ATLASLIFE
INTERNATIONAL LIFE INSURANCE

Atlas Life Personal Accident and Death by Natural Causes Policy

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About this policy

Please read the following information, which will help **you** understand how **your policy** works.

Policy documents

This **policy** is made up of:
- this **policy** document.
- the **schedule**
  These show the cover **you** have bought and any policy limits.
- any **endorsements**.
  These are agreed changes to the cover. They are shown in the **schedule** if any apply.

IMPORTANT
Please read all these documents carefully and keep them in a safe place.

What do you need to do now?

You should read the **policy** carefully and check **you** are happy that it meets **your** needs.
You should speak to whoever sold **you** the **policy** if:
- it does not meet **your** needs.
- any information is wrong.
- **you** have any questions about the **policy**.

How does the policy work?

We agree to insure **you** in return for payment of the premium shown in the **policy schedule**. **Your** cover under this **policy** is subject to the terms, conditions and exclusions set out in this **policy**.

It is agreed that if any **named person(s)**, suffers **bodily injury** or death from **natural cause**, during the **period of insurance**, **we** will pay **you** the applicable benefit amount. All claim payments under this **policy** will be made to **you**.

This **policy** provides benefits in accordance with the scale of benefits specified in the **schedule**. The percentages (%) specified in the scale of benefits are a percentage (%) of the **maximum sum insured** applicable to the **named person**.

. The **schedule** shows the cover in respect of each **named person** under this **policy**.

The general conditions applies to the **policy**.

Defined words

Some words have a special meaning. These are shown in **bold**. Their meaning is shown in the ‘Defined words’ section of this **policy**.

What is covered and what is not covered?

This **policy** contains different sections of cover. Cover under a particular section of this **policy** is set out under this heading:

What is covered

Anything that is not covered under a particular section is shown under this heading:

What is not covered

The **policy** also contains 'general exclusions', which apply to all sections of cover.

What conditions do I need to comply with?

The **policy** includes things **you** must do (or not do). These can be found in:
- the 'General conditions' section.
- the 'How to make a claim' section.

TIP
*Read the conditions carefully and check **you** can comply with them. Speak to **your Membership Administrator** if **you** cannot comply with the conditions as non-compliance may affect **your** cover.*

Guidance

Throughout the **policy**, **you** will see the following, which are designed to help **you** understand **the** cover:

TIP
*These boxes contain tips to help **you** understand **your** cover. These are included to help **you** and are not part of **your** cover.*

EXAMPLE
*These boxes contain examples to help **you** understand **your** cover. These are examples only and are not exhaustive lists.*

Defined words

Whenever the following words appear in **bold**, they will have the meaning below.
This includes singular versions of plural words and vice versa.

Defined word	Meaning
Accident	means a sudden, unexpected, specific event that originates outside of the body at an identifiable time and place during the **period of insurance**.
Actively at work	means mentally and physically capable of carrying out your normal regular duties associated with the job for which he is employed at the usual place of occupation for the usual hours of work as agreed in writing between the Insured Person and the Insured.
Acts of terrorism involving biological or chemical materials	means the actual or threatened use of pathogenic or poisonous biological or chemical materials by any person(s) for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public or any section of the public in fear.
Bodily injury	means a physical injury that: – is caused by an **accident**; and – results in a loss covered in a **named person's list of benefits** within twelve (12) consecutive months from the date of the **accident**.
Disappearance	means a **named person** has gone missing after suffering an **accident** and is presumed dead if **their** body has not been found after twelve (12) consecutive months.
Endorsement	means an agreed change to the terms of the **policy**. Any **endorsements** will be shown in the **schedule**.
List of benefits	shown on the **schedule** that contains details of the **bodily injury** cover including the benefit amounts specified as a percentage (%) of the **named person's maximum sum insured**.
Loss of hearing	means permanent and total loss of hearing in one or both ears as diagnosed by a **qualified medical practitioner**.
Loss of limb	means permanent loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle or the permanent, total and irrecoverable loss of use of the **named person's** hand, arm, foot or leg.
Loss of sight	means permanent and total loss of sight which **we** will consider as having happened: – in both eyes (after correction) if, on the authority of a fully-qualified ophthalmic specialist, the degree of sight the **named person** has left in both eyes is 3/60 or less on the Snellen scale (meaning **they** can see at not more than three feet what **they** should be able to see at sixty feet); or – in one eye (after correction) if, on the authority of a fully-qualified ophthalmic specialist, the degree of sight the **named person** has left is 3/60 or less on the Snellen scale (meaning **they** can see at not more than three feet what **they** should be able to see at sixty feet).
Loss of speech	means permanent and total loss of the ability to speak.
Maximum sum insured	means the total amount each **named person** is covered for under this **policy**. This is shown in the **schedule of named persons**.
Named person(s) / they / their / them	means each person named in the **schedule**.

Natural cause	Any condition that is attributed to an illness or an internal malfunction of the body and not directly influenced by sudden external factors
Net monthly wage	means the amount of money the **named person** earns per month **after** Income Tax, National Insurance (or equivalent) and any other usual deductions (such as pension contributions and/or student loan repayments) have been taken from **their salary**.
Our medical adviser	means a **qualified medical practitioner** chosen and instructed by **us.**
Paralysis	means permanent and total loss of function of one or more limbs.
Passive War and Terrorism	means the non-participation **of named person(s)**, in armed conflict between nations, invasion act of foreign enemy, civil war, military or usurped power, rebellion, revolution or insurrection and active participation in terrorism or war, whether be declared or not or active participation in hostilities of any act of terrorist activity civil war rebellion, insurrection revolution overthrow of legally constituted government, civil war, civil commotion or uprising or explosion of war weapons.
Period of insurance	means the period when **you** are covered by this **policy** as a **named person**, as shown in the **schedule**.
Permanent total disability	means a **bodily injury** that: – prevents **you** from attending to all aspects of any business or occupation for which **you** are suited by training, education, industry knowledge or experience; and – lasts for twelve (12) consecutive months and at the end of that period there is, in the view of **our medical adviser**, no hope of improvement.
Policy	means the contract of insurance between **you** and **us**, made up of: 1. this **policy** document; 2. the **schedule** 3. any **endorsements.**
Pre-existing conditions	means any condition, whether diagnosed or not: – which is provided for in a **named person's list of benefits**, or which made a material contribution to a covered loss; or – of which the **named person** was aware, or a reasonable person should have been aware at the start of this **policy**; or – for which the **named person** has done any of the following at any time during the three (3) years prior to the inception of this **policy**: a) sought advice, diagnosis, treatment or counselling; or b) been treated.
Qualified medical practitioner	means a medical professional who: – has full General Medical Council (or local equivalent) registration with a license to practice; and – is on the General Medical Council Specialist Register /or GP Register (or local equivalent); and – is practicing one or more of their specialties in a post for which they have the correct registration (as shown on the General Medical Council Specialist Register and/or GP register, or local equivalent); and – has no personal connection to **you** or the **named person** other than in their capacity as **their** doctor.
Risk Map	The Compass Point Assist Risk Map which can be found online at: https://compassshield.compasspoint-assist.com/
Risk Rating	Severity of risk, as detailed on the **Risk Map.**

5 Defined words

Salary	means a fixed amount of money paid regularly to a **named person** by **their** employer in exchange for the work **they** carry out as part of **their** occupation
Schedule	means the document containing details about **you**, including **your** name, address, business, the **period of insurance** and other relevant information.
Trip	The journey within the borders of the country the **named person** is travelling to as detailed within the **Schedule** during the **Period of Insurance**.
We / us / our	Atlas Life
You / your	means each person named in the **schedule**
Your Membership Administrator	Compass Point Assist

What is covered

Section one: Accidents that cause bodily injury

The 'General terms and conditions' apply to this section.

What is covered

We will pay the benefit amount shown in the **list of benefits** if a **named person** suffers **bodily injury** during the **period of insurance**.

What is not covered

The **General exclusions for all sections** apply in addition to the exclusions listed below:

1. We will not cover **pre-existing conditions** or degenerative process of any joint, bone, tendon or ligament.
2. **We** will not cover claims for **accidents** that cause **bodily injury** in any way caused or contributed to by an **illness** (other than any **illness** directly resulting from medical or surgical treatment that was necessary because of the **accident**).

TIP
Where a **bodily injury** is made worse by another medical condition, **we** may only pay a portion of the benefit covered.

Accident conditions

Disappearance

If the benefit for 'death or **disappearance**' is covered, **we** will only pay in the event of a **named person's disappearance** if:

a. **their** body is not found within twelve (12) consecutive months of **their disappearance** and sufficient evidence is produced to prove to our satisfaction that **they** have sustained **bodily injury** and this injury has caused **their** death; and
b. **you** agree in writing to refund the full amount to **us** if the **named person** is subsequently found to be alive.

TIP
We will accept official documents from a public authority as 'sufficient evidence'.

Foreign funeral expenses

In the event of the death of a **named person** whilst on a **trip** or in a country of secondment **we** will indemnify the **named person's** next of kin / emergency contact up to the **limit of indemnity** stated in the **schedule** for:

The costs of **funeral expenses** necessarily incurred outside the **named person's permanent country of domicile**; or

Repatriation of mortal remains

In the event of the death of a **named person** while on a **trip** or in a country of secondment we will indemnify the **named persons** next of kin / emergency contact up to the **limit of indemnity** stated in the **schedule** for:

The repatriation of the **named perron's** remains to their **permanent country of domicile**.

Section two: Death by natural causes

The ‘General terms and conditions’ apply to this section.

What is covered

We will pay the benefit amount shown in the **list of benefits** if a **named person** dies due to **natural causes** during the **period of insurance**.

What is not covered

The **General exclusions for all sections** apply in addition to the exclusions listed below:

1. **We** will not pay any benefit if the insured person is not actively at work at inception of cover. An insured person must not have been absent due to injury or illness for more than 10 days in the preceding six months prior to inception of this policy
2. **We** will not cover claims in any way caused or contributed to by the effects of an **accident** or **bodily injury**

General terms and conditions

The general terms, exclusions and conditions apply to the whole **policy**.

General exclusions for all sections

The following exclusions apply to the whole **policy**.

This **policy** does not cover claims in any way caused or contributed to by:

1. Active participation in war whether war is declared or not, hostilities or any act of war or civil war;
2. a **named person** engaging in or taking part in **acts of terrorism;**
3. nuclear reaction, nuclear radiation or radioactive contamination;
4. biological or chemical materials
5. a **named person** engaging in or taking part in armed forces service or operations;
6. a **named person** engaging in aerial sports, powered or unpowered flight of any kind other than as a commercial airline passenger;
7. a **named person's** suicide or attempted suicide or intentional self-injury;
8. a **named person's** deliberate exposure to exceptional danger (except in an attempt to save human life);
9. a criminal act by a **named person**;
10. a **named person** being under the influence of alcohol or drugs aside from prescription drugs that are prescribed to the **named person** and taken as prescribed;
    - ;
11. **mental or emotional diseases or disorders**;
12. any type of **chronic pain syndrome**;
13. a **named person** under the age of 16 or over the age of 69 at the start of the **period of insurance.**
14. Any **accident** sustained outside a **named person's trip** or from an exclusion zone as defined by the **risk map.**
15. Hazardous pursuits - any **Bodily Injury** of a **named person** while taking part in:
    a) the following winter sports: free-style skiing, ski jumping, ice hockey, use of bobsleighs or skeletons, repetitive travel in ski run helicopters or any competition. Off piste skiing is only covered if the **Insured Person(s)** is accompanied by a suitably experienced guide;
    b) the following scuba diving activities: any unaccompanied dive, any dive involving visits to wrecks or caves, any dive for gain or reward, or any dive below 30 meters. Any other scuba diving activities are only covered if the **Insured Person(s)**
        i. holds the British Sub Aqua Club "Sports Diver" certificate or the Professional Association of Diving Instructors "Open Water" certificate and follows the relevant Club or Association rules and guidelines at all times (or local equivalent); or

ii. dives under the constant supervision of a properly licensed diving school and follows their rules and instructions at all times;

c) Potholing, caving, hang-gliding, parachuting, parascending, paragliding, mountaineering or rock-climbing for which the **Insured Person(s)** would normally need to use ropes or guides, bungee jumping, white-water rafting, any kind of race, endurance test or any other activity which is known to carry an increased risk of personal injury;

d) armed forces activities including operations, exercises or training;

Section 1 - Personal accident conditions

e) The following conditions apply only to **Section 1 – personal accident. Pre-existing condition(s)**

Where a **bodily injury** is made worse by a **pre-existing condition**, **we** may only pay a portion of the benefit covered. The amount **we** pay will be based on the effect of the **named person's pre-existing condition** on **their bodily injury**. **We** will consult a **qualified medical practitioner** and use their assessment to work out how much **we** will pay.

EXAMPLE
*When this policy was taken out, a named person was suffering from osteoporosis. This named person has an **accident** that results in them losing two (2) limbs. However, **our medical adviser** determines that someone not suffering from osteoporosis would only have lost one (1) limb as a result of the same **accident**. **We** would only pay the benefit for **loss of** one (1) **limb**.*

f) One (1) benefit per accident

We will only pay one (1) benefit in respect of one (1) **accident**. If **you** claim for two (2) or more benefits arising from the same **accident**, **we** will only pay the higher amount.

EXAMPLE
*For example, if a **named person** suffers **loss of sight** in one (1) eye and **loss of limb** in the same **accident**, **we** will only pay one (1) benefit - whichever benefit is the higher amount.*

g) **Permanent total disability benefit becomes payable after twelve (12) consecutive months**

We will not pay any benefit for **permanent total disability** until twelve (12) consecutive months after the date of a **named person's** disability arising from a **bodily injury**.

h) **We will not pay more than the maximum sum insured**

The total amount **we** will pay in respect of all claims for each **named person** under this **policy** will not exceed the **maximum sum insured** for that **named person** as stated in the **schedule**.

EXAMPLE
*A **named person** has a **maximum sum insured** of £12,500. This **named person** has three (3) separate **accidents,** and each **accident** leads to a claim for a benefit worth £5,000. **We** would pay £5,000 for the first claim and £5,000 for the second claim. However, as the **named person's maximum sum insured** is £12,500, **we** would pay £2,500 for the third claim and would not pay any further claims for any accident or illness suffered by the same named person.*

Section 2 - Death natural causes conditions

1. It is hereby warranted that the **Named Person** is in good health and are **actively at work** at the inception date of this Policy and must not have been absent due to injury or illness for more than 10 days in the preceding six months.

   If the **Named Person** does not satisfy this condition then cover will not be provided until the **Named Person** has completed a Proposal Form, satisfactory to **our** requirements, should they wish to be covered under this policy.

   Actively at work means that **Named Person** is not only present at their place of work on the prescribed day but are mentally and physically capable of carrying out their normal regular duties associated with the job for which they are employed.

General conditions

The following conditions apply to the whole **policy**.

1 Important information

You must:

- check that the information contained in the **schedule** is accurate
- notify **your Membership Administrator** of any inaccuracies in the information **you** have given **us** in respect of this **policy**, or of any changes to that information (see the 'Changes to information' section.);
- comply with the 'Things **you** must do' in the event of a claim, **your** duties under each section, and **your** duties under the **policy** as a whole.
- Adhere to the advice of **your Membership Administrator** including, but not limited to, relocating **your trip** if advised to do so by the **Risk Map.** It is **your** responsibility to ensure you adhere to the advice shown on the **Risk Map** as this could affect **your** cover under this **policy** or any claim you make

Failure to comply with the above could affect **your** cover under this **policy** or any claim **you** make.

2 Information you have given us

You must take reasonable care when providing information to **us**. **We** have relied on information **you** give **us** when:
a. deciding whether to cover **you**;
deciding the **policy** terms; and
setting the premium.

If any information is untrue, incomplete and/or inaccurate, it may affect **your** cover or any claim **you** make.

3 Incorrect information

If you are careless when providing information

If **you** carelessly give **us** incorrect information, **we** can:

i. treat the **policy** as if it never existed. This means **we** will not cover any claim, but **we** will return the premium to **you**. **We** will only do this if **we** would not have entered into the **policy** if **you** had given correct information; or
ii. change the terms of the **policy** with effect from the start of the **period of insurance.** This could include adding additional exclusions or obligations or amending the **maximum sum insured** or benefit amounts. **We** will only do this if **we** would have applied those other terms if **you** had given correct information; and/or
iii. charge an additional premium or reduce the amount **we** pay for a claim. If **we** reduce the amount **we** pay **we** will do so in proportion to the premium **you** paid **us** and the premium **we** would have charged **you**. **We** will only do this if **we** would have charged a higher premium if **you** had given correct information;
iv. cancel the **policy** in accordance with the Cancellation condition below; or
v. co-operate with the police and support a prosecution in the event of any criminal behaviour in respect of this **policy**, such as faking an injury or death in order to fraudulently claim benefits under this **policy**.

We or **your Membership Administrator** will write to **you** if **we**:
– intend to treat this **policy** as if it never existed; or
– need to amend the terms of the **policy**; or
– require **you** to pay more for the **policy**.

If a named person is careless when providing information

If **we** establish that a **named person** was careless in providing information then **we** can:

i. treat the part of this **policy** relating to that **named person** as if it never existed. This means **we** will not cover any claim relating to that **named person.**
ii. change the terms of the **policy** with effect from the start of the **period of insurance**. This could include adding additional exclusions or obligations or amending the **maximum sum insured** or benefit amounts. **We** will only do this if **we** would have applied those other terms if **we** had been given correct information; and/or
iii. charge an additional premium or reduce the amount **we** pay for a claim. If **we** reduce the amount **we** pay, **we** will do so in proportion to the premium **you** paid **us** and the premium **we** would have charged **you**. **We** will only do this if **we** would have charged a higher premium if **we** had been given correct information; or
iv. cancel the **policy** in accordance with the Cancellation condition below; or
v. co-operate with the police and support a prosecution in the event of any criminal behaviour in respect of this **policy**, such as faking an injury or death in order to fraudulently claim benefits under this **policy**.

We or **your Membership Administrator** will write to **you** if **we**:
– intend to treat this **policy** as if it never existed; or
– need to amend the terms of the **policy**; or
– require **you** to pay more for the **policy**.

Deliberately or recklessly providing false or misleading information

a. If **we** establish that **you** deliberately or recklessly provided **us** with false or misleading information, **we** will:
   i. treat this **policy** as if it never existed; and
   ii. decline all claims; and
   iii. co-operate with the police and support a prosecution in the event of any criminal behaviour in respect of this **policy**.

b. If **we** establish that a **named person** deliberately or recklessly provided false or misleading information **we** will:
   i. treat the part of this **policy** relating to that **named person** as if it never existed; and
   ii. decline all claims relating to that **named person**; and
   iii. co-operate with the police and support a prosecution in the event of any criminal behaviour in respect of this **policy**.

4 Changes to information

You must tell **your Membership Administrator as** soon as possible if:
i. **you** realise **you** have given **us** any incorrect information; or
ii. any information **you** have given **us** has changed.

When **we** are told about any such change, **we** will let **you** know if it changes the **policy**. **We** can change **policy** terms, charge an additional premium or cancel the **policy** in accordance with the Cancellation condition.

5 Failure to tell us about a change

If:
a. **you** do not tell **us** about a change; or
b. **you** give **us** incorrect information when telling **us** about a change,
we may treat the **policy** as if it never existed, reduce the amount **we** pay for a claim or decline to pay a claim.

6 Sanctions

You agree that any cover, the payment of any claim and any benefit provided under **your policy** will be suspended, to the extent that providing any cover, the payment of any claim or the provision of any benefit would expose **us** to any sanction, prohibition or restriction under any:
a. United Nations' resolution(s); or
trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

The suspension will continue until **we** are no longer exposed to any sanction, prohibition or restriction.

7 Choice of law

You and **we** are free to choose the law applicable to this insurance. Unless specifically agreed to the contrary and indicated in the **schedule** this insurance will be governed by the laws of England and Wales and subject to the exclusive jurisdiction of the courts of England and Wales.

8 Cyber

Any **benefits** for **injury** caused by or arising out of a cyber act or a cyber incident are payable, subject to the terms, conditions, limitations and exclusions of this **policy**.

Cyber act means an unauthorised, malicious, or criminal act or series of related unauthorised, malicious, or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any computer system.

Cyber incident means:

a.) any error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any computer system; or

b.) any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any computer system.

Computer system means any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by the **insured** or any other party.

How to make a claim

Things you and the named person(s) must do

You must comply with the obligations set out below. If **we** determine that any claim **you** make under this insurance has been adversely impacted directly by **your** failure to comply with the obligations below, **we** may refuse to pay **your** claim or reduce the amount of any payment **we** make for the claim.

1. If **you** need to make a claim under this **policy**, **you** must notify **your Membership Administrator** as soon as possible (and within twelve (12) consecutive months) of the date of death
2. In the event of an **accident** which causes or may cause a claim under this **policy**:
   a. the **named person** must seek the attention of a **qualified medical practitioner**; and
   you must notify **your Membership Administrator as** soon as possible.
3. When **you** notify **your Membership Administrator** of a claim, **we** will send **you** a claim form which **you** are required to complete and return to **us**.
4. The **named person** must provide **us** or **our medical adviser** with the necessary authorisation to access or obtain all **their** medical records, notes and correspondence referring to the subject of a claim or any related **pre-existing condition(s)**. **Our medical adviser** must, for the purpose of reviewing the claim, be allowed to examine the **named person** as **we** consider necessary.
5. **You** must provide **your Membership Administrator** with all information **we** may reasonably require.
6. **Your Membership Administrator can be contacted at:**

EMERGENCY CALL: +49 (0) 8841 604 0324

EMAIL: membership@compasspoint-assist.com

How we deal with your claim

1. Once **your** claim is accepted, **we** will pay:
   a. Up to the percentage of the **maximum sum insured** shown in the relevant section of the **list of benefits** for any benefit paid as a lump sum.
2. In some cases, the amount **we** pay for any particular benefit may be less than the amount stated in the relevant section of the **list of benefits**. This is explained in the 'Accident conditions' section.

TIP
For more information about how we deal with claims, see the Examples of common claims section.

Fraudulent claims

1. It is a criminal offence to make a dishonest representation for **your** own advantage in the UK. If **you** make a fraudulent claim under this insurance, **we**:
   a. are not legally required to pay the claim; and
   b. may recover from **you** any money paid by **us** to **you** in respect of the claim; and
   c. may treat this insurance as having been terminated from the date of the fraudulent act. **We** will notify **you** if **we** decide to do this.
2. If **we** exercise **our** right under clause 1. c) above:

a. **we** will have no legal responsibility to **you** for any relevant event that occurs after the time of the fraudulent act. A relevant event is whatever gives rise to **our** legal responsibilities under this insurance (such as if a **named person** suffers an **accident**, **you** make a claim, or notify **us** of a potential claim); and
b. **we** do not have to return any of the premiums **you** paid.

3. **We** will also cooperate fully with the Police in any criminal investigation into a fraudulent claim.

Other important information

Please read the important information shown below.

Cancellation condition

You can cancel this insurance at any time by writing to **your Membership Administrator.**

We can cancel this insurance by giving **you** 48 hours' notice in writing. **We** will only do this for a valid reason (examples of valid reasons are as follows):

- non-payment of premium
- a change in **risk rating** detailed on the **Risk Map** to your **Trip** which means **we** can no longer provide **you** with insurance cover;
- non-cooperation or failure to supply any information or documentation **we** request;
- In the event of suspicious activity being detected, such as suspected false information being submitted or potential misuse of the Membership Administrator's platform

Refund of premium

This **policy** has a cooling off period of fourteen (14) days from the date you purchased **your** policy

If **you** cancel this **policy** within the cooling off period then provided **your trip** has not commenced and you have not made a claim, **we** will refund in full any premium **you** have paid. If Your Trip has commenced, a pro-rata refund will be considered provided you have not made a claim.

If this **policy** is cancelled outside the cooling off period then no refund in premium will be paid. The only exception to this is if the **Risk Rating** for your **Trip** changes on the **Risk Map.** In this case, **you** may cancel **your** policy or **we** may cancel **your** policy and **your** premium will be refunded in full provided **your Trip** has not already commenced. If **your trip** has commenced, a pro-rata refund will be considered.

If **we** pay any claim, in whole or in part, then no refund of premium will be paid.

Complaints

We aim to deal with all aspects of **your policy** fairly and promptly. **We** are committed to providing the highest levels of service. However, if **you** do need to make a complaint, please follow the procedure shown below.

1 Concerns about the policy

If **you** have any concerns about the **policy** or the handling of a claim, please contact **your Membership Administrator,** whoever sold the **policy** to **you.**

You can find your **Membership Administrator 's** details in the **schedule** under 'Key Contacts'.

2 Further concerns

To contact the Complaints team at Atlas Life, please use the following details:
Registered Office: Atlas Life, Premier Building, Victoria, Mahe, Seychelles

3 Seychelles Financial Services Authority

If:
a. **you** are not happy with the response to any complaint; or
b. **you** have not received a response within 8 weeks,
you can refer **your** complaint to the Seychelles Financial Services Authority.

Please use the following details:

Regional Office:	PO Box 991, Bois De Rose Avenue, Mahe, Seychelles
Telephone:	+248 438 0800

Data protection

Please read the information below about how **we** use data.

1 Using your data

We collect and use personal information about **you** to provide insurance cover to **you** or which benefits **you**. **We** also use **your** information to meet **our** legal obligations.

2 Data we collect

The information **we** collect can include:
a. **your** name, address and contact details; and
b. other information relevant to the cover, and
c. in some cases, sensitive information. This includes information about **your** health and any convictions.

3 Sharing data

Due to the way insurance works, **we** may share **your** information with others. This includes:
a. insurers, reinsurers, brokers and agents; and
b. loss-adjusters and sub-contractors; and
c. regulators and law enforcement agencies, and
d. crime and fraud prevention agencies and insurance databases.

We will only share information in connection with the insurance and where legally permitted.

4 Other people's information

If **you** give **us** or **your** Membership Administrator information about someone else following their permission to do so, **you** must give them **our** privacy notice. This is available on **our** website.

5 Further information

For more information about how **we** use data, please read **our** full privacy notice. This is available on **our** website. If **you** need the notice in another format, please let **us** know.

6 Contacting us and your rights

You have rights relating to how **we** use **your** data. This includes the right to access **your** data. If **you** want to access **your** information or discuss **your** rights, please let **us** know. Alternatively, contact **your** Membership Administrator.