

Staff Absence 2020

This Policy is to provide cover for staff absence due to accidents at work or sickness and to provide occupational health and wellbeing support for all Insured Persons.

Significant Features and Benefits

This policy summary is to help you understand the cover that your insurance provides. It details the key features, benefits, limitations, and exclusions, but you still need to read the policy wording, schedule and any endorsements for a full description of the terms of the insurance. The levels of cover and excesses which apply to your insurance are detailed on your schedule. This policy summary does not form part of the policy wording.

Policy Cover

- 'AA-' rated insurer.
- Health and wellbeing services included as standard within the cost of your policy (health promotion days, physiotherapy, unlimited occupational health reports, counselling, unlimited pre-placement screenings and much more).
- Bodily Injury or Sickness: from the first day of absence after the Claim Waiting Period for up to 190 days.
- Maternity Benefit: as a Lump Sum benefit* upon return to work of the Insured Person, Non-return Dependent Maternity Benefit or as a Daily Benefit paid during maternity leave.
- Bereavement Benefit: due to a person's death for up to five Working Days and up to 20 Working Days if certified by a Doctor as absent as a result of a reaction to the bereavement of a Direct Relative.
- Compassionate Leave: due to a Serious Accident to or the Serious Illness of a Direct Relative for up to 20 Working Days.
- Jury Service and attendance at court as a witness: up to ten Working Days.
- Paternity Benefit: for paternity leave up to 15 consecutive Working Days (up to a maximum of £1500).
- Adoption Benefit: for adoption leave up to five Working Days.
- Blood / Organ Donation Cover.
- Stranded Staff: up to five Working Days.
- Death in service: up to 30 Working Days.
- Union Duties/ LEA training: one Working Day per term.
- Phased Returns: payment of 100% of the daily benefit for 100 Working Days after the commencement of a phased return of an Insured Person, providing that the absence exceeds 30 Working Days after deduction of the Claim Waiting Period.

Further details of the cover options available to you, including maximum benefit amounts, are given in the specimen policy.

Stress Cover

Staff Cover is based on the following option chosen:

No Stress Cover - all stress related claims will be excluded.

Standard Stress Cover - includes 30 days stress cover for work-related stress causes.

Premium Stress Cover - includes 190 days stress cover for a wide range of stress causes.

Full details of the benefits and exclusions concerning stress related illness are set out in the specimen policy.

Significant Exclusions

- Any condition or ailment, where the Insured Person has been Absent from work or study for more than five Working Days in the last 12-month period immediately preceding their Start Date of Cover for the related condition. This does not include Minor Ailments or non-recurring conditions. Note: additional cover can be purchased to remove this exclusion (See Pre-Existing Cover).

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- The undergoing of any planned or recommended Medical Procedure for which an Insured Person, had not been symptom/treatment free in relation to the condition for a period of 24 months prior to their Start Date of Cover or the last Renewal Date. This does not include routine screening. Note: additional cover can be purchased to remove this exclusion (See Pre-Planned Surgery Cover).
- Absence claims for five Working Days or longer where the Absence relates to a Stress/Mental Health Related Illness, where not reported to the Claims Administrator within 14 Calendar Days after the first full date of Absence.
- Maternity claims not reported to the Claims Administrator within 26 weeks from the conception date.
- Absence claims not reported to us within 20 Working Days after the first full date of Absence.
- Absence claims where all the claims information (such as Self-Certification, Fitness for Work Certificates and Section C Forms from the Insured Person's Doctor) is not received within 45 Calendar Days after the initial reporting date.
- Absence claims where the Insured Person is undergoing or facing the prospect of undergoing any disciplinary, competency, capability, appraisal or suspension procedures.
- Absence claims caused or contributed to or by an accident that occurred outside the Insured Person's place of work or working hours. Note: additional cover can be purchased to remove this exclusion (See Extended Accident Cover).

Significant Limitations - Staff Absence

- If any claim for an Insured Person exceeds 100 Working Days, the Daily Benefit will be reduced by 50% for the remainder of the Benefit Period.
- Medical Conditions arising directly or indirectly from the provision of care for Direct Relatives or Medical Conditions caused or contributed to by the illness or injury of Direct Relatives shall be limited to 10 days.
- Bereavement Benefit, Bereavement Reaction and Compassionate leave have a combined maximum Benefit Period of 20 Working Days per claimable event.

How to Claim

To submit a claim, simply follow the claim submission process available to You via Our online client portal.

Insurer Details

XL Catlin Insurance Company UK Limited, registered office: 20 Gracechurch Street, London, EC3V 0BG Registered in England No 5328622. XL Catlin Insurance Company UK Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Cancellation Provisions

You may cancel this Policy within 14-days of the date that You instruct the Scheme Administrators to proceed with arranging Your cover and if no claim has been made Your Premium will be refunded in full.

Complaints Provision

You should notify Us of Your Complaint as soon as possible to the address in the policy wording. Any delay in notifying Us of Your complaint may mean We are unable to consider it in full or part. We will acknowledge Your complaint within five Working Days providing information on the complaints process, and update You if We have been unable to respond after four weeks. We will issue Our final response in writing within eight weeks of Us receiving Your complaint.

If We are unable to resolve your complaint to your satisfaction, then one of the alternative routes is available:

- a) If You are an eligible small business, You will be referred to the Financial Ombudsman Service (FOS).
- b) You will be referred to an independent mediation service, at Our expense, who will assist by bringing both parties together to make arrangements to see whether a resolution can be achieved.