



Choices health cash plan

policy details

In return for the payment by you of the correct premiums, Insured Persons are eligible for benefits provided by this policy in accordance with the terms of the policy and the following schedules.

Premiums per month
including Insurance Premium Tax

Age Band - based on the age of the older adult to be insured	Core Plan		Value Plan		Bonus Plan	
	Individual	Family	Individual	Family	Individual	Family
	£	£	£	£	£	£
17 - 34	6.80	13.45	8.95	17.30	13.25	23.50
35 - 44	7.85	15.00	10.50	19.95	15.00	27.00
45 - 54	8.90	17.00	12.05	22.90	16.75	30.50
55 - 64	9.95	19.00	13.60	25.85	18.50	34.00
65 - 74	11.00	21.00	15.15	28.80	20.25	37.50
75 and over	12.60	24.15	17.85	32.95	23.50	43.50

Individual policies cover the policyholder only

Family policies cover the policyholder, Partner and Children

Benefit Schedule

Benefits	Maximum per Insured Person per Benefit Year								
	Core Plan			Value Plan			Bonus Plan		
		Individual	Family		Individual	Family		Individual	Family
		£	£		£	£		£	£
Dental:		100	70	70	100	100	100	130	130
Optical:		75	70	70	75	100	100	75	130
Hospital day-case surgery:	Per Benefit Year		72	72*		84	84*		96
	Per event		12	12*		14	14*		16
Hospital in-patient:	Per Benefit Year		360	360*		420	420*		480
	Per night		12	12*		14	14*		16
Hospital Parental Stay: (family policies only - adult benefit)	Per Benefit Year		-	360		-	420		-
	Per night		-	12		-	14		-
Recuperation:			100	100*		125	125*		150
Health Consultation:		50	100	100	50	125	125	75	150
Therapies: Combined maximum benefit		50	250	250	50	375	375	75	500
Maternity: (adult benefit only)			100	200		125	250		150
Health Screening:		50	32	32	50	40	40	75	48
Home Help/Home Nursing: Combined maximum benefit		50	1,000	1,000	50	1,500	1,500	75	2,000
Hearing Aids/Surgical Appliances: Combined maximum benefit		50	250	250	50	375	375	75	500
Personal Accident: See policy details (adult benefit only)			Up to 40,000	Up to 40,000		Up to 60,000	Up to 60,000		Up to 80,000
GP Helpline:	24 HOUR 7 DAYS A WEEK HELPLINE 0845 303 7417 Provides telephone access to qualified GP's								
Telephone Helpline:	24 HOUR, 365 DAYS A YEAR TELEPHONE HELPLINE 0800 107 6145 Counselling - caring, practical help in areas related to stress, debt, crisis and addiction. Medical information on Social Services' facilities, self-help groups and general medical advice. Legal advice on any private matter relating to UK law, including relationships, tax, employment and welfare benefits.								

Where benefit is provided for Children the maximum amount is shared among all Children insured under the policy.

* Benefit for Children is payable at half the amount indicated

⊘ % reimbursement of costs up to the stated maximums

PERSONAL ACCIDENT INSURANCE

BHSF Limited will subject to the terms conditions provisions and exceptions of this policy pay the relevant benefit(s) if during the period of insurance an insured adult sustains Bodily Injury caused solely and directly by violent accidental external and visible means resulting directly and independently of any other cause within two years in loss or disablement as described.

Schedule of Benefits:

Insuring Clause: We agree to pay in accordance with the Schedule of Benefits if during the Period of Insurance You sustain Bodily Injury as defined herein, subject always to the terms, conditions, provisions, limitations and exclusions hereof.

THIS INSURANCE IS PROVIDED TO THE BHSF POLICYHOLDER AND INSURED PARTNER		Core Plan	Value Plan	Bonus Plan
PARALYSIS	1.1 Quadriplegia Permanent and total paralysis of the two upper limbs and two lower limbs	£40,000	£60,000	£80,000
	1.2 Paraplegia Permanent and total paralysis of the two lower limbs, bladder and rectum	£16,000	£24,000	£32,000
INSANITY	2 Permanent and incurable	£8,000	£12,000	£16,000
LOSS OF SPEECH	3 Total and irrecoverable loss	£4,000	£6,000	£8,000
LOSS OF HEARING	4.1 Total and irrecoverable loss in: both ears	£4,000	£6,000	£8,000
	4.2 Total and irrecoverable loss in: one ear	£1,200	£1,800	£2,400
LOSS OF SIGHT	5.1 Total and irrecoverable loss in: both eyes	£8,000	£12,000	£16,000
	5.2 Total and irrecoverable loss in: one eye	£4,000	£6,000	£8,000
	5.3 Total and irrecoverable loss of the lens of one eye	£2,000	£3,000	£4,000
LOSS OF LIMBS	6.1 Permanent total loss of use of both hands and feet	£8,000	£12,000	£16,000
	6.2 Permanent total loss of use of one hand or foot	£4,000	£6,000	£8,000
	6.3 Permanent total loss of use of four fingers and thumb of either hand	£3,200	£4,800	£6,400
	6.4 Permanent total loss of use of four fingers of either hand Permanent total loss of use of one thumb of either hand:	£1,600	£2,400	£3,200
	6.5 Both joints	£1,600	£2,400	£3,200
	6.6 One joint	£800	£1,200	£1,600
	Permanent total loss of fingers on either hand:			
	6.7 Three joints	£400	£600	£800
	6.8 Two joints	£280	£420	£560
	6.9 One joint	£160	£240	£320
	Total and irreversible loss of use of toes:			
	6.10 All - one foot	£1,200	£1,800	£2,400
	6.11 Big - both joints	£400	£600	£800
6.12 Big - one joint	£160	£240	£320	
6.13 Other than big, each toe	£160	£240	£320	
FRACTURES	7.1 Established non-union of fractured leg or knee cap	£800	£1,200	£1,600
	7.2 Shortening of leg by at least 5cm	£600	£900	£1,200
	Fracture or fractures of one or more bones of the:			
	7.3 Arm	£60	£90	£120
	7.4 Leg	£120	£180	£240
	7.5 Wrist	£60	£90	£120
	7.6 Ankle	£120	£180	£240
	7.7 Collar bone	£400	£600	£800
7.8 Skull	£400	£600	£800	
BURNS	Full thickness burns which cover:			
	8.1 27% or more of the body surface	£1,600	£2,400	£3,200
	8.2 18% or more but less than 27% of the body surface	£1,280	£1,920	£2,560
	8.3 9% or more but less than 18% of the body surface	£960	£1,440	£1,920
	8.4 4.5% or more but less than 9% of the body surface	£480	£720	£960

If any Insured Person was age 75 or over at the start date of the policy then the above benefits are only payable at half the stated amounts.

Policy Terms

DEFINITIONS

In this policy (except where the policy expressly provides otherwise), the expression "You" (including derivative expressions such as "Your") refers to the policyholder and, where applicable, to any Partner or Children covered under Your policy, and the following expressions have the meanings shown below:

Accident	Means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and location during the period of insurance.
Benefit Year	Each individual benefit type e.g. dental, therapies, etc. has its own separate Benefit Year which is 12 calendar months from: 1 the first date of admission for hospital in-patient, hospital day case surgery or hospital parental stay for which benefit is claimed; 2 the date of the first receipted account for charges made for dental, optical, health consultation, therapies, health screening, surgical appliances, hearing aids, home help or home nursing benefits; 3 the date of birth on the birth certificate(s) or the date of adoption of a child qualifying for maternity benefit. Upon the expiry of a Benefit Year the new Benefit Year for that benefit type will commence from the next claim received in accordance with items 1-3 above.
Bodily Injury	Means identifiable physical injury which a. is caused by an Accident, and b. solely and independently of any other cause except illness directly resulting from, or medical or surgical treatment rendered necessary by, such Bodily Injury, results in Your death or disablement as provided for under this insurance within twenty-four calendar months of the date of such Accident. Bodily Injury shall also include exposure resulting from a mishap to a conveyance in which You are travelling, the date of such mishap shall be deemed to be the date of the Accident causing such Bodily Injury.
Child(ren)	Any Child of Yours and/or Your Partner named in the policy schedule, who is below age 18 and permanently residing with You. Foster Children are excluded.
Insured Person(s)	The person(s) insured under the policy as shown in the policy schedule. The total number of all insured Children will be classed as one Insured Person (except in the case of the Personal Accident Insurance where no cover is provided).
Partner	The one person named as such in the policy schedule, who is Your lawful spouse (or some other person who cohabits with You) and who permanently resides with You.
We/Us/Our	BHSF Limited

Reference to any statutory provisions shall include reference to any re-enactment or modification thereof.

PREMIUMS AND BENEFITS

It is your responsibility to pay premiums due under this policy monthly in advance to Us by direct debit. Premium rates are based on the age of the older adult insured, details of which are shown on page 1. Premiums applicable to a new age band are applied on the 1 April following the birthday of the older adult insured.

Subject to the remainder of this section, the policy will remain in force for as long as premium payments are continued. The payment of benefits is conditional upon premiums being up to date at the time of the incident which gives rise to the claim. All rights to benefit cease after the last day of the period covered by the final premium payment.

We reserve the right to decline or vary the premiums and/or benefits or cancel this policy on giving You at least four weeks' prior notice at Your last known address or to renew the insurance on special terms by the giving of similar notice (except that at least 12 months' notice will be given if maternity benefit is to be withdrawn). We also reserve the right to decline and/or cancel this policy if We suspect any misrepresentation, concealment or failure to comply with the terms of this policy as more specifically set out in General Conditions 8, 9 and the Fraud section.

AGE LIMITS

Cover, on the basis set out above, is provided to You if You are age 17 or above, at the time of Our receipt of an application for either a new policy or a change to the level of cover of an existing policy. The same age requirements apply to any Partner to be included. Children are covered until the date of their 18th birthday.

If an Insured Person was aged 75 or over at the start date of the policy then the personal accident benefits are only payable at half the stated amounts.

GENERAL CONDITIONS

- 1 If You wish to make any change to the persons insured, then You should make application to Us and, if the changes are agreed, a new policy schedule will be issued.
- 2 Premiums and claims are payable in sterling.
- 3 This policy is bound by English law and shall be subject to the jurisdiction of English Courts.
- 4 All persons insured under this policy must be normally resident in the United Kingdom, Channel Islands or the Isle of Man.
- 5 Worldwide emergency cover is included in the policy in respect of emergency overnight admission to hospital, emergency dental treatment or emergency purchase of glasses which might be needed while a person insured under this policy is abroad in accordance with the respective policy terms.
- 6 If You die, Your Partner, if insured under this policy, may apply for a policy in their own name within 30 days of Your death, without any qualifying period applying.
- 7 A Child insured under this policy may, within 30 days of attaining age 18, apply for an alternative policy in their own name without any qualifying period applying.
- 8 Cover is subject to the conditions set out in the application form. Any material failure to complete that form fully and truthfully entitles Us to terminate the policy forthwith and may invalidate any claims under the policy.
- 9 The submission of a false or misrepresented claim may result in cancellation of the policy and/or legal action against You. You are responsible for ensuring the accuracy of claims made under this policy.
- 10 Cooling off period – You have 14 days from the date We issue Your policy documentation to review it. If You are not satisfied with the policy, simply notify Us in writing within the 14 days and We will cancel Your policy. Provided a claim has not been paid We will refund any premium collected.
- 11 No sum payable under this policy shall carry interest.

PRE-EXISTING CONDITIONS AND QUALIFYING PERIODS

For the period of two years from the start date of the policy or from the date of transfer to a higher level of cover We will not pay any hospital-related benefit which arises from any medical or other condition of which any of the Insured Persons is aware, or which is being investigated, at the date of application.

Subject to this, and to the terms of this policy, Insured Persons become eligible for benefit after 13 weeks from the start date of the policy (10 months for maternity) provided that premium payments are up to date. No benefit will be paid in respect of treatment commenced during the qualifying periods, irrespective of the future duration of that course of treatment.

If an Insured Person is admitted to hospital as an immediate casualty patient following an accident, the requirement for the

completion of the qualifying period for hospital in-patient benefit shall not apply.

If You have upgraded Your policy to a higher level of cover, then for the following 13 weeks (10 months for maternity) benefits are restricted to that which would have been payable under the previous level of cover; treatment commenced during this 13 week (10 months for maternity) period will be regarded as if the previous level of cover was still operative, irrespective of the future duration of that course of treatment

Benefits

Dental

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Benefit Year for dental examination, dental treatment and dentures.

Benefit is not payable:

- 1 for denture repairs
- 2 for any prescription charges
- 3 for consumables such as toothbrushes, toothpaste, etc
- 4 for veneers or whitening procedures
- 5 for premiums in respect of any form of dental insurance, dental care contract schemes or for any dental administration fees.

Optical

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Benefit Year. The benefit may be claimed for (a) sight tests, spectacles, lenses or contact lenses supplied or provided at the patient's cost for which the net payment is made directly to a qualified optical practitioner registered with the General Optical Council and (b) laser eye surgery performed by a registered laser eye clinic.

Benefit is not payable:

- 1 for repairs, frames only, cleaning solutions and sundries
- 2 for cataract surgery
- 3 for spectacles or lenses purchased under an optical care contract scheme
- 4 for sunglasses other than prescription sunglasses.

Hospital day-case surgery

Benefit is payable at the appropriate daily rate according to the benefit schedule for up to six occasions in each Benefit Year per Insured Person following admission to an NHS or registered private hospital for scheduled day-case surgery (including endoscopic procedures) performed under general or local anaesthetic and requiring the use of operating theatre facilities and no overnight stay is included.

Benefit is not payable:

- 1 in association with a claim for hospital in-patient benefit
- 2 in respect of cosmetic surgery, sterilisation, vasectomy, pregnancy termination and out-patient treatments
- 3 for injections administered for the relief and/or control of pain.

Hospital In-patient

Hospital in-patient benefit may be claimed according to the benefit schedule on discharge from, or after 30 nights stay in, an NHS or registered private hospital per Benefit Year, whichever is the sooner.

A maximum of 30 nights benefit may be claimed in each Benefit Year per Insured Person. If the maximum benefit has been paid for an Insured Person in a Benefit Year, he/she must have been discharged for a period exceeding one month before payment for a consecutive Benefit Year commences.

In the event of both Insured Partners being hospital in-patients at the same time benefit is payable at double the applicable rate for each of them.

Benefit is restricted to a maximum 20 nights per Benefit Year out of the 30 nights overall limitation for the following:

- 1 treatment in hospitals outside the European Union
- 2 geriatric or elderly rehabilitation, psychiatric treatment, rehabilitation, drug and substance abuse or alcoholism
- 3 treatment resulting directly or indirectly from terrorist action.

Benefit is not payable:

- 1 in respect of cosmetic surgery, stays in a home for the elderly, health clinic, nursing home, hydrotherapy centre or similar institution or for residential stays in hospital for domestic reasons
- 2 in respect of any period of home leave during a period of hospital in-patient treatment
- 3 in respect of a pregnancy or any condition associated with a pregnancy which existed at the start date of this policy
- 4 for hospital stays during which a birth occurs or which immediately follows a birth except:
 - 4.1 if in-patient treatment for the insured mother continues beyond six consecutive nights in which case hospital in-patient benefit for the mother may be claimed from the seventh night onwards;
 - 4.2 if in-patient treatment for the insured Child continues after the date on which the mother is discharged, then hospital in-patient benefit for the Child may be claimed from the birth date of the Child.

Hospital Parental Stay

Family policies only

This benefit is payable at the appropriate nightly rate according to the benefit schedule if you or your insured Partner accompany an insured Child under the age of 18 for one or more overnight stays in an NHS or registered private hospital. A maximum of 30 nights benefit may be claimed in each Benefit Year.

Benefit is restricted to a maximum 20 nights per Benefit Year out of the 30 nights overall limitation for the following:

- 1 stays in hospitals outside the European Union
- 2 if the treatment for the insured Child upon which the claim is based is for psychiatric, rehabilitation, drug and substance abuse or alcoholism.

Benefit is not payable:

- 1 for a parental stay with a Child in hospital because of a pregnancy or any condition associated with pregnancy
- 2 for stays of the mother following her previous discharge in respect of the birth of a Child who remains in hospital and for whom benefit is payable in 4.2 under "hospital in-patient" above.

Recuperation

Benefit is payable according to the benefit schedule **once** in each Benefit Year per Insured Person. It is paid automatically with a claim for hospital in-patient benefit for at least 10 consecutive nights. (No separate claim need be made.)

Health Consultation

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Benefit Year in respect of diagnostic consultations by a medical or surgical specialist holding consultant status in an NHS or registered private hospital, on the recommendation of the Insured Person's General Practitioner. Within the maximum limits stated, tests used by the consultant which are required as part of the diagnostic process are covered.

Benefit is not payable:

- 1 for consultations in connection with pension, insurance, emigration or employment matters or for legal or industrial actions
- 2 for the cost of any treatment
- 3 for the cost of room charges
- 4 for scans or health screening
- 5 for consultations which are covered under 'Therapies', below.

Therapies

Benefit is payable according to the benefit schedule up to the combined maximum benefit per Insured Person in each Benefit Year, in respect of the following services.

- 1 **Physiotherapy services** provided by a qualified practitioner who is on the Register of Physiotherapists of the Health Professions Council.
- 2 **Osteopathic services** provided by a qualified practitioner registered with the General Osteopathic Council.

- 3 **Chiropractic services** provided by a qualified practitioner registered with the General Chiropractic Council.
- 4 **Acupuncture services** provided by a professionally qualified and registered acupuncturist.
- 5 **Chiropody services** provided by a qualified practitioner who is on the Register of Chiropodists/Podiatrists of the Health Professions Council.
- 6 **Homeopathy services** provided by a professionally qualified and registered homeopath.

Benefit is not payable:

- 1 *in respect of treatment by practitioners other than as defined above*
- 2 *for homeopathic medicines or remedies.*

Maternity

Benefit is payable according to the benefit schedule once in each Benefit Year for the birth of Your Child or Children. Multiple births qualify for a multiple of the applicable payment. The amount is also payable for Children under the age of one that You legally adopt. The benefit according to the benefit schedule is only payable to You, even where both parents are insured under this policy.

A **copy** of the birth certificate or the legal adoption papers must be attached to the claim form.

Benefit is not payable:

In respect of any birth or adoption which occurs within 10 calendar months of the start date of this policy.

Health Screening

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Benefit Year for health screening performed in a hospital or health screening centre by medically qualified staff for WellWoman, WellMan, mammography, osteoporosis and heart disease screening.

Benefit is not payable:

- 1 *for any screening other than as stated above (and specifically not for tests carried out at a retail outlet, health club, fitness centre or the like)*
- 2 *for screening or examinations in respect of pension, insurance, emigration, or employment matters or for legal or industrial actions.*

Home Help/Home Nursing

Benefit is payable according to the benefit schedule up to the combined maximum benefit per Insured Person in each Benefit Year, in respect of the following services.

- 1 **Home help services** provided by a Local Authority or by an agency contracted directly by a Local Authority.
- 2 **Home nursing** by a State Registered Nurse arranged with a registered nursing agency, on the recommendation of the Insured Person's General Practitioner.

Benefit is not payable:

- 1 *in respect of services other than as defined above*
- 2 *in maternity cases.*

Hearing Aids/Surgical Appliances

Benefit is payable according to the benefit schedule up to the combined maximum benefit per Insured Person in each Benefit Year for the following:

- 1 New hearing aids supplied by a registered hearing aid dispenser.
- 2 The following appliances, fully worn on the body by the insured person, which are medically prescribed by the Insured Person's General Practitioner.
 - 2.1 Surgical shoes
 - 2.2 Abdominal and lumbar supports
 - 2.3 Surgical corsets
 - 2.4 Trusses
 - 2.5 Surgical stockings
 - 2.6 Mastectomy bras and associated prosthesis
 - 2.7 Any other items that We may from time to time determine.

Benefit is not payable:

- 1 *for hearing aid contract schemes*
- 2 *for replacement hearing aid batteries*
- 3 *for repairs*
- 4 *for any items other than those indicated above (and specifically not for wigs, surgical implants, sexual and contraceptive aids, mechanical and electrical devices and nebulisers).*

Personal Accident Cover

Children are not covered under this section of the policy.

Benefit is provided under this section of the policy in accordance with the Schedule of Benefits on page 2 if during the period of insurance an Insured Person sustains Bodily Injury caused solely and directly by violent accidental external and visible means resulting directly and independently of any other cause within two years in loss or disablement as described.

The maximum payable for Bodily Injury arising from any one Accident is the amount payable for Paraplegia shown under benefit 1 except for benefit payable for Quadriplegia.

If an Insured Person disappears during the period of insurance and is not found within twelve months of disappearing and sufficient evidence is produced that leads Us inevitably to the conclusion they have sustained Bodily Injury and that such injury has caused their death, the sum insured for Item 9 Accidental Death shall become payable hereunder. If at any time after such payment the Insured Person shall be found to be living, the sum paid shall be refunded to Us.

The provision of personal accident cover will terminate on the date payment of benefit is made to You under any of benefits 1.1, 1.2, 2, 5.1 and 6.1.

Exclusions:

1. War and other perils exclusion

We shall not be liable for expense, loss, damage or indemnity directly or indirectly resulting from or attributable to:

- a. war, invasion, civil war, armed hostility, rebellion, revolution, overthrow of a legally constituted government, insurrection or military or usurped power, explosion of war weapon(s), act of an enemy foreign to the nationality of the Insured Person or of the country in which the act occurs,
- b. utilisation of chemical weapons or biological weapons, the release of weapons of mass destruction.

2. Radioactive Contamination Exclusion Clause

We shall not be liable for death, disablement, expense, loss, damage or indemnity directly or indirectly resulting from or attributable to radioactive contamination.

3. Electronic Data Recognition Clause

We shall not be liable under this insurance for any claims in any way caused by or contributed to by the failure of, or the fear of failure of, or the inability of, any equipment or any computer program, to recognise, interpret correctly, or process any date as the true calendar date, or to continue to function correctly beyond that date.

4. We shall not be liable for death or disablement directly or indirectly resulting from:

- a. Your suicide, attempted suicide, intentional self injury or deliberate exposure to exceptional danger (except in an attempt to save human life), or Your committing a criminal act.
- b. You taking a drug which is not lawfully available or is only available on prescription by a qualified doctor or dentist. This exception does not apply if the drug was prescribed.
- c. is traceable to or is caused by any gradually developing bodily deterioration whatever the cause of that deterioration.
- d. Your engaging in a professional sport for which You receive payment or for prize money, or in any form of operational duties as a member of the armed forces.
- e. Your engaging in aerial activities other than as a passenger.

GP Helpline

Contacting Your GP for medical advice, reassurance or guidance, especially outside surgery hours or during the working day, can often prove inconvenient. And even after you've called the surgery, You may face a long delay or have to take an appointment at an inconvenient time.

To help provide reassurance, You are provided with access to a 24 hour 7 days a week GP Telephone Consultation Service.

The service provides:

- Private GP Telephone Consultations 24 hours a day, 7 days a week.
- The doctor can provide advice, diagnosis, reassurance and a course of action as necessary. All advice is specific to You taking into account Your own personal medical history.
- You can call as often as You need; consultations can be as long as appropriate.
- You can call about any health or medical concerns You would normally ask Your own GP but the service is not intended to replace Your own NHS GP. In an emergency, You should always contact Your NHS GP or the Emergency Services.
- A trained operator takes the call and consultations are scheduled with the doctor who calls You back at a convenient time. There is plenty of time for an in-depth consultation if required.

To arrange Your private GP telephone consultation, please call 0845 303 7417 and remember to have Your policy number to hand.

Claims Procedure

For Personal Accident cover:-

Notice shall be given by contacting Us as soon as practicable of any Accident which causes or may cause a claim to be made under this insurance. If disablement results or may result, You must place Yourself as early as possible under the care of a qualified medical practitioner.

In the event of a claim under this cover, You shall if requested by Us provide medical records which We reasonably require in order to assess a claim and to allow the medical adviser or advisers appointed by Us to examine You as often as may be reasonably deemed necessary by Us.

For GP Helpline:-

To arrange Your private GP telephone consultation, please call 0845 303 7417 and remember to have Your policy number to hand.

For all other benefits the following applies:-

- 1 A claim form may be obtained from Our Helpdesk on 0121 629 1297.
- 2 The completed claim form with **original** receipts (showing the date of the consultation, treatment or service provided, or the commencing and finishing dates for home help or home nursing and the name of the person for whom charges were made directly by the practitioner or service provider) must be received by Us within 13 weeks of:
 - a) the date of discharge of the hospital in-patient, or the date on which parental stay ceases, or
 - b) the date of hospital day-case surgery, or
 - c) the date on the original receipted account for consultation and associated charges, or
 - d) the date on the original receipted account for other charges made; where such treatment continues over an extended period then claims need to be submitted periodically, at intervals not exceeding 13 weeks, or
 - e) the date of birth on the **copy** birth certificate(s) or the date of adoption.
- 3 Receipts are retained by Us and become Our property.
- 4 Insured Persons will authorise the disclosure of any medical or other information relevant to their claim which is required by Us.
- 5 Benefit may not be claimed from **all** insured sources for more than the total cost of consultation and associated fees nor for more than the total cost of defined therapy, dental or optical treatment, health screening, surgical appliances, hearing aids or the costs of home help or home nursing.

In the event of dual insurance the benefit will be restricted to the amount not recoverable from the other source or sources. Benefit is only payable in respect of expense which is the direct responsibility of the claimant or their Insured Partner.

Before committing Yourself to treatment, if You have any question about the validity of a likely claim, please telephone Our Helpdesk on 0121 629 1297.

Fraud

You must not act in a fraudulent manner. If You or anyone acting for You:

- (a) makes a claim under the policy knowing the claim to be false or fraudulently exaggerated in any respect, or
- (b) makes a statement in support of a claim knowing the statement to be false in any respect, or
- (c) submit a claim in support of a claim knowing the document to be forged or false in any respect, or
- (d) makes a claim in respect of any injury occasioned by a wilful act or with the connivance of an Insured Person.

Then:

- (a) We shall not pay the claim.
- (b) We shall not pay any other claim for that Insured Person which has been or will be made under the policy.
- (c) We may at Our option declare the policy void.
- (d) We shall be entitled to recover from You the amount of any misrepresented claim already paid under the Policy.
- (e) We shall not make any return premium.
- (f) We may inform the Police of the circumstances

Customer Care

We continually strive to provide Our customers with outstanding value health cash plans and excellent service. If You have a comment about Your policy, a claim You have submitted or the service We have provided, please contact Our telephone helpline on 0121 629 1297.

In the event of a complaint, You should write to Us at the address below, quoting Your policy number. If You are not satisfied with the way Your complaint is dealt with You may appeal to the Chief Executive of BHSF Limited for a final decision, and if not satisfactorily resolved, to the Financial Ombudsman Service whose address will be provided by Us at the appropriate stage.

Data Protection Act

We will store Your information in accordance with the Data Protection Act 1998. We will use Your information for risk assessment, research and statistical purposes, claims handling and for the general administration of Your policy.

Your information may be provided to selected third parties for claims handling services, to companies who may provide a service under this insurance and for the detection and prevention of fraud.

We and other BHSF Group companies may use Your information to advise You of products and services which may be of interest to You (unless You have indicated to the contrary on the application form).

In order to assess the terms of the insurance contract or administer claims that arise, We may need to collect data that the Data Protection Act defines as sensitive, such as medical history. Should You wish to receive a copy of the information We hold on You, please write to:

The Company Secretary

BHSF Limited, Darnley Road, Birmingham B16 8TE

There may be a charge made for supply of this information.

Financial Services Compensation Scheme (FSCS)

BHSF Limited is covered by the FSCS. Compensation from that scheme may be payable if We are unable to meet our obligations (e.g. if We go out of business or into liquidation or are unable to trade). Entitlement depends on the type of business and the circumstances of the claim.

Further information about the scheme is available on the FSCS website www.fscs.org.uk

BHSF Limited is authorised and regulated by the Financial Services Authority.

BHSF Limited
Darnley Road
Birmingham B16 8TE
Tel: 0121 454 3601
0121 629 1297 (Helpdesk)



Calls are recorded and may be monitored for training and security purposes.

Signed for and on behalf of BHSF Limited

A handwritten signature in black ink, appearing to read 'Peter J Maskell'.

Peter J Maskell
Chief Executive