



Balance Cancellation Cover Insurance

Policy Summary and Policy Document

This is an important document.
Please keep this policy in a safe place.

Please read this policy carefully to make sure you understand the terms and conditions of your cover. In particular, please read the terms and conditions of eligibility in section 2 of your policy. There will be other important terms and exclusions covered in your policy, so please read it carefully.

Balance Cancellation ensures that your statement balance is repaid in full should you ever be unable to work due to accident, sickness or involuntary unemployment for at least 90 consecutive days. In addition, should this happen, it would pay your minimum payment (4% of your statement balance) after the first 30 days and again after 60 days. Life cover is also included.

Useful Numbers

General enquiries - 0800 915 2275

Calls may be recorded and monitored for quality and security purposes.

Cancellations - 0871 522 5754

Calls may be recorded and monitored for quality and security purposes.

Calls cost 10p per minute plus network extras.

Claims - 0870 400 4713

Calls may be recorded for training and quality purposes.

Daytime calls cost up to 8p plus 6p per minute from BT lines Mon-Fri. Mobile and other providers' charges may vary.



Balance Cancellation Cover Policy Summary

Important Information

The information below is only a summary of your Balance Cancellation Cover insurance and does not contain the full policy terms and conditions. Please see the Policy Document for full details of the cover provided.

Balance Cancellation cover is provided by Financial Insurance Company Limited (in relation to the disability and unemployment cover) and by Financial Assurance Company Limited (in relation to life cover) together referred to as we/us in the Policy Summary.

1. What does my policy cover me for?

Customer Status	Life	Disability	Unemployment
Aged 18-64 years and working in the UK in paid employment on a permanent basis or on a fixed term contract for at least 16 hours a week including self employed	You	You	You
Aged 18-64 years, not working but your partner is aged 18-64 years and working in the UK in paid employment on a permanent basis or on a fixed term contract for at least 16 hours a week including self employed	You & your partner	Your partner	Your partner

Eligibility criteria for your partner is shown in section 2 of the Policy Document. In summary, your partner is your spouse, civil partner or someone you have lived with permanently for 24 months before the start date and on whom you are financially dependent. Your partner must fulfill these criteria at both the start date and the claim date.

Your policy does not include cover for normal pregnancy, miscarriage or abortion unless the symptoms of a normal pregnancy develop into a condition, sickness or disease which is diagnosed by a doctor or consultant who specialises in obstetrics (whose decision we will consider to be final).

Life Cover - We will pay the statement balance up to £15,000

Disability (sickness or injury) - After 30 days in a row of disability which stops you from working we will pay a benefit of 4% of your statement balance for every 30 days in a row of disability until any of the following occurs:

- the end date (see section 3 below); or
- the disability ends; or
- the statement balance has been paid for any one disability claim.

After 90 days in a row of disability we will pay off the statement balance up to £15,000.

Unemployment cover - After 30 days in a row of unemployment we will pay a benefit of 4% of your statement balance for every 30 days in a row of your unemployment until any of the following occurs:

- the end date (see section 3 below); or
- the unemployment ends; or
- the statement balance has been paid for any one unemployment claim.

After 90 days in a row of unemployment we will pay off the statement balance up to £15,000.

Unemployment cover is provided if you become unemployed as a result of becoming a carer and you are in receipt of statutory Carer's allowance as you care for a member of your immediate family and you are not aware of the immediate family member's illness when you take out cover.

Full details on all these benefits can be found in section 3 of the Policy Document.

2 What am I not covered for under this policy?

As with most insurance policies, exclusions and limitations apply. The list provided is not exhaustive but highlights exclusions and limitations which may be considered significant. **Full details can be found in section 4 of the Policy Document.**

To be eligible for cover, you must be aged 18-64 years and working in the UK in paid employment on a permanent basis or on a fixed term contract for at least 16 hours a week including self employed. This is summarised in section 1 above.

Full details are provided in sections 2 and 3 of the Policy Document.

Life & Disability Cover

No exclusions apply.

Unemployment Cover

You will not be covered for your unemployment, if:

- at the start date, you were aware of any pending unemployment or had reason to believe that it was likely you might become unemployed (this includes fixed term contracts which will not be renewed); or
- you retire, resign or take voluntary redundancy; or
- the unemployment is a result of misconduct, fraud, dishonesty, participation in an unofficial strike or a lock out.

3 How long am I covered for?

Your cover is valid for one month at a time and is automatically renewed every month until any of the following occurs:

- for disability and unemployment cover, when you permanently retire; or
- when you reach 65 years; or
- your credit agreement ends; or
- your insurance is cancelled; or
- your card is cancelled; or
- you die.

If you fail to make monthly payments when due, as required under the terms of your credit agreement, for at least 3 months, we may cancel your insurance. We may also cancel your insurance if you only make part payments towards the minimum amount due.

4 Your circumstances – Keeping us informed

You may need to review and update your cover from time to time to ensure it remains adequate. Please contact us on **0800 915 2275** if your personal circumstances change, in particular, if you permanently retire as your cover will end. (Calls may be recorded and monitored for quality and security purposes). Or, write to Santander Cards UK Limited, PO Box 700, Leeds, LS99 2BD.



5 What if I want to make a claim?

If you want to claim under your Balance Cancellation Cover policy you should contact us at Building 11, Chiswick Park, Chiswick High Road, London, W4 5XR or phone us on **0870 400 4713** to ask for a claim form. (Calls may be recorded for training and quality purposes. Daytime calls cost up to 8p plus 6p per minute from BT lines Mon-Fri. Mobile and other providers' charges may vary).

6 Premium

The premium payable will be added to your monthly statement balance and must be paid in accordance with the terms of your card agreement.

7 What if I want to cancel my policy?

If you are not satisfied with your cover, please call **0871 522 5754** (calls may be recorded and monitored for quality and security purposes, calls cost 10p per minute plus network extras) or, write to Santander Cards UK Limited at PO Box 700, Leeds, LS99 2BD, within 30 days of the start date or, if later, the date you receive your Policy Document. We will then cancel your cover from the start date without charge and refund any premium already paid as long as you have not made a claim.

If you do not cancel your policy within 30 days of the start date or, if later, the date you receive your Policy Document, you or we may cancel your cover at any time by giving 30 days' notice in writing, but any premiums already paid will not be refunded.

Full details of how to cancel are shown in Section 7 of the Policy Document.

8 What to do if you want to make a complaint

If you are not satisfied with the service of either Financial Insurance Company Limited or Financial Assurance Company Limited please call us on **0870 400 4870**. (Calls may be recorded for training and quality purposes. Daytime calls cost up to 8p plus 6p per minute from BT lines Mon-Fri. Mobile and other providers' charges may vary). Or, write to us at: The Consumer Affairs Department, Building 11, Chiswick Park, Chiswick High Road, London, W4 5XR.

If your complaint cannot be settled in this way, you may be entitled to refer the matter to:

The Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR Phone: **0845 080 1800**.

If you complain it will not affect your legal rights.

9 Who provides my insurance policy?

Balance Cancellation Cover is provided by Financial Insurance Company Limited (in relation to the disability and unemployment cover) and by Financial Assurance Company Limited (in relation to life cover).

Financial Insurance Company Limited is a company limited by shares and its registered office is at Building 11, Chiswick Park, Chiswick High Road, London, W4 5XR (registered in England number 1515187). Financial Insurance Company Limited is authorised and regulated by the Financial Services Authority. Its FSA registration number is 202639.

Financial Assurance Company Limited is a company limited by shares and its registered office is at Building 11, Chiswick Park, Chiswick High Road, London, W4 5XR (registered in England number 4873014). Financial Assurance Company Limited is authorised and regulated by the Financial Services Authority. Its FSA registration number is 229586.

Claims are administered by Financial Insurance Group Services Limited (registered in England number 1670707). Financial Insurance Group Services Limited is authorised and regulated by the Financial Services Authority. Its FSA registration number is 313219.

You can check the Financial Services Authority regulatory details for all these companies on the FSA's register by visiting the FSA's website www.fsa.gov.uk/register or by contacting the FSA on **0845 606 1234**.

10 Financial Services Compensation Scheme

Our activities are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the FSCS if we cannot meet our financial obligations. This depends on the type of business and the circumstances of the claim. In respect of our obligations to arrange your Balance Cancellation Cover, until December 31 2009, FSCS will pay 100% of the first £2,000 of any loss you suffer as a result of our failure to meet these obligations and 90% of the remainder of your claim without any upper limit and from 1st January 2010 the FSCS will pay 90% of the claim, without any upper limit. You can get more information about compensation scheme arrangements from the FSCS at www.fscs.org.uk or by phoning **0207 892 7300**.





Balance Cancellation Cover - Life, Disability and Unemployment - Policy Document

Introduction

This policy sets out the details of **your** Balance Cancellation Cover insurance. Please read this policy carefully and keep it in a safe place. All the words that appear in **bold** have the meaning given to them in section 1 'Definitions'.

The policy protects **you** if **you** become **disabled** or **unemployed**. (This cover is underwritten by Financial Insurance Company Limited). This policy also protects **you** if **you** die. (This cover is underwritten by Financial Assurance Company Limited).

You must meet the eligibility requirements in section 2 below and **you** must have agreed to pay the **monthly premium** for this insurance. Cover is provided for one month at a time and **we** automatically renew it every month until the **end date**.

1 - Definitions

Wherever the following words appear in bold in the policy, they will have the following meanings.

benefit

The amount **we** pay to the account that **you** have with the **lender**.

calculation day

The day each month when the **lender** works out the amount of interest (and any credit charges) and the **monthly premium you** must pay by the date shown on **your** statement.

card

The card the **lender** issues to **you** under the **credit agreement** and which **you** use.

claim date

For life claims - the date **you** die.

For **disability** and **unemployment** claims - **your** last day in **work**.

consultant

A medical specialist currently practising in the **UK** who is registered with the General Medical Council and is not **you**, a relative or close friend.

credit agreement

The credit agreement between **you** and the **lender** which is covered by this policy.

disability, disabled

A sickness, disease, condition or injury, which stops **you** from doing **your** job or any similar job. It must also stop **you** from doing any paid **work** which **your** experience, education or training reasonably qualifies **you** to do. If **you** are **self-employed**, a disability must stop **you** from helping, managing or carrying out any part of the day-to-day running of a business.

doctor

A registered medical practitioner practising in the **UK**. This does not include **you** or any of **your** relatives.

end date

The date **your** cover ends, as set out in Section 6.

lender

Santander Cards UK Limited. Registered Office 2 Triton Square, Regent's Place, London NW1 3AN (registered in England and Wales number 1456283).

monthly payment

4% of the **statement balance** or £4 (whichever is higher) or the **statement balance** if it is less than £10.

monthly premium

The premium, including insurance premium tax, **you** must pay every month, as set out in Section 8.

normal pregnancy

Symptoms which are a normal part of pregnancy (including being pregnant with two or more babies at the same time) and which are generally minor or temporary which are not a danger to the mother or baby, or a combination of minor symptoms. It includes childbirth, delivery by Caesarean section or any other medically or surgically assisted delivery which does not involve medical complication.

partner

A person who, at the **start date** and the **claim date** meets the age related eligibility conditions set out section 2 and who is either **your** husband, wife or civil partner at the **start date** and at the **claim date** or a partner who must have lived with **you** permanently for 24 months or more before the **start date** and who continues to do so at the **claim date** and on whom **you** are financially dependent.

permanently retire, permanently retired

You have stopped **working** and **you** do not plan to return to **work**.

self-employed

You are:

- helping with, managing or carrying out a business in the **UK** and must pay tax under Schedule D, Case I, II, IV and V of the Income and Corporation Taxes Act 1988;
- a partner in a partnership;
- a person who has direct or indirect control over a company (not necessarily the majority shareholder or the person who holds most voting rights); or
- 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** are a member of his or her family).

start date

- the date of **your credit agreement**;
 - the date **we** (or the **lender** on **our** behalf) accept **your** application for cover;
- whichever is later.

statement balance

The amount **you** owe on the **calculation day** before the **claim date**, up to £15,000.

UK

The United Kingdom, Channel Islands and Isle of Man.

unemployment, unemployed

Being out of **work** and receiving the correct class of National Insurance credits because **you** are unemployed, unless **you** have been entitled to make reduced National Insurance contributions in the past or **you** are a woman who has reached the state retirement age of 60. **You** must be looking for **work**. **We** will not consider **you** as unemployed for any day **you** receive pay instead of notice.

we, us, our

Financial Insurance Company Limited in relation to the **disability** and **unemployment** cover set out in sections 3B and 3C and Financial Assurance Company Limited in relation to the life cover set out in section 3A.

work, working

Working in paid employment or **self-employed**, in each case for at least 16 hours or more a week in the **UK** on a permanent basis or on a fixed term contract which **you** have good reason to believe will be renewed, or on statutory maternity leave in respect of such employment. **You** must also be paying the correct class of National Insurance contributions.

you, your

The person who has the **credit agreement** with the **lender** and who meets the age related eligibility conditions set out at section 2.



2 - Eligibility

Customer Status	Life	Disability	Unemployment
Aged 18-64 years and working in the UK in paid employment on a permanent basis or on a fixed term contract for at least 16 hours a week including self employed	You	You	You
Aged 18-64 years, not working but your partner is aged 18-64 years and working in the UK in paid employment on a permanent basis or on a fixed term contract for at least 16 hours a week including self employed	You & your partner	Your partner	Your partner

In summary, **your partner** must be either **your** husband, wife or civil partner at the **start date** and at the **claim date** or a **partner** who must have lived with **you** permanently for 24 months or more before the **start date** and who continues to do so at the **claim date** and on whom **you** are financially dependent.

Your policy does not include cover for **normal pregnancy**, miscarriage or abortion unless the symptoms of a **normal pregnancy** develop into a condition, sickness or disease which is diagnosed by a **doctor** or **consultant** who specialises in obstetrics (whose decision **we** will consider to be final).

If **you** do not meet the eligibility conditions in the table shown above but **you** have a **partner** who does meet these conditions at the **start date** and at the **claim date**, **your partner** may claim instead of **you**. **You** cannot both make a claim at the same time. References to **you/your** include references to **you/your partner** where relevant.

3 - Benefits

A Life benefit

If **you** die between the **start date** and the **end date**, **we** will pay the **lender** the **statement balance**, up to £15,000.

B Disability benefits

If **you** are **working** and **you** become **disabled** after the **start date** and before the **end date** for at least 30 days in a row, **we** will pay a **benefit** straight into the account **you** have with the **lender**.

We will continue to pay a **benefit** for every 30 days in a row of **disability** until:

- the **end date**; or
 - **you** stop being **disabled**; or
 - the **statement balance** has been paid in full for any one **disability** claim;
- whichever happens first.

If **you** stay **disabled** for 90 days in a row **we** will pay off the **statement balance** up to £15,000.

Disability benefits will not start until **you** consult a **doctor**. However, if **you** fill in a self-certification form (from **your** employer) for the first seven days of **disability**, **you** will be classed as **disabled** for those seven days. **We** will only pay **you** **disability benefit** if a **doctor** is regularly treating **you** for the condition causing **your disability**.

New Deal for disabled people

If **you** have made a **disability** claim and then find part-time work of less than 16 hours a week through the government scheme 'New Deal for disabled people', **you** will still be able to claim the **benefit** as long as **you** receive Employment and Support Allowance and the part-time work is for fewer hours a week than those **you** worked before **your** claim.

If **you** have made a **disability** claim which ends for whatever reason, **you** will not be able to make another **disability** claim until **you** have been in continuous **work**, or (if **you** are on statutory maternity leave), **your doctor** confirms that **you** would be continuously fit to **work** if **you** were not on statutory maternity leave, for:

- 30 days if the **disability** is different; or
- six months if the **disability** is the same.

C Unemployment benefits

Pay as you earn (PAYE)

If **you** are **working** and become **unemployed** after the **start date** and before the **end date** for at least 30 days in a row, **we** will pay a **benefit** straight into the account **you** have with the **lender**.

We will continue to pay a **benefit** for every 30 days in a row of **unemployment** until:

- the **end date**; or
 - **you** stop being **unemployed**; or
 - the **statement balance** has been paid for any one **unemployment** claim;
- whichever happens first.

If **you** stay **unemployed** for 90 days in a row, **we** will pay off the **statement balance** up to £15,000.

Self-employed

If **you** are a sole trader or partner in a partnership, **you** are eligible to make an **unemployment** claim if **you** have involuntarily stopped trading because **you** could not find enough **work** to meet all **your** reasonable business and living expenses and have declared this to the Inland Revenue.

If **you** have set up a company, **you** are eligible to make an **unemployment** claim if **you** have stopped trading because **your** company's assets cannot pay its debts and other liabilities and expenses and **you** have declared this to HM Revenue & Customs.

Carers

If **you** are **unemployed** as a result of becoming a carer, **we** will consider an **unemployment** claim if **you** can provide evidence that **you**:

- have to care for a member of **your** immediate family;
- are receiving statutory Carer's Allowance; and
- were not aware of the family member's illness or disability before the **start date**.

Temporary work

If **you** are receiving **unemployment benefit** and want to start temporary **work** for three months or less, please let **us** know before **you** start work.

We will not pay while **you** are working temporarily, but when it finishes **we** will continue **your unemployment** claim and will treat this as one continuous claim until the earliest of the following:

- the **end date**; or
- **you** stop being **unemployed**; or
- the **statement balance** has been paid for any one **unemployment** claim

Further unemployment claims

If two or more periods of **unemployment** are separated by three months or less, **we** will treat this as one continuous claim but **we** will not pay for any time **you** were **working** between these periods.

If the two periods of **unemployment** are separated by more than three months, **you** must return to **work** for six months in a row before **you** are eligible to make another **unemployment** claim.

D Paying benefits

We will pay **benefits** into the account **you** have with the **lender**. **We** pay life **benefit** as a single payment. **We** only pay **you** one type of **benefit** (**disability** or **unemployment**) at a time.

4 - Exclusions

In addition to the eligibility criteria set out in section 2, for all types of cover **you** must be aged 18-64 years to make a claim. For claims relating to **your partner**, **your partner** must also be aged 18-64 years at the **claim date**.

Life and Disability exclusions

There are no exclusions under these cover types.

Unemployment exclusions

We will not pay **unemployment benefits** if:

- at the **start date** **you** knew **you** were going to be made **unemployed** or had reason to believe that it was likely to happen (including because **you** are employed on a fixed term contract which will not be renewed); or
- **you** retire and do not plan to **work** again, become voluntarily **unemployed** (which includes resigning or ending **your work** voluntarily during a period of notice given by **your** employer) or take voluntary redundancy; or
- **you** lost **your** job because of **your** misconduct, fraud, dishonesty, participation in an unofficial strike or a lock out.

Once **you** have made an **unemployment** claim under this policy, **you** cannot make another **unemployment** claim under this policy unless **you** have been **working** for six months in a row.

5 - How to claim

You (or **your** personal representatives for a life claim) should ask **us** for a claim form by phoning **our** Claim Helpline on **0870 400 4713**. (Calls may be recorded for training and quality purposes. Daytime calls cost up to 8p plus 6p per minute from BT lines Mon-Fri. Mobile and other providers' charges may vary). Or, **you** can write to **us** at:

Building 11,
Chiswick Park,
Chiswick High Road,
London,
W4 5XR.

Please fill in the claim form fully and accurately and return it to **us** at the address above as soon as possible.

We may not be able to pay if **we** cannot confirm **your** claim because **you** are late sending **us your** claim form.

As **we** will need to check **your** claim, **you** must give **us** any proof **we** reasonably ask for, otherwise **we** cannot pay any **benefit**. **You** must pay **us** any costs involved in this.

For **disability** and **unemployment** claims

Please make sure that **you** return the filled-in claim form and arrange for **your** employer or **doctor** (or both) to fill in the appropriate sections.

We may also ask **you** for more information. Here are some examples.

For **unemployment** claims

- Confirmation of **your unemployment** from the Benefits Agency or a certificate from **your** last employer saying that **you** no longer **work** for them, or ongoing evidence of **you** regularly looking for **work** such as job applications, invitations to interviews, job rejections, confirmation of registering with a job agency and so on.
- If **you** are looking for **work** within the European Union, a copy of E303/3 and evidence of continued **unemployment** from any country within the European Union for up to three months.

For **disability** claims

- Being examined by a **doctor** (at **our** expense) or a certificate from **your** employer saying that **you** are not currently **working**.

When **we** receive **your** claim form, the **lender** may suspend **your** right to make any more purchases during **your** claim in line with the 'Restrictions of Use' section in **your** account terms and conditions.

For life claims

- **Your** personal representative will need to send **us** a filled-in claim form. **We** may also ask for an original death certificate (or a copy in English and signed by the registrar to confirm it is a true copy), or a copy of the grant of probate that has been signed by the solicitor to confirm it is a true copy.

If **you** make a claim for **benefit** that is in any way fraudulent, **your** cover under this policy will be treated as invalid from the **start date**. **We** will not refund any premium **you** have paid and **we** may take legal action against **you**.

Claims service standards - our promise to you

We are committed to providing **you** with a high level of service at all times.

- **We** will send **you** a claim form within three working days of **you** asking for one.
- When **we** receive claim forms and claims correspondence, **we** will deal with them and decide whether to pay the claim, turn down the claim or to ask for further information to support the claim within five working days.
- **We** will respond to requests for information over the phone during the call or by the end of the next working day.

Data protection

You understand and give **us** (including **our** agents and associated companies), other insurers, regulators, industry and public organisations (including the police) and agencies' permission to use health information and other information about **you** that **you** provide to:

- process this insurance and any other insurance;
- handle claims; and
- prevent fraud.

This may involve transferring the information to other countries (including those which have limited or no data protection laws). **We** have taken steps to make sure that **your** information is held securely.

Changing a claim

1 If **you** are receiving **benefit** because **you** are **disabled** and **you** become **unemployed**, **you** must write to **us** straight away.

- When deciding if **your** claim is valid, **we** will ignore the fact that **you** have not been **working** because of **your disability**.
- **We** will pay **your disability benefit** while it is valid.
- If **you** are still **unemployed** once a **doctor** says **you** are fit to return to **work**, **you** must tell **us** and **we** will ask **you** to fill in an **unemployment** claim form.
- If **you** change **your** claim, the most **we** will pay for both **your disability** and **unemployment** claims combined is the **statement balance**.

2 If **you** are receiving **benefit** because **you** are **unemployed** and **you** become **disabled**, **you** must write to **us** straight away.

- When deciding if **your** claim is valid **we** will ignore the fact that **you** have not been **working**.
- **You** will no longer be eligible to claim **unemployment benefit** and **you** will have to fill in a claim form to claim **disability benefit**.
- If **you** change **your** claim, the most **we** will pay for both **your unemployment** and **disability** claims combined is the **statement balance**.

6 - How does cover end?

All cover under this policy will end automatically:

- for **disability** and **unemployment** cover when **you** **permanently retire** (**you** must tell the **lender** as soon as possible if **you** **permanently retire** before **you** reach 65); or
- when **you** reach 65 years of age; or
- when **your partner** reaches 65 years of age, if **you** are not **working**; or
- when **your credit agreement** ends; or
- when **your** cover is cancelled by **you** or **us** under section 7; or
- when **your card** is cancelled or withdrawn or runs out, and the **lender** does not renew it; or
- if **you** die.

If **you** fail to make **monthly payments** when due, as required under the terms of **your credit agreement**, for at least 3 months, **we** may cancel **your** insurance. **We** may also cancel **your** insurance if **you** only make part payments towards the minimum amount due.

You must notify the **lender** on **0800 915 2275** as soon as possible after the following events (calls may be recorded and monitored for quality and security purposes) which will automatically end **your** cover:

- when **you** **permanently retire**; and
- when **your partner** reaches 65 years of age, if **you** are not **working**.

7 - How to cancel

If **you** are not satisfied with **your** cover, please call **0871 522 5754**. (Calls may be recorded and monitored for quality and security purposes. Calls cost 10p per minute plus network extras). Or, write to Santander Cards UK Limited at PO Box 700, Leeds, LS99 2BD, within 30 days of the **start date** or, if later, the date **you** receive **your** Policy Document. **We** will then cancel **your** cover from the **start date** without charge and refund any premium already paid as long as **you** have not made a claim.

If **you** do not cancel **your** policy within 30 days of the **start date** or, if later, the date **you** receive **your** Policy Document, **your** policy will stay in force (unless cancelled in accordance with section 6 above) and may only be cancelled by **you** or **us** giving 30 days' notice in writing. **We** will not refund any of **your** **monthly premium** if the **lender** receives notice to cancel from **you** after 30 days from the **start date**.

8 - Premiums

We work out **your** **monthly premium** as a percentage of **your** **statement balance**. Each **monthly premium** covers **you** for one month from the **calculation day**. **Your** **monthly premium** is charged to **your** **card** account each month.

We may change the rate of **your** **monthly premium** by giving **you** notice in writing. However, if the insurance premium tax percentage rate changes, **we** will change the amount of **your** **monthly premium** automatically without giving **you** notice. Any change to **your** **monthly premium** will come into force when **you** have to pay **your** next **monthly premium**.

We will not pay a claim until **you** have paid **your** **monthly premium** for all months for which cover has been provided up to the **calculation day** immediately before to the **claim date**.

9 - Customer care

We have to give **you** the following information by law.

1 Choice of law and language

If **you** buy insurance in the **UK**, **you** can choose which law will apply to the policy. English law will apply to **your** policy unless **we** make a written agreement saying otherwise before **we** issue this policy to **you**. The information in **your** policy will be in English.

2 Compensation rights

We are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the FSCS if **we** cannot meet **our** financial obligations. This depends on the type of business and the circumstances of the claim. In respect of **our** obligations to arrange **your** Balance Cancellation Cover, until December 31 2009, FSCS will pay 100% of the first £2,000 of any loss **you** suffer as a result of **our** failure to meet these obligations and 90% of the remainder of **your** claim without any upper limit and from 1st January 2010 the FSCS will pay 90% of the claim, without any upper limit. **You** can get more information about compensation scheme arrangements from the FSCS at www.fscs.org.uk or by phoning **0207 892 7300**.

3 Transferring your rights

You cannot transfer **your** rights or interest in this policy to any other person (other than **your** personal representative for a life claim). This policy will not have any value at the **end date** or if it is cancelled.

4 Changing these terms

We have a right to change the terms in this policy by giving **you** 30 days' notice in writing. If **you** are not happy with the change, **you** may cancel **your** cover from the date of the change.

5 Rights of other people

No one else can enforce any term of this policy under the Contracts (Rights of Third Parties) Act 1999.

6 Complaints procedure

We set ourselves high standards.

If **you** are not satisfied with the service of either Financial Insurance Company Limited or Financial Assurance Company Limited please write to **us** at:

The Consumer Affairs Department,
Building 11,
Chiswick Park,
Chiswick High Road,
London,
W4 5XR.

Or **you** can phone **us** on **0870 400 4870**. (Calls may be recorded for training and quality purposes. Daytime calls cost up to 8p plus 6p per minute from BT lines Mon-Fri. Mobile and other providers' charges may vary).

If **your** complaint cannot be settled in this way, **you** may be entitled to refer the matter to:

The Financial Ombudsman Service,
South Quay Plaza,
183 Marsh Wall,
London,
E14 9SR.
Phone: **0845 080 1800**.

If **you** complain it will not affect **your** legal rights.

This policy confirms that **you** are insured for life, **disability** and **unemployment** under **lender** scheme numbers 4505, 4509, 4513, 4517 and 4638 dated 22 August 2005.

Balance Cancellation Cover is provided by Financial Insurance Company Limited (in relation to the **disability** and **unemployment** cover) and by Financial Assurance Company Limited (in relation to the life cover).

Balance Cancellation Cover is arranged by Santander Cards UK Limited.

Santander Cards UK Limited - registered office 2 Triton Square, Regent's Place, London NW1 3AN (registered in England and Wales number 1456283). Santander Cards UK Limited is authorised and regulated by the Financial Services Authority. Its FSA registration number is 204572.

Financial Insurance Company Limited is a company limited by shares and its registered office is at Building 11, Chiswick Park, Chiswick High Road, London, W4 5XR (registered in England number 1515187). Financial Insurance Company Limited is authorised and regulated by the Financial Services Authority. Its FSA registration number is 202639.

Financial Assurance Company Limited is a company limited by shares and its registered office is at Building 11, Chiswick Park, Chiswick High Road, London, W4 5XR (registered in England number 4873014). Financial Assurance Company Limited is authorised and regulated by the Financial Services Authority. Its FSA registration number is 229586.

Claims are administered by Financial Insurance Group Services Limited (registered in England number 1670707). Financial Insurance Group Services Limited is authorised and regulated by the Financial Services Authority. Its FSA registration number is 313219.

You can check the Financial Services Authority regulatory details for all these companies on the FSA's register by visiting the FSA's website www.fsa.gov.uk/register or by contacting the FSA on **0845 606 1234**.

Policy information

If **you** would like this policy in large print, in Braille or on tape, please phone one of the following:

Helpline: **0870 400 4768**

Textphone: **0870 400 4769**

(Daytime calls cost up to 8p plus 6p per minute from BT lines Mon-Fri. Mobile and other providers' charges may vary).

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