



# CANCER CARE PLAN

## Your Table of Benefits

**SAMPLE**

### Minimum benefit payments for the Cancer Care Plan

	<b>Cancer Care Plan</b>
<u>Cover provided</u>	<u>Benefit Payable</u>
On first diagnosis of <b>cancer</b> Nos 3-7 at a new <b>primary site</b>	£10,000
On first diagnosis of <b>cancer</b> Nos 1-2 at a new <b>primary site</b>	£1,000
Hospitalisation as a direct result of <b>cancer</b> diagnosis (paid for a maximum of 100 days)	£50 per <b>day</b>

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The amounts specified do not include your continuity benefit. Please read in conjunction with your Cancer Care Plan Policy Document.

### Premiums for the Cancer Care Plan

<b>Number of People</b>	<b>Net Premium</b>	<b>Insurance Premium Tax</b>	<b>Gross Premium</b>
1	£7.22	£0.36	£7.58
2	£14.08	£0.70	£14.78
3	£20.36	£1.02	£21.38
4	£25.34	£1.27	£26.61

**CANCER CARE 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

This insurance is provided by Chartis Insurance UK Limited, which is authorised and regulated by the Financial Services Authority (FSA number 202628). Registered in England: company number 1486260. Registered address: The Chartis Building, 58 Fenchurch Street, London EC3M 4AB.

Hospital Plan Insurance Services (HPIS), which sells your policy, is an Appointed Representative of Chartis Insurance UK Limited.

## Purpose of the Insurance

The insurance provides cover to help meet the needs of an Insured Person against the financial effects of being diagnosed with any cancer covered by the policy.

## 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 benefit shown on the Schedule for cancer diagnosis at a new primary site (as specified in the Schedule)
- We will pay for hospitalisation as a direct result of cancer diagnosis up to a maximum of 100 days (as specified in the Schedule)
- Continuity Benefit Enhancement increases diagnosis benefit by up to 25%

## Significant Exclusions and Limitations

For a full list of the general limitations and exclusions, please refer to page 4 of the policy document.

- No benefit is payable:
  - if you are diagnosed as having cancer within 90 days of your effective date.
  - if you get medical advice, have symptoms or tests or receive any medication or treatment for cancer within 90 days of your effective date
  - all tumours which are histologically described as pre-malignant
- Cover will not continue if any Insured Person resides outside of the UK for more than 180 consecutive days
- Cover will cease on the Insured's 70th birthday

## 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 agree 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 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 full refund of that premium, providing you have not made, or intend to make, a claim during that period.

## 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:

Hospital Plan Insurance Services, 96 George Street, Croydon CR9 1BU

### 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, 96 George Street, Croydon CR9 1BU**

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** All Cancer 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 8.30 am and 5.30 pm 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

This policy will help meet the needs of someone who wants to be protected against many of the financial effects of being diagnosed with any **cancer** covered by this policy.

## Glossary

The policy contains technical medical terms which are necessary to describe precisely what is and is not covered. **We** have included a glossary which is designed to give **you** more information. The glossary does not form part of the policy.

## What this insurance covers

**We** will pay the benefit shown in the **schedule** if:

- a. **cancer** is diagnosed before **your** 70th birthday; and
- b. the diagnosis is for **cancer** at a **new primary site**; and
- c. **you** are alive when the diagnosis is made;

## Definitions

**We** use words in this policy which have a specific meaning, and sometimes those meanings are unique to this policy. These words are shown below and each time one of them is used in the policy and **schedule**, it is shown in bold type.

### AIDS

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

### Cancer

1. Carcinoma-in-situ of any part of the body other than the breast
2. Skin cancer other than malignant melanoma
3. Any malignant tumour characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue in a **primary site**.
4. Leukaemia
5. Hodgkin's disease
6. Carcinoma-in-situ of the breast
7. Malignant melanoma

### Child

Any person who is under 18 years of age.

### Consultant

A medical practitioner who either:

- holds or has held an NHS consultant post, or holds a Certificate of Completion of Specialist Training (CCST); or
- is currently on the specialist register held by the General Medical Council (GMC), and holds a specialist accreditation issued by the GMC in line with European Community Medical Directives.

### Day

A period of 24 hours in a row.

### Effective date

The start date of the policy as shown in the **schedule** or the date on which an **insured person** was added to the policy if later.

### 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 person or persons

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

### Policyholder

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

### Pre-existing 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.

### Primary site

The site at which the first malignant change takes place as it relates to that particular **cancer**.

### 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

Chartis Insurance UK Limited.

### You, your or yourself

An **insured person**.

## Special Benefits

- a) Continuity Benefit Enhancement – The benefit payable will increase on each of the **insured person's** consecutive annual anniversary dates, up to a maximum of 25%, as long all premiums due have been paid:
- b. On the first anniversary all benefits increase by 10% of the sum assured shown in the Table of Benefits
  - c. On the second anniversary all benefits increase by a further 5% of the sum assured shown in the Table of Benefits
  - d. On the third anniversary all benefits increase by a further 5% of the sum assured shown in the Table of Benefits
  - e. On the fourth anniversary all benefits increase by a further 5% of the sum assured shown in the Table of Benefits

## What We Don't Cover

**We** will not pay any benefit:

- a) if **you** are diagnosed as having **cancer**, within the 90 days immediately following **your effective date**; or
- b) if **you** get medical advice, have symptoms or tests, or receive any medication or treatment, for **cancer** within 90 days of **your effective date**; or
- c) for the **cancer** for which **you** are claiming if **you** have been diagnosed with the same **cancer** before the **effective date**; or
- d) if, at the time you were diagnosed with **cancer**, **you** had **AIDS** or **you** are or have been tested "sero-positive" to Human Immunodeficiency Virus (HIV); or
- e) for a diagnosis made by an **insured person** or a member of the **insured person's** family; or
- f) for any tumours which are histologically (the study of tissues and cells under a microscope) described as:
  - pre-malignant (cells that have not yet turned to **cancer**); or
  - in relation to **cancers** 2, 3, 4, 5 and 7, as detailed below, non-invasive (cells that remain in the original tissue where they were formed);

- 2 Skin **cancer** other than malignant melanoma.
- 3 Any malignant tumour characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue in a **primary site**
- 4 Leukaemia
- 5 Hodgkin's disease
- 7 Malignant melanoma

a) and b) above do not apply to the **hospitalisation** benefit.

## 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 giving Hospital Plan Insurance Services 30 days notice in writing to 96 George Street, Croydon, CR9 1BU or by calling 020 8662 8184. Cover stops on the date **we** receive notification of cancellation. **We** may cancel this policy by giving the **policyholder** 30 days notice in writing to the **policyholder's** last known address.

### Fraud or mis-statement

Any fraud, deliberate mis-statement or concealment when **you** applied for this policy or when **you** make a claim will render the policy void. In this event, any benefit due under this policy will be forfeited, including any benefit that has previously 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

Any 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, as shown in the **schedule**. If it is payable monthly, it 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 following 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 exclusions a, b and c.

## Claim procedure

A claim can be made under this policy by writing to the Manager, Claims Department, Hospital Plan Insurance Services, 96 George Street, Croydon CR9 1BU or by calling 020 8662 8184 for a claim form. 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** will ask for a completed claim form and a histopathological report (on **your** cells and tissues) that supports the diagnosis of **cancer**. **We** will ask for certificates and a reasonable amount of information in support of the claim.

**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 at no expense to **us**. 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.

## Upper age limit

**Your** cover under this policy will cease on the premium due date following **your** 70th birthday.

## 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, Hospital Plan Insurance Services, 96 George Street, Croydon, CR9 1BU, 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, 96 George Street, Croydon, CR9 1BU, 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  
96 George Street,  
Croydon,  
Surrey  
CR9 1BU

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 Chartis Insurance UK Limited. Hospital Plan Insurance Services (HPIS) is an Appointed Representative of Chartis Insurance UK Limited.

Chartis Insurance UK Limited is regulated by the Financial Services Authority. This can be confirmed with the Financial Services Authority on [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) or by calling 0845 606 1234.

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

HPIS is registered in England under number 2100356. Registered office: 96 George Street, Croydon CR9 1BU.

## **Glossary of terms (does not form part of the policy)**

We hope you find this section helpful as it explains some of the medical terms used in the policy.

### **Carcinoma in-situ**

Early-stage cancer in which the disease is confined to the cells or where it first appeared.

### **Histological**

Studying tissues and cells under a microscope. Histopathological reports have to accurately diagnose cancer and other diseases.

### **Hodgkin's disease**

A malignant disease of the lymphatic system that is characterised by swollen but painless lymph nodes, spleen or other lymphatic tissue. Also called Hodgkin's lymphoma.

### **Leukaemia**

Cancer of the blood

### **Lymphoma**

Lymphomas are cancers that develop in the lymph system, part of the body's immune system.

### **Malignant melanoma**

A malignant tumour which arises from the pigment-producing cells (melanosomes) of the deeper layers of the skin.

### **Metastasis**

The spread of cancer from its primary site to other places in the body.

### **Radiological**

X-rays, computed axial tomography (CAT scans) or magnetic resonance imaging (MRI scans) or positron emission tomography (PET scans).

# **HOSPITAL PLAN INSURANCE SERVICES**

Regd. Office 96 George Street, Croydon CR9 1BU. Regd. in England No: 2100356  
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