

simplycashplan

Claim money back towards your healthcare costs

It's that simple



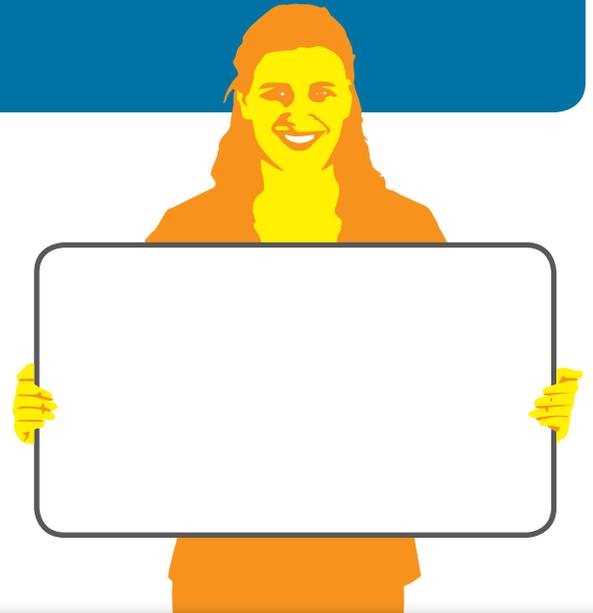
Dental checks



New glasses



Chiropody and
more



Start claiming money back for your appointments today

At Simplyhealth we like to think of the Simply Cash Plan as pots of money you can use to look after your everyday health. You can claim money back towards dental check-ups, eye tests, physiotherapy and more, up to annual limits.

What you can claim for

There are 21 benefits in total including Dental and Optical, here is a bit more information about some of the less well known treatments that are covered.



Chiropody and podiatry

Can help assess and treat problems with feet and lower limbs, such as verrucas, corns and calluses.



Homeopathy

Is a system of alternative medicine which involves treatment with highly diluted substances to trigger the body's natural system of healing.



Osteopathy

Is a way of detecting, treating and preventing health problems by moving, stretching and massaging a person's muscles and joints.



Acupuncture

Acupuncture is a form of Chinese medicine where fine needles are inserted into the skin to correct imbalances in the flow of energy (Qi) and so restore health.



Chiropractic

Chiropractors use their hands to manipulate the skeleton, particularly the spine, in order to promote overall health and wellbeing.



Physiotherapy

Patients are brought to their full movement potential by physical therapy provided by a physiotherapist.



myWellbeing

myWellbeing gives you tools to help you improve your health and wellbeing. It's there to provide you with trusted health information, GP access and healthy discounts in one place, whenever you need it.



Reflexology

The physical act of applying pressure to the feet, lower leg, hands, face or ears with the premise that such work effects a physical change to the body.

Help your whole family to look after their health

The cost of looking after your family's everyday healthcare can soon mount up. With the Simply Cash Plan you can claim money back towards the cost of check-ups and treatment for you, your partner and up to four of your children who are under 18.



Here's what you can claim back!

If you're looking for a plan to cover yourself, your partner and up to four children under 18, you've come to the right place.

Your table of cover

		Level 1	Level 2	Level 3	Level 4	Level 5
Weekly premium for you	Payback level	£3.10	£4.05	£5.00	£6.32	£10.14
Weekly premium for you and your partner		£5.73	£6.80	£8.82	£11.93	£16.94
Monthly premium for you		£13.43	£17.51	£21.65	£27.38	£43.91
Monthly premium for you and your partner		£24.80	£29.39	£38.18	£51.66	£73.36
Monthly premium for up to four of your children under the age of 18		Free	Free	Free	Free	Free

Your benefits

Annual limit for each person

		Level 1	Level 2	Level 3	Level 4	Level 5
Dental Includes check-ups, hygienist's fees, fillings, dentures, crowns and bridges	100%	£100	£120	£160	£190	£280
Dental accident (3 month qualifying period) Treatment to return you to your pre-accident state of oral health if you see a dentist or doctor within 30 days of the accident	100%	£100	£250	£500	£750	£1,000
Optical Includes sight tests, prescription glasses, sunglasses and contact lenses	100%	£100	£120	£160	£190	£280
Physiotherapy, osteopathy, chiropractic and acupuncture Treatment carried out by a qualified practitioner that we recognise	50%	£295	£345	£420	£520	£770
Chiropody, podiatry, homeopathy and reflexology Treatment carried out by a qualified practitioner that we recognise	50%	£100	£125	£150	£200	£300
Health assessment (adult only) A general assessment of your health which is carried out by a qualified practitioner that we recognise	50%	£100	£125	£150	£200	£300
Diagnostic consultation Specialist's fees for a diagnostic consultation, plus allergy testing and blood tests	50%	£175	£200	£260	£320	£525

X-ray / scans X-rays and scans following a referral by a specialist (this does not include CT, MRI or PET scans)		50%	£75	£90	£110	£250	£370
Medical apparel Includes specialist items such as surgical shoes, prosthetics and hearing aids		50%	£250	£300	£400	£500	£750
Hospital cover Cash amount for each day or night to help towards everyday expenses if you need to stay in hospital, including day-patient, in-patient and parental stay. Pre-existing conditions are excluded for the first 12 months	Adult	20 days/ nights max each year	£28	£35	£40	£60	£90
	Child		£14	£18	£20	£30	£45
New child payment (12 month qualifying period) Single payment for each child that you or your partner give birth to or adopt		For each child	£175	£200	£250	£325	£450
NHS prescription charges NHS prescriptions issued by a GP or Dentist		Items each year	1	2	3	4	5
myWellbeing Speak to a GP; telephone counselling services; health evaluation tools; useful health information and more. These services can be accessed via your Online Self Service at www.simplyhealth.co.uk/register			✓	✓	✓	✓	✓
Personal accident cover¹							
Permanent total disablement Payment made if you suffer permanent total disablement. When you reach 66 years old, you are no longer covered for this benefit	Adult	A single payment	£10,000	£12,500	£15,000	£25,000	£25,000
	Child		-	-	-	£5,000	£5,000
Accidental death Payment made as a result of accidental death	Adult	A single payment	£5,000	£6,250	£7,500	£12,500	£12,500
	Child		-	-	-	£2,500	£2,500

Redundancy premium protection (12 month qualifying period) Simplyhealth will cover the policyholder's premiums for a maximum of six months in the event of redundancy and subsequent unemployment.

European Cover You'll receive these benefits for stays up to and including 28 days, wherever you are in the EEA and Switzerland.

¹To be eligible for the Personal Accident cover you must be aged 65 or under when you join. Personal Accident cover is administered by FirstAssist Insurance Services and underwritten by CIGNA Europe Insurance Company S.A.-N.V. FirstAssist Insurance Services is a trading style of Cigna Insurance Services (Europe) Limited.

The joining age for this policy is from 18 years old up to 79. If you or anyone on the policy are aged 80 or over you will not be able to increase the level of cover.

Premiums include Insurance Premium Tax.

[You can find full details about the policy in your Policy Documentation](#)

Your questions answered

How old do I need to be to join?

You can apply to join if you are aged between 18 and 79 inclusive at the time of application and are a UK resident. To be eligible for the Personal Accident cover part of the plan you must be aged 65 or under when you join.

When can I claim?

You can claim from your policy start date, by using the claim form provided in your welcome pack. The only exceptions are the New child payment and Redundancy premium protection which both have a 12 month qualifying period, Dental Accident which has a 3 month qualifying period and Hospital cover which excludes pre-existing conditions for the first 12 months.

When do my annual benefits start and end?

Your annual benefits commence from your policy start date and begin again on the same date every year.

What is the duration of my cover?

The cover under your plan is monthly and runs from month to month until it is cancelled or otherwise comes to an end.

Are existing conditions covered?

The great thing about Simplyhealth is that you can start claiming from your policy start date for the majority of benefits, even if you already have a problem that needs treatment when you join. However, Hospital cover excludes pre-existing conditions for the first 12 months.

Does cover continue when I reach 80?

Yes, cover doesn't cease when you reach a certain age. You can keep your policy for as long as you wish. However there are some circumstances where cover will end. Please note that under Personal Accident you are no longer covered for permanent total disablement once you reach 66 years of age. Please refer to the Personal Accident section of your terms and conditions for full details.

How are my benefits paid?

To make life easier for you, Simplyhealth provides a service which pays your benefits directly into your bank account, sending you confirmation in the post. If you claim online you will be sent email confirmation.

When will I receive money back from my claim?

We usually settle claims within a few days. For some other benefits we will ask for further information which may delay payment of your claim.

What happens if my personal circumstances change?

So that your cover remains appropriate for your needs, it is important that you review it regularly and let us know about any significant changes to your healthcare requirements.

How do I access myWellbeing?

Upon receiving your policy number, activate your Online Self Service account at www.simplyhealth.co.uk/employeebenefit and head to the myWellbeing website.

Where can I get more information or additional help when making a claim?

If you have any queries, please call Simplyhealth Customer Services on 0370 908 3481 who will be pleased to help you.

What do I do if I have changed my mind?

You have 14 days from receipt of your welcome pack in which to change your mind and receive a full refund from Simplyhealth, provided no claims have been made. Simply call Customer Services on 0370 908 3481. After this period our standard cancellation rights apply. For full details, please refer to section 8 of the terms and conditions - 'How does cover end?'

How do I make a complaint?

At Simplyhealth we aim to provide you with the very highest levels of customer service and care at all times. In order to maintain this service standard, we encourage feedback from our customers and have put in place a procedure that you can use to raise any concern or complaint that you may have. In the first instance you should write to: Customer Services, Simplyhealth, Hambleden House, Andover, Hants. SP10 1LQ or contact customer services direct on 0370 908 3481.

If you are not satisfied with our response, or we have not replied within eight weeks, you have the right to refer your complaint to: Financial Ombudsman Service. For full details, please refer to section 9 of the terms and conditions - 'Customer care'.

Policy document: Part 1 – benefits and exclusions

Introduction

These terms and conditions set out the way **we** provide **you** with cover under the **policy**. As a **member**, they bind **you**, whether or not **you** have signed the application form or other documents. Please read them carefully and keep them in a safe place for future reference. If **you** have any questions about these terms and conditions, please contact Customer Services on 0370 908 3481. Calls to 03 numbers are no more expensive than calling numbers starting with 01 or 02 and are included in free call packages from landlines and mobiles.

We recommend that **you** review **your** cover on a regular basis to ensure that it continues to meet **your** needs.

Making information about us accessible

We aim to make information about **us** accessible to **you**, whatever **your** needs, and information is available in large print or audio.

Section 1: Definitions

To avoid repetition, the following words or expressions, wherever used in this **policy**, have the specific meanings given below. To identify the defined words or expressions, these are shown in **bold** print throughout this **policy**.

Accident

An incident that happens by chance, which could not have been expected, causes a significant dental injury and requires medical or dental attention.

Acupuncture

Acupuncture provided by a practitioner who is qualified and registered with an approved professional organisation recognised by **us** in the appropriate field. To check the organisations that **we** recognise please call Customer Services on 0370 908 3481.

Child/children

Natural or legally adopted dependent children of the **policyholder** or their **partner**. Children must be under the age of 18.

Claiming year

The period of time during which **you** can claim the benefit for **your** chosen level of cover. **Your** summary of cover shows the dates for **your** claiming year.

Date of treatment

The date that the treatment or service was supplied. For new child payment this will be the date of adoption or birth of the child.

Homeopathy

Homeopathy provided by a practitioner who is qualified and registered with an approved professional organisation recognised by **us** in the appropriate field. To check the organisations that **we** recognise please call Customer Services on 0370 908 3481.

Member

Anyone who **we** have accepted for cover under this **policy**.

Partner

Anyone in a relationship with, and who lives with, the **policyholder**. This could be their husband, wife, civil partner or unmarried partner.

Policy

The insurance contract between Simplyhealth and the **policyholder**.

Policyholder

The first person named on the Summary of Cover.

Qualifying period

A set period of time in which **we** will not pay claims:

- for any treatment or service that **you** receive
- if **you** have a baby or adopt a **child**

during that time. **We** will not waive premiums if the **policyholder** is made redundant during this time. The qualifying period starts from the date that **you** join the **policy** or the date of any increase in cover. The **table of cover** shows any qualifying periods that apply to the **policy**.

Reflexology

Reflexology provided by a practitioner who is qualified and registered with an approved professional organisation recognised by **us** in the appropriate field. To check the organisations that **we** recognise please call Customer Services on 0370 908 3481.

Review date

The date that the contract between **us** and the **policyholder** is reviewed.

Sport

Sports or activities that carry a higher than average likelihood of dental injury where it is reasonable to expect **you** to wear face or mouth protection, for example hockey or rugby.

Table of cover

The table (current at the **date of treatment**) that **we** give **you**. This will show:

- the levels of cover available and the premiums for each level
- the benefit entitlements available under each level of cover
- any age rules for joining and changing **your** level of cover
- whether or not **partners** or **children** can be covered by the **policy**.

We/our/us

Simplyhealth Access trading as Simplyhealth, a company incorporated in England and Wales.

You/your

Anyone who is a **member** on the **policy**.

Section 2: Details of what is covered and not covered

This section explains what is and is not covered for each of the benefits on the **policy**. **You** decide the treatments and services that **you** receive, and the people who provide them. **We** make no claims about the effectiveness or safety of treatments, or the people who provide the treatment and services which the **policy** covers.

We will pay **you** up to the maximum amount of **your** chosen level shown in the **table of cover** for each benefit, every **claiming year**. **You** will need to pay the cost of the treatment and claim this back from **us**.

Rules for making a claim are in section 5 of the Part 2 policy document - general terms and conditions.

Dental

Payback level: 100%

Level	1	2	3	4	5
Annual limit	£100	£120	£160	£190	£280

This benefit is to help towards the costs when **you** see a qualified dental professional (for example a dentist or hygienist) in a dental surgery.

What the dental benefit covers

- ✓ dental check-ups
- ✓ treatment provided by a dentist, periodontist or orthodontist
- ✓ endodontic (root canal) treatment
- ✓ hygienists' fees
- ✓ local anaesthetic fees and intravenous sedation
- ✓ dental brace or gum-shield provided by a dentist or orthodontist
- ✓ dental crowns, bridges and fillings
- ✓ dentures
- ✓ laboratory fees and dental technician fees referred by a dentist or orthodontist
- ✓ dental X-rays
- ✓ denture repairs or replacements by a dental technician.

What the dental benefit doesn't cover

- × dental prescription charges
- × dental consumables, for example toothbrushes, mouthwash and dental floss
- × dental implants and bone augmentation procedures, for example sinus lift, bone graft
- × cosmetic procedures, for example dental veneers, tooth whitening and the replacement of silver coloured fillings with white fillings
- × laboratory fees not connected to dental treatment or performed by a dentist
- × dental treatment provided at a hospital as a day-patient or in-patient
- × general exclusions.

Dental accident

Payback level: 100%

Level	1	2	3	4	5
Annual limit	£100	£250	£500	£750	£1,000

This benefit is to help towards the costs of returning **your** oral health to its pre-**accident** state following an **accident**.

This benefit has a **qualifying period** of three months.

If **you** make a claim under this benefit, **you** must provide reasonable evidence of the **accident** having taken place and of the treatment being clinically necessary as a direct result of the **accident**. The evidence that **we** ask for may include the date of the **accident**, witness statements, photographs, X-rays, medical and dental reports and police incident numbers.

To make a claim for a dental accident, please call 0370 908 3476.

What the dental accident benefit covers

- ✓ restorative treatment to return **your** oral health to its pre-**accident** state if **you** receive medical or dental attention within 30 days of the **accident**
- ✓ the standard NHS rate for one prescription (whether the prescription is an NHS or private prescription). The prescription must be written by a dentist or doctor. This does not cover Prescription Prepayment Certificates (PPC).

What the dental accident benefit doesn't cover

- x dental treatment that **you** need as a direct result of an **accident** that occurred before or within the **qualifying period**
- x dental treatment where **you** did not receive medical or dental attention within 30 days of the **accident**
- x further dental treatment that **you** need after the immediate restoration of the **accident** damaged area, for example remedial improvements to, or the modification of, work carried out as a result of the **accident**
- x dental treatment that **you** need as a result of participating in a **sport** where **you** were not wearing the appropriate face or mouth protection
- x dental treatment that **you** need as a result of injury caused by foodstuffs or foreign bodies while eating, chewing or drinking
- x any dental treatment undertaken in a hospital following a referral from a dentist
- x any preparation for and treatment connected with having implants or veneers fitted. This exclusion does not apply to an existing veneer which is damaged in an **accident** covered by the **policy**, or for an existing implant abutment, crown or bridge which is damaged in an **accident** covered by the **policy**
- x claims relating to treatment arising directly or indirectly from:
 - **you** participating in a criminal act
 - an **accident** while **you** were under the influence of alcohol or drugs
 - deliberate self-inflicted injury
- x dental treatment that **you** need as a result of war or terrorist activity
- x general exclusions.

Optical

Payback level: 100%

Level	1	2	3	4	5
Annual limit	£100	£120	£160	£190	£280

This benefit is to help towards the costs when **you** see a qualified optical professional (for example an optometrist or optician).

What the optical benefit covers

- ✓ sight-test fees, scans or photos for an eye test
- ✓ fitting fees
- ✓ prescribed lenses and accompanying frames for:
 - glasses
 - sunglasses
 - safety glasses
 - swimming goggles
- ✓ adding new prescribed lenses to existing frames
- ✓ glasses frames
- ✓ contact lenses (including contact lenses paid for by instalment)
- ✓ consumables supplied as part of an optical prescription, for example solutions and tints
- ✓ repairs to glasses.

What the optical benefit doesn't cover

- x eye surgery (for example laser eye surgery, lens replacement surgery or cataract surgery)
- x optical consumables, for example contact lens cases, glasses cases and glasses chains/cords, cleaning materials
- x solutions that are not part of a prescription
- x magnifying glasses
- x eyewear that does not have prescription lenses

- x ophthalmic consultant charges or tests related to an ophthalmic consultation
- x general exclusions.

Physiotherapy, osteopathy, chiropractic, acupuncture (POCA)

Payback level: 50%

Level	1	2	3	4	5
Annual limit	£295	£345	£420	£520	£770

Important: In order to be able to practise in the UK:

- Physiotherapists must be registered with the Health and Care Professions Council (HCPC)
- Osteopaths must be registered with the General Osteopathic Council (GOC)
- Chiropractors must be registered with the General Chiropractic Council (GCC).

We will not pay for treatment by someone who is not registered with the HCPC, GOC or GCC (as appropriate).

What the POCA benefit covers

- ✓ physiotherapy, including consultations with a physiotherapist
- ✓ osteopathy
- ✓ chiropractic
- ✓ acupuncture.

What the POCA benefit doesn't cover

- x any other treatments, for example reflexology, aromatherapy, herbalism, sports/remedial massage, Indian head massage, reiki, Alexander technique
- x X-rays and scans
- x appliances, for example lumbar roll, back support, TENS machine
- x general exclusions.

Chiropody/podiatry, homeopathy and reflexology

Payback level: 50%

Level	1	2	3	4	5
Annual limit	£100	£125	£150	£200	£300

Important: In order to be able to practise in the UK chiropodists / podiatrists must be registered with the Health and Care Professions Council (HCPC).

We will not pay for chiropody/ podiatry treatment by someone who is not registered with the HCPC.

What the chiropody/podiatry, homeopathy and reflexology benefit covers

- ✓ treatment supplied by a chiropodist or podiatrist
- ✓ assessments, for example gait analysis, performed by a chiropodist or podiatrist
- ✓ consumables prescribed by and bought from the chiropodist or podiatrist at the time of treatment, for example orthotics, dressings
- ✓ consultations with a podiatric surgeon
- ✓ **homeopathy** and homeopathic medicines prescribed by and bought directly from a homeopath
- ✓ **reflexology**.

What the chiropody/podiatry, homeopathy and reflexology benefit doesn't cover

- × cosmetic pedicures
- × X-rays and scans
- × consumables not bought from the chiropodist or podiatrist at the time of treatment, for example corn plasters bought from a pharmacy
- × surgical footwear, for example corrective footwear
- × homeopathic medicines bought from a professional who is not a homeopath or bought from a chemist, health food shop, by mail order or over the internet
- × general exclusions.

Health assessment

Payback level: 50%

Level	1	2	3	4	5
Annual limit	£100	£125	£150	£200	£300

The purpose of this benefit is to help towards the costs of a detailed assessment of **your** health.

What the health assessment benefit covers

- ✓ tests which **you** have in order to assess **your** general health. The tests must be carried out within one appointment:
 - by a doctor registered with the General Medical Council (GMC) or
 - by a nurse registered with the Nursing and Midwifery Council (NMC) or
 - by a pharmacist registered with the General Pharmaceutical Council (GPhC)
 - at an establishment registered with the General Pharmaceutical Council (GPhC) or Care Quality Commission (CQC). For example, these could include a hospital, GP practice, pharmacy or health screening clinic.

The doctor, nurse or pharmacist must hold a current licence to practise.

The health assessment must include at a minimum (although it can include additional tests):

- body composition measurement including height, weight (BMI) and body fat percentage
- blood pressure measurement
- cholesterol or diabetes check, and
- kidney or liver function test.

When **you** make a claim, **you** should give **us** a list of the tests included in **your** health assessment, along with **your** receipt. If **you** do not give **us** a list of the tests that **you** have had, **we** may not be able to pay **your** claim.

What the health assessment benefit doesn't cover

- × any test that **you** have which is:
 - not carried out at a CQC or GPhC registered establishment
 - not carried out by a registered person
 - not part of a health assessment, or
 - has been carried out at a separate appointment (for example, having a blood test, or a magnetic resonance, CT or other high tech scan on its own)
- × general exclusions.

We have a partnership with Nuffield hospitals which will give **you** a discount on their health assessments. For details, visit **our** webpage www.simplyhealth.co.uk/healthassessment

For help with GMC, NMC, GPhC and CQC registration checks please visit:

www.gmc-uk.org

www.nmc-uk.org

www.pharmacyregulation.org

www.cqc.org.uk

Diagnostic consultation

Payback level: 50%

Level	1	2	3	4	5
Annual limit	£175	£200	£260	£320	£525

A diagnostic consultation is to find or to help to find the cause of **your** symptoms.

What the diagnostic consultation benefit covers

- ✓ the fees for a diagnostic consultation that **you** have as a private patient. The consultation must be with a medical professional who is (or has been) a consultant in an NHS hospital or the Armed Services. The consultant post must be a substantive appointment (that is to say not as a locum).

In addition, the consultant must hold a current licence to practise and also be included on the:

- General Medical Council's specialist register (please see www.gmc-uk.org)

or

- General Dental Council's dentist's register (please see www.gdc-uk.org).

If **you** have any questions as to whether **your** consultant meets these criteria then please contact Customer Services on 0370 908 3481.

- ✓ blood tests or visual field tests directly connected to a diagnostic consultation
- ✓ allergy tests performed by a GP or consultant (not tests or advice about nutrition or food intolerance).

What the diagnostic consultation benefit doesn't cover

- × follow-up consultations and check-ups after **you** have been diagnosed, for example cancer remission checks or management of a condition
- × treatment charges, for example private hospital charges, operation fees, anaesthetic fees
- × consultations with a podiatric surgeon
- × diagnostic tests and procedures, for example X-rays and scans, endoscopy, tests on body tissue samples, ECGs, health screening
- × counselling, for example psychological counselling, speech therapy and dyslexia services

- × assisted conception, fertility treatment or termination, pregnancy care
- × consultations on a cruise ship where the cruise itinerary is outside the waters of the European Economic Area
- × general exclusions.

X-rays and scans

Payback level: 50%

Level	1	2	3	4	5
Annual limit	£75	£90	£110	£250	£370

What the X-rays and scans benefit covers

- ✓ X-rays and scans when **you** have been referred by a specialist. The specialist must be a consultant in an NHS hospital or the Armed Services. The consultant post must be a substantive appointment (that is to say not as a locum).

In addition, the consultant must hold a current licence to practise and also be included on the:

- General Medical Council's specialist register (please see www.gmc-uk.org)

or

- General Dental Council's dentist's register (please see www.gdc-uk.org).

If **you** have any questions as to whether **your** consultant meets these criteria then please contact Customer Services on 0370 908 3481.

What the X-rays and scans benefit doesn't cover

- × dental X-rays
- × any form of imaging using computerised tomography (CT), magnetic resonance (MR) or positron emission tomography (PET)
- × general exclusions.

Medical apparel

Payback level: 50% (maximum two items / repairs to items each **claiming year**)

Level	1	2	3	4	5
Annual limit	£250	£300	£400	£500	£750

This benefit is to help towards paying the costs of items that **you** need to wear for medical reasons.

What the medical apparel benefit covers

- ✓ surgical shoes
- ✓ mastectomy items
- ✓ prosthetic, back support, truss items
- ✓ arch supports and orthotic insoles
- ✓ surgical hosiery, when supplied through a medical prescription
- ✓ wigs, when supplied through a medical prescription
- ✓ hearing aids
- ✓ repairs to medical apparel.

What the medical apparel benefit doesn't cover

- × invalid equipment, medical equipment and batteries
- × general exclusions.

Hospital cover

Maximum number of days or nights each **claiming year**: 20

Level	1	2	3	4	5
Cash amount each day or night	Adult £28	Adult £35	Adult £40	Adult £60	Adult £90
	Child £14	Child £18	Child £20	Child £30	Child £45

This benefit is to give **you** money to help towards the incidental costs involved with being admitted to hospital.

We will pay the amount shown in the **table of cover** for **your** premium level for each day or night where **you** are admitted to a hospital. If **you** are admitted as a day-patient and then stay overnight, **we** will pay one night's hospital cover (not one day and one night).

We will not pay hospital cover for any pre-existing condition during the first 12 months that **you** are covered by the **policy**. **We** may ask for evidence that **your** condition is not pre-existing if **you** claim for this benefit during the first 12 months of cover.

A day-patient is a patient who is admitted to a hospital or day-patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.

An in-patient is a patient who is admitted to hospital and who occupies a bed overnight or longer for medical reasons.

A pre-existing condition is any condition for which **you**:

- have been referred to a consultant or hospital for either tests or treatment before the date **you** joined the **policy** or
- are receiving consultant or hospital tests or treatment before the date **you** joined the **policy** or
- reasonably believe that **you** would be referred to a consultant or hospital for tests or treatment within 12 months of joining the **policy**.

To claim hospital cover **you** can send **your** claim form and a copy of **your** discharge letter as evidence of **your** admission. If **you** do not have **your** discharge letter **you** can get the hospital cover section of the claim form stamped and signed by a doctor, nurse, or medical record department from the hospital where **you** were a patient.

What the hospital benefit covers

- ✓ an admission to hospital as a day-patient for tests or treatment
- ✓ an overnight stay in a hospital as an in-patient for tests or treatment
- ✓ an overnight stay in a hospital for one parent who has accompanied their **child** where the **child** is an in-patient for tests or treatment. Both the parent and **child** must be covered by the **policy**
- ✓ out-patient cancer treatment, for example chemotherapy or radiotherapy.

What the hospital benefit doesn't cover

- × the first 14 nights of any stay in hospital during which **you** give birth
- × out-patient visits, for example consultations, tests, scans
- × out-patient treatment (although treatment for cancer is covered)
- × day care, for example psychiatric, respite care (short term temporary relief for a carer of a family member) and maternity care
- × kidney dialysis
- × attendance at an accident and emergency department, or treatment not in a hospital, for example operations carried out in a GP's surgery or clinic
- × pregnancy termination
- × laser eye surgery
- × cosmetic surgery
- × hotel ward admission
- × ante or post-natal admission for a **child** registered on the **policy**
- × a parent staying with their **child** during the post-natal period following the **child's** birth
- × general exclusions.

New child payment

Level	1	2	3	4	5
Payment for each child	£175	£200	£250	£325	£450

This benefit has a **qualifying period** of 12 months.

If, after the **qualifying period**, **you** have a baby or adopt a **child** **we** will pay new child payment for that baby or **child**. **We** only make one payment for each **child** no matter how many policies **you** or **your partner** are covered on. If **you** have more than one policy **you** will have to choose which one to claim the new child payment under.

We will also make a payment following a stillbirth of **your child** after 24 weeks of pregnancy.

To claim under this benefit **we** may ask **you** for supporting documents, for example a birth or stillbirth certificate, or adoption papers.

We will make a new child payment after:

- ✓ the birth of **your child**
- ✓ the legal adoption of a child by **you** or **your partner**. However, **we** will not pay new child payment if that **child** is already related to either **you** or **your partner** (for example if **you** adopt **your partner's child**)
- ✓ the stillbirth of **your child** after 24 weeks of pregnancy.

We will not make a new child payment for:

- × a miscarriage of up to 24 weeks' gestation
- × foster children
- × a baby born to a **child** who is covered under the **policy**
- × pregnancy termination
- × a **child** born or adopted before or during the **qualifying period**.

NHS prescription charges

Level	1	2	3	4	5
Number of items each claiming year	1	2	3	4	5

This benefit is to help towards the costs of **your** NHS prescription charges.

What the NHS prescription charges benefit covers

- ✓ NHS charges for items prescribed by a GP or a dentist. For example, a prescription which contains an antibiotic drug and an anti-inflammatory drug is two items.

What the NHS prescription charges benefit doesn't cover

- × NHS Prescription Prepayment Certificates (PPC)
- × private prescriptions
- × prescriptions issued outside the UK
- × pharmacy items that you buy without using a prescription, for example medicines (sometimes called 'over the counter' medicines)
- × general exclusions.

Personal accident

Level	1	2	3	4	5
Permanent total disablement					
Adult	£10,000	£12,500	£15,000	£25,000	£25,000
Child	-	-	-	£5,000	£5,000
Accidental death					
Adult	£5,000	£6,250	£7,500	£12,500	£12,500
Child	-	-	-	£2,500	£2,500

The terms and conditions that apply to the personal accident benefits are set out in the separate Personal Accident Protection Policy Document.

If **you** suffer a loss covered under the terms of the **policy** please contact Customer Services on 0370 908 3481.

Redundancy premium protection

We will waive the **policy** premiums for a maximum of six months if the **policyholder** is unemployed as a result of statutory, compulsory redundancy. **We** need a copy of the redundancy letter to be submitted with the claim.

You cannot increase **your** level of cover during a period in which **we** have waived the premium. If the **policyholder** starts work again within six months, they must tell **us** immediately – **we** will not waive the premium once they start work again.

We will not waive the premium:

- during the 12 month **qualifying period**
- for redundancy of less than one whole month
- if the **policyholder** takes voluntary redundancy
- if the person who pays the premium is not the **policyholder**.

myWellbeing

We have a wealth of services and health-related information available to **you**. **You** can access this information through **your** Online Self Service. If **you** haven't already registered for Online Self Service, please visit www.simplyhealth.co.uk/register and follow **our** simple registration process. The information and services available on the website can change without notice from time to time.

Health and counselling helpline

This service allows **you** to call for advice on a range of basic medical, health and wellbeing matters, as well as telephone counselling. This service is available 24 hours a day, seven days a week - just call free on 0800 975 3346.

You will find further information about the health and counselling helpline on 'myWellbeing' which can be accessed through **your** Online Self Service. If **you** haven't already registered for Online Self Service, please visit www.simplyhealth.co.uk/register and follow **our** simple registration process.

General exclusions

- x This **policy** will not pay for:
 - any benefit if **your date of treatment** is before the date that **your** cover under the **policy** started
 - any treatment or service that **you** receive from a:
 - member of **your** immediate family – a parent, **child**, brother or sister, or **your partner**
 - business that **you** own
 - any consultation with, or treatment by, a trainee (even if they are supervised by a qualified professional)
 - any consultation which is not face to face, for example telephone, video or internet consultations
 - insurance premiums for any goods or services, or payment for any type of extended warranty or guarantee for goods or services
 - regular payment plans for treatment, for example dental practice plan payments
 - postage and packing costs
 - administration or referral costs, joining fees or registration fees
 - fees or charges for:
 - missing an appointment
 - completing a claim form or providing a medical report
 - providing further information in support of a claim.

vCPlanHSL-0315

Policy document: Part 2 – general terms and conditions

Certain words used in this **policy** have specific meanings. To avoid repeating the whole meaning **we** have shown these words in bold, and **you** can find their meaning in the 'definitions' section in **your** 'Policy document Part 1 – benefits and exclusions'.

Section 3: Being covered on this policy and who can join the policy

- 3.1 To be covered on this **policy** **you** must be aged between the lower and upper age limits shown on the **table of cover** and be a UK resident.
- 3.2 **You** must live permanently at an address in the UK (this is the address that **we** will send correspondence to).

Who can join the policy

- 3.3 If the **table of cover** shows a premium level including **partners**, the **policyholder** can apply to include their **partner** on the **policy** at the same level of cover if:
 - the **partner** is aged between the upper and lower age limits shown on the **table of cover**
 - the **partner** lives permanently with the **policyholder**and
 - **we** receive the increased premium.
- 3.4 If the **table of cover** shows a premium level including children, the **policyholder** can apply to include their or their **partner's children** at the same level of cover. **We** may ask to see proof that the **child** is eligible to join the **policy** (for example a birth or adoption certificate).

- 3.5 **We** do not have to accept an application to include anyone on the **policy** or provide an explanation for **our** refusal.

Rules for children included on the policy

- 3.6 **We** will cover a maximum of four **children**, who must be under the age of 18. On a **child's** 18th birthday **we** will cancel their membership of the **policy**.
- 3.7 **Children** can only be covered under one Simplyhealth cash plan. **We** will not add a **child** to this **policy** if that **child** is already covered under another Simplyhealth cash plan.
- 3.8 If **you** currently have more than four **children** on the **policy** or **children** registered on more than one **policy** **you** will be able to keep **your children** covered. However, **you** will not be able to add any more **children** to the **policy** until there are fewer than four **children** covered.

Removing a child

- 3.9 Once a **child** has been added to the **policy**, they must stay on the **policy** for 12 months. If a **child** is removed from cover, **we** will not add that **child** back on to the **policy** during the following 36 months.

How long your cover lasts

- 3.10 **Your** cover starts from the date that **we** agree to include **you** on the **policy** and continues from one month to the next until either **we** or the **policyholder** cancel it.

Section 4: Paying the premium and changing cover

- 4.1 **We** must receive the premium before **we** will provide cover under the **policy**. **We** only accept premiums by direct debit or, in the case of a voluntary scheme, by payroll deduction if **we** have agreed this with **your** employer. **We** may ask for **your** first payment by debit or credit card. **We** must continue to receive the premiums in order for **you** to be able to claim. If **we** do not receive the premiums, **we** may suspend the **policy**.

Changing cover

- 4.2 The **table of cover** shows the levels of cover, the benefits available under each level and the premiums that apply to each level. The summary of cover will show which level applies to the **policy**. The **policyholder** can change the level of cover at any time although following a change **you** must stay on the new level for a minimum of 12 months.

If **your** level of cover increases, **we** must receive the increased premium before the change can take effect.

- 4.3 **We** will not allow an increase to **your** level of cover if anyone covered by the **policy** is older than the upper age limit shown in the **table of cover**.

Changing cover: your claiming year

- 4.4 Any changes to **your** level of cover will not change **your claiming year**.
- 4.5 If **your** level of cover changes for any reason, any claims paid in the **claiming year** under the previous level of cover will count towards the entitlement available under the new level of cover.

Changing cover: qualifying periods

- 4.6 If **you** change to an increased level of cover and **your** cover includes benefits that have **qualifying periods**, those **qualifying periods** will start again.

However, if **you** make a claim for a benefit during the new **qualifying period**, **we** will assess **your** claim as if **you** hadn't increased **your** level of cover.

This means that if:

- **you** have completed the **qualifying period** for the previous level of cover, any claim that **we** pay will be up to the maximum benefit limit for that level
- **you** have claimed the maximum benefit on the previous level of cover, **we** will not pay **your** claim because there is no more benefit available to **you** for that level.

For benefits that do not have a **qualifying period**, **you** can claim the increased benefits as soon as **your** increased level of cover comes into effect.

Insurance Premium Tax (IPT)

- 4.7 Where it applies, IPT is included in the premium. If the Government changes IPT, **we** may have to amend **your** premium from the date that the IPT change is implemented. **We** will notify the **policyholder** of this change separately.

Section 5: Claims rules

- 5.1 **We** will not pay any claim while **we** have not received the premium for **your** cover, or **you** are in breach of these **policy** conditions.

Making a claim

- 5.2 To make a claim **you** must use the claim form that **we** provide – this is personalised and specific to the people covered by the **policy**. If **you** do not have a claim form, **you** can order one by calling Customer Services on 0370 908 3481 or by logging in to Online Self-Service. If **you** haven't already registered for Online Self-Service, please visit www.simplyhealth.co.uk/register and follow the simple registration process.
- 5.3 The claim form should be signed. If not, **we** may not pay the claim. It is **your** responsibility to ensure that the information on the claim form is correct. **We** will not accept any claims sent directly by a healthcare professional or institution.
- 5.4 **We** do not pay any amounts that **you** may be charged for completing the claim form.

What we need to know

- 5.5 In order for **us** to be able to pay a claim, **we** need to be satisfied that what **you** are claiming for is covered by the **policy** – for example, that any service or treatment is given to a person covered by the **policy**, or by a person who is qualified to provide it, or that what **you** are claiming for is not subject to a **policy** exclusion. If **we** are not satisfied that what **you** are claiming for is covered by the **policy**, **we** may not pay **your** claim.

- 5.6 When **you** make a claim, **you** need to send **us** a fully completed claim form, along with original supporting documentation (for example an original receipt – **we** do not accept copies) that together should leave **us** in no doubt about:
- the name of the patient
 - the details of the practitioner or establishment and the service or treatment that they have provided
 - the date of the service or treatment
- and
- the amount paid for that service or treatment.
- 5.7 **We** do not accept receipts that have been altered, or invoices, credit or debit card receipts or photocopies of any accounts. **We** do not return any documentation.

If we need more information

- 5.8 If the information that **you** have given **us** is not enough for **us** to validate **your** claim, **we** may need to ask the person who provided the service or treatment for more information (although **we** will not pay if there is a charge for this). **We** will not be able to process **your** claim if **we** do not have the information that **we** need.
- 5.9 If **we** incur any costs in obtaining extra information, **we** can deduct these from **your** claim; if **we** do this, **we** will explain how **we** have calculated these costs.
- 5.10 **We** may ask for a second opinion from a Simplyhealth medical practitioner or specialist in their field of expertise (for example a dentist), chosen by **us**. **We** will pay the cost for this. **We** will ask for **your** consent before **we** give **your** information to anybody outside Simplyhealth.

Paying claims – rules

- 5.11 **We** will only pay for treatment that **you** have already received and have paid for. If **you** have a course of treatment over a period of time (for example in stages), **you** can only claim for the stages of treatment **you** have already received and paid for.
- 5.12 **We** will pay claims from the entitlement available in the **claiming year** in which **you**:
- receive the treatment or service that **you** are claiming for
 - have a baby or adopt a child
 - are admitted to and/or discharged from hospital.
- 5.13 **We** will not pay claims where **you** have paid costs with:
- discount vouchers or coupons
 - any type of retail points scheme or loyalty scheme.
- 5.14 **We** pay claims into a bank account. It is the **policyholder's** responsibility to give **us** the bank account details where they want **us** to pay claims.
- 5.15 If **we** pay a claim which is more than **you** are entitled to under the **policy**, **we** can recover the overpayment. **We** will ask **you** to repay the overpayment or deduct that amount from any other claim that **you** make.

Paying claims – timescales

- 5.16 **We** try to pay valid claims as quickly as possible but **we** are not obliged to pay them within a specific timescale. The longer the time between the **date of treatment** and submitting **your** claim the more difficult it may be for **us** to validate it. If **we** are not able to validate **your** claim for any reason, for example **your** health professional

no longer has access to **your** records, **we** may not be able to pay **your** claim. For this reason **we** recommend that **you** send **your** claim to **us** within six months of **your date of treatment**.

Claims outside the UK

- 5.17 **We** will only accept claims for treatment and services that **you** receive in the United Kingdom (UK) and for treatment and services that you receive during a trip of up to and including 28 days' duration in the countries of the European Economic Area (EEA) and Switzerland. **We** will not pay a claim if the purpose of the trip is to receive treatment or services outside the UK. **We** will only pay claims where **you** have provided suitable evidence, including that **your** visit did not exceed 28 days in total. **We** will need a translation of the receipt in English, giving details of the claim.
- 5.18 If **you** send **us** receipts in a foreign currency, **we** will calculate the rate of exchange to sterling using the rate published by Oanda (www.oanda.com) which applied on the **date of treatment**.

Other claims rules

- 5.19 **You** can only claim under one benefit for each treatment that **you** receive.
- 5.20 If **you** submit a claim under the wrong benefit (for example trying to claim for a pair of glasses under a dental benefit) **we** will allocate the claim to the appropriate benefit and settle the claim accordingly.
- 5.21 If **we** have asked for further information from **you** or a health professional in order to validate a claim, **we** may not pay any claims on this **policy** until **we** have received that information and been able to fully assess the claim.

5.22 **We** can monitor claiming behaviour on all policies and may request an appointment with **you** to discuss **your** claims. If **you** do not co-operate with **our** reasonable requests, **we** may not pay claims and **we** may cancel all **your** policies with Simplyhealth.

Other insurance policies

- 5.23 Other insurance held by **you** with **us** – if **you** are covered under another insurance policy with **us**, then **you** can claim on both policies up to **your** maximum benefit limits (subject to specific **policy** restrictions). It is **your** responsibility to tell **us** if **you** wish to claim from other policies – **you** should contact customer services or complete the appropriate claim forms. The total **we** pay under all policies cannot be more than the costs that **you** have paid.
- 5.24 Other insurance held by **you** with a different company – if **you** have other insurance (for example a cashplan, or medical insurance from **your partner's** employer) that covers **you** for any of the same benefits under this **policy** and **you** make a claim on this Simplyhealth **policy**, **we** will have the right to seek a proportion of any costs from the other insurer. When **you** make a claim **you** must tell **us** if **you** have other insurance which could cover **your** treatment costs and give **us** the other insurer's contact and policy details.
- 5.25 Claims **you** may have against third parties – if **you** are bringing or are entitled to bring a legal compensation claim against a third party which would cover claims met under the **policy**, **you** must tell **us** about this as **we** may have the right to recover these sums from that third party. To enable **us** to do this, **you** must tell **us** about the claim, keep **us** informed of its progress, and act in accordance with **our** instructions.

If **we** consider that **you** have a legal right to compensation from another party for costs which **you** have claimed for under the **policy**, **we** are entitled to take legal action against that third party (including legal action in **your** name) to recover the amount **you** have claimed.

Section 6: Fraud

- 6.1 The relationship between **you** and **us** is based on mutual trust. To protect **our members**, **we** have rigorous anti-fraud measures. These include:
- investigating claims through the use of private investigators
 - passing details of suspected fraudulent claims to the police or the Crown Prosecution Service for them to investigate and prosecute through the criminal courts
 - working with the NHS Counter-Fraud team, health professionals' trade associations, other insurance companies and other agencies with an interest in controlling fraud of this nature (as detailed in section 11 - 'How we use information that we hold about you').
- 6.2 Fraud is a criminal offence that can result in a large fine or even a prison sentence. When **we** find examples of fraud, **we** will always seek to prosecute offenders. If a **member** acts fraudulently, **we** will always seek to recover the costs of all fraudulent claims plus interest and **our** own legal costs.

6.3 If **we** reasonably suspect that **you** have submitted a fraudulent claim, or that **you** are acting without the utmost good faith, **we** are unlikely to pay claims and may suspend the **policy**. **We** may also cancel all **your** insurance policies with **us** and with any other company within the Simplyhealth Group. To avoid doubt, the following list contains examples of practices that **we** would class as fraudulent or failing to act with utmost good faith:

- deliberately giving **us** false information about **you**, a person on the **policy** or a claim on the **policy**
- making any claim under the **policy** where **you** know that the claim is false, or is exaggerated in any respect
- making a statement in support of a claim where **you** know that the statement is false in any respect
- sending **us** a document in support of a claim where **you** know that the document is forged, false or otherwise misleading in any respect
- making claims under more than one insurance **policy** in order to receive a sum greater than the cost of treatment (this is called 'betterment')
- submitting claims for costs which are clearly outside those recoverable under these Terms and Conditions
- **you** do not give **us** support to verify the validity of a claim
- **you** do not tell **us** of another means by which **you** could recover costs of treatment.

Section 7: Limitations and cancellations of cover

7.1 **We** are an organisation run purely for the benefit of **our** customers, with no shareholders and therefore no need to pay dividends. **We** adopt a community pricing approach for the majority of **our** products; this means that customers with the same product pay the same premium regardless of their personal circumstances or stage in life.

By taking this approach, cover is there for **you** at a reasonable cost when **you** most need it, with the help of contributions from other customers covered by the same product as **you**. In order to protect **our** ability to continue to offer community pricing, and maintain premium and benefit levels for as many customers as possible, **we** may transfer a group of customers to a new product by cancelling their existing policies and providing them with a new policy in its place. Where **we** do this, the new policy will have premiums, benefits and terms and conditions that more fairly reflect the level of claims made by that group of customers whose policies have been transferred.

A group includes all customers who:

- live within a postcode area (for example XY1)
- are part of an employee scheme
- regularly use a particular healthcare establishment.

7.2 **We** will only take action under section 7.1 where the group has an adjusted claims loss ratio which is at least 150% of the average adjusted claims loss ratio of all **members** covered by these terms for each of the last 3 full calendar years or for at least 4 of the last 5 full calendar years. The adjusted claims loss ratio is the amount claimed in a given calendar year divided by the premiums received in the same calendar year, excluding claims for 'new child payment' and all elements of 'hospital cover'.

7.3 If **you** are affected **we** will:

- explain why **we** have taken such action, and why it has impacted **you**
- give **you** details of the new product **you** are being transferred to, including premiums, **table of cover** and terms and conditions
- give **you** at least 3 months' notice of such a change
- offer **you** the right to cancel with immediate effect, in which case the earliest date on which the **policy** will terminate will be the end of the month for which **you** have paid premium.

You will not need to re-serve any **qualifying periods**, but claims made under this **policy** or the new product will count towards the maximum benefit entitlement of the new product for the **claiming year** in which the transfer takes effect.

7.4 **You** agree to **us** providing **you** with the new product unless **you** tell **us** that **you** wish to cancel. This clause does not affect **your** right to cancel under section 7.3.

Section 8: How does cover end?

When we can cancel the policy

8.1 The circumstances when **we** can cancel the **policy** are:

- if **we** have not received the premium for three consecutive months. **We** will always attempt to contact the **policyholder** to tell them that **we** have not received the payment. **We** do this before **we** cancel the **policy** in order to give the **policyholder** the opportunity to pay the unpaid premium and keep the cover active
- if the **policyholder** dies. Their **partner** and **children** will be able to continue cover with Simplyhealth, although the premiums, benefits and exclusions may not be the same as this product
- if the **policyholder** has:
 - deliberately misled **us** in any way, for example given **us** false information, or not given **us** information that **we** have asked for about a person on the **policy** or a claim on the **policy**. **We** can backdate the cancellation in these circumstances
 - not acted honestly in their dealings with **us**
- if **we** make a commercial decision to no longer offer this product. If this happens, **we** will give the **policyholder** at least three months' written notice of **our** decision and offer an alternative product, if **we** have one, in order for cover to continue.

When we can cancel a member from the policy

- 8.2 The circumstances when **we** will cancel a **member** from the **policy** are:
- if the **policyholder** asks **us** to
 - if a **partner** no longer lives with the **policyholder**
 - when a **child** reaches the age of 18
 - if **you** deliberately mislead **us** in any way, for example give **us** false information, or do not give **us** information that **we** have asked for about a person on the **policy** or a claim on the **policy**. **We** can backdate the cancellation in these circumstances
 - if **you** have not acted honestly in any of **your** dealings with **us**
 - if **you** are abusive to **our** staff. If **you** continue to be abusive, **we** may cancel all policies that **you** hold with Simplyhealth.

When the policyholder can cancel the policy

- 8.3 The **policyholder** can cancel the **policy** for any reason during the 'cooling off' period. This is up to 14 days from the day they receive their welcome letter. Provided that **we** have not paid any claims, **we** will refund in full any premium that **we** have received. If **we** have paid claims, **we** will deduct the cost of those claims from any refund **we** give. If the cost of the claims is greater than the premium, **we** do not have to refund the premium.
- 8.4 After the 'cooling off' period the **policyholder** can cancel the **policy** by giving **us** one month's notice. **We** will not backdate the cancellation to before the date that the **policyholder** tells **us** and **we** will not refund any premiums that **we** have received. To cancel the **policy**, please call **us** on 0370 908 3304 or write to **us** at Hambleton House, Waterloo Court, Andover, Hampshire SP10 1LQ.

What happens when cover is cancelled?

- 8.5 If Simplyhealth or the **policyholder** cancels the **policy**, cover will end for all **members** on the **policy**. The **policyholder** should tell all **members** that the **policy** has been cancelled. Cancellation of the **policy**, or **your** membership of the **policy**, means that **we** will not pay for any treatment or services that **you** receive after the cancellation date.

Section 9: Customer care

- 9.1 **We** aim to provide **you** with the very highest levels of customer service and care at all times. To maintain this service standard, **we** have a procedure which **you** can use to raise any concern, complaint or recommendation that **you** have. In the first instance **you** should contact Customer Services on 0370 908 3481 or write to Simplyhealth Customer Services at **our** registered office address of Hambleton House, Waterloo Court, Andover, Hampshire SP10 1LQ. **We** will investigate any complaint and issue a final response.
- 9.2 If **you** are not satisfied with **our** response, or **we** have not replied within eight weeks, **you** have the right to refer **your** complaint to: Financial Ombudsman Service, Exchange Tower, London, E14 9SR. Telephone: 0800 023 4567 or 0300 123 9123.
- The Financial Ombudsman Service will only consider **your** complaint if **you** have given **us** the opportunity to resolve the matter first. Making a complaint to the Ombudsman will not affect any legal rights that **you** may have. **We** will send **you** full details of **our** complaints procedure if **you** ask **us** for them.

- 9.3 Changes to **your** details – **you** must tell **us** as soon as reasonably possible of any changes to the information that **you** have given to **us**, including any change of address, marital status or any other material change. If **you** do not tell **us** about any changes, it might mean that **we** make changes to the **policy** without being able to tell **you** about them, for example **your** premium being increased.
- 9.4 **You** are protected by the Financial Services Compensation Scheme (FSCS) – in the unlikely event that **we** go out of business or into liquidation the FSCS protects **you**. If this happens, any valid outstanding claims **you** have at that point would be paid by the scheme.
- For more details on the scheme please visit www.fscs.org.uk or contact the FSCS direct on 0800 678 1100 or 020 7741 4100.

Section 10: Changes to the policy

- 10.1 Only **we** can change the terms of the **policy**. A change could be, for example:
- the cover that the **policy** provides (this could include the benefits, benefit limits, percentage paybacks)
 - rules about adding people or how to claim
 - premiums.
- 10.2 If **we** change the **policy**, **we** will give the **policyholder** one month's notice. If for whatever reason **you** do not receive details of the changes, those changes will still take effect.
- 10.3 If **we** change the terms of the **policy**, **we** will pay claims according to the terms that applied at the time **you** received the treatment or service that **you** are claiming for. For new child payment, this will be the date of adoption or birth of the child.

Section 11: How we use information that we hold about you

- 11.1 **We** will hold and use information relating to **you**. **We** call this information 'personal data'.
- 11.2 The main purpose which **we** hold and use personal data for is to enable **us** to provide insurance services to **you** in relation to this **policy**. Other purposes which **we** use personal data for are to identify, analyse and calculate insurance risks, to improve **our** services to **you** and **our** other customers, to comply with legal obligations which **we** are subject to, to protect **our** interests and for fraud detection and prevention.
- 11.3 **We** may receive and share personal data with persons appointed by **you** or who provide a service to **you**, for example **your** healthcare providers (such as an insurance intermediary, or a hospital or specialist).
- 11.4 **We** may provide personal data to persons appointed by **us** who assist **us** in relation to the services **we** provide to **you**, including companies operating outside the United Kingdom and to organisations responsible for fraud prevention.
- 11.5 Where **we** have **your** agreement **we** will use **your** personal data to provide **you** with offers of products and services from Simplyhealth. Where **you** have agreed **we** will share **your** personal data with other companies within the Simplyhealth Group and carefully selected third parties in order for them to provide **you** with offers of products and services.
- 11.6 **We** operate strict procedures to ensure that personal data is kept secure.

- 11.7 **You** have the right to see **your** personal data which is held by **us**. There may be a charge if **you** want to do this.
- 11.8 If **you** have any questions or concerns about the personal data **we** hold and how **we** use it please write to: The Data Protection Officer, Simplyhealth, Hambleden House, Waterloo Court, Andover, Hampshire, SP10 1LQ.
- 11.9 Simplyhealth records telephone calls for training and quality assurance purposes.

Section 12: General points

- 12.1 Waiver – if **we** decide not to enforce a term of this **policy**, this does not mean that the term no longer applies. **We** may rely on that term at a later occasion if **we** decide to do so, unless **we** have told **you** in writing that the term no longer applies.
- 12.2 Enforcement – no term of this **policy** or any part of it is enforceable under the Contracts (Rights of Third Parties) Act 1999 ('the Act') by a person who is not party to it. For the purposes of the Act **your partner** and any **children** are not party to the **policy**.
- 12.3 Law and jurisdiction – this **policy** is governed by the laws of England and Wales. Any disputes arising in connection with the **policy** which are not resolved through **our** complaints process can only be dealt with by the courts of England and Wales unless **you** and **we** agree to a different method to resolve the dispute.
- 12.4 Language – **we** will communicate with **you** in English.

Policy document: Your Personal Accident Protection

This policy which forms part of your Simplyhealth cash plan is underwritten by Cigna Europe Insurance Company S.A.-N.V. and administered by FirstAssist Insurance Services, which is a trading style of Cigna Insurance Services (Europe) Limited.

If you need to make a claim or if you have any queries, please call Customer Services on 0370 908 3481 (Monday to Friday 8am to 8pm).

Calls to 03 numbers are no more expensive than calling numbers starting with 01 or 02 and are included in free call packages from landlines and mobiles.

For your protection, calls may be recorded and may be monitored.

Introduction

Please read this policy section of your plan carefully and make sure you understand it.

If you have any questions about this insurance please write to us or telephone Customer Services.

Any word or phrase with a specific meaning has the same meaning wherever it appears. The insurer will provide the insurance cover under the terms set out in this section of the plan as long as you pay (or agree to pay) the premium and the insurer accepts (or agrees to accept) it.

This policy is issued for an initial period of one month from the policy start date and will automatically continue on payment of each month's premium as it falls due until cover under your policy terminates or is cancelled.

Any information supplied by the insured will form the basis of and be incorporated into the contract. The conditions which appear in this policy within the plan or in any endorsement are part of the contract and must be complied with. Failure to comply may mean that you will not be able to claim under this section of the plan.

The laws of England and Wales, Scotland and Northern Ireland allow us both to choose the law which will apply to this contract. We have chosen Scottish law to apply if you live in Scotland and the law of England and Wales to apply if you live elsewhere in the United Kingdom.

The language used in this section of the plan and any communications relating to it will be in English.

Definitions

Air travel

Boarding, travelling in or getting out of any fully licensed passenger carrying aircraft (owned by a registered commercial airline) as a fare-paying passenger.

Bodily injury

A bodily injury which is the direct result of an accidental, external, violent and visible cause, including accidental injury as a direct result of being exposed to the elements. This does not include an injury caused by sickness, disease or any naturally occurring condition or process.

Eligible children

All your children, stepchildren and legally adopted children who, at the time of sustaining a bodily injury, are

- over 30 days and under 19 years of age
- single
- permanently living with you or your partner (including children in full-time education who normally live with you outside term time)

Insured person

The insured person or persons are

- you, unless stated to the contrary on the summary of cover
- your partner, your eligible children if named on the summary of cover

Insurer

Cigna Europe Insurance Company S.A.-N.V.

Medical Practitioner

A person who is qualified and registered as such by the competent authority in that country, other than you, your partner, a member of your family or an insured person under this policy.

Partner

Your spouse or partner who permanently resides with you in a domestic relationship (as named on the summary of cover).

Permanent total disablement

Any permanent disability which prevents an insured person doing any work of any kind.

Policy start date

The date shown on the summary of cover or endorsement from which cover (or an amendment to the cover) under this policy section of the plan commences.

We, us, our

FirstAssist Insurance Services, which is a trading style of Cigna Insurance Services (Europe) Limited who administer this section of the plan on behalf of the insurer.

You, your

The policyholder, the person in whose name the plan is recorded.

Benefits

We will pay you the appropriate benefit if, during any period of insurance, an insured person sustains a bodily injury which, within 52 weeks, is the only cause of accidental death or permanent total disablement. The benefit we pay will be the amount that applied at the date the insured person was injured. The amount of your benefit is determined by the premium level you have selected, which is stated on your summary of cover.

Table of benefits

Permanent Total Disablement 100%

Accidental death 100%

Please refer to your table of cover for benefit amounts under your chosen premium level.

Reduced benefits

If an insured person is aged 66 years or over on the date of sustaining a bodily injury then no benefit will be payable for permanent total disablement.

Age qualification

To be eligible for this insurance an insured person must be aged 16 years or over but under 66 years of age on the policy start date.

Claims provisions

1. Before we pay benefit for permanent total disablement which prevents an insured person from doing any work of any kind, the disability must have lasted for at least 52 weeks. We must also be sure that the disability is permanent and there is no possibility of a recovery. However, if medical evidence proves, to our satisfaction, that your condition is permanent, we may pay the benefit within 52 weeks.
2. For any one accident resulting in a claim for death or permanent total disablement we will only pay one benefit to that insured person.
3. The full effects of an accident are not always immediately known and, although permanent total disablement may happen at the time of the accident, we have to wait a reasonable length of time to make sure that we know the full effects.

Because of this, we will not pay more than the death benefit for any permanent total disablement until 13 weeks after the date of the accident. At the end of the 13 weeks, we will only pay the rest of the benefit due if the insured person has not died in the meantime as a result of the accident.

What is not covered

We will not pay the benefit if the insured person sustains a bodily injury in the following circumstances:

- driving with more alcohol in the blood than is allowed by law
- motorcycling (including riding mopeds and motor tricycles) as a driver or passenger
- driving a vehicle without a current valid licence

- diving, scuba diving, mountaineering, rock or cliff climbing, pot-holing, parachuting, sport as a professional, boxing, racing (other than on foot), time trials or sprints, or flying (except air travel – see definitions) or training or practising for any of these activities
- carrying out their duties in one of the armed forces. Travelling between the insured person's home and normal place of work is not military duty as long as the home and place of work are not on the same military site
- committing or attempting to commit a criminal offence
- being under the influence of excess alcohol
- as the result of intentional self-inflicted injury, suicide or attempted suicide
- as a result of taking a drug, unless it is taken on proper medical advice and is not for the treatment of drug addiction
- whilst a detainee in a prison establishment
- if the insured person has reached the age of 66 years on or before the policy start date of this section of the plan

General exclusions

War risks

We will not pay any benefit if an insured person sustains a bodily injury as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, terrorism, insurrection or military or usurped power.

Radioactive contamination

We will not pay any benefit under this policy if an insured person sustains a bodily injury caused directly or indirectly or contributed to by

- ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or
- the radioactive, toxic, explosive or other dangerous properties of any nuclear assembly or nuclear component machinery thereof

Conditions

Residence

This section of the policy only applies while an insured person is permanently resident in the United Kingdom.

Transferring the policy

You cannot transfer the cover or benefits of this section of the policy to anyone else.

Notice of trust or assignment

We will not accept or be affected by notice of any trust or assignment or the like which relates to this section of your plan.

When cover ends

Cover under this policy section of the plan will end when:

- you do not pay your premium on the date it is due
- when the plan is terminated or cancelled.

Cover under this policy section of the plan will end for an insured person

- when we pay benefit to that person for permanent total disablement
- on the death of that insured person

How to make a claim

If you think you may have cause to make a claim under this section of the plan, please contact Customer Services as soon as possible. You can do this by writing to Simplyhealth, Hambleton House, Waterloo Court, Andover, Hampshire SP10 1LQ or by calling 0370 908 3481. If you are too ill to contact Simplyhealth yourself, a relative, a friend or your solicitor can do this for you.

Any delay in reporting a claim will affect how quickly we can deal with your claim.

Claims settlement conditions

1. All claims must be made through you or your legal representatives.
2. You must do the following:
 - tell Simplyhealth in writing or by telephone as soon as is reasonably possible after any incident which may give rise to a claim under this section of the plan
 - provide FirstAssist at your own expense, with any medical certificates and other evidence we may ask for to support your claimIf necessary, the insured person must also agree to a medical examination, at our expense, whenever we ask for one.
3. We will pay any benefit due under this section of the plan to you (if you are living) or to your estate (if you have died).
4. We will not add interest to any amount we pay.

Fraud

We believe our policyholders are honest - the contract between us is based on mutual trust. However, fraudulent insurance claims are occasionally made. Where fraud (which can include exaggeration) is detected, claims will not be paid and we may refer the matter to the Police for criminal prosecution. This policy section of the plan may be rendered invalid and we may take other action consistent with our legal rights.

Complaints procedure

Simplyhealth is responsible for complaints arising out of the sale of this plan to you and the subsequent issue and administration of the policy. FirstAssist is responsible for complaints arising out of this policy section and the administration of claims.

Our complaints process

If your complaint is not resolved or if you are unhappy with our response, then you can progress your complaint with our Customer Relations Department by calling 0300 102 6558 (Monday to Friday 9am-5pm), via email at customerrelations.plymouth@firstassistinsurance.co.uk or in writing to FirstAssist, Customer Relations Department, 1 Drake Circus, Plymouth, PL1 1QH

We will carry out a separate investigation and full review that will be concluded by us issuing a final response letter. We will issue our final response letter within eight weeks of your original complaint. If it is not possible to issue our response within this timescale we will write to you explaining why.

What to do if you are still not satisfied

Complaints that cannot be resolved by FirstAssist may be referred to the Financial Ombudsman Service. You must approach the Financial Ombudsman Service within six months of receipt of the final response to your complaint. We will remind you of the time limit in our final response. Their contact details are

Financial Ombudsman Service (Insurance Division), Exchange Tower, London, E14 9SR.

Telephone: 0800 023 4567 or 0300 123 9123

Email: enquiries@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

Your rights

We must accept the Ombudsman's final decision, but you are not bound by it and may take further action if you wish.

Your rights as a customer to take legal action remain unaffected by the existence or use of our complaint procedure. However, the Financial Ombudsman Service will not adjudicate on any cases where litigation has commenced.

Financial Services Compensation Scheme

Cigna Europe Insurance Company S.A.-N.V. is a member of the Financial Services Compensation Scheme (FSCS). This provides compensation in case any of its members go out of business or into liquidation and are unable to meet any valid claims under its policies.

Should this happen, the scheme will pay any valid outstanding claims you have at the appropriate level applicable to the scheme at the time of the claim.

Further information can be obtained from the Financial Services Compensation Scheme by visiting their website at www.fscs.org.uk, by contacting them via email on enquiries@fscs.org.uk or by telephone 0800 678 1100 or 020 7741 4100.

The administrator

This section of the policy is administered by FirstAssist Insurance Services and underwritten by CIGNA Europe Insurance Company S.A.-N.V. FirstAssist Insurance Services is a trading style of Cigna Insurance Services (Europe) Limited, who is authorised and regulated by the Financial Conduct Authority and is registered in England & Wales No. 4617110, Financial Services Register number 310671. Registered Office: Chancery House, St Nicholas Way, Sutton, Surrey SM1 1JB.

The underwriter

This section of the policy is underwritten by Cigna Europe Insurance Company S.A.-N.V. UK Branch Chancery House, St Nicholas Way, Sutton, Surrey SM1 1JB. Registered in Belgium with limited liability (Brussels trade register no. 0474624562), Avenue de Cortenbergh 52, 1000 Brussels, Belgium. Subject to the prudential supervision of the National Bank of Belgium, Boulevard de Berlaimont 14, 1000 Brussels (Belgium) and to the supervision of the Financial Services and Markets Authority (FSMA), rue du Congrès 12-14, 1000 Brussels (Belgium), in the field of consumer protection and subject to limited regulation by the Financial Conduct Authority. Details of the extent of our regulation by the Financial Conduct Authority are available on request.

PA generic 0715

Customer Services

If you have any queries, please call Simplyhealth Customer Services on **0370 908 3481*** who will be pleased to help you.

Opening hours are 8am to 8pm weekdays and 9am to 5pm on Saturday

About us and our insurance services

Simplyhealth is a trading name of Simplyhealth Access which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority. Our Financial Services Register number is 202183. You can check this on the Financial Services Register by visiting the Financial Conduct Authority's website www.fsa.gov.uk/register/home.do or by contacting the Financial Conduct Authority on 0800 111 6768.

We can only provide you with information on our own products and you will not receive any advice or a personal recommendation from us for our health plans. We may ask you some questions to narrow down the product option on which we provide you with information, but you will then need to make your own choice about how to proceed.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit Simplyhealth will notify you 10 working days in advance of your account being debited or otherwise agreed. If you request Simplyhealth to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by Simplyhealth or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society
 - If you receive a refund you are not entitled to, you must pay it back when Simplyhealth asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us

Did you know?

You can access and manage your plan 24 hours a day by registering or logging in to your self service account on our website. All you need is your policy number, which is on your summary of cover, date of birth and postcode, then register your details online and you're ready to manage your plan.

Register today at

www.simplyhealth.co.uk/employeebenefit



*Calls to 03 numbers are no more expensive than calling numbers starting with 01 or 02 and are included in free call packages from landlines and mobiles.

Simplyhealth is a trading name of Simplyhealth Access, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Simplyhealth Access is registered and incorporated in England and Wales, registered no. 183035. Registered office, Hambleden House, Waterloo Court, Andover, Hampshire, SP10 1LQ. Your calls may be recorded and monitored for training and quality assurance purposes.

Here's a reminder of your level of cover and payment information

You have chosen to join/upgrade at level with/without your partner at a cost of £ . per week/month

Here's your Application Form

Simply fill in your details below and send it back to us. No stamp required

Please moisten the gummed edges, fold, seal and send to us Freepost (no stamp required)

A Select your cover

SE code

LG0029 / UPF004 /

I am/we are new applicant/s*	NEW JOINER	<input type="checkbox"/>
I already pay but wish to add partner*	UPGRADE	<input type="checkbox"/>
I already pay but wish to change plan level*	UPGRADE	<input type="checkbox"/>
I already pay for self and partner but wish to change our plan level*	UPGRADE	<input type="checkbox"/>

		Level 1	Level 2	Level 3	Level 4	Level 5
One Adult	per week	<input type="checkbox"/> £3.10	<input type="checkbox"/> £4.05	<input type="checkbox"/> £5.00	<input type="checkbox"/> £6.32	<input type="checkbox"/> £10.14
	per month	<input type="checkbox"/> £13.43	<input type="checkbox"/> £17.51	<input type="checkbox"/> £21.65	<input type="checkbox"/> £27.38	<input type="checkbox"/> £43.91
Two Adults	per week	<input type="checkbox"/> £5.73	<input type="checkbox"/> £6.80	<input type="checkbox"/> £8.82	<input type="checkbox"/> £11.93	<input type="checkbox"/> £16.94
	per month	<input type="checkbox"/> £24.80	<input type="checkbox"/> £29.39	<input type="checkbox"/> £38.18	<input type="checkbox"/> £51.66	<input type="checkbox"/> £73.36

*Deductions are only permissible for your partner residing at the same address. If changing level of cover please refer to the Terms and Conditions

B Your details

Surname:	Title:	Date of birth:
Forename(s):	Employer:	
Address:	Telephone (home):	MANDATORY
	Telephone (mobile):	
	Postcode:	E-mail:

Details of partner and up to four children (under 18) to be covered

Surname	Forename(s)	Date of birth	Gender

Enclosed are our standard terms and conditions which form the basis of our insurance contract for this policy. For your own benefit and protection you should read these carefully before signing this declaration. By signing this declaration you are agreeing to abide by the terms and conditions of this policy, therefore if you do not understand any point then please contact us for further information before signing. We rely on the information you declare within the application in making our decision whether or not to accept your application; if any information you declare is found to be false we may cancel your policy. I understand that I have 14 days from the receipt of my welcome pack in which to change my mind and to cancel the policy, after which the standard cancellation period detailed within the terms and conditions will apply. I confirm that those named on this application are below the age of 80, are UK residents and are not sports professionals.

Data Protection Act

The answers on this form contain your personal data. We record, process and hold your personal data in accordance with the law in the United Kingdom and in particular the Data Protection Act.

Keeping you informed

Simplyhealth and companies in the Simplyhealth Group would like to keep you informed about our products and services which may be of interest to you. You can control how you would like us to communicate with you by selecting which of the communication methods you are happy with below. All methods of contact can be opted out of at any time. You will only receive marketing material from companies in the Simplyhealth Group and we will never pass or sell your marketing preferences to external companies.

Traditional Communications

I DO NOT want to receive information via Post I DO NOT want to receive information via Phone

Electronic Communications

I DO want to receive information via Email I DO want to receive information via SMS

Signature: X	Date: X
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C Payment options

Please complete the relevant section dependent on payment method - Payroll Deduction: left column or Direct Debit: right column.

Payroll Deduction Authority

This will be sent to your Payroll Department

Name of employer:
Address of employer:

I wish to become a customer of Simplyhealth or change my existing payment as indicated below and hereby authorise you to deduct from my pay and remit to Simplyhealth the amount indicated or such other contributions as may later apply.

I am paid weekly I am paid monthly

Surname:	Name:
Payroll number:	Department:

Total payroll deduction:

Total amount to be deducted from my wages/salary and paid over to Simplyhealth is:

£	per week
	per month
<small>(delete where applicable)</small>	

Direct Debit Instruction

	Service user number					
	<table border="1"> <tr> <td>6</td><td>9</td><td>5</td><td>4</td><td>9</td><td>1</td> </tr> </table>	6	9	5	4	9
6	9	5	4	9	1	

Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form including official use box using a ball point pen and send back to Simplyhealth, Hambleden House, Warterloo Court, Andover, Hampshire, SP10 1LQ

Name(s) of account holder(s)

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Branch sort code	Bank/building society account number																
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Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address:	
Postcode:	

Signature (s): X Date: X

For Simplyhealth and payroll use only

Important information for pay centre:

Please commence or change deductions from: / /

A new deduction

A change to an existing deduction

A transfer between plans no change in deduction (Please note new Plan number)

A transfer between plans plus change in deduction (Please note new Plan number)

Plan number [grid]
Group number [grid]

Claiming is simple and straightforward
Fill in your details and get your claims paid directly into your bank account

Name(s) of account holder(s) [grid]

Branch sort code [grid]

Bank/building society account number [grid]

Name and full postal address of your bank or building society
To: The Manager Bank or Building Society
Address:
Postcode:

Reference [grid]

Reference [grid]

For Simplyhealth official use only

This is not part of the instruction to your bank or building society.

This information will only be used by Simplyhealth.

Day of the month on which you'd like the Direct Debit to be collected from your account: [grid]

If premiums are to be paid by a party other than the policy holder please complete the boxes below.

Name:
Address:
Telephone no:

How would you like your benefits paid?

Simplyhealth will automatically pay your benefits into the bank account details listed above. If you have any queries, please phone 0370 908 3481.

Instruction to your bank or building society

Please pay Simplyhealth Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this Instruction may remain with Simplyhealth and, if so, details will be passed electronically to my bank/building society.

Signature (s): X Date: X

Banks and building societies may not accept Direct Debit Instructions for some types of account.

Claiming is simple



See your Simplyhealth representative, call to join or visit us online



Visit your everyday healthcare provider - dentist, optician, physiotherapist



Upload your receipt and submit your claim online or pop your receipt and claim form in the post



You'll receive money back in your bank account usually within a few days

Here's how Simplyhealth could benefit you

How much does your family spend each year?

	You	Your partner	Your children
at the dentist?	£	£	£
at the opticians?	£	£	£
and on physiotherapy, chiropractic, reflexology, chiropody/ podiatry, acupuncture, osteopathy and homeopathy?	£	£	£
<hr/>			
Your family's individual total annual healthcare costs are:	£	£	£
Your total family annual healthcare costs:		£	

Call us in the office on **0370 908 3481** quoting

Or visit www.simplyhealth.co.uk/employeebenefit

Opening hours are 8am to 8pm weekdays and 9am to 5pm on Saturday