



Term Life Assurance Policy Document



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ABOUT YOUR PULSE TERM LIFE ASSURANCE POLICY

This Policy sets out the details of the agreement to provide Term Life Insurance.

This Policy is provided by Pulse Insurance Ltd and underwritten by Quantum Leben AG (referred to as the **Underwriter/We/Us** in this document). It sets out your contract with the **Underwriter** and should be kept in a safe place.

This Policy comprises of a:

- Policy Schedule and
- Terms and Conditions.

In consideration of the payment of the premium **We** shall provide insurance against death of the insured person/s occurring at any time during the Period of Insurance in accordance with the Schedule and subject to the exclusions, provisions and conditions of the Policy.

These Terms and Conditions and the Policy Schedule should be read together as one contract and the Proposal Form and any statement made by **You** or an insured person is the basis of the contract.

Pulse Insurance Ltd

This policy is brought to you by Pulse Insurance Ltd who is authorised and regulated by the Financial Conduct Authority (FCA) UK.

Contact detail: Pulse Insurance Ltd, 6 Oxford Court, St. James Road, Brackley, Northants NN13 7XY,
Tel: 01280 841430, email: customer.assistance@pulse-insurance.co.uk

Quantum Leben AG

Quantum Leben AG is the Underwriter of this policy.

Quantum Leben AG is based in Städtle 18, 9490 Vaduz, Principality of Liechtenstein and is authorised and regulated by the Financial Market Authority Liechtenstein, Finanzmarktaufsicht (FMA) Liechtenstein
<https://www.fma-li.li/>

Policy Schedule

Certificate Number:	
Policyholder:	
Life (Lives) Assured:	
Person(s) to whom the Sum Assured is payable:	<i>The Policyholder, their personal Representatives or Assigns</i>
Date of Birth of the Life Assured 1:	
Date of Birth of the Life Assured 2:	
Insured Event:	<i>Death of the Life/Lives Assured if it shall occur on or before</i>
Commencement Date:	
Sum Assured:	£
Premium:	<i>Annual Premium of £ payable on: and thereon until:</i>
Exclusions:	<i>Suicide or death as a result of a self-inflicted injury within 12 months of the Commencement Date of the cover</i>
Period of Cover:	<i>From: to: both days inclusive</i>
Dated In Brackley:	

This Certificate is fully underwritten by Quantum Leben AG.

Notices of Assignment are registered by Pulse Insurance Limited, 6 Oxford Court, St James Road, Brackley, Northants NN13 7XY

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(2) DEFINITIONS

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Certain words in this Policy have special meanings. These meanings are given below or defined at the beginning of the appropriate Section.

To help **You** identify these words in the Policy, **We** have printed them in bold type throughout.

Life/Lives Assured: The person/s whose life is being covered and in the event of their death a claim could be made.

Policyholder: The person/persons named as Policyholder in the Policy Schedule.

You or your(s): The Policyholder named on the Policy Schedule, or, in the event of a claim, your Representative.

The Underwriter(s): Quantum Leben AG who is the insurer of this cover.

Insured Event: What needs to happen for a claim to be considered as described on the Policy Schedule.

Sum Assured: The amount of money (lump sum) that is payable if a claim is accepted.

Commencement Date: The day your cover begins.

Period of Cover: The dates between which your policy is in force as shown of the policy schedule.

Representative: The person or organisation who is arranging the cover on your behalf.

(3) YOUR COVER

The Sum Assured shown on the Policy Schedule is payable upon the happening of the Insured Event specified in the Policy Schedule during the Period of Cover.

This Policy relies on information given on the Proposal Form completed by the Policyholder and/or the Life/Lives Assured and any statement made on any Health Declaration or to any examining medical practitioner. If any of the information provided to the Underwriter is not true or accurate or not complete and this might reasonably have affected their decision to provide this Policy, then the Underwriter may:

- change the Terms and Conditions of this Policy
- amend the premiums payable under this Policy; or
- cancel this Policy and refund the premiums paid without interest. If the Underwriter cancels this Policy it will end and all benefits under it will cease.

(4) GENERAL POLICY CONDITIONS

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a) Premium Payment

The premium amount and the frequency of its payment is shown on the Policy Schedule.

The premium must be paid within 30 days of the **Commencement Date** of this Policy and within 15 days of each due date thereafter. If a claim arises during this period, the unpaid premium will be deducted from any **Sum Assured** payable. The premiums payable are guaranteed not to change during the **Period of Cover**, unless the contract has been changed during the term.

If the premium has not been paid by the end of the 30 days, this Policy will be cancelled and all benefits under it will cease. The cover shall lapse with immediate effect.

b) Surrender Value

This Policy does not acquire a surrender value. The **Sum Assured** is payable upon the occurrence of an **Insured Event** and there is no benefit payable at expiry of this Policy.

c) Law

This Policy shall be governed by and construed in accordance with the laws of England and Wales and each party agrees to submit to the exclusive jurisdiction of the courts of England and Wales.

d) Contracts (Rights of Third Parties) Act 1999

This Policy does not give any rights to any person other than the **Policyholder** and the **Underwriters**. No other person shall have any rights to rely on any terms under the Policy.

(5) CANCELLATION RIGHTS

You may cancel your policy at any time. If you decide to cancel this policy within the first 30 days following the **Commencement Date** as shown on your Policy Schedule, we will provide a full refund of your premium unless you have made a claim, in which case no refund of premium will be provided.

If you decide to cancel this policy after this 30-day period, we shall provide a pro rata refund, unless you have made a claim, based upon the remainder of full months left to run. If a claim has been made on the policy no refund of premium shall be provided.

You may cancel this Policy in line with the conditions detailed above by contacting Pulse Insurance Ltd directly or the Representative who arranged the Policy. The contact details for Pulse Insurance Ltd are:

By letter: Pulse Insurance Ltd.

6 Oxford Court, St. James Road, Brackley, Northants NN13 7XY

By email: customer.assistance@pulse-insurance.co.uk *By telephone:* 01280 841430

(6) GENERAL POLICY EXCLUSIONS

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The **Underwriters** shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, EEA, United Kingdom or United States of America.

This policy does not provide cover if you commit suicide or die as a result of a self-inflicted injury within 12 months of the **Commencement Date** of the cover as shown on the Policy Schedule

(7) CLAIMS PROCEDURES AND CONDITIONS

If You wish to make a claim, You may either contact Pulse Insurance Ltd directly or the Representative who arranged cover for You. The contact details for Pulse Insurance Ltd are

By letter: Pulse Insurance Ltd.
6 Oxford Court, St. James Road, Brackley, Northants NN13 7XY

By email: claims@pulse-insurance.co.uk

By telephone: 01280 841430

A Claim Form will be sent to **You** In order for the claim to be assessed, you will need to complete and return the Claim Form together with the original Death Certificate.

In addition, **we** may need some, or, all of the following evidence depending on the nature and circumstances of the claim:

- Proof of who legally owns the Policy
- Medical reports and records
- Coroners and/or police reports
- Such other information as the **Underwriter** may reasonably require to assess the claim.

(8) COMPLAINTS PROCEDURE AND COMPENSATION

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We are committed to providing you with a high level of service. It is therefore important that you inform us when the level of services does not meet your expectations. Should you have any cause for a complaint about our services, please write to us at the address below:

Any complaint regarding the handling of this Policy or a claim should initially be addressed to:

By letter: Pulse Insurance Ltd.
6 Oxford Court, St. James Road, Brackley, Northants NN13 7XY

By email: complaints@pulse-insurance.co.uk

By telephone: 01280 841430

Pulse Insurance Ltd has internal complaint handling procedures, which is available on request.

Making a complaint doesn't affect your legal rights. If you're not happy with the way we handle your complaint, you can talk to:

By letter: The Financial Ombudsman Service
Exchange Tower, London E14 9SR

By telephone: 0800 023 4567 or 0300 123 9123

By email: complaint.info@financial-ombudsman.org.uk
www.financial-ombudsman.org.uk

(9) FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if we cannot meet our obligations. Whether or not you are able to claim and how much you may be entitled to will depend on the specific circumstances at the time. For further information about the scheme please contact the FSCS at: www.fscs.org.uk or call them on: 0800 678 1100