



Buy with confidence where you
see this sign

Healthcare Scheme

SPECIMEN

FULL TERMS AND CONDITIONS
AND POLICY DOCUMENT



Bolton & District
Hospital
Saturday

**LARGE PRINT AND AUDIO COPIES OF THIS DOCUMENT
ARE AVAILABLE UPON REQUEST**

WELCOME

We are delighted that you have chosen to join the UNISONplus Healthcare Scheme that is available to help UNISON members, retirees and their families with their everyday medical expenses.

This is your policy document. It contains the full terms and conditions of your membership in addition to all the legal information and other important information we are obliged to provide you with. We suggest that you take a few minutes to read through it and that you keep it safe for future reference.

PROTEGO GROUP LTD is the Administrator of the
UNISONplus Healthcare Scheme
and handles **ALL matters** relating to your
membership (**other than claims**)
- Call Protego Group on 0845 855 0232

**BOLTON & DISTRICT HOSPITAL SATURDAY
COUNCIL (BDHSC)** is the Insurance Underwriter of
your policy and handles your **claims**.

For **claim** enquiries **ONLY** please contact
BDHSC Telephone: 0845 208 8630

PREMIUM & BENEFITS TABLE
(INDIVIDUAL/FAMILY ITSG ONLY)

Level	STARTER	MINI	MIDI	MAX
Monthly Premium per Adult	£14.00	£22.00	£36.00	£40.00
Policy Code	ITSG1	ITSG2	ITSG3	ITSG4
Optical	£80	£100	£150	£200
Dental - general routine treatments	£100	£100	£150	£200
Dental - accidental damage treatments	£160	£160	£240	£320
Specialist Consultations and tests	£250	£250	£600	£600
Therapy Treatments physiotherapy/osteopathy chiropractic/ chiropody & complementary therapies	£150	£150	£300	£300
Hospital Cash* In-patient (per night)	£20 x 50 nights	£20 x 50 nights	£25 x 50 nights	£25 x 50 nights
Hospital Cash* Day-patient (per day)	£20 x 10 days	£20 x 10 days	£25 x 10 days	£25 x 10 days
Recuperation* ** after 14 nights in hospital)	£100	£100	£125	£125
Home Help* **	£300	£300	£400	£400
Maternity / Paternity / Adoption**	£200	£200	£300	£300
Hearing Aids and repairs	£100	£100	£150	£150
Surgical Appliances	£100	£100	£150	£150
Accidental Death**	£2,500	£5,000	£7,500	£10,000
Telephone Helpline including Identity Theft Assistance	24/7	24/7	24/7	24/7
Benefit period	24 MONTHS	12 MONTHS	12 MONTHS	12 MONTHS

*Benefit applicable for new medical conditions after joining.

**Benefit not applicable to Dependant Children.

PREMIUM & BENEFITS TABLE (50+ ITSE PLANS ONLY)

Level	BRONZE	SILVER	GOLD	PLATINUM
Monthly Premium	£12.50	£18.50	£33.50	£47.95
Policy Code	ITSE1	ITSE2	ITSE3	ITSE4
Optical	£75	£100	£150	£200
Dental - general routine treatments	£90	£90	£130	£220
Dental - accidental damage treatments	£160	£160	£240	£400
Dental - denture repairs	£80	£80	£120	£200
Specialist consultations and tests	£150	£150	£300	£450
Therapies – physiotherapy/osteopathy chiropractic	£200	£200	£400	£600
Therapies – chiropody & complementary therapies	£100	£100	£150	£250
Hospital Cash* In-patient (per night)	£20 x 50 nights	£20 x 50 nights	£40 x 50 nights	£60 x 50 nights
Hospital Cash* Emergency admissions – maximum 10 nights per admission	£40 per night	£40 per night	£80 per night	£120 per night
Hospital Cash* Day-patient (per day)	£30 x 10 days	£30 x 10 days	£60 x 10 days	£90 x 10 days
Recuperation* after 14 nights in hospital)	£150	£150	£200	£350
Home Help*	£300	£300	£500	£800
Hearing Aids and repairs	£100	£100	£200	£300
Surgical Appliances	£100	£100	£200	£300
Telephone Helpline including Identity Fraud Assistance	24/7	24/7	24/7	24/7
Benefit period	24 MONTHS	12 MONTHS	12 MONTHS	12 MONTHS

***Benefit applicable for new medical conditions after joining.**

GENERAL TERMS AND CONDITIONS

LAW AND INTERPRETATION

This policy will be governed by and construed in accordance with the laws of England and Wales and will be subject to the exclusive jurisdiction of the English Courts. All information including the contractual terms and conditions will be supplied in English throughout the term of the policy.

The Tables and paragraph headings are for convenience only and do not form part of the policy itself nor do they affect its construction.

A person who is not party to this contract has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any terms of this policy.

Every payment to us or by us under this policy shall be payable in the lawful currency of the United Kingdom.

COOLING- OFF PERIOD

The contract is concluded and your membership commences upon the payment of your first contribution by direct debit, or the deduction from your pay if you are paying for the plan through payroll deduction.

You have 14 days from this date or the date you receive your Policy Document whichever is the later in which to cancel your membership. If you do cancel within this 14-day period any contributions you have paid will be refunded provided you have not submitted a claim. If you wish to cancel then or after this period then please also see the section headed 'CANCELLATION' below.

Please contact UNISONplus Healthcare Help line at Protego Group.

Phone: 0845 855 0232

MEMBERSHIP

The maximum age for joining is 65. The maximum age for upgrading membership is 65. Once your membership has commenced it may continue, subject to the normal terms and conditions and the continuous payment of premiums. There is no maximum age to which you can stay on the plan.

We recommend that you review your membership options every year in line with inflation. Policyholders must be resident within the United Kingdom.

Any changes to your name, address, or bank account details should be notified to us immediately.

Please contact UNISONplus Healthcare Help line at Protego Group.

Phone: 0845 855 0232

PRE-EXISTING MEDICAL CONDITONS

You will be able to claim for Specialist Consultations and Tests and Therapy Treatments, which relate to a medical condition of which you are already aware and which your GP has included on your medical records.

BUT for the period of 2 years from the start date of the policy we will not pay any hospital related benefits (Hospital In-Patient and Day-Patient, Recuperation and Home Help and Home Care), which arises from any medical or other condition of which you are aware of or which is being investigated, at the date of application.

After the expiry of two years, you may request us to review the exclusion and at our sole discretion we may decide whether to continue with the exclusion or not.

QUALIFYING PERIOD

You are unable to claim until you have been on cover and have paid the relevant premiums for a period of thirteen weeks.

The telephone advice line is available from the date we receive your application.

Existing members upgrading to a higher benefit level will be able to claim the enhanced benefits thirteen weeks after the payment of the first premium at the higher level.

Transfers to a lower level of cover are not normally permitted

Please contact UNISONplus Healthcare Help line at Protego Group.

Phone: 0845 855 0232.

RENEWALS

The policy is renewed monthly on an ongoing basis.

We will not send you a new Policy Document at renewal unless we have varied or made changes to the premiums, terms and conditions, benefits, or benefits levels.

ALTERATIONS

We reserve the right to vary or make changes to the premiums, terms and conditions, benefits, or benefit levels, after giving notice, if deemed necessary or prudent, or following an increase in the rate of Insurance Premium Tax.

CANCELLATION

If at any time after the "COOLING-OFF PERIOD" (see above) you wish to cancel your policy you must give us one month's notice.

You must confirm your cancellation by writing directly to The Compliance Director, Protego Group Ltd. St Georges House, Greengate Lane, Prestwich, Manchester M25 3FW, or fax to 0870 131 4440, or by email to compliance@protegroup.com Your Policy will remain in force and you will be liable to maintain your payment of premiums until such notice has been received. If you do not provide the relevant notice and simply cancel the direct debit instruction at your bank we reserve the right to recover any sums due.

In the event of cancellation it is the member's responsibility to ensure that the payment of premiums ceases. You will not be refunded for any monthly premiums that have already been made. We will not be responsible for any bank charges incurred by a member in connection with the continuance or cancellation of a policy.

We reserve the right to refuse membership or refuse a request to upgrade membership, or renew or continue to renew membership without giving reason.

Membership will be cancelled automatically if premiums are in excess of thirteen weeks in arrears.

PREMIUM PAYMENTS

Collection of premiums is handled by Protego Group therefore any queries concerning this must be directed to them. **Please contact UNISONplus Healthcare Helpline - Call Protego Group 0845 855 0232.**

CLAIMS

Your plan will run separate Benefit Years for each benefit (see PREMIUM & BENEFITS table on Page 3 or 4). Your first claim will start a new Benefit Year in each SECTION which starts from your first claim in that SECTION and you can claim as often as you need to in that SECTION until your ANNUAL or BI-ANNUAL (for the STARTER Level) BENEFITS MAXIMUM has been reached.

If you claim all your ANNUAL or BI-ANNUAL (STARTER level) BENEFITS MAXIMUM in the SPECIALIST CONSULTATIONS & TESTS and /or THERAPY TREATMENTS SECTIONS you cannot cancel your plan for a minimum of one full year (or two years for the STARTER level) from the date of your first claim in that Benefit Year unless your membership is terminated by us.

The Claims procedure is explained in the section "HOW TO CLAIM" on Pages 13 to 14.

DATA PROTECTION

The information you have provided and any further information you supply to us will be used to provide you with the benefits for which you apply and for the maintenance of your records. This information may be passed to selected third parties for underwriting and claims handling purposes and to prevent and detect fraud. We may send you information about other products and services that we believe may be of interest to you. The Data Protection Act entitles you to a copy of all information we hold about you. If you wish to view or receive a copy of this information application should be made in writing to our offices. Whilst under the legislation we are entitled to, we do not generally make a charge for providing this information.

BENEFIT TERMS AND CONDITIONS

All claims must be submitted within 3 months of treatment.

All benefits are payable to the person who has received treatment.

Under current legislation benefits are tax-free.

All claims, except dental, optical and maternity claims, must relate to a medical condition.

Premiums must be paid up to date prior to benefit payments being paid out by us. We are unable to process any claims if your membership is in arrears.

No claims are permitted for treatment arising directly or indirectly from:

- Alcohol abuse, solvent abuse, drug abuse or other addictive conditions of any kind.
- Self inflicted illness or injury or suicide attempt.
- Participation in professional or semi-professional sports.

A benefit period commences on the date of the first treatment for any one benefit category.

Claims are calculated on the actual cost you have incurred. If the full cost of a consultation or treatment has been met by another policy, for example a Private Medical Insurance policy, you would not be eligible to claim. However if the other policy meets only part of the cost you are able to claim the amount, up to the relevant maximum, you have paid directly.

DEPENDENT CHILD BENEFITS (INDIVIDUAL/FAMILY ITSG PLANS ONLY)

Dependant children (up to 5) can be added to your plan and are regarded as dependent up to the age of 18 whilst in full time education.

When one parent is a member, each dependant child is entitled to claim up to 50% of the adult benefit entitlements as listed in the Benefits Table up to the actual cost of treatment incurred.

When both parents are members the entitlement would be 100% of the adult benefit.

All claims are subject to all the Policy Terms and Conditions.

Benefits are not payable to dependant children for Recuperation, Home Help, Maternity/Paternity/Adoption and Accidental Death Cover.

OPTICAL

Up to the maximum benefit limit can be claimed within every benefit period towards the actual cost incurred for optical care.

This may consist of one large claim or any number of smaller claims. There is no limit to the number of eye examinations that can be claimed provided that the maximum benefit is not exceeded.

Eye examinations must be conducted by a qualified optician or ophthalmic surgeon registered with the General Medical Council.

New glasses must be prescribed; we are unable to provide benefit for 'off the shelf' reading glasses.

Repairs to spectacles are covered.

The cost of laser eye surgery and associated consultations, up to the benefit limit, can be claimed within this benefit only.

We are able to assist with the cost of contact lenses but not the associated purchases like solutions or cleaning materials. If disposable contact lenses are purchased the date on the receipt of the full eye examination will be used as the first claim for that benefit period. If the purchase is by standing order, proof of purchase must be given.

DENTAL – GENERAL ROUTINE TREATMENTS

Up to the appropriate maximum can be claimed for dental or orthodontic treatment, every benefit period, towards the actual costs you have incurred for NHS or Private dental treatment carried out by a dental professional registered with the General Dental Council and which is not experimental or unproven or not recognised by the General Dental Council. There is no minimum claim amount. You can claim for any treatment including check-ups. There can be any number of claims up to the maximum benefit level. Claims cannot be made for purchases, for example toothpaste, brushes, denture adhesive, purchased from a dentist or other supplier.

Insurance premiums paid to a dental care contract scheme cannot be claimed back although if you are a member of such a scheme additional costs directly incurred, for example laboratory work, for which you might have to pay, can be claimed back.

DENTAL – ACCIDENTAL DAMAGE TREATMENTS

Up to the appropriate maximum can be claimed for dental or orthodontic treatment, every benefit period, towards the actual costs you have incurred for NHS or Private dental treatment, for treatment required as the direct result of an accidental impact. This benefit excludes accidental damage caused during eating, sleeping, biting and general wear and tear and your dentist must indicate on the claims form that the treatment relates to accidental damage.

DENTAL - DENTURE REPAIRS (50+ ITSE PLANS ONLY)

Up to the appropriate maximum can be claimed, every benefit period, towards the actual cost incurred, for repairs to existing dentures and the cost of replacement dentures following damage or loss.

SPECIALIST CONSULTATIONS/TESTS

You can claim to see a medical consultant who is registered with the General Medical Council on referral from your GP. Up to the appropriate maximum can be claimed every benefit period.

Medical consultations for purely legal and insurance purposes are not covered within the benefit. Consultations for cosmetic treatments and maternity related conditions are not covered within the benefit.

The benefit includes associated tests the consultant may conduct but does not cover the cost of treatment.

Specialist consultations for eyes and mouth are covered under the Optical and Dental benefits only.

THERAPY TREATMENTS

Up to the relevant maximum can be claimed towards the actual cost incurred every benefit period and must relate to a medical condition.

a) PHYSIOTHERAPY/ OSTEOPATHY/ CHIROPRACTIC

Treatments must be undertaken by :

a Chartered (M.C.S.P.) or State Registered (S.R.P.) Physiotherapist ;

a member of the General Osteopathic Council (G.Os.C.)

a member of the General Chiropractic Council (G.C.C.)

The benefit claim must relate to actual treatment received and we cannot make benefit payments in respect of purchases.

b) COMPLEMENTARY THERAPY TREATMENT

This benefit is paid when you receive complementary therapy treatment for a medical condition for which you have consulted your GP and you are referred to the practitioner by your GP. In respect of aromatherapy the practitioner must be registered with either a MISPA or ITEC. Up to the maximum benefit level can be claimed every benefit period.

The benefit claim must relate to actual treatment received and we cannot make benefit payments in respect of purchases.

c) CHIROPODY

All chiropody treatment, including corns, calluses and hard skin removal, must be undertaken by a State Registered Chiropodist (SRCh), a member of the British Chiropody and Podiatry Association, the Institute of Chiropody and Podiatry or the Society of Chiropodist and Podiatrist.

Cosmetic, well-being, and preventative treatments are not covered.

The benefit claim must relate to actual treatment received and we cannot make benefit payments in respect of purchases.

HOSPITAL CASH: IN-PATIENT

The Hospital In-Patient benefit is calculated at the appropriate rate for each full night as an In-Patient in an NHS or Private Hospital.

This would generally include all recognised Hospitals but does not include residential care homes, some rehabilitation centres or treatment clinics.

Claims can only be made and commence following admission to the Hospital.

A maximum of 50 nights can be claimed within any benefit period.

A maximum of 50 nights can only be claimed in respect of each illness or related conditions throughout membership.

If the admission is maternity related the first 14 nights are excluded.

The Hospital In-Patient benefit is restricted to 20 nights in any benefit year for the following admissions:

Treatment in hospitals outside UK

Geriatric treatment or elderly rehabilitation

HOSPITAL CASH: DAY-PATIENT

This benefit is payable at the appropriate rate for admission to a recognised hospital for a minor operation conducted as a day patient. The operation must be pre-scheduled and an operating theatre must be used.

A maximum of 20 visits every benefit period can be claimed.

You cannot claim the benefit for minor procedures undertaken at outpatient clinics.

HOSPITAL CASH: IN-PATIENT – EMERGENCY ADMISSION (50+ ITSE PLANS ONLY)

The enhanced rate of benefit is calculated at the appropriate rate for each full night as an In-Patient in an NHS or Private Hospital following admission via accident and emergency immediately following an accident or assault. A maximum of 10 nights will be covered under this benefit per admission after which time benefits will be paid on the standard terms as an In-Patient as above.

RECUPERATION

We recognise that you may have additional financial worries if you have been a Hospital In-Patient for a lengthy period of time. This payment is made automatically to all eligible claimants of 14 consecutive nights Hospital In-Patient benefit. The benefit can be claimed once in each benefit period.

HOME HELP AND HOME CARE

The home help and home care benefit can be claimed if you have incurred a cost for charges made by a local authority or approved local authority supplier, after assessment by a local authority, for home help assistance following a hospital stay. Up to the maximum benefit can be claimed every benefit period.

MATERNITY/PATERNITY & ADOPTION (INDIVIDUAL/FAMILY ITSG PLANS ONLY)

This benefit is paid for each child born to or adopted by a member or member's partner. Adoption claims are not permitted in the case of adoptions where the adoptive parent is the partner or spouse of a natural parent. Dependant children cannot claim this benefit.

HEARING AIDS/REPAIRS

This benefit is paid to help with the cost paid to a registered Hearing Aid Dispenser. Up to the maximum benefit can be claimed for new hearing aids and repairs every benefit period. Replacement batteries are not included within the benefit.

SURGICAL APPLIANCES

Up to the relevant maximum amount can be claimed within every benefit period towards the actual cost incurred for surgical appliances.

Surgical appliances are defined as something worn by an individual, constantly for a medical condition.

Examples of items covered within this benefit included medically prescribed surgical shoes, shoe inserts, abdominal supports, surgical stockings, trusses, surgical corsets, mastectomy bras and surgical wigs.

Equipment, for example tens machines and nebulisers and preventative items worn for short periods of time, for example flight socks, are not covered within the benefit.

TELEPHONE HELPLINE

The dedicated telephone help line can be called 24 hours a day, 365 days a year.

All calls are charged at the appropriate rate.

They can provide you with a wide range of telephone assistance including counselling, legal, medical and financial queries, identity theft and domestic emergency assistance.

The full terms and conditions of the cover are included at the end of this policy document.

ACCIDENTAL DEATH COVER (INDIVIDUAL/FAMILY ITSG PLANS ONLY)

If any insured person suffers death as a result of a personal accident, benefits will be payable on a scale in relation to the level of cover held.

Our aim is to provide the broadest and most appropriate cover possible. However, there are some limitations and exclusions of which you need to be aware:

- Attempting to commit suicide, or intentionally influencing self-injury.
- Engaging in flying or other aerial activity except as a passenger.
- Participating in any hazardous sport. A full list of these is available on request.
- Engaging in active service in any of the Armed Forces of any nation.
- Radioactive contamination.
- Being in state of insanity or any psychiatric, mental, or nervous disorder.
- Deliberate exposure to exceptional danger (except in an attempt to save a human life).
- Participation in a criminal act.
- Only payable on the event of death.
- Pregnancy or childbirth.

Cover is restricted to the policyholder only and is not available to dependant children.

HOW TO CLAIM

We try and make claiming as simple as possible.

If you are claiming for any expenses you have incurred (optical, dental, home help, hearing aid or surgical appliance benefits) we need a fully completed receipt from the practitioner you have seen or the service provider. This should include your full name, address, the treatment you have received and the date of treatment. If the treatment relates to dental treatment following an accident this must be noted on the receipt by the dentist.

For all Hospital In-Patient and Day-Patient claims we need the hospital to confirm the date of admission and discharge. This can be done by having the hospital fully complete, sign and stamp one of our claim forms or by submitting the hospitals discharge form.

For all Specialist and Therapy claims you must contact this office prior to arranging your appointment. Whenever possible we will pay the benefit directly to the provider. Ask your provider to send their invoice to the Claims Department at the address below for payment.

You can contact BDHSC by telephoning 0845 208 8630.

To access the telephone advice and information line telephone 01444 44 27 86.

On some occasions it may be necessary for us to ask you to complete a medical declaration or for us to obtain a medical report from your GP or other medical

practitioner. We will not do this without your written consent, however we may not be able to process your claim without the completion of a declaration or a medical report. Any costs associated with obtaining a medical report must be paid by the member and you cannot claim for any charges made for letters of referral, completion of claims forms, certificates or any other administrative charges made by your doctor or health service provider.

We are sure you will appreciate that we are dependant upon a speedy answer to our queries to for the smooth handling of your claim.

A number of all our claims plus a random cross section are verified with the dentist, optician or other service provider to ensure their validity. In the interests of all our members fraudulent claims and any attempt to obtain claim monies by deception will result in cancellation of membership and legal action. Examples of what we would consider fraudulent claims include any amendments to receipts, inaccurate completion of medical declarations, failure to divulge pre-existing medical conditions when asked and misrepresentation of any kind. We reserve the right to investigate and challenge medical service providers who charge fees over and above those usually charged for si

Claims should be submitted by post or in person to:

**In writing - Bolton and District Hospital Saturday Council
Ground Floor, Regent House, Folds Point, Folds Road,
Bolton, BL1 2RZ.**

In person. - The offices are open Monday to Friday 9.00am until 5.00pm.

YOU CAN CONTACT Bolton and District Hospital Saturday Council

By Phone– 0845 208 8630

By Fax - 01204 522452

By E-mail enquiries@hospital-saturday.org.uk

Bolton and District Hospital Saturday Council is a company limited by guarantee registered in England with the number 518573. Its registered office is as above. It is authorised and regulated by the Financial Services Authority (F S A) The F S A registration number is 202043. Details of the registration may be checked and confirmed by visiting the FSA's register at www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234.

COMPLAINTS PROCEDURE

FOR CLAIMS ONLY:

We hope that you never need to complain, but if you do please contact us in person, by letter, telephone or e-mail **AS ABOVE**

FOR ALL OTHER MATTERS:

Please contact the Compliance Director.

In writing – Protego Group Limited
St Georges House, Greengate Lane, Prestwich,
Manchester M25 3FW.

By Phone - 0845 855 0232

By Fax - 0870 131 4440

By E-mail compliance@protegroup.com

Both Companies have a formal complaints procedure, which is available from their offices by request.

If you are not satisfied with our response you may then take your complaint to: The Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR. They can also be telephoned on 0845 080 1800. The Financial Ombudsman Service is free and using it does not affect your legal rights.

COMPENSATION SCHEME ARRANGEMENTS

You may have a right to compensation if we or another authority decide that you have joined our health care cash plan based on information which we have provided which was incorrect or misleading and has resulted in financial loss.

If Bolton & District Hospital Saturday Council is unable to meet its financial obligations in full you may be entitled to help from the Financial Services Compensation Scheme.

Further information is available the Financial Services Compensation Scheme by telephoning 020 7892 7300 or from their web site www.fscs.org.uk

Protego Group Limited may be contacted:

In writing – Protego Group Limited
St Georges House, Greengate Lane, Prestwich,
Manchester M25 3FW.

By Phone - 0845 855 0232

By Fax - 0870 131 4440

By E-mail compliance@protegroup.com

Protego Group Limited is registered in England with the number 4762595.

Its registered office is at 260-280 Chapel Street, Manchester, M3 5JZ.

It is authorised and regulated by the Financial Services Authority (F S A). The F S A registration number is 304363. Details of the registration may be checked and confirmed by visiting the FSA's register at

www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234.

FULL TERMS AND CONDITIONS OF THE TELEPHONE ADVICE LINE



WELFARE PROGRAMME

Europ Assistance Holdings will provide You with the services described in this Certificate during the Period of Cover, following payment of the annual subscription.

Signed for Europ Assistance Holdings Limited

Managing Director

MEANING OF WORDS

Wherever the following words and phrases (shown here in **BOLD**) appear in this Certificate they will always have these meanings:

SCHEME: Bolton & District Hospital Saturday Council

MEMBER or **YOU:** The person who has been included in the current declaration of participants in the Scheme, together with his/her partner and their close family normally residing with them at the same address.

PERIOD OF COVER: Ongoing cover till further notice

WE, OUR or **US:** Europ Assistance Holdings Limited, Sussex House, Perrymount Road, Haywards Heath, West Sussex RH16 1DN.

HOW WE CAN HELP YOU

While You are a Member of the Scheme You will have 24-hour access to Our telephone helpline, which is staffed all year round by Our trained counsellors and professional advisers with counselling skills.

We are able to provide You with telephone help and advice on a wide range of personal matters. Details of these are shown in the different sections of this Certificate.

WHAT WE DO NOT PROVIDE

We are not able to provide help or advice that cannot reasonably be provided by telephone.

We cannot give You advice on some specific matters, such as the medical treatment being provided by Your own doctor, or financial advice on how to reduce Your tax liability. These are listed in the various sections.

Our help lines provide personal advice, so We will not be able to advise on specific commercial or business matters, apart from those which impact on Your personal life - as described below.

If any advice We give involves You approaching professional advisers or helpers then You will be responsible for any of the charges involved. We cannot pay any fees or expenses at all.

CONFIDENTIALITY

All calls are treated in the strictest confidence in line with codes of professional conduct. Any information We request will be used for Our own internal recording purposes only. We may supply to the Scheme promoter anonymous statistical returns showing, for example, the number of times that the Scheme has been used by Members, but **IN NO INSTANCE** will personal details allowing identification of a caller be passed to a Scheme promoter.

SECTION A - TELEPHONE ADVICE

During the Period of Cover We will provide You with advice and guidance on the following matters:

1. LEGAL

Advice on any private problem relating to the Laws of the United Kingdom.

What is not covered

advice relating to business affairs.

2. RELATIONSHIPS

Advice on separation, issues involving children, parents and elderly relatives.

3. TAX

General advice on tax issues of a personal nature.

What is not covered

- a) advice relating to business affairs.
- b) financial planning advice relating to ways of avoiding or reducing Your personal tax liability.

4. EMPLOYMENT

We will provide legal advice on all personal issues relating to Your employment, including:

- i) redundancy, or being offered voluntary redundancy.
- ii) bullying or harassment at work.
- iii) unfair discrimination at work.
- iv) preparation for retirement, early retirement, planned retirement.

5. BENEFITS / WELFARE

We will provide advice on entitlement to the complete range of benefits currently available in the UK.

6. BEREAVEMENT

If a Member dies during the Period of Cover, We will provide the following administrative help and advice to the bereaved Member/ Members.

For up to 90 days following Your bereavement, We will provide You with:

- i) immediate advice on how to register death, explanation and advice on duties of the Coroner together with information on documents required by the Registrar.
- ii) referral to local Funeral Directors, if necessary, and advice on practical details.
- iii) advice on locating Wills, obtaining Grant of Probate or Letters of Administration, or the need to consult a solicitor.
- iv) advice on benefits available, notifying Insurers and budget planning for the future.

Please also see PART C.

SECTION B - INFORMATION SERVICE

During the Period of Cover You will have 24-hour access to Our telephone information help lines providing the following:

7. MEDICAL

We will provide:

- i) information on how to access details of the length of hospital waiting lists for the major medical areas.
- ii) details of facilities generally available through Social Services.
- iii) details of additional sources of information including societies who specifically deal with particular disabilities or ailments.
- iv) general medical advice which can reasonably be provided by telephone.

The Medical Information Service is staffed by counsellors and trained nurses who will provide information in a sympathetic manner, with no restriction on the frequency of calling.

Should an answer not be readily available, the Service will undertake research and then call You back.

The aim of the Service is not to interfere with the relationship between doctor and patient, but to provide support and information.

What is not covered

The Service will not:

- a) provide diagnostic or prescriptive advice.
- b) comment with regard to treatment being provided by Your own doctor.

- c) suggest any course of medical treatment.

SECTION C - COUNSELLING SUPPORT

During the Period of Cover You can call Us on a 24-hour basis to discuss the following personal matters. Our counselling personnel will listen sympathetically to Your problems, guide You in identifying the specific areas of concern, and will give You supportive help to enable You to develop Your own insight into these problems.

8. STRESS

We will provide You with:

- i) telephone help on how to identify and recognise emotional or stressful personal problems.
- ii) advice on the physiological changes which can occur in Your body.
- iii) practical help on how to manage stressful situations and counselling to support You through this process.
- iv) advice on how to contact appropriate practitioners specialising in relaxation techniques. Any form of therapy We may suggest must be approved by Your own medical practitioner.

What is not covered

advice on existing or impending medical treatment.

9. DEBT

We will provide You with practical advice on:

- i) financial planning to meet obligations by assessing resources, and advising how these should be used to meet the demands of creditors, and how to negotiate revised terms of repayment.
- ii) mortgage commitments and the course of possession proceedings, and how to handle threatened or actual court proceedings in connection with Your debt.

What is not covered

advice on the choice of an individual body or organisation for refinancing debt.

10. CRISIS COUNSELLING

We will offer help and support in crisis situations involving the following:

- i) domestic relationship breakdown.
- ii) terminal or serious illness.

11. ADDICTION

We will provide help and support on alcohol and drug related problems.

12. BEREAVEMENT

Please see Part A for advice on legal and administrative matters arising from bereavement.

Following the death of a Scheme Member, the bereaved spouse and immediate family will have access on a 24-hour basis to the services of a trained counsellor, to provide telephone support and help to cope with the trauma of the loss.

IDENTITY THEFT

Europ Assistance Holdings Limited will provide the services described:

To ensure we are consistent in providing our customers with quality service, we may record your telephone call. For security purposes all calls are stored and archived on a dedicated secure network.

THE AIMS OF THIS SERVICE

If you do believe you have become a victim of identity theft, Europ Assistance can help resolve the situation:

1. Provide you with your own personal ID Theft Advisor
As soon as you call we will assign you to your own dedicated expert, who will help you establish whether or not your identity has been stolen and provide you with practical help and advice.
2. Help obtain your Credit Report and create a personal Action Plan
Once details have been taken, your Personal ID theft Advisor will assist in a request for your credit report by post or real time via a dedicated website (please note there is a small charge for each credit report).
Your Personal ID Theft Advisor will create and send you a Personal Action Plan including all relevant documents and explanatory notes, so you can complete the process of clearing your name.
3. Undertake Identity Recovery and CIFAS protection
If your credit report does identify any credit agreements that you did not take out yourself, your Personal ID Theft Advisor will work with you to correct and amend your credit file. If appropriate we will arrange for CIFAS Protective Registration and E-Alerts* to help you prevent future ID theft.
4. Help you gather proof of Identity
If a bank or other company involved in the crime has any doubts that you were a victim of identity theft, they may require more proof. In this situation your Personal ID Theft Advisor will help review with you all the evidence you need, this will include proof of identity and documentation that fully clears your name.

To identify if you are a potential victim the following may help you.

Look out for:

Bills, invoices or receipts addressed to you for goods / services that you haven't demanded.

Bank statements or correspondence that does not arrive, or not received at all.
Refusal on an application for a credit card, loan or mortgage, despite having a good credit history.

Letters from solicitors or debt collectors for debts that aren't yours.

And remember, If you lose your passport or driving licence or have them stolen, you may become a target.

We will provide access to a dedicated website providing online education on the problem and information on additional fraud prevention measures.

Europ Assistance Resolution Kit

We will provide either by e-mail, or by post our complete Identity Theft Resolution Kit.

Our resolution service is available Monday-Friday 8am-6pm

To request assistance call 01444 442786

(quoting your Bolton Hospital Fund and your membership number)

COMPLAINTS PROCEDURE

We aim to provide a first class service at all times. However, if You have any complaint regarding the standard of service You have received under Your Policy, the following procedure is available to You to resolve the situation:

- 1) In the first instance please contact the Quality Department of Europ Assistance Holdings Limited at Sussex House, Perrymount Road, Haywards Heath, West Sussex, RH16 1DN. You can call us on 0845 3588008 or e-mail Us on: quality@europ-assistance.co.uk
If We cannot give You a final decision by four weeks from the day We receive Your complaint We will explain why and tell You when We hope to reach a decision.
 - 2) Our decision is final and based on the evidence presented. If You feel that there is any new evidence or information that may change Our decision You have the right to make an appeal.
 - 3) In any event, should You remain dissatisfied or fail to receive a final answer within eight weeks* of Us receiving Your complaint, You have the right, in addition to Your contractual rights under the insurance, to refer the matter to the Financial Ombudsman Service at : South Quay Plaza,
183 Marsh Wall, London, E14 9SR.
Telephone : 0845 080 1800
- * N.B. The time scales given above are dependent on You responding immediately to any correspondence We send You.

TO CONTACT OUR HELPLINES

You should telephone Us on Our dedicated number, which is open 24 hours every day of the year and quote your Hospital Saturday membership number.

01444 44 27 86

HEMOCALL

Europ Assistance Holdings Limited will provide the services described in this Certificate during the Period of Cover subject to the terms, conditions and exclusions contained in this Certificate and following payment of the fee.

To ensure We are consistent in providing Our customers with quality service, We may record Your telephone call.

Europ Assistance Holdings Limited is a Member of the General Insurance Standards Council.

Signed for Europ Assistance Holdings Limited



Managing Director

MEANING OF WORDS

Wherever the following words and phrases (shown here in BOLD) appear in this Certificate they will always have these meanings:

HOME EMERGENCY: A sudden unexpected event occurring during the Period of Cover, involving Your Home which, in Our opinion, exposes the Insured Persons or a third party to a risk to their health, or necessitates immediate remedial action to render the Home safe or secure, and avoid damage or further damage, or restoration of the Main Services.

GEOGRAPHICAL LIMITS: The mainland of Great Britain plus the Isle of Wight.

HOME: Your principle permanent place of residence, comprising private dwelling together with garage(s), which are built of standard construction (brick with slate roof), all used only for Your domestic purposes or as Your office (providing no more than half the rooms in the property are used for this purpose), and situated within the Geographical Limits at the address shown on the Policy Schedule. Bedsits or properties with multiple occupation/residential or nursing homes are excluded.

MAIN SERVICES : Mains drainage to the boundaries of the Home, water, electricity and gas within the Home and the main source of heating or hot water where no alternative exists.

MEMBER or YOU/YOUR: The Homeowner named on the Policy Schedule, together with Your family normally residing with You. In Your absence on a trip away from Home, the person duly authorised by You as the keyholder responsible for the Home.

PERIOD OF COVER: The 12 month period starting from the date You are issued with Your Policy.

REPAIRER: Europ Assistance-approved tradesman.

WE, OUR or US: Europ Assistance Holdings Limited, Sussex House, Perrymount Road, Haywards Heath, West Sussex RH16 1DN.

SECTION 1 - HEMOCALL EMERGENCY ASSISTANCE

During the Period of Cover We will arrange for a Repairer to render assistance following a Home Emergency arising from:

- i) The fixed domestic plumbing or drainage systems where there has been or there is likely to be an escape of water or sewage.
- ii) The domestic gas or electricity supply systems in the event of complete failure.
- iii) The roof where internal damage has been or is likely to be caused.
- iv) The external locks, doors or windows rendering the Home insecure.
- v) The fixed heating system where there is an escape of water or oil.

SECTION 2 - CONDITIONS

- 1) Every effort will be made to ensure assistance is provided promptly by a Repairer qualified to

render an efficient and professional service. However, We cannot accept liability for loss or damage of any kind which may arise or result from the use or intended use of the Homecall service, unless negligence on Our part can be demonstrated.

- 2) We may cancel this Service by giving seven days notice by recorded delivery post to the Member at his / her last known address.
- 3) The Member remains responsible for paying, either directly to the Repairer or to Us, all the charges arising in connection with call-out, labour and parts or materials used.

SECTION 3 - COMPLAINTS PROCEDURE

We aim to provide a first class service at all times. However, if You have any complaint regarding the standard of service You have received under Your Policy, the following procedure is available to You to resolve the situation:

- 1) In the first instance please contact the Quality Department of Europ Assistance Holdings Limited at Sussex House, Perrymount Road, Haywards Heath, West Sussex, RH16 1DN. You can call us on 0845 3588008 or e-mail Us on: quality@europ-assistance.co.uk
If We cannot give You a final decision by four weeks from the day We receive Your complaint We will explain why and tell You when We hope to reach a decision.
- 4) Our decision is final and based on the evidence presented. If You feel that there is any new evidence or information that may change Our decision You have the right to make an appeal.
- 5) In any event, should You remain dissatisfied or fail to receive a final answer within eight weeks* of Us receiving Your complaint, You have the right, in addition to Your contractual rights under the insurance, to refer the matter to the Financial Ombudsman Service at :
South Quay Plaza,
183 Marsh Wall,
London,
E14 9SR.

Telephone : 0845 080 1800

- * N.B. The time scales given above are dependent on You responding immediately to any correspondence We send You.

SECTION 4 - REQUESTING EMERGENCY ASSISTANCE

Major Emergencies which may result in serious damage, or danger to life or limb, should be immediately advised to the Public Supply Authority, or in case of difficulty, the Public Emergency Services. Suspected gas leaks should always be reported to TRANSCO on 0800 111 9999.

First check that the circumstances are covered. Having done this You should telephone Us and give Your Scheme name and details of the problem.

CALL EUROP ASSISTANCE ON 01444 44 27 86