



IFA Technical Guide Personal Income Protection Plan

Income Protection
from the original provider

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The Holloway Principle

Holloway Friendly was founded in 1880 based upon the principles of George Holloway the welfare and reforming MP for Stroud. Holloway Friendly and the contract that bears its name was the first provider of disability insurance in the UK hence the generic term 'The Holloway Contract'. The Society now has thousands of members, all enjoying the benefits of mutuality.

Benefits

Holloway Friendly's Personal Income Protection Plan offers the following benefits:-

- Guaranteed premiums
- Own occupation definition of incapacity
- Benefit payable from a choice of deferred periods
- No standard policy exclusions
- Lifestyle Guaranteed Insurability Option
- Mortgage Guaranteed Insurability Option
- Children's Benefit
- Medical Expenses Benefit
- Rehabilitation / Proportionate Benefit
- Terminal Illness Benefit
- Career Break
- Choice of retirement ages from 50 to 70 inclusive
- Level or inflation proofed benefit
- Claims paid twice monthly by direct credit
- Premiums paid during an admitted claim will be refunded

Eligibility

Your client is eligible to take out a Holloway Friendly Personal Income Protection Plan, if they:-

- are aged 18 or over and are not yet 55 with a minimum term remaining of 10 years to their chosen plan retirement age
- have been in employment for the last 12 months or more
- are working at least 16 hours per week
- pay Income Tax on their earnings in the UK
- are self employed and have a proven trading history of at least 12 months
- have a bank account in the UK from which they will pay their premiums for this policy and into which we will pay benefit in respect of an admitted claim
- have been permanently resident in the UK for 36 months or more and have no immediate intention to move abroad
- have a currently valid work permit if coming from outside the EU
- have been registered with a GP in the UK for 36 months or more

Maximum and Minimum Benefit Levels

The maximum benefit is 50% of your client's total earnings and is subject to a maximum benefit of £120,000 pa and a minimum benefit of £3,600 pa. Your client's total earnings can include gross salary, dividends and commission (as part of their normal salary), overtime (if proved to be part of their normal salary over last 3 years), and P11D benefits. The amount of benefit paid will be based on your client's earned income prior to incapacity. Earnings or sickpay your client may still be receiving from their employment and benefit payments from income protection or sickness policies with other insurance companies will reduce benefit entitlement.

We will ignore any pension your client is in receipt of at the application stage; it should however be clearly disclosed in your client's application. If disclosed at the application stage we will not take it into account at the claim stage.

If employed, this is your client's average salary over the last 12 months before incapacity.

If self-employed, this is your client's net profit, averaged over the last 3 years before incapacity.

If your client is a Company Director of their own business, and a shareholder, this is their salary and dividends received from the profit generated after deduction for corporation tax in the last 12 months before incapacity.

A proven trading history of 12 months or more in employment is the minimum requirement for an application for a Personal Income Protection Plan or for a claim for benefit to be considered.

If your client should be incapacitated by the actions of a third party your client must repay to Holloway Friendly an amount equal to the benefit we paid to them during their claim, from any payment made to them by that third party whether or not they instituted court proceedings.



Dividends

If your client is in receipt of dividend payments as part of their income, these can be included in the maximum benefit payable calculations provided those dividend payments are not declared when they are unable to work owing to illness or an accident.

At the application stage your client will be asked to be specific with regard to their income details in order that they pay the correct premium and over insurance does not occur.

At the claim stage your client will be asked to substantiate their income position particularly if dividends are part of their pay arrangements. A copy of their last 3 years accounts showing the dividends they receive will be required.

Payment of Benefit

For the Personal Income Protection Plan all claims will be paid once your client has been unable to work for longer than the deferred period.

Claims are processed twice monthly on the 15th and last working day of the month and are paid directly into your client's bank account.

Payments will continue to be paid to your client until the first of the following happens:-

- They recover and are able to go back to work
- They stop living in the UK
- They no longer suffer a loss of earnings
- They reach their chosen retirement age
- They retire from work
- They die

Evidence of Earnings

We will require proof of your client's earnings in the event of a claim for illness or an accident in order to verify the level of benefit entitlement.

This evidence of earnings could be, but is not restricted to the following:-

- **Employed:** Original payslips and most recent P60 for the 12 month period prior to incapacity.
- **Self employed:** Latest business accounts and/or Inland Revenue tax computations/returns for the 3 years prior to incapacity and/or other documents we consider necessary.

Residence/Working Abroad

The plan is available to UK residents who have no immediate intention to move or work abroad.

We will provide cover for a maximum of 26 weeks in any period of 52 weeks, with a maximum total of 52 weeks during the life of the plan, if your client is not living in the UK or any of the following countries:-

Andorra, Australia, Austria, Belgium, Canada, Channel Islands, Cyprus, Denmark, Finland, France, Germany, Gibraltar, Greece, Iceland, Isle of Man, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, New Zealand, Norway, Portugal, Republic of Ireland, San Marino, Spain, Sweden, Switzerland and the USA.

All premiums need to be paid by direct debit from your client's UK bank account and all claims will be paid into your client's UK bank account by direct credit.

Age Limits

- Minimum age at entry is 18 years
- Your client's plan must be on risk before their 55th birthday
- The minimum term for a plan is 10 years
- Applications to increase the benefits of your client's plan must be approved before their 55th birthday

Occupational Classes

The Plan has five occupational classes. There are reduced premium rates for Class 1 Professional office based occupations. This would be subject to your client's business mileage being no greater than 10,000 miles pa.

- Class 1 Professional.
e.g. Solicitor, Accountant, Independent Financial Adviser
- Class 1. e.g. Account Executive, Computer Operator, Chemist
- Class 2. e.g. Shop Assistant, Dental Nurse, Surgeon
- Class 3. e.g. Plumber, Teacher, Nurse
- Class 4. e.g. Builder, Landscape Gardener, Mechanic

This list of occupations will be reviewed from time to time.

If you are in doubt as to whether an occupation will be covered please contact our Underwriting Department on 01452 782760 or email – underwriting@holloway.co.uk

Escalating Benefit

There is the option at outset to automatically increase cover once a year by the rise in the Retail Price Index to a maximum of 10% pa. The increase in cover will occur on each anniversary of your client's plan.

Change of Circumstances

The plan is flexible and increases to benefit can be applied for at any time subject to a minimum term remaining of 10 years on the plan and be approved before your client's 55th birthday. The additional benefit applied for will be subject to further medical and financial underwriting.

Premiums and benefit levels can be reduced or increased or deferred periods changed should your client's circumstances change. Reductions in deferment periods and increases in benefit level will be subject to further medical and financial underwriting.

We need to be informed immediately of any changes to the following circumstances as this could result in amended terms or withdrawal of cover.

- Change of residence
- Increase or decrease in earnings
- Any changes to employer sickpay arrangements
- Unemployment
- Retirement

We do **not** need to be advised if your client changes their occupation after the plan has started. If you are unsure as to whether a change may affect a client's entitlement, please contact Holloway Friendly.

Start Dates

Once the terms have been accepted the client can decide the start date of the plan.

Please note start dates cannot be backdated.

Premiums will be collected monthly by direct debit.

Missed Premiums

Premiums need to be paid to maintain cover and claim benefit.

If your client misses a premium payment, entitlement to any benefit will be suspended until all missed premium payments have been paid.

Your client's plan will be terminated on missing three premium payments and they shall cease to be a member. However, reinstatement of your client's terminated plan will be considered, at our discretion, within 6 months of the first missed payment, on completion of an acceptable Declaration of Continuing Good Health form. If the completed Declaration of Continuing Good Health form results in a requirement for additional medical evidence, we will ask your client to meet those costs.

Taxation

Under existing legislation the benefit paid under your client's plan during claims, provided the benefit is replacing a loss of income, will be tax free.

Guaranteed Insurability Option

The following features are included in the plan provided:-

- Your client is not yet 55 years of age on the date they made their Guaranteed Insurability Option application; and
- Your client was offered cover under this plan at our standard premium rates at the time your client took out this plan; and
- Your client is not incapacitated on the date they make their Guaranteed Insurability Option application
- Your client is not in receipt of benefit when they make their Guaranteed Insurability Option application
- Your client is not within the deferred period applicable to their plan with a claim pending when they make their Guaranteed Insurability Option application

An exclusion applied to your client's initial benefit at the outset of their plan will also apply to any subsequently approved, Guaranteed Insurability Option increase application.

It is important that you are aware that the premium for the Guaranteed Insurability Option increase your client is applying for will be based on your client's age next birthday and rates applying at the time of the increase.



It is also important that your client is aware that the total benefit payable under the plan will never be more than 50% of your client's total earnings and is subject to a maximum of £120,000 pa; see Part C, paragraph 6, of the Schedule for further details.

All Guaranteed Insurability Option increases can only be submitted using a paper based application form.

Life Style Guaranteed Insurability Option

Each exercise of this additional benefit would increase the benefits of your client's plan by the lower of the following:-

- 50% of the amount of the increase in salary, or
- 50% of the benefit level on the commencement of your client's plan, or
- £9,000 annual benefit during the life of your client's plan.

Subject to Part C, paragraph 6 of the Schedule.

Your client would be entitled to exercise these options on the occurrence of any of these events following the commencement date of their plan:-

- Marriage / Civil Partnership
- Birth or legal adoption of a child
- Receipt of a significant salary increase of at least 20% as a direct result of and immediately following attainment of a professional qualification
- Promotion plus salary increase
- Starting a new job with a different employer and salary increase

We shall require the following evidence appropriate to your client's application:-

- marriage certificate,
- civil partnership certificate,
- child's birth certificate
- child's legal adoption papers
- confirmation of their current salary
- a letter from your client's employer confirming details of your client's salary increase

Your client's application for this benefit must be made on the appropriate form which we will need to receive within 3 months of the event occurring and your client will be required to provide evidence of the event.

Mortgage Guaranteed Insurability Option

If your client took out this plan solely for mortgage repayments protection then your client's benefits can be increased on the increase of your client's mortgage following the commencement date of your client's plan. Each exercise of this additional benefit would increase the benefits of your client's plan by the lower of the following:-

- The increase in your client's share of the mortgage payment, or
 - 50% of the benefit level on the commencement date of your client's plan, or
 - £9,000 annual benefit during the life of your client's plan.
- and will be subject to;
- Your client's amended plan's benefits being no more than 40% of your client's salary at the time of the increase, and
 - Your client's mortgage being no more than 4 times your client's salary at the time of the increase.

Your client's application for this benefit must be made on the appropriate form which we will need to receive within 3 months of the event occurring and your client will be required to provide the following evidence of the event:-

- A copy of the new mortgage offer or statement, and
- Confirmation of your client's current salary

Your client can exercise either the Life Style or the Mortgage Guaranteed Insurability Option features more than once during the term of your plan, but the aggregate increase in benefit across all Guaranteed Insurability Option benefits during the term of the plan is restricted to the lower of:-

- 100% of the benefit level on the commencement date of your client's plan; or
- £9,000 benefit per year

These limits apply in aggregate to the same or similar benefits under all other plans held with us.

Children's Benefit

Following diagnosis of a critical illness or the undergoing of a surgical procedure for a child of your client, an amount equivalent to one months benefit will be paid. This benefit is not subject to a deferred period and is only payable once for each child up to a maximum of three children.

The child must be aged between the ages of 30 days and 18 years in order to be eligible for cover.

A child is defined as the natural child or legally adopted child of your client or their spouse, partner or civil partner or any child for which your client or their spouse, partner or civil partner are the legal guardian. The child must be financially dependent on your client.

For a comprehensive list of illnesses covered please refer to our website www.holloway.co.uk/documents/

Some examples covered are as follows:-

- Bacterial Meningitis resulting in permanent symptoms
- Coma resulting in permanent symptoms
- Kidney Failure requiring dialysis
- Major Organ Transplant
- Third degree burns covering 20% of the body's surface area
- Traumatic head injury resulting in permanent symptoms

Career Break

If your client takes a career break, for example to raise a family, study or travel there is the provision to suspend their cover for up to a total period of 24 months during the plan. Premium payments and entitlement to claim will be suspended for the duration of this break. Your client will need to have had their plan for at least 36 months and their premiums must be up to date before they can take the career break option. Your client can take a career break up to 2 times throughout the term of their plan.

A Declaration of Continuing Good Health Form must be completed and accepted by us to reinstate the plan and a change in circumstances or medical history could result in amended terms, higher premiums or even refusal to restart the cover due to their health. If the completed Declaration of Continuing Good Health form results in a requirement for additional medical evidence, we may ask your client to meet those costs.

Your client can apply for a Career Break if they are not yet 55 years of age and that their plan has more than 2 years to go before the plan is due to end.

Rehabilitation Benefit

If your client is receiving benefit from us as a result of illness or accident but could return to the occupation which they were doing prior to their incapacity but on a part time or other reduced capacity basis, they may be eligible to receive Rehabilitation Benefit. This is a part payment of benefit from us to assist your client.

Proportionate Benefit

If your client is receiving benefit from us and starts new employment which could mean an occupation with lower earnings than the occupation they were doing prior to their incapacity, your client may be considered for a part payment of benefit to assist them.

Terminal Illness Benefit

Whilst in receipt of benefit your client may be able to claim Terminal Illness benefit which is equivalent to 6 months benefit payments less any benefit paid to your client since their initial diagnosis. Your client must claim within 1 month of being diagnosed with a terminal illness, which in the opinion of our Chief Medical Officer may cause death within 18 months of the initial diagnosis. Your client's plan will end and no further benefit will be paid.

Medical Expenses Benefit

If your client is in receipt of benefit, they may apply to us for a lump sum payment to be used towards the cost of a specified medical operation or treatment that in the opinion of their specialist will lead to a faster recovery.

We will decide what, if any contribution can be made after consultation with our Chief Medical Officer and our Actuary.

Underwriting and Claims

Medical Information

The application form contains medical questions that your client must fully complete. All facts should be disclosed even if your client thinks it may not be material, we need to know about it.

To make a fair and accurate assessment we will consider your client's health, occupation, pastimes, family health history and lifestyle. We can only base this assessment on the information available to us. If subsequently, your client makes a claim and we find that information which would have affected our decision was not included on the application form, we may not pay the claim. There are also additional questionnaires which we may ask your client to complete.

We may also contact your client's doctor for further information or for a General Practitioners Report. We may also require your client to have a medical examination at our expense.

To apply, your client needs to have been registered with their GP for a minimum of 36 months.

Standard Plan Exclusions

There are no standard policy exclusions within the plan.

Medical Condition Exclusions

If there are any medical conditions disclosed, exclusions may be applied to the plan which means claims relating to that condition will not be paid.

Any exclusions applied to the plan will be detailed in the acceptance documents.

Certain exclusions can be reviewed in the future if your client is no longer suffering with that condition and no further medical treatment is required. However, a review does not necessarily mean that the exclusion will be removed. It is the responsibility of your client to contact us if they would like an exclusion reviewed as this does not happen automatically. If your client's request for a review to substantiate the removal of an exclusion results in a requirement for additional medical evidence we will ask them to meet the costs.

Medical Premium Loadings

A medical loading could be applied to the premium or a reduced benefit can be offered to maintain the original premium quoted if your client requires.

Declined Applications

The decision to decline an application will be based on the information received from your client and their GP. Holloway Friendly may be unable to disclose specific reasons for the declination. If your client wishes to gain further information they should request a copy of the report that we would have received from their GP. Once they are in receipt of the GP's report they can contact our Underwriting Department should they have any further queries.

Hazardous Pursuits

All hazardous pursuits will be given individual consideration. To ensure a proper and fair assessment of the risk involved, we will need as much information as you can obtain from your client and for many pursuits a questionnaire can be completed. As long as the pursuit is not on a professional or semi-professional basis we will consider it.

The decision as to whether exclusion would be applied would be based on the level of benefit required, the deferred period, the pursuit undertaken, the frequency and whether your client has had any injuries relating to that pursuit.

Hazardous pursuits are not necessarily routinely loaded or excluded from Personal Income Protection Plan; however the following will be excluded:-

- Taking part in competitive horse riding or training for such events
- Motor sports (participation in more than 3 events including training per year)
- All forms of mountaineering
- Scuba diving (depth greater than 30 metres more than 2 times per year)
- Any form of wreck or cave diving
- Semi professional competitive sports such as Rugby
- Hang Gliding or similar pursuits

This list of hazardous pursuits will be reviewed from time to time.

When to claim

For the Personal Income Protection Plan there is no initial waiting period and all claims will be paid once your client has been unable to work for longer than the chosen deferred period.

How to claim

A claim form must be completed and can be requested by:-

- Calling Holloway Friendly on 01452 782754
- Visiting our website and downloading the claim form www.holloway.co.uk/members/documents/

Once completed, your client must send to Holloway Friendly:-

- The completed claim form
- Medical certificates
- Evidence of Income which could be, but not restricted to your client's latest payslips, P60s, accounts, Inland Revenue tax computations or other documentation we consider necessary
- Evidence of loss of income

The deadline for claiming

If your client has a Personal Income Protection Plan with a deferred period of 4 or 8 weeks, they must return the completed claim form and any other requested documents no later than 2 weeks from when they were first incapacitated.

If your client has a Personal Income Protection Plan with a deferred period of 13, 26, or 52 weeks they must return the completed claim form and any other requested documents no later than 8 weeks from when they were first incapacitated.

The above are the latest claim deadlines. If your client advises us earlier, that they are unable to work due to incapacity, it means we can ensure that the assessment of their claim is already in hand and could prevent unnecessary delays.

If your client advises us of their claim later than the deadlines mentioned above we will not pay their claim from its due date.



The Personal Income Protection Plan at a Glance

This is a summary only please refer to the Terms & Conditions for full details

Deferment Periods

Your client can select at outset when they would like benefit to commence and can choose from the following deferment periods 4, 8, 13, 26 or 52 weeks.

It is possible to allow for two deferred periods if required, providing the cover does not exceed the maximum 50% of earnings allowed.

For class 4 occupations the minimum deferred period is 8 weeks.

Definition of incapacity

For occupational classes 1 Professional, 1, 2 and 3:- Own Occupation definition applies

The monthly benefit amount will be paid if, after the deferred period, your client is unable to do the material and substantial duties of their own occupation as a result of illness or accident and they are not following any other occupation.

For class 1 Professional, 1, 2 and 3 occupations material and substantial duties are those duties that are normally required for the performance of your client's own occupation and cannot reasonably be omitted or modified by them or their employer.

For occupational class 4:-

Own occupation as above will persist for 12 months after which the claim will be based upon your client's ability to carry out any occupation whatsoever for which they may be reasonably suited by training, education or experience and they are not following any other occupation for profit or reward.

Guaranteed Premiums

It is important to note that the premiums are guaranteed. They will however increase annually if your client chooses to index-link the cover of their plan at the application stage.

Benefits

Your client can choose at outset either level benefit or the inflation proofing option to automatically increase their cover once a year by the rise in the Retail Price Index to a maximum of 10%. This means their benefit increases in line with inflation.

The increase in cover will start from the plan anniversary.

Definition of Benefit

The maximum benefit is 50% of your client's total earnings and is subject to a maximum benefit of £120,000 pa and a minimum benefit of £3,600 pa. Total earnings can include gross salary, dividends, commission (as part of their normal salary), overtime (if proved part of their normal salary over the last 3 years), and P11D benefits. The amount of benefit paid will be based on your client's pre-incapacity earned income.

If your client is self-employed, this is their net profit, averaged over the last 12 months before incapacity.

If a company director of their own business, and a shareholder this is their salary and dividends received from the profit generated in the last 12 months before incapacity but after deduction for corporation tax.

A proven trading history of 12 months or more in employment is the minimum requirement for an application for membership or a claim for benefit to be considered.

If your client is incapacitated by the actions of a third party they must repay to us an amount equal to the benefit we paid to your client during their claim, from any payment made to them by that third party whether obtained by court action or received by way of settlement from the third party's insurers.

Waiver of Premiums

Once a claim has been admitted and is in payment your client will not 'pay' another premium until they are fit to return to work. Although we will continue to collect their premiums by Direct Debit we will refund the premium we have taken from their bank together with any benefit that is due to them, by direct credit.

Linked Claims

If your client claims again for the same incapacity within 6 months of returning to work then the deferred period will not apply.

Cancellation of Plan

The cover will stop immediately. The plan has no cash value at any time. It is important for your client to be aware before cancelling the policy that if they wish to restart at a later date they will have to complete a new application form. Full medical underwriting will be required and the same terms may not be offered.

How we assess the claim

We will look at the duties of your client's occupation, their ability to do them and whether adjustments can be made to help them do them. Benefit will be paid if they are unable to perform essential duties of their normal occupation resulting in a loss of income and are not doing any other work. We will ask for evidence of your client's loss of earnings.

We will require evidence that your client is under medical care from a registered medical practitioner and that they are following all recommended treatments and investigations.

Claiming again after returning to work

There is no limit to the number of claims your client can make. If your client needs to claim again for exactly the same incapacity within 6 months of returning to work then the deferment period will not apply.

How benefits are paid

Claims are processed twice monthly on the 15th and last working day of the month and are paid directly into your client's bank account.

Factors that will reduce benefit

Benefit will be reduced if any of the following will take your client over the 50% maximum benefit allowed:-

- Earnings or sick pay your client may still be receiving from their employment or self employment
- Benefit payments your client is receiving from income protection or sickness plans with other insurance companies
- Pension payments, unless your client received them whilst working

Using Holloway Friendly

Quotations

Client specific quotations can be obtained through our website at www.holloway.co.uk

If you are an IFA who has not registered with us before, you will need to request an individual reference number.

This is quick and simple and can be done through our website as follows:

- Select 'Get Quote' from the menu
- Click 'Help' located to the right hand side of reference number.
- Complete login help form and send

You will receive your individual reference number and password to use our on-line services by email. Login help requests are emailed within an hour during normal working hours. All requested quotations via the web will be stored on-line, enabling you to review, print or process at a time of your choosing.

Quotations are also available by calling New Business on 0800 716654.

Please ensure a copy of the quotation is submitted with the proposal form.

Benefits of Electronic Business Submission

Our preferred method of business submission is electronic.

- Electronic proposal submissions of validated application forms will speed up the business process and also qualify for enhanced commission rates
- The ability to store partially completed proposal forms on-line for completion at a later date
- Ease of access to stored quotations and proposals via a password protected facility
- Submitted proposals will be stored on-line and accessible in pdf format for your convenience

We will still require a signed declaration form and direct debit mandate for all applications submitted via the website.

Variations to existing plans are not supported on-line, these must be quoted for and submitted via Holloway Friendly's Head Office.

Additional On-line Services

Proposal Tracking

You can keep track of your client's application during the underwriting process through our Proposal Tracking System. It can also be used to view a history of all business previously submitted.

Commission Tracking

The commission tracking system enables you to keep track of your commission payments and also review your potential clawback liability during the 36 month earnings period.

Document Library

Many useful forms and sales aids can be found in or downloaded from the document library including Key Features, Application Form, Terms of Business, Claims Charts and Guidance Notes.

www.holloway.co.uk/documents/

Policy Tracking

Enables you to monitor policies to which you have servicing rights.

Terms of Business

All IFA Firms directly authorised by the FSA will be required to complete and sign a Terms of Business form. You can download the form from our document library at www.holloway.co.uk. Alternatively a Terms of Business form will be sent for completion on receipt of your first application.

Please note that applications may not be underwritten until a Terms of Business form has been received and accepted.

Indemnity Commission

Indemnity commission is paid twice monthly by Direct Credit and we aim to pay this within 16 days of the plan start date.

On-line submitted business will qualify for a 10% enhancement on standard initial commission equivalent to 130% of the first month's premium multiplied by 12.

e.g. New monthly premium =
 $£50 \times 12 \times 130\% = £780$ commission

Commission paid on an indemnity basis has an initial earnings period of 36 months.

Non Indemnity Commission

Non Indemnity terms commission is paid on or around the 6th of each month by Direct Credit. This commission is based on the premiums paid during the preceding month.

This option is only available at the time the business is submitted.

On-line submitted business will qualify for a 10% enhancement on standard initial commission equivalent to 130% of the first month's premium multiplied by 12 plus 10% paid in 36 equal monthly instalments.

e.g. New monthly premium =
 $£50 \times 12 \times 130\% + 10\% = £858$ commission

For paper applications the Non Indemnity Commission paid to Financial Advisers is 120% of the first month's premium multiplied by 12 plus 10% paid in 36 equal monthly instalments.

e.g. New monthly premium =
 $£50 \times 12 \times 120\% + 10\% = £792$ commission

Renewal Commission

Renewal commission is paid at the end of the initial earnings period and is paid annually in arrears at the rate of 2.5% of premium income.

e.g. Premium =
 $£50 \times 12 \times 2.5\% = £15$ commission

Increases and Decreases

Increased premiums to existing plans of 10% or more will generate commission at the rates above for the difference between the pre and post amendment annual premium incomes.

All Guaranteed Insurability Option increases can only be submitted using a paper based application form and commission paid accordingly.

Decreased premiums to existing plans may result in commission claw-back.

Money Laundering

Terms will not be offered until Money Laundering Certificates have been received in support of the application. These forms can be downloaded from our website at www.holloway.co.uk/documents/

Service Standards

We continually strive to provide the efficient and friendly service that helped us achieve the prestigious Four Star rating in the Industry recognised Financial Adviser Service Awards 2005, 2006 and 2007. In addition, Holloway Friendly maintains one of the best claims paying records in the Income Protection market.

Cancellation Rights

After your client's application has been accepted they will receive a notice of their right to cancel, they will have 30 days in which they can change their mind about taking out their plan.

Law

In legal disputes, the Law of England and Wales will apply.

Charges

The premium shown in your client's illustration includes the costs of administration, underwriting, claims and commission and any fees incurred in obtaining further medical information.

Queries

If your client has a query concerning their plan, Holloway Friendly will be pleased to answer it, however, if they are seeking advice they should contact you, their Financial Adviser.



Complaints

If your client has cause to complain about the service they have received from Holloway Friendly, please contact our Compliance Officer. If however, their complaint involves the sale or suitability of the plan they should contact you, their Financial Adviser. Should their complaint not be resolved or dealt with to their satisfaction they can complain to the Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR, telephone 0845 0801800. Making a complaint will not affect their legal rights.

Terms and Conditions

Full terms and conditions are available upon request.

How to contact us

If you or your clients have any questions or require any further information about our products you can contact us at:-

Address	Holloway Friendly Holloway House 71 Eastgate Street Gloucester GL1 1PW
Telephone	01452 526238
Facsimile	01452 386859
Website	www.holloway.co.uk
Email	mail@holloway.co.uk

Direct Dial Phone Numbers

New Business	0800 716654
Underwriting	01452 782760
Direct Debits	01452 782756
Claims	01452 782754

You may find it beneficial if this Technical Guide is read in conjunction with the relevant Key Features Document.

The information in this guide is based on Holloway Friendly's understanding of current legislation and Inland Revenue practice which may change in the future.

Holloway Friendly

Holloway Friendly is the trading style of The Original Holloway Friendly Society Limited, founded in 1880. We are registered and incorporated in the United Kingdom under the Friendly Societies Act 1992.

Authorised and Regulated by the Financial Services Authority. FRN 109986.



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