

# Claiming is as simple as one, two, three (and ok four!)



See your Simplyhealth representative, or call us to join



Visit your everyday healthcare provider - dentist, optician, physiotherapist



Keep your receipt. Pop it in the post with your claim form to us



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

Business Reply Plus

Licence Number

RLRL-HSYT-YLSH



Simplyhealth  
Hambleton House  
Waterloo Court  
ANDOVER  
SP10 1LQ

# Here's how Simplyhealth could benefit you

## How much does your family spend each year?

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

Call us in the office on **0800 980 7890** quoting

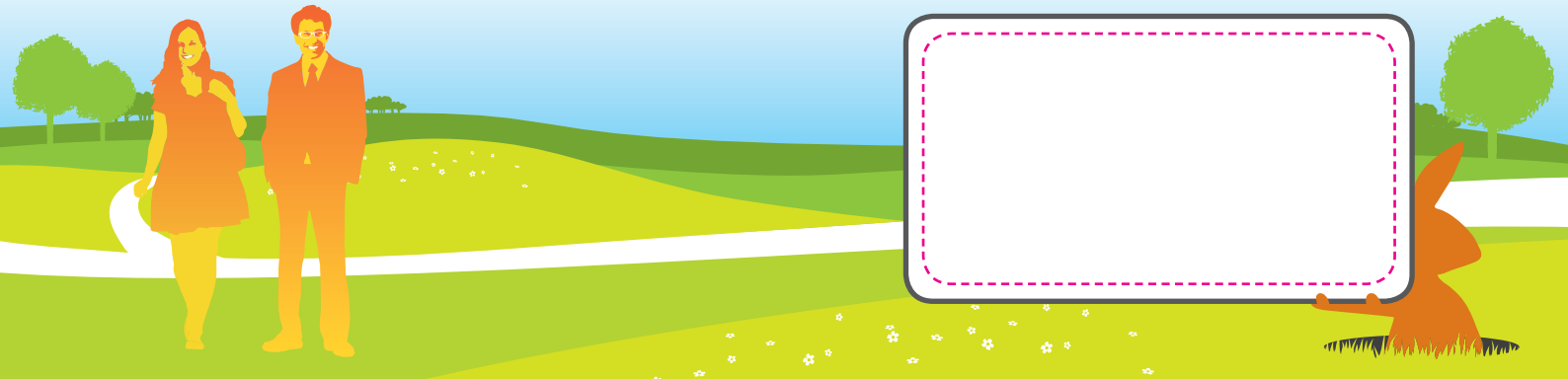


simplycashplan

Claim money back towards  
your healthcare costs

It's that simple

Claim money  
back for:  
Dental checks  
New glasses  
Chiropody and  
more!



## 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.

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.

highly diluted substances to trigger the body's natural system of healing.

# 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 and living at home.



# Here's what you can claim back!

If you're looking for a plan to cover yourself, your partner and up to four resident 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	£2.83	£3.68	£4.56	£5.76	£9.22
Weekly premium for you and your partner		£5.25	£6.17	£8.06	£10.84	£15.45
Monthly premium for you		£12.25	£15.95	£19.75	£24.95	£39.95
Monthly premium for you and your partner		£22.75	£26.75	£34.94	£46.95	£66.95
Premium for up to four of your children under the age of 18 who live with you		Free	Free	Free	Free	Free
		Annual limit for each person				
<b>Dental</b>	<b>100%</b>	£100	£120	£160	£190	£280
Includes check-ups, hygienist's fees, fillings, dentures, crowns and bridges						
<b>Dental accident (3 month qualifying period)</b>	<b>100%</b>	£100	£250	£500	£750	£1,000
Covers treatment to return you to your pre-accident state of oral health if you see a dentist or doctor within 48 hours of the accident						
<b>Optical</b>	<b>100%</b>	£100	£120	£160	£190	£280
Includes sight tests and fitting fees, prescription glasses, prescription sunglasses and contact lenses						
<b>Physiotherapy, osteopathy, chiropractic and acupuncture</b>	<b>50%</b>	£275	£325	£400	£500	£750
Treatment carried out by a qualified practitioner that we recognise						
<b>Chiropody/podiatry, homeopathy and reflexology</b>	<b>50%</b>	£100	£125	£150	£200	£300
Treatment carried out by a qualified practitioner that we recognise						
<b>Full body health screening</b>	<b>50%</b>	£100	£125	£150	£200	£300
A full health screen at a hospital, registered health screening clinic or service provider. This benefit is not available to children						
<b>Diagnostic consultation</b>	<b>50%</b>	£175	£200	£260	£320	£525
Diagnostic consultations with a specialist, including allergy testing and blood tests						

<b>X-ray / scan</b>	X-rays and scans following a referral by a consultant (this does not include CT, MRI or PET scans)	50%	£75	£90	£110	£250	£370	
<b>Medical apparel</b>	Includes specialist items such as surgical shoes, prosthetics and hearing aids	50%	£250	£300	£400	£500	£750	
<b>Hospital cover</b>	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	20 days/ nights max each year	Adult	£28	£35	£40	£60	£90
	Child		£14	£18	£20	£30	£45	
<b>New child payment (12 month qualifying period)</b>	Single payment for each child that you or your partner give birth to or adopt	Each child	£175	£200	£250	£325	£450	
<b>Personal accident cover<sup>1</sup></b>								
<b>Permanent total disablement</b>	Payment made if you suffer permanent total disablement.	A single payment	Adult	£10,000	£12,500	£15,000	£25,000	£25,000
	Child		-	-	-	£5,000	£5,000	
<b>Accidental death</b>	Payment made as a result of accidental death	A single payment	Adult	£5,000	£6,250	£7,500	£12,500	£12,500
	Child		-	-	-	£2,500	£2,500	

**Redundancy premium protection** (policyholder only) Simplyhealth will cover your policy premiums for a maximum of 6 months in the event of redundancy and subsequent unemployment. This benefit has a 12 month qualifying period.

**Free helpline** Your plan gives you access to a free confidential helpline to advise you on health and lifestyle issues, as well as an over the phone counselling service. This service is available 24 hours a day, 7 days a week.

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

<sup>1</sup> To be eligible for the Personal Accident cover you must be under the age of 66 when you join. Cover for permanent total disablement stops once you reach 66 years of age. Personal Accident cover is administered by FirstAssist Insurance Services, which is a trading style of Cigna Insurance Services (Europe) Limited and underwritten by Great Lakes Reinsurance (UK) PLC.

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.

**For full details of the plan please refer to the Policy Document.**

vCPlan0213/vCPlanHSL-Pre-0113

Claim as many times as you like, up to annual limits!

# 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 under 66 years of age on the policy start date.

## **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.

### **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.

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

If you have any queries, please call Simplyhealth Customer Services on 0800 980 7890 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 0800 980 7890. 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 0800 980 7890.

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'.

## Introduction

These Terms and Conditions set out the way in which **we** provide **you** with cover under **your** plan. As a **member**, they bind **you** whether or not **you** have signed the application form or other document. 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 0800 980 7890.

## 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.

Certain words in this document are in **bold** print. These words have specific meanings wherever used in sections 1 – 12 of this document. The meanings of these words are in section 1 'Definitions'.

## Section 1: Definitions

To avoid repetition, the following words or expressions, wherever used in this policy, have the specific meanings given below. To assist you in identifying 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 within 48 hours.

### Acupuncturist

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 0800 980 7890.

### Child/children

Natural or legally adopted dependent **children** of **you** or **your partner**, who are under the age of 18 and permanently live with **you**.

### Claiming year

The period of time during which **you** can claim the benefit for **your** chosen level of cover. **Your** first claiming year starts on **your registration date** and runs for 12 months. Subsequent claiming years start on the anniversary of **your registration date** and run for 12 months.

### Date of treatment

The date the treatment was supplied, the date of adoption or birth/stillbirth of the **child** or the date when **you** were discharged from hospital.

### Day-patient

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

### EEA

The countries of the European Economic Area and Switzerland.

### Homeopath

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 0800 980 7890.

### Member

A policyholder with Simplyhealth.

### Partner

A husband, wife or civil partner under the Civil Partnership Act 2004, or a person who lives with **you** permanently as if they were **your** husband, wife or civil partner.

### Policy

**Our** contract of insurance with **you**.

### Pre-existing condition

Any condition for which **you**

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

**We** will not pay hospital cover if **you** are admitted to hospital as a result of a pre-existing condition during the first 12 months that **you** are covered by the **policy**.

### Qualifying period

A period of time that must pass after **you** join the **policy** before **we** will accept claims for the particular benefit. **Your** qualifying period starts from the date **you** join the **policy**.

### Registration date

The date the **policy** begins, as shown in **your** welcome letter.

### Specialist

A specialist must:

- be included on the register of:
    - specialists maintained by the General Medical Council (please see [www.gmc-uk.org](http://www.gmc-uk.org))
- or
- dentists maintained by the General Dental Council (please see [www.gdc-uk.org](http://www.gdc-uk.org))

and

- hold or have held a substantive appointment (that is to say not a locum) as a consultant in a National Health Service Hospital or the Armed Services

and

- hold a current licence to practise.

If **you** have any questions as to whether **your** specialist meets these criteria then please contact Customer Services on 0800 980 7890.

## Sports

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 that apply to each of the **policy's** premium levels (if there are different levels)
- any **qualifying periods** that apply
- any age rules for joining
- any age rules for changing **your** premium level and
- whether or not **you** can cover a **child** or **partner** on the **policy**

## We/our/us

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

## You/your

The **member** and, where applicable, any **partner** or **children** covered under the **policy**.

## Section 2: Details of what is covered and not covered

This section explains what is and is not covered for specific treatments. **You** should read these terms and conditions together with **your table of cover** to see which benefits **you** are covered for, and the level of cover that **you** have.

**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**.

## Dental cover

Please read **your table of cover** to see whether **your policy** includes dental cover.

## What is covered

- Dental check-ups
- Treatment provided by a dentist, periodontist or orthodontist
- Endodontic 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 is not covered

- Dental prescription charges
- Dental consumables, for example toothbrushes, mouthwash and dental floss
- Dental practice plan premiums and dental insurance premiums
- 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
- Joining fees
- Laboratory fees not connected to dental treatment or performed by a dentist
- Missed appointment fees and administration fees
- Dental treatment provided at a hospital as a **day-patient** or in-patient (**you** may be able to claim for this under 'hospital cover')

## Dental accident cover

The accident cover is to return **you** to **your** pre-**accident** state of oral health. **We** cover **accidents** that take place only after the **qualifying period**. Along with any 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 **we** ask for may include the date of the **accident**, witness statements, photographs, X-rays, medical and dental reports and police incident numbers.

## What is covered

- Restorative treatment to return **your** oral health to its pre-**accident** state where **you** receive medical or dental attention within 48 hours of the **accident**

## What is not covered

- Dental treatment where **you** did not receive medical or dental attention within 48 hours of the **accident**
- 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**
- Any dental treatment that **you** need after the **accident** treatment (**you** can claim for this under 'dental cover')
- Dental treatment **you** need as a result of participating in a **sport** where **you** were not wearing the appropriate face or mouth protection
- Dental treatment that **you** need which is not as a direct result of an **accident**
- Dental treatment that **you** need as a direct result of an **accident** that occurred before or within the **qualifying period**
- Dental treatment that **you** need as a result of injury caused by foodstuffs or foreign bodies while eating, chewing or drinking
- Missed appointment fees and administration fees
- Drugs and dental prescription charges

- Any dental treatment undertaken in a hospital following a referral from a dentist
- Dental treatment that **you** cannot provide evidence of being clinically necessary, for example cosmetic or aesthetic procedures
- Any preparation for and dental treatment connected with having orthodontics or veneers fitted, or dental implants and their associated procedures (although attachments to the dental implant such as crowns and bridges may be covered)
- 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
- Dental treatment that **you** need as a result of war or terrorist activity

## Optical cover

Please read **your table of cover** to see whether **your policy** includes optical cover.

### What is covered

- Sight test fees, scans or photos for an eye test
- Fitting fees
- Prescribed glasses, including frames and prescribed lenses
- Addition of new prescribed lenses to existing frames
- Glasses frames
- Contact lenses
- Consumables supplied as part of an optical prescription, for example solutions and tints
- Repairs to glasses
- Sunglasses, safety glasses and swimming goggles with prescription lenses
- Contact lenses paid for by instalment

### What is not covered

- Eye laser surgery
- Optical consumables, for example contact lens cases, glasses cases and glasses chains/cords, cleaning materials or solutions
- Magnifying glasses
- Non-prescription glasses
- Lenses supplied under an optical insurance plan
- Contact lens replacement insurance premiums
- Opticians' insurance premiums
- Ophthalmic consultant charges or tests relating to an ophthalmic consultation (**you** may be able to claim these under 'diagnostic consultation cover')
- Postage and packing costs

## Physiotherapy, osteopathy, chiropractic, acupuncture cover

Please read **your table of cover** to see whether **your policy** includes physiotherapy, osteopathy, chiropractic and acupuncture cover.

**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), or by someone who is training to be a physiotherapist, osteopath or chiropractor.

### What is covered

- Treatment provided by a physiotherapist, osteopath, chiropractor or **acupuncturist** in their specific field of expertise

### What is not covered

- Treatment which is not physiotherapy, osteopathy, chiropractic or acupuncture
- Any other treatments, for example reflexology, aromatherapy, herbalism, sports/remedial massage, Indian head massage, reiki, and Alexander technique
- X-rays and scans
- Appliances, for example lumbar roll, back support, TENS machine
- Homeopathic medicines

## Chiropody/podiatry, homeopathy and reflexology cover

Please read **your table of cover** to see whether **your policy** includes chiropody/ podiatry, homeopathy and reflexology cover.

**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, or by someone who is training to be a chiropodist / podiatrist.

### What is covered

- Treatment supplied by a chiropodist or podiatrist
- Assessments, for example gait analysis, performed by a chiropodist or podiatrist
- Consumables prescribed and supplied by the chiropodist or podiatrist at the time of treatment, for example orthotics and dressings
- Consultations with a podiatric surgeon
- Homeopathy, or reflexology treatment provided by practitioners in these fields
- Homeopathic medicines prescribed by a **homeopath** where payment is made directly to the **homeopath**

### What is not covered

- Cosmetic pedicures
- X-rays
- Consumables not prescribed or supplied by the chiroprapist or podiatrist at the time of treatment, for example corn plasters, insoles, dressings
- Surgical footwear, for example corrective footwear
- Homeopathic medicines purchased from a chemist, health food shop, by mail order or over the internet
- Internet or telephone homeopathic consultations
- Homeopathic medicines prescribed by or purchased from a professional who is not a **homeopath**

### Full body health screening cover

Please read **your table of cover** to see whether **your policy** includes full body health screening cover.

#### What is covered

- A full body healthscreen undertaken for preventative reasons by qualified staff at a hospital, registered health screening clinic or service. The healthscreen must include a full blood screen, urinalysis, prostate/cervical screens (as appropriate), full physical examination, biometric analysis and tests.

#### What is not covered

- Medical examinations
- Medical and radiological tests when not part of a full body healthscreen for preventative reasons. For example ultrasounds, scans, X-rays, cholesterol, bone density scans and blood tests
- Diagnostic procedures and tests
- Tests related to a symptom or condition
- Home testing kits
- Internet screening
- Medical screening for employment purposes
- Emigration examinations

### Diagnostic consultation cover

Please read **your table of cover** to see whether **your policy** includes diagnostic consultation cover.

**We** will pay towards **your** diagnostic consultation for the sum **you** have paid directly to a medically qualified **specialist**.

A diagnostic consultation is typically to establish what is wrong and to discuss treatment options.

#### What is covered

- A **specialist's** fee for a diagnostic consultation
- Blood tests or visual field tests directly connected to a diagnostic consultation
- Allergy tests performed by a GP or **specialist**

#### What is not covered

- Costs of a referral
- Treatment charges
- Consultations with a podiatry surgeon (**you** may be able to claim these under 'chiroprapy / podiatry cover')
- Operation fees
- Medical examinations and reports
- Private hospital charges, for example room fees
- Health screening services
- Visits to clinics and GPs
- Diagnostic tests and procedures, for example X-rays and scans, endoscopy, tests on body tissue samples, ECGs
- Anaesthetic fees
- Counselling services, for example psychiatric, psychological and bereavement
- Dietician/nutritional services
- Speech therapy and dyslexia services
- Assisted conception, fertility treatment and pregnancy care
- Pregnancy termination
- Post-operative consultations
- Check-ups, for example cancer remission checks
- Food intolerance/nutrition tests

- Consultations on a cruise ship where the cruise itinerary is outside the waters of the **EEA**

### X-rays and scans

#### What is covered

- X-rays and scans when **you** have been referred by a **specialist**.

#### What is not covered

- Dental X-rays (these may be covered under 'Dental' cover)
- CT, MRI and PET scans.

### Medical apparel

#### What is covered

- 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 is not covered

- More than 2 items of medical apparel or repairs in a **claiming year**
- Invalid equipment, medical equipment and batteries

### Hospital cover

Please read **your table of cover** to see whether **your policy** includes hospital cover.

**We** will pay **you** the amount shown in the **table of cover** for **your** chosen premium level for each day/ night where **you** are admitted to a recognised hospital. **You** can see the maximum number of days/nights **you** can claim for each **claiming year** on the **table of cover**.

The claim form must be completed and signed by a doctor, nurse, or medical record department from the hospital where **you** were a patient. As an alternative **you** can send a copy of **your** discharge letter as evidence of admission.

**Pre-existing conditions** are not covered for the first 12 months of cover. **We** will ask for evidence that **your** condition is not pre-existing if **you** claim for this benefit during the first 12 months of cover.

'Hospital day-patient', 'hospital in-patient' and 'parental-stay' cover share the same maximum entitlement, please see **your table of cover**.

### Hospital day-patient cover

Please read **your table of cover** to see whether **your policy** includes hospital day-patient cover.

#### What is covered

- An admission to a **day-patient** ward or unit for treatment or investigation of a medical condition which is not a **pre-existing condition**
- Out-patient cancer treatment, for example chemotherapy or radiotherapy, which is not related to a **pre-existing condition**

#### What is not covered

- The period immediately before or after an overnight in-patient stay for which **we** have paid under 'hospital in-patient cover'
- Out-patient appointments, including injections and scans
- Any hospital **day-patient** admission for treatment of a **pre-existing condition** during the first 12 months of cover
- Kidney dialysis
- Day care, for example psychiatric, respite care, care for the elderly and maternity
- Cancelled operations before admission
- 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
- Pre-admission appointments

- X-rays or scans (**you** may be able to claim this under 'X-rays and scans cover')
- Pregnancy termination
- Laser eye surgery
- Cosmetic surgery
- Administration fees for completing the claim form

### Hospital in-patient cover

Please read **your table of cover** to see whether **your policy** includes hospital in-patient cover.

#### What is covered

- Any period of overnight stay in a recognised hospital for treatment or investigation of a medical condition which is not a **pre-existing condition**. The day of admission and the day of discharge will be counted as one

#### What is not covered

- Any period of overnight stay in a recognised hospital for treatment of a **pre-existing condition** during the first 12 months of cover
- The first 14 nights of any stay in hospital during which childbirth takes place
- Respite care (short term temporary relief for a carer of a family member)
- Out-patient treatment
- Attendance at an accident and emergency department
- Hospital **day-patient**
- Hotel ward admission
- Pregnancy termination
- Laser eye surgery
- Cosmetic surgery
- Ante or post natal admission for a **child** registered on the **policy**
- Administration fees for completing the claim form

### Parental stay cover

Please read **your table of cover** to see whether **your policy** includes hospital in-patient cover.

In order to claim under this benefit **we** need **your** parental stay claim to be supported by written confirmation from the hospital that one parent accompanied their **child** overnight.

#### What is covered

- Any period of overnight stay in a recognised hospital for one adult who is registered on this **policy** who has accompanied their **child** where they have been admitted as an in-patient. The **child** must be covered under the **policy** and the condition must not be a **pre-existing condition**

#### What is not covered

- Any period of overnight stay in a recognised hospital where the **child** has been admitted for a **pre-existing condition** during the first 12 months of cover
- More than one parent accompanying their **child**
- An adult who is not registered on the **policy**
- The post natal period following the birth of a **child**
- A **child's** attendance at an accident and emergency department
- A **child's** respite care (short term temporary relief for a carer of a family member)
- A **child's** hospital **day-patient** admission
- A **child's** out-patient treatment
- Administration fees for completing the claim form

## New child payment

Please read **your table of cover** to see whether **your policy** includes new child payment.

**We** will pay a single payment at the appropriate rate under **your** chosen premium level for each **child** born to **you** or legally adopted by **you** while **you** are covered by this **policy**, provided **you** have completed the **qualifying period** at the date of birth or adoption and the **child** lives permanently with **you**. **We** only make one payment for each **child** no matter how many policies **you** or **your partner** have; whether **you** are registered on other policies or whether **you** and **your partner** are registered on the same policy. 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 at the appropriate rate for **your** premium level following a stillbirth of **your child** after 24 weeks of pregnancy.

To claim under this benefit **you** need to provide appropriate supporting documents, for example, a birth certificate, stillbirth certificate or adoption papers.

### What is covered

- The birth of **your child** after the **qualifying period**
- The stillbirth of **your child** after 24 weeks of pregnancy and after the **qualifying period**
- The legal adoption by **you** or **your partner**, after the **qualifying period**, of a **child**. 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**)

### What is not covered

- 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**

## Personal accident cover

Please read **your table of cover** to see whether **your policy** includes personal accident cover.

Personal Accident Protection Policy (Simplyhealth) This policy which forms part of **your** cash plan is underwritten by Great Lakes Reinsurance (UK) PLC 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 the Customer Contact Team on 0800 980 7890 (Monday to Friday 8am - 8pm).

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

Please see section 13 for the full terms and conditions for Personal Accident Cover

## Redundancy premium protection

Please read **your table of cover** to see whether **your policy** includes redundancy premium protection.

**We** will waive the **policy** premiums if the **member** is made redundant and is then unemployed. The **table of cover** shows how long **we** will pay this benefit for, and any **qualifying period** which **we** apply. **We** will not waive the premium:

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

The redundancy must be compulsory and meet the statutory requirements for redundancy. **You** cannot increase **your** level of cover during a period that **we** have waived the premium.

**We** need a copy of the redundancy letter to be submitted with the claim. If the person who was made redundant starts work again within six months, they must tell **us** immediately - **we** will not waive the premium once they start work again.

## Health & counselling helpline

Please read **your table of cover** to see whether **your policy** includes the '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, 7 days a week – just call free on 0800 975 3345.

Simplyhealth will not be held responsible if **you** experience any delay or failure in the provision of this helpline that is beyond **our**, or the service provider's, control.

If **you** have questions about the administration of the **policy** and claims, please contact the Simplyhealth Customer Services team on 0800 980 7890.

### The helpline can give you:

- advice on health and lifestyle issues (for example smoking, weight loss)
- basic medical advice & symptom information
- pre-travel medical advice
- childcare and eldercare advice
- telephone counselling support on a wide range of issues affecting **you**

### What the helpline does not do

- Answer questions about the administration of the **policy** – for example, terms and conditions of the **policy**, current or past claims, cover levels
- Diagnosis of medical conditions or prescription of treatments

## Section 3: How to join

- 3.1 **You** can apply to join if, at the time **you** make **your** application, **you** are aged between the lower and upper age limits shown on **your table of cover** and are a UK resident. **You** must live permanently at an address in the UK and this must be **your** correspondence address. **We** do not have to accept **your** application or provide an explanation of **our** refusal. If **you** are already a **member** then these terms may not apply.
- 3.2 If the **table of cover** shows a premium level including **partners**, **you** can apply to include **your partner** on the **policy** at the same level as **you** if they:
- are aged between the upper and lower age limits shown on the **table of cover**
- and
- live permanently with **you**.
- We** do not have to accept **your partner's** application or provide an explanation of **our** refusal.
- 3.3 If **your table of cover** shows a premium level including children, **you** can apply to include up to a maximum of four of **your** or **your partner's children** on the **policy** if they permanently live with **you** and are under the age of 18. On a child's 18th birthday they will cease to be covered by the **policy**. **We** may request a **child's** original birth certificate if they are covered on the **policy**. Once a **child** has been covered on the **policy** they must stay on the **policy** for a minimum of one year. If a **child** is removed from the **policy**, they cannot rejoin (unless taking their own policy) for a period of three years. **Children** can only be covered under one policy.
- 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.

- 3.4 Any information that **we** ask for and **you** give **us** must be accurate, true and completed to the best of **your** knowledge and belief. If **you** fail to comply with this condition, **we** may either refuse **your** application or cancel the **policy**.
- 3.5 Cover under the **policy** is monthly and starts from **your registration date**. It continues from month to month until it is cancelled or otherwise comes to an end.

## Section 4: Premiums and levels of cover

- 4.1 Premiums for **your** cover are payable by direct debit in advance of any cover under the **policy** being provided. **We** may require **your** first payment by debit or credit card. **We** must receive **your** premiums for **you** to be entitled to claim. If **we** do not receive **your** premium, **we** will suspend the **policy**.
- 4.2 **Your** premium level sets the cover that is available to **you**, as detailed in the **table of cover**. **You** can change **your** premium level at any time but **you** must stay on that premium level for at least 12 months before **you** can change **your** premium level again. Any changes to **your** premium will not change **your claiming year**.
- 4.3 If **you** change **your** premium level, any claims paid in the **claiming year** under the previous premium level will count towards the maximum entitlement available under the new premium level.
- 4.4 If **you** increase **your** premium level, **we** will re-apply the **qualifying period** for any benefit that already has one. However, if **you** make a claim for a benefit during a re-applied **qualifying period**, **we** will assess **your** claim as if **you** hadn't changed level and so were still on the previous premium level. This means that **we** will check if:
- **you** completed the **qualifying period** for the previous premium level

and

- **you** have claimed the maximum benefit available on the previous premium level.

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

- 4.5 **You** cannot increase **your** premium level if anyone covered under the **policy** is older than the upper age limit shown in the **table of cover**.
- 4.6 If **we** change **your** premiums, **we** will give **you** advance notice of the change. The minimum notice is detailed in section 10 ('What happens if we change the terms and conditions of the policy').
- 4.7 Insurance Premium Tax (IPT) is included in **your** 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 **you** of this change separately.

## Section 5: Claims rules

- 5.1 **We** will only pay for treatment **you** have already received and paid for. **We** do not pay in advance for a course of treatment that **you** have not yet received, even if **you** have already paid for it.
- This means that 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.
- 5.2 **We** will pay claims against the **claiming year** in which **you** receive the treatment or in which the dates of admission and discharge from hospital fell. If a claim spans a **claiming year**, the claim will be allocated in line with the dates the treatment took place. **You** must use the claim form **we** provide for making claims. If **you** do not have a claim form, please visit [www.simplyhealth.co.uk](http://www.simplyhealth.co.uk) or call Customer Services on 0800 980 7890.



- 5.3 **We** will not reimburse any costs that **you** have paid with vouchers or coupons.
- 5.4 When making a claim **you** need to send a fully completed claim form and original receipt for any bill that **you** would like **us** to reimburse **you** for. The original receipt must:
- be on official headed paper
  - show the name of the patient
  - show the name, address and qualifications of the person providing treatment
  - include a description of the treatment
  - show the **date of treatment** and the amount paid for that treatment. That amount paid for must be in UK currency unless you are claiming for treatment in the **EEA**.
- It is **your** sole responsibility to ensure that the receipts that **you** submit comply with each of these requirements.
- 5.5 For 'hospital cover' claims, the appropriate section of the claim form needs to be completed, stamped and endorsed by the relevant hospital authorities, or send **us** a copy of **your** hospital discharge letter with **your** completed claim form. Claims for a 'new child payment' should be supported by the original birth certificate, appropriate stillbirth certificate or official documents regarding an adoption. If you have 'full body health screening cover' **you** need to submit details of the health screen with any claim.
- 5.6 **We** are not obliged to pay claims within a specific timescale. However, **our** claims procedures are designed to ensure **we** pay valid claims quickly. They rely on **you** submitting **your** claim within a reasonable time of **your date of treatment**, so please send in **your** claim as soon as possible and in any event within six months of the **date of treatment**.
- 5.7 If **you** delay **your** claim for more than two years from the **date of treatment**, **we** will not pay **your** claim unless **you** can provide evidence of exceptional circumstances which justify the delay.
- 5.8 The longer the time between **date of treatment** and submitting **your** claim the more difficult it is likely to be for **us** to validate it. **We** may need to ask **you**, or a health professional, for more information in order to validate **your** claim. **We** may seek **your** written consent for medical information relating to a claim to be disclosed to a Simplyhealth medical practitioner. **You** must give **us** any information or proof to support **your** claim if **we** make a reasonable request for **you** to do so. **We** may not be able to process **your** claim if **you** or **your** health professional cannot give **us** the information that **we** have asked for. **We** also reserve the right to deduct from **your** claim any extra costs **we** incur in taking these additional steps; if **we** do this, **we** will explain how **we** have arrived at those costs. **You** should be aware **your** practitioner may also charge **you** for the cost of providing confirmation of treatment or additional evidence.
- 5.9 **We** will only accept claim forms that have been completed and sent by **you**. **We** will not accept any claims sent directly by a healthcare professional or institution.
- 5.10 **We** reserve the right to request a second opinion from a specialist in their field of expertise (for example an optician or dentist) appointed by **us**. In order to do this **we** may ask **you** to attend an appointment (at **our** expense) with a healthcare professional appointed by **us**.
- 5.11 **We** only accept original receipts. **We** do not accept receipts that have been altered, invoices, credit or debit card receipts or photocopies of any accounts. **We** do not return any receipts or invoices.
- 5.12 For the avoidance of doubt, where **we** are seeking to validate a claim by requesting further information from **you** or a health professional, neither this claim nor any other claims on the **policy** will be paid until such time as **we** have received such further information and have been able to validate the claim in question.
- 5.13 **We** 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.
- 5.14 **We** will not pay any claim while **you** are in breach of these **policy** conditions or **we** have not received the premium for **your** cover.
- 5.15 **We** pay claims via direct credit into a bank account nominated by **you**. It is **your** responsibility to tell **us** where **you** want **us** to pay claims.
- 5.16 **We** do not pay any amounts **you** may be charged for completing **your** claim form or for medical information **we** request in support of **your** claim. These charges are **your** responsibility.
- 5.17 If **you** increase **your** premium level, **we** will re-apply the **qualifying period** for any benefit that already has one. However, if **you** make a claim for a benefit during a re-applied **qualifying period**, **we** will assess **your** claim as if **you** hadn't changed level and so **we** were still on the previous premium level. This means that **we** will check if:
- **you** completed the **qualifying period** for the previous premium level
- and
- **you** have claimed the maximum benefit available on the previous premium level.
- For benefits that do not have a **qualifying period**, **you** can claim the increased benefits as soon as **your** increased premium level comes into effect.
- 5.18 **You** can only claim under one area of cover for each treatment **you** receive.
- 5.19 **We** will only accept claims for treatment received:
- in the UK

- in the **EEA** only during a trip of up to and including 28 days' duration. **We** will not cover **you** where the purpose of the trip is to receive medical treatment outside the UK, and **we** will only pay claims where **you** have provided suitable evidence, including evidence that **your** visit did not exceed 28 days in total. **We** will need a translation of the invoice in English and a relevant receipt, both giving details of the claim.
- 5.20 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](http://www.oanda.com)) which applied on the **date of treatment**.
- 5.21 **We** will not cover any treatment **you** receive from a:
- member of **your** family
  - business that a member of **your** family works for
  - business that **you** work for
  - business that **you** own.
- 5.22 **We** reserve the right to recover any overpayment of claims from any sums payable to **you**, or to recover such overpayments directly from **you**, or both.
- 5.23 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**, then **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.
- 5.24 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.
- 5.25 Other insurance held by **you** with **us** – if **you** or anyone included on the **policy** holds or is covered under another insurance **policy** with **us**, then **you** can claim on both policies up to **your** maximum (subject to specific **policy** restrictions). It is **your** responsibility to tell **us** if **you** wish to claim from two policies by contacting customer services or by completing the appropriate claim forms. The total **we** pay under all policies cannot be more than the costs **you** have paid.
- 5.26 Other insurance held by **you** with a different company – if **you** are making a claim to **us** and **you** have insurance with another insurance company that covers **you** for any of the same benefits under this **policy**, **you** must tell **us**. **We** may need to contact this other company as **we** will not be liable to pay more than **our** proportionate share when split between the insurance companies.

## Section 6: Fraud

- 6.1 The contract 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 **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 the claim is false, or is exaggerated in any respect
  - making a statement in support of a claim where **you** know the statement is false in any respect
  - sending **us** a document in support of a claim where **you** know 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 (also known as 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 the costs of treatment.

## Section 7: Limitations and cancellations of cover

7.1 **We** are an organisation run purely for the benefit of **our members**, 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 **members** 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 the rest of the **members** of **your** community. In order to protect **our** ability to continue to offer community pricing, and maintain premium and benefit levels for the widest possible community of **members**, **we** may transfer a group of **members** 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 product will have premiums, benefits and terms and conditions that more fairly reflect the level of claims made by that group of **members** whose policies have been transferred.

A group includes all **members** 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 50% higher than 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 this 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 **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?

8.1 All cover under this **policy** will end automatically and **we** will not cover **you**, **your partner** or **children** for any claims **you** have not yet sent **us** for **you** and all other people included on the **policy** if:

- **you** cancel the **policy** by giving **us** one month's notice in writing. **We** will not refund any premiums **you** have already paid
- **you** or any third party who is paying **your** premiums on **your** behalf miss paying three consecutive monthly premiums. **We** may reinstate that cover once all outstanding premiums have been paid
- **you** die. **Your partner** will be able to take out an equivalent policy

- **we** exercise **our** right to cancel the **policy** if **we** make a commercial decision to stop providing this **policy** or an equivalent policy. **We** will give **you** at least three months' written notice of **our** decision
- **we** exercise **our** right to cancel the **policy** at any time (backdated where appropriate) if:
  - **we** have reason to suspect that **you** submitted a fraudulent claim – please see section 6.3 ('Fraud')
  - **you** breach the terms and conditions of this **policy**
  - **you** fail to act with utmost good faith
  - if **you** are abusive to **our** staff. To protect **our** staff, **we** ask that **you** treat **us** in the way **you** wish to be treated. If **you** are abusive during **our** contact with **you**, **we** will terminate the contact. If **you** continue to be abusive, **we** reserve the right to cancel all policies **you** hold with Simplyhealth.

8.2 All cover under this **policy** for a **partner** or **child** included on the **policy** will end when he or she dies or stops satisfying the criteria in sections 3.2 and 3.3 ('How to join').

## 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 **you** can use to raise any concern, complaint or recommendation **you** have. In the first instance **you** should contact Customer Services on 0800 980 7890 or write to Simplyhealth Customer Services, at **our** registered office address of Hambleden 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  
South Quay Plaza  
183 Marsh Wall  
London  
E14 9SR.  
Telephone: 0800 023 4567
- 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 Changing **your** mind – **you** have 14 days from receiving **your** welcome letter to change **your** mind and receive a full refund of any premiums **you** have paid, provided **you** have not made any claims. If **you** change **your** mind, please call 0800 980 7890 or write to Simplyhealth Customer Services at **our** registered office address to cancel the **policy**.
- 9.4 Changes to **your** details – **you** must tell **us** as soon as reasonably possible of any changes to the information **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.
- 9.5 **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](http://www.fscs.org.uk) or contact the FSCS direct on 0800 678 1100.

## Section 10: What happens if we change the terms and conditions of the policy

- 10.1 **We** can change any of the terms and conditions relating to the **policy** if **we** give **you** one month's notice. This includes:
- the cover the **policy** provides
  - terms and conditions
  - premiums
- 10.2 **We** will tell **you** about any changes in writing to **your** home address. **We** will not be responsible if, for any reason, **you** do not receive them. **You** can cancel the **policy** in accordance with section 8.1 ("How does cover end?") if **you** do not like the changes **we** have made.
- 10.3 If **we** tell **you** about a change to the terms and conditions, **we** will pay claims in accordance with the terms and conditions in operation at the time treatment was supplied or diagnosis made.

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

- 11.1 **We** will hold and use information relating to **you**. This information may include medical information. **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, Hambleton House, Waterloo Court, Andover, Hampshire, SP10 1LQ.
- 11.9 Simplyhealth records telephone calls for training and quality assurance purposes.

## Section 12: General terms and conditions

- 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.
- 12.5 **We** make no claims about the effectiveness and safety of treatments. **You** take full responsibility for **your** treatment decisions.

## Section 13: Personal Accident Cover Terms and Conditions

### Introduction

Please read this policy section of your plan carefully. If you have any questions about this insurance please write to us or telephone the Customer Contact Team.

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

Great Lakes Reinsurance (UK) PLC.

#### 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 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 plan you have selected which is stated on your plan.

### Table of benefits

Please refer to your Table of Cover shown in your welcome leaflet to confirm your benefit entitlement under your chosen premium level

Permanent Total Disablement 100%

Accidental Death 100%

### 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.

### Eligible children's benefits

The benefits provided for eligible children, if insured, is set out in the table of cover in the welcome leaflet.

### 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 Simplyhealth Customer Contact Team as soon as possible. You can do this by writing to Simplyhealth, Simplyhealth House, Derwent Avenue, Manchester M21 7QP or by calling 0800 980 7890. 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 claim.

If 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 0845 072 0732 (Monday to Friday 9am-5pm), via email at [customerrelations.plymouth@firstassistinsurance.co.uk](mailto: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), South Quay Plaza, 183 Marsh Wall, London E14 9SR.

Telephone 0800 023 4567

Email [enquiries@financial-ombudsman.org.uk](mailto:enquiries@financial-ombudsman.org.uk)

Website [www.financial-ombudsman.org.uk](http://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

Great Lakes Reinsurance (UK) PLC is a member of the Financial Services Compensation Scheme (FSCS). This provides compensation in case any of its customers 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](http://www.fscs.org.uk) by contacting them via email on [enquiries@fscs.org.uk](mailto:enquiries@fscs.org.uk) or by telephone 0800 678 1100.

This section of the plan is administered by FirstAssist Insurance Services, which 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.

This section of the plan is underwritten by Great Lakes Reinsurance (UK) PLC. Great Lakes Reinsurance (UK) PLC is registered in England and Wales No. 2189462. Registered Office at Plantation Place, 30 Fenchurch Street, London EC3M 3AJ.

Great Lakes Reinsurance (UK) PLC is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register No. 202715.

You can check this on the Financial Services Register by visiting the Financial Conduct Authority's website <http://www.fsa.gov.uk/register/home.do> or by contacting the Financial Conduct Authority on 0800 111 6768.

Simplyhealth is a trading name of Simplyhealth Access, registered and incorporated in England and Wales, No.183035. Registered office: Hambleden House, Waterloo Court, Andover, Hampshire SP10 1LQ. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Your calls may be recorded and monitored for training and quality assurance purposes.

## Customer Services

If you have any queries, please call Simplyhealth Customer Services on **0800 980 7890** who will be pleased to help you.

## 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 the 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](http://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

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, Hambleton 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



# Start claiming money back for your appointments today

At Simplyhealth we like to think of the Simple 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 18 benefits in total including [Dental](#) and [Optical](#), here is a bit more information about some of the less well known treatments that are covered.

### 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.

### Chiropody and podiatry

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

### Osteopathy

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

### Chiropractic

Chiropractors use their hands to manipulate the

### Homeopathy

Is a system of alternative medicine which involves treatment with

# 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"/> £2.83	<input type="checkbox"/> £3.68	<input type="checkbox"/> £4.56	<input type="checkbox"/> £5.76	<input type="checkbox"/> £9.22
	per month	<input type="checkbox"/> £12.25	<input type="checkbox"/> £15.95	<input type="checkbox"/> £19.75	<input type="checkbox"/> £24.95	<input type="checkbox"/> £39.95
Two Adults	per week	<input type="checkbox"/> £5.25	<input type="checkbox"/> £6.17	<input type="checkbox"/> £8.06	<input type="checkbox"/> £10.84	<input type="checkbox"/> £15.45
	per month	<input type="checkbox"/> £22.75	<input type="checkbox"/> £26.75	<input type="checkbox"/> £34.94	<input type="checkbox"/> £46.95	<input type="checkbox"/> £66.95

\*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 resident children (under 18) to be covered

Title	Surname	Forename(s)	Relationship	Date of birth



## 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


Group number

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### 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)

--	--

Bank/building society account number

--	--	--	--	--	--	--	--	--	--

Branch sort code

--	--	--	--	--	--	--	--

Name and full postal address of your bank or building society

To the Manager:	Bank or Building Society
Address:	
Postcode:	

Reference

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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:

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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 0800 980 7890.

### 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 or building society.

Signature (s): X

Date: X

Banks and Building Societies may not accept Direct Debit instructions for some types of account.