

Individual/Family

Over-50s

Over-65s

HEALTHCARE SCHEME
SAMPLE TERMS AND CONDITIONS
AND POLICY DOCUMENT

GENERAL TERMS AND CONDITIONS

Law and Interpretation

This policy will be governed by and construed in accordance with the laws of England and Wales and will be subject to the exclusive jurisdiction of the English Courts.

All information including the contractual terms and conditions will be supplied in English throughout the term of the policy.

The schedule and paragraph headings are for convenience only and do not form part of the policy itself nor do they affect its construction.

A person who is not party to this contract has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any terms of this policy.

Every payment to us or by us under this policy shall be payable in the lawful currency of the United Kingdom. This policy is only available to U.K. Residents.

Cooling Off Period

The contract is concluded and your membership commences upon the payment of your first contribution by direct debit or by deduction from pay.

You have 14 days from this date in which to cancel your membership. If you do cancel within this 14 day period any contributions you have paid to us will be refunded provided you have not submitted a claim.

Membership

The maximum age for joining is as follows:

| | | |
|------------------------|---|---------------|
| Individual/Family Plan | - | 65 years. |
| Over-50s Plan | - | 65 years. |
| Over-65s Plan | - | No age limit. |

The maximum age for upgrading your membership is as follows:

| | | |
|------------------------|---|---------------|
| Individual/Family Plan | - | 65 years. |
| Over-50s Plan | - | 65 years. |
| Over-65s Plan | - | No age limit. |

Once your membership has commenced it may continue, subject to the normal terms and conditions and the continuous payment of premiums.

We recommend that you renew your membership option every year in line with inflation. Policyholders must be resident within the United Kingdom.

Any changes to your name, address, employment or pay arrangements (or bank account details if applicable) should be notified to us immediately.

Pre-existing conditions

You will be able to claim for Specialist Consultations and Tests and Therapy Treatments which relate to a medical condition of which you are already aware.

BUT for the period of 2 years from the start date of the policy, or from the date of upgrading your policy, we will not pay any hospital related benefits (Hospital In-patient and Day Surgery, Recuperation and Home Help and Home Care), which arises from any medical or other condition of which you are aware of or which is being investigated, at the date of application.

After the expiry of two years, you may request us to review the exclusion and at our sole discretion we may decide whether to continue with the exclusion or not.

Qualifying period

The standard qualifying period for all benefits is thirteen weeks from the policy commencement date.

The telephone advice line is available from the date we receive your registration form.

Existing members upgrading to a higher benefit level will be able to claim the enhanced benefits 3 months after the payment of the first contribution at the higher level.

Transfers to a lower level of cover are not normally permitted

Renewals

The policy is renewed monthly on an ongoing basis.

We will not send you a new policy document at renewal unless changes to the terms and conditions or benefit and contribution rates have been made.

We reserve the right to vary the general terms and conditions, benefit terms and conditions and benefit levels, after giving notice, if deemed necessary or prudent or following an increase in the rate of Insurance Premium Tax.

Cancellation

If after the 14 day cooling off period you wish to cancel your policy you must notify this office.

In the event of cancellation it is the member's responsibility to ensure that the payment of contributions ceases.

We reserve the right to refuse membership or refuse a request to upgrade membership without giving reason.

Membership will be cancelled automatically if contributions cease to be paid or if contributions are in excess of 13 weeks in arrears.

Data Protection

The information you have provided and any further information you supply to us will be used to provide you with the benefits for which you apply and for the maintenance of your records. This information may be passed to selected third parties for underwriting and claims handling purposes and to prevent and detect fraud. We may share your details with our subsidiary companies and other carefully selected organisations to send you information about other products and services that we believe may be of interest to you. If you do not wish us to do so you should write to this office to advise us accordingly. The Data Protection Act entitles you to a copy of all information we hold about you. If you wish to view or receive a copy of this information application should be made in writing to our offices. Whilst under the legislation we are entitled to, we do not generally make a charge for providing this information.

BENEFIT TERMS AND CONDITIONS

All claims must be submitted within 3 months of treatment.

All benefits are payable to the person who has received treatment.

Under current legislation benefits are tax free.

All claims, except dental, optical and maternity claims, must relate to a medical condition.

Contributions must be paid up to date prior to benefit payments being paid out by us.

We are unable to process any claims if your membership is in arrears.

No claims are permitted for treatment arising directly or indirectly from:

- alcohol abuse, solvent abuse, drug abuse or other addictive conditions of any kind.
- self inflicted illness or injury or suicide attempt.
- participation in professional or semi-professional sports.

A benefit year commences on the date of the first treatment for any one benefit category.

Claims are calculated on the actual cost you have incurred. If the full cost of the consultation has been met by another policy, for example a Private Medical Insurance policy, you would not be eligible to claim. However if the other policy meets only part of the cost you are able to claim the amount, up to the relevant maximum, you have paid directly.

OPTICAL

You are entitled to the free provision of a sight test and spectacles delivered solely through an approved network of UK wide retail outlets and arranged by us. Spectacles means standard lenses (single vision or bifocal, as recommend by the optician) and frames from an approved range. The benefit is only available by first contacting us and is redeemed by presentation of a pre-authorized voucher which will be issued on request. The optical benefit can be claimed once every benefit year.

The Max level offers you a choice of frames from the £99 range, Midi level from the £75 range and Starter and Mini levels from the £39 range for all policyholders.

If you require contact lenses as an alternative to the above you must advise us of this prior to purchase as you may need different Specsavers Store Vouchers. Only one voucher is available per benefit period.

DENTAL TREATMENT

Up to the appropriate maximum can be claimed for dental or orthodontic treatment, every benefit year, towards the actual costs you have incurred for NHS or Private dental treatment. There is no minimum claim amount. You can claim for any treatment including check ups. There can be any number of claims up to the maximum benefit level. Claims cannot be made for purchases, for example toothpaste, brushes, denture adhesive, purchased from a dentist or other supplier.

Insurance premiums paid to a dental care contract scheme cannot be claimed back although if you are a member of such a scheme additional costs directly incurred, for example laboratory work, for which you might have to pay, can be claimed back.

DENTAL ACCIDENTAL TREATMENT

Up to the appropriate maximum can be claimed for emergency dental or orthodontic treatment, every benefit year, towards the actual costs you have incurred for NHS or Private dental treatment, for treatment required as the direct result of an accidental impact.

SPECIALIST CONSULTATION

If you pay to see a medical consultant who is registered with the General Medical Council you can claim towards the cost you have incurred. Up to the appropriate maximum can be claimed every benefit year period.

Medical consultations for purely legal and insurance purposes are not covered within the benefit. Consultations for cosmetic treatments and maternity related conditions are not covered within the benefit.

The benefit includes associated tests the consultant may conduct but does not cover the cost of follow up treatment.

PHYSIOTHERAPY & COMPLEMENTARY TREATMENT

Up to the relevant maximum can be claimed towards the actual cost incurred each benefit year.

Physiotherapy Treatment should be must be undertaken by a:

Chartered (M.C.S.P.) or State Registered (S.R.P.) Physiotherapist.

A member of the General Osteopathic Council (G.Os.C.)

A member of the General Chiropractic Council (G.C.C.)

This benefit is also paid when you have incurred a cost for receiving complementary medical treatment for a medical condition for which you have consulted your GP. Whilst you have to have consulted your GP you do not have to be referred to the complementary practitioner by your GP. Up to the maximum benefit level can be claimed every benefit year.

The benefit claim must relate to actual treatment received and we cannot make benefit payments in respect of purchases. Treatment must relate to a medical condition, for example: in-growing toe nails, varicose and fungal infections. Cosmetic, well-being, hard skin removal, corns and preventative treatments are not covered.

If the claim relates to chiropody treatment, treatment must be undertaken by a State Registered Chiropodist (SRCh), a member of the British Chiropody and Podiatry Association, the Institute of Chiropody and Podiatry or the Society of Chiropodist and Podiatrist.

MATERNITY & ADOPTION

This grant is paid for each child born to or adopted by a member or member's partner. Adoption claims are not permitted in the case of adoptions where the adoptive parent is the partner or spouse of a natural parent. (Over-65s Plans exclude this benefit)

HOSPITAL IN PATIENT

The Hospital In Patient benefit is calculated at the appropriate rate for each full night as an In-Patient in an NHS or Private Hospital.

This would generally include all recognised Hospitals but does not include residential care homes, some rehabilitation centres or treatment clinics.

Claims can only be made and commence following admission to the Hospital.

A maximum of 50 nights can be claimed within any benefit year.

A maximum of 50 nights can only be claimed in respect of each illness or related conditions throughout membership.

If the admission is maternity related the first 14 nights are excluded.

The Hospital In Patient benefit is restricted to 20 nights in any benefit year for the following admissions:

- Treatment in hospitals outside UK
- Geriatric treatment or elderly rehabilitation

DAY SURGERY

This benefit is payable at the appropriate rate for admission to a recognised hospital for a minor operation conducted as a day patient. The operation must be pre-scheduled and an operating theatre must be used. A maximum of 10 visits every benefit year can be claimed.

You cannot claim the benefit for minor procedures undertaken at out-patient clinics.

RECUPERATION

We recognise that you may have additional financial worries if you have been a Hospital In Patient for a lengthy period of time. This payment is made automatically to all eligible claimants of 14 consecutive nights Hospital In Patient benefit. The benefit can be claimed once in each benefit year.

HOME HELP AND HOME CARE

The home help and home care benefit can be claimed if you have incurred a cost for charges made by a local authority or approved local authority supplier, after assessment by a local authority, for home help assistance. Up to the maximum benefit can be claimed every benefit year.

HEARING AIDS

This benefit is paid to help with the cost paid to a registered Hearing Aid Dispenser. Up to the maximum benefit can be claimed for new hearing aids and repairs every benefit year. Replacement batteries are not included within the benefit.

SURGICAL APPLIANCES

Up to the relevant maximum amount can be claimed within any every benefit year towards the actual cost incurred for surgical appliances.

Surgical appliances are defined as something worn by an individual, constantly for a medical condition.

Examples of items covered within this benefit included medically prescribed surgical shoes, insets, abdominal supports, surgical stockings, trusses, surgical corsets, mastectomy bras and surgical wigs.

Equipment, for example tens machines and nebulisers and preventative items worn for short periods of time, for example flight socks are not covered within the benefit.

PERSONAL ACCIDENT COVER

This benefit is underwritten by Chubb Insurance Company of Europe S.A.. Cover is on a sliding scale for injuries that are the result of an accident that results in the total loss of use of any limb.

The full terms and conditions of the cover are included at the end of this policy document. Cover is restricted to the policyholder only and is not available to dependant children. (Over-65s Plans exclude this benefit)

TELEPHONE HELPLINE

The dedicated telephone help line can be called 24 hours a day, 365 days a year.

All calls are charged at the standard BT national rate.

They can provide you with a wide range of telephone assistance including counselling, legal assistance and domestic help.

The full terms and conditions of the cover are included at the end of this policy document.

DEPENDENT CHILD BENEFITS

Children are regarded as dependent up to the age of 18 whilst in full time education.

Dependent children are entitled to claim up to 50% of the adult benefit entitlements as listed in the benefit table up to the actual cost of treatment incurred. Accident and accidental death cover, recuperation and home help benefits are excluded for dependent children.

When both parents are members the entitlement could be up to 100% of the adult benefit.

HOW TO CLAIM

We try and make claiming as simple as possible.

If you are claiming for any expenses you have incurred (dental, home help, hearing aid or surgical appliance benefits) we need a fully completed receipt from the practitioner you have seen. This should include your full name, address, the treatment you have received and the date of treatment. If the treatment relates to dental treatment following an accident this must be noted on the receipt by the dentist.

For all Hospital In Patient and Day Surgery claims we need the hospital to confirm the date of admission and discharge. This can be done by having the hospital fully complete, sign and stamp one of our claim forms or by submitting the hospitals discharge form.

For all treatment related claims (specialist and therapy benefits) you must contact this office prior to arranging treatment. Whenever possible we will pay the benefit direct to the treatment provider.

For all optical claims you must contact this office in order to arrange for the issue of an eye test and spectacle voucher.

If you require contact lenses as an alternative to the above you must advise us of this prior to purchase as you may need different Specsavers' Store Vouchers. Only one voucher is available per benefit period.

You can contact this office by telephoning 01204 522775.

To access the telephone advice and information line telephone 01444 44 27 86.

On some occasions it may be necessary for us to ask you to complete a medical declaration or for us to obtain a medical report from your GP or other medical practitioner. We will not do this without your written consent, however we may not be able to process your claim without the completion of a declaration or a medical report. Any costs associated with obtaining a medical report must be paid by the member.

A number of all our claims plus a random cross section are verified with the dentist, optician or other service provider to ensure their validity. In the interests of all our members fraudulent claims and any attempt to obtain claim monies by deception will result in cancellation of membership and legal action. Examples of what we would consider fraudulent claims include any amendments to receipts, inaccurate completion of medical declarations, failure to divulge pre-existing medical conditions when asked and misrepresentation of any kind.

Claims should be submitted by post or in person to either:

Bolton and District Hospital Saturday
Coronation House
16 Silverwell Street,
Bolton
BL1 1PP

CONTACTING US

In writing - To the above address

In person. - The offices are open Monday to Friday 9.00am until 5.00pm.

By Phone– 01204 522775

By Fax - 01204 522452

By E-mail enquiries@hospital-saturday.org.uk

COMPLAINTS PROCEDURE

We hope that you never need to complain, but if you do please contact us in person, by letter, telephone or e-mail. We have a formal complaints procedure, which is available at any time from our office.

If you are not satisfied with our response you may then take your complaint to:

The Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London
E14 9SR

They can also be telephone on 0845 080 1800. The Financial Ombudsman Service is free and using it does not affect your legal rights.

COMPENSATION SCHEME ARRANGEMENTS

You may have a right to compensation if we or another authority decide that you have joined our health care cash plan based on information which we have provided which was incorrect or misleading and has resulted in financial loss.

If Bolton & District Hospital Saturday Council is unable to meet its financial obligations in full you may be entitled to help from the Financial Services Compensation Scheme. Further information is available the Financial Services Compensation Scheme by telephoning 020 7892 7300 or from their web site www.fscs.org.uk

ALLIANZ CORNHILL PERSONAL ACCIDENT POLICY SUMMARY

This documentation gives you key information about the Allianz Cornhill Personal Accident Insurance Policy that is included as part of your membership. For full details of all policy benefits and terms and conditions, please read the policy document. If you would like a copy of the insurance document or if you have any questions about this summary or Allianz Cornhill Personal Accident Insurance please contact Bolton & District Hospital Saturday Council.

Policy Name: Personal Accident Insurance
Type of insurance: Personal Accident
Underwritten By: Allianz Cornhill Insurance PLC

A fairer way of being insured

Our guiding principle is to ensure that, in the event of a claim, you receive the fairest possible compensation with the minimum fuss.

Significant Features and Benefits

If an insured person sustains accidental bodily injury during the operative time we will pay the benefits shown in the Personal Accident Specification included within your policy document. The sum insured varies dependant on the plan you have selected and are shown on the table entitled Personal Accident and Fracture benefits.

Operative Time: 24 hour

CONDITIONS

A) If compensation is payable in respect of one insured person under more than one form of permanent disability as a result of an accident the total payable shall not exceed 100% of the sum insured.

B) If compensation is payable for loss of or loss of use a whole member of the body then compensation for parts of that member cannot also be claimed.

Extensions to Allianz Cornhill Personal Accident Policy

Disappearance

If an insured person disappears and after a suitable period of time it is reasonable to believe that the insured person has died as a result of bodily injury, the death benefit shall be paid subject to the insured person's representative signing an undertaking that if the belief subsequently found to be incorrect the death benefit shall be refunded to Chubb.

Exposure

Death and/or Injury to an Insured Person as a direct result of exposure to the elements shall be deemed to have been caused by bodily injury.

Significant or Unusual Exclusions or Limitations

Our aim is to provide the broadest and most appropriate cover possible. As with any contract, there are some limitations of which you need to be aware. The following exclusions and limitations are applicable.

- Attempting to commit suicide, or intentionally influencing self-injury.

- Engaging in flying or other aerial activity except as a passenger.
- Participating in any sports as a professional.
- Engaging in active service in any of the Armed Forces of any nation.
- War within Country of Nationality and Country of Domicile of the Insured Person(s).
- Radioactive contamination.
- Engaging in or taking part in rock climbing or mountaineering normally involving ropes or guides, hang gliding, parachuting or driving or riding in any kind of race;
- Being in state of insanity (temporary or otherwise) or any psychiatric, mental, nervous or stress related disorder or anxiety state.
- Deliberate exposure to exceptional danger (except in an attempt to save a human life), participation in a criminal act or the Insured Person Engaging or taking part in civil commotion or riots of any kind.
- Pregnancy or childbirth.
- Injuries resulting from Osteoporosis disease.

How to make a claim

Should you wish to make a claim under your policy, you should contact:

Bolton & District Hospital Saturday Council
 Coronation House
 16 Silverwell Street
 Bolton
 BL1 1PP
 Tel: 01204 522775
 Fax: 01204 522452

Complaints

We aim to provide customers with the highest possible level of service at all times. If you are unhappy with the service provided for any reason or have cause for complaint, in the first instance please contact the person who arranged the policy for you, or contact us at:

The Customer Satisfaction Manager
 Allianz Cornhill Insurance plc
 57 Ladymead
 Guildford
 Surrey GU1 1DB

If you remain dissatisfied, you may ask the Financial Ombudsman's Service to review your case at the address shown below. This will not affect your right to legal action against Allianz Cornhill.

Insurance Division
 The Financial Ombudsman's Service
 South Quay Plaza
 183 Marsh Wall
 London
 E14 9SR

Financial Services Compensation Scheme

Allianz Cornhill subscribes to the Financial Services Compensation Scheme. This provides compensation in case any of its members, in specified circumstances, are unable to meet any valid claims under the policies. The first £2,000 of a claim is protected in full. Above this threshold, 90% of the remainder of the claim will be met (100% if the insurance is legally compulsory). Compensation will only be available to commercial customers in limited circumstances. Further information can be obtained from Allianz Cornhill at the address above, or from the Financial Services Compensation Scheme at the following address:

Financial Services Compensation Scheme
7th Floor, Lloyds Chambers
1 Portsoken Street
London E1 8BN
Tel: 020 7892 7300

The law and language applicable to the policy

Unless otherwise agreed, this policy will be interpreted and constructed in accordance with English law and the parties submit non-exclusive jurisdiction of the courts of England and Wales.

Allianz Cornhill Insurance plc is an authorised Insurer registered in England (No. 84638).
Registered office: 57 Ladymead, Guildford, Surrey, GU1 1DB. UK.

Allianz Cornhill listed on the FSA Register under registration number 121849. you can check this in the FSA's website at www.fsa.gov.uk/register or contacting the FSA on 0845 606 1234.

FULL TERMS AND CONDITIONS OF THE TELEPHONE ADVICE LINE



WELFARE PROGRAMME

Europ Assistance Holdings will provide You with the services described in this Certificate during the Period of Cover, following payment of the annual subscription.

Signed for Europ Assistance Holdings Limited



Managing Director

MEANING OF WORDS

Wherever the following words and phrases (shown here in **BOLD**) appear in this Certificate they will always have these meanings:

SCHEME: Bolton & District Hospital Saturday Council

MEMBER or YOU: The person who has been included in the current declaration of participants in the Scheme, together with his/her partner and their close family normally residing with them at the same address.

PERIOD OF COVER: Ongoing cover till further notice

WE, OUR or US: Europ Assistance Holdings Limited, Sussex House, Perrymount Road, Haywards Heath, West Sussex RH16 1DN.

HOW WE CAN HELP YOU

While You are a Member of the Scheme You will have 24-hour access to Our telephone helpline, which is staffed all year round by Our trained counsellors and professional advisers with counselling skills.

We are able to provide You with telephone help and advice on a wide range of personal matters. Details of these are shown in the different sections of this Certificate.

WHAT WE DO NOT PROVIDE

We are not able to provide help or advice which cannot reasonably be provided by telephone.

We cannot give You advice on some specific matters, such as the medical treatment being provided by Your own doctor, or financial advice on how to reduce Your tax liability. These are listed in the various sections.

Our help lines provide personal advice, so We will not be able to advise on specific commercial or business matters, apart from those which impact on Your personal life - as described below.

If any advice We give involves You approaching professional advisers or helpers then You will be responsible for any of the charges involved. We cannot pay any fees or expenses at all.

CONFIDENTIALITY

All calls are treated in the strictest confidence in line with codes of professional conduct.

Any information We request will be used for Our own internal recording purposes only. We may supply to the Scheme promoter anonymous statistical returns showing, for example, the number of times that the Scheme has been used by Members, but IN NO INSTANCE will personal details allowing identification of a caller be passed to a Scheme promoter.

SECTION A - TELEPHONE ADVICE

During the Period of Cover We will provide You with advice and guidance on the following matters:

1. LEGAL

Advice on any private problem relating to the Laws of the United Kingdom.

What is not covered

advice relating to business affairs.

2. RELATIONSHIPS

Advice on separation, issues involving children, parents and elderly relatives.

3. TAX

General advice on tax issues of a personal nature.

What is not covered

- a) advice relating to business affairs.
- b) financial planning advice relating to ways of avoiding or reducing Your personal tax liability.

4. EMPLOYMENT

We will provide legal advice on all personal issues relating to Your employment, including:

- i) redundancy, or being offered voluntary redundancy.
- ii) bullying or harassment at work.
- iii) unfair discrimination at work.
- iv) preparation for retirement, early retirement, planned retirement.

5. BENEFITS / WELFARE

We will provide advice on entitlement to the complete range of benefits currently available in the UK.

6. BEREAVEMENT

If a Member dies during the Period of Cover, We will provide the following administrative help and advice to the bereaved Member/ Members.

For up to 90 days following Your bereavement, We will provide You with:

- i) immediate advice on how to register death, explanation and advice on duties of the Coroner together with information on documents required by the Registrar.
- ii) referral to local Funeral Directors, if necessary, and advice on practical details.
- iii) advice on locating Wills, obtaining Grant of Probate or Letters of Administration, or the need to consult a solicitor.
- iv) advice on benefits available, notifying Insurers and budget planning for the future.

Please also see PART C.

SECTION B - INFORMATION SERVICE

During the Period of Cover You will have 24-hour access to Our telephone information help lines providing the following:

7. MEDICAL

We will provide:

- i) information on how to access details of the length of hospital waiting lists for the major medical areas.
- ii) details of facilities generally available through Social Services.
- iii) details of additional sources of information including societies who specifically deal with particular disabilities or ailments.
- iv) general medical advice which can reasonably be provided by telephone.

The Medical Information Service is staffed by counsellors and trained nurses who will provide information in a sympathetic manner, with no restriction on the frequency of calling.

Should an answer not be readily available, the Service will undertake research and then call You back.

The aim of the Service is not to interfere with the relationship between doctor and patient, but to provide support and information.

What is not covered

The Service will not:

- a) provide diagnostic or prescriptive advice.
- b) comment with regard to treatment being provided by Your own doctor.
- c) suggest any course of medical treatment.

SECTION C - COUNSELLING SUPPORT

During the Period of Cover You can call Us on a 24-hour basis to discuss the following personal matters. Our counselling personnel will listen sympathetically to Your problems, guide You in identifying the specific areas of concern, and will give You supportive help to enable You to develop Your own insight into these problems.

8. STRESS

We will provide You with:

- i) telephone help on how to identify and recognise emotional or stressful personal problems.
- ii) advice on the physiological changes which can occur in Your body.
- iii) practical help on how to manage stressful situations and counselling to support You through this process.
- iv) advice on how to contact appropriate practitioners specialising in relaxation techniques. Any form of therapy We may suggest must be approved by Your own medical practitioner.

What is not covered

advice on existing or impending medical treatment.

9. DEBT

We will provide You with practical advice on:

- i) financial planning to meet obligations by assessing resources, and advising how these should be used to meet the demands of creditors, and how to negotiate revised terms of repayment.
- ii) mortgage commitments and the course of possession proceedings, and how to handle threatened or actual court proceedings in connection with Your debt.

What is not covered

advice on the choice of an individual body or organisation for refinancing debt.

10. CRISIS COUNSELLING

We will offer help and support in crisis situations involving the following:

- i) domestic relationship breakdown.
- ii) terminal or serious illness.

11. ADDICTION

We will provide help and support on alcohol and drug related problems.

12. BEREAVEMENT

Please see Part A for advice on legal and administrative matters arising from bereavement.

Following the death of a Scheme Member, the bereaved spouse and immediate family will have access on a 24-hour basis to the services of a trained counsellor, to provide telephone support and help to cope with the trauma of the loss.

COMPLAINTS PROCEDURE

We aim to provide a first class service at all times. However, if You have any complaint regarding the standard of service You have received under Your Policy, the following procedure is available to You to resolve the situation:

- 1) In the first instance please contact the Quality Department of Europ Assistance Holdings Limited at Sussex House, Perrymount Road, Haywards Heath, West Sussex, RH16 1DN. You can call us on 0845 3588008 or e-mail Us on: quality@europ-assistance.co.uk
If We cannot give You a final decision by four weeks from the day We receive Your complaint We will explain why and tell You when We hope to reach a decision.
- 2) Our decision is final and based on the evidence presented. If You feel that there is any new evidence or information that may change Our decision You have the right to make an appeal.
- 3) In any event, should You remain dissatisfied or fail to receive a final answer within eight weeks* of Us receiving Your complaint, You have the right, in addition to Your contractual rights under the insurance, to refer the matter to the Financial Ombudsman Service at : South Quay Plaza,
183 Marsh Wall,
London,
E14 9SR.
Telephone : 0845 080 1800

* N.B. The time scales given above are dependent on You responding immediately to any correspondence We send You.

TO CONTACT OUR HELPLINES

You should telephone Us on Our dedicated number, which is open 24 hours every day of the year and quote your Hospital Saturday membership number.

01444 44 27 86

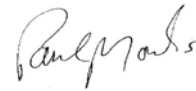
HEMECALL

Europ Assistance Holdings Limited will provide the services described in this Certificate during the Period of Cover subject to the terms, conditions and exclusions contained in this Certificate and following payment of the fee.

To ensure We are consistent in providing Our customers with quality service, We may record Your telephone call.

Europ Assistance Holdings Limited is a Member of the General Insurance Standards Council.

Signed for Europ Assistance Holdings Limited



Managing Director

MEANING OF WORDS

Wherever the following words and phrases (shown here in BOLD) appear in this Certificate they will always have these meanings:

HOME EMERGENCY: A sudden unexpected event occurring during the Period of Cover, involving Your Home which, in Our opinion, exposes the Insured Persons or a third party to a risk to their health, or necessitates immediate remedial action to render the Home safe or secure, and avoid damage or further damage, or restoration of the Main Services.

GEOGRAPHICAL LIMITS: The mainland of Great Britain plus the Isle of Wight.

HOME: Your principle permanent place of residence, comprising private dwelling together with garage(s), which are built of standard construction (brick with slate roof), all used only for Your domestic purposes or as Your office (providing no more than half the rooms in the property are used for this purpose), and situated within the Geographical Limits at the address shown on the Policy Schedule. Bedsits or properties with multiple occupation/residential or nursing homes are excluded.

MAIN SERVICES : Mains drainage to the boundaries of the Home, water, electricity and gas within the Home and the main source of heating or hot water where no alternative exists.

MEMBER or YOU/YOUR: The Homeowner named on the Policy Schedule, together with Your family normally residing with You. In Your absence on a trip away from Home, the person duly authorised by You as the keyholder responsible for the Home.

PERIOD OF COVER: The 12 month period starting from the date You are issued with Your Policy.

REPAIRER: Europ Assistance-approved tradesman.

WE, OUR or US: Europ Assistance Holdings Limited, Sussex House, Perrymount Road, Haywards Heath, West Sussex RH16 1DN.

SECTION 1 - HEMECALL EMERGENCY ASSISTANCE

During the Period of Cover We will arrange for a Repairer to render assistance following a Home Emergency arising from:

- i) The fixed domestic plumbing or drainage systems where there has been or there is likely to be an escape of water or sewage.
- ii) The domestic gas or electricity supply systems in the event of complete failure.
- iii) The roof where internal damage has been or is likely to be caused.
- iv) The external locks, doors or windows rendering the Home insecure.
- v) The fixed heating system where there is an escape of water or oil.

SECTION 2 - CONDITIONS

- 1) Every effort will be made to ensure assistance is provided promptly by a Repairer qualified to render an efficient and professional service. However, We cannot accept liability for loss or damage of any kind which may arise or result from the use or intended use of the Homecall service, unless negligence on Our part can be demonstrated.
- 2) We may cancel this Service by giving seven days notice by recorded delivery post to the Member at his / her last known address.
- 3) The Member remains responsible for paying, either directly to the Repairer or to Us, all the charges arising in connection with call-out, labour and parts or materials used.

SECTION 3 - COMPLAINTS PROCEDURE

We aim to provide a first class service at all times. However, if You have any complaint regarding the standard of service You have received under Your Policy, the following procedure is available to You to resolve the situation:

- 1) In the first instance please contact the Quality Department of Europ Assistance Holdings Limited at Sussex House, Perrymount Road, Haywards Heath, West Sussex, RH16 1DN. You can call us on 0845 3588008 or e-mail Us on: quality@europ-assistance.co.uk
If We cannot give You a final decision by four weeks from the day We receive Your complaint We will explain why and tell You when We hope to reach a decision.
- 4) Our decision is final and based on the evidence presented. If You feel that there is any new evidence or information that may change Our decision You have the right to make an appeal.
- 5) In any event, should You remain dissatisfied or fail to receive a final answer within eight weeks* of Us receiving Your complaint, You have the right, in addition to Your contractual rights under the insurance, to refer the matter to the Financial Ombudsman Service at :
South Quay Plaza,
183 Marsh Wall,
London,
E14 9SR.

Telephone : 0845 080 1800

- * N.B. The time scales given above are dependent on You responding immediately to any correspondence We send You.

SECTION 4 - REQUESTING EMERGENCY ASSISTANCE

Major Emergencies which may result in serious damage, or danger to life or limb, should be immediately advised to the Public Supply Authority, or in case of difficulty, the Public Emergency Services. Suspected gas leaks should always be reported to TRANSCO on 0800 111 9999.

First check that the circumstances are covered. Having done this You should telephone Us and give Your Scheme name and details of the problem.

CALL EUROP ASSISTANCE ON 01444 44 27 86