



Lloyds Bank Credit Card Repayment Cover

Policy Booklet

By your side



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Lloyds Bank Credit Card Repayment Cover

This policy booklet and your policy schedule make up your agreement with us. You should read both to make sure you understand your policy and keep them safe.













This policy is designed to provide credit card repayment cover should you not be able to work if you have an accident, get sick, become unemployed or need to stay in hospital. It also provides cover in the event of your death.

Your policy schedule tells you what cover you have and the limits that apply to your cover.

Your policy is underwritten by Lloyds Bank General Insurance Limited for accident, sickness, unemployment and hospitalisation cover. For life cover, your policy is underwritten by Scottish Widows Limited.

You may end your policy at any time by contacting your credit card provider on 0345 602 4534. You'll not receive a refund of any of your monthly premium.

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1. Words and phrases with a special meaning

Some of the words **we** use in this booklet have special meanings. **We**'ve highlighted them in bold print and explained what they mean below.

Accident	An injury which stops you from working and doing your job, a similar job, or any other job which your experience, education or training reasonably allows you to do.
Agreement	Your credit card agreement.
Carer	Your only reason for stopping work is to care full-time for a relative .
Doctor	A registered medical practitioner with full registration with the General Medical Council, practising in the UK , other than you or any of your relatives .
End date	The date your cover ends as listed within 'Section 11. How cover will end and cancelling your policy' of this booklet.
Hospital	A lawfully operated establishment in the UK (other than a convalescent, nursing or rest home, or convalescent, nursing or self-care or rest section or unit of a hospital) which has accommodation for resident patients with organised facilities for diagnosis and major surgery and which provides a 24 hours a day nursing service by registered nurses. This also includes rehabilitation centres.
Hospitalised/ Hospitalisation	You 're confined to a hospital on the recommendation of a doctor due to psychological illness or physical illness or injury.
Life Cover	Insurance which pays out in the event of your death.
Maximum period of claim	This will be 6 months and is the most you 'll receive for any one claim.
Monthly benefit	20% of your outstanding balance up to a maximum of £5,000. If your claim finishes part way through a month we 'll pay one thirtieth of your monthly benefit for each day of that month up to the date your claim ends.
Monthly premium	The amount, including any Insurance Premium Tax or any other tax or levy applied to insurance premiums, you pay under your policy to: <ul style="list-style-type: none"> ▪ Scottish Widows Limited for any life cover. ▪ Lloyds Bank General Insurance Limited for accident and sickness, unemployment and hospitalisation cover. Together these are the amount stated on your monthly Credit Card statement.

Notice	When you 're told either verbally or in writing: <ul style="list-style-type: none"> ▪ Of your impending unemployment, by or on behalf of your employer or by a trade union official. Or you tell your employer either verbally or in writing that you're leaving to become a carer. ▪ Of your impending hospitalisation, given either by or on behalf of a doctor or a hospital. ▪ By or on behalf of a doctor or hospital of any impending absence from work because of your current accident or sickness. Or, up to 7 days earlier if you've self-certified.
Outstanding balance	The total amount you owe to your lender under the agreement at: <ul style="list-style-type: none"> ▪ The date of your death for a claim under life cover. ▪ The date of notice for a claim under accident and sickness, unemployment or hospitalisation cover. The total amount you owe will be less any payments you 've missed and any interest on them. The most we 'll pay is £25,000.
Partner	<ul style="list-style-type: none"> ▪ Your husband or wife. ▪ Your civil partner. ▪ You're living together as a couple and are not married.
Period of cover	The period between the start date and the end date .
Permanently retire	You 've stopped working and you 've no intention to return to work .
Policy	Your credit card repayment cover, which consists of your policy schedule and this booklet. This booklet contains the terms and conditions of your policy and explains how it works.
Policy schedule	The information that we send you , setting out details of your cover.
Relative(s)	Your partner , your parent or your child.
Self-employed	You 're self-employed if you 're: <ul style="list-style-type: none"> ▪ Helping with, managing or carrying on business in the UK and you're: <ul style="list-style-type: none"> – A sole trader. – A partner in a partnership. – A person who exercises direct or indirect control over a company. This might not be the majority shareholder or holder of the majority voting rights. – Working for a company and in any way connected with a person who has control, as referred to above, over that company. For example, you're one of his or her family.

Words and phrases with a special meaning (continued)



Sick/Sickness	A sickness, disease or condition which stops you from working and doing your job, a similar job or any other job which your experience, education or training reasonably allows you to do.
Start date	The date on which the cover under your policy started as shown in your policy schedule .
UK	The United Kingdom, Channel Islands and the Isle of Man.
Unemployed/ Unemployment	You're unemployed, that is; in unemployment, when you're : <ul style="list-style-type: none">▪ Out of work involuntarily and actively seeking work.▪ Out of work voluntarily to become a carer.
We/Us/Our	<ul style="list-style-type: none">▪ For accident and sickness, unemployment and hospitalisation cover Lloyds Bank General Insurance Limited.▪ For life cover Scottish Widows Limited.
Work/Working	You're working if you're : <ul style="list-style-type: none">▪ In paid work under a contract of employment.▪ A director.▪ Self-employed. You must be paying the appropriate class of UK National Insurance or Social Security contributions. If you're on holiday or statutory maternity leave, you're still working.
You/Your	The person(s) named on the policy schedule as the policyholder.

2. Things you need to know



Your eligibility:

You're eligible for this **policy**, if at the **start date** all the points below apply to **you**:

- **You're** aged 18 or over but under 75.
- **You're** living in the **UK**, or a member of the armed forces or the Civil Service serving abroad.
- **You're** the first named holder of the **agreement**.
- **You're** **working**.

Your monthly premium

- **Your policy** is paid for on a month-by-month basis and will continue until the **end date**.
- **You'll** only pay a **monthly premium** when there is an **outstanding balance** on **your agreement**.
- **You** must pay **your monthly premium** monthly in arrears.
- **You** must continue to pay **your monthly premium** while **we're** assessing and paying **your** claim.

Your benefit payment

- **We'll** not pay any **monthly benefit** or **outstanding balance** under this **policy** if there's no **outstanding balance** on **your agreement**.
- **Monthly benefit** payable under this **policy** is paid monthly in arrears.
- **Your monthly benefit** or **outstanding balance** will be paid directly to the lender of **your agreement**.

If **you** or anyone acting on **your** behalf gives **us** any information which is wrong or if **you** don't tell **us** any information which might reasonably affect **our** decision to cover **you**, this may affect **your** right to any benefit under this **policy**.

State Benefits

If **you** make a claim under this **policy** and apply for any State Benefit, some, or all, of the claim payment may be treated as income when calculating **your** benefit entitlement. If **you** have any queries regarding benefits, please contact the relevant Government Department.

How changes during the lifetime of **your policy** may affect **your** cover

It's **your** responsibility to ensure that this **policy** continues to meet **your** needs should **your** personal circumstances change. If they do, this could affect **your** eligibility for this **policy** and the cover that applies to **you**. Here's some examples of the changes **you** should tell **us** about:

- **You** **permanently retire** from **work**.
- **You** leave the **UK** to permanently live abroad.
- **Your** employment changes and becomes voluntary or temporary.

Things you need to know (continued)



Making sure **your** details are correct

It's important that the details **we** have for **you** are accurate and complete. If anything on **your** documents look wrong or if anything changes, call **your** credit card provider straight away on **0345 602 4534**. If **you** don't:

- **You** may have a **policy** that is no longer suitable for **you**.
- **We** might not be able to pay some or all of **your** claim.

Fraud

We rely on **you**, and anyone acting for **you**, being honest with **us**. **We** won't pay a claim if:

- It's fraudulent.
- It's exaggerated.
- Untrue information has knowingly been given to **us**.

We'll also:

- Cancel **your policy** from the date it happened, and **we** won't refund any of **your monthly premium**.
- Recover any payments **we've** made after the fraud, or as part of any fraudulent or exaggerated claim.

Choice of law and jurisdiction

Your home must be in the **UK**. This **policy** is governed by the law where **your** home is located. Any dispute about this **policy** will be dealt with by the courts there.

Accepting instructions

We may not accept any instruction, request or notice until **we** receive any documents, information and agreements **we've** asked for.

Transferring rights under this **policy**

You may not transfer any of **your** rights or duties under this **policy**.

We may transfer any or all of **our** rights or duties under this **policy** to another organisation.

We may also arrange for any other person to carry out **our** rights or duties under this **policy**.

Change of Insurer

We reserve the right to offer **you** new services and to engage a new insurance provider for part or all of **your policy**, by letting **you** know in writing, if:

- **We** offer **you** a similar alternative product which does not significantly disadvantage **you**, **we'll** let **you** know at least 30 days' before.
- **We're** unable to offer **you** a similar alternative product, **we'll** let **you** know at least 90 days' before.



Enforcing the conditions

If **we** delay in enforcing any term which forms part of these conditions, this will not affect **our** right to enforce it or the rest of those terms. If **we** choose not to enforce any term which forms part of these conditions, this will not affect **our** right to enforce the rest of those terms.

Each paragraph and sub-paragraph in these conditions is separate from the others. This means that if **we** can't enforce any one paragraph or sub-paragraph in these conditions, this will not affect **our** right to enforce any other paragraph or sub-paragraph.

Rights of third parties

A person who is not a party to this **policy** has no right under the Contracts (Rights of third parties) Act 1999 to enforce any term of this **policy** but this does not affect the right or remedy of a third party which exists or is available apart from that Act.

3. Accident and Sickness Cover



✓ We'll pay your claim if:

You're working and aged under 70 and **you** have an **accident** or get **sick** during the **period of cover** for 15 days in a row. After 15 days, **we'll** pay **monthly benefit** starting from the first day of **your accident** or **sickness**. **Your** next payment will be due on day 60.

We'll pay **monthly benefit** until the earlier of the following:

- The **end date**.
- The date when **your accident** or **sickness** ends, or **you** fail to provide evidence of **your accident** or **sickness**.
- The date **we've** paid **monthly benefit** equal to the **maximum period of claim**.

By 'evidence' **we** mean:

- **Doctor's** statements and/or medical certificates. **You** can self-certify for the first 7 days.
- Any other evidence **we** may ask for to prove **your** claim as detailed in 'Section 8. How to claim'.

Points to note

If **you** have an **accident** or get **sick** and this lasts for less than 15 days in a row **you'll** not be able to claim under this cover.

You can make more than one **accident** or **sickness** claim, however:

- If **your** claim relates to the same **accident** or **sickness** and is separated by 90 days or less or a different **accident** or **sickness** and is separated by 30 days or less, **your** previous claim will continue. **We'll** not pay **you** for the period in between where **you** were certified as fit to **work** by a **doctor**. The most **we'll** pay in total for this continuous claim is the **maximum period of claim**.
- **You** can't make a new claim until **you've** been certified as fit to **work** by a **doctor** for:
 - More than 90 days in a row if **your** claim relates to the same **accident** or **sickness**.
 - More than 30 days in a row if **your** claim relates to a different **accident** or **sickness**.

✗ We won't pay your claim if:

- It's as a result of cosmetic surgery unless medically necessary. For example, reconstructive.

4. Unemployment Cover



✓ We'll pay your claim if:

You're working and aged under 70 and **you** become **unemployed** during the **period of cover** for 15 days in a row. After 15 days, **we'll** pay **monthly benefit** starting from the first day of **your unemployment**. **Your** next payment will be due on day 60.

We'll pay **monthly benefit** until the earlier of the following:

- The **end date**.
- The date when **you're** no longer **unemployed** or **you** fail to provide evidence that **you're unemployed**.
- The date **we've** paid **monthly benefit** equal to the **maximum period of claim**.

By 'evidence' **we** mean:

- Where **you're** out of **work** involuntarily, **you** must be receiving or waiting for payment of a state benefit within the **UK** that supports **you** to find **work** – such as Jobseeker's Allowance or Universal Credit. If not eligible, **you** must provide **us** with other proof that **you're** actively seeking **work**. This could include copies of job applications, responses and registration with job agencies.
- If **you're** a **carer** **you** must be receiving or waiting for payment of a state benefit within the **UK** that provides financial support for **you** to be a full-time **carer** – such as Carer's Allowance. If not eligible, **you** must be able to provide **us** with other proof that **you've** stopped **working** to become a **carer**.
- Any other evidence **we** may ask for to prove **your** claim as detailed in 'Section 8. How to claim.'

Points to note

If **your unemployment** lasts for less than 15 days in a row **you'll** not be able to claim under this cover.

You can make more than one **unemployment** claim, however:

- If **your** claim for **unemployment** is separated by 90 days or less **your** previous claim will continue but **we'll** not pay for any time **you** were **working** between these periods. The most **we'll** pay in total for this continuous claim is the **maximum period of claim**.
- Where **you've** received the **maximum period of claim**, **you** must return to **work** for 6 months in a row before **you** can make a new **unemployment** claim.

If **you** were **self-employed** before **your unemployment**, **you'll** be eligible for unemployment cover only if **your** business:

- Has permanently or temporarily ceased trading and/or is in the process of being wound up.
- Is in the hands of an insolvency practitioner.
- Is a partnership which has been or is in the process of being dissolved.

If **you** have more than one job, **you'll** be able to claim under unemployment cover if **you** lose at least one of those jobs. To do this, **you'll** need to provide **us** with evidence that **you're** out of **work** involuntarily and actively seeking **work**. The job **you** continue to do must be one where **you** are working less than 16 hours.

Unemployment Cover (continued)



If **you're** receiving **monthly benefit** because **you've** involuntarily left **work** and **you** want to become a **carer** **you** must let **us** know. Your **unemployment** claim can continue as long as **we** have the evidence needed to support **your** claim. The most **we'll** pay in total for this continuous claim is the **maximum period of claim**.

If **you're** receiving **monthly benefit** for **unemployment** and want to start temporary **work** **you** must let **us** know before **you** start this **work**. **We'll** not pay **you** **monthly benefit** for the period **you're** **working**. However, when the temporary **work** finishes, **your** **unemployment** claim may continue and it'll be treated as one continuous claim. The most **we'll** pay in total for this continuous claim is the **maximum period of claim**.

✘ We won't pay your claim if:

- **Your work** is seasonal or if **unemployment** is a regular feature of **your work**.
- **Your work** ends voluntarily during a period of **notice** given to **you** by **your** employer or **you** become voluntary redundant.
- **You're** **unemployed** because of the expiry of a period of training, probation or apprenticeship.
- It results from **your** misconduct. This may include fraud, dishonesty, any illegal activity or anything that would or might lead to disciplinary action being taken by **your** employer.
- **You're** receiving **monthly benefit** under the accident and sickness cover section of this **policy**.
- **You work** on a fixed term contract which ends unless:
 - **You** were **working** continuously for the same employer for at least 24 months.
 - **Your work** was under a fixed contract of at least 12 months in duration and that contract has been renewed at least once.
 - **Your** employer transfers **you** to a fixed term contract without a break in **your work**.
- **You're** **working** outside the **UK**, unless **you're**:
 - A member of the armed forces or the Civil Service serving abroad.
 - **Working** for an employer that is based in the **UK**.
 - **Self-employed** with a **UK** registered business and temporarily **working** outside the **UK**.

5. Hospitalisation Cover



✔ We'll pay your claim if:

You're **permanently retired** or aged 70 or over and are **hospitalised** for at least 5 days in a row. After 5 days, **we'll** pay **monthly benefit** starting from the first day that **you're** **hospitalised**. Following this, subsequent **monthly benefits** will be made after each continuous and complete 30 day period.

We'll pay **monthly benefit** until the earlier of the following:

- The **end date**.
- The date when **you're** no longer **hospitalised** or **you** fail to provide evidence of **your** **hospitalisation**.
- The date **we've** paid **monthly benefit** equal to the **maximum period of claim**.

By 'evidence' **we** mean:

- Evidence from **your hospital** that **you're** **hospitalised**.
- Any other evidence **we** may ask for to prove **your** claim as detailed in 'Section 8. How to claim.'

Points to note

If **your** **hospitalisation** lasts for less than 5 days in a row **you'll** not be able to claim under this cover.

You can make more than one **hospitalisation** claim, however:

- If **you're** discharged from **hospital** and have another stay in **hospital** for the same condition, separated by 90 days or less, **your** previous claim will continue. **We'll** not pay for the period in between where **you** were out of **hospital**. The most **we'll** pay in total for this continuous claim is the **maximum period of claim**.
- **You** can't make a new claim for the same or a related condition, unless **you've** been free from and have not consulted with or received treatment from a **doctor** for that condition, for more than 90 days.
- Where **you've** received the **maximum period of claim**, **you** must be out of **hospital** for at least 3 months in a row, before **you** can make a new **hospitalisation** claim for a new or unrelated condition.

✘ We won't pay your claim if:

- It's as a result of cosmetic surgery unless medically necessary. For example, reconstructive.

6. Life Cover



✓ We'll pay your claim if:

You die during the **period of cover**, we will pay the **outstanding balance**.

Points to note

Life cover ends when **you** reach the age of 75.

7. What this policy doesn't cover



Some things aren't covered under any part of this **policy**. This section will tell **you** the things **you** can't make a claim for.

✗ We won't pay claims if:

- **Your** claim's not supported by the required information or evidence; or where **you**'re unwilling or unable to provide **us** with all necessary information or evidence **we** need in order to validate **your** claim.
- It arises from **you** taking part in any criminal act.

8. How to claim



You, or **your** personal representative for a life cover claim, should tell **us** about **your** claim as soon as **you** can. **We** might not be able to pay some or all of **your** claim if **you** don't.

1. Contact us

Call **us** on **0345 602 4534**

2. What you'll need to give us

You must help **us** look after **your** claim by doing what **we** ask.

We'll ask for supporting evidence to prove **your** claim. **You** must provide this at **your** expense.

- Accident and Sickness Cover:
 - If **you**'ve had an **accident** or are **sick** **we**'ll need to see **doctor**'s statements and/or medical certificates. **We**'ll also need a statement from **your** employer confirming **your** absence from **work** due to an **accident** or **sickness**.



- Unemployment Cover:
 - Where **you**'re involuntarily out of **work**, **we**'ll need a copy of the state benefit agreement that **you** signed with the relevant Government department. **We**'ll also need a statement from **your** last employer confirming that **you**'re no longer **working** for them.
 - If **you**'re not eligible for state benefit within the **UK** that supports **you** to find **work** **you**'ll need to provide alternative evidence of **your** search for **work**.
 - If **you**'re **self-employed**, **you**'ll need to provide evidence from **your** accountant or the relevant Government department that **you**'ve paid the appropriate class of **UK** National Insurance or Social Security contributions.
 - If **you**'ve stopped **working** to become a **carer**, **we**'ll ask **you** to provide confirmation that **you**'re receiving or due to receive a state benefit within the **UK** that provides financial support for **you** to be a full-time **carer**. **We**'ll also write to **your** last employer who must confirm that **you**'ve left **work** to become a **carer**.



- Hospitalisation Cover:
 - Evidence from the **hospital** that **you**'re **hospitalised**.



- Life cover:
 - An original or an official copy of the death certificate (in English).
- **We**'ll ask **you** to complete a continuation claim form for each month **you**'re claiming. **You** must supply suitable proof to support **your** continuation claim form, otherwise **we**'ll suspend payment of **your** **monthly benefit** until this evidence is provided.
- **We** may ask for and obtain additional medical information from any medical practitioner who's treated **you**.
- **We** may require **you**, at **our** expense, to be examined by a medical examiner of **our** choice. If **you** don't attend any such examination, **we**'ll not pay any further benefit. **We** may also arrange for an agent representing **us** to visit **you**. The purpose of any such visit will be to gather details relating to **your** claim to make sure it's correctly assessed. It's very important that **you** make yourself available for any such visit. If **you** don't, **we**'ll not pay any further benefit unless circumstances beyond **your** reasonable control have led to **you** not being available.
- Back to work assistance: Where **unemployment** claims continue, **your** claim will be chosen for back to work assistance. This specialised service will help **you** with **your** job search and **we** pay for it. **Your** claim details will be given to **our** back to work assistance provider.
- Insurers share information with each other to prevent fraudulent claims via a register of claims. A list of who takes part is available on request. Any information **you** supply about a claim, together with information **you**'ve supplied on any application form or other information relating to a claim, may be provided to these other insurers.

Your benefit payment:

Your **monthly benefit** or **outstanding balance** will be paid directly to the lender of **your** **agreement**.

9. Change of claim

Changes in circumstances that **you** must tell **us** about as they may affect **your** claim:

- A. If **you**'re claiming under accident and sickness cover and **you** become **unemployed**, **we**'ll continue with payment of **your accident** or **sickness** claim. If, once a **doctor** says **you**'re fit to **work**, **you**'re still **unemployed**, **we**'ll ask **you** to register an **unemployment** claim from that date.
- B. If **you**'re claiming under unemployment cover and **you** have an **accident** or get **sick**, **you**'ll no longer be allowed to claim under this cover and **you**'ll need to register an **accident** or **sickness** claim. If **you** can't meet the eligibility to claim under accident and sickness cover, **you** can continue with **your** previous **unemployment** claim once a **doctor** says **you**'re fit to **work**.
- C. If **you**'re claiming under accident and sickness cover and **you** reach the age of 70, **you**'ll no longer be allowed to claim under this cover and **your** claim will end. If **you**'re in **hospital** when **your** claim ends, **you**'ll need to register a **hospitalisation** claim.

Points to note

When **you** change **your** claim:

- If **you** become **unemployed**, have an **accident** or get **sick**, **we**'ll ignore the fact that **you**'ve not been in **work**.
- The time that **you**'ll need to wait before **you** can claim, either 5 or 15 days in a row, won't apply.
- **We**'ll not pay more than the **maximum period of claim** for any one claim or a combination of claims.
- **You** can't claim for an **accident**, **sickness**, **hospitalisation** or **unemployment** at the same time.

10. How we can change your policy

A. How and when we can change your policy conditions

- By letting **you** know in writing, at least 60 days' before to **your** last known address, **we** may make a reasonable and proportionate change to **your policy** conditions for one or more of the following reasons:
 - To make them easier to understand or fairer to **you**.
 - To allow **us** to introduce new or improved systems for looking after **your policy**.
 - To correct mistakes.
 - To reflect changes in the law, codes of practice or the way **we**'re regulated or in taxation that affects **us** or **your policy**.
 - To reflect a decision or recommendation made by, or a requirement of, a court, ombudsman, regulator or similar body or any undertaking given to any such body that affects **us** or **your policy**.
 - To reflect changes to guidance published by other bodies, for example, the Association of British Insurers, which **we** agree will apply to **your policy**.

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- To reflect new information arising from **our** own or industry analysis of claims on this type of cover which shows that the cost associated with providing **your policy** has increased.
- To reflect any event outside **our** control which makes it impossible or impracticable to carry out **our** obligations under **your policy**.
- To reflect any event outside **our** control that **we** expect to impact on future claims and that **we** couldn't have foreseen previously.

B. How and when we can change your monthly premium

- By letting **you** know in writing, at least 60 days' before to **your** last known address, **we** may make a reasonable and proportionate change to **your monthly premium** for one or more of the following reasons:
 - To reflect changes in the law, codes of practice or the way **we**'re regulated or in taxation that affects **us** or **your policy**.
 - To reflect a decision or recommendation made by, or a requirement of, a court, ombudsman, regulator or similar body or any undertaking given to any such body that affects **us** or **your policy**.
 - To reflect changes to guidance published by other bodies, for example, the Association of British Insurers, which **we** agree will apply to **your policy**.
 - To reflect new information arising from **our** own or industry analysis of claims on this type of cover which shows that the cost associated with providing **your policy** has increased.
 - To reflect any event outside **our** control that **we** expect to impact on future claims and that **we** couldn't have foreseen previously.
 - To take account of changes in the payment protection insurance market which are beyond **our** reasonable control and which affect **our** overall underwriting risk, requiring **us** to move premiums up or down for different types of policyholders to maintain a competitive position in that market.
 - To reflect changes in the economy or the payment protection insurance market which are out of **our** control and impact the amount of money **we**'ve set aside to make sure **we**'re able to pay claims on this type of **policy**.
 - To reflect changes to **our** administrative costs which are out of **our** control caused by changes to **our** services, the level of those services or the way in which they are delivered.
By 'changes' in the above lists **we** mean; changes **we** know will happen or **we** reasonably believe will happen or changes that have already taken place.
- Changes to **your monthly premium** for cover under this condition will not depend on **your** individual circumstances, for example **your** health.
- Any change to either **your policy** conditions or **your monthly premium** will take effect on or after the end of the 60 day notice period.
- If **we** change either **your policy** conditions or **your monthly premium** using this condition, **we**'ll not make any further changes to either **your policy** conditions or **your monthly premium** using this condition for at least 12 months except:
 - To reflect changes in the law, codes of practice or the way **we**'re regulated or in taxation that affects **us** or **your policy**.

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How we can change your policy (continued)

- To reflect a decision or recommendation made by, or a requirement of, a court, ombudsman, regulator or similar body or any undertaking given by any such body that affects **us** or **your policy**.
- To reflect changes to guidance published by other bodies, for example, the Association of British Insurers, which **we** agree will apply to **your policy**.
- If **we** give **you** notice of any changes using this condition and **you're** not happy with that change, **you** may cancel **your policy** at any time, but **we'll** not refund any premiums already paid.

11. How cover will end and cancelling your policy

Your policy ends on the earliest of the following:

- The date of **your** death.
- The date when **you** reach the age of 70 in respect of accident and sickness, unemployment cover.
- The date when **you** reach the age of 75 in respect of hospitalisation and life cover.
- The date when **you've** missed three minimum payments in a row on **your agreement** as set out in **your** credit card statements.
- The date **your agreement** is closed.
- The date **your agreement** is transferred to a third party.
- The date **you're** required to repay the full amount **you** owe under **your agreement** because **you've** broken the conditions of **your agreement** or **you** become bankrupt, a court judgement is entered against **you** in respect of **your agreement**.
- **You** make a claim under **your policy** which is fraudulent or intended to mislead **us**. **We'll** be entitled to recover any benefit paid or costs incurred.
- If **you** leave the **UK**, to permanently to live abroad.

Cancelling your policy:

- **You** may end **your policy** at any time by contacting **your** credit card provider.
- **You'll** not receive a refund of any of **your monthly premium**.

When we might cancel your policy

We can cancel **your policy** if **we** let **you** know in writing at least 60 days' before to **your** last known address, for either of the following reasons:

- Any event outside **our** control which makes it impossible or impracticable to carry out **our** obligations under **your policy**. Or,
- Any event outside **our** control that **we** reasonably expect to have a significant impact on future claims and that **we** couldn't have foreseen previously.

The cancellation will take effect on or after the end of the 60 day notice period.

12. How to make a complaint

We'll always make every effort to give **you** the best service. But if **you're** ever unhappy about something and want to complain, please get in touch.

If **you** need to make a complaint, **you** can contact **us** in the following ways:

By phone

0345 602 4534

By post

Lloyds Bank Credit Card Repayment Cover Team,
A&B Mills, Dean Clough, Halifax HX3 5AX

If you're not happy with our response

If **you're** still not happy with the way **we've** handled **your** complaint, **your** matter can be referred to the Financial Ombudsman Service (FOS). They can be contacted on freephone 0800 023 4567 or 0300 123 9123. Calls to this number are charged at the same rate as 01 or 02 numbers on mobile phone tariffs.

Alternatively, **you** can write to them at Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, London E14 9SR or visit www.financial-ombudsman.org.uk

Taking a complaint to the FOS doesn't affect **your** legal rights. **You** can still decide to take **us** to court if **you** want to. If **you** do, this **policy** is governed by the law that applies to the part of the country **your** property is in. Any dispute will be dealt with by the courts in that part of the country.

Are we covered by the Financial Services Compensation Scheme (FSCS)?

We're covered by the FSCS. **You** may be entitled to compensation from the scheme if **we** can't 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. Further information about compensation scheme arrangements is available from the FSCS.

Get in touch

☎ To make a Claim – **0345 602 4534**

Lines are open 9am to 5pm Monday – Friday.

☎ To cancel your policy or change your details – **0345 602 4534**

Lines are open 8am – 8pm seven days a week.

Calls and online sessions may be monitored and recorded.

Not all Telephone Banking services are available 24 hours a day, seven days a week.

If you need this communication in another format, such as large print, Braille or audio CD, please contact us.



You can call us using Relay UK if you have a hearing or speech impairment. There's more information on the Relay UK help pages www.relayuk.bt.com SignVideo services are also available if you're Deaf and use British Sign Language: lloydsbank.com/contact-us/sign-video If you need support due to a disability please get in touch.



Additional information

Lloyds Bank General Insurance Limited, Registration No. 204373. Registered in England and Wales at 25 Gresham Street, London EC2V 7HN. Scottish Widows Limited, Registration No. 3196171. Registered in the United Kingdom at 25 Gresham Street, London EC2V 7HN. Both companies are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (FRN 202091).

This information is correct as of March 2023.

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By your side



LLOYDS BANK