

# Payment Protection

 **Ulster Bank**

# Insurance Terms and Conditions

## PAYMENT PROTECTION

### Will this product meet your needs?

This product will meet your needs if you require an Insurance Policy which will cover your credit card payments if you are unable to work due to an Accident or Sickness, or if you become registered Unemployed involuntarily.

Ulster Bank are not making a personal recommendation based on your individual circumstances that the Policy is suitable for your needs and we recommend that you read the Policy Summary and Certificate of Insurance carefully.

It is your responsibility to make sure that the policy is right for you.

**keyfacts**®

### Your Policy Summary

#### Please Read

Please ensure that you read the policy wording for full terms and conditions within the next 30 days to make sure that the cover is right for you. This document does not form part of the contract between you and the insurer. Please read your policy carefully to ensure it meets your needs.

#### Who is the Insurer?

Accident, sickness and unemployment cover is underwritten by UK Insurance Limited. Life cover is provided by Direct Line Life Insurance Company Limited.

#### What Are the Features of Ulster Bank Payment Protection?

This Ulster Bank Payment Protection policy can repay 10% of the outstanding balance on your Ulster Bank credit card, if you are unable to work for more than 14 days in a row as a result of accident, sickness and unemployment.

In the event of your death, the insurer will pay Ulster Bank the outstanding balance on your agreement as at the date of death (including interest), less any sum over your agreed credit limit.

#### Are You Eligible?

On the commencement date you must:

- Be aged between 18-64;
- Be working, in the UK including self-employment for at least 16 hours per week, or where applicable, you are on statutory maternity or paternity leave or maternity or paternity absence;
- Be named as the principal cardholder under your agreement (a claim can not be considered for additional cardholders).

#### What Are the Significant Exclusions and Limitations?

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

Type of cover	Significant Exclusions or Limitations
Unemployment	<ul style="list-style-type: none"><li>• Knowledge of impending unemployment</li><li>• Unemployment occurring during the initial exclusion period of 30 days</li><li>• Voluntary resignation/redundancy</li><li>• You must register with the Department for Work and Pensions to be able to claim</li><li>• Self-employed and not ceased trading</li></ul>
Accident and Sickness	<ul style="list-style-type: none"><li>• Wilful acts including cosmetic and beauty treatments</li><li>• Alcohol and drugs related</li></ul>

#### What is the Duration of the Policy?

Your cover will run in conjunction with your Ulster Bank credit card. As this policy could run for several years, you may want to review your insurance needs periodically to ensure the policy is adequate.

#### Your Right to Cancel

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

## How Do You Make a Claim?

To notify the insurer in the first instance, please telephone 0845 601 3204.

## How Do You Make a Complaint?

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

If you wish to write, then address your letter as follows, Customer Liaison Unit, UK Insurance Limited, The Wharf, Neville Street, Leeds, LS1 4AZ.

If the Insurer is unable to resolve the complaint, you may refer it to the Financial Ombudsman Service (FOS). Their address is: South Quay Plaza, 183 Marsh Wall, London, E14 9SR, telephone 0845 0801800.

## Financial Services Compensation Scheme

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

## Payment Protection Insurance Terms and Conditions

### Policy Wording

### For Your Ulster Bank Credit Card

**Important** – Please read this document carefully and keep it in a safe place. Make sure that **You** are eligible for the insurance cover. **You** should make sure **You** know what this insurance does and does not cover. If **You** are not completely satisfied, return this document within 30 days following initial receipt to **Your Lender**, who will cancel the cover from the **Commencement Date** and refund the premium paid, provided no claim has been made.

The information given to the **Insurer** orally, in writing or otherwise and in the application forms the basis of the contract between **You** and the **Insurer**. **You** must tell the **Insurer** of any change to this information as soon as possible, as failure to do so could affect the cover provided.

## Contents

Section 1 – Are **You** Eligible?

Section 2 – Meaning of Words and Phrases

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

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

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

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

Section 7 – Important Information

## Section 1 – Are You Eligible?

On the **Commencement Date You** must:

- Be aged between 18-64;
- Be **Working**, including **Self-Employment** for at least 16 hours per week in the UK, or where applicable, **You** are on statutory maternity or paternity leave or maternity or paternity absence;
- Be named as the principal cardholder under **Your Agreement** have applied for cover and have agreed to pay the monthly premium. (A claim cannot be considered for additional cardholders.)

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

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

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

## Section 2 – Meaning of Words and Phrases

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

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

**Carer** – Being completely without **Work** solely due to the need to care for an immediate family member (spouse, partner, parent, child) and being registered with **Your** local Social Services Department or **Doctor** as a **Carer** (having undertaken a Community Care Assessment or Carers' Assessment that concludes an immediate family member requires care for at least 25 hours per week).

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

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

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

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

**Incurred Date** –

- For accident and sickness claims – the day after **Your** last day in **Work**
- For **Unemployment** claims – the date when **You** first knew **You** would be made Unemployed.
- For life claims – the date of **Your** death.

**Insurer** – UK Insurance Limited for Accident, Sickness and **Unemployment** cover and Direct Line Life Insurance Company Limited for the Life insurance cover.

**Lender** – Ulster Bank Limited.

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

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

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

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

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

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

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

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

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

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

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

**Unemployment/Unemployed** – A period when **You** are out of **Work** or **Temporary Work** involuntarily and:

- **You** are actively seeking **Work**
  - **You** are not in receipt of, or entitled to, any pay in lieu of notice
  - **You** have throughout **Your** claim been registered with the appropriate authority (the Department for Work and Pensions). If **You** have been entitled to make reduced National Insurance contributions in the past or **You** are aged over 60 and in receipt of pension credits then **You** do not need to be registered with the Department for Work and Pensions.
- Please note – if **You** are seeking **Work** in the EU for a period of up to 3 months, **You** must make arrangements with the Department for Work and Pensions to register as **Unemployed** in the country **You** are going to. **You** must obtain a form E303/3 from the Overseas Benefits Office in Newcastle before leaving the **UK**.

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

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

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

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

#### Accident & Sickness Cover

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

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

If **You** are **Off Sick** for two periods, both resulting from the same cause, that are separated by three months or less, the **Insurer** will treat this as one claim, but will not pay any **Monthly Benefit** for the time in between. Otherwise, if the cause is the same condition and if the period of time between the two claims is more than 3 months **You** will not be able to make another Accident and Sickness claim until, **You** have been back at **Work** for six continuous months. (This will not apply, if the cause is the same and is defined under this policy as a **Major Illness** which will mean **You** will be able to make a claim within this period.) If, however **You** are **Off Sick** for a different cause, **You** will not be able to make another Accident and Sickness claim until, **You** have been back at **Work** for at least 30 consecutive days between each claim.

#### Unemployment Cover

If **You** are **Working** and become **Unemployed** for a continuous period of at least 14 days during the **Period of Cover**, the **Insurer** will pay to the **Lender** a

sum equivalent to the **Monthly Benefit** divided by the number of days that are in the month that **You** are out of **Work**, for each consecutive day that **You** are **Unemployed** the payment will be made on a monthly basis. The entitlement will continue until the maximum of 12 **Monthly Benefits** per claim or until the cover **End Date**, whichever happens first.

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

If two periods of **Unemployment** are separated by three months or less, the **Insurer** will treat this as one claim, but will not pay any **Monthly Benefit** for the time in between. If the two periods of **Unemployment** are separated by more than three months, **You** will not be able to make another **Unemployment** claim, until **You** have been back at **Work** for six continuous months.

If **You** are receiving **Unemployment** benefit and want to start **Temporary Work** which will continue for less than six months, please tell the **Insurer** before **You** start this **Work**. The **Insurer** will not pay any **Monthly Benefit** during the period of **Temporary Work**. However, when the **Temporary Work** finishes, **Your Unemployment** claim may continue in which case the **Insurer** will treat this as one continuous claim until the **End Date** or until the maximum of 12 **Monthly Benefits** have been paid.

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

#### **Life Cover**

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

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

**A.** This policy does not cover you for any accident, sickness or unemployment claim arising wholly or partly from:

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

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

- Which occurred before the **Commencement Date**;
- If **You** are informed, within the first 30 days immediately after the **Commencement Date**, that **You** are to lose **Your** employment or **You** knew it to be impending when **You** signed the **Agreement**, whether or not **You** had received official notice;
- If **You** received, or are entitled to receive payment in lieu of notice. After this period **You** will have to be **Unemployed** for 14 days in a row before **You** will be able to make a claim;
- If it results from **Your** resignation, voluntary redundancy or early retirement or if **You** are **Self-Employed** and **Your** business voluntarily ceases trading;
- If it results from **Your** dismissal which is caused by **Your** own misconduct;
- If it results in the non-renewal of a fixed-term contract;  
However this exclusion will not apply if;
  - **You** are **Working** on a regularly renewable contract and **Your** contract has been renewed on two occasions; or
  - If **You** have been under contract with the same employer for a minimum period of 24 months and **You** had no reason to believe that **Your** contract would not be renewed; or
  - If **You** were originally **Working** on a permanent basis by the same employer but were transferred to a fixed-term contract by the employer without a break in **Work**; or

- If **You** are **Working** on a contract which is not regularly renewable but individually negotiated, and **You** have been with the same employer for at least 6 months and had **Your** contract renewed at least twice, and **Your** contract is terminated before it was due to expire, then otherwise subject to the terms of the policy, the **Insurer** will restrict payments to the period up to the original contract expiry date;
- If **You** are **Self-Employed** and **Your** business stops trading temporarily;
- If **You** are in **Temporary Work**;
- However, if **You** are claiming under the Policy and **You** take any **Temporary Work**, the claim will freeze while **You** are in **Temporary Work**. When the **Temporary Work** finishes, **Your** claim will continue from the point it was at before **You** took the **Temporary Work** (with any accumulated time that was put towards fulfilling any waiting period thresholds, continuing once the **Temporary Work** has ended).

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

To notify the **Insurer** of a claim in the first instance **You** (or **Your** personal representatives for a Life claim) should telephone the Helpline number on **0845 6013204**, to request a claim form. The Helpline is open 9am to 5pm, Monday to Friday. Calls may be recorded. Hearing or speech impaired customers can contact the Insurer on Textphone 0800 051 3030.

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

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

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

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

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

**Unemployment** claims – a copy of the Jobseekers Agreement that **You** signed with the Department for Work and Pensions, or a record of any job applications **You** have made. If **You** are **Self-Employed** the **Insurer** will require satisfactory proof of **Your** bankruptcy or the involuntary insolvency of **Your** business and ceasing to trade.

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

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

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

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

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

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

If the **Insurer** is paying an Accident or Sickness claim and **You** become **Unemployed** or vice versa please tell the **Insurer** as soon as possible. Depending on the situation the **Insurer** may send **You** a new claim form, which will need completing by **Your Doctor**/employers and/or Department for Work and Pensions to ensure **Your** claim is valid. The **Insurer** will treat **Your** Accident, Sickness and **Unemployment** claims as one continuous claim and payments will continue without a further waiting period up until the **End Date** or until the maximum number of **Monthly Benefits** have been paid.

## **Section 7 – Important Information**

### **Your Right to Cancel**

If this cover does not meet **Your** requirements, please return all **Your** documents within 30 days following receipt to Ulster Bank Cards, Insurance Team, PO Box 244, Belfast BT2 7AY. **Your** cover will be cancelled and any premium paid will be returned in full provided no claims have been made on the policy during that time.

Should **You** choose to cancel **Your** policy after the initial 30 days following receipt of **Your** documents the **Insurer** requires 30 days notice. **You** will be charged for the statement cycle **You** are in and **Your** policy will be cancelled from the date of **Your** next statement.

### **Complaints Procedure**

Should there ever be an occasion where **You** need to complain, please call the **Insurer** on 0845 6013204, lines are open 9am-5pm Mon-Fri. Calls may be recorded. Hearing or speech impaired customers can contact the **Insurer** on Textphone 0800 031 3030. If **You** wish to write, then address **Your** letter to Customer Liaison Unit, UK Insurance Limited, The Wharf, Neville Street, Leeds LS1 4AZ.

If the **Insurer** is unable to resolve the differences, **You** may refer **Your** complaint to the Financial Ombudsman Service (FOS). Their address is: South Quay Plaza, 183 Marsh Wall, London E14 9SR, telephone 020 7964 1000.

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

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

### **Choice of Law**

The law applying to this insurance shall be the law of England and Wales. English Courts will deal with any disputes unless there is a written agreement to the contrary.

### **Claims Investigations**

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

### **Cost**

The cost of this insurance is 79p (including Insurance Premium Tax) for every £100, or part thereof, of the highest balance on your statement that month. This will be calculated monthly and added to your outstanding credit card balance.

### **Termination of Contract**

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

### **Business Language Used**

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

### **Assignment**

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

## The Insurers

Accident, Sickness, and **Unemployment** Insurance is underwritten and provided by UK Insurance Limited, Registered Office, The Wharf, Neville Street, Leeds LS1 4AZ. Registered in England No 1179980. The Life Insurance is underwritten and provided by Direct Line Life Insurance Company Limited, 6 Atlantic Quay, 55 Robertson Street, Glasgow, G2 8JB. Registered Office, 3 Edridge Rd, Croydon, Surrey CR9 1AG. Registered in England No 2199286. Both companies are authorised and regulated by the Financial Services Authority.

## Details About Our Regulator

The Financial Services Authority website which includes a register of all regulated firms can be visited at [www.fsa.gov.uk](http://www.fsa.gov.uk), or the Financial Services Authority can be contacted on 0300 500 5000. UK Insurance Limited is entered in the FSA's register under number 202810, Direct Line Life Insurance Company Limited is entered under number 170956.

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

## Connected Companies

Ulster Bank Limited, UK Insurance Limited and Direct Line Life Insurance Company Limited are connected companies as they are all members of the Royal Bank of Scotland Group.

## YOUR INFORMATION

### Who we are

Payment Protection is arranged by Ulster Bank and underwritten by **UK Insurance Limited** and the Life Insurance is underwritten and provided by **Direct Line Life Insurance Company**. All are members of The Royal Bank of Scotland Group (The Group). In this information statement 'we', 'us' and 'our' refers to **UK Insurance** and **Direct Line** unless otherwise stated.

For information about our group of companies please visit [www.rbs.com](http://www.rbs.com) and click on 'About Us', or for similar enquiries please telephone 0131 556 8555 or Textphone 0845 900 5960.

### Your electronic information

If you contact us electronically, we may collect your electronic identifier e.g. Internet Protocol (IP) address or telephone number supplied by your service provider.

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

We will use your information to manage your insurance policy, including underwriting and claims handling. This may include disclosing it to other insurers, third party underwriters and reinsurers.

Your information comprises of all the details we hold about you and your transactions and includes information obtained from third parties.

We may use and share your information with other members of the Group to help us and them:

- assess financial and insurance risks;
- recover debt;
- prevent and detect crime;
- develop our services, systems and relationships with you
- understand our customers' requirements;
- develop and test products and services.

We do not disclose your information to anyone outside the Group except:

- Where we have your permission; or
- where we are required or permitted to do so by law; or to fraud prevention agencies and other companies that provide a service to us or you; or
- where we may transfer rights and obligations under this agreement.

We may transfer your information to other countries on the basis that anyone to whom we pass it provides an adequate level of protection. However, such information may be accessed by law enforcement agencies and other authorities to prevent and detect crime and comply with legal

obligations. From time to time we may change the way we use your information. Where we believe you may not reasonably expect such a change we shall write to you. If you do not object to the change within 60 days, you consent to that change.

### **Sensitive Information**

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

### **Dealing with other people**

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

### **Fraud prevention agencies**

If false or inaccurate information is provided and fraud is identified or suspected, details may be passed to fraud prevention agencies.

Law enforcement agencies may access and use this information.

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

Checking applications for, and managing credit and other facilities and recovering debt;

Checking insurance proposals and claims;

Checking details of job applicants and employees.

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

We can provide the names and addresses of the agencies we use if you would like a copy of your information held by them. Please contact us at the address below. The agencies may charge a fee.

If you would like a copy of the information we hold about you, please write to: The Data Protection Officer, Regulatory Risk Department, Churchill Court, Westmoreland Road, Bromley BR1 1DP, quoting your reference. A fee may be payable.

**[www.ulsterbank.com](http://www.ulsterbank.com)**

This brochure is also available in Braille, large print, audio or on disk.  
Please contact your branch for details, or Minicom 0870 154 1192.  
Daytime calls cost up to 9p plus 5p per minute from BT lines Mon–Fri.  
Mobile and other providers' charges may vary.

Ulster Bank subscribes to the Lending Code.  
The Code can be found at [www.lendingstandardsboard.org.uk](http://www.lendingstandardsboard.org.uk)

Ulster Bank Limited. Registered Number: R733 Northern Ireland.  
Registered Office: 11-16 Donegall Square East, Belfast BT1 5UB.  
Member of The Royal Bank of Scotland Group.  
Authorised and regulated by the Financial Services Authority for insurance business.  
Calls may be recorded.  
ITC 05/10