



**WellWoman / WellMan
Cancer Cover Policy**

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Section 1 - Introduction

This document sets out the terms of the WellWoman / WellMan Cancer Cover policy insured by AIG Europe Limited, please read it carefully. It tells an **insured person** (also referred to as **you**, **your** or **yourself** in this policy) what is covered, what is not covered, what to do if they want to make a claim and who to call if they need help.

This policy is sold, administered and insured by AIG Europe Limited. AIG Direct is a trading name of AIG Europe Limited.

You should familiarise **yourself** with the cover provided by this policy and all the terms, conditions, limitations and what is not covered. **You** should read this policy in conjunction with the **schedule** and review the cover periodically to ensure it continues to meet **your** needs.

If you have any questions about **your** policy or wish to make any changes, please call Customer Services on **0845 071 6290**. Lines are open between 8:30 am and 5:30 pm Monday to Friday or e-mail Customer Services on aigdirect.queries@aig.com.

This policy document, together with the **schedule**, the application form and any endorsements, collectively form the contract between the **policyholder** and **us**. **We** agree to provide the insurance cover described in this policy to **insured persons** provided that the premium is paid when it is due and **we** agree to accept it.

Section 2 - Scope of insurance

If **you** are diagnosed with a **covered cancer** after the **effective date** and before **your** insurance finishes, **we** will pay the amount shown in the **table of benefits** subject to the terms of this policy, including the conditions set out in 'Section 6 - Claims conditions' and the exclusions set out in 'Section 7 - What is not covered' of this policy. Please read this policy carefully to ensure that **you** are fully aware of what it covers.

Section 3 - Glossary

This policy contains technical medical terms which are necessary to describe precisely what is and is not covered. **We** have included a glossary which is designed to give **you** more information on some of these medical terms. The glossary does not form part of this policy. Words that are in the glossary are marked with an asterisk (*).

Section 4 - Definitions

We use words and expressions in this policy which have a specific meaning, and sometimes those meanings are unique to this policy. These words and their meaning in this policy are shown below and each time one of them is used in the policy and/or the **schedule**, it is shown in bold type. Any word or expression in bold type has the same meaning whenever it is used throughout this policy. Plural forms of the words and expressions defined have the same meaning as the singular form.

Child

The **policyholder's** child who is under 18 years of age.

Covered cancer

Cancer in a **female organ** (under WellWoman cover) or **male organ** (under WellMan cover) as described in the **table of benefits**.

Day

A period of 24 hours in a row.

Doctor

A registered medical practitioner who is not **you**, or related to **you**, or works for **you**, who is currently registered with the General Medical Council in the **United Kingdom** (or foreign equivalent) to practice medicine.

Economic sanctions

Any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Effective date

The start date of this policy shown on the **schedule**, or the date on which an **insured person** was added to this policy, whichever is the later.

End date

The date that cover under annually paid policies stop. This is the anniversary (12 calendar months) of the policy **effective date**.

Female organ

One or both breasts, one or both Fallopian tubes, one or both ovaries, the cervix, uterus, vagina or vulva.

First premium due date

The date that the first premium is due as shown on the **schedule**.

Hospital

An institution which has accommodation for inpatients and facilities for diagnosis, surgery and treatment. It does not include a long-term nursing home, a rehabilitation centre, a retirement or convalescence home or an extended-care facility.

Insured person

The **policyholder** and/or other persons shown on the **schedule**.

Male organ

One or both testes, the penis, prostate or scrotum.

Medical consultant

A **doctor** or other medical specialist who either holds a full-time NHS Consultant Post or holds a current Certificate of Completion of Specialist Training (CCST), or is on the Specialist Register held by the General Medical Council (GMC) and holds a specialist accreditation issued by the General Medical Council in accordance with EU Medical Directives (or foreign equivalents) or other similarly recognised body.

Parent

A person with parental responsibility including a legal guardian acting in that capacity.

Policyholder

The person that has applied and paid for this policy, is shown on the **schedule** and is over 18 years of age.

Primary site

The site at which the first malignant* change takes place as it relates to that particular **covered cancer**.

Schedule

The certificate showing the name of the **policyholder** and other **insured persons**, the **effective date** of cover, the type of cover purchased for each **insured person** (female cover or male cover), the level of cover purchased for Cancer Benefit B (Standard, Premier or Platinum) and the premium, which forms part of this policy and which should be read in conjunction with this policy document.

Table of benefits

The part of this document that describes how much **we** will pay if **you** are diagnosed with a **covered cancer**. There are three types of benefit: Cancer Benefit A, Cancer Benefit B and Hospital Benefit. Please see the table of benefits for further information.

United Kingdom

England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man.

Waiting period

The 90 **days** immediately following **your effective date**.

We, us or our

AIG Europe Limited.

You, your or yourself

An **insured person**.

Section 5 - Table of Benefits

The **table of benefits** below shows the items, a description of those items, and the amounts payable in respect of those items, for which each **insured person** is covered under this policy depending on the type of cover purchased (WellWoman or WellMan). The amount payable for Cancer Benefit B will be dependent on the benefit level selected (Standard, Premier or Platinum) for which the premium has been paid to cover the **insured persons** included under this policy as shown on the **schedule**. The cover is provided subject to the terms of the policy, including the conditions set out in 'Section 6 - Claims conditions' and the exclusions set out in 'Section 7 - What is not covered' of this policy.

Table of Benefits			
Item	WellWoman cover	WellMan cover	Benefit
Cancer Benefit A	- Carcinoma in situ* of a female organ other than the breast.	- Carcinoma in situ* of a male organ .	£1,000
Cancer Benefit B	- Any malignant* tumour in a female organ characterised by the uncontrolled growth and spread of malignant* cells and invasion of tissue in a primary site ; Or - Carcinoma in situ* of the breast.	- Any malignant* tumour in a male organ characterised by the uncontrolled growth and spread of malignant* cells and invasion of tissue in a primary site .	The sum shown on an insured person's schedule
Hospital Benefit	- Payable for each complete day an insured person is admitted to a hospital as a direct result of their first diagnosis of Cancer Benefit A or B and occurring during the first 90 days directly following the diagnosis of that cancer.	- Payable for each complete day an insured person is admitted to a hospital as a direct result of their first diagnosis of Cancer Benefit A or B and occurring during the first 90 days directly following the diagnosis of that cancer.	£50 per day up to a maximum of £4,500

If **you** are diagnosed with Cancer Benefit A by a **doctor** or **medical consultant**, **we** will pay Cancer Benefit A upon receipt of a completed and signed claim form and any other documentation **we** may require to process **your** claim.

If **you** are subsequently diagnosed with Cancer Benefit B at the same **primary site** as the previous diagnosis of Cancer Benefit A **we** will pay Cancer Benefit B in addition upon receipt of a signed claim form and any other documentation **we** may require to process **your** claim.

Section 6 - Claims conditions

We will only pay the benefits covered by this **policy** if:

- for monthly paid policies, a **covered cancer** is diagnosed before the next premium due date following **your** 75th birthday or **your** 18th birthday if **you** are a **child**;
- for annually paid policies, a **covered cancer** is diagnosed before the **end date** of the policy period during which **you** reach 75 years of age or 18 years of age if **you** are a **child**;
- it is the first diagnosis of that cancer for **you**;
- you** are alive when the diagnosis is made;
- we** receive a completed and signed claim form and any other supporting documentation **we** may require to process **your** claim (please see 'Section 12 - Claim procedure' for further details); and
- your** cover under this policy has been in force for 91 **days** or more.

If conditions a-e inclusive are met, but **you** receive medical advice, have symptoms or tests, or receive any medication or treatment for a **covered cancer** or are diagnosed with a **covered cancer** during the **waiting period**, **we** will only pay the **hospital** benefit of £50 per **day**, for each complete **day** **you** are admitted to a **hospital** during the first 90 **days** directly following diagnosis of that cancer and as a direct result of the cancer diagnosis. At the end of this 90 **day** period the policy will end for **you** and no further benefits will be payable to **you** under this policy. In the event that **you** are the **policyholder**, this policy will be cancelled.

Section 7 - What is not covered

We will not pay Cancer Benefit A or B:

- a. if **you** are diagnosed as having a **covered cancer** within the **waiting period**;
- b. if **you** receive medical advice, have symptoms or tests, or receive any medication or treatment, for a **covered cancer** within the **waiting period**; or
- c. if **we** have already paid **you** Cancer Benefit B for that cancer.

We will not pay any benefit:

- d. for the **covered cancer** for which **you** are claiming if **you** have been diagnosed with the same cancer before **your effective date**;
- e. based on a diagnosis made by any person other than a **doctor**;
- f. for any tumours which are histologically* described as pre-malignant*; or
- g. if **you** live outside the **United Kingdom**. (Please see subsection 8 'Residence outside the United Kingdom' of 'Section 8 - General conditions' for further details).

Section 8 - General conditions

1. Assignment

This policy may not be assigned or transferred unless agreed by **us** in writing.

2. Claim notification

All claims must be notified as soon as is reasonably practical after the event which causes the claim. Failure to do so may result in **our** rejection of the claim if it is made so long after the event that **we** are unable to investigate it fully, or may result in the **insured person** not receiving the full amount claimed for if the amount claimed is increased as a result of the delay.

3. Complying with the policy

To have the full protection of this policy **you** must comply with the conditions outlined in 'Section 12 - Claim procedure', which are conditions of the policy. Failure to comply with these conditions may determine whether **we** deny any claim made under this policy or the amount **we** pay to **you** in the event of a claim.

4. Interest on amounts payable

We will not pay interest on any amount paid under this policy.

5. Law and jurisdiction

This policy will be governed by English law, and the **policyholder** and **we** agree to submit to the courts of England and Wales to determine any dispute arising under or in connection with it, unless the **policyholder** resides in Scotland, Northern Ireland or the Isle of Man, in which case the law applicable to that jurisdiction will apply and its courts will have exclusive jurisdiction, unless agreed to the contrary by the **policyholder** and **us** before the **effective date**.

The terms and conditions of this policy will only be available in English and all communication relating to this policy will be in English.

6. Policy and premium alteration

We may change the terms and conditions, including the premium, of the policy by giving the **policyholder** 30 days notice in writing to the **policyholder's** last known address. For annually paid policies, **we** will only make a change during the policy period in order to reflect a change to **your** circumstances or an event outside **our** control that we expect to have an impact on future claims which **we** could not reasonably have foreseen when we last reviewed the policy terms and the premium, or in the event of any change in the law affecting this policy, for example a change in Insurance Premium Tax or other tax.

If the changes are acceptable to the **policyholder** then this policy will continue.

If the changes are not acceptable, the **policyholder** may cancel this policy in accordance with subsection 'The **policyholder's** right to cancel the policy after the cooling off period' of 'Section 9 – Cancellation and cooling off period'. If this happens no claims will be paid for any diagnosis of a **covered cancer** suffered by an **insured person** after the date of the cancellation. **We** will return to the **policyholder** any premium already paid to **us** in advance for cover that is unused at the date of cancellation.

The **policyholder** is responsible for notifying **insured persons** of such cancellation or any changes to the terms and conditions.

7. Premium payment

The premium is payable monthly or annually, as shown on the **schedule**.

If the premium is payable on a monthly basis, it is due by the **first premium due date** and subsequently on the 1st day of each month thereafter. Each premium paid, purchases cover under the terms of this policy for the whole calendar month the premium due date falls in.

If the premium is payable annually, it is due by the **first premium due date** and on each anniversary of that date. Each premium paid purchases cover in the terms of this policy for the 12 calendar months following the due date.

If any premium is not paid on the date it is due, the **policyholder** has 30 days in which to pay it. If it is not paid during that period, the policy will be automatically cancelled from the date on which the unpaid premium was due. If the premium is paid during the 30 day period, then cover will operate as if it had been paid on the due date. No claims will be paid for any event that occurs after the 30 days have

passed if the premium remains unpaid.

8. Residence outside the United Kingdom

Cover under this policy cannot continue for an **insured person** who resides outside the **United Kingdom** for more than 180 consecutive days. Cover will cease from the 181st day that an **insured person** resides outside the **United Kingdom**. Please tell **us** as soon as this happens so there is no overpayment of premium.

9. Rights of third parties

Only the **policyholder**, an **insured person** (or their executor or legal representative in the event of the death of an **insured person**) and AIG Europe Limited may enforce the terms of this policy and the provisions of the Contract (Rights of Third Parties) Act 1999 do not apply.

10. Upper age limit

For monthly paid policies, cover under this policy will stop on the next premium due date following **your** 75th birthday. For annually paid policies, cover will stop when the **end date** is reached following **your** 75th birthday.

11. Economic Sanctions

We will not be liable to provide cover (including payment of a claim or provision of any other benefit) under this policy if **we** are prevented from doing so by any **economic sanction** which prohibits **us** or **our** parent company (or **our** parent company's ultimate controlling entity) from providing cover under this policy. **Economic sanctions** change from time to time and can include prohibiting the transfer of funds to a sanctioned country, freeze the assets of a government, the corporate entities and residents of a sanctioned country, or freeze the assets of specific individuals or corporate entities. This means that if **you**, or any third party who has suffered a loss which would otherwise be covered under the policy, are the subject of an **economic sanction we** may not be able to provide cover under the policy.

12. Restricted Persons

This policy will not cover any injury, loss or expense sustained directly or indirectly by any **insured person** who is a terrorist organisation, narcotics trafficker, or purveyor of nuclear, chemical or biological weapons.

Section 9 - Cancellation and cooling off period

The **policyholder's** cooling off period

If the cover does not meet the **policyholder's** requirements the **policyholder** may cancel this policy within 30 days of the policy **effective date** shown on the **schedule** or within 30 days of receiving the policy and **schedule**, whichever is the later. **We** will give the **policyholder** a full refund of any premiums paid less any claim payments. Refunds will be returned to the **policyholder** within 30 days from the date **we** receive notice of cancellation from the **policyholder**.

The **policyholder's** right to cancel the policy after the cooling off period.

The **policyholder** may cancel this policy by giving AIG Direct notice in writing to AIG Direct, Norfolk House, Wellesley Road, Croydon CR0 1LH, by e-mail to aigdirect.queries@aig.com or by calling **0845 071 6290**.

For monthly paid policies, cover will stop from the next premium due date following the date **we** receive notification of cancellation.

For annually paid policies, cover will stop on the first day of the next calendar month following the date **we** receive notice of cancellation. The premium for the period up to the date when the cancellation takes effect will be calculated and any unused portion of the premium which has been paid in advance will be returned to the **policyholder** less any claim payments.

Our right to cancel the policy

For monthly paid policies, cover will continue as long as the **policyholder** pays the premium by the premium due date. In the event that **we** are no longer able to provide cover, **we** will give the **policyholder** at least 30 days notice in writing to the **policyholder's** last known address, in advance of the premium due date.

For annually paid policies, **we** may cancel this policy by giving the **policyholder** 30 days notice in writing to the **policyholder's** last known address where **we** have serious grounds for doing so, including any failure to comply with the conditions in 'Section 8 - General conditions' of this policy which is incapable of remedy or which a **policyholder** fails to remedy within 14 days of receiving notice from **us** requiring remedy of the breach. The premium for the period up to the date when the cancellation takes effect will be calculated and any unused portion of the premium which has been paid in advance will be returned to the **policyholder** less any claim payments.

No person other than the **policyholder** and **us** has the right to cancel this policy.

The **policyholder** is responsible for promptly telling other **insured persons** that the policy has been cancelled.

Section 10 - Fraud or false information

By the **policyholder**

Any fraud, deliberate dishonesty or deliberate hiding of information connected with the **policyholder's** application for this policy or in connection with a claim, will make this policy invalid. In this event **we** will not refund any premiums and **we** will not consider for payment any claims which have not already been submitted to **us**.

Where claims have been made by **insured persons** (other than the **policyholder**) under this policy, but remain unpaid, prior to the discovery of such fraud, deliberate dishonesty or deliberate hiding of information, where the **insured person** making the claim had no involvement in it, such claims will be considered for payment in the usual way.

By the **insured person**

Any fraud, deliberate dishonesty or deliberate hiding of information by an **insured person** at any time will make this policy invalid for that **insured person**. If this happens, the **insured person** will lose any benefit due to them and they must pay back any benefit that **we** have already paid. If this occurs, **we** will not refund any premiums in respect of that **insured person**.

False information about your age

If **we** have been told that **you** are younger than **you** are in the **policyholder's** application for this policy, **we** will only pay part of the benefits covered under this policy based on the percentage of the premium paid compared with the premium that should have been paid for **your** age at **your effective date**. If **you** are over 75 years of age, no claim payment will be made.

If **we** have been told that **you** are older than **you** are in the **policyholder's** application for this policy, **we** will pay the benefit shown on the **schedule** that applies to **your** real age and **we** will refund to the **policyholder** the extra premium that has been paid without adding interest.

Section 11 - Payment of benefits

Any benefit due will be paid to the **insured person** who is the subject of the claim except in the case of a **child**, when it will be paid to the **policyholder** provided that they are a **parent** of the **child** otherwise it will be paid to the **child's parent**. In the event of **your** death before payment is made, the benefit will be paid to **your** legal representative or executor and their receipt will discharge **our** liability under the policy.

Section 12 - Claim procedure

We must be notified as soon as reasonably practicable after **your** diagnosis of a **covered cancer** of a claim, by completing a claim form and returning it to **us**. **You** can call **us** on **0845 071 6290** to request a claim form or by e-mail at aigdirect.queries@aig.com. If **you** have access to the internet **you** can download a claim form from **our** website www.boots.com/wellwoman.

Failure to notify **us** may result in **our** rejection of the claim if it is made so long after the event that **we** are unable to investigate it fully, or may result in the **insured person** not receiving the full amount claimed for if the amount claimed is increased as a result of the delay.

Claims are to be notified to:

Claims Department, AIG Direct, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG.

Telephone: **020 8633 5600** (9.00 am to 5.00 pm Monday to Friday).

E-mail: aigdirect.claims@aig.com

We will ask for a reasonable amount of information as evidence in support of the claim at no expense to **us** including written reports prepared by each **doctor** or **medical consultant** who has treated **you** including acceptable clinical, radiological*, histological* and laboratory evidence which satisfy the medically recognised diagnostic requirements specified in this policy corresponding to that cancer.

If the information supplied is insufficient, **we** will identify the further information which is required. If **we** do not receive the information **we** need, this will affect **our** ability to assess **your** claim and **your** claim may be rejected.

We may ask **you** to attend one or more medical examinations. If **we** do, **we** will pay the cost of the examination(s) and for any medical reports and records and **your** reasonable travelling expenses to attend, if these expenses are agreed by **us** in advance. If **you** fail to attend without reasonable cause, then **your** claim may be rejected.

You must give **us** permission to obtain medical reports or records needed from any **doctor** or **medical consultant** who has treated **you**; otherwise **we** may not pay the claim.

If **you** die **we** have the right to ask for a post-mortem examination if **we** believe it necessary to assess **your** claim, at **our** expense. If this is refused, **we** may not pay the claim.

Section 13 - Cancer Support Service

If **you** make a claim **you** will also be able to access **our** oncology team. This service is available to **you** even if **your** claim is rejected.

Our specialist oncology team can provide information and advice about cancer, including benefits, allowances, grants and work related issues. They can pass on information about appliances and equipment or specialist clothing **you** may need as well as advice on nutritional supplements. If **you** require it they can arrange therapy or counselling for **you** and **your** family as well as providing a link to other support services such as local hospices, support groups or charities.

If **you** would like to speak to one of the oncology team about any aspect of **your** treatment, please call the claims department on **020 8633 5600** during normal opening hours.

Section 14 - How we use Personal Information

AIG Europe Limited is committed to protecting the privacy of customers, claimants and other business contacts.

“**Personal Information**” identifies and relates to **you** or other individuals (e.g. **your** dependants). By providing Personal Information **you** give permission for its use as described below. If **you** provide Personal Information about another individual, **you** confirm that **you** are authorised to provide it for use as described below.

The types of Personal Information we may collect and why - Depending on **our** relationship with **you**, Personal Information collected may include: identification and contact information, payment card and bank account, credit reference and scoring information, sensitive information about health or medical condition, and other Personal Information provided by **you**. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Decision-making on provision of insurance cover and payment plan eligibility
- Assistance and advice on medical and travel matters
- Management and audit of **our** business operations
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance, including compliance with laws outside **your** country of residence
- Monitoring and recording of telephone calls for quality, training and security purposes
- Marketing, market research and analysis

To opt-out of any marketing communications that **we** may send **you**, contact **us** by e-mail at: opt-out@aig.com or by writing to: Marketing Preference Team, AIG, Norfolk House, Wellesley Road, Croydon CR0 1LH, United Kingdom. If **you** opt-out **we** may still send **you** other important communications, e.g. communications relating to administration of **your** insurance policy or claim.

Sharing of Personal Information - For the above purposes Personal Information may be shared with **our** group companies, brokers and other distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers. Personal Information will be shared with other third parties (including government authorities) if required by law. Personal information (including details of injuries) may be recorded on claims registers shared with other insurers. **We** are required to register all third party claims for compensation relating to **bodily injury** to workers' compensation boards. **We** may search these registers to detect and prevent fraud or to validate **your** claims history or that of any other person or property likely to be involved in the policy or claim. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of **our** company or transfer of business assets.

International transfer - Due to the global nature of **our** business Personal Information may be transferred to parties located in other countries, including the United States and other countries with different data protection laws than in **your** country of residence.

Security and retention of Personal Information - Appropriate legal and security measures are used to protect Personal Information. **Our** service providers are also selected carefully and required to use appropriate protective measures. Personal information will be retained for the period necessary to fulfil the purposes described above.

Requests or questions - To request access or correct inaccurate Personal Information, or to request the deletion or suppression of Personal Information, or object to its use, please e-mail: DataProtectionOfficer@aig.com or write to Data Protection Officer, Legal Department, AIG Europe Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB.

More details about **our** use of Personal Information can be found in **our** full Privacy Policy at www.aigdirect.co.uk/privacy-policy or **you** may request a copy using the contact details above.

Section 15 - If something goes wrong with our service

Complaints procedure

We believe **you** deserve a courteous, fair and prompt service. If there is any occasion when **our** service does not meet **your** expectations please contact **us** using the appropriate contact details below and provide the Policy/Claim Number and the name of the **Policyholder/Insured Person** to help **us** to deal with **your** comments quicker.

Claims related complaints:

Accident & Health Claims Manager UK, AIG Direct, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG.

Telephone: +44 (0) **20 8633 5600**
Facsimile: +44 (0) **20 8688 9202**
E-mail: aigdirect.claims@aig.com
Online: www.aig.co.uk and select "your feedback"

All other complaints:

Customer Relations Unit, AIG Direct, Norfolk House, Wellesley Road, Croydon CR0 1LH.

Telephone: +44 (0) **845 071 6290**
Facsimile: +44 (0) **20 8686 4118**
E-mail: aigdirect.queries@aig.com
Online: www.aig.co.uk and select "your feedback"

We will acknowledge the complaint within 5 business days of receiving it, keep **you** informed of progress and do **our** best to resolve matters to **your** satisfaction within 8 weeks. If **we** are unable to do this **you** may be entitled to refer the complaint to the Financial Ombudsman Service (FOS) who will review **your** case. **We** will provide full details of how to do this when **we** provide **our** final response letter addressing the issues raised.

Please note: The FOS will not consider a complaint if **you** have not provided **us** with the opportunity to resolve it previously.

The FOS address is:
Financial Ombudsman Service,
South Quay Plaza, 183 Marsh Wall, London E14 9SR.

Telephone: **0800 0 234 567**
(free for people phoning from a "fixed line", i.e. a landline at home)
0300 123 9 123
(free for mobile-phone users who pay a monthly charge for calls to numbers starting 01 or 02)
E-mail: complaint.info@financial-ombudsman.org.uk

Following this complaint procedure does not affect **your** right to take legal action.

Section 16 - Financial Services Compensation Scheme (FSCS)

AIG Europe Limited is covered by the FSCS. If **we** are unable to meet **our** financial obligations **you** may be entitled to compensation from the scheme, depending on the type of insurance and the circumstances of the claim. For this type of insurance, 90% of **your** claim is covered, without any upper limit.

Further information about compensation scheme arrangements is available at www.fscs.org.uk and on **020 7741 4100**, or **0800 678 1100**.

Section 17 - How to contact us

If **you** have any questions about **your** policy or wish to make any changes, please call Customer Services on **0845 071 6290**. Lines are open between 8:30 am and 5:30 pm Monday to Friday or e-mail Customer Services on aigdirect.queries@aig.com. Alternatively, **you** can write to:

Customer Services
Aig Direct, Norfolk House, Wellesley Road, Croydon CR0 1LH.

Section 18 - Other information

This policy is sold, administered and insured by AIG Europe Limited. AIG Direct is a trading name of AIG Europe Limited.

AIG Europe Limited is authorised and regulated by the Financial Services Authority. This can be confirmed with the Financial Services Authority on www.fsa.gov.uk or by calling 0845 606 1234.

AIG Europe Limited is registered in England under number 1486260. Registered office: The AIG Building, 58 Fenchurch Street, London EC3M 4AB, United Kingdom. AIG Europe Limited is also a member of the Association of British Insurers.

Section 19 - Glossary of terms (does not form part of this policy)

We hope you find this section helpful as it explains some of the medical terms used in this policy.

Carcinoma in situ	means an early stage cancer in which the disease is confined to the cells where it first appeared.
Histological(ly)	means the act of studying tissues and cells under a microscope.
Malignant	means a medical term used to describe a severe and progressively worsening form of cancer. A malignant tumour is not self-limited in its growth, is capable of invading into adjacent tissues, and may be capable of spreading to distant tissues in the body.
Pre-malignant	when used in relation to a cancer or tumour, means cells that have not yet turned cancerous.
Radiological	means the collective term for X-rays, computed axial tomography (CAT scans) or magnetic resonance imaging (MRI scans) or positron emission tomography (PET scans) used to assist in the diagnosis of cancer.