

# **HOSPITAL CASH PLAN**

Policy Document and Policy Summary

**HOSPITAL PLAN INSURANCE SERVICES**

*The purpose of this policy summary is to help you understand the insurance by setting out the significant features, benefits, limitations and exclusions. You should still read the policy document for a full description of the terms of the insurance, including the policy definitions. This policy summary does not form part of the policy document wording.*

## Insurance Provider

Hospital Plan Insurance Services is an Appointed Representative of AIG Europe Limited which is authorised and regulated by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registered office: The AIG Building, 58 Fenchurch Street, London EC3M 4AB. Registered in England number 1486260

## Purpose of the Insurance

The insurance provides cover for an Insured Person for each period of hospitalisation exceeding 24 hours subject to the exclusions.

## Significant Product Features and Benefits

For a full list of benefits and the benefit amounts, please refer to your Schedule, Table of Benefits and Policy Document.

- We will pay the daily hospital benefit for every day that you are in hospital subject to the minimum benefit (as specified in the Schedule)
- Minimum benefit is increased for hospitalisation due to Childbirth (after 10 months), Road Traffic Accident, as a victim of Battery, Arson, Mugging, Kidnap, Civil Disturbance, Shooting, Bombing, Hijack or Sporting Activity (as specified in the Schedule)
- If hospitalised whilst temporarily outside of the UK, the daily in-hospital rate is doubled (as specified in the Policy Document)
- If one or more Insured Persons are hospitalised at the same time, benefits are doubled (as specified in the Policy Document)
- Certain dismemberment benefits are payable if an Insured Person suffers a bodily injury which may be doubled if travelling as a fare-paying passenger (as specified in the Schedule)
- Hospitalisation due to accidents and all new illnesses are covered immediately. Pre-existing conditions are covered after 24 months.

## Significant Exclusions and Limitations

For a full list of the general limitations and exclusions, please refer to page 3 and 4 of the Policy Document.

- Hospitalisation due to pre-existing conditions is not covered until the policy has been in force continuously for 24 months
- Hospitalisation in facilities such as a long-term nursing home, a rehabilitation centre, an old people's or convalescence home or an extended-care facility is not covered (as specified in the definitions)
- Benefits are not payable in respect of hospital confinement arising as a result of:
  - being under the influence of alcohol or drugs other than according to the manufacturer's instructions or as prescribed by a medical practitioner
  - pregnancy or childbirth are only covered after the policy has been in force for 10 months
- Benefits are reduced by one-third for Claimants aged 75 years and over except the minimum benefit
- Benefits are limited to an overall maximum amount (as specified in the Schedule)
- Cover will not continue if any Insured Person resides outside of the UK for more than 180 consecutive days

## Law and Jurisdiction

This policy will be governed by the law that applies in the part of the territory where the policyholder normally lives unless agreed to the contrary by the policyholder and us before the effective date, otherwise the law of England and Wales will apply whose courts alone will have jurisdiction.

## Period of Insurance

Premiums are payable monthly. Each monthly premium buys cover for the calendar month in which it is paid. If any premium is not paid on the date it is due, cover will stop on that date if the premium is not received within 30 days.

## Right of Cancellation and 'Cooling-Off' period

You can cancel this policy at any time. If you cancel within 15 days of receiving your policy (or within 15 days of the start date shown on your schedule if this is the later) you will be entitled to a full refund of that premium, providing you have not made, or intend to make, a claim during that period.

We will provide the refund to you within 30 days from the date we receive your notice of cancellation.

## Claim Notification

If you wish to notify us of a claim or have any questions, simply contact Hospital Plan Insurance Services, stating your name and Policy Number:

### Office address:

Accident and Health Claims Department, AIG Europe Limited, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG

### Customer helpline:

020 8662 8184  
8.30am to 5.30pm Monday to Friday

## Your Right to Complain

If you want to make a complaint, please contact:

**Hospital Plan Insurance Services, Norfolk House, Wellesley Road, Croydon, Surrey, CR0 1LH**

or telephone 020 8662 8184 8.30am to 5.30pm Monday to Friday

If, once we have issued our final decision letter, the complaint is not resolved to your satisfaction, you may refer it to:

### The Financial Ombudsman Service

**South Quay Plaza, 183 Marsh Wall, London E14 9SR**

or by telephoning 0845 080 1800

or visiting their website at [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk).

## Financial Services Compensation Scheme (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation if we are unable to meet our financial obligations. Further information about compensation scheme arrangements is available from the FSCS website at [www.fscs.org.uk](http://www.fscs.org.uk), or by writing to:

### Financial Services Compensation Scheme

**7th Floor Lloyds Chambers,**

**Portsofen Street,**

**London E1 8BN**

**or by calling 020 7892 7300 or 0800 678 1100**

# Policy Document

## Introduction

This document sets out the terms of **your** Hospital Cash Plan; please read it carefully. It tells **you** what is covered and what is not, what to do if **you** want to make a claim and who to call if you need help.

**You** should familiarise **yourself** with the cover provided by this policy and all the terms, conditions and exclusions that apply. **You** should read the policy in conjunction with **your schedule**.

If **you** have any questions about **your** policy or wish to make any changes, please call Customer Services on 020 8662 8184. Lines are open between 8.30am and 5.30pm Monday to Friday. **We** may record telephone calls for security and quality control purposes.

## Policy

This policy, together with the **schedule**, the application and any endorsements, forms the basis of the contract between the **policyholder** and **us**. **We** agree to provide the insurance cover described in this policy provided the premium is paid when due and **we** agree to accept it.

## Scope of Insurance

If **you** have a **bodily injury**, illness or disease after the **effective date**, which requires treatment in a **hospital**, **we** will pay the amount shown on **your schedule** for every **day** that **you** are in **hospital**.

## Definitions

**We** use certain words in this policy which have a specific meaning. They have this specific meaning wherever they appear in the policy or **schedule** and are shown in bold text.

### Accident

An unforeseen and unexpected event which occurs at an identifiable time and place whilst the policy is in force.

### AIDS

Acquired Immune Deficiency Syndrome, including Human Immunodeficiency Virus (HIV), encephalopathy (dementia), HIV/Wasting Syndrome and AIDS-related conditions (ARCs).

### Bodily injury

Identifiable physical injury to an **insured person's** body which is caused directly and solely by an **accident**, is not intentionally self-inflicted and does not result from sickness or disease.

### Child

Any person who is under 18 years of age.

### Day

A period of 24 hours in a row.

### Doctor

Means a registered medical practitioner who is not **you** or related to **you**, who is registered with the General Medical Council in the United Kingdom to practice medicine.

### Effective date

The start date of the policy shown in the **schedule**, or the date on which an **insured person** was added to this policy, or the date an endorsement was added to the policy, which ever is the latest.

### Hospital

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

### Hospitalisation

Being admitted to a **hospital** for a period of at least one **day**.

### Insured persons

The person or persons shown on the **schedule**.

### Loss of sight

The physical **loss** of an eye or the **loss** of a substantial part of the sight of an eye. A substantial part means that the degree of sight remaining after the **accident** is 3/60 or less on the Snellen scale after correction with spectacles or contact lenses. (At 3/60 on the Snellen scale one can see at 3 feet something one should be able to see at 60 feet).

### Loss

Permanent, total and irrecoverable loss of use or the permanent and total loss by physical severance, resulting in separation.

### Policyholder

The person who has paid for this policy and is shown on the **schedule**.

### Pre-existing medical condition

Any medical condition (whether diagnosed or not) for which, before the **effective date**, **you**:

- received medication, advice or treatment; or
- experienced symptoms.

Any condition which **you** were aware of (whether diagnosed or not) at the **effective date** will be considered to be a pre-existing condition.

### Schedule

The document showing details of the cover and which should be read with this policy.

### United Kingdom

England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man.

### We, us or our

AIG Europe Limited.

### You, your or yourself

An **insured person**.

## Special Benefits

- a) If two or more **insured persons** are **hospitalised** at the same time, both of their benefits payable will be increased by 100%.
- b) If **hospitalisation** occurs whilst temporarily outside the **United Kingdom**, the benefit payable will be increased by 100%.

## What We Don't Cover

No benefit will be payable:

- a) for any **pre-existing medical condition** for a period of 24 months from **your effective date**. This exclusion does not apply to the childbirth benefit after a period of 10 months has elapsed from your effective date.
- b) if **you** are in **hospital** due to the effects of alcohol;
- c) if **you** take a drug or drugs other than according to the manufacturer's instructions or as prescribed by a medical practitioner;
- d) if **you** take a drug or drugs for the treatment of drug addiction;

- e) if an **accident** occurs whilst driving a vehicle which results in **your** admission to **hospital** and **your** blood/urine alcohol level is above the legal limit stated in the laws of the country where the accident occurs; or
- f) if **your bodily injury** is sustained whilst directly involved in an unlawful act.

## General Limitations

### Benefit limitations

- a) If **your hospitalisation** is as a result of **AIDS** or any mental or psychiatric illness or disease, the maximum benefit payable will be restricted to that payable for **28 days** in **hospital** providing a period of 24 months from **your effective date** has elapsed.
- b) The maximum amount payable under this policy in respect of any **insured person** is shown in **your schedule**. Once this limit is reached cover will be cancelled for that **insured person** (or if only one **insured person** remains, the policy will be cancelled).
- c) For an **insured person** aged 75 and over at the date of the hospitalisation, the benefit payable will be reduced by one third, except for the minimum benefit payment.

### Residence outside the United Kingdom

Cover under this policy cannot continue if the **policyholder** or **you** reside outside the **United Kingdom** for more than 180 consecutive days. Please tell **us** as soon as this happens so **we** can stop collecting premiums. The cover will be amended to remove that **insured person**, or cancelled if there is only one **insured person**.

## General Conditions

### Cooling off period

If the cover does not meet the **policyholder's** requirements the **policyholder** may cancel this policy within 15 days of the first premium due date shown on the **schedule** or within 15 days of receiving the policy and **schedule**, whichever is the later. **We** will give the **policyholder** a full refund of any premiums paid as long as no claim has been made in that period. **We** will provide this refund within 30 days from the date we receive notice of cancellation from the **policyholder**.

### Cancelling the policy after the cooling off period

The **policyholder** may cancel this policy by writing to Hospital Plan Insurance Services or by calling 0208 662 8184. Cover stops on the date **we** receive notification of cancellation. **We** may cancel this policy by giving the **policyholder** at least 30 days written notice to the **policyholder's** last known address.

### Fraud or mis-statement

Any fraud, deliberate mis-statement or concealment when the **policyholder** applied for this policy, or when **you** make a claim, will render this policy null and void. In this event, any benefit due under this policy will be forfeited, including any benefit that has been paid to you. No premiums will be returned.

### Law and jurisdiction

This policy will be governed by the law that applies in the part of the **United Kingdom** where the **policyholder** normally lives,

unless agreed to the contrary by the **policyholder** and us before the **effective date**.

### Payment of benefit

The benefit will be paid to the **insured person** who is the subject of the claim except in the case of a **child**, when it will be paid to the **policyholder**.

### Policy alteration

**We** may change the terms and conditions, including the premium, of the policy as considered necessary to reflect any event outside our control that **we** expect to have an impact on future claims which **we** could not reasonably have foreseen when the assumptions were last reviewed, or in the event of any change in the law affecting this policy, for example a change in Insurance Premium Tax. Before **we** make any changes, we will give the **policyholder** 30 days notice in writing to the **policyholder's** last known address. Alternatively the **policyholder** can cancel the policy and stop paying premiums altogether.

### Premium payment

The premium is payable monthly and is due on the first premium due date and subsequently on the 2nd day of each month. Each premium paid purchases cover under the terms of this policy for the calendar month in which it is due.

If any premium is not paid on the date it is due, the **policyholder** has 30 days in which to pay it. If it is not paid during that period, the policy will be automatically cancelled from the date on which the unpaid premium was due. If the premium is paid during the 30 day period, then cover will operate as if it had been paid on the due date, however where there is a break in cover for whatever reason we reserve the right to reapply exclusion a.

### Claim procedure

A claim can be made under this policy by writing to the Accident and Health Claims Department, AIG Europe Limited, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG or by calling 020 8662 8184. **We** must be notified as soon as reasonably practicable and a claim form completed and returned to **us**. The claim may be rejected if it is made so long after the event that it makes it difficult or impossible for **us** to investigate the claim fully.

**We** may ask **you** to attend one or more medical examinations. If **we** do, **we** will pay the cost of the examination(s) and **your** reasonable travelling expenses to attend, if these expenses are agreed by **us** in advance. If **you** fail to attend without reasonable cause, then **your** claim may be rejected.

**We** will ask for certificates and a reasonable amount of information in support of the claim. If **we** do not receive the information we need, the claim could be rejected. If any statement in support of the claim is misleading or is found to be incorrect, the claim will be rejected and the policy will be cancelled. Any amounts already paid must be repaid to **us**. **We** reserve the right to ask for a post-mortem examination which **we** will pay for.

### How we use Personal Information

Hospital Plan Insurance Services is underwritten by AIG Europe Limited. Hospital Plan Insurance Services is an Appointed Representative of AIG Europe Limited. AIG Europe Limited is committed to protecting the privacy of customers, claimants and other business contacts.

“**Personal Information**” identifies and relates to **you** or other individuals (e.g. **your** dependants). By providing Personal Information **you** give permission for its use as described below. If **you** provide Personal Information about another individual, **you** confirm that **you** are authorised to provide it for use as described below.

#### **The types of Personal Information we may collect and why**

- Depending on **our** relationship with **you**, Personal Information collected may include: identification and contact information, payment card and bank account, credit reference and scoring information, sensitive information about health or medical condition, and other Personal Information provided by **you**. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Decision-making on provision of insurance cover and payment plan eligibility
- Assistance and advice on medical and travel matters
- Management and audit of **our** business operations
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance, including compliance with laws outside **your** country of residence
- Monitoring and recording of telephone calls for quality, training and security purposes
- Marketing, market research and analysis

To opt-out of marketing communications contact **us** by e-mail at: **queries@hpis.co.uk** or by writing to: **Marketing Preference Team, Hospital Plan Insurance Services, Norfolk House, Wellesley Road, Croydon, Surrey, CR0 1LH**. If **you** opt-out **we** may still send **you** other important communications, e.g. communications relating to administration of **your** insurance policy or claim.

**Sharing of Personal Information** - For the above purposes Personal Information may be shared with **our** group companies, brokers and other distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers. Personal Information will be shared with other third parties (including government authorities) if required by law. Personal information (including details of injuries) may be recorded on claims registers shared with other insurers. **We** are required to register all third party claims for compensation relating to **bodily injury** to workers’ compensation boards. **We** may search these registers to detect and prevent fraud or to validate **your** claims history or that of any other person or property likely to be involved in the policy or claim. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of **our** company or transfer of business assets.

**International transfer** - Due to the global nature of **our** business Personal Information may be transferred to parties located in other countries, including the United States and other countries with different data protection laws than in **your** country of residence.

**Security and retention of Personal Information** – Appropriate legal and security measures are used to protect Personal Information.

**Our** service providers are also selected carefully and required to use appropriate protective measures. Personal information will be retained for the period necessary to fulfil the purposes described above.

**Requests or questions** - To request access or correct inaccurate Personal Information, or to request the deletion or suppression of Personal Information, or object to its use, please e-mail: **DataProtectionOfficer@aig.com** or write to Data Protection Officer, Legal Department, AIG Europe Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB. More details about **our** use of Personal Information can be found in **our** full Privacy Policy at **www.hpis.info/privacy.html** or **you** may request a copy using the contact details above.

## **If something goes wrong with our service**

### **Complaints procedure**

**We** are committed to providing **you** with a first class service at all times, however, **we** recognise that occasionally **you** may be unhappy with some aspect of this service. If **you** are not satisfied with the service **you** have received **you** should contact one of the following:

If **your** complaint is about a claim - Claims Manager, Accident and Health Claims Department, AIG Europe Limited, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG, telephone 020 8662 8183 and quote **your** claim and policy number.

If **your** complaint is not about a claim - Customer Support Manager, Hospital Plan Insurance Services, Norfolk House, Wellesley Road, Croydon, Surrey, CR0 1LH, telephone 020 8662 8184 and quote **your** policy number.

**We** will acknowledge **your** complaint and keep **you** regularly informed about the progress of **your** complaint. For complaints relating to claims, it may take **us** a little longer to respond to **you**, especially if **we** need to consult with medical professionals, however **we** will let **you** know what information **we** are waiting for.

**We** will do our best to resolve the complaint quickly and will issue a final response letter to **you** addressing the issues raised. If **we** are not able to resolve **your** complaint to **your** satisfaction **you** may be entitled to refer any disagreement to the Financial Ombudsman Service (FOS) to review **your** case, without affecting **your** legal right to take action. The address is:

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

Telephone: 0845 080 1800  
[www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

### **How to contact us**

Hospital Plan Insurance Services  
Norfolk House, Wellesley Road,  
Croydon, Surrey,  
CR0 1LH

Telephone: 020 8662 8184 - Telephone calls may be recorded

## **Financial Services Compensation Scheme (FSCS)**

**We** are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation if **we** are unable to meet **our** financial obligations. Further information about compensation scheme arrangements is available from the FSCS website at [www.fscs.org.uk](http://www.fscs.org.uk), or by writing to:

Financial Services Compensation Scheme  
7th Floor Lloyds Chambers,  
Portsoken Street,  
London E1 8BN  
or by calling 020 7892 7300 or 0800 678 1100

## **Other information**

This insurance is underwritten by AIG Europe Limited. Hospital Plan Insurance Services (HPIS) is an Appointed Representative of AIG Europe Limited.

AIG Europe Limited (FRN number 202628) is authorised and regulated by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. This can be confirmed with the Financial Conduct Authority on [www.fca.org.uk](http://www.fca.org.uk) or by calling 0845 606 9966.

AIG Europe Limited is also a member of the Association of British Insurers.

AIG Europe Limited is registered in England under number 1486260. Registered office: 58 Fenchurch Street, London EC3M 4AB.

# **HOSPITAL PLAN INSURANCE SERVICES**

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