

Statutory Sick Pay

INSURANCE POLICY



Underwritten and managed by Oasis Cover Ltd

Oasis Personal Lines is a trading name of Oasis Cover Ltd.
Registered in England No 7257145. Reg. Office: Premier House Londonthorpe Road Grantham Lincs NG31 9SN
Oasis Cover Ltd is authorised and regulated by the Financial Conduct Authority (FRN744721).

SS05.18

ABOUT THIS STATUTORY SICK PAY INSURANCE POLICY

Thank you for entrusting this insurance to Oasis Cover Ltd.

Our Statutory Sick Pay insurance policy has been specifically designed for individuals who wish to insure their liability to pay statutory sick pay to an employee who is unable to undertake their employment with you due to an accident or sickness.

Please read this policy and your schedule carefully and refer any queries to us. A summary of the contents of this policy is shown in the index on page 2.



Mark Bates
Managing Director
Oasis Cover Ltd

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COMPLAINTS PROCEDURE

It is always our intention to provide **you** with a first class standard of service. Misunderstandings can, however, occur and we would prefer to know about the occasional problem than for **you** to remain dissatisfied.

Any communication with us can be made orally or in writing and on **your** behalf by a third party with **your** permission.

If any problem arises in connection with this policy **you** should firstly discuss this with

The Compliance Officer Oasis Personal Lines

The Oasis Suite Premier House Londonthorpe Road Grantham Lincolnshire NG31 9SN

Tel No: 01476 513797

Fax: 01476 591543

Email: complaints@oasispl.com

If **your** enquiry has not been dealt with to **your** satisfaction and **you** wish to make a complaint, please refer to **the insurer** by contacting

The Compliance Officer China Taiping Insurance (UK) Company Limited 2 Finch Lane London EC3V 3NA

Tel: 0207 839 1888

Fax: 0207 621 1202

E-mail: compliance@uk.cntaiping.com

The Compliance Officer will acknowledge the complaint within five business days and advise **you** of the person who will be dealing with the complaint and when **you** can expect to receive a detailed response. The person dealing with the complaint will be a senior member of staff who was not directly involved in the matter which is the subject of the complaint. They will have the authority and experience to adequately address the complaint and explain the results of the investigation.

If **your** complaint should be more appropriately dealt with by another firm, **the insurer** will ensure it is referred to them as soon as practicable and certainly no later than five business days of becoming satisfied that another firm is or may be responsible for the matters complained of. **The insurer** will make this referral to the other firm in writing and advise **you** by way of a final response that the referral has been made and include the other firm's contact details.

Your complaint will be thoroughly investigated and **the insurer** will respond to it as soon as possible. Within twenty business days **the insurer** will provide a detailed response to **your** complaint in writing or, if it is not possible to respond within that time, **the insurer** will inform **you** in writing within twenty business days why it has been unable to resolve the complaint within that time, why it needs more time to do so and when **you** can expect to receive its final response.

If **the insurer** has not completed our investigation, within eight weeks after the complaint was made, it will write to **you** and explain why there is a further delay. **The insurer** will also confirm when it expects to issue its final response and advise **you** that **you** may be eligible to refer the complaint to the Financial Ombudsman Service if **you** are dissatisfied with the delay. Its contact details are

Financial Ombudsman Service Exchange Tower Harbour Exchange Square London E14 9SR

Tel: 0800 023 4 567 from landlines or 0300 123 9 123 from mobile phones

Fax: 020 7964 1001

E-mail: complaint.info@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk.

Where **you** are eligible to refer **your** complaint to the Financial Ombudsman Service **you** have this right to do so free of charge, but **you** must do so within six months of the date of **the insurer's** final response. If **you** do not refer **your** complaint in time, the Ombudsman will not have **the insurer's** permission to consider **your** complaint and so will only be able to do so in very limited circumstances. For example, if it believes that the delay was as a result of exceptional circumstances.

Compensation rights

In the event that **the insurer** is unable to meet its legal obligations under this insurance **you** may be entitled to apply for compensation under the Financial Services Compensation Scheme (FSCS). Further information is available from FSCS. Tel: 0800 678 1100. Website www.fscs.org.uk

AGREEMENT

Agreement between you and the insurer

The insurer will pay for the benefit described in this policy arising from events happening within the **territorial limits** during the **period of insurance** for which **the insurer** has accepted a premium.

The insurer has relied on the information supplied by **you** in connection with this insurance to enable the contract of insurance to be formed between it and **you**.

This policy should be read together with the **schedule**.

Information you have provided

In deciding to accept this policy and in setting the terms and premium, **the insurer** has relied upon the information **you** have provided. **You** must take care when answering any questions relating to this insurance by ensuring that all information provided is accurate and complete.

If **the insurer** establishes that **you** deliberately or recklessly provided false or misleading information **the insurer** will treat this policy as if it never existed and decline all claims.

If **the insurer** establishes that **you** carelessly provided false or misleading information **your** policy and any claim could be adversely affected. For example, **the insurer** may

- treat this policy as if it had never existed and refuse to pay all claims and return the premium paid. **The insurer** will only do this if it provided **you** with insurance cover which it would not otherwise have offered;
- amend the terms of **your** insurance. **The insurer** may apply these amended terms as if they were already in place if a claim has been adversely impacted by **your** carelessness;
- reduce the amount it pays on a claim in the proportion the premium **you** have paid bears to the premium it would have charged **you**; or
- cancel **your** policy in accordance with the Cancellation condition of this policy.

You will be written to if **the insurer**

- intends to treat **your** policy as if it never existed; or
- needs to amend the terms of **your** policy.

If **you** become aware that information **you** have provided is inaccurate, **you** must inform Oasis Underwriting as soon as practicable.

Oasis Personal Lines The Oasis Suite Premier House Londonthorpe Road Grantham Lincs NG31 9SN
Tel No: 01476 513797 Fax: 01476 591543 Email: enquiries@oasispl.com

DEFINITIONS

Definitions are set out below and any word or phrase that has a definition is printed throughout this policy in bold type.

Bodily injury	Injury caused by accidental, violent, external and visible means.
Employee	Any person working for you in a personal capacity in connection with your domestic arrangements who has entered into a contract of service with you .
Excess period	The number of calendar days at the commencement of each and every period of temporary total disablement for which benefit is not payable.
Period of insurance	Period shown in the most recent schedule issued to you .
Schedule	Schedule containing your particulars as required by this insurance and is supplied with this policy. On renewal a new schedule will be issued.
Sickness	Any disease, medical complaint or medical condition which is not bodily injury .
Temporary total disablement	Disablement which entirely prevents your employee from engaging in or attending to their usual occupation .
Territorial limits	United Kingdom, the Channel Islands and the Isle of Man and up to 90 days worldwide during the period of insurance .
The insurer	China Taiping Insurance (UK) Company Limited.
Usual occupation	Tasks, duties and other functions which your employee normally performs in connection with their employment by you .
You/your	The insured person named in the schedule and any other person living with them who is also the employer of an employee .

COVER

Insuring clause

If an **employee**, independently of any other cause, suffers **bodily injury** or **sickness** resulting in **temporary total disablement** during the **period of insurance**, **the insurer** will pay the weekly benefit stated in the **schedule**.

Exclusions

The insurer will not pay for the following.

- 1) The **excess period** stated in **the schedule**.
- 2) Payment of the benefit stated in the **schedule** once 28 weeks has expired since the date of **bodily injury** or **sickness**.
- 3) Payment of the benefit following **bodily injury** to any person below the age of 16 or above the age of 75.
- 4) Payment of the benefit following **sickness** to any person below the age of 16 or above the age of 55.
- 5) Any claim caused by attempted suicide or any self-inflicted injury.
- 6) Wilful exposure to danger, except in an attempt to save human life.
- 7) **Injury** resulting from an **employee's** own criminal act, or taking part in civil commotion.
- 8) **Bodily injury** or **sickness** arising from any pre-existing defect, infirmity, medical condition or chronic or recurring ailment.
- 9) **Bodily injury** or **sickness** sustained while under the influence of or due wholly or partly or directly or indirectly to the taking of alcohol or drugs, other than drugs taken as directed and prescribed by a qualified registered medical practitioner.
- 10) **Sickness** arising from pregnancy or childbirth.
- 11)
 - a) Ionising radiations from, or contamination by, radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel;
 - b) the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof; or
 - c) any weapon of war employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter.
- 12) War, invasion, act of foreign enemy hostilities, (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.

Conditions

1) Reasonable care

If **you** have not taken all reasonable steps to prevent **bodily injury** to or **sickness** of any **employee** **the insurer** shall not be liable to make any payment under this policy.

2) Cancellation

- a) **The insurer** may cancel this policy by sending 30 days' notice by recorded delivery to **you** at **your** last known address and **the insurer** will allow a pro rata refund of premium for the unexpired period to expiry date, subject to paragraph c) below.
- b) **You** may cancel this policy at any time and **the insurer** will allow a refund of premium for every full quarter of the **period of insurance** that remains in force from the date of cancellation, subject to paragraph c) below.
- c) **You** will not receive a refund of any part of the premium if there has been any claims during the **period of insurance**.

- 3) **Fraud**
All benefit under this policy will be forfeited, with no refund of premium, if any claim is in any respect fraudulent or if any fraudulent means are used by **you** or anyone acting on **your** behalf to obtain benefit under this policy.
- 4) **Tax**
In addition to the premium, the cost of this insurance includes tax due on the premium which **the insurer** is required to collect in accordance with current legislation.
- 5) **Governing law**
There is a choice of law for this insurance, but unless **the insurer** agrees otherwise English law applies.
- 6) **General Data Protection Regulation**
It is agreed by **you** that any information provided to **the insurer** regarding **you** for the purpose of accepting insurance and handling any claims may, if necessary, be divulged to third parties, provided that it will be processed by **the insurer** in compliance with the provisions of the General Data Protection Regulation.
- 7) **Contracts (Rights of Third Parties) Act 1999**
A person or company who was not 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 general condition does not affect any right or remedy of a third party which exists, or is available, other than by virtue of this act.
- 8) **Declaration of employees**
It is a condition precedent to liability under this policy that at the time of any claim hereunder the number of persons **you** employ in a personal capacity in connection with **your** domestic arrangements does not exceed the number so stated in the **schedule**.

Claims conditions

- 1) **Notification of claims**
Your failure to act in accordance with the requirement stated below may, at **the insurer's** option, result in **your** claim being invalid.

In the event of **bodily injury** or **sickness** **you** must advise **the insurer** as soon as possible, but no later than 14 days after the **excess period** has expired and at **your** expense provide full written details and proofs that **the insurer** requires within 30 days. Thereafter, **you** shall forward to **the insurer** any documentation or certificate that **the insurer** reasonably requires in connection with the claim.

If **you** need to notify **the insurer** of a claim, or of any circumstances or incident which may cause a claim, **you** should contact

Claims Department Oasis Personal Lines
The Oasis Suite Premier House Londonthorpe Road Grantham Lincolnshire NG31 9SN
Tel No: 01476 513797 Fax: 01476 591543 Email: claims@oasispl.com
- 2) **Conduct of claims**
 - a) Should **the insurer** so request, **your employee** shall submit to a medical examination by a qualified medical practitioner at **the insurer's** expense.
 - b) Should **the insurer** so request, **you** shall arrange for a referral to the government funded "Fit for Work" advisory service or other occupational health service it refers **you** to and any costs for such service shall be payable by **the insurer**.
- 3) **Payment of benefit**
 - a) The benefit shall be payable only on receipt of certification of **bodily injury** or **sickness** by a qualified medical practitioner.
 - b) The benefit shall either be payable at the end of any period of disablement or once the benefit period has expired whichever is the sooner, or at **your** request, at periodic intervals of not less than 4 weeks.