



# The everyday health cash plan



Direct Schemes  
2017



## Helping generations of families cover the cost of staying healthy

**Like most things today, the cost of leading a healthy lifestyle isn't cheap.**

*If you take a moment to think about how much you have to pay just to visit the dentist, even if you are with an NHS dentist, you can still have a large bill to pay. Just a simple filling can cost up to £57\* and if you require more major treatment the bill can run into hundreds of pounds.*

*With HSF health plan, you can have an affordable way to cover the costs of everyday health care. The HSF health plan covers you and your family for the simple day to day health costs like dental and optical bills as well as providing over 35 valuable benefits that help you get cash back for a wide range of treatments and out of pocket expenses. You can see the wide range of cover HSF health plan provides in the benefit summary opposite.*

**So you know exactly what your HSF health plan includes, you will find the terms of the plan in this brochure from page 15.**

**HSF health plan** is the trading company of the charity, **The Hospital Saturday Fund**. Our heritage means we have no ostentatious head office building and no overloaded administration. Instead there is a culture of care for you and your family and a policy of sharing any surplus with medical charities, local hospitals and hospices as well as individuals with a serious illness or a disability.

We look forward to providing you and your family with the benefits of **HSF health plan** for many years to come.

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**To find out more information about HSF health plan, contact us on:**

**0800 917 2208**

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#### **Head Office**

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[www.hsf.eu.com](http://www.hsf.eu.com)

# Benefits at a glance

Spouse/partner and children\* covered at no extra cost!

Primary Schemes					Extra Cover Schemes			
1	2	3	4	5	A	B	C	D
£7.75 a month	£15.50 a month	£22.00 a month	£29.50 a month	£36.50 a month	£47.50 a month	£63.50 a month	£80.00 a month	£94.50 a month

Dental and Optical									
	£50	£100	£200	£275	£350	£400	£550	£700	£850
	50% cover			100% cover					
Dental Trauma	£250	£375	£500	£625	£750	£1,000	£1,250	£1,500	£2,000


Practitioner: Physiotherapy, Osteopathy, Chiropractic, Acupuncture, Homoeopathy, Chiropody/Podiatry									
	£100	£200	£300	£400	£500	£600	£800	£1,000	£1,200
	50% cover			100% cover					

Specialist and Investigations – Including Allergy Testing and Health Screening									
	£200	£400	£600	£700	£800	£1,200	£1,400	£1,600	£1,800
	50% cover			100% cover					

Birth Grant / Adoption Grant (per child)									
	£100	£200	£300	£400	£500	£600	£800	£1,000	£1,200
	50% cover			100% cover					


Hospital: General and Hospice, Accident, Elderly and Mental Illness (Amounts per night)										
	Policyholder	£16	£32	£50	£66	£80	£75	£100	£120	£150
	Partner	£8	£16	£25	£33	£40	£75	£100	£120	£150
	Children under 18	£8	£16	£25	£33	£40	£50	£66	£80	£100

Recuperation – Grant after 7 nights Or after 15 nights										
	Policyholder	£40	£80	£100	£120	£150	£150	£180	£225	£300
	Partner	£20	£40	£50	£60	£75	£150	£180	£225	£300
	Children under 18	£20	£40	£50	£60	£75	£100	£120	£150	£200
Or Recuperation Grant after 15 nights										
	Policyholder	£60	£120	£150	£170	£200	£225	£255	£300	£360
	Partner	£30	£60	£75	£85	£100	£225	£255	£300	£360
	Children under 18	£30	£60	£75	£85	£100	£150	£170	£200	£240

Day Case Surgery and Treatment (Amounts per day)										
	Policyholder	£16	£32	£50	£66	£80	£75	£100	£120	£150
	Partner	£8	£16	£25	£33	£40	£75	£100	£120	£150
	Children under 18	£8	£16	£25	£33	£40	£50	£66	£80	£100

Home Care Assistants and Home Help									
	£125	£250	£375	£500	£625	£750	£1,000	£1,250	£1,500
	50% cover			100% cover					

Personal Accident – Including Dental Trauma									
Permanent Disability – up to	£5,000	£7,500	£10,000	£12,500	£15,000	£20,000	£25,000	£30,000	£40,000
Accidental Death	£2,500	£3,750	£5,000	£6,250	£7,500	£10,000	£12,500	£15,000	£20,000
Temporary Disability	Not Available	Not Available	£30 per week	£40 per week	£50 per week	£60 per week	£90 per week	£120 per week	£170 per week
Fracture: Leg	Not Available	Not Available	£150	£225	£300	£375	£575	£775	£975
Fracture: Arm	Not Available	Not Available	£75	£125	£175	£200	£300	£400	£500
Fracture: Maximum per accident	Not Available	Not Available	£375	£575	£775	£950	£1,450	£1,950	£2,450
Facial Disfigurement	Not Available	Not Available	£600	£900	£1,200	£1,500	£2,300	£3,100	£3,900

 **HSF Assist® - Available on all schemes**  
**GP Advice Line, Virtual Doctor, Counselling Service, Medical Information and Legal Advice.**



# a cash plan to help you stay healthy

**Some people have private medical insurance in case they become ill. However, not enough people consider the value of planning for the cost of staying healthy.**

**Everyday expenses that you and your family incur can be easily budgeted for by having a cash plan from HSF health plan.**

**HSF health plan is not private medical insurance, we pay you cash sums towards medical expenses often not covered by health insurance or the NHS.**

**Dental check-ups and treatment, sight tests, glasses, contact lenses are all covered and on some of our schemes even eye laser surgery is covered. The costs of keeping healthy can put a huge strain on your household budget. Add the cost of visits to see a chiroprapist, a physiotherapist or an osteopath, and the expenses grow even more.**

**HSF health plan can save you literally hundreds of pounds a year on these very necessary costs and reduce the impact of large health care bills on your everyday finances.**

**With HSF health plan you simply decide how much you wish to put aside each week or month, and when you pay your bill you can claim back cash for up to 100% of the cost.**

**Think of it as a cash payment to keep you healthy from head to toe – inside and out. And if you or your family needs to visit hospital, we can help there too!**

# true value for money

HSF health plan offers a wide range of schemes to choose from, so you can be sure there is a plan to suit your needs and your budget.

Plans start from as little as £7.75 a month. That's less than 26p a day, an achievable cost for most of us. Depending on the scheme you choose you can get up to 100% cash back!

*For example, if your new spectacles cost £200 and you were on one of our Extra Cover schemes, you could get the full £200 back, so your new spectacles would cost you nothing!*

Having a HSF health plan encourages you to seek and receive early medical investigation and treatment. HSF Assist which is included on all schemes provides a valuable service at a time that suits you, and can be used as often as needed by anyone covered on your plan. Our Schemes are divided between Primary and Extra Cover. The monthly costs are as follows:

Primary	Scheme 1	Scheme 2	Scheme 3	Scheme 4	Scheme 5
Monthly cost	<b>£7.75</b>	<b>£15.50</b>	<b>£22.00</b>	<b>£29.50</b>	<b>£36.50</b>

Extra Cover	Scheme A	Scheme B	Scheme C	Scheme D
Monthly cost	<b>£47.50</b>	<b>£63.50</b>	<b>£80.00</b>	<b>£94.50</b>



# Our Schemes

The advantages of having a HSF health plan

**No medical required before joining**

**Flexible benefit amounts between dental and optical**

**Spouse/partner and dependent children under 18 included free**

**Premiums do not increase with age**

**Unlike private medical insurance, the premiums you pay aren't based on your age, and once you join you are covered for life.**

Our Primary Schemes 1 to 5 offer a wide range of health categories at affordable prices. **With Primary Schemes we reimburse you 50% of your professional treatment costs up to the maximum amounts shown below.**

Our Extra Cover Schemes A to D are for those who want to pay a little more in order to get higher benefits in return. **With Extra Cover Schemes we reimburse you 100% of your professional treatment costs up to the higher maximum amounts shown below.**

**All of our schemes include HSF Assist which provides : GP Advice Line, Virtual Doctor, Counselling Service, Medical Information and Legal Advice.**



## Dental and Optical

Help towards the cost of all dental treatment including check-ups, and the cost of a sight test and optical appliances, up to the maximum shown. This benefit may be used flexibly according to requirements for both categories. It is payable between all eligible registered persons in any 12 consecutive calendar months. **Qualifying period – 3 months.** The cost of Eye Laser Treatment, Implantable Contact Lenses (to correct long or short sightedness) and assessments is included in Schemes 3, 4, 5 and the Extra Cover Schemes.

**Qualifying period – 12 months**

## Dental Trauma

For details on Dental Trauma, please refer to the Personal Accident Section on pages 10, 11, 16 and 17.

### Primary

Scheme 1 <b>£50</b>	Scheme 2 <b>£100</b>	Scheme 3 <b>£200</b>
Scheme 4 <b>£275</b>	Scheme 5 <b>£350</b>	

### Extra Cover

Scheme A <b>£400</b>	Scheme B <b>£550</b>
Scheme C <b>£700</b>	Scheme D <b>£850</b>



## Practitioner: Physiotherapy, Osteopathy, Chiropractic, Acupuncture, Homoeopathy, Chiropody / Podiatry

Help towards the cost of consultation and treatment (not including medication or appliances) by a qualified and registered practitioner up to the maximum shown. This benefit may be used flexibly according to requirements for all categories. Payable between all eligible registered persons in any 12 consecutive calendar months.

**Qualifying period – 3 months.**

### Primary

Scheme 1 <b>£100</b>	Scheme 2 <b>£200</b>	Scheme 3 <b>£300</b>
Scheme 4 <b>£400</b>	Scheme 5 <b>£500</b>	

### Extra Cover

Scheme A <b>£600</b>	Scheme B <b>£800</b>
Scheme C <b>£1,000</b>	Scheme D <b>£1,200</b>



### Specialist and Investigations

Help towards the cost of specialists' consultation fees, allergy testing, vaccination, health screening, pathology tests, x-rays, scans, electrocardiograms and other investigations listed in the rules, all undertaken on an outpatient basis, up to the maximum shown. Payable between all eligible registered persons in any 12 consecutive calendar months.

**Qualifying period – 3 months.**

#### Primary

Scheme 1 <b>£200</b>	Scheme 2 <b>£400</b>	Scheme 3 <b>£600</b>
Scheme 4 <b>£700</b>	Scheme 5 <b>£800</b>	

#### Extra Cover

Scheme A <b>£1,200</b>	Scheme B <b>£1,400</b>
Scheme C <b>£1,600</b>	Scheme D <b>£1,800</b>



### Birth and Adoption Grant

Payable to the policyholder, whether the mother or father of the baby, for each registered birth in hospital or at home. Hospital benefit is payable for the mother in addition to the grant from the sixth night onwards. The grant is also payable for a registered adoption up to the age of 10. **Qualifying period – 10 months.**

#### Primary

Scheme 1 <b>£100</b>	Scheme 2 <b>£200</b>	Scheme 3 <b>£300</b>
Scheme 4 <b>£400</b>	Scheme 5 <b>£500</b>	

#### Extra Cover

Scheme A <b>£600</b>	Scheme B <b>£800</b>
Scheme C <b>£1,000</b>	Scheme D <b>£1,200</b>





## Hospital

**General and Hospice:** For an inpatient admission to a hospital or hospice to receive medical treatment. Payable to each eligible registered person for up to 40 nights in any 12 consecutive calendar months. (See pages 15 and 16 for full details).

**Qualifying period – 3 months.**

**Accident:** For an inpatient admission to a hospital immediately following an accident. Payable to each eligible registered person for up to 40 nights in any 12 consecutive calendar months. (See pages 15 and 16 for full details). **No Qualifying period.**

**Elderly and Mental Illness:** For an inpatient admission to a hospital for elderly medical care / long stay / rehabilitation / respite / GP care or for a mental illness. Payable to each eligible registered person for up to 50 nights elderly and 50 nights mental illness from first registration, but not for more than 40 nights in a 12 month period. (See pages 15 and 16 for full details). **Qualifying period – 3 months.**

### Primary *per night*

Scheme 1 <b>£16</b> Policyholder <b>£8</b> Partner or Child	Scheme 2 <b>£32</b> Policyholder <b>£16</b> Partner or Child	Scheme 3 <b>£50</b> Policyholder <b>£25</b> Partner or Child
Scheme 4 <b>£66</b> Policyholder <b>£33</b> Partner or Child	Scheme 5 <b>£80</b> Policyholder <b>£40</b> Partner or Child	

### Extra Cover *per night*

Scheme A <b>£75</b> Policyholder or partner <b>£50</b> Child	Scheme B <b>£100</b> Policyholder or partner <b>£66</b> Child
Scheme C <b>£120</b> Policyholder or partner <b>£80</b> Child	Scheme D <b>£100</b> Policyholder or partner <b>£100</b> Child



## Recuperation

Following each stay in a hospital or hospice for which benefit has been paid for a minimum of 7 nights, a recuperation grant is payable for each eligible registered person.

### Primary *Either after 7 nights*

Scheme 1 <b>£40</b> Policyholder <b>£20</b> Partner or Child	Scheme 2 <b>£80</b> Policyholder <b>£40</b> Partner or Child	Scheme 3 <b>£100</b> Policyholder <b>£50</b> Partner or Child
Scheme 4 <b>£120</b> Policyholder <b>£60</b> Partner or Child	Scheme 5 <b>£150</b> Policyholder <b>£75</b> Partner or Child	

### Extra Cover *Either after 7 nights*

Scheme A <b>£150</b> Policyholder or partner <b>£100</b> Child	Scheme B <b>£180</b> Policyholder or partner <b>£120</b> Child
Scheme C <b>£225</b> Policyholder or partner <b>£150</b> Child	Scheme D <b>£300</b> Policyholder or partner <b>£200</b> Child

### Primary *Or after 15 nights*

Scheme 1 <b>£60</b> Policyholder <b>£30</b> Partner or Child	Scheme 2 <b>£120</b> Policyholder <b>£60</b> Partner or Child	Scheme 3 <b>£150</b> Policyholder <b>£75</b> Partner or Child
Scheme 4 <b>£170</b> Policyholder <b>£85</b> Partner or Child	Scheme 5 <b>£200</b> Policyholder <b>£100</b> Partner or Child	

### Extra Cover *Or after 15 nights*

Scheme A <b>£225</b> Policyholder or partner <b>£150</b> Child	Scheme B <b>£255</b> Policyholder or partner <b>£170</b> Child
Scheme C <b>£300</b> Policyholder or partner <b>£200</b> Child	Scheme D <b>£360</b> Policyholder or partner <b>£240</b> Child





### Day Case Surgery and Treatment

For a planned admission to occupy a bed for a day in a hospital or clinic to undergo surgery, treatment or a procedure. Limited to 8 occasions within any 12 consecutive calendar months for each eligible registered person. **Qualifying period – 3 months.**

#### Primary *per day*

Scheme 1 <b>£16</b> <i>Policyholder</i> <b>£8</b> <i>Partner or Child</i>	Scheme 2 <b>£32</b> <i>Policyholder</i> <b>£16</b> <i>Partner or Child</i>	Scheme 3 <b>£50</b> <i>Policyholder</i> <b>£25</b> <i>Partner or Child</i>
Scheme 4 <b>£66</b> <i>Policyholder</i> <b>£33</b> <i>Partner or Child</i>	Scheme 5 <b>£80</b> <i>Policyholder</i> <b>£40</b> <i>Partner or Child</i>	

#### Extra Cover *per day*

Scheme A <b>£75</b> <i>Policyholder or partner</i> <b>£50</b> <i>Child</i>	Scheme B <b>£100</b> <i>Policyholder or partner</i> <b>£66</b> <i>Child</i>
Scheme C <b>£120</b> <i>Policyholder or partner</i> <b>£80</b> <i>Child</i>	Scheme D <b>£150</b> <i>Policyholder or partner</i> <b>£100</b> <i>Child</i>



### Home Care Assistants and Home Help

Short term assistance towards the cost of Local Authority services and some privately arranged assistance with organisations if supported by a doctor, up to the maximum shown. Payable between all eligible registered persons in any 12 consecutive calendar months. **Qualifying period – 3 months.**

#### Primary

Scheme 1 <b>£125</b>	Scheme 2 <b>£250</b>	Scheme 3 <b>£375</b>
Scheme 4 <b>£500</b>	Scheme 5 <b>£625</b>	

#### Extra Cover

Scheme A <b>£750</b>	Scheme B <b>£1,000</b>
Scheme C <b>£1,250</b>	Scheme D <b>£1,500</b>



# Personal Accident Benefit



**All claims must be submitted within 6 months of the accident occurring.**

If an Accident results in Permanent Disability or death the financial consequences can be enormous. Even less serious injuries can result in a lengthy period off work or confinement to the house. Whilst you may be able to cope in the short term, a longer period of disability can put severe pressure on family finances.

Lump sum cash payments (shown opposite) when they are needed most could ease the financial burden. Policyholders and their partner and dependent children are covered 24 hours a day, every day of the year, whether at work, at home or at play.

**Permanent Disability:** A lump sum cash benefit depending upon the type and degree of Permanent Disability following an Accident.

**Facial Disfigurement :** A lump sum payment for Permanent facial disfigurement as a result of an accident.

**Accidental Death:** A lump sum payment if the Accident is fatal.

**Dental Trauma:** A lump sum payment for dental treatment required as a direct result of a blow to the head.

**Temporary Disability:** (not applicable to children under 16 years of age) A weekly sum payable (normally by direct credit, monthly in arrears) if following an Accident, you are:  
a) unable to take up your normal paid occupation or any other paid employment; or  
b) confined to the home (applicable only if you are not in paid employment at the time of the Accident) as certified by a qualified medical practitioner.

Payable from the 31st day of your disability for up to 52 weeks. Odd days will be paid at 1/7 th of the weekly rate.

**Although there is no qualifying period under this section, the Temporary Disability benefit is not payable for the first 30 days (Deferment Period) of each period of temporary disablement.**

**Fracture Benefit:** A lump sum payment for a fracture or fractures to one or more bones of the arm or leg following an Accident.



If you or any other eligible person (Insured Person) suffer Bodily Injury as a direct result of an Accident which within 24 months of the Accident results in Permanent Disability, Facial Disfigurement or Death, or requires treatment within 12 months of Dental Trauma occurring, the following will be paid:

	Primary					Extra Cover			
	Scheme 1	Scheme 2	Scheme 3	Scheme 4	Scheme 5	Scheme A	Scheme B	Scheme C	Scheme D
<b>Permanent Disability</b>	up to	up to	up to	up to	up to	up to	up to	up to	up to
A proportion of this sum will be paid depending upon the degree of permanent disability in accordance with the following scale:	£5,000	£7,500	£10,000	£12,500	£15,000	£20,000	£25,000	£30,000	£40,000
<b>Permanent Total Disablement</b>	£5,000	£7,500	£10,000	£12,500	£15,000	£20,000	£25,000	£30,000	£40,000
<b>Loss of Sight in one or both eyes</b>	£5,000	£7,500	£10,000	£12,500	£15,000	£20,000	£25,000	£30,000	£40,000
<b>Loss of hearing in both ears</b>	£3,750	£5,625	£7,500	£9,375	£11,250	£15,000	£18,750	£22,500	£30,000
<b>Loss of hearing in one ear</b>	£750	£1,125	£1,500	£1,875	£2,250	£3,000	£3,750	£4,500	£6,000
Loss of the use of:									
a) an arm, hand or leg above the knee	£5,000	£7,500	£10,000	£12,500	£15,000	£20,000	£25,000	£30,000	£40,000
b) a leg below the knee or a foot	£2,500	£3,750	£5,000	£6,250	£7,500	£10,000	£12,500	£15,000	£20,000
c) a shoulder or elbow	£1,250	£1,875	£2,500	£3,125	£3,750	£5,000	£6,250	£7,500	£10,000
d) a hip, knee, ankle or wrist	£1,000	£1,500	£2,000	£2,500	£3,000	£4,000	£5,000	£6,000	£8,000
e) a thumb	£1,000	£1,500	£2,000	£2,500	£3,000	£4,000	£5,000	£6,000	£8,000
f) any finger or big toe	£500	£750	£1,000	£1,250	£1,500	£2,000	£2,500	£3,000	£4,000
g) any other toe	£250	£375	£500	£625	£750	£1,000	£1,250	£1,500	£2,000
<b>Facial Disfigurement</b>	Not Available	Not Available	£600	£900	£1,200	£1,500	£2,300	£3,100	£3,900
<b>Accidental Death</b>	£2,500	£3,750	£5,000	£6,250	£7,500	£10,000	£12,500	£15,000	£20,000
<b>Dental Trauma</b>	£250	£375	£500	£625	£750	£1,000	£1,250	£1,500	£2,000

In addition there are the following payments for Temporary Disability and a Fracture of the specified bone or bones listed below:

<b>Temporary Disability</b>	Not Available	Not Available	£30 per week	£40 per week	£50 per week	£60 per week	£90 per week	£120 per week	£170 per week
<b>Fracture Grant - only payable for these specified bones:</b>									
<b>Leg</b> – ankle, tibia and fibula, kneecap, femur and hip	Not Available	Not Available	£150	£225	£300	£375	£575	£775	£975
<b>Arm</b> – wrist, radius and ulna, humerus and shoulder	Not Available	Not Available	£75	£125	£175	£200	£300	£400	£500
Fractured fingers/thumbs/toes or hand/foot bones are <b>NOT</b> covered.									
<b>Overall limit per Accident</b>	Not Available	Not Available	£375	£575	£775	£950	£1,450	£1,950	£2,450

For Insured Persons aged 66 to 75 and under 16 years of age the Personal Accident benefits payable shall be reduced by 50%. For Insured Persons aged 76 and over the benefits payable shall be reduced by 75% and the Permanent Total Disablement category shall not apply. **Please see pages 16 and 17 for Definitions and Exclusions.**

**All claims must be submitted within 6 months of the accident occurring.**

# HSF Assist®



**HSF Assist provides unlimited access to a variety of assistance helplines and services which are available to all policyholders and their families. The services available are:**

**GP Telephone Advice** - 24 hour access to a Doctor

**Virtual Doctor** - a webcam based "face to face" consultation service with a Doctor

**Health Information Website** - a medically validated and regularly updated website

**Counselling Service** - a telephone and, if needs be, a face to face counselling service

**Legal helpline** - telephone access to Solicitors and Barristers

**You can use any part of the HSF Assist service as many times as you need.**

*HSF Assist is currently provided for HSF health plan by Medical Solutions UK Limited.*



## GP Advice Line

This service is available 24 hours a day, 7 days a week and the telephone number will be given to you in your registration pack. The service allows you to speak with a qualified practising GP free of charge and at a convenient time. After making the initial call the doctor will telephone you. Every call is confidential and your details will not be passed on to anyone without your prior consent.

You can ask about all sorts of things including:

- an ache or pain that won't go away
- sensitive or confidential concerns
- explanations of diagnosis or treatment you may have been prescribed
- possible after-effects of surgery
- side-effects of any medication you are taking
- vaccinations you may need when you are travelling abroad and other health precautions relevant to your own personal medical history

The GP Advice Line is complementary to your NHS GP. In an emergency situation, you should contact your own NHS GP or the emergency services directly so as not to delay the appropriate treatment.



## Virtual Doctor.

**HSF Assist provides you with the next generation in GP services:**

**Virtual Doctor - an online doctor to see you at a time to suit you.**

Now you don't need to leave home or work to see a qualified GP. With HSF Virtual Doctor, the UK's first online webcam GP consultation service, you can arrange an online face to face consultation at a time that fits with your busy life between Monday to Friday 8.30am to 6.30pm (telephone consultations are available 24/7).

- At home – you don't need to wait days for an appointment and travel to a busy surgery and wait for your appointment.
- At work – imagine your own company doctor service without having to leave the office.

The Virtual Doctor Service is further enhanced by using state of the art explanatory 3D medical images and health information enabling you, the patient, to have a more complete understanding of your condition.



### Health Information Website

These days we are all lucky to have a wealth of general information available to us about looking after our health. But it can get a bit confusing knowing which sources you can completely rely on.

The HSF health plan Health Information Service offers medically validated and regularly updated information on health and medical matters, including new treatments, drugs or surgical procedures. If you're trying to overhaul your lifestyle you can also get guidance on areas such as nutrition, exercise or avoiding sports injuries.

There's a travel section too, so you can check on vaccinations needed for your destination and other useful advice on: protection from sun, food hygiene and insect bites etc.

***If you're not online, don't worry, just call and we will print off the information and post it to you.***



### 24/7 Counselling Service

Our team of experienced, professionally trained counsellors are available to assist you explore and resolve your issues 24 hours a day, 7 days a week. You can discuss any aspects that are worrying you including; Home, Family, Relationships, Work, Bereavement, Trauma, Substance abuse or any stress related issue.

You can call the service as often as you need or arrange a series of regular telephone counselling sessions with the same counsellor (week day service).

Should you need face to face sessions, then the telephone counselling service will identify local counsellors in your area for you to meet with.

With HSF Assist you can receive, from first registration, up to 6 face to face counselling sessions after your telephone counselling. If you then use the face to face counselling, you will pay the counsellor direct and then submit the receipted invoices to HSF health plan for reimbursement under the Practitioners category. We cannot consider any face to face counselling claims that have been organised independently by you. All face to face counselling must follow helpline counselling sessions undertaken via HSF Assist and be on their recommendation. *(Please note that up to a maximum of 6 sessions for each person named on your policy, for the lifetime of your policy may be claimed. There is no pre-existing condition rule applicable to HSF Assist including the face to face counselling).*



### Legal Helpline

Our lawyers can advise on any matter relating to UK and European law. Staffed by solicitors and barristers specially selected for their skill in explaining complex legal matters in everyday language, the advice line has helped many thousands of policyholders through a multitude of legal problems.

Together they are able to provide specialist knowledge in the areas of personal injury, negligence, property, contract disputes and consumer law to name but a few. Where we do not have the specialised skills in-house, we can call on our panel of lawyers and, for European legal advice, lawyers in our sister offices across Europe.

The Legal helpline is available 24 hours a day, 7 days a week and can be called as often and for as long as needed.

Advice about the law in England and Wales is available 24 hours a day, seven days a week. Legal advice for the other areas is available 9am - 5pm, Monday to Friday, excluding public and bank holidays. If you call outside these times, we will arrange to call you back.

HSF health plan Limited is the provider of this cash plan. The Personal Accident benefits outlined are underwritten for HSF health plan by Chubb European Group Limited. The underwriter of the Personal Accident Benefits may be changed occasionally.

## About the HSF health schemes in this brochure

They provide cover for you and your family (a partner and all children up to the age of 18 who live permanently at the same address with you) against the everyday costs of such things as a visit to the dentist, optician and various practitioners, and make grants for hospital admission and the birth of a baby. Access to helplines offering legal information, medical information and counselling is also provided.

Some benefits relate to the cost of the services you have received which are payable when you send in your paid receipts. Other benefits are a fixed rate, for example a fixed amount for each night spent in hospital or for the birth of a baby, or bodily injury from an accident. The benefits provided by the various schemes are explained in this brochure. A number of benefit conditions apply with the main ones being (and explained fully in the relevant section of the 'Rules and further explanations of benefit categories' or 'General terms and conditions'):

- There is a total limit on benefits calculated on a rolling balance over a 12 month basis with a further limit from registration on some hospital benefits. See 'Claims' on page 18 and 'Hospital' on page 15.
- The qualifying period shown for each benefit is explained in 'Qualifying periods and restrictions' on page 17.
- Pre-existing conditions and health problems when you join or increase premiums, or which arise during the qualifying periods, are not covered under many scheme benefits. See 'Qualifying periods and restrictions' and 'Increasing scheme cover' on pages 17 and 18.
- The maximum scheme entry age is 70. See 'Registration' on page 17.
- Switching between schemes is allowed. See 'Increasing scheme cover' and 'Decreasing or ceasing scheme cover' on page 18 for the terms.

Full policy terms and conditions, and the benefits provided, are shown in this brochure.

## Paying premiums and changing your mind

Details of the prices of each scheme are shown in this brochure. Payment can be made by Direct Debit, Credit Card or Debit Card. When your application is accepted you will receive a registration pack. This will include details of any restrictions which will need to be placed if you or a member of your family have any existing medical conditions. On receiving confirmation of registration, you have 14 days in which to change your mind and withdraw your application (telephone or write to the HSF office in London – details on page 20).

If any premiums have been paid you will receive a full refund

providing no claims have been settled. See 'Decreasing or ceasing scheme cover' on page 18 for cancelling after this period.

## Duration of cover in the plan

Cover is provided continuously from month to month, beginning with your registration date, until it is cancelled or otherwise comes to an end. It is automatically renewed.

## Making a claim

At the conclusion of the stated qualifying periods you may start claiming. Forms are provided on request by telephoning 020 7202 1381, writing to HSF health plan, 24 Upper Ground, London SE1 9PD or by downloading from our website [www.hsf.eu.com](http://www.hsf.eu.com). If you telephone or write you may enquire about how much benefit you will receive. Please quote your policy number. Original receipts must be sent with the claim form. Your payment will be made by direct credit payment into your Bank account (a current account in your name or joint names).

## Compliments and Complaints

We endeavour to provide a high standard of service to our Policyholders and welcome comments and suggestions. Should you find it necessary to make a complaint, you should in the first instance contact our Customer Services Department at our London address. If your complaint is not resolved to your satisfaction, you may write to HSF's Managing Director. There are appeal options available and any complaint which cannot be settled may ultimately be referred to the Financial Ombudsman Service at Exchange Tower, London E14 9SR or telephone them on 0800 023 4567. Their website address is [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk). Full details of our complaints procedures are automatically sent on receipt of a complaint and at each stage relevant addresses are provided. Such details are available on request at all times. These procedures do not prevent you from taking legal action.

## Regulation and Compensation

HSF health plan Limited (No 202182) and Chubb European Group Limited (No 1112892) are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. (This may be checked on the Financial Services Register by visiting the PRA website). In the unlikely event of our going out of business, the Company is covered by the Financial Services Compensation Scheme. The Group Policyholder or Insured Person may be entitled to compensation should the Company be unable to meet its financial obligations. You can obtain further information from the Company at 24 Upper Ground, London, SE1 9PD or from the Financial Services Compensation Scheme at the following address: Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU.

## Statement of demands and needs

This product meets the demands and needs of individuals and families who wish to manage their healthcare expenses such as dental and optical, hospital admissions, consultations and investigations, and personal accident. Advice is not available from HSF, and applicants should choose the scheme to suit their personal circumstances and review in future whether this remains suitable.

# Rules and further explanations of benefit categories

## Dental and Optical

The dentist or optician must be suitably qualified and registered with the General Dental Council or General Optical Council. Sundry items purchased at Dental Surgeries and Opticians premises, eg. solutions, cleaners, contact lens removers, floss, are not covered and prescription charges for any kind of medication are not covered under this category. Claims cannot be accepted for the purchase of spectacles or contact lenses supplied without a prescription. Any dental treatment (including teeth whitening) not carried out at a dental surgeon's practice (eg. if undertaken or purchased at a cosmetic/retail outlet) is not covered.

Consultations with Consultant Oral Surgeons, Consultant Facio-Maxillary Surgeons, Consultant Orthodontic Surgeons and Consultant Ophthalmic Surgeons are not covered under this category. These should be claimed under the Specialist and Investigations category. The cost of treatment or operative procedures undertaken by these Consultants is not included in any category. If eye laser treatment or a permanent contact lens implant (to correct long or short sightedness) is carried out by a Consultant Ophthalmic Surgeon or undertaken in hospital as a day case patient or an inpatient, claims cannot be accepted for Specialist and Investigations or for Hospital or Day Case in addition to the Optical category.

Rules concerning pre-existing conditions do not apply to this particular category.

## Practitioner: Physiotherapy, Osteopathy, Chiropractic, Acupuncture, Homoeopathy, Chiropody / Podiatry

The maximum payable between all eligible registered persons is also between the above six headings. It is not, for example, £1,000 for each of the six. Claims will only be accepted with receipted invoices from qualified practitioners of the six professions above. Policyholders and dependants, in their own interests, should only consult properly qualified practitioners who are registered with that profession's governing body/council e.g. The Health and Care Professions Council - HCPC. The cost of any appliances or medication supplied or prescribed by the practitioners is not included. Claims cannot be accepted for reflexology, reiki healing or hypnotherapy nor for prophylactic/maintenance treatments or sports/general massage or therapy.

Consultations with Consultant Podiatric Surgeons (of hospital consultant status) are not covered under these benefits. These should be claimed under the Specialist and Investigations category. The cost of treatment or operative procedures undertaken by these consultants is not included in any category.

Rules concerning pre-existing conditions do not apply to Chiropody/Podiatry.

## Specialist and Investigations

Claims must be for consultations in a hospital or clinic on an outpatient basis only and carried out by a doctor of consultant status. Treatment (including radiotherapy) and operative procedures (including delivery of a baby) are not covered, neither is any radiography during such treatment / procedures. Reimbursement is only on the initial consultation with a Consultant Psychiatrist, subsequent visits are classified as treatment. Claims cannot be accepted for examinations / investigations carried out while an inpatient or as a day case or for medico-legal reports, possible legal

evidence (including paternity testing), or for insurance, employment fitness /occupational assessments or immigration /emigration purposes.

## The following are covered under investigations:

Any investigations undertaken, on an outpatient basis only, in a hospital x-ray, scanner, pathology or nuclear medicine / medical physics department (or its equivalent elsewhere); electrocardiogram, electroencephalogram; electromyogram, audiogram and orthoptic investigations. Minor invasive investigations carried out at the same time as an out-patient consultation, and not requiring the use of a separate treatment room, are also covered. Claims are accepted for: visits to health screening clinics if a letter or certificate from the policyholder's/dependant's General Practitioner is provided prior to the appointment and indicates that the screening was on his / her recommendation; the cost of a vaccination administered at a GP surgery or clinic; or the issue of a prescription for a vaccination (which may be in the form of vaccine or medication).

For allergy testing the initial consultation and diagnosis of problems by a qualified practitioner with a personal consultation in a clinical environment (not a retail outlet) is covered but not any subsequent consultation, therapy or treatment.

## The following are NOT covered

Invasive investigations, such as endoscopies, carried out with some form of anaesthetic, and requiring the use of an outpatient treatment room (for which the hospital or clinic charges an additional fee) or occupancy of a bed on a day stay basis. The Day Case benefit may be claimed in these circumstances if applicable.

## Birth Grant and Adoption Grant

The qualifying period relates to inpatient treatment and all other categories for consultation, investigation and treatment associated with the pregnancy. Hospital benefit relating to the mother or baby is not payable to male policyholders who do not reside at the same address as their partner. The Birth Grant is also paid for a still birth if an official certificate is submitted. Adoption is included in this category, however, a claim under this category may not be submitted until HSF cover has been of at least 10 months' duration. The adoption certificate should be dated after the end of this qualifying period and before the child's 10th birthday. Children already registered may not subsequently be the subject of an Adoption Grant by either parent. Claims for overseas births and adoptions are not covered, but may be considered at our discretion.

## Hospital

The hospital or hospice must be in the United Kingdom or Ireland and its name and admission and discharge dates should be clearly stated on the claim form. Stays in Nursing or Convalescent homes are **not** covered. Benefit is payable to each eligible registered person for up to 40 nights in any consecutive 12 calendar months. The amount payable is the stated grant and no direct costs (e.g. Consultants fees, room charges, medication/dressings involved with the hospital admission, including consultants' fees) are covered.

Benefit is restricted to 50 nights in total in a period of continuous cover, regardless of scheme, for each eligible registered person to whom it applies for admissions: for congenital and prematurity disorders in babies and children

for whom a Birth Grant has been paid to a parent; to mental illness and geriatric (elderly medical / long stay / rehabilitation / respite care/ General Practitioner care) wards. These 50 nights are counted as part of and not in addition to the ruling in the sentence above eg. within a 12 month period the number of nights for which benefit is payable will not exceed 40 regardless of the reason for admission.

In accordance with the usual practice, the date of admission is counted as the first night but the date of discharge is not counted. Time spent within an Accident and Emergency Department (A&E) is not considered as part of an admission unless the hospital declares it to be so in accordance with their records. Claims must be submitted after each discharge from hospital. Weekend leave or longer periods of home leave do not count as a discharge, although no amounts will be paid for nights spent at home. Transfers from one hospital to another without a period at home in between are counted as a continuous period in hospital.

In cases of long stay admissions a claim may be submitted after 40 nights and an amount will be paid up to the number of nights due within the rules. Recuperation only, as appropriate, will be payable upon discharge. However, if an admission extends beyond 12 months a further claim may be submitted. There are special rules for these unusual circumstances. If, on the date of admission to hospital, the benefit limit is shown to have been reached in the preceding 12 months then no payment is made for that admission at all unless the current admission is of a duration which takes it past the anniversary of the discharge date 12 months earlier. In these cases the balance of nights due will be paid.

Adults staying with their children at the hospital/hospice are not entitled to Hospital or Day Case benefit; nor are children who are staying with their parents.

### Recuperation

This grant is paid automatically, subject to qualifying for the appropriate number of nights in the hospital categories and actually having been discharged. There is no requirement to make an additional claim. If readmissions occur after less than seven nights following discharge, and the second or subsequent admissions by virtue of their length would also qualify for a grant, only one such grant will be paid at the rate set for the longest of the admissions. The grant is not payable when the patient dies in hospital or an admission includes a confinement and qualifies for the Birth Grant.

### Day Case Surgery and Treatment

The claim form must be signed by an official at the hospital and bear the official stamp to verify the information given by the policyholder. Anyone admitted overnight following a Day Case attendance will be entitled to the Hospital and not the Day Case benefit. The following are not included: Geriatric, psychiatric or rehabilitation day hospitals or units; an unplanned day or period spent in an Accident and Emergency or Casualty Department; minor surgery, treatment or procedures undertaken in outpatient or similar departments. The amount payable is the stated grant and no direct costs, e.g. Consultants fees, room charges, medication/dressings involved with the hospital admission including consultants' fees are covered.

### Home Care Assistants and Home Help

This category does not include home nursing and is designed to give short term assistance only (no longer than a period of 6 months) with the costs of housework (cleaning and cooking) for those incapacitated by an illness, and being

unable to work, or recuperating at home following a hospital admission. All claims must be submitted with receipts from the Local Authority providing the service. **Claims may also be submitted with receipts for home help from private companies or organisations whose businesses provide such services, and these must be accompanied by a letter or certificate from the General Practitioner stating the reason for the assistance and the length of time for which it was required.** Claims for child care, shopping or gardening are not covered. We do not accept claims from individual cleaners/service providers paid or employed by you or any insured person.

### Personal Accident

1. Payment for any Permanent Disability not shown in the table on page 11 will be based on a medical assessment of the disability in relation to the table and not in relation to the Insured Person's ability to work.
2. If the Insured Person was already disabled before an Accident or already had a condition which is gradually deteriorating, the payment will be reduced. The reduced payment will be based on a medical assessment of the difference between:
  - a) the Permanent Disability after the Accident; and
  - b) the extent to which the Permanent Disability is affected by the disability or condition before the Accident.
3. If the Insured Person claims for loss of limb, he / she cannot also claim for parts of that limb.
4. The most an Insured Person can receive for Permanent Disability resulting from any one Accident is the amount specified for Permanent Total Disablement.

### Definitions

1. **Accident** means a sudden unforeseen and fortuitous identifiable event and the word accidental shall be construed accordingly.
2. **Bodily Injury** means injury to an Insured Person which solely and independently of any other cause results in the Insured Person's Death, Permanent Disability, Temporary Disability, fracture of a specified bone or bones, or Dental Trauma. Bodily Injury excludes any condition resulting from any gradually operating cause or degenerative process.
3. **Permanent Disability** means disablement which has lasted for at least 12 months and from which it is believed the Insured Person will never recover.
4. **Permanent Total Disablement** means disablement caused other than by loss of limb or Sight which, having lasted for at least 12 months, will in all probability entirely prevent the Insured Person from engaging in or giving attention to a profession or occupation of any and every kind for the remainder of his / her life.
5. **Loss of Sight** means total and irrecoverable loss of sight when an Insured Person's name has been added to the Register of Blind Persons or when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale.
6. **Dental Trauma** means Bodily Injury resulting from an Accident which is as a direct result of a blow to the head. Payments will be made only for Dental Treatment required following the Accident. Payment will be up to the amount shown in the Dental Trauma benefit for the scheme chosen. In any case the amount will not exceed 5% of the Permanent Disability Benefit of the cover selected. The Maximum for this on Scheme D is £2,000. The benefit will



only be paid in respect of treatment an Insured Person receives within 12 months of the date of the Accident. This benefit covers dental treatment directly relating to an Accident such as a sports injury or a fall and includes anaesthetic fees, Dental crowns, bridges and white fillings, Dental veneers and Replacement dentures or repairs. It is a condition of this policy that the dentist confirms on each receipt that the treatment is only to repair the damage to the Insured Person's teeth as a direct result from a blow to the head.

In addition to the Exclusions stated under Personal Accident the following exclusions also apply to this benefit:

1. Cancellation charges made by the dentist (for example, for missed appointments).
2. Damage to dentures when not being worn.
3. Dental consumables (for example, toothbrushes, mouthwash and dental floss).
4. Dental prescription charges.
5. Dental insurance, premiums and joining fees for a practice's dental plan.
6. Any treatment an Insured Person receives 12 months or more after the date of the accident.
7. Dental treatment an Insured Person receives for an accident which happened before joining the plan.
8. Bodily Injury caused by eating and drinking.
7. **Permanent facial disfigurement** means to the extent of not less than one square centimetre of scar tissue or a scar of not less than two centimetres in length in each case in the area from the hairline to and including the lower jaw and ears.
8. **Temporary Disability** means disablement which prevents the Insured Person from engaging in or giving attention to his / her normal, gainful occupation or which confines the Insured Person to his / her home on medical grounds.
9. **Benefit Period** means the total period (but not necessarily consecutive period) for which the Temporary Disability Benefit is payable in respect of any one Accident to any Insured Person. Note: Odd days will be paid at 1/7 th of the specified weekly rate.
10. **Deferment Period** means a period of temporary disablement during which the Temporary Disability Benefit shall not be payable.

#### Exclusions

No Benefits will be payable:

1. If the Bodily Injury is caused by; war or any act of war; the Insured Person serving full-time in the armed forces of any

country or international organisation; suicide, attempted suicide or deliberate self-inflicted injury by the Insured Person (even if they are insane); the Insured Person taking part in air sport or air travel, unless as a passenger; a sickness or disease; Repetitive Stress (Strain) Injury or Syndrome or any other condition or injury which develops over a period of time.

2. For any disabilities caused by or arising from Post Traumatic Stress Disorder or related syndromes or any psychological or psychiatric condition.
3. No cover or benefit shall be provided and no sum shall be payable under this Policy to the extent that providing or paying it would directly or indirectly put the Company or any of its group companies in breach of any applicable economic or trade sanction.

The Personal Accident categories are underwritten on behalf of HSF health plan by Chubb European Group Limited whose registered office is at 100 Leadenhall Street, London, EC3A 3BP and is a European Company incorporated in England & Wales under Company number 1112892, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority for the conduct of business in the UK. HSF health plan is an intermediary acting on behalf of the policyholder dealing exclusively with Chubb European Group Limited. The entire administration of the Personal Accident benefits, which may include medical and other enquiries, is carried out by Chubb as soon as receipt of your claim has been acknowledged. The address and contact telephone number will be indicated in the acknowledgement letter.

#### HSF Assist®

There are no additional charges to use the services in HSF Assist (except for the cost of the phone call to the service). There is no limit on how many times you use the services except for face to face counselling. If you are advised by the telephone counselling service that you would benefit from face to face counselling, they can arrange for you to have a session or sessions with a local counsellor. HSF Assist will cover up to 6 sessions with a face to face counsellor which you will pay for and then claim back by submitting the receipts for the session(s) you have (up to a maximum of 6 per named person on the policy, for the lifetime of your policy). There is no limit on how many times you use the telephone counselling service.

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## General terms and conditions

### Registration

Anyone may join up until their 71st birthday (providing they satisfy health requirements). Cover will continue for life, if the policyholder so wishes, and if premium payments are kept up-to-date and the rules and conditions are adhered to.

Cover is provided continuously from month to month until it is cancelled or otherwise comes to an end. You will renew your policy every time your premium is paid, so unless we change the terms and conditions of your policy you will not receive renewal documentation. When your application is accepted you will receive a registration pack. Upon its receipt you have 14 days in which to change your mind (telephone 020 7202 1380 or write to HSF health plan, 24 Upper Ground, London, SE1 9PD). If any premiums have been paid you will receive a full refund providing that no claims have been

settled during this period.

One registration also covers a partner (under 71 at the time of joining) and dependent children under 18, residing at the same address on a permanent basis. The named policyholder and / or partner must be a parent of the stated children under 18 or be the legal guardian of them. Children in a fostering arrangement are not eligible for inclusion, and neither are children who are on weekend/school holiday stays.

Couples in a marriage / partnership may each have a separate Primary Scheme Policy. Young people aged 16 and 17 may join in their own right but if either parent is a policyholder as well, the young person will cease to be a dependant for cover on the parent's scheme.

### Qualifying periods and restrictions

Claims may be submitted at the conclusion of the qualifying periods stated under each benefit heading in this brochure. The symptoms relating to the consultation/episode of treatment must have started after the qualifying period has ended. There is a qualifying period of 10 months for the Birth and Adoptions Grants and this time also applies to other benefit categories if the claim is related to pregnancy.

You must complete the Application form and Medical Information form with as much detail as possible and read the Declaration carefully before signing it. Some medical conditions make it necessary to offer limited cover in our plans and you will be advised if this applies to you. These restrictions include any conditions which existed or for which symptoms were present before registration or which began during the qualifying periods; any development of existing conditions; any recurrence of conditions which have existed in the past; any hereditary or congenital conditions which may already exist but which manifest symptoms only after cover commences and any which previously existed but were not disclosed. It may also be necessary to refuse claims relating to a particular area or structure of the body where there has been a problem in the past. Claims cannot be accepted for anything related to plastic surgery and consultations / treatment for cosmetic reasons; addictions (e.g. misuse of alcohol or drugs); self harm or self inflicted injuries or HIV / AIDS. Conditions which begin during the qualifying period should be notified in writing and you will then be advised if any restrictions apply.

Optical, Dental, Chiropody/Podiatry, HSF Assist and Personal Accident are the only categories not subject to the pre-existing condition rules, although some Personal Accident benefits may be limited if a disability or medical condition existed before the Accident.

No policyholder or dependant may be registered in both an Extra Cover and a Primary Scheme. It is, however, permissible to be a policyholder in one Primary Scheme and a dependant in another Primary Scheme. These rules are based on the insurance principle of not being able to make a profit from the reimbursement of any expenditure.

### Change of circumstances

When a policyholder marries or re-marries, and wishes to include his or her partner (and any children under 18 residing permanently at the same address) a further application form must be completed and submitted to HSF for approval and registration. The policy number should be shown and the form marked 'Change of Circumstances'.

A common-law or civil partner residing at the same address is accepted by HSF providing that an application form, which also shows the full name of that partner, is completed and submitted for approval and registration. Children born in the first 10 months of cover (when it has not been possible to pay a Birth Grant) may be added as dependants on completion of an application form with medical information. An application form is also required for children for whom an Adoption Grant has been paid.

A policyholder will be able to make a claim relating to a partner or child when acceptance has been confirmed and the terms and conditions will be as for a new policyholder.

Any change of address must be notified in writing to HSF so that our records remain up-to-date.

### Death of a policyholder

When a policyholder dies, the partner may become the named policyholder if already covered by HSF and qualify

for continuity as a full policyholder. Any outstanding claims at the time of death will be settled as appropriate, payments being made on production of the required proof of entitlement.

### Payment of premiums

Policyholders should check that payments have commenced in order that they are received regularly by HSF. If premiums fall into arrears for more than three months, a qualifying period of one month will be imposed from the date of payment before entitlement to claim is resumed. Policyholders who fall into arrears for more than six months will normally be required to rejoin under the usual conditions of enrolment.

### Increasing scheme cover

Any existing policyholder is able to apply to increase to a higher scheme up until their 71st birthday by completing an application form. Acceptance may be subject to a proviso or restriction for any new health condition which may have arisen.

In transfers to any scheme, qualifying periods are waived in all categories except the following: Birth and Adoption Grants; all other categories if the claim is associated with pregnancy; Eye Laser Treatment or Implantable Contact Lenses in the Dental and Optical category only when transferring from a Primary Scheme to an Extra Cover Scheme. If it is less than three months since registration at the time of any scheme transfer all qualifying periods will apply.

**Extra Cover Schemes are entirely separate from the Primary Schemes and policyholders transferring to an Extra Cover Scheme from a Primary Scheme will be subject to rules for new joiners, particularly relating to medical conditions existing or likely to recur, at the time of transferring.**

Within the range of Primary Schemes, and separately within the range of Extra Cover Schemes, claims related to medical conditions existing at the time of increasing or linked to previous medical conditions will be paid at the appropriate former scheme rate. There may be circumstances where categories are grouped together for flexibility (eg. Practitioners) when it is necessary to settle claims at a former scheme rate for all categories in that group. Due to scheme groupings being separate it is not possible for an Extra Cover Scheme policyholder to have a claim settled at a former Primary Scheme rate.

### Decreasing or ceasing scheme cover

While it is possible to reduce payments by transferring to a lower scheme, cover at the higher scheme should have been of at least six months' duration before such an application is made. Entitlement at the higher rate then ceases immediately upon transferring. If the maximum has been reached in any category in the higher rate scheme, there will be a qualifying period of six months before claims may be submitted under the new lower rate scheme. Cover at the new lower rate scheme must be of at least 12 months duration before increasing or decreasing again.

Policyholders who wish to cease payments should provide written notification to HSF. Past payments will not be refunded. Entitlement to claim will continue throughout any period of time covered by premiums.

Any errors in premium payments must be notified to HSF within two years of the occurrence for refunding to be possible.

## Claims

**Claims must be made within six months from the date of the treatment/purchase or discharge from hospital or the accident taking place. It may be necessary to ask you for additional medical or supporting information in connection with any claim.**

All benefits are tax free and easy to claim with forms provided on request by telephoning 020 7202 1381, writing to HSF health plan, 24 Upper Ground, London, SE1 9PD or by downloading from our website [www.hsf.eu.com](http://www.hsf.eu.com).

**Reimbursement of most claims is made on a rolling balance principle over any 12 consecutive months. This period starts from the date we pay your claim (not from your joining or scheme increase date or from a calendar year).**

**For example: a Scheme A policyholder, after serving the qualifying period, who has up to £400.00 to claim for dental/optical expenses in any 12 consecutive months; could have the following claim record:**

<i>Date Claim Paid</i>	<i>Claim Paid Amount</i>	<i>Remaining Balance in the Scheme A Dental/Optical Category</i>
17 June 2015	£350.00	A balance of £50.00 remains.
5 October 2015	£50.00	Now a nil balance is left. The next available amount will be £350.00 on 17 June 2016.
11 August 2016	£250.00	A balance of £100.00 remains.

**Within any consecutive 12 month period, the claim paid amount has not exceeded £400.00. After each claim is paid the amount becomes available again 12 months later.**

Balances available in each category can be checked by telephoning the claims department who will give guidance on when to submit a claim.

Claims will only be accepted where accumulated receipts total £5 or more. Benefit payments which relate to amounts paid for a service provided will be up to 50% of the cost in the Primary Schemes and up to 100% of the cost in the Extra Cover Schemes, depending on the maximum shown in the brochure. Payment will be by direct credit into your own or joint Bank account. **Claims will not be paid unless the appropriate premiums are up-to-date, even if the hospital stay or treatment date was before premiums fell into arrears.**

**The receipts (which will not be returned unless specifically requested) must:**

- be originals, not photocopies;
- include the practitioner's stamp / name, qualifications and date of issue;
- include the patient's full name and address;
- state the type of service and items provided;
- be for a service for which payment has been met directly by a person registered as a policyholder or dependant;
- be for a service covered by the HSF categories only and not for any insurance premiums paid to cover that service.

In circumstances where part or all of the amount stated on the receipt has been met by another organisation or insurance company, HSF will limit or decline benefit payment to ensure that overall a policyholder does not receive more than the amount paid as to do so would be an illegal act.

**Claims cannot be accepted for purchases or treatment or services provided outside the United Kingdom and Ireland.**

Claims cannot be accepted for treatment or purchases from

service providers who are related to the insured person(s). There are no location restrictions under the Personal Accident categories. Should any overpayment be made in respect of any of the benefits, the amount in question will be set against any future claims, or a repayment may be requested. Any fee paid by a policyholder to a practitioner for any type of medical statement or to a hospital for a statement concerning admission /attendance cannot be reimbursed by HSF.

## Payment from Chubb for Personal Accident & Dental Trauma claims

Any money due will be paid to the policyholder, if living, otherwise to his / her personal representative(s) within 21 days of the claim being substantiated to the satisfaction of Chubb. Any receipt which the policyholder or anyone acting on the policyholder's behalf or his / her representative(s) may give to Chubb for benefits payable shall be deemed final and complete discharge of all liability of Chubb in respect of such benefit.

## General Conditions

Regardless of any amendments, the Birth and Adoption Grants will remain available to all policyholders in the form outlined in the brochure for a minimum of 13 calendar months from the date of joining or changing schemes. This applies to all existing policyholders.

In the interest of the majority of the policyholders, the Board of Directors of HSF health plan reserves the right to:

- vary the premium rates by giving at least 28 days' notice to the policyholder's last known home address;
- vary the range and rates of benefit and the conditions and terms relating thereto;
- restrict or decline further payments;
- refuse a new application or to refuse to increase or defer increase to a higher premium without giving reasons for doing so;
- terminate the cover of any policyholder who is in breach of the rules and conditions, has refused to cooperate in the process of settling a claim or whose conduct has, in the opinion of the Board, been unacceptable;
- take legal action against anyone who makes a fraudulent claim and terminate cover immediately;
- use information provided on application and claim forms for the prevention and detection of crime;
- make amendments to these rules with such changes applying at the time of registration or from any subsequent written notification to the policyholder.

## Compliments and Complaints

We endeavour to provide a high standard of service to our Policyholders and welcome comments and suggestions. Should you find it necessary to make a complaint, you should in the first instance contact our Customer Services Department at our London address. If your complaint is not resolved to your satisfaction, you may write to HSF's Managing Director. There are appeal options available and any complaint which cannot be settled may ultimately be referred to the Financial Ombudsman Service at Exchange Tower, London E14 9SR or telephone them on 0800 023 4567. Their website address is [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk). Full details of our complaints procedures are automatically sent on receipt of a complaint and at each stage relevant addresses are provided. Such details are available on request at all times. These procedures do not prevent you from taking legal action.

## Data Protection

Information which you provide to HSF or Chubb at registration and in support of any claim will be used in the processing of claims and maintaining your records. The information may be passed to our service providers to assist in the continuity and provision of benefits, and to third parties to prevent and detect fraud. For a small fee you may request

a copy of the details and information which we hold about you. You may apply to Data Request, HSF health plan, 24 Upper Ground, London, SE1 9PD.

## Governing Law

Cover in your scheme within this HSF health plan will be governed by and interpreted in accordance with English Law.

# Your Questions Answered

**Q Can I increase to a higher scheme at any time?**

**A** You may change schemes before the age of 71.

**Q Do I have to have a medical before i join?**

**A** No. You need only complete and sign the health declaration on the application form.

**Q Do older people pay higher rates?**

**A** No, all ages pay the same rates.

**Q How do I pay?**

**A** By either direct debit or by Credit/Debit card

**Q Can I get cover for my partner and family?**

**A** Yes. Give details of your partner and dependants on your application form and they will be included for free.

**Q Are benefits taxable?**

**A** No. You keep all you receive from HSF.

**Q What qualifying periods are imposed?**

**A** For most benefits claims will be accepted after 3 months, any exceptions are clearly indicated in the brochure.

**Q How do I make a claim?**

**A** Claim forms are available on request by telephoning the number indicated on the reverse of your certificate of cover or from our website.

**Q How do I receive my money?**

**A** By direct credit into your Bank account.

**Q When would my cover begin?**

**A** Cover begins on the date printed on your certificate of cover for some benefits and qualifying periods begin on that date as well

## How to register

- 1: Select the scheme which best suits your needs.
- 2: Complete the application form opposite, remembering to include the names and dates of birth of everyone to be included.
- 3: Write all the medical information requested concerning yourself and everyone else included on page 22.
- 4: Complete the Direct Debit form on page 23 or the Credit/Debit card form on page 24
- 5: Send both forms to our London FREEPOST address printed at the bottom of the Credit/Debit card section on page 24 or hand them to a HSF Account Executive – we will do the rest.

***A welcome pack will be sent to your home address and the date stated on the certificate will denote when your cover began.***

## Head Office

24 Upper Ground, London SE1 9PD

Tel: 020 7928 6662

Fax: 020 7928 0446

Cover enquiries: 020 7202 1380

Email: [customer@hsf.eu.com](mailto:customer@hsf.eu.com)

Claims enquiries: 020 7202 1381

Email: [claims@hsf.eu.com](mailto:claims@hsf.eu.com)



HSF health plan Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

MD009 UK Direct Schemes May 2017

# Application to join HSF health plan

Date Received – HSF use

Policy No. – HSF use

HSF AR Code

THIS PART MUST BE COMPLETED IN ALL CASES

I apply to join HSF health plan at the Monthly rate indicated (PLEASE TICK)

Scheme 1	Scheme 2	Scheme 3	Scheme 4	Scheme 5	Scheme A	Scheme B	Scheme C	Scheme D
£7.75	£15.50	£22.00	£29.50	£36.50	£47.50	£63.50	£80.00	£94.50

Surname

Forename

Other Initials

Mr/Mrs/Miss Ms/Other

Address

Postcode

Email

Tel: Work

Date of birth Policyholder Day Month Year

Tel: Home

Date of birth Spouse/Partner Day Month Year

Mobile

Spouse/Partner's Surname

Spouse/Partner's Forename(s)

If already covered by HSF please state:

Amount Paid

Policy No. (if known)

Children (children must be under 18 years of age)

Child's Surname

Child's Forename(s)

Sex

Date of Birth

Child's Surname	Child's Forename(s)	Sex	Date of Birth

**Claim settlement will be made directly to your Bank/Building Society account. If you have your Bank/Building Society account details please enter them here. Alternatively you will be able to advise us of these when you make your first claim.**

Your Account name

Sort Code - Your Account Number

## Declaration

I declare that I and all persons covered by this application for whom claims may be submitted are in good health and are not receiving or needing any form of medical treatment and have not had any medical conditions in the past for which treatment is not at present necessary. If this is not the case I have declared all relevant health information on the reverse of this form.

I understand that no claim will be accepted in respect of any conditions which existed or for which symptoms were present before registration or which began during the qualifying periods; nor for any developments of existing conditions; nor for any recurrence of conditions which have existed in the past; nor for any hereditary, congenital or perinatal conditions which may already exist but which manifest symptoms only after cover commences, and that this application is accepted only on these terms. (Policyholders increasing from one scheme to another may be able to receive benefit at their former scheme rate for such conditions and will be advised if this is possible).

I confirm that no advice has been received regarding this application from HSF or my employer. I agree to HSF and Chubb holding data relevant to my scheme registration. I agree to abide by HSF rules and conditions and the right of the Board of Directors to vary them and the range or rates of benefits or premiums if deemed necessary.

I declare that all the information I have given on this application form is true and complete to my knowledge and belief and that if found to the contrary HSF shall be free to cancel cover at any time.

Signature X

Date

**IMPORTANT: PLEASE COMPLETE THE MEDICAL INFORMATION SECTION ON REVERSE (PAGE 22)**

Where did you hear about HSF health plan?


## Medical information

Your cover has to be based on the information you supply on the whole of this application form. You must be satisfied that it is correct to the best of your knowledge and belief. To withhold or fail to disclose relevant facts (or to knowingly give false information) about the health and / or treatments of all persons to be covered could affect the benefits we are able to offer or could seriously influence your cover in the event of a claim. It could also lead to termination of cover or even be considered a criminal offence.

Please state any long term / chronic / congenital conditions even if at present under control and indicate to whom these apply. PLEASE TICK BOX (if using 'Other' section, please state conditions in full and avoid abbreviations)

Name	Condition/Illness	Date symptoms began
	<input type="checkbox"/> Arthritis PLEASE STATE PART(S) OF BODY AFFECTED BELOW ..... <input type="checkbox"/> Asthma/Chest problems <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Kidney disease <input type="checkbox"/> Liver disease <input type="checkbox"/> Raised blood pressure/Angina <input type="checkbox"/> Congenital (conditions from birth) PLEASE STATE ..... <input type="checkbox"/> Clinical Obesity <input type="checkbox"/> Other PLEASE STATE .....	

Please list other illnesses / operations, either current or in the past (stating conditions in full and avoid abbreviations). Also list any medication being taken currently and state the condition / illness requiring the treatment.

Name	Condition/Illness	Date symptoms began
Signature 		Date

# Instruction to your Bank or Building Society to pay Direct Debits



Originator's Identification Number

Originator's Identification Membership Reference Number

9 4 1 1 4 1

[Empty grid for membership reference number]

Please complete parts 1 to 4 to instruct your bank to take payments directly from your account. Then return the form to:  
**HSF health plan, FREEPOST RTHJ-GHRG-YKLE, London SE1 9PD**

Please tick your preferred date:      Also tick your preferred period:

5th     20th       Monthly     Quarterly     6 Monthly     Annually

This is not part of your instruction to your bank

1. Please print the name and full postal address of your bank/building society and branch.

[Empty grid for bank name and address]

2. Please print the name(s) of the account holder(s).

[Empty grid for account holder name]

3. Sort Code

Account Number

[Empty grid for Sort Code]

[Empty grid for Account Number]

Banks may refuse to accept instructions to pay direct debits from some types of account.

4. Your instructions to the bank/building society and signature:

Please pay HSF health plan Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with HSF health plan and, if so, details will be passed electronically to my bank/building society.

Signature <b>X</b>	Date
--------------------	------

*Banks and building societies may not accept Direct Debit Instructions for some types of account. This Guarantee should be detached and retained by the payer.*

## The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit HSF health plan will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request HSF health plan to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by HSF health plan or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
  - If you receive a refund you are not entitled to, you must pay it back when HSF health plan asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

**CREDIT/DEBIT CARD PAYMENT FORM ON REVERSE (PAGE 24)**

# Payment by Credit and Debit cards to HSF health plan



- Please enter the card number clearly as incorrect numbers cause delays.
- If you wish to pay by Maestro/SOLO also complete the issue number.
- Maestro/SOLO/DELTA cards also display your account number which is NOT required.

I authorise you, until further notice in writing, to charge my \*VISA/MASTERCARD/Maestro/SOLO/DELTA/Electron account the sum of

£     or such other amount, advised to me in advance for \*six months/one year's cover.

Please debit with this amount and the same amount \*every six months/annually, (or such future amounts as apply to my cover) until cancelled. \*DELETE AS APPROPRIATE

Name

(NAME AS IT APPEARS ON YOUR CREDIT/DEBIT CARD, BLOCK CAPITALS PLEASE)

Address

PLEASE ENTER THE CARD NUMBER CLEARLY AS INCORRECT NUMBERS CAUSE DELAYS

My Credit/Debit card number is

Valid from Date /  Expiry Date /  Issue Number (if applicable)

Signature 	Date
---	------

**Post Form to:**  
HSF health plan, FREEPOST RTHJ-GHRG-YKLE, London SE1 9PD

Policy Number (for HSF use)

**Head Office**  
24 Upper Ground, London SE1 9PD  
Tel: 020 7928 6662  
Fax: 020 7928 0446  
Cover enquiries: 020 7202 1380  
Email: [customer@hsf.eu.com](mailto:customer@hsf.eu.com)  
Claims enquiries: 020 7202 1381  
Email: [claims@hsf.eu.com](mailto:claims@hsf.eu.com)  
[www.hsf.eu.com](http://www.hsf.eu.com)

