect the monthly fee. If **you** choose this option, it will cost £7.50 per £100. The second member, who usually has the lowest income, will get **unemployment** payment benefit for a six month period while the first member will get the full 12 month benefit. If both **members** choose to take cover and need to claim benefits at the same time, only one **surplus** amount would be paid.

Note: If **you** are including income from an individual who does not have any debts included within the plan, this person is not eligible for any of the **member** benefits. If he or she becomes **unemployed** or sick, and this affects **your** ability to make payments, no **benefit** can be claimed from **your** membership.

What if I'm self-employed

If **you** are **self-employed**, **you** will not be covered for loss of income due to a reduction or decrease in **business** over quiet periods. As a **member** of the **scheme**, benefit may be payable in the event that **you cease to trade**.

To make a claim, **your business** must have permanently ceased trading and **you** must be registered with Jobcentre Plus within fifteen days of **unemployment** and have informed the Inland Revenue that **you** are no longer in **business**.

For all **unemployment** claims **we** will continue to pay until the earliest of the following events:

- a) The last consecutive day of **your unemployment**
- b) The date **you** stop providing proof that **you** remain continuously **unemployed**
- c) **We** have made the maximum number of **monthly benefit** payments allowed in the **benefit period**
- d) **You** return to **work**
- e) **Your DMP** finishes.

What if I miss a payment?

Please be reassured that **your** membership will NOT end automatically if **you** miss **your monthly contribution**. **You** will be notified of **your** first missed payment. If payment is still not received, **you** will be given reasonable notice before **we** cancel **your** membership. Should **you** wish to cancel **your** membership, please remember to inform **us** or **we** will continue to deduct contributions which are non-refundable.

We reserve the right to withdraw the **scheme** or refuse a valid claim for benefit should any **monthly contribution** not be met within 30 days of its due date.

What if I decide to cancel my membership?

To cancel **your** membership, **you** will need to call **us** on 08448 552 170. **We** will cancel **Payplan Cover My Payments** with effect from the date when **your** next **monthly contribution** is payable. No pro-rata fees will be refunded, only full monthly payments. Any refunds will be paid into **your DMP** and not directly to **you**.

What if my circumstances change?

You need to telephone **us** immediately so that **we** can confirm whether changes in **your** circumstances will affect **your** membership. **We** cannot make changes to the **monthly contribution** mid term: this can only be amended after every full 12 month period. If the amount **you** pay into **your DMP** changes, **we** will need to be advised so that **we** can adjust **your monthly contribution** accordingly.

We do recommend that **you** review **your** personal circumstances regularly to ensure that this plan is still relevant to **your** needs. If **you** are unsure about what constitutes change, please call **us** on 0844 8552170.

Do I need to renew my membership every year?

You will continue to be a **member** of the **scheme** unless **you** tell **us** **you** want to cancel membership.

Otherwise it will only cease if:

- 1) **You** die
- 2) **You** permanently retire from **work**
- 3) **You** reach 65 years of age
- 4) **You** are no longer resident in the **United Kingdom**
- 5) **You** default on **your** contributions to the **scheme** or if **you** reach **your end date**
- 6) **Your DMP** finishes.
- 7) **You** are no longer paying National Insurance contributions

Are there any exclusions to the scheme?

To be a **member** of the **scheme** and eligible to claim its benefits, **you** must not be aware of any illness, disease, condition or accident before the **start date** that may cause **you** to make a claim for **incapacity** and **you** must not be aware of any impending **unemployment**. **We** may still accept **you** as a **member** if **you** are aware of any of these events. However, **we** will not pay benefits directly relating to any **unemployment** of which **you** were aware in the 6 months before the **start date** nor will **we** pay benefits directly relating to the illness, disease, condition or accident which **you** were aware of or received treatment for 12 months before the **start date**.

IMPORTANT INFORMATION

Data protection

The information **you** have given **us** will only be used for the purposes of processing **your Payplan Cover My Payments scheme** including administration and handling. **We** comply with the principles laid down in the Data Protection Act whilst processing **your** information. **We** will process and store **your** information in a clear, secure, fair, accurate and appropriate manner and will not sell it or pass it on to anyone at all without **your** permission, as mentioned below and **we** will only keep the information for as long as necessary, whilst maintaining **your** rights as an individual. It is important that **we** have up to date information so please do let **us** know straight away about any changes in **your** circumstances.

Please make sure **you** provide any information likely to influence the acceptance and assessment of **Payplan Cover My Payments scheme**. If **you** have any doubts as to whether information is important or relevant, tell **us** anyway. Failure to disclose relevant information may invalidate membership of the **Cover My Payments scheme**.

If **you** give **us** false or inaccurate information and **we** suspect or identify fraud **we** will record this and may also pass this information to fraud prevention agencies and other organisations involved in crime and fraud prevention.

To ensure **Payplan Cover My Payments scheme** operates effectively and to protect **your** interests, **we** may disclose **your** personal data to other parties such as solicitors, loss adjusters, insurers, etc. If necessary, **we** may contact other parties requesting sensitive data – this might include **doctors, hospitals, consultants**, employers, etc, **we** will only contact these parties to enable **us** to obtain sufficient information to effectively administer the **scheme**, but **we** won't do this without **your** prior consent.

Law

If **you** are a resident of the European Union, then the parties completing this contract are free to choose the law applicable to this contract. However, unless it is specifically agreed to the contrary, this **scheme** shall be subject to English law.

Fraud

If **you** have given false information to **us** on or before the **start date** on **your** claim for benefit form or in connection with **Payplan Cover My Payments scheme**, or any claim for benefit made, **we** may cancel **your** membership immediately. **We** may demand the repayment of any benefits **we** have already paid **you** and also take steps to prosecute **you**. **We** will keep the **monthly contribution you** have paid **us**.

General conditions

1. This **scheme** and any written statement of medical or other information made by **you** make up the membership terms and conditions between **us** and **you**.
2. No alterations, variations, or relaxation of any of the terms of this contract can be made except in writing by one or more of **our** authorised employees.
3. The parties to this contract may choose the law, which shall govern it. In the absence of any agreement to the contrary this **scheme** is subject to English law.
4. If at any time any provision or part thereof of this contract become invalid, illegal, or unenforceable the remaining parts and/or provisions shall continue in full force and effect.
5. All benefits under **Payplan Cover My Payments** are non-taxable, although this may change in line with any amendments to legislation. In this event, **we** will deduct from any **monthly benefit** any sums which by law **we** are required to deduct.
6. It is hereby understood and agreed that Pursuant to Section 1(a) and Section 1(2) of the Contracts (Rights of Third Parties) Act 1999, nothing in this agreement is intended to confer a directly enforceable benefit on any party or third party.
7. Any omission, misrepresentation or false statement of fact in **your** application for this plan or any claim for benefit could affect the payment of benefits under this **Payplan Cover My Payments**. An important fact is one, which is likely to influence the acceptance of **your** application or claim for benefit under this plan. If **you** are uncertain whether a fact is important **you** should declare it. If **you** make a claim for benefit which **we** consider to be fraudulent or exaggerated, all benefits under this contract will be lost and **we** will seek to recover any benefits paid under that claim.
8. Membership under this **Payplan Cover My Payments** will end and all monthly benefits will stop automatically if **you** die or, **your DMP** ends, or when **you** reach the age of 65 or permanently retire or, no longer reside in the UK, when **you** miss paying **monthly contribution(s)** which may be due to **us** under this **scheme**.
9. If **your** membership is joint and one of **you** reaches 65 or permanently retires, that person will no longer be eligible for membership benefits. If **you** write and tell **us** about this however, the remaining member can then receive all the **monthly benefit** if a claim for benefit needs to be made provided they are paying the full **monthly contribution** and meet the criteria set out in this wording.
10. **You** may not transfer or assign **your** rights or interest in **Payplan Cover My Payments** to any other person. **Cover My Payments** does not have any value at the **end date** nor does it acquire any surrender value during the period of membership.

11. **We** reserve the right to amend the terms of the monthly contribution paid into this **scheme** by giving **you** notice of our intention to do so as follows;

90 days notice - to withdraw, terminate or cancel the membership

30 days notice - to vary the membership terms provided, alter the monthly contribution rates (other than any statutory tax changes) charged during the period of membership.

General exclusions

We will not pay any benefit if **your unemployment** or **incapacity** results directly or indirectly from any of the following:

1. Any **incapacity** or **unemployment** which occurs while **you** are **working** outside of the **United Kingdom** unless **you** are **working** for the British Armed Forces, or as a civil servant in a British Embassy or Consulate, or unless **you** are **working** on a specific project for less than 30 days outside the **United Kingdom** and were actually outside the **United Kingdom** for less than 30 days.
2. War, invasion, acts of foreign enemies, hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, terrorist activity of any kind.
3. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
4. HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome), even if contracted after the **start date of your** membership.
5. Pandemics/Epidemics - outbreak of a contagious disease that spreads rapidly and widely.

We do recommend that **you** review **your** personal circumstances regularly to ensure that this plan is still relevant to **your** needs. If **you** are unsure about what constitutes change, please call **us**.

What is not covered for accident or sickness

Benefit will not be paid for:

1. Any **pre-existing medical condition**. This means any condition, accident, illness, disease or related conditions and/or associated symptoms, whether diagnosed or not, which in the 12 month period immediately prior to the date **your** plan began that:
 - **You** knew about, or should reasonably have known about, or
 - **You** had seen, or arranged to see, a **doctor** about.

This exclusion will not apply if **you** then remain symptom free and have not had to seek treatment or advice for a continuous period of 24 months.
2. Backache and related conditions, unless there is additional medical evidence (for example, an MRI scan) of abnormality which **we** will require to see evidence to validate **your** claim for benefit. Or if **your incapacity** arises directly or indirectly from a back related condition where there is no physical or radiological evidence of medical abnormality, unless a **consultant** certifies that the condition prevents **you** from **working**.
3. Normal pregnancy conditions causing morning sickness or fatigue, childbirth or maternity leave. Pathological conditions lasting longer than 30 days and diagnosed by a member of the **Royal College of Obstetricians** are not excluded and neither are any other abnormalities during normal pregnancy.
4. Any condition of a mental or nervous origin including stress, anxiety or stress related conditions including depression, unless **we** validate **your** claim for benefit by reference to additional specialist medical evidence which **we** will require. The condition must have been diagnosed by a **consultant** psychiatrist who regularly treats **you** and under whose continued supervision **you** should be.
5. Deliberate self-inflicted bodily injury or alcohol or drug abuse, caused while sane or insane. This includes alcohol or drugs not taken under the advice or supervision of a **doctor**.
6. Medical operations or treatments, which are not medically necessary, including cosmetic or beauty treatments unless this is the result of an accident where **your doctor** recommends **you** have cosmetic treatment.
7. HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome), even if contracted after the **start date** of **your** membership.

What is not covered for unemployment

Benefit will not be paid if:

1. **You** were not in continuous **employment** for at least 6 months before **your** first period of **unemployment**.
2. There was a period of two weeks or less where **you** were not **employed**. This will not be counted as a break in **your employment**.
3. **You** are notified of **unemployment** within the **initial exclusion period** even though **your unemployment** may not take place until after this period.
4. **Your work** is seasonal or of a temporary nature, or **your** pay is made up only of commission.
5. **Your** fixed term contract ends, unless **you** meet the conditions set out in the definition of **contract employment**.
6. **Your** income is reduced due to change of **work**, demotion or going from full-time to part-time **work**.
7. **You** reach the end of an apprenticeship or training contract.
8. **You** are **self-employed** and **your business** temporarily stops trading.
9. **You** accept voluntary redundancy, resign or retire
10. **You** are **dismissed** by **your employer** as a result of **misconduct**, or breaking **your** contract.
11. **You** are involved in a strike or labour dispute.
12. **You** were aware of the possibility of impending **unemployment** (or in our reasonable opinion **you** should have been aware) at the **start date** of this **scheme** or within the initial exclusion period, even if no specific reference had been made to **your** personal situation and **your unemployment** may not take place until after the **initial exclusion period**.
13. **You** choose to **work** fewer hours or accept a job at a lower rate of pay. **Cover My Payments** will not make up the difference in **your** reduced income.
14. **Your** job is subject to a probationary period and **you** fail to pass this period and **your employment** is terminated for this reason.

Definitions

Wherever the following words and phrases appear in this booklet or the **membership confirmation** they will always have the same meaning, as shown below:

Benefit Administrator - for **your scheme**, this is Trent Services, Trent Lodge, Stroud Road, Cirencester, Gloucestershire, GL7 6JN. Tel: 01285 626020. Fax: 01285 626031. Email: claims@trent-services.co.uk

Benefit Period - the maximum number of **monthly benefit** payments that would be payable for any one period of **claim** for benefit as shown on **your membership confirmation**.

Business - a trade, industry or profession owned and operated by **you** either alone or in association with others and which is registered in the **United Kingdom**.

Ceases to Trade - the permanent total cessation of **your business** caused entirely by circumstances beyond **your** control or the control of any director or partner in **your business**.

Claim Event Date - the date that the event **you** are claiming for first occurred e.g the date **you** were made redundant, became **unemployed, incapacitated** or **disabled**.

College - represents the Royal **College** of Surgeons, the Royal **College** of Physicians or any other Royal **College** of medical practitioners.

Company Director - a director who directly or indirectly owns 10% or more of the issued share capital of the company or a relative of a director who is **working** for the same company as **you** and who directly or indirectly owns more than 10% of the issued share capital of that company.

Consultant - a medical specialist who is a member of a **college** and recognised by that **college** to be a **consultant**. This does not include **you** or **your** relatives.

Contract Employment - **you** are **employed** on a regularly renewable or individually negotiated employment contract which is annually renewable and has been renewed at least once, or **you** have been under contract with the same **employer** for at least 24 months. **You** will be defined as being in **work**, if **you** have been **employed** for at least 6 months with the same **employer** and **your** contract has been renewed at least twice. Membership benefit is payable if the contract is terminated early but only up to the end of the contract term.

Creditors - the companies/people to whom **you** owe money and who **you** are repaying via an **DMP**.

Debt Management Plan (DMP) - the informal agreement you have in place with **your creditors** arranged by **Payplan** in order to pay your **creditors**.

Disabled - a disability/condition which is preventing **you** from **working**.

Dismissed - **you** are **employed** and **your** employment is terminated due to circumstances which may be beyond **your** control.

Doctor - a medical practitioner practising in the **United Kingdom** being a fully registered person under the Medical Act 1983, other than **you, your** spouse or any of **your** relatives.

Employed or **Employment** - **you** are in **permanent employment** of at least 16 hours per week and **your employer** is deducting P.A.Y.E. Tax and National Insurance Contributions on **your** behalf.

End Date - the earliest of the following to occur:

- a) **You** die
- b) **You** permanently retire from work
- c) **You** reach 65 years of age
- d) **You** are no longer resident in the **United Kingdom**
- e) **You** default on **your monthly contribution** to **Cover My Payments**
- f) **Your DMP** finishes.

Hospital - a government controlled **hospital**, a National Health Service **hospital** or a private **hospital** but will not apply to any long-term nursing home or geriatric unit or any such facility.

Hospitalisation - **you** are confined to a **hospital** during the **period of membership** on the recommendation of a **doctor** due to **incapacity**.

Incapacity or **Incapacitated** - means **you** are unable to **work** due to an illness, disease, condition or accident, certified by a **doctor** in the **United Kingdom**, which stops **you** from doing **your** job or any similar job. It must also stop **you** from doing any paid **work** that **your** experience, education or training reasonably qualifies **you** to do. If **you** are **self-employed**, an **incapacity** must stop **you** from helping, managing or carrying out any part of the day-to-day running of **your business**.

Initial Exclusion Period - the **60 days** immediately following the **start date** of this **plan** when **you** cannot claim for **unemployment**.

Joint Applicants - two people who are responsible for the regular monthly payments stated in the **membership confirmation**.

Maximum Payment - maximum benefit has been paid out which is 12 times the **monthly benefit**.

Member/s - an individual who has joined **Payplan Cover My Payments** and in this wording refers only to **members** of **Cover My Payments**.

Membership Confirmation - the document supplied to **members** outlining the terms and conditions of **your** membership.

Misconduct - being dismissed from **your employment** as a result of, but not limited to, theft, fraud, alcohol/drug abuse, sex offences, harassment and/or discriminatory behaviour.

Monthly Benefit - the amount of benefit as shown on **your membership confirmation** which is determined by the amount **you** pay to **your creditors** via **Payplan**.

Monthly Contribution - the amount **you** pay to be a **member** of this **scheme** as set out on **your membership confirmation**.

Payplan - Payplan Ltd.

Payplan Cover My Payments - an optional and absolute discretionary non-insurance contract which provides membership benefits in accordance with the conditions and terms set out within this booklet.

Period of Membership - the period between the membership **start date** and the **end date** for which the correct fee has been paid.

Permanent Employment - **you** are **employed** on a permanent basis and **your** job has no fixed or predefined finishing date other than the normal retirement age for **your** occupation or **you** have been in continuous **employment** either on a yearly contract which has been renewed at least once or on a renewable fixed term contract with the same **employer** for at least 2 continuous years.

Permanently Retired - **you** have stopped **working** and **you** have no intention of returning to **work** in the future.

Planned Payment - the amount of money **you** have left every month once **you** have paid all of **your** essential bills e.g. mortgage, rent, utilities.

Pre-Existing Medical Condition - any sickness, condition or accident of which **you** were aware and for which **you** received treatment or advice (including regular or routine examination or consultations to monitor the condition) in the 12 months prior to the membership **start date**.

Scheme - a non insurance absolute discretionary membership benefits **scheme**, to provide a benefit payment in accordance with the conditions and terms set out in this booklet.

Self-employed - **you** are helping with, managing or carrying on a **business** in the **United Kingdom** and are liable to pay tax under **Schedule D** Case I, II, IV and V of the Income and Corporation Taxes Act 1988. **We** will also consider **you** to be **self-employed** if **you** are a partner in a partnership or a person who exercises direct or indirect control over a company (but not necessarily the majority shareholder or holder of the majority voting rights) or, if **you** are **working** for a **business** or company which is in any way connected with a relative (by blood or marriage) who has control over that **business** or company.

Start Date - the date cover commences on **your membership confirmation**, after **you** have made **your** first payment into **your DMP** and that payment has cleared.

Surplus Payment - the amount **you** pay on a regular basis to **Payplan** for distribution to **your creditors** and to cover the cost of **your** membership **scheme/s**.

Unemployed or Unemployment - a period during which **you** must inclusively be:

- receiving Income Support, Job Seeker's Allowance or **you** do not qualify for these benefits because **you** have been entitled to make reduced National Insurance Contributions in the past
- actively seeking **work**
- registered as available for **work** at a Jobcentre Plus
- entirely without **work**
- not in receipt of wages in lieu of notice.

If **you** are **self-employed** **you** must comply with (a) to (e) above, and have **ceased to trade** and if **you** are a **company director**, **your** company has been wound up by a **creditor** who is not a director of that company.

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

UK Resident - **you** must permanently reside within the **UK** and be paying National Insurance contributions.

We or **Us** or **Our** - **Payplan** Membership Services.

Work or **Working** - gainful **contract employment**, **permanent employment** or **self-employment** for sixteen hours or more each week. **You** must also be paying the appropriate National Insurance contributions.

You or **Your** or **Yourself** - the person or persons named on **your membership confirmation**.



For general queries relating to Payplan Cover My Payments:

contact **us** at the address below by letter, telephone or email:

Payplan Membership Services
Kempton House
Dysart Road
Grantham
Lincolnshire
NG31 7LE

Tel: 0844 855 2170
Email: advice@covermypayments.co.uk

Customer satisfaction

If **you** have a complaint related to this **scheme**, please contact the Complaints Officer in writing at the address below:

Complaints Officer
Payplan Membership Services
Kempton House
Dysart Road
Grantham
Lincolnshire
NG31 7LE

In **your** letter, please quote **your** ID Number so that **your** enquiry or complaint may be dealt with promptly.

If **you** are still not satisfied with the way that **your** enquiry or complaint has been dealt with, **you** may contact The Compliance Manager, also at the above address.

A full copy of the complaint procedure is available on request.

Notes

Notes