



**Barclays  
WellWoman Plan**

# **Policy Document**

# 1) Introduction

This document sets out the terms and conditions of **your** Barclays WellWoman 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.

**We/us/our** refers to Chartis Insurance UK Limited.

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

If you have any questions about **your** policy or wish to make any changes, please call Customer Services on 0845 677 0089\*. Lines are open between 8.00 am and 6.00 pm Monday to Friday. **We** record all telephone calls for security and quality control purposes.

## 2) Policy

This policy, together with the **schedule**, the application and any endorsements, is evidence of the insurance 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.

## 3) Scope of Insurance

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

- a) Cancer (see definitions) is diagnosed before **your** 75th birthday; and
- b) the diagnosis is for **cancer** at a new **primary site**; and
- c) **you** are alive when the diagnosis is made; and
- d) **your** cover under this policy has been in force for 90 days or more.

If conditions a), b) and c) are met, but the diagnosis occurs before **your** cover has been in force for 90 days, **we** will pay a benefit of £50 per **day** to **you** for each complete **day** **you** are admitted to a **hospital** as a direct result of the **cancer** diagnosis. This benefit will be payable until the 90th day of your cover under this policy, at which point insurance cover will cease for the cancer for which you are claiming.

#### 4) Definitions

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

**Cancer** diagnosed at a new primary site which is:

- 1 Any malignant tumour in a **female organ** or a **male organ** characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue in **the new primary site**. (Cancer 1)
- 2 Carcinoma-in-situ of the breast. (Cancer 2)
- 3 Carcinoma-in-situ of a **female organ** or a **male organ** other than the breast, for **day-case surgery** only. (Cancer 3)

#### **Day**

A period of 24 consecutive hours.

#### **Day-case surgery**

A **hospital** procedure performed under anaesthetic in an operating theatre, where the **insured person** does not have to stay overnight in the **hospital**.

#### **Effective date**

The start date of the policy as shown in the **schedule** or the date an **insured person** is added, if later.

#### **Female organ**

- One or both breasts,
- One or both Fallopian tubes,
- One or both ovaries, or
- The cervix, uterus, vagina or vulva.

#### **Hospital**

A hospital registered under the Health and Social Care (Community Health and Standards) Act 2003 (or any law replacing this) which is inspected by the Commission for Healthcare Audit and Inspection, or an NHS hospital in the United Kingdom with specialist facilities for medical and surgical treatment.

#### **Insured persons**

The **schedule** shows the person or people insured under this policy by reference to a plan name. The plan names are: **Individual plan** insures the **policyholder**. **Individual and partner plan** insures the policyholder and the **policyholder's partner** or spouse.

#### **Male organ**

- One or both breasts,
- One or both testes, or
- The penis or prostate.

#### **Partner**

Any person aged at least 18 and under 75 whose name and date of birth have been supplied to **us**.

#### **Policyholder**

The person named as the **policyholder** in 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 that turns to a particular **cancer**.

#### Schedule

The document which includes personal information about **you** and which should be read with this policy.

#### Territory

England, Scotland, Wales and Northern Ireland.

#### We, us or our

Chartis Insurance UK Limited

#### You or your

Any insured person.

#### 5) Exclusions

**We** will not pay the benefit:

- a) if **you** are diagnosed as having **cancer** within the 90 days immediately following **your effective date**;
- b) if **you** get medical advice, have symptoms, or tests, or receive any medication or treatment for **cancer** within 90 days immediately following **your effective date**;

Exclusions a) and b) do not apply to the hospitalisation benefit

- c) for the **cancer** for which **you** are claiming if **you** have been diagnosed with the same **cancer** before the **effective date**;
- d) 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 **cancer 1**, non-invasive (cells that remain in the original tissue where they were formed);
- e) for any **cancer** directly or indirectly caused by any **pre-existing condition**;
- f) based on a diagnosis made by qualified medical consultant who is an **insured person** or a member of the **insured person's** family.

#### 6) Limitations

##### Residence outside the territory

Cover under this policy cannot continue if the **policyholder** or **you** reside outside the territory for more than 180 consecutive days. Please tell **us** as soon as this happens so **we** can stop collecting premiums. The cover will be cancelled from the 181st day the **policyholder** or **you** reside outside the **territory**.

##### Upper age limit

Cover for **you** will stop on the premium due date following **your** 75th birthday.

#### 7) 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 less the amount of any claim made in that period which is paid. **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 at any time after the cooling off period by writing to Barclays Insurance Health Protection Unit or by calling 0800 316 2825\*. Cover stops on the date Barclays Insurance Health Protection Unit receives that notification of cancellation. **We** may cancel this policy by giving the **policyholder** at least 30 days written notice to the **policyholder's** last known address. The **policyholder** will not be entitled to a refund of any premiums.

### **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 this policy null and void. In this event, any benefit due under this policy will be forfeited, including any benefit that had been paid. No premiums will be returned.

### **False information about your age**

If **we** have been told that **you** are younger than **you** are in the **policyholder's** application for this insurance, we will only pay a part of the benefits based on the percentage of the premium paid compared with the premium that should have been paid for **your** age at **your** effective date.

If **we** have been told that **you** are older than **you** are in the **policyholder's** application for this insurance, **we** will only pay the benefit shown in the **schedule**. **We** will refund to the **policyholder** the extra premium that has been paid without adding interest.

### **Law and jurisdiction**

This policy will be governed by the law that applies in the part of the **territory** where the **policyholder** normally lives unless agreed to the contrary by the **policyholder** and us before the **effective date**, otherwise the

law of England and Wales will apply whose courts alone will have jurisdiction.

### **Payment of benefit**

Any benefit will be paid to **you** unless **you** have died, in which case it will be paid to **your** legal representative. Payment of any benefit is income tax free under current legislation but may be subject to inheritance tax or other taxation.

### **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** may cancel the policy and stop paying premiums altogether.

### **Premium payment**

Premiums are due every month and will increase as the insured person or people get older. This is because the cost of providing this insurance increases as you get older.

The premium is payable monthly as shown in the **schedule**. It is due on the first premium due date and subsequently on the 1st day of each month. Each premium paid purchases cover under the terms of this policy for the calendar month in which it is due.

If any premium is not paid on the date it is due, the **policyholder** has 30 days in which to pay it. If it is not paid during that period, the policy will be automatically cancelled

from the date on which the unpaid premium was due. If the premium is paid during the 30 day period, then cover will operate as if it had been paid on the due date.

### **8) Claim procedure**

If **you** wish to make a claim under this policy, **you** may do so in writing to Barclays Insurance Health Protection Unit at 96 George Street, Croydon, CR9 1BU or by calling 0845 677 0089\*. **You** must tell **us** as soon as reasonably practicable, complete a claim form and return it to **us**. **Your** claim may be rejected if **you** make it so long after the event that it makes it difficult or impossible for **us** to investigate the claim fully.

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

**We** will ask **you** to supply **us** with certificates and information in support of **your** claim at **your** own expense. If **you** do not give **us** the certificates and information **we** need, **your** claim could be rejected. If **you** make any statement in support of **your** claim that is misleading or is found to be incorrect, **your** claim will be rejected and **your** policy will be cancelled. In that event 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.

### **9) 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** wish to make a complaint, please follow this complaints procedure which is designed to resolve any problem quickly. **Our** complaints are managed by Barclays-Insurance Health Protection Unit.

#### **Stage One**

If your complaint is about **our** service, please contact **our** Customer Services department, 96 George Street, Croydon CR9 1BU. Telephone 0845 677 0089\* and quote **your** policy number.

If **your** complaint is about a claim, please contact **our** Claims department, at the address above and quote **your** claim number.

**We** will do **our** best to resolve the problem within 5 working days. For complaints relating to claims, it may take **us** a little longer, especially if **we** need to consult with medical professionals. **We** will, however, acknowledge **your** complaint and keep **you** regularly informed about the progress of **your** complaint.

## Stage Two

If **you** are not satisfied with **our** final response, **you** can ask the independent Financial Ombudsman Service (FOS) to review **your** case, without affecting **your** legal right to take action. The Financial Ombudsman Service may not be able to deal with **your** case until **we** have issued the final response letter – unless we fail to issue the letter within 8 weeks of **your** complaint being made.

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)

## 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.

**You** can get more information by visiting the FSCS's website at [www.fscs.org.uk](http://www.fscs.org.uk) or by writing to the following address:

Financial Services Compensation Scheme  
7th Floor Lloyds Chambers  
Portsoken Street  
London E1 8BN.

Or by calling 020 7892 7300  
or 0800 678 1100

## 10) Other information

Barclays Insurance Services Company Limited acts as the intermediary for this plan.

This insurance is underwritten by Chartis Insurance UK Limited.

Chartis Insurance UK Limited is authorised and 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 also a member of the Association of British Insurers.

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

**This item can be provided in Braille, large print or audio tape/CD by calling 0800 400 100 (via TextDirect if appropriate) or by ordering online from [www.barclays.co.uk](http://www.barclays.co.uk)**

## 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.

**Histopathological report:** Reports which accurately diagnose cancer and other diseases.

Any questions call

 **0845 677 0089\***

Lines are open 8.00am – 6.00pm Monday to Friday (excluding public holidays).

\* For our joint protection and training purposes, telephone calls will be recorded and/or monitored.

\* For BT residential customers, calls to 0800 numbers are free and calls to 0845 and 0844 numbers will cost no more than 3.86p per minute, plus 9.05p call set-up fee (current at November 2009). The price on non-BT phone lines may be different.