cash plan

POLICY TERMS AND CONDITIONS

benenden health

Important information

Important Information

The Financial Conduct Authority (FCA) is an independent body that regulates the general insurance industry. It requires us to give you certain information so that you can decide if our services are right for you.

Statement of demands and needs

This plan provides cover that meets the demands and needs of someone who wishes to have help towards covering everyday healthcare costs such as dental check-ups and treatment, eye tests and glasses or therapy fees.

Personal recommendation

In deciding to take out this cover, you will NOT receive advice or personal recommendation from us. This means that you need to make your own decision as to the suitability of the product for your circumstances.

About us

This insurance is arranged, underwritten and administered by BHSF Limited (the undertaking) and distributed by Benenden Wellbeing Limited (the intermediary).

BHSF Limited, part of the BHSF Group Limited, of 2 Darnley Road, Birmingham B16 8TE is an insurance company authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority. BHSF registration number is 202038.

Their permitted business includes advising on and effecting non-investment insurance contracts. Details of our registration can be checked at www.fca.org.uk/register or by telephoning 0800 111 6768.

Benenden only offers a Health Cash Plan from BHSF Limited.

Benenden Health Cash Plan is distributed by Benenden Wellbeing Limited, an insurance intermediary, which is authorised and regulated by the Financial Conduct Authority (Financial Services Register number 593286). Registered in England and Wales (company no. 8271017). Benenden Wellbeing Limited is a wholly owned subsidiary of the Benenden Healthcare Society Limited. The Registered Office of both: Holgate Park Drive, York, YO26 4GG. Benenden Health is a trading name of The Benenden Healthcare Society Limited.

Commission disclosure

BHSF Limited pays Benenden Wellbeing Limited a percentage commission from the total premium to sell policies on our behalf.

Cooling off period

If you are not completely satisfied with the policy, simply notify BHSF in writing within 14 days of the date you receive your welcome pack and BHSF will cancel it. Provided a claim has not been paid, BHSF will refund any premium collected.

Customer care

If you wish to register a complaint, please do so in writing to Benenden Health Cash Plan, 2 Darnley Road, Birmingham B16 8TE or by telephoning 0800 414 8071, quoting your policy number. If you are not satisfied with the outcome of the complaint, you may refer it to the Financial Ombudsman Service.

Compensation

BHSF Limited are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if they are unable to meet their obligations. Entitlement will depend on the type of business and the circumstances of the claim. Further information about the compensation scheme is available on the FSCS website www.fscs.org.uk.

Protecting your data

At BHSF we are committed to protecting your data and compliance with data protection legislation.

Our aim in processing your data is to successfully deliver our service to you with an appropriate level of data sharing whilst recognising the need to protect your fundamental rights to privacy.

For further information please see our full Privacy Statement by visiting our website www.bhsf.co.uk/privacynotice. This document fully sets out how and why we are processing the information we have on you. It also explains your rights to access, rectify, restrict or erase your data.

Benefit Table

Your benefits	Reimbursement rate	Maximum reimbursement per insured person per Policy Year				
		Level 1	Level 2	Level 3	Level 4	Level 5
Optical	100%	£52.50 or voucher	£100	£150	£200	£250
Dental	100%	£50	£100	£150	£200	£250
Dental trauma	100%	£100	£120	£180	£240	£300
Therapies	100%	£75	£150	£225	£300	£350
Chiropody	50%	£50	£100	£150	£200	£250
Hearing aids	50%	£200	£300	£400	£500	£600
Hospital in-patient† (Up to 30 nights)	-	£10 per night	£20 per night	£30 per night	£40 per night	£50 per night
Hospital day case† (Up to 6 days)	-	£10 per day	£20 per day	£25 per day	£30 per day	£40 per day
New child/ Adoption benefit (10 month qualifying period)	-	£75 per child	£150 per child	£200 per child	£300 per child	£400 per child
NHS prescriptions	100%	£25	£25	£25	£25	£25
Personal accident†	Up to	£25,000	£25,000	£25,000	£25,000	£25,000
Insured Persons						
Personal policies – Policyholder only						
Family policies – Policyholder, Partner and Children*						

Monthly Premium Inc. IPT	Level 1	Level 2	Level 3	Level 4	Level 5
For you (Policyholder only)	£7.65	£15.10	£25.80	£35.20	£43.50
For you and your family (Policyholder, Partner and Children under 18)	£14.54	£28.70	£53.50	£65.80	£75.90

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

†If an Insured Person was aged 75 or over at the start date of the policy, then the following benefits are only payable at half of the stated amounts at each level:

- Hospital in-patient
- Hospital day case
- Personal accident

Personal Accident Cover

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

Schedule of Benefits

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

ACCIDENT ONLY COVER PROVIDED TO THE Benenden Health Cash Plan POLICYHOLDER AND INSURED PARTNER (If applicable)			Across all Levels
Paralysis	1.1	Quadriplegia Permanent and total paralysis of the two upper limbs and two lower limbs	£25,000
	1.2	Paraplegia Permanent and total paralysis of the two lower limbs, bladder and rectum	£10,000
Insanity	2	Permanent and incurable	£5,000
Loss of Speech	3	Total and irrecoverable loss	£2,500
Loss of Hearing	4.1	Total and irrecoverable loss in: both ears	£2,500
	4.2	Total and irrecoverable loss in: one ear	£750
Loss of Sight	5.1	Total and irrecoverable loss in: both eyes	£5,000
	5.2	Total and irrecoverable loss in: one eye	£2,500
	5.3	Total and irrecoverable loss of the lens of one eye	£1,250
Loss of Limbs	6.1	Permanent total loss of use of both hands and feet	£5,000
	6.2	Permanent total loss of use of one hand or foot	£2,500
	6.3	Permanent total loss of use of four fingers and thumb of either hand	£2,000
	6.4	Permanent total loss of use of four fingers of either hand	£1,000
		Permanent total loss of use of one thumb of either hand:	
	6.5	Both joints	£1,000
	6.6	One Joint	£500

ACCIDENT ONLY COVER PROVIDED TO THE Benenden Health Cash Plan POLICYHOLDER AND INSURED PARTNER (If applicable)			Across all Levels
Loss of Limbs		**Permanent total loss of fingers on either hand:**	
	6.7	Three Joints	£250
	6.8	Two Joints	£175
	6.9	One Joint	£100
		Permanent total loss of use of toes:	
	6.10	All - one foot	£750
	6.11	Big - both joints	£250
	6.12	Big - one joint	£100
	6.13	Other than big, each toe	£100
Fractures	7.1	Established non-union of fractured leg or knee cap	£500
	7.2	Shortening of leg by at least 5cm	£375
		Fracture or fractures of one or more bones of the:	
	7.3	Arm	£37
	7.4	Leg	£75
	7.5	Wrist	£37
	7.6	Ankle	£75
	7.7	Collar bone	£250
	7.8	Skull	£250
Burns		**Full thickness burns which cover:**	
	8.1	27% or more of the body surface	£1,000
	8.2	18% or more but less than 27% of the body surface	£800
	8.3	9% or more but less than 18% of the body surface	£600
	8.4	4.5% or more but less than 9% of the body surface	£300

If an insured adult was aged 75 or over at the start date of the policy then the above benefits are only payable at half the stated amounts.

Policy Terms

Definitions

In this policy (except where the policy expressly provides otherwise) the following expressions have the meanings shown below:

Accident Means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and location during the period of insurance.

Act of Terrorism An act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

Benenden Benenden Wellbeing Limited an insurance intermediary.

Bodily Injury Means identifiable physical injury which

a. is caused by an Accident and

b. solely and independently of any other cause except illness directly resulting from medical or surgical treatment rendered necessary by, such Bodily Injury, results in Your disablement as provided for under this Insurance within twenty-four calendar months of the date of such Accident. Bodily Injury shall also include exposure resulting from a mishap to a conveyance in which You are travelling, the date of such mishap shall be deemed to be the date of the Accident causing the Bodily Injury.

Child(ren) Any Child of Yours and/or Your Partner named in the policy schedule, who is below age 18 and permanently residing with You. Foster Children excluded.

Date of Claim The date of claim is deemed as:

1. the date of admission for hospital in-patient or hospital day case surgery for whichever benefit is claimed;
2. the date of treatment for charges made for dental, dental trauma, optical, therapies, chiropody, hearing aids or prescription charges,
3. the date of birth on the birth certificate(s) or the date of adoption of a Child qualifying for maternity/paternity benefit.

Insured Persons(s) The person(s) insured under the policy as shown in the policy schedule. The total number of all insured Children will be classed as one Insured Person.

Partner	The one person named as such in the policy schedule, who is Your spouse (or some other person who cohabits with You) and who permanently resides with You.
Policy Year	Is the period of 12 calendar months from the start date of Your policy or from an anniversary of that date.
We/Us/Our	BHSF Limited
You/Your	The policyholder and where applicable any Partner or Children covered under Your policy.

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

Premiums and Benefits

Subject to the remainder of this section, the policy will remain in force for as long as premium payments are continued. The payment of benefits is conditional upon premiums being up to date at the time of the incident which gives rise to the claim. All rights to benefit cease after the last day of the period covered by the final premium payment. We reserve the right to decline or cancel this policy, or vary the premiums/benefits on giving You at least four weeks prior notice at Your last known address for:

- A change in the applicable rate of Insurance Premium Tax (IPT).
- A change to Our expected claims experience.
- If We suspect any misrepresentation, concealment or failure to comply with the terms and conditions as more specifically set out in General Conditions 9 and 10.
- Fraud.

Age Limits

Cover, on the basis, set out above, is provided to You if You are aged 16 or above at the time of Our receipt of an application for a new policy. The same age requirement applies to any Partner to be included. Children are covered until the date of their 18th birthday if a family policy is selected.

If an insured adult was aged 75 or over at the start date of the policy then the personal accident benefits, hospital in-patient and hospital day case benefits are only payable at half the stated amounts.

General Conditions

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

Qualifying Periods

No hospital in-patient claim will be paid during the first two years of this policy in respect of any health condition, or related health condition, which existed or was being investigated before cover commenced. We may wish to verify medical information to support a hospital related claim.

No benefit will be paid in respect of treatment commenced prior to the start date of the policy, irrespective of the future duration of that course of treatment.

Subject to this, and to the terms of this policy, Insured Persons become eligible for benefit 13 weeks from the start date of the policy, except for maternity benefit which is subject to a 10 month qualifying period, provided that premium payments are up to date.

If You have upgraded Your policy to a higher level of cover, then for the following 10 months maternity benefit is restricted to that which would have been payable under the previous level of cover. Any treatment commenced prior to the date of the transfer is restricted to that which would have been payable under the previous level of cover, irrespective of the future duration of that course of treatment.

Benefits

Optical

Benefit is either:

A The free provision of sight test and spectacles delivered solely through an approved network of over 2,200 UK retail outlets and arranged by Us. Spectacles means standard lenses (single vision, bifocal or varifocal) and frames from an approved range. The benefit is only available by first contacting Us and is redeemed by presentation of a pre-authorised 'Eyecare Plan' voucher which will be issued on request. The exact range of frames available is at Our entire discretion. The benefit does not include contact lenses, repairs or any other optical product or service. The provision of an optical voucher is only valid once per Policy Year.
(Optical Voucher – level 1 only)

Or:

B The provision of optical benefit payable according to the benefit schedule up to the maximum benefit per Insured Person in each Policy Year. The benefit may be claimed for (a) sight tests, spectacles, lenses or contact lenses supplied or provided at the patient's cost for which the net payment is made directly to a qualified optical practitioner registered with the General Optical Council and (b) laser eye surgery performed by a registered laser eye clinic.
(Optical Benefit – level 1 to 5 inclusive)

Benefit is not payable (under B above)

1. for frames only, cleaning solutions and sundries
2. for cataract surgery
3. for spectacles or lenses purchased under an optical care contract scheme
4. for sunglasses other than prescription sunglasses
5. for protective eyewear and goggles/glasses used for engaging in sporting activities
6. once a voucher has been issued within a Policy Year

Dental

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Policy Year for dental examination, dental treatment and dentures provided by a qualified dental practitioner who is on the Registers of the General Dental Council.

Benefit is not payable

1. for any prescription charges
2. for consumables such as toothbrushes, toothpaste etc
3. for veneers or whitening procedures
4. for premiums in respect of any form of dental insurance, dental care contract schemes or for any dental administration fees
5. for mouth guards used for engaging in sporting activities

Dental Trauma

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Policy Year. The benefit may be claimed for dental examination and treatment costs to teeth and gums, provided by a qualified dental practitioner, who is on the Registers of the General Dental Council, required as a result of Dental Trauma.

Benefit is not payable

1. for denture replacement and repairs
2. for mouth guard or gum-shield replacements
3. for any injury incurred as a result of the influence of alcohol or drugs
4. for the costs of any routine dental treatment and examinations
5. for injuries incurred whilst participating in a contact sport where the appropriate mouth guard was not in place
6. for veneers or whitening procedures
7. for damage to teeth caused entirely due to pre-existing deterioration and not related to the injury claimed to have caused or aggravated the condition

Therapies

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

1. **Physiotherapy treatment** provided by a qualified practitioner who is on the Register of Physiotherapists of the Health and Care Professions Council
2. **Osteopathic treatment** provided by a qualified practitioner registered with the General Osteopathic Council
3. **Chiropractic treatment** provided by a qualified practitioner registered with the General Chiropractic Council
4. **Acupuncture treatment** provided by a professionally qualified and registered acupuncturist
5. **Homeopathy treatment** provided by a professionally qualified and registered homeopath
6. **Reflexology treatment** provided by a professionally qualified and registered reflexologist

Benefit is not payable

1. in respect of treatment by practitioners other than as defined above
2. for treatment that is not directly provided by the practitioner on a one-to-one basis
3. for homeopathic medicines or remedies

Chiropody

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Policy Year, in respect of services provided by a qualified chiropodist or podiatrist who is a member of a body regulated by the Health and Care Professions Council.

Benefit is not payable

1. in respect of treatment by practitioners other than as defined above such as orthotics
2. for services that are not directly provided by the practitioner on a one-to-one basis

Hearing Aids

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Policy Year for new hearing aids supplied by a hearing aid dispenser who is on the register of the Health and Care Professions Council.

Benefit is not payable:

1. for hearing aid contract schemes
2. for replacement batteries
3. for repairs

Hospital In-patient

Hospital in-patient benefit may be claimed according to the benefit schedule on discharge from, or after 30 nights stay in, an NHS or registered private hospital described as such by the Care Quality Commission per Policy Year, whichever is the sooner.

A maximum of 30 nights benefit may be claimed in each Policy Year per Insured Person.

If the maximum benefit has been paid for an Insured Person in a Policy Year, he/she must have been discharged for a period exceeding one month before the payment for a consecutive Policy Year commences.

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

1. treatment in hospitals outside the European Union
2. geriatric or elderly rehabilitation, psychiatric treatment, rehabilitation, drug and substance abuse or alcoholism
3. treatment resulting directly or indirectly from an Act of Terrorism.

If an insured adult was aged 75 or over at the start date of the policy then the above benefits are only payable at half the stated amounts.

Benefit is not payable

1. in respect of hospital stays caused by a Pandemic, as defined by the Department of Health, such as, but not limited to, HIV/AIDS, Influenza, Avian Flu, SARS, Zika Virus etc.
2. in respect of cosmetic surgery, stays in a care home for the elderly, health clinic, nursing home, hydrotherapy centre or similar institution or for residential stays in hospital for domestic reasons
3. in respect of any period of home leave during a period of Hospital in-patient treatment
4. in respect of a pregnancy or any condition associated with a pregnancy which existed at the start date of this policy
5. for hospital stays during which birth occurs or which immediately follows a birth:
    a. if in-patient treatment for the insured mother continues beyond five consecutive nights in which case Hospital in-patient benefit for the mother may be claimed from the sixth night onwards;
    b. of in-patient treatment for the insured Child continues after the date on which the mother is discharged, then Hospital in-patient benefit for the Child may be claimed from the birth date of the Child
6. if not admitted to a ward

Hospital Day Case

Benefit is payable at the appropriate daily rate according to the benefit schedule for up to six occasions in each Policy Year per Insured Person following admission to an NHS or private hospital, described as such by the Care Quality Commission for pre-arranged day case surgery. This surgery must be carried out in a hospital.

Benefit is not payable

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

If an insured adult was aged 75 or over at the start date of the policy then the above benefits are only payable at half the stated amounts.

New Child / Adoption

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

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

Benefit is not payable:

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

NHS Prescriptions

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Policy Year for the cost of NHS prescription charges.

Benefit is not payable:

In respect of prescription pre-payment certificates.

Personal Accident Cover

If an insured adult is aged 75 or over at the start date of the policy then the Personal accident cover benefits are only payable at half the stated amounts.

Children are not covered under this section of the policy. Benefit is provided under this section of the policy in accordance with the Schedule of Benefit on page 4 if during the period of Insurance an insured adult sustains Bodily Injury caused solely and directly by violent accidental, external and visible means resulting directly and independently of any other cause within two years in loss or disablement as described.

The maximum payable for Bodily Injury arising from any one Accident is the amount payable for Quadriplegia.

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

Exclusions

1. **War and other perils exclusion**

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

   a. War, invasion, civil war, armed hostility, rebellion, revolution, overthrow of a legally constituted government, insurrection of military or usurped power. Explosion of war weapon(s) act of an enemy foreign to the nationality of the Insured Person or of the country in which the act occurs,

   b. Utilisation of chemical weapons or biological weapons, the release of weapons of mass destruction

   c. Illness or sickness

2. **Nuclear/Radioactive Exclusion Clause**

   We shall not be liable for disablement, expense, loss, damage or indemnity directly or indirectly resulting from or attributable to: Nuclear reaction, nuclear radiation, or radioactive contamination.

3. **Nuclear/Chemical/Biological Terrorism Exclusion**

   We shall not be liable for any claim in any way caused or contributed to by an act of terrorism involving the use or release of, or the threat thereof of any nuclear weapon or device or chemical or biological agent.

4. **Electronic Data Recognition Clause**

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

5. **We shall not be liable for disablement directly or indirectly resulting from:**

   a. Your attempted suicide, intentional self-injury or deliberate exposure to exceptional danger (except in an attempt to save human life), or Your committing a criminal act

   b. You taking a drug which is not lawfully available or is only available on prescription by a qualified doctor or dentist. This exception does not apply if the drug was prescribed to You directly

   c. Is traceable to or is caused by any gradually developing bodily deterioration whatever the cause of that deterioration

   d. Your engaging in a professional sport for which You receive payment or for prize money, or in any form of operational duties as a member of the armed forces

   e. Your engaging in aerial activities other than as a passenger

Claims Procedure

For Personal accident cover

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

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

For all other benefits the following applies:

1. A claim form may be obtained from Our Helpdesk on **0800 414 8071** or via **www.benenden.co.uk/cashplan**
2. The completed claim form with original detailed receipts (showing the date of treatment or service provided and the name of the person for whom charges were made directly by the practitioner or service provider) must be received by Us within 13 weeks of:
    a. the date of discharge of the hospital in-patient, or
    b. the date of hospital day case surgery, or
    c. the date of treatment for other charges made; where such treatment continues over an extended period then claims need to be submitted periodically, at intervals not exceeding 13 weeks, or
    d. the date of birth on the copy birth certificate(s) or the date of adoption
3. Claims will be paid in relation to the Policy Year the treatment date occurred and not when claims are submitted.
4. Receipts are retained by Us and become Our property
5. Insured Persons will authorise the disclosure of any medical or other information relevant to their claim which is required by Us
6. Benefit may not be claimed from all insured sources for more than the total cost of defined therapy, dental treatment, optical treatment, chiropody, prescription charges and hearing aids
7. Credit/Debit card receipts are not accepted

In the event of dual insurance the benefit will be restricted to the amount not recoverable from the other insurer(s). Benefit is only payable in respect of an expense which is the direct responsibility of an Insured Person.

Payment of benefit is always made direct to the policyholder.

Before committing Yourself to treatment, if You have any question about the validity of a likely claim or are seeking clarification of acupuncture, homeopathy or reflexology practitioners covered under this plan then please telephone Our Helpdesk on 0800 414 8071.

Fraud

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

a. Makes a claim under the policy knowing the claim to be false or fraudulently exaggerated in any respect, or

b. Makes a statement in support of a claim knowing the statement to be false in any respect, or

c. Submits a document in support of a claim knowing the document to be forged or false in any respect, or

d. Makes a claim in respect of any injury occasioned by a wilful act or with connivance of an Insured Person

Then:

a. We shall not pay the claim

b. We shall not pay any other claim for that Insured Person which has been or will be made under the policy

c. We may at our option declare the policy void

d. We shall be entitled to recover from You the amount of any misrepresented claim already paid under the policy

e. We shall not make any return of premium

f. We may inform the Police of the circumstances

Customer Care

We continually strive to provide Our customers with outstanding value health cash plans and excellent service. If You have a comment about Your policy, a claim You have submitted or the service We have provided, please contact Our telephone helpline on **0800 414 8071**.

In the event of a complaint, You should write to Us at Benenden Health Cash Plan, BHSF Limited, 2 Darnley Road, Birmingham, B16 8TE or telephone Us on **0800 414 8071,** quoting Your policy number.

If You are not satisfied with the way Your complaint is dealt with You may refer it to the Financial Ombudsman Service, whose details will be provided in Our response to You.

The Financial Ombudsman Service will only consider Your complaint if You have first addressed the matter through Our complaints process and received Our response.

Protecting Your Data

When You purchase a Benenden Health Cash Plan, the information You have provided will be used by BHSF Limited to arrange and administer Your health cash plan policy.

BHSF Limited will not share or use the data You have provided for marketing purposes. Your information will be provided to Benenden to maintain the records they hold about You. If You would like to update Your marketing and data preferences with Benenden You can contact them on **0800 414 8100.**

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

At BHSF, we are committed to protecting your information, and to compliance with data protection legislation. We will use your information for the administration of your policy, for claims handling, for risk assessment, and for research and statistical purposes. Our aim when processing your information is to successfully deliver our service to you with an appropriate level of information sharing whilst protecting your fundamental rights to privacy.

You have rights over your information including: the right to have a copy of it, the right to have it kept up to date, the right to have it deleted if we do not have a legal need to keep it, the right to have a copy of it which can be easily passed to another provider, and in certain circumstances the right to restrict or object to our processing of it. Where our processing is based on you providing us with 'consent' you can withdraw that consent at any time. You also have a right to raise a complaint with the Information Commissioner's Office (ICO). If you need to contact us about this Privacy Notice or to invoke your rights please contact our Data Protection Officer at

DPO, BHSF Group Limited, Gamgee House, 2 Darnley Road, Birmingham, B16 8TE
Telephone: 0800 0744 315
Email: dpo@bhsf.co.uk

Our full Privacy Notice is available at www.bhsf.co.uk/privacynotice and changes are occasionally made to the notice, so please visit our website from time to time to read it through or call us for a copy.

Financial Services Compensation Scheme (FSCS)

BHSF Limited is covered by the FSCS. Compensation from that scheme may be payable if We are unable to meet Our obligations (e.g. if We go out of business or into liquidation or are unable to trade). Entitlement depends on the type of business and the circumstances of the claim. Further information about the scheme is available on the FSCS website **www.fscs.org.uk**.

BHSF Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

BHSF Limited
2 Darnley Road
Birmingham
B16 8TE

0800 414 8071

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

Signed for on behalf of BHSF Limited

Geoff Guerin
Chief Operations Officer


benenden
health