



PAYMENT WAIVER
KEYFACTS AND
INFORMATION

KEY PRODUCT INFORMATION	
Product Name	Payment Waiver
What is Payment Waiver	Payment Waiver provides cover if you have a loan with us and are unable to work due to accident or illness. If a claim is successful, payment waiver will waive any regular repayments (in the case of an interest only loan the Lender will waive any interest only repayments but not the Final Repayment), while you are unable to work entirely for any period in excess of 120 days, (up to a maximum of 18 monthly repayments for any one instance of accident or sickness)
Minimum Term	Any member is required to be unable to work entirely due to accident or sickness for any period of 120 days or more.
Maximum Term	The maximum term that any member can receive payment waiver for is 18 months.
Eligibility	To qualify for payment waiver the member must meet the following requirements at the time of requesting payment waiver:  Been unable to work for at a consecutive of 120 days Be aged 18 or over and under the age of 65. Living in the UK. Working at least 16 hours per week for the last 6 months. Be wholly unable to work due to accident or sickness. Receiving treatment from a doctor who is a medical practitioner. Must have a doctors certificate confirming the member is unable to work for the appropriate period required. Must have confirmation from their employer of the member's absence from work.
Not Eligible	The member will not qualify for a payment waiver if:  The member's sickness arises within the first 12 months of this Loan Agreement and relates to a medical condition which:  the member knew about, or should reasonably have known about, at the time the member entered into this Loan Agreement; or  for which the member had seen or arranged to see a doctor about, during the 12 months before the member entered into this Loan Agreement; or  The member's accident or sickness relates to:  elective or cosmetic surgery (unless needed due to physical illness, injury or disease); or  results from a deliberate or self-inflicted injury; or  from drinking alcohol or taking drugs.
Documentation	We require the member to complete an authorisation form along with their employer and their medical professional. We also require all fit notes to cover the dates that the member has been absent from work.
Contact Information	Any supporting documents can be emailed to: customer.care@scottishpolicecu.co.uk or posted to our office address which is 165 Baillieston Road, Glasgow, G32 0TN