

# Health Cash Plan

Policy wording



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# Policy Wording

## Health Cash Plan

### SECTION 1 – INTRODUCTION

#### About Your Insurance

Welcome to **your** Health Cash Plan Insurance **Policy** Document. This insurance is designed to reimburse **you** for a number of healthcare events as shown in the table of **benefits** on page 7.

Please take time to read the “Important Information” section on pages 5-6 of this **Policy** Document. It tells **you** about things **you** need to check and the actions **you** need to take. It also contains details of the initial **qualifying period** when **you** cannot claim and the amount **you** must contribute when **you** make a claim. Information about the insurer’s right to change **your** cover or **premium** are also shown here.

The insurance is administered by Union Income Benefit Holdings Limited who are referred to as the **administrator** in this **Policy** Document. The contact details for Union Income Benefit Holdings Limited are: Address: Customer Service Team, Union Income Benefit, 39-51 Highgate Road, London NW5 1RT; Telephone: 0343 178 1255 or email [customer-care@uibuk.com](mailto:customer-care@uibuk.com)

The insurance is underwritten by Advent Insurance PCC Ltd - UIB Cell who are referred to as “**we**”, “**us**” and “**our**” in this Policy Document. Claims are handled by Union Income Benefit Holdings Ltd on behalf of Advent Insurance PCC Ltd - UIB Cell.

**Your** insurance is a monthly rolling **Policy**. **You** will be covered for one month from the **Policy start date** and then for each further consecutive monthly period for which **we** accept a **premium** from **you**.

Some words and phrases in this **Policy** Document and in **your Policy** Schedule will always have the same meaning wherever they appear. To make them easier to recognise when they are being used, they will be shown in bold. They are all listed and explained in the “Definitions” section which can be found on page 15 of this **Policy** Document.

All insurance documents and all communications with **you** about this **Policy** will be in English.

Please contact the **administrator** if **you** need any documents to be made available in braille and/or large print and/or in audio format. Their contact details are shown above.

#### How to Make a Claim

To make a claim under the policy please, request a claim form from the **administrator** - Claims Department, Union Income Benefit, 39/51 Highgate Road, London NW5 1RT

Telephone: 0800 014 7024

Email: [claims@uibuk.com](mailto:claims@uibuk.com)

#### The Insurance Contract

This **Policy** Document and **your Policy** Schedule are **your** insurance documents and together they make up the contract between **you** and **us**. It is important that **you** read this **Policy** Document carefully along with **your Policy** Schedule so **you** can be sure of the cover provided and to check that it meets **your** needs.

This **Policy** Document and **your Policy** Schedule are issued to **you** by Union Income Benefit Holdings Ltd. In exchange for **your** payment of the **premium** referenced in **your Policy** Schedule, **you** are insured in accordance with the terms & conditions contained in these documents (and any amendments made to them) for the duration of **your Policy**.

## SECTION 2 - IMPORTANT INFORMATION

### It is important that:

- **You** check **your Policy** Schedule to ensure the details are correct and that the cover is as **you** requested;
- **You** check that **you** are eligible for this insurance (see “Eligibility” below);
- **You** check the information **you** have given **us** is accurate (see “Disclosure of Important Information” below);
- **You** notify **your administrator** as soon as possible of any inaccuracies on **your Policy** Schedule, or if **you** are not eligible for the insurance; and
- **You** comply with any duties detailed under each section of the **Policy** Document and under the insurance as a whole.

### Qualifying period

Most **benefits** have a **qualifying period** which is the period before **you** are entitled to **benefits**. The **qualifying period** that applies to each **benefit** is shown on the table of **benefits**. **We** will not pay **benefit** if **you** receive any **treatment** during these **qualifying periods**.

After an **accident** the **qualifying period** does not apply to the ‘**hospital** in-patient and day case **treatment**’, ‘**parental hospital stay**’ nor ‘**dental accident** and emergency’ **benefits**, as long as **we** have received **your first premium** by **your Policy start date** or have issued **your Policy** Document and **Policy** Schedule.

### Information You Give Us

#### Eligibility

When **you** applied for this insurance **we** asked **you** to confirm that **you** were eligible for cover. **We** will cover **you** under this **Policy** if **you**:

- permanently reside in the **United Kingdom**; and
- **you** are aged between 18 and 65 years inclusive at the **start date**;

Please contact **your administrator** as soon as possible if **you** are not eligible for this insurance or if **you** have any queries. Their contact details are shown on the back page of this **Policy** Document.

#### Disclosure of Important Information

In deciding to accept this insurance and in setting the terms and **premium**, **we** have relied on the information **you** have given **us** via **your administrator**. **You** must take reasonable care to provide complete and accurate answers to the questions **we** ask when **you** take out, make changes to, and renew **your Policy**. If the information provided by **you** is not complete and accurate:

- **we** may cancel **your Policy** and refuse to pay any claim, or
- **we** may not pay any claim in full, or
- **we** may revise the **premium**, or
- the extent of the cover may be affected.

If **you** become aware that any information **you** have given is incomplete or inaccurate, please contact **your administrator** as soon as possible. Their contact details are shown on the back page of this **Policy** Document.

#### Our Right to Change the Cover or Price

**You** will receive at least 60 days written notice if **we** decide or need to change **your Policy** cover or the price of **your** insurance. **We** may do this for any of the following reasons:

- to revise the cover and benefits across all the **Policies** that we have issued under this plan;
- to reflect changes in law, regulation (including any decision of a regulatory body), or any code of practice or industry guidance that affects **us** or **your Policy**;
- to reflect changes to any taxation applicable to **your Policy** (such as a change to the rate of insurance **premium** tax);
- to reflect any increases or reductions in the cost (or projected cost) of providing **your** cover, such as a change to the number, cost or timing of claims which **we**, as part of **our pricing Policy**, have assumed or projected will be made under this insurance product;
- to meet the cost of any changes to the cover or **benefits** provided under this insurance product, such as the removal of one or more **Policy** exclusion(s);
- to meet the cost of changes to the systems, services or technology used in support of this insurance product.

**We** may make changes immediately and advise **you** within 30 days of the change having been made if the change is favourable to **you**. A favourable change could include, but is not restricted to, a reduction in the rate of Insurance **Premium Tax**, a general reduction in the price of **your Policy** or an improvement to the cover and **benefits** (such as an increased limit of cover).

Upon receiving notice of any changes or proposed changes, **you** may cancel cover in accordance with the "Cancellation of the **Policy**" section on page 12 of this **Policy Document**.

### **Paying Premiums**

- **You** pay for **your** cover by monthly direct debit through the **administrator**.
- **You** must provide **your** bank details to the **administrator** who will collect **your** direct debit each month. **Your Policy** will end automatically if **you** do not pay any **premium** when it becomes due. If this happens, **you** will be contacted requesting payment within 14 days. If **we** do not receive payment within this period, **you** will be written to again notifying **you** that **your Policy** will be cancelled. **You** can re-apply to take out this insurance again but a new **qualifying period** will apply before **you** are entitled to any **benefit**.
- If **you** are receiving **benefit** under this **Policy**, **you** must continue to pay the **premium** when it is due. If **you** do not pay the **premium** **you** will be contacted requesting payment within 14 days. If **we** do not receive payment within this period, **you** will be written to again notifying **you** that **your Policy** will be cancelled, **we** will cancel **your Policy** and **you** will not be entitled to any further **benefits**.
- If there are any changes to the current level of Insurance **Premium Tax** (IPT) or any new charges are placed on **us**, **we** will change **your premium** from the date any changes are put in place and will write to inform **you** of the change.

### **How long your cover lasts**

**Your** insurance is a monthly rolling **Policy**. **You** will be covered for one month from the **Policy start date** and then for each further consecutive monthly period for which **we** accept a **premium** from **you**.

### **When cover ends**

All cover under this **Policy** will end when:

- **you** die; or
- **your Policy** is due for renewal after **you** reach the age of 75; or
- **you** stop permanently residing in the **UK**; or
- **you** or **we** cancel this **Policy** as shown in Section 6; whichever is earlier.

**Your Policy** will also end automatically if **you** do not pay any **premium** when it becomes due. If this happens, **you** will be contacted requesting payment within 14 days. If **we** do not receive payment within this period, **you** will be written to again notifying **you** that **your Policy** will be cancelled.

## **SECTION 3 – WHAT IS COVERED**

These are the rules that apply in each **benefit year** before **we** will pay **you** the **benefits** shown below for the **insured person**. Please read the claims procedure before making a claim. **We** will not pay more than the amounts shown in the table of **benefits** for the **insured person**. **We** will not return **your receipt** unless **you** ask **us** to and send **us** a reply paid envelope.

### **A. Dental treatment**

**We** will pay the **benefits** for **treatment** (including a check-up or new dentures) as set out in the table below:

Contribution	Maximum <b>Benefit</b>
100% of what <b>you</b> have paid directly to a <b>dentist</b> or dental hygienist	Up to £150 per <b>benefit year</b> .

The **dentist** or dental hygienist must be registered with the General Dental Council. **We** will not pay **benefit** for any **premiums** **you** paid under a dental-care contract scheme.

The period of time after **you** have taken out this insurance **you** have to wait before **you** can claim, i.e. **your qualifying period**, is 60 days.

## B. Dental Accident and emergency

We will pay **benefit** for the following costs of dental **treatment** up to £2,500 per **dental accident** that arises after **your Policy start date**, subject to a maximum of four claims for the **insured person** on the **Policy** each **benefit year**, up to a maximum of £10,000 each **benefit year**: (There is no **qualifying period** for this section).

Item	Treatment	Maximum Benefit
1	examination and report to include all necessary smoothing, polishing and vitality testing	Up to £26.50 per incident
2	x-rays	Up to £19.50 per incident
3a	porcelain jacket crown	Up to £220.00 per unit
3b	dentine bonded crown	Up to £318.00 per unit
3c	metal bonded porcelain crown	Up to £263.50 per unit
4	post/core construction	Up to £54.50 per tooth
5a	metal bonded porcelain bridgework – retainer	Up to £263.50 per retainer
5b	all metal bridgework – pontic	Up to £185.50 per pontic
6a	laboratory constructed adhesive bridge – retainer	Up to £180.50 per retainer
6b	laboratory constructed adhesive bridge – pontic	Up to £189.00 per pontic
6c	laboratory constructed adhesive facing or veneer	Up to £230.00 per unit
7a	Root canal <b>treatment</b> – incisor	Up to £105.50 per incisor
7b	Root canal <b>treatment</b> – canine	Up to £105.50 per canine
7c	Root canal <b>treatment</b> – premolar	Up to £128.00 per premolar
7d	Root canal <b>treatment</b> – molar	Up to £180.50 per molar
8a	permanent acrylic denture	Up to £301.00 per denture
8b	permanent metal denture	Up to £378.50 per denture
8c	temporary denture following tooth loss (where required)	Up to £131.00 per incident
9a	laboratory made temporary bridge following tooth units (where required)	Up to £84.50 up to 3 units
9b	laboratory made temporary bridge following tooth loss	Up to £21.50 per unit (additional units)
Item	Dental Emergency	Maximum Benefit
10	If <b>you</b> are involved in an <b>accident</b> and require emergency <b>treatment</b> for a dental injury that is not shown in the <b>benefits</b> above (1 to 9b) then <b>you</b> can still make a claim under this section.	Up to 2 claims of up to a total maximum of £750 per <b>benefit year</b> .

## C. Optical Benefit

We will pay a **benefit** for eyesight tests or prescribed spectacles, lenses or contact lenses as set out in the table below:

Contribution	Maximum Benefit
100% of what <b>you</b> have paid directly to an optician	Up to £150 per <b>benefit year</b> .

This **benefit** does not cover contact lens check-ups or solutions, non-prescribed spectacles, or non-prescribed items **you** buy under an optical-care contract scheme or where costs have been paid for by using employer funded vouchers. The period of time after **you** have taken out this insurance **you** have to wait before **you** can claim, i.e. **your qualifying period**, is 60 days.

#### D. Physiotherapy, osteopathy, chiropractic, acupuncture and homeopathy

We will pay a **benefit** for what **you** have paid directly to a recognised practitioner; the practitioners we recognise for **benefit** are:

- A physiotherapist who is registered with the Health Professions Council (HPC).
- An osteopath who is registered with the General Osteopathic Council (GOsC).
- A chiropractor who is registered with the General Chiropractic Council (GCC).
- An acupuncturist who is a member of the British Acupuncture Council.
- A homeopath who holds full membership of the Faculty of Homeopathy.

Contribution	Maximum Benefit
75% of what <b>you</b> have paid to the specified practitioner	Up to £300 per <b>benefit year</b> .

We will not pay more than the maximum **benefit** in any one **benefit year** for all **treatments** received from one recognised practitioner.

We will only pay the **benefit** for **treatment** of a **medical condition**. We will not pay **benefit** for **diagnostic tests** or consultations. The period of time after **you** have taken out this insurance **you** have to wait before **you** can claim, i.e. **your qualifying period**, is 90 days.

#### E. Chiropody and podiatry

We will pay a **benefit** for chiropody or podiatry **treatment** with a chiropodist or a podiatrist who is registered with the Health Professions Council, as per the scale set out below.

Contribution	Maximum Benefit
75% of what <b>you</b> have paid to the specified practitioner	Up to £100 per <b>benefit year</b> .

The period of time after **you** have taken out this insurance **you** have to wait before **you** can claim, i.e. **your qualifying period**, is 90 days.

#### F. Specialist consultation fees (including diagnostic tests)

We will pay a **benefit** when **you** consult a **specialist** directly for an out-patient consultation as per the scale set out below. This **benefit** is only available if **your** general practitioner refers **you** for the consultation.

We will pay for all **diagnostic tests** except for examinations carried out for legal reports, or for insurance, employment and emigration reasons. The period of time after **you** have taken out this insurance **you** have to wait before **you** can claim, i.e. **your qualifying period**, is 90 days.

Contribution	Maximum Benefit
75% of what <b>you</b> have paid to the specified practitioner	Up to £400 per <b>benefit year</b> .

#### G. Hospital inpatient and day case treatment

We will pay a **benefit** at the nightly rate as shown in the table below for the period that **you** are in **hospital** for **inpatient treatment** only when the **hospital** stay has exceeded four consecutive nights. If **you** are in **hospital** for less than four consecutive nights then no **benefit** will be payable.

In any event we will not pay **benefit** for more than 20 nights of **inpatient treatment** in any one **benefit year**.

The period of time after **you** have taken out this insurance **you** have to wait before **you** can claim, i.e. **your qualifying period**, is 30 days however there is no **qualifying period** in the event of an **accident** leading to a claim under this section.

##### Inpatient treatment

Contribution	Maximum Benefit
£65 per night (£455 per week) for up to 20 days. If <b>you</b> stay in <b>hospital</b> for more than 7 consecutive days we will pay <b>you</b> a recovery bonus of £400 in all per <b>benefit year</b> PLUS £45 per day for <b>your NHS car parking charges</b> .	Up to £2,600 per <b>benefit year</b> .

### Day Case Treatment

We will pay for **day-patient treatment** in a **day-patient unit** at the daily rate as shown in the table below for the period **you** receive **day-patient treatment**.

The period of time after **you** have taken out this insurance **you** have to wait before **you** can claim, i.e. **your qualifying period**, is 30 days however there is no **qualifying period** in the event of an **accident** leading to a claim under this section.

Contribution	Maximum Benefit
£40 per day for up to a maximum of 10 days.	Up to £400 per <b>benefit year</b> .

### H. Parental Hospital Stay

We will pay a **benefit** at the nightly rate as shown in the table below for the period that **your** child is in **hospital** for **inpatient treatment**. In any event **we** will not pay **benefit** for more than the **benefit** level shown in the table below for **your** child's **inpatient treatment** in any one **benefit year**. The period of time after **you** have taken out this insurance **you** have to wait before **you** can claim, i.e. **your qualifying period**, is 30 days, other than in the event of an **accident** where the **qualifying period** will be nil.

Contribution	Maximum Benefit
£25 per day or night (£175 per week) for Up to 20 days PLUS £10 per day for <b>your NHS car parking charges</b> .	Up to £700 per <b>benefit year</b> .

### I. GP Expenses Cover and NHS Prescription charges

We will pay a **benefit** as shown in the table below, including NHS prescription charges, should **you** require services from the GP that **you** have to pay for and are not covered by the NHS, other than for prescriptions. For example insurance reports, travel vaccinations and the like. The period of time after **you** have taken out this insurance **you** have to wait before **you** can claim, i.e. **your qualifying period**, is 90 days.

Contribution	Maximum Benefit
75% of what <b>you</b> have paid directly to <b>your</b> GP plus 75% for 4 NHS prescription charges but no cover for private prescription.	Up to £150 plus 4 NHS prescription charges per <b>benefit year</b> .

### J. Childbirth Benefit

We will pay a **benefit** of £200 for the birth of each child where **you** are named on the birth certificate, or in the event of twins £450 for each child. **You** must send an original or certified true copy of the full (not short) birth certificate for each child to support **your** claim. **We** will also pay a **benefit** of £200 for each child under the age of one that **you** legally adopt. **You** must send **us** the legal adoption papers to support **your** claim.

**We** will not pay **benefit** until **we** receive these. The period of time after **you** have taken out this insurance **you** have to wait before **you** can claim, i.e. **your qualifying period**, is 300 days.

### K. Health Check/lifestyle assessment Benefit

We will pay a **benefit** as shown in the table below for what **you** have paid to have a full medical examination appropriate to **your** age and circumstances, including advice about diet and lifestyle, when it takes place in a screening facility in a registered **hospital**, health screening clinic or provided by an authorised service provider. **You** can ask any questions **you** have about health matters. No information about the **insured person's** health or well-being will be sent to **us** – it is entirely confidential between **you** and the **hospital doctor**. **We** only require a certificate from the **hospital doctor**, clinic or provider confirming that the check has been completed and the **receipt** for the amount paid. **We** will not pay this **benefit** if **your** general practitioner carries out the Health Check or if the Health Check takes place in a general practitioners' surgery. The period of time after **you** have taken out this insurance **you** have to wait before **you** can claim, i.e. **your qualifying period**, is 90 days.

Contribution	Maximum Benefit
75% of what <b>you</b> have paid directly to the specified practitioners.	Up to £200 per <b>benefit year</b> .

## L. Health and Medical Information & Counselling Service

Health Assured Ltd on behalf of Union Income Benefit, offers the following:

### Telephone Helpline Services

- Life support: Unlimited access to counselling for emotional problems.
- Legal information: For any issues that cause anxiety or distress including debt management, accountancy, lawsuits, consumer disputes, property or neighbour legalities.
- Bereavement support: Health Assured offers qualified and experienced counsellors who can help with grief and related stress plus a team of legal advisors to help with legal issues.
- Medical information: Qualified nurses are on hand to offer advice on a range of medical or health related issues. They can't diagnose but can offer a sympathetic ear and practical information and advice.

To access these services 24 hours a day, 7 days a week, 365 days a year please call 0800 030 5182

### Wellbeing Portal

In addition to the counselling support and advice, we also offer a virtual library of wellbeing information. These informative articles and self-help guides provide support on a range of health and advisory issues, as well as instant guidance to aid of an employee's physical and mental health.

- Interactive health assessment providing personal tailor-made dietary tips and fitness plans
- Fitness and lifestyle advice, such as detoxing methods
- Four week self-help programmes
- Mini health checks
- Financial wellbeing articles

To find out more information on what services Health Assured can provide, please visit [www.healthassuredeap.com](http://www.healthassuredeap.com)

To gain access to the Health and Well-being Portal you will require the below login credentials:

**Username:** Union

**Password:** Insurance

### Health e-Hub Mobile App

Sometimes it can be difficult to balance the pressures of work with the demands of home life. When daily life feels overwhelming you need help and support to deal with the practical and emotional challenges you may be facing. The free Health Assured app offers access to holistic health and wellbeing support at the tap of a finger anywhere and anytime.

- Support videos and webinars
- Four-week programmes
- Home life support and advice
- Work life assistance
- Physical and emotional health
- Mini health checks
- Life Support
- Emotional Health
- Physical Health
- Wellbeing videos and webinars
- Medical information

To download the "Health e-Hub" app go to the App store and search "Health Assured".

## SECTION 4 – WHAT IS NOT COVERED

**We** will not pay **benefit**:

1. until after the relevant **qualifying period** has passed.
2. **We** will not pay **benefit** if **treatment** is needed as a direct or indirect result or consequence of:
  - a) engaging in any sport as a professional or semi-professional.
  - b) boxing, base jumping, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, free climbing, mountaineering with or without ropes, scuba diving to a depth of more than 10 metres, trekking to a height of over 2,500 metres, bungee jumping, canyoning, hanggliding, paragliding or microlighting, parachuting, potholing, skiing off-piste or any other winter sports activity carried out off-piste, hunting on

- horseback, powerboat racing or any race, trial or timed motor sport event.
- c) suicide or attempted suicide or **you** deliberately injure yourself or put yourself in danger (unless **you** are trying to save someone's life).
- d) taking part in a criminal act.
- e) taking alcohol or drugs, unless the drugs are taken under the qualified medical advice or supervision of a **doctor** (and provided **you** have not exceeded the prescribed dose or failed to comply with any advice given in connection with taking such drugs).
- f) **war** or **terrorist acts**
- g) **you** engaging in active **war**.
- h) **CBRN terrorism**.
- i) medical operations or **treatments** which are not medically necessary to **your** quality of life, including cosmetic or beauty **treatments**.

Please note, for clarity: **We** will pay **benefit** for **treatment** required as a result of a **terrorist act** providing that **terrorist act** does not result in nuclear, biological or chemical contamination.

3. **You** may not claim for more than one **benefit** in respect of the same **treatment** or **hospital** stay.
4. In respect of Section 6a dental **treatment** and 6b **dental accident**: **we** will not pay **benefit** for:
  - a) fees that are recoverable or otherwise covered by other insurance policies.
  - b) injury caused by foodstuffs (including foreign bodies therein) in the course of consumption.
  - c) injury caused other than by **extra oral** impact.
  - d) **treatment** that relates to damage or injury caused whilst participating in any contact sport when the appropriate mouth protection was not being worn.
  - e) any prescription charges or associated costs.
  - f) mouthguards, gum shields or any dental appliances.
  - g) costs which **we** consider are not necessarily incurred or which are charged in excess of any published amounts for that **treatment**.
  - h) implants, cosmetic and orthodontic **treatment**.
  - i) damage to dentures, other than whilst being worn.
  - j) reimbursement for travelling expenses or telephone calls in connection with any **treatment**.
  - k) extraction of wisdom teeth, other than those extracted in an emergency at the **dentist's** surgery.
  - l) damage caused by tooth brushing or other oral hygiene procedures.
  - m) any **treatment**, care or repair to, or in connection with 'tooth jewellery'.
  - n) **treatments** for normal wear and tear.
5. In respect of Section G Day Case **Treatment**:  
**We** will not pay **benefit** for:
  - a) out-patient appointments including injections, x-rays or scans
  - b) in association with a claim for **hospital** inpatient **benefit**
  - c) kidney dialysis
  - d) day care, for example psychiatric, respite care, care for the elderly and maternity
  - e) cancelled operations before admission
  - f) **treatment** not in a **hospital**, for example operations carried out in a GP's surgery or clinic or attendance at an **accident** and emergency department
  - g) pre-admission appointment
  - h) pregnancy termination or sterilization, vasectomy
  - i) laser eye surgery or cosmetic surgery

## SECTION 5 – MAKING A CLAIM

### Who to Contact

To make a claim under the **policy** please, request a claim form from the **claims administrator** -

Telephone: 0800 014 7024; email at [claims@uibuk.com](mailto:claims@uibuk.com) or write to us at:  
 Union Income Benefit, 39-51 Highgate Road, London NW5 1RT

A claim form will be sent to **you**. **You** will need to fill this in and send it back to Union Income Benefit within 60 days, giving all the information requested so **your** claim can be processed.

When **we** have accepted a claim **you** will need to wait up to 5 working days for **your** cheque or electronic payment, as long as **we** have all the necessary information. However, due to their nature, claims such as **dental accident** may take longer.

1. **You** must also send Union Income Benefit all of **your receipts** for any **treatment**. **You** will be responsible for providing the necessary evidence. **We** will not accept **receipts** made out in joint names.
2. The **receipts** should also fully describe the **treatment** received or the items paid for, the date of the **treatment**, the full cost and the date the account was paid. **We** will not accept till slips, credit card sales vouchers, photocopied or altered **receipts**. **You** must also include **receipts** for any **NHS car parking charges**.
3. **We** will not return **your receipt** unless **you** ask **us** to and send **us** a reply paid envelope. **We** always recommend that **you** send **us** original **receipts** by recorded mail. Union Income Benefit will only send the **receipts** back to **you** if **you** include a stamped addressed envelope.
4. **You** must pay for **treatment** before **you** make a claim.
5. **You** must give the **administrator** permission to see **your** medical records &/or reports as set out in the Data Protection Act &/or the Access to Medical Reports Act 1988. If Union Income Benefit wants **you** to have a medical examination, **you** must do so or **your** claim may not be paid. **We** will pay any costs involved for the medical examination (such as **your** travel costs).
6. **You** must meet any appointed representative, **consultant** or loss adjuster if the **administrator** thinks **you** need to.

### How we pay claims

**We** treat claims as arising in a **benefit year** according to:

- the dates **you** are in **hospital** – for **hospital** inpatient and intensive care **hospital treatment benefits**;
- the date **you** receive **treatment**, as shown on the **receipt**, for other claims.
- **We** will pay **benefits** by cheque to **your** home address or by electronic transfer direct to **your** bank account. This account must be the same one as **we** deduct **your** monthly **premium** from.
- **We** will not refund any charges **you** have to pay for filling in a claim form, providing a medical certificate or report, or for appointments for **treatment** that **you** miss.

### Other Insurance

If, at the time of a valid claim under this **Policy**, there is another insurance **Policy** in force which covers **you** for the same loss or expense, **we** may seek a recovery of some or all of **our** costs from the other insurer. **You** must give **us** any help or information **we** may need to assist **us** with **our** loss recoveries.

### Arbitration

If there is a disagreement over the amount of a claim payment, the matter will be referred to an arbitrator that **you** and **we** both agree to. If this happens, **you** cannot start legal proceedings against **us** until the arbitrator has made a decision.

### Fraudulent Claims or Misleading Information

**We** take a robust approach to fraud prevention in order to keep **premium** rates down so that **you** do not have to pay for other people's dishonesty. If any claim under this insurance is fraudulent, deliberately exaggerated, or is intended to mislead, or if any deliberately misleading or fraudulent means are used by **you** or anyone acting on **your** behalf to obtain **benefit** under this insurance, **your** right to any **benefit** under this insurance will end, **your Policy** will be cancelled without any **premium** refund and **we** will be entitled to recover any **benefit** paid as a result of any such fraudulent or deliberately misleading claim. **We** may also inform the police.

To prevent fraud, insurers sometimes share information. Details about **your** insurance application and any claim **you** make may be exchanged between insurers.

## SECTION 6 – CANCELLATION OF THE POLICY

### Your Cancellation Rights

**You** can cancel **your Policy** within 14 days of the **Policy start date** or, if later, 14 days of the date you receive this **Policy** Document. **We** will refund any **premiums** **you** have paid as long as **you** have not made a claim and do not intend to make a claim.

**You** can also cancel **your Policy** at any other time. If **you** have not made a claim and do not intend to make a claim, **you** will be not be entitled to a refund as **you** will only have paid for the cover **you** have already received. Please contact **your administrator** if **you** wish to cancel your **Policy**.

## The Insurers' Cancellation Rights

**We** or the **administrator** reserve the right to cancel your **Policy** when there is a valid reason to do so. Valid reasons include, but are not limited to:

- **You** fail to pay the premium when due
- **You** act in a fraudulent manner
- **You** fail to supply requested validation documents
- **You** fail to take reasonable care to ensure that information provided by **you** is accurate and not misleading.

**We** will not cancel your **Policy** alone solely because of:

- any change in **your** health or physical condition;
- the number of claims presented or the amount of benefit paid under this **Policy**.

**We** may cancel **your Policy**, but **we** will do this only when **we** cancel all **Policies** which **we** have issued under this plan.

If **we** cancel your **Policy** **we** shall provide **you** with 14 days prior notice to the contact details that **we** hold for **you**. Within this notice **we** will advise **you** of **our** reasons for cancelling **your Policy**. If **we** are unable to collect a payment **we** will use reasonable endeavours to collect the outstanding payment(s) before exercising **our** right to cancel the **Policy**.

## SECTION 7 – HOW TO MAKE A COMPLAINT

**We** and the **administrator** - Union Income Benefit always try to provide a first class standard of service. However, sometimes things can go wrong. If **you** have a complaint **you** should contact the **administrator**, Union Income Benefit who arranged this insurance for **you**;

- by email: customerrelations@uibuk.com
- by phone on: 0343 178 1255
- by writing to: Customer Relations, Union Income Benefit, 39/51 Highgate Road, London NW5 1RT

If the **administrator** cannot resolve the complaint to **your** satisfaction, **you** can contact:

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

Phone: 0800 0234 567 or fax: 020 7964 1001. Email: complaint.info@financial-ombudsman.org.uk.

FOS is an independent organisation that arbitrates on complaints about general insurance products. It will consider complaints after the firm has given **you** written confirmation that they have been through their full complaints procedure. **You** have six months from the date of the firm's final response in which to refer **your** complaint to the FOS. For Claims and Policy Terms Complaints **you** can, alternatively, refer the matter to the Office of the Arbiter for Financial Services (OAFS), First Floor, St Calcedonius Square, Floriana FRN 1530 Malta. Phone: (+356) 21249245 (standard overseas call charges apply). Email: complaint.info@financialarbiter.org.mt

Making a complaint to FOS or the OAFS does not affect **your** right to take legal proceedings. **We** and the **administrator** are bound by a FOS or OAFS decision but **you** are not. If **you** bought **your policy** online **you** can use the Online Dispute Resolution platform to submit **your** complaint to FOS or OAFS <http://ec.europa.eu/consumers/odr/>

## SECTION 8 – LEGAL, REGULATORY & OTHER INFORMATION

### Financial Services Compensation Scheme (FSCS)

In the unlikely event **we** are unable to meet **our** liabilities, **you** may be entitled to compensation under the Financial Services Compensation Scheme. 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 in writing to 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU; or by telephone 0800 678 1100 or 020 7741 4100.

### Data Protection Notice

The Personal Information **you** provide.

Advent Insurance PCC Ltd - UIB Cell and Union Income Benefit, the **administrator**, are the joint data controllers (as defined in the Data Protection Act 2018 (DPA)) and fully accept the responsibility of protecting the privacy of customers and the confidentiality and security of personal information provided to either

party. In this notice, Personal Information is personal data (as defined in the DPA) and means any information that identifies an individual and includes any sensitive personal information (e.g. information about health or medical condition(s)).

Where this notice refers to **you** or **your** Personal Information, this will include any information that identifies another person whose information **you** have provided to **us** or the **administrator**. **We** and the **administrator** will assume that they have appointed **you** to act for them). **You** agree to receive on their behalf any data protection notices from **us** or the **administrator**. **Your** Personal Information will be used for the purpose of providing insurance services. By providing Personal Information, **you** consent that **your** Personal Information, will be used by **us**, the **administrator**, **our** reinsurers, service providers/ business partners, and **our** agents for administration, customer service, claims handling, assistance services, customer profiling, and for management and audit of **our** business operations. **We** or the **administrator** may also pass **your** Personal Information to other insurers and regulatory and law enforcement bodies for the prevention of fraud, financial crime or where the law requires **us** or the **administrator** to do so. **We** or the **administrator** may transfer **your** Personal Information to countries outside the EEA which may not have the same level of data protection as in the United Kingdom and Malta, but if this is necessary it will be ensured that appropriate safeguards are in place to protect **your** Personal Information.

If **you** ask **us** or the **administrator**, what Personal Information is held about **you** it will be provided to **you** in accordance with applicable law. No fee will be charged for this. Any Personal Information which is found to be incorrect will be corrected promptly. **You** have the right to withdraw **your** consent to **us** or the **administrator** processing any of **your** Personal Information at any time, if it is not specifically required for **us** or the **administrator** to provide and administer the product or service that **you** have purchased or registered for.

**We** and the **administrator** may monitor and/ or record **your** communication with **us** or the **administrator**, either ourselves or using reputable organisations selected by **us**, to ensure consistent servicing levels and account operation. **We** or the **administrator** will keep information about **you** only for so long as it is appropriate. **We** will not use **your** personal details in order to provide **you** with marketing, unless **you** have given **your** explicit consent to allow **us** to use this information for these purposes. If **you** wish to unsubscribe from **our** marketing communications please contact **us** on the details below quoting **your** name, address, telephone number and email address.

**We** have a dedicated Data Protection Officer who **you** can contact for any queries relating to this policy, to exercise any of **your** rights under data protection regulations including: data subject access requests, correcting **your** information, making a complaint. If **you** believe **we** are holding inaccurate information about **you** or wish to request a copy of **your** information, **you** should contact **us**.

#### **Contact Details:**

Data Protection Officer:

By email: [dataprotection@embignell.com](mailto:dataprotection@embignell.com)

By post: Data Protection Team, Embignell Ltd., 39/51 Highgate Road, London NW5 1RT

**We** will provide the information that **you** have requested in a suitable format to meet **your** requirements.

If the **administrator** cannot resolve the complaint to **your** satisfaction, **you** can contact the Information Commissioner's Office who are the Supervisory Authority in the UK protecting the rights of individuals under current Data Protection regulations.

Website: [www.ico.org.uk](http://www.ico.org.uk)

By telephone: 0303 123 1113

#### **Rights of Third Parties**

A person who is not a party to this **Policy** has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this **Policy** but this does not affect any right or remedy of a third party which exists or is available apart from that Act.

For **your** information, the Contracts (Rights of Third Parties) Act 1999 allows a person who is not a party to a contract to be able to enforce that contract if the contract expressly allows him to or if the contract confers a **benefit** upon him. However the Act will not be applied if the parties make it clear in the contract that the third party does not have the right to enforce it. For further guidance please see [www.legislation.gov.uk](http://www.legislation.gov.uk) or contact the Citizens Advice Bureau.

## Law and Jurisdiction

Unless specifically agreed to the contrary, this **Policy** shall be governed by the laws of England and Wales and subject to the exclusive jurisdiction of the courts of England.

## Sanctions

**We** will not be liable to provide cover (including payment of a claim or provision of any other benefit) under this **policy** if **we** are prevented from doing so by any **sanction** which prohibits **us** or **our** parent company (or **our** parent company's ultimate controlling entity) from providing cover under this **policy**. **Sanctions** change from time to time and can include prohibiting the transfer of funds to a sanctioned country, freeze the assets of a government, the corporate entities and residents of a sanctioned country, or freeze the assets of specific individuals or corporate entities.

This means that if **you**, or any third party who has suffered a loss which would otherwise be covered under the **policy**, are the subject of a **sanction**, **we** may not be able to provide cover under the **policy**.

## Several Liability

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

## The Insurer

Advent Insurance PCC Ltd – UIB Cell is the insurer on this **policy**. Advent Insurance PCC Ltd (C52394) is a Protected Cell Company authorised and regulated by the Malta Financial Services Authority to provide general insurance. This can be checked on the MFSA website [www.mfsa.com.mt](http://www.mfsa.com.mt)

## Other important information

The cellular assets of the Advent Insurance PCC Ltd - UIB Cell are utilised to satisfy the cellular liabilities of the UIB Cell. Union Income Benefit Holdings Ltd acts as an agent of the insurer for sales, administration, claims management and complaints. Union Income Benefit Holdings Ltd are authorised and regulated by the Financial Conduct Authority. This can be checked on the FCA's register by visiting the FCA's website at [www.fca.org.uk](http://www.fca.org.uk).

## SECTION 9 – DEFINITIONS

Where **we** explain what a word means, that word will have the same meaning wherever **we** use it in **your Policy**. These words are highlighted in bold.

### Accident

A physical injury that is caused directly and only by a sudden, unexpected external and visible event, anywhere in the world during the period of cover.

### Administrator

Union Income Benefit Holdings Ltd (Union Income Benefit or UIB) who sell and administer the insurance, and manage claims on behalf of the insurer.

### Benefit(s)

The amount shown in the **Policy** Schedule, the **Policy** wording states the maximum **benefits you** can receive.

### Benefit year

The 12-month period following the **start date** or the **change date** (whichever is later) shown on **your Policy** Schedule; and every 12-month period after that for which **you** pay and **we** accept **your premiums**.

### CBRN Terrorism

An unlawful act committed for political, religious or ideological purposes with the aim of influencing a government and/or causing fear among the public that results directly or indirectly in the release of chemical, radiological, biological or nuclear agents.

### Consultant

A medical **specialist** who is a member of a college and recognised by that college as a **consultant**.

### Day-patient treatment

**Treatment** which, for medical reasons, means the **insured person** has to go into a **hospital** or **day-patient unit** because a period of clinically supervised recovery is needed but they do not have to stay overnight.

### **Day-patient unit**

A centre in which **day-patient treatment** (including **hospitals**) is carried out but excluding GP's surgery or clinic or attendance at an **accident** or emergency department.

### **Dental Accident**

A sudden and unexpected injury to the mouth, which causes damage to the teeth and/or gums, and results from a direct **extra oral** impact.

### **Dentist**

A dental surgeon who is currently registered with the General Dental Council.

### **Diagnostic tests**

Investigations, such as x-rays or blood tests, to find or to help to find the cause of **your** symptoms.

### **Doctor**

A qualified medical practitioner registered in the **UK** with the General Medical Council. A **doctor** cannot be **you**, anyone related to **you** or anyone living with **you**.

### **Extra Oral**

Outside or external to the oral cavity including anything external to the lips and cheeks.

### **Hospital**

An institution, which has accommodation for residential patients and facilities for diagnosis, surgery and **treatment**. It does not include a long-term nursing home, a rehabilitation centre, a geriatric or a convalescence home or an extended-care facility.

### **Illness**

A sickness or disease which first occurs during the period of cover and results in a claim covered by this insurance within the **benefit year**.

### **Insured person**

Person named on the **Policy** Schedule

### **Inpatient treatment**

**Treatment** which, for medical reasons, means **you** have to stay in **hospital** overnight or for longer.

### **Medical condition**

Any disease, **illness** or injury, including psychiatric **illness**.

### **NHS car parking charges**

Any type of **hospital** car parking charges that are directly related to an **insured person's** attendance as an inpatient at a **hospital**. It also includes parking at an off-site car park or on-road parking in close proximity to the **hospital**.

### **Policy**

The full terms of the insurance contract between **you** and **us** are set out in a number of documents including the **Policy** Schedule and this **Policy** Document.

### **Premium(s)**

The amount **you** pay in return for the cover **you** have chosen as set out in **your Policy** Schedule.

### **Qualifying period**

The period before **you** are entitled to most **benefits**. The **qualifying period** that applies to each **benefit** is shown on the table of **benefits**. **We** will not pay **benefit** if **you** receive any **treatment** during these **qualifying periods**.

After an **accident** the **qualifying period** does not apply to the '**hospital** inpatient and day case **treatment**', '**parental hospital** stay' nor '**dental accident** and emergency' **benefits**, as long as **we** have received **your** first **premium** by **your Policy** start date or have issued **your Policy** Document and **Policy** Schedule

### **Receipt**

The original **receipt** provided by the healthcare provider. All **receipts** for **treatment** must show the full name of the person who received the **treatment**. **We** will not accept **receipts** made out in joint names. The **receipts** should also fully describe the **treatment** received or the items paid for; the date of the **treatment**, the full cost and the date the account was paid. **We** will not accept till slips, credit card sales vouchers, photocopied or altered **receipts**.

**Specialist**

A person, with a part-time or full-time NHS **consultant** appointment, who appears on the General Medical Council **specialist** registered in the specialty for which they are offering **treatment**.

**Start date**

The date the insurance begins as shown on **your Policy** Schedule.

**Terrorist act**

Any clandestine use of violence by an individual terrorist or a terrorist group to coerce or intimidate the civilian population to achieve a political, military, social or religious goal.

**Treatment(s)**

Surgical or medical services (including **diagnostic tests** and **day-patient treatment**) that are needed to diagnose, relieve or cure a disease, **illness** or injury.

**UK, United Kingdom**

England, Scotland, Wales and Northern Ireland.

**War**

A contest carried on by force of arms between the armed forces of separate nations and which is usually characterised by the pursuit of territorial gain.

**We, our, us**

The insurer, Advent Insurance PCC Ltd - UIB Cell.

**You, your**

The person who purchased this **Policy** and who is named on the **Policy** Schedule as the Policyholder.

**Demands and Needs**

Health Cash Plan cover meets the demands and needs of those would would benefit from help towards covering the costs of everyday healthcare such as dental treatment, eye care, therapy treatments, consultations with specialists and more. We are not offering advice or personal opinion on the suitability of this product, you need to decide based on the information provided whether this cover is right for you and meets your needs.





# Contact Us

Lines open Mon to Fri 9 a.m. to 6 p.m. Telephone calls may be recorded for monitoring and quality purposes.

## Customer Services

Telephone: 0343 178 1255  
Email: [customercare@uibuk.com](mailto:customercare@uibuk.com)

Address:  
Customer Services  
Union Income Benefit  
39/51 Highgate Road  
London  
NW5 1RT

## Claims

Telephone: 0800 014 7024  
Email: [claims@uibuk.com](mailto:claims@uibuk.com)

Address:  
Claims Department  
Union Income Benefit  
39/51 Highgate Road  
London  
NW5 1RT