

Certificate of Insurance
for
**MULTI-BENEFIT
CANCER
CARE PLAN**

This insurance is provided by Hospital Plan Insurance Services and underwritten by AIG UK Limited. Hospital Plan Insurance Services is an appointed representative of AIG UK Limited which is authorised and regulated by the Financial Services Authority and is a member of the Association of British Insurers. Both are member companies of American International Group, Inc. (AIG).

You are requested to read through this Certificate to ensure the Terms and Benefits are acceptable to you. Kindly advise any errors in the Schedule to the address below.

In all communications, please quote the Certificate Number appearing in the Schedule.

Authorised to offer products of AIG UK Limited
Hospital Plan Insurance Services
Regd. in England No. 2100356
96 George Street, Croydon, CR9 1BU
Tel: (020) 8662 8184

This is to Certify that AIG UK Limited (herein called the Company) incorporated with limited liability in the United States of America whose principal United Kingdom office is at 58 Fenchurch Street, London, EC3M 4AB, in consideration of the premium specified is hereby bound to insure in accordance with the terms and conditions herein or endorsed hereon:

Terms of Insurance

The Company will pay the 1st Time Diagnosis Benefit, Special Benefit and Additional Benefits shown if, once the Plan has been in force for 12 months, an Insured Person as specified on the Schedule overleaf, is diagnosed in the United Kingdom (U.K.) by a Doctor as having Cancer for the 1st time never having been diagnosed, undergone tests or sought treatment for any type of Cancer previously. "Doctor" means a Medical Practitioner who is currently registered under the Medical Acts with the UK General Medical Council to practice medicine. "Cancer" means any malignant tumour characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The term Cancer includes Leukaemia and Hodgkin's disease.

1st Time Diagnosis Benefit

Under the Terms and Conditions of Insurance, the 1st Time Diagnosis Benefit below will be paid as a Cash Lump Sum to the Insured Person on the first diagnosis of Cancer provided premium payments are up to date at the time of diagnosis and will be paid in addition to any other income, pension or sickness and insurance benefits that may be received.

Minimum Benefit on 1st Time Diagnosis of Cancer	£3,000.00
Special Benefits C & D	£4,500.00
Special Benefits A & B	£6,000.00

Continuity Benefit Bonus

The 1st Time Diagnosis Benefit will increase, up to a maximum of one-quarter (25%), provided that premiums are up to date at the time of diagnosis.

On the Second Anniversary	the 1st Time Diagnosis Benefit will increase by 10% of the Original Sum
On the Third Anniversary	the 1st Time Diagnosis Benefit will increase by 5% of the Original Sum
On the Fourth Anniversary	the 1st Time Diagnosis Benefit will increase by 5% of the Original Sum
On the Fifth Anniversary	the 1st Time Diagnosis Benefit will increase by 5% of the Original Sum

Additional Benefits

1. Hospital Benefits - £50.00 for each Day spent in hospital for treatment or surgery directly related to the Cancer, subject to a Maximum benefit payable of £5,000.00. "Day" means a period of 24 consecutive hours. "Hospital" means an establishment operated in the United Kingdom (England, Scotland, Wales, Northern Ireland, the Isle of Man and the Channel islands) under the National Health Service or a hospital which is a Private, Voluntary or Service hospital (Army, R.N., R.A.F.), which has accommodation for resident patients, with recognised surgical facilities and organised for diagnosis and treatment. Hospital shall not include any part of a facility mentioned above used as a long term nursing unit, geriatric/elderly care, extended care, convalescent, rehabilitative, palliative or hospice facility.

2. Invasive Surgery. One fixed payment per Insured Person in respect of a surgical procedure specified below performed by a Doctor and **as a direct result of Cancer:**

Total removal of malignant brain tumour(s)	£5,000.00	Kidney removal, one or both	£4,000.00
Total removal of malignant spinal tumour(s)	£4,000.00	Hysterectomy &/or ovary removal	£3,000.00
Removal of testes, one or both	£3,000.00	Total removal of malignant tumours-mouth or larynx or tongue .	£3,000.00
Lung removal, total or partial	£2,500.00	Total removal of malignant bladder tumour(s)	£2,000.00
Bowel resection, total or partial	£2,000.00	Amputation of limb above the elbow/knee	£2,000.00
Prostate gland removal, total or partial	£1,800.00	Mastectomy, single or double	£1,800.00
Gastrectomy, total or partial	£1,500.00	Total removal of melanoma	£ 250.00

SAMPLE

Schedule

3. **Chemotherapy.** One payment of £500.00 paid for each Insured Person who undergoes a course of Chemotherapy for the treatment of Cancer. This benefit is paid once during the currency of this Certificate.
4. **Radiotherapy.** One payment of £250.00 paid for each Insured Person who undergoes a course of Radiotherapy for the treatment of Cancer. This benefit is paid once during the currency of this Certificate.
5. **Cancer Counselling.** Reimbursement of the cost of counselling for the Insured Person, or relative or friend of the Insured Person, required as a result of Cancer. Up to £500.00.
6. **Hospice Donation.** Reimbursement of the cost of a donation to a Registered Hospice to which the Insured Person has been admitted as a result of Cancer. Up to £500.00.
7. **Waiver of Premiums.** If two or more Insured Persons, on the same Certificate, are diagnosed with Cancer within 1 year of each other, then benefits will be paid equivalent to the total of 1 year's premiums being paid under the terms of the Multi-Benefit Cancer Care Plan.
8. **Artificial Limb.** A fixed payment for the fitting of a prosthetic limb of £2,500.00 following an amputation above the elbow or knee due to Cancer.
9. **Cosmetic Aids.** Reimbursement for the cost of a wig, up to £250.00 required as a result of treatment for Cancer.
10. **Screening.** A single payment of £50.00 per year for each Insured Person undergoing recognised screening for detection of the return of Cancerous cells. A Test Report or Medical Certificate must be supplied.

Special Benefits

- A** If a child under the age of 15 is diagnosed with Cancer the Diagnosis Benefit will be double (200% of) the Minimum Benefit on 1st Time Diagnosis of Cancer.
- B** If an Insured Person donates a kidney or bone marrow to another Insured Person who is diagnosed with Cancer, the Diagnosis Benefit will be double (200% of) the Minimum Benefit on 1st Time Diagnosis of Cancer.
- C** If an Insured Person under the age of 45 is diagnosed with either Prostate Cancer, Uterine Cancer or Spinal Cord Cancer the Diagnosis Benefit will be one and a half times (150% of) the Minimum Benefit on 1st Time Diagnosis of Cancer.
- D** If an Insured Person is diagnosed with either Cancer of the Heart, Adrenal Gland or Gall Bladder, the Diagnosis Benefit will be one and a half times (150% of) the Minimum Benefit on 1st Time Diagnosis of Cancer.

Conditions

1. **Persons Covered**
The Insured Persons in respect of whom benefits are payable under this Certificate are specified in the Schedule overleaf.
2. **Exclusions**
The Company will not pay benefits for the following:
 - 1) Cancer diagnosed prior to the issue date of the Certificate of Insurance;
 - 2) If tests or advice are sought which subsequently lead to a diagnosis of Cancer, or if Cancer is diagnosed, within the first 12 months of the issue date of this Certificate of Insurance. In these circumstances, the Plan will be cancelled and the amount of premiums paid will be refunded;
 - 3) All tumours which are histologically described as pre-malignant, non-invasive or as Cancer in situ;
 - 4) All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least TNM classification T2N0M0;
 - 5) All forms of lymphoma and Kaposi's sarcoma in the presence of HIV/AIDS;
 - 6) Any skin Cancer other than invasive malignant melanoma;
 - 7) Any Cancer diagnosed after death.
3. **Age Restrictions**
All Benefits payable in respect of an Insured Person who has reached the age of 65 years shall be two-thirds of the sums shown. Cover under this Policy and premium payments will cease for each Insured Person on their 70th Birthday.
4. **Effective Date**
Cover under this Certificate shall commence at noon on the day upon which it is issued. Subject to payment of the appropriate premium, cover will continue unless either the Certificate Holder or the Company give notice in writing to the last known address of the other party of their intention to cancel cover under this Certificate. Such notice is to be given at least thirty days prior to the next premium on which it is to take effect.

5. **Cooling-off Period and Cancellation**
If this cover does not meet the Certificate Holder's requirements, the Certificate Holder may return this Certificate to Hospital Plan Insurance Services within 15 days of receiving this Certificate or within 15 days of the effective date on the Schedule, whichever is the later. The Company will give the Certificate Holder a full refund of any premiums paid within 30 days from the date Hospital Plan Insurance Services receives the notification from the Certificate Holder. Following the Cooling-off Period, the Certificate Holder can cancel this Certificate by writing to Hospital Plan Insurance Services. No refund of premiums will be given.
6. **Payment of Premiums**
Premiums are payable monthly in advance by Direct Debit. Should the premium not be received the cover under this Certificate shall cease from the date upon which such premium payment was due. Benefits under this Certificate are paid in addition to any others that may be received, but no person may claim benefits under more than one Multi Benefit Cancer Care Plan with Hospital Plan Insurance Services.
7. **Changes of Premium and Terms & Conditions**
We can change premiums and terms and conditions of this Certificate by giving the Certificate Holder at least 30 days written notice to their last known address.
8. **Fraud**
Any fraud, mis-statement or concealment regarding the health declaration made on application or in relation to any other matter affecting the insurance, including in connection with the making of any claim, shall render this Certificate null and void and all claims hereunder shall be forfeited.
9. **Law & Jurisdiction**
This policy shall be governed by the law which applies in the country of the United Kingdom where the Certificate Holder usually resides.
10. **Residency in the UK Only**
Cover under this Certificate cannot continue if any Insured Person resides outside of the United Kingdom (England, Scotland, Wales, Northern Ireland, the Isle of Man and the Channel islands) for more than 180 consecutive days. Please advise Hospital Plan Insurance Services as soon as this happens so that premiums are not collected. The policy will be cancelled from the 181st day of residing outside the United Kingdom.
11. **Compensation**
The Financial Services Compensation Scheme covers your insurer, AIG UK Limited, if your insurer is unable to meet its financial obligations under the terms and conditions of the Plan. You may be entitled to compensation from the scheme if AIG UK Limited cannot meet its obligations. The first £2,000 of an insurance claim is covered in full and then 90% of the remainder of the claim.

Claims Procedure

Written notice of claims must be given to Hospital Plan Insurance Services at 96 George Street, Croydon, CR9 1BU or by telephoning 020 8662 8184 within 60 days of the diagnosis of Cancer giving rise to a claim or as soon thereafter as is reasonably possible.

On receipt of notice of claim, the Company will provide such form(s) as are required by them for filing a claim. The claim form(s) duly completed, should be returned to Hospital Plan Insurance Services within three months or as soon as reasonably possible.

All benefits will be paid in the UK to the Insured Person, or the Certificate Holder in the case of Dependent Children. Dependent Child(ren) means a child of the Certificate Holder, or their spouse or partner, under the age of 18, or 23 if in full time education. Any benefits which are unpaid on the Insured Person's death will be paid to the Executors or Administrators upon production to the Company of the relevant Grant of Probate or Letters of Administration. Receipts will be required for Additional Benefits 5, 6 and 9.

The Company shall be allowed, at their own expense and upon reasonable notice, the opportunity of examination of the Insured Person to whom the claim refers.

Complaints Procedure

If there is any enquiry or complaint, this will be dealt with fairly and promptly. In the first instance, simply advise Hospital Plan Insurance Services in writing or by telephoning 020 8662 8184. If still not satisfied, the Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR, telephone 0845 080 1800, will review the case free of charge and without affecting any legal rights.

In witness whereof this Certificate has been signed at London on behalf of AIG UK Limited.


John Hoyle
Authorised Signature