



Barclays Hospital
Cash Plan

**Your
Policy
Document**

1) Introduction

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

We/us/our refers to Chartis Europe Limited.

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

If you have any questions about your policy or wish to make any changes, please call Customer Services on 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 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

If **you** have a **bodily injury**, illness or disease after **your start date** which requires treatment in a **hospital** in the United Kingdom as an **in-patient** or **out-patient**, **we** will pay the amount shown in the Table of Benefits.

Table of Benefits

see Definitions and Limitations section for further details

In-patient benefit

For each complete day's stay in hospital as an out-patient due to **bodily injury**, illness or disease, paid for a maximum of 183 days

£50 per day

Out-patient benefit

For each scheduled visit to a hospital as an out-patient due to **bodily injury**, illness or disease. Maximum 6 payments for each policy year - the period of 12 months following your **start date**, as shown on the **schedule** and each subsequent 12 month period following the anniversary of your **start date**

£75 per visit

Recuperation benefit

Paid on discharge from hospital as an in-patient due to **bodily injury**, illness or disease if the hospital stay was 7 days or more

£150

The maximum amount payable under this policy in respect of an **insured person** is £9,300 for each period of hospitalisation as an **in-patient** plus the recuperation benefit

All benefits for children are 50% of those for the **policyholder**

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 or **schedule** and are shown in **bold** text.

Accident

A sudden, unexpected and specific event, external to the body, which occurs at an identifiable time and place.

AIDS

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

Bodily injury

Identifiable physical injury to an **insured**

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

Child or children

A person who is under 18 years of age or under 23 years of age if in full time education.

Day

A period of 24 hours in a row.

Doctor

A registered medical practitioner who is not **you** or related to **you**, who is currently registered with the General Medical Council in the **United Kingdom** (or foreign equivalent) to practice medicine.

Hospital

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

In-patient

Staying in **hospital** for 24 hours or longer for medical reasons.

Insured persons

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

Out-patient

Scheduled treatment at a **hospital** where no overnight stay is required.

Policyholder

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

Pre-existing medical condition

Any medical condition, whether diagnosed or not, for which, in the 24 months before **your start date you**

- have received medication, advice, tests or treatment; or
- have experienced symptoms

It also includes:

- a medical condition **you** knew about, or ought reasonably to have known about on **your start date**; and
- a medical condition which **our** Chief Medical Officer considers to be either an underlying cause of, or directly related to, the illness or disease which is the subject of **your** claim.

Schedule

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

Start date

The start date of the policy that is shown on the **schedule**.

United Kingdom

England, Scotland, Wales and Northern Ireland.

Waiting period

The 30 days immediately following **your start date**.

War

Military action, either between nations or resulting from civil war or revolution.

We, us or our

Chartis Europe Limited.

You, your or yourself

An **insured person**.

5) What we don't cover

No benefit will be payable:

- a) due to any **pre-existing medical condition** (see definition).
- b) due to pregnancy, childbirth, infertility, termination or associated complications
- c) if **you** are in hospital due to the effects of alcohol;
- d) if **your** hospitalisation is as a result of **AIDS**;
- e) due to any mental or psychiatric illness or disease;
- f) due to any sexually transmitted disease;
- g) for the correction of a congenital defect;
- h) for a cosmetic procedure;
- i) if the **accident** occurs as a direct consequence of a **war**;
- j) if **bodily injury**, illness or disease occurs whilst **you** were flying unless as a fare-paying passenger;
- k) if **you** take a drug or drugs other than according to the manufacturer's instructions or as prescribed by a medical practitioner;

- l) if **you** take a drug or drugs for the treatment of drug addiction;
- m) if the **accident** occurs whilst driving a vehicle and **your** blood/urine alcohol level is above the legal limit stated in the laws of the country where the **accident** occurs;
- n) if **your** **bodily injury** is stained whilst directly involved in an unlawful act;
- o) if **you** deliberately or recklessly expose **yourself** to danger;
- p) for gender transformation; or
- q) if **bodily injury** is contributed to by **you** participating in, practicing or training for a sport as a professional.

6) Limitations

Benefit limitations

All benefits for **children** are 50% of those for the **policyholder**.

No benefit is payable for any **out-patient** or **in-patient** treatment, or as the direct result of a visit to **your doctor**, in the **waiting period**, unless due to an **accident**.

The maximum amount payable under this policy in respect of an **insured person** is £9,300 for each period of hospitalisation as an **in-patient** plus the recuperation benefit.

If **you** go back into **hospital** within 180 days of coming out, **we** will treat the hospitalisation as if it were part of the original claim and pay the original benefits for up to 183 days (which will include the period for which benefits were paid for the original claim).

If the period between the original hospitalisation and any later hospitalisation (or the period separating each hospitalisation) is more than 180 **days** in a row, during which **you** present no symptoms of the **bodily injury**, illness or disease that led to the original hospitalisation, **we** will treat the later hospitalisation as a separate new claim.

Residence outside the United Kingdom

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

Upper age limit

Cover for **you** will stop on the premium due date following **your** 65th 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 as long as no claim has been made in that period. **We** will provide this refund within 30 days from the date **we** receive notice of cancellation from the **policyholder**.

Cancelling the policy after the cooling off period

The **policyholder** may cancel this policy by writing to Barclays Insurance Health Protection Unit or by calling 0845 677 0089*. Cover stops on the date Barclays Insurance Health Protection Unit receives notification of cancellation. **We** may cancel this policy by giving the **policyholder** at least 30 days written notice to the **policyholder's** last known address.

Fraud or mis-statement

Any fraud, deliberate mis-statement or concealment when the **policyholder** applied for this policy, or when **you** make a claim, will render this policy null and void. In this event, any

benefit due under this policy will be forfeited, including any benefit that had been paid. No premiums will be returned.

Law and jurisdiction

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

Payment of benefit

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

Policy alteration

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

Premium payment

The premium is payable monthly as shown in the **schedule**. 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

A claim can be made under this policy in writing to Barclays Insurance Health Protection Unit at 96 George Street, Croydon, CR9 1BU or by calling 0845 677 0089*. **We** must be told as soon as reasonably practicable and a claim form completed and returned to **us**. The claim may be rejected if it is made so long after the event that it makes it difficult or impossible for **us** to investigate the claim fully.

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

We will ask for certificates and information in support of a claim at no expense to **us**. If **we** are not given the information **we** need, the claim could be rejected. If any statement in support of the claim is misleading or is found to be incorrect, the claim will be rejected and the policy will be cancelled. Any amounts already paid must be repaid to **us**.

We reserve the right to ask for a post-mortem examination which **we** will pay for.

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** are not satisfied with the service **you** have received **you** or someone on **your** behalf should contact one of the following:

If **your** complaint is about a claim – Claims Manager, Barclays Insurance Health Protection Unit, 96 George Street, Croydon, CR9 1BU telephone 0845 677 0089* and quote the claim and policy number.

If **your** complaint is not about a claim - Customer Support Manager, Barclays Insurance Health Protection Unit, 96 George Street, Croydon CR9 1BU telephone 0845 677 0089* and quote **your** policy number.

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

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

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

Telephone: 0845 080 1800
www.financial-ombudsman.org.uk

Financial Services Compensation Scheme (FSCS)

If we are unable to meet **our** financial obligations **you** may be entitled to compensation from the scheme, depending on the type of insurance and the circumstances of the claim. **You** can get more information about compensation scheme arrangements by visiting the FSCS website at www.fscs.org.uk and on 0207 892 7300 or 0800 678 1100, or by writing to the following address:

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

10) Other information

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

This insurance is underwritten by Chartis Europe Limited.

Chartis Europe Limited is regulated by the Financial Services Authority. This can be confirmed with the Financial Services Authority on www.fsa.gov.uk/register or by calling 0845 606 1234.

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

Chartis Europe Limited is registered in England number 1486260

Registered office: 58 Fenchurch Street,
London EC3M 4AB.

Any questions call

 **0845 677 0089***

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

For BT residential customers, calls will cost no more than 4.5p per minute, plus 12.5p call set-up fee (current at May 2011). The price on non-BT phone lines may be different.