Important Information
Please keep safe with your Policy Schedule and Benefit Table
We at Medicash are passionate about promoting a positive approach to life and health. Each year the cost of healthcare treatments continues to rise, but with Medicash you can claim money back on a wide range of healthcare treatments and consultations.

As an organisation with no shareholders, we operate solely in the interests of our policyholders, so please take some time to look through this booklet together with your policy schedule to see how we work for you. You’ll also want to keep them in a safe place for future reference.

Inside you’ll find all of the information you need to know about your policy, including useful information about your cover, details of what to do when you want to make a claim and important phone numbers.

Terms and Conditions

You need to read these Terms and Conditions with your policy schedule and the benefit table, which together make up the policy between you, the policyholder, and us.

If you have any questions about your policy or any part of these Terms and Conditions, simply call our Customer Service Team on 0151 702 0265.

Lines are open Monday to Thursday from 8.45am to 5pm, and Friday from 8.45am to 4pm (except bank holidays). We may record calls for training and monitoring purposes.
Contents

Making the most of your Medicash Plan 2
1. Definitions 4
2. Becoming a policyholder or amending your cover 6
3. Premiums 7
4. Refund of premiums 7
5. Claims 7
6. Benefit payments 10
7. Cancellation and termination 10
8. Your rights – data protection, complaints and compensation 10
9. Our rights – how we protect our policyholders 11
10. Benefit rules 12
11. Personal Accident cover 23
Making the most of your Medicash Plan

In this booklet you can learn more about what’s covered within your Medicash health plan, how to claim and how to access the additional services included within your policy.

Claiming back the money on your health costs couldn’t be easier. Once you’ve paid for your treatment just keep the receipt, fill in a Medicash claim form and send it back to us. Our team will then either pay the cash directly into your bank or send you a cheque – whichever you prefer. Full details of how to claim and what you are covered for are included elsewhere in this book.

Don’t forget, you may be able to add up to four dependent children to your policy absolutely free!

Get even bigger benefits from Medicash…

Speak to us today on 0151 702 0304 to find out how you can apply to increase your level of cover with Medicash and get even bigger benefits. By simply paying a little extra per month you’ll have access to even more generous cash benefits and can apply to include your partner so that they too can enjoy the great benefits that come with a Medicash health plan.

For details of the higher levels of cover, please see your benefit table.

Save £100’s each year through our exclusive online discount portal

Medicash Extras is our exclusive online discounts platform that gives you access to a multitude of everyday shopping discounts, and in particular reloadable payment cards, for many well known retailers including Asda, Sainsbury’s, Currys, Debenhams and many more.

Utilising this exclusive online service can result in significant savings from your everyday shopping needs. For example, assuming you spend just £50 on your weekly grocery shop at Asda, you could save up to 5% provided you use the Asda reloadable payment card. That’s a potential saving of up to £130 a year.

To start saving today simply go to www.medicash.org/extras

Once you login for the first time you’ll be taken through a tutorial to ensure you get the most out of this exciting new benefit! Please have your policy number to hand.
Best Doctors® – the best choice, best advice, best treatment...

Get a second medical opinion from a world-leading consultant, all without having to leave home. With Best Doctors® you can access the knowledge and experience of one of over 50,000 world-renowned consultants, experts chosen by their peers as the very best in their fields – giving you the peace of mind that your condition can be assessed by one of the best medical minds.

Simple and hassle free service:
1. Call Best Doctors on 0845 600 2892 after you have received your initial diagnosis from your GP or Consultant.
2. A personal Case Manager is assigned who will arrange for all relevant medical documentation to be collected.
3. The expert consultant analyses your case and prepares an easy to understand report with the diagnosis assessment and treatment recommendations.
4. Your report is sent directly to you. You can discuss this report with your Case Manager in more detail and share it with your treating doctor so that together you can make the best decisions about your health.

The benefits to you:
- 24/7 service
- No cost to you*
- Private & confidential service
- No need to leave home

*You only pay for the call at the local rate.

As one of our policyholders, Best Doctors is there for you when you need it most. If you are anxious about a diagnosis or simply want a second opinion...

Call 0845 600 2892 or visit www.medicash.org/bestdoctors

Feeling stressed or just need some advice?

With Medicash you have instant access to expert information and advice on a wide range of issues through our 24 hour telephone advice service. Your Medicash policy is here to help keep you in the best of health, both physically and mentally.

Here are just some areas our experts can support you with:
- Family Care
- Debt Concerns
- Bereavement
- Money Management
- Stress
- Work/Life Balance
- Redundancy
- Career Guidance
- Relationships
- Health and Wellbeing

So if something is on your mind and you just need some extra help or someone to talk to, call 0845 600 2891 or visit www.medicash.org/wellness
(Username: Medicash).

Keep fit with Discounted Health Club Membership

For more information on how you can get active and to find out which health clubs are taking part, please visit www.medicash.org/gymdiscount (Company Ref: MED)
1. Definitions

Defined words are highlighted throughout this policy booklet in bold print. The explanation of the defined words is listed below and they have the same meaning wherever they appear in the policy.

**Benefit** – This is the type of cover that we provide and the amount that we will pay you up to the maximum for each type of cover.

**Benefit date** – This is the date shown in your policy schedule and is the first date from which you are able to make a claim.

**Benefit table** – This is the table that shows the maximum amount that we will pay you for each type of cover for each benefit period.

**Benefit period** – This is the period of time that you can claim up to the maximum amount of benefit, as shown in the benefit table. Usually this is 12 months but please check your benefit table.

**Child or children** – Dependent children born to you or your partner, or legally adopted by you, under the age of 16 or 19 if in full time education (unless stated differently on your benefit table).

**Cosmetic treatment** – This is treatment you receive to change your appearance, and not to cure or help improve a medical condition.

**Daycase** – This is when you go into an NHS or private hospital or a recognised treatment centre for planned treatment, investigation or minor surgery. You must have been allocated a bed, but you must not be staying overnight. This benefit does not include outpatient or inpatient treatment or any other hospital treatments.

**Dangerous activities and sports** – This includes but is not limited to canyoning, gorge walking, hang-gliding, high diving, horse jumping, microlighting, mountain boarding, parasailing, rock climbing or riding/driving in any kind of race.

**Inpatient** – This is when you stay in hospital for more than one night for medical treatment or because of a continuation of medical care. If you are claiming for an inpatient stay, the treatment is covered from the date you are admitted as an inpatient to the date you are discharged. If you go home during this time, any treatment you receive at home is not covered.

**Our, us or we** – Medicash Health Benefits Ltd, One Derby Square, Liverpool L2 1AB. A company limited by guarantee, registered in England (number 258025), authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

**Outpatient** – This is medical care in an NHS, private hospital or recognised treatment centre that does not require overnight hospitalisation. If you are allocated a pre-arranged bed please refer to daycase. We do not cover outpatient visits or appointments.

**Parental Stay** – This is where one adult covered by the policy stays in hospital overnight to accompany a dependent child under the age of twelve who has been admitted as an inpatient. In the case of a dual policy we will only cover one adult.
Partner – Your husband, wife or partner who lives with you on a permanent basis, regardless of gender.

Policy – This is our contract of insurance with the policyholder, in which we provide the cover as explained in the policy schedule, the benefit table and these Terms and Conditions.

Policyholder – This is the first person named in the policy schedule. This person is responsible for premiums due and they will usually receive any benefits we pay.

Policy schedule – This is the document that shows the date your policy started, the premiums you must pay, the level of cover you have chosen, the people covered under the policy and your qualification period.

Pre-existing conditions – This is any disease, illness or injury which you or your partner have experienced symptoms of, or received treatment for, in the three years before the start of your policy or increase in level of cover.

Premiums – These are the payments made for your policy.

Professional sports injuries – This is any injury sustained whilst training for or participating in sport for which you receive payment or non-charitable sponsorship.

Qualifying period – This is the period of time between the date that you commenced your policy and the benefit date, as shown in your policy schedule. You must continue to pay your premiums during this period, but you are not able to make any claims.

Self inflicted injuries – This is when you need treatment or a hospital stay for an injury you have caused to yourself. This includes misusing drugs, alcohol, solvents or other addictive substances, and self abuse.

Specialist Consultant – A Specialist Consultant who is registered with the General Medical Council on their specialist register.

Treatment – This includes any medical or surgical treatment you may have. Treatment will usually last from the date you receive your first treatment to the date you have your final treatment. If you stay in hospital as an inpatient, the treatment is from the date you are admitted into hospital to the date you are discharged. If you go home at any point during this time, any treatment you receive at home is not covered.

United Kingdom (UK) – The UK includes England, Wales, Scotland, Northern Ireland, the Channel Islands and the Isle of Man.

You or your – This is you, the policyholder, and your partner if covered under the policy.
2. Becoming a policyholder or amending your cover

2.1 You can apply to join or amend your level of cover by filling in the appropriate application form and sending it to Medicash Health Benefits Ltd, One Derby Square, Liverpool L2 1AB. You may also join or amend your level of cover by phoning us on 0151 702 0304.

2.2 You must satisfy yourself that the plan and the level of cover you have are right for you. Medicash will not provide advice in this regard but you are free to seek information or advice from a professional advisor.

2.3 We reserve the right to make changes to the benefits and/or premiums of your policy provided that we write to you and give you at least 28 days notice of any such change.

2.4 You can apply to join if you are aged 16 or over, and are less than 66 years of age at the date of application (unless stated differently on your benefit table or application form).

2.5 You can apply to include your partner if they are aged 16 or over, and less than 66 years of age at the date of application (unless stated differently on your benefit table or application form).

2.6 You must be a UK resident.

2.7 You can cover up to a maximum of four dependent children under your policy by including them on your application or by calling 0151 702 0265. Children must be named on your policy before they are eligible to make a claim. Named children can only be changed at the start of a new benefit period.

2.8 You must make sure that all of the information you give us is, to the best of your knowledge, accurate, true and complete. If you fail to do this, this may put your claim or cover at risk. To protect all of our policyholders, we will take action against anyone who makes a dishonest or false application.

2.9 We, like any responsible insurer, and to the extent permitted by all applicable laws, reserve the right to decline an application for a policy or request to upgrade cover without reason. If your application is not accepted we will refund any premium that you have paid for the cover that we have declined to offer. We reserve the right to include a qualifying period if you are applying to rejoin Medicash.

2.10 For dual policies, if your partner no longer lives with you permanently, they will not be covered by your policy. Also, your partner will no longer be covered in the event of your death. In both cases, you can transfer to a solo policy with continuous cover regardless of age.

2.11 Your policy schedule shows when you commenced your policy and the date from which you are able to make claims.

2.12 We will send you a new policy schedule after an amendment to your cover. The date of the amendment and benefit date of any amendment will be detailed in the policy schedule.

2.13 If you elect to change your level of cover, we will take account of your previous claims when we calculate your revised allowances for the remainder of the benefit period.

2.14 If you reduce your level of cover, we will pay all benefits at the lower rate from the date of the change.

Cooling off period – if you change your mind

2.15 Your policy contains a 30 day cooling off period from the date we accept your application to join or upgrade your level of cover. If you decide to change your mind during this cooling off period you should contact us on 0151 702 0203 or in writing to Medicash Health Benefits Ltd, One Derby Square, Liverpool L2 1AB. Provided that you have not made,
or intend to make a claim, Medicash will refund your first payment in full, or the difference in premiums if upgrading your level of cover.

3. Premiums

3.1 The amounts paid for your policy are known as premiums. The level of benefits you will receive depends on the level of premium paid. The benefits which apply at each premium level are shown in the benefit table.

3.2 Premiums include insurance premium tax (IPT) at the current rate and are subject to review in respect of any changes in taxation.

3.3 The policyholder is responsible for making sure that premiums are paid, regardless of how premiums are paid.

3.4 If premiums are more than six weeks overdue, we may cancel your policy and your cover may cease. We will not pay any claims where the date of treatment is after the date that your policy is paid up to.

3.5 We reserve the right to deduct any premiums due to us from any benefits payable to you.

3.6 This is a monthly renewable contract that remains in force if you continue to pay your premiums when they are due. Renewal is automatic and binding and no renewal papers or other forms of notification will be issued.

4. Refund of premiums

4.1 We will only refund your premiums if:
   i you cancel your policy within 30 days of joining or amending your cover, and you have not made a claim;
   ii you have paid your premiums in advance and you have correctly notified us that you wish to cancel your policy;
   iii you have notified us that you have paid too much; or
   iv in the unfortunate event that you die.

4.2 If you cancel your policy with us, we will refund any premiums you have paid for any period to come. However, we may deduct a £25 administration charge.

4.3 If you have overpaid us, we may deduct this from your future premiums. Or, if you ask us to, we will pay you a refund if you have overpaid us by more than £25.

4.4 We will not refund any overpayments of premiums for periods that are more than six years prior to the date of request.

4.5 We will only refund bank charges that you have had to pay because of our error. We will not refund any bank interest you may have lost.

5. Claims

5.1 To receive any of the benefits under your policy, you must complete and sign a claim form. You must use the claim form we provide. You can download a claim form via our website at www.medicash.org or you can request a claim form by phoning us on 0151 702 0265.
5.2 **You** must give **us** the information or proof **we** need to support your claim, as explained in Sections 5, 10 and 11. **We** will not be able to pay your claim if **you** do not have enough supporting evidence. If **you** have any questions about a claim, including whether or not **you** are eligible to make a claim, please phone **us** on 0151 702 0265.

5.3 **We** will not pay any charges **you** may have to pay to fill in a claim form, or charges for any medical information **we** need to support your claim. **You** are responsible for paying these charges.

5.4 For **benefits** where **we** require a receipt in order to pay a claim **you** must pay for the **treatment** in full before **you** can make the claim. **We** will not pay for any element of your receipt paid for using gift cards, vouchers (including vouchers from third party discount sites), or loyalty and reward points.

5.5 **We** will not pay your claim unless it is received within 26 weeks of the following:
   i. **you** have fully paid for your **treatment**; this includes payment for optical **treatments**, spectacles, contact lenses, optical payment plans or dental capitation schemes;
   ii. **you** received **treatment** or finished a course of **treatment**;
   iii. **you** were discharged from hospital;
   iv. **you** had an accident for which **you** want to make a claim.

5.6 All receipts must be fully paid originals and should show:
   i. the name, address and qualifications of the practitioner who provided your **treatment**;
   ii. the date of each individual **treatment**;
   iii. the name and address of the person who received the **treatment**; and
   iv. a description of the **treatment**.

**We** do not accept joint receipts, photocopies, credit card or debit card receipts, receipts without showing details of the **treatment** received, or estimates for **treatments** to be received.

5.7 The **benefit period** in which a claim is paid is determined by:
   i. the date **you** had the **treatment**; or
   ii. the date of **your** accident.
5.8 We will not pay your claim:
   i if you received treatment within a qualifying period;
   ii if the date of your treatment is after the date that your policy is paid up to;
   iii for treatment, purchases or accidents which occur outside the UK;
   iv for treatment provided by your immediate family;
   v for treatment needed due to dangerous activities and sports or self inflicted injuries; or
   vi if you are breaking the Terms and Conditions of your policy.

5.9 We do not normally return receipts. If you want us to send your receipt back to you, you must ask us in writing at the time you make your claim.

5.10 If your claim is also covered by another insurance policy, we will not pay more than our proportionate share, which cannot be more than the total cost of the treatment or receipt. When you make a claim you must tell us about any other cover you have, and you must give us permission to contact the other insurance company.

5.11 If you have more than one insurance policy with us or another insurer, you cannot claim for more than 100% of the cost of your treatment.

5.12 To protect all of our policyholders, we will take action against anyone who makes a dishonest or false claim. Such action includes, but is not limited to, refusal to accept liability to pay a claim, termination of your policy without refund, or, legal action.

Subrogation clauses

5.13 In the event of any payment under this policy, we reserve the right to be subrogated to your rights of recovery against any person or organisation and you shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights.

5.14 If you are claiming for benefits that relate to an injury or condition caused by another person (the ‘third party’) you should:
   i tell us as quickly as possible if you believe a third party caused you to need treatment, or if you believe they were at fault. We may then write to you or the third party if we require further information; and
   ii you must include all monies paid by us in respect of the injuries (and interest on those monies) in your claim against the third party (‘our outlay’); and
   iii you (or your solicitors) must keep us fully informed about the progress of your claim and any action against the third party or any pre-action matters; and
   iv you (or your solicitors) must keep us informed of the outcome of any action or settlement (providing us with access to the details of any such settlement);
   v should you successfully recover any monies from the third party they should be repaid directly to us within 21 days of receipt on the following basis:
      – if the claim against the third party settles in full, you must repay our outlay in full; or
      – if you recover only a percentage of your claim for damages you must repay the same percentage of our outlay to us; or
      – if your claim is repaid as a global settlement (where our outlay is not individually identified), you must repay our outlay in the same proportion as the global settlement bears to your total claim for damages against the third party.

5.15 If you do not repay to us such monies (and any interest recovered from the third party), we shall be entitled to recover the same from you.
5.16 The rights and remedies in these subrogation clauses are in addition to and not instead of the rights or remedies provided by law.

6. Benefit payments

6.1 The type of cover that we provide and the amount that we will pay you for each type of cover are known as benefits, and are detailed in the benefit table.

6.2 The amounts shown in the benefit table are the maximum amounts that you can claim for each benefit in any one benefit period.

6.3 We pay your benefits in British pounds sterling direct into your bank or building society account, or by cheque to your home address. If you want to arrange for us to pay another person, you will have to write to us at the time you make your claim.

6.4 We reserve the right to recover any overpayments made to you either directly, or by adjusting any future benefit payments made to you.

7. Cancellation and termination

7.1 If you decide that this policy is not suitable or it does not meet your needs, let us know and we will cancel it. If you cancel within 30 days of joining or amending your policy, as long as you have not made a claim, we will refund all or the amended portion of the premiums that you have paid.

7.2 You may cancel your policy at any time. You must give us notice in writing or by phoning 0151 702 0203. We will cancel your policy from the date you contact us. It is your responsibility to cancel future payments to us, however these are made.

7.3 We have the right to cancel your policy at any time. We will give you at least 28 days written notice of this. However, if we think that you have committed fraud, we will cancel your policy immediately and may take legal action; notify your employer (where appropriate); or contact the police.

7.4 We will end all of the cover and benefits of your policy automatically if:
   i you cancel your policy;
   ii we cancel your policy;
   iii in the unfortunate event of your death; or
   iv you are behind with your premiums by more than six weeks.

8. Your rights – data protection, complaints and compensation

Data protection

8.1 For the purposes of the Data Protection Act 1998 (the Act) we are the Data Controller in relation to any personal data you provide to us. We adhere to the Act and shall respect your rights under the Act.

8.2 Under the principles of the Act, we will endeavour to make sure that your personal information held by us is:
   i processed fairly and lawfully;
   ii processed for specified and lawful purposes;
iii adequate, relevant and not excessive;
iv accurate and kept up to date;
v kept for no longer than is necessary;
vi processed in accordance with the rights of data subjects under the Act;
vii kept secure; and
viii not transferred to other countries outside the European Economic Area (EEA) without adequate protection.

8.3 We will treat all sensitive and medical information we receive with the strictest confidence.
8.4 When you take out your policy, you must agree that the information you provide to us together with any further information concerning your policy will be used by us to provide you with the benefits for which you have applied and for maintaining your records. This will include the recording and monitoring of Sensitive Personal Data such as data relating to health and medical conditions. This information may be passed to selected service partners for claims and handling procedures; to provide you with the services included in the policy.
8.5 We may share information with other relevant organisations when we set up and run your policy, to check claims, to prevent fraud and to identify money laundering.
8.6 We may send you information on other products or services, unless you asked us not to on your application form. You may contact us at any time and ask us to stop sending you this information.
8.7 Under the Act, you have various rights of access regarding personal data we hold about you including the right to write to us and ask for a copy of any such personal data. If the information we have is not correct, you can ask us to amend it. We reserve the right to charge the prescribed fee payable for any subject access request under the terms of the Act.

Complaints (excluding Personal Accident cover)
8.8 If you are not happy with any part of our service, send the full details of your complaint to the Head of Customer Operations, Medicash, One Derby Square, Liverpool L2 1AB. We will endeavour to respond to you within five working days and detail our complaints procedure.
8.9 If you are not satisfied with our response, you can take your complaint to the Financial Ombudsman Service, Exchange Tower, London, E14 9SR. Helpline: 0800 023 4 567 or 0330 123 9 123; Website: www.financial-ombudsman.org.uk.

Compensation (excluding Personal Accident cover)
8.10 We are covered by the Financial Services Compensation Scheme (FSCS). If we cannot meet our responsibilities, you may be entitled to compensation from the scheme. This depends on the type of insurance you have and the circumstances of your claim. For more information about the compensation scheme, visit the FSCS website at www.fscs.org.uk, or write to FSCS, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU.

9. Our rights – how we protect our policyholders

9.1 You must make sure that the policy and level of cover you have chosen are right for you. We do not provide any personal advice on how suitable your policy or the level of cover may be, but we will give you information to help you make your decision or understand what is involved.
9.2 The terms of this policy are governed by English Law and all communications will be made in English. We can provide communications in alternative formats upon request such as large print or audio.
9.3 We have the right to change your policy at any time. If we make changes, we will write to you and give you at least 28 days notice of any change.

9.4 We will notify you of any changes by writing to you at the last address supplied to us. We will not be responsible if, for any reason, you do not receive the notice we send you.

9.5 We have the right to cancel your policy and refuse any claims you make if you or anyone acting for you:
   i  makes a claim under the policy, knowing the claim is false or exaggerated in any way;
   ii makes a statement to support a claim, knowing the statement is false;
   iii sends us evidence to support a claim, knowing the documentation is false; or
   iv makes a claim for any injury that you or they have caused deliberately.

9.6 To detect and prevent fraud or improper claims we may check your details with fraud protection agencies. If we reasonably suspect fraud we will record and investigate this, including working with other organisations and other insurers to pool information about applications or claims which are believed to be fraudulent.

10. Benefit rules

Please refer to your benefit table to find out which of the following benefits are included in your cover. On some plans certain benefits may be combined.

10.1 Routine dental treatment

   i  We will pay the amount you have paid to a member of the General Dental Council, up to a maximum in any one benefit period. The maximum benefit amount applicable to your level of cover is shown in your benefit table.
   ii To deal with your claim, we need an original dated receipt as set out in Section 5 of these Terms and Conditions.
   iii If you pay for your treatment using a dental care contract, we will pay up to the amount described in your benefit table where included. You must give us an original dated receipt from the dental care provider.

<table>
<thead>
<tr>
<th>What we cover</th>
<th>What we do not cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Dental treatment and dental check-ups</td>
<td>✘ Tooth whitening or cosmetic dentistry</td>
</tr>
<tr>
<td>✓ Hygienist fees</td>
<td>✘ Non-prescribed items or consumables</td>
</tr>
<tr>
<td>✓ Dental X-rays and laboratory fees needed to carry out dental treatment</td>
<td>✘ Charges for missed appointments</td>
</tr>
<tr>
<td>✓ The cost of anaesthetic for dental treatments</td>
<td>✘ Fees for prescription charges</td>
</tr>
<tr>
<td>✓ The cost of dentures and repairs to dentures</td>
<td>✘ Fees for tablets or medicines, for example antibiotics</td>
</tr>
<tr>
<td>✓ Braces provided by a dentist or orthodontist</td>
<td>✘ Registration, insurance and joining fees for a dental care contract</td>
</tr>
<tr>
<td>✓ Premiums under a dental care contract paid for by you (where included in your plan)</td>
<td>✘ Premiums under a dental care contract paid for by your employer</td>
</tr>
<tr>
<td></td>
<td>✘ Cost incurred for a treatment plan which has been started before your policy began. This does not include routine check-ups.</td>
</tr>
<tr>
<td></td>
<td>✘ Professional sports injuries.</td>
</tr>
</tbody>
</table>

Please check your benefit table to see which benefits apply to your plan
10.2 Dental accidents and injuries

Cover for dental treatment required as a result of an accident or injury. You can only claim this benefit if there has been a dental emergency appointment within five days of the accident or injury.

i We will pay the amount you have paid to a member of the General Dental Council or Specialist Consultant, up to a maximum in any one benefit period, within your chosen premium level. Please refer to your policy schedule and benefit table for details.

ii A dental accident is classed as an injury caused to your teeth and gums by a direct impact to the outside of the oral cavity. This includes damage to dentures whilst being worn.

iii Your claim must be submitted using a Medicash Dental Accident claim form and be supported by proof of treatment detailing the dates and costs of each individual treatment or, in the case of NHS dental treatment, each course of treatment. The proof must be an official document issued by the treating practice.

iv Medicash need the following information from your dentist in order to process the claim:
- Date of the accident;
- Full report of the incident and all dental injuries sustained;
- The treatment plan (Medicash do not cover treatment that is not established clinical practice);
- The date that the treatment or episode of treatment will start and finish;
- The name of the Consultant or Surgeon responsible for the treatment if applicable;
- Detailed treatment costs.

Cover is limited to the treatment described in the treatment plan.

v Medicash may ask for extra evidence to show how the injury was sustained, evidence that the injury is not as result of periodontal disease, or evidence that if the injuries resulted from sporting activities that the appropriate mouth guards were worn.

<table>
<thead>
<tr>
<th>What we cover</th>
<th>What we do not cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Dental treatment relating to an accident or injury if there has been a dental emergency appointment within five days of the accident or injury</td>
<td>✗ Injuries that existed before or when you took out the plan</td>
</tr>
<tr>
<td>✓ Investigative dental x-rays, and laboratory fees relating to the dental treatment</td>
<td>✗ Injuries caused by food ingestion</td>
</tr>
<tr>
<td>✓ The cost of anaesthetic for dental treatment</td>
<td>✗ Treatment that relates to damage or injury caused whilst participating in any contact sport when the appropriate mouth protection was not being worn</td>
</tr>
<tr>
<td>✓ The cost of dentures and repairs to dentures resulting from the accident or injury</td>
<td>✗ Injury caused other than by direct impact to the outside of the oral cavity</td>
</tr>
<tr>
<td>✓ Any prescription charges or associated costs</td>
<td>✗ Damage to dentures when not being worn</td>
</tr>
<tr>
<td>✓ Replacement veneers, implants, dentures and orthodontics resulting from an accident or injury.</td>
<td>✗ Treatment relating to periodontal disease</td>
</tr>
<tr>
<td></td>
<td>✗ Fees charged for preparing reports</td>
</tr>
<tr>
<td></td>
<td>✗ Charges for missed appointments</td>
</tr>
<tr>
<td></td>
<td>✗ Damage through oral hygiene procedures</td>
</tr>
<tr>
<td></td>
<td>✗ Any treatment, care or repair to, or in connection with ‘tooth jewellery’</td>
</tr>
<tr>
<td></td>
<td>✗ Self inflicted injuries</td>
</tr>
<tr>
<td></td>
<td>✗ Dental accidents and injuries for Children</td>
</tr>
<tr>
<td></td>
<td>✗ Professional sports injuries.</td>
</tr>
</tbody>
</table>

Please check your benefit table to see which benefits apply to your plan.
10.3 Optical

i. We will pay the amount you have paid, up to a maximum in any one benefit period. The maximum benefit amount applicable to your level of cover is shown in your benefit table.

ii. To deal with your claim, we need an original dated receipt as set out in Section 5 of these Terms and Conditions.

<table>
<thead>
<tr>
<th>What we cover</th>
<th>What we do not cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Eye-health tests and eyesight tests carried out by a member of the General Optical Council</td>
<td>✘ Contact lens check-ups or solutions</td>
</tr>
<tr>
<td>✓ Prescribed spectacles, prescribed contact lenses and prescribed sunglasses</td>
<td>✘ Non-prescribed lenses, spectacles, contact lenses or sunglasses</td>
</tr>
<tr>
<td>✓ Payment under a contact lens scheme</td>
<td>✘ Goggles for leisure activities</td>
</tr>
<tr>
<td>✓ Prescription lenses for safety goggles you need for work</td>
<td>✘ Repairs to spectacles</td>
</tr>
<tr>
<td>✓ Prescription lenses fitted to an existing frame</td>
<td>✘ Registration, insurance and joining fees for a contact lens scheme</td>
</tr>
<tr>
<td>✓ Frames when fitted with prescription lenses</td>
<td>✘ Non-prescribed items</td>
</tr>
<tr>
<td>✓ Laser eye surgery.</td>
<td>✘ Frames only</td>
</tr>
<tr>
<td></td>
<td>✘ Receipts where only a part payment or deposit has been paid including receipts showing a balance outstanding for payment</td>
</tr>
<tr>
<td></td>
<td>✘ Consumables</td>
</tr>
<tr>
<td></td>
<td>✘ Costs incurred for items ordered before your policy began.</td>
</tr>
<tr>
<td></td>
<td>✘ Professional sports injuries.</td>
</tr>
</tbody>
</table>

10.4 Specialist consultations

i. A specialist consultation must be a consultation that you have had with a person who appears on the General Medical Council Specialist Register in the appropriate speciality.

ii. We will pay the amount you have paid to a Specialist Consultant for an initial or follow-up consultation, up to a maximum in any one benefit period. The maximum benefit amount applicable to your level of cover is shown in your benefit table.

iii. To deal with your claim, we need an original dated receipt as set out in Section 5 of these Terms and Conditions.

<table>
<thead>
<tr>
<th>What we cover</th>
<th>What we do not cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Consultation fees from a Specialist Consultant.</td>
<td>✘ Other charges that may be connected with the consultation such as room fees, dressings, medicines, anaesthetic fees and surgical fees</td>
</tr>
<tr>
<td></td>
<td>✘ Tests and procedures (these are covered by the diagnostic and investigative tests benefit within your policy)</td>
</tr>
<tr>
<td></td>
<td>✘ Health screening or examinations for a medical report or medical certificate</td>
</tr>
<tr>
<td></td>
<td>✘ Specialist consultations for cosmetic treatments</td>
</tr>
</tbody>
</table>
## What we cover continued

<table>
<thead>
<tr>
<th>What we cover continued</th>
<th>What we do not cover continued</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Diagnostic and investigative tests and procedures under the management of a Specialist Consultant or GP</td>
<td>✘ Pregnancy and fertility treatments</td>
</tr>
<tr>
<td>✓ Scans, for example CT, MRI, PET, etc.</td>
<td>✘ Missed appointment fees</td>
</tr>
<tr>
<td></td>
<td>✘ Professional sports injuries.</td>
</tr>
</tbody>
</table>

### 10.5 Diagnostic and investigative tests

i  **We** will pay the amount **you** have paid for diagnostic and investigative tests and procedures resulting from a consultation with a GP or **Specialist Consultant**, up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to your level of cover is shown in your **benefit table**.

ii  To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.

## What we do not cover continued

<table>
<thead>
<tr>
<th>What we do not cover continued</th>
</tr>
</thead>
<tbody>
<tr>
<td>✘ Fees for a Specialist Consultant (these are covered by the specialist consultations benefit within your policy)</td>
</tr>
<tr>
<td>✘ Other charges that are connected with the treatment, such as the cost of rooms, dressings, medicines, anaesthetic and surgery</td>
</tr>
<tr>
<td>✘ Health screening or examinations for a medical report or medical certificate</td>
</tr>
<tr>
<td>✘ Home testing kits</td>
</tr>
<tr>
<td>✘ Laboratory testing kits not referred by a Specialist Consultant or GP</td>
</tr>
<tr>
<td>✘ Pregnancy and fertility treatments</td>
</tr>
<tr>
<td>✘ Elective pregnancy scans</td>
</tr>
<tr>
<td>✘ Preventative health screening including but not limited to screening required as a result of your personal or family medical history, cervical smears, mammograms, preventative cancer screening, or well person checks</td>
</tr>
<tr>
<td>✘ Professional sports injuries.</td>
</tr>
</tbody>
</table>

### 10.6 Private Medical Insurance (PMI) excess cover

i  If **you** have selected a level of cover which included PMI excess cover then **we** will pay the excess applicable to access your Private Medical Insurance (PMI) policy up to a maximum in any one **benefit period**. The maximum benefit amount applicable to your level of cover is shown in your **benefit table** or on your **policy schedule**.

ii  If **your benefit table** or your **policy schedule** does not include PMI excess cover then any PMI excess claim would be paid under the relevant **benefit** category if applicable.

iii  To deal with **your** claim, **we** need the original dated documents from your PMI insurer which evidence the policy excess required to be paid or that has been paid by **you**. **We** may also need additional evidence to support **your** claim such as a copy of **your** PMI Policy Schedule and/or details of the **treatment** received.

---

Please check your benefit table to see which benefits apply to your plan
### What we cover

✓ PMI excess payable by you to your PMI provider in relation to treatment received by you under your PMI insurance policy.

<table>
<thead>
<tr>
<th>What we cover</th>
<th>What we do not cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Allergy tests, including food-intolerance tests and nutrition tests</td>
<td>✘ Beauty treatments or general physical fitness sessions</td>
</tr>
</tbody>
</table>

### What we do not cover

✘ Co-insurance (or co-pay) polices
✘ Self-elected or cosmetic treatments
✘ Routine optical or dental check-ups and treatments
✘ Preventative health screening including but not limited to screening required as a result of your personal or family medical history, cervical smears, mammograms, preventative cancer screening, or well person checks
✘ Professional sports injuries.

#### 10.7 Complementary therapies

i We will pay the amount you have paid to a qualified practitioner as determined by us, up to a maximum in any one benefit period. The maximum benefit amount applicable to your level of cover is shown in your benefit table.

ii To deal with your claim, we need an original dated receipt as set out in Section 5 of these Terms and Conditions.

iii We do not cover worksite based therapy treatments organised through your employer or employees.

We may also need additional evidence that the practitioner has the appropriate qualifications and insurance.

#### 10.8 Alternative therapies

i We will pay the amount you have paid to a qualified practitioner as determined by us, up to a maximum in any one benefit period. The maximum benefit amount applicable to your level of cover is shown in your benefit table.

ii To deal with your claim, we need an original dated receipt as set out in Section 5 of these Terms and Conditions.

iii We do not cover worksite treatments arranged through your employer or employees.

We may also need additional evidence that the practitioner has the appropriate qualifications and insurance.
### What we cover continued

- Bowen and Alexander technique
- Homeopathy
- Hypnotherapy as part of a treatment plan
- Indian head massage
- Reflexology
- Reiki.

### What we do not cover continued

- Homeopathic medicines, herbs and herbal remedies, supplements and vitamins **you** have bought yourself and which have not been prescribed and are not part of **your** treatment plan
- Medicines, appliances and food even if they have been supplied by the practitioner (with the exception of homeopathic medicines as prescribed as part of **your** treatment plan)
- Any weight management programmes
- Worksite treatments arranged through **your** employer or employees
- Professional sports injuries.

### 10.9 Chiropody

i. **We** will pay the amount **you** have paid to a qualified Chiropodist or Podiatrist, up to a maximum in any one benefit period. The maximum benefit amount applicable to **your** level of cover is shown in **your** benefit table.

ii. To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.

iii. **We** do not cover worksite based treatments organised through **your** employer or employees.

**We** may also need additional evidence that the practitioner has the appropriate qualifications and insurance.

### What we cover

- Chiropody treatment and assessments.

### What we do not cover

- Cosmetic treatments or pedicures
- Bio mechanical assessments and gait analysis
- Items **you** have bought to help with **your** treatment
- Surgical footwear or appliances
- Treatment from a Foot Health Practitioner
- Worksite treatments arranged through **your** employer or employees.

### 10.10 Prescription charges

i. **We** will pay the amount **you** have paid for the cost of **your** prescriptions up to a maximum in any one benefit period. The maximum benefit amount applicable to **your** level of cover is shown in **your** benefit table.

ii. To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.

### What we cover

- Prescription charges.

### What we do not cover

- Non-prescribed consumables.
10.11 Inoculations and flu jabs

i  We will pay the amount you have paid for inoculations or vaccinations by a medical professional for you up to a maximum in any one benefit period. The maximum benefit amount applicable to your level of cover is shown in your benefit table.

ii To deal with your claim, we need an original dated receipt as set out in Section 5 of these Terms and Conditions.

<table>
<thead>
<tr>
<th>What we cover</th>
<th>What we do not cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Prescription and/or other charges arising from the administration of inoculation or vaccination against the following conditions:</td>
<td>× Non-prescribed consumables</td>
</tr>
<tr>
<td>• cholera</td>
<td>× Inoculation or vaccination against any condition other than those listed.</td>
</tr>
<tr>
<td>• diphtheria</td>
<td></td>
</tr>
<tr>
<td>• hepatitis (A or B)</td>
<td></td>
</tr>
<tr>
<td>• influenza (flu jab)</td>
<td></td>
</tr>
<tr>
<td>• malaria</td>
<td></td>
</tr>
<tr>
<td>• poliomyelitis</td>
<td></td>
</tr>
<tr>
<td>• rabies</td>
<td></td>
</tr>
<tr>
<td>• tetanus</td>
<td></td>
</tr>
<tr>
<td>• tuberculosis</td>
<td></td>
</tr>
<tr>
<td>• typhoid fever</td>
<td></td>
</tr>
<tr>
<td>• yellow fever</td>
<td></td>
</tr>
</tbody>
</table>

10.12 Health screening

Please see your benefit table to see which type of health screen applies to your plan.

Receipted benefits

i  We will pay the amount you have paid for a private health screen carried out by medically qualified staff at a hospital or health screening clinic, up to a maximum in any one benefit period. The maximum benefit amount applicable to your level of cover is shown in your benefit table.

ii We do not cover worksite health screens organised through your employer or employees.

iii To deal with your claim, we need an original dated receipt as set out in Section 5 of these Terms and Conditions.

<table>
<thead>
<tr>
<th>What we cover</th>
<th>What we do not cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ A Well Man or Well Woman screen</td>
<td>× Home testing kits</td>
</tr>
<tr>
<td>✓ A full health screen.</td>
<td>× Tests not included within the full health screen (for example X-rays)</td>
</tr>
<tr>
<td></td>
<td>× Any health screening checks, medical examinations, consultations or reports for employment, emigration, legal or insurance reasons</td>
</tr>
<tr>
<td></td>
<td>× Any other screening check or test not carried out as part of one of those listed above</td>
</tr>
</tbody>
</table>
### What we cover

| ✓ Health screens as agreed with our selected partners. |

### What we do not cover

| ✓ Worksite health screens arranged through your employer or employees |
| ✓ Diagnostic tests as set out in the PMI excess cover, specialist consultations or the diagnostic and investigative tests benefits. |

#### Voucher based

1. **We** will provide you with a health screening voucher which gives you access to one free health screen by an assessor from one of our health screening partners. Details of who provides this service and how to access it will be included on the voucher.
2. If you are entitled to future vouchers please contact us on 0151 702 0265 to request your new voucher when due.
3. Any follow-up or additional health screens outside of the cover available under your policy will be at your own cost.
4. **We** do not accept any liability to you as a result of any conclusions or advice given during the health screen taken up under this arrangement.

### 10.13 Inpatient and parental stays

| ✓ When you are admitted to hospital for a period of medical treatment or continuation of medical care |

| ✓ First night of an inpatient stay |
| ✓ Pre-existing conditions for three years from the start of your policy or at the higher rate for three years following an increase to your level of cover |

#### Please check your benefit table to see which benefits apply to your plan
### What we cover continued

- ✓ When one adult covered by the **policy** stays with a named **child** when they are admitted as an **inpatient** (if included in your plan).

### What we do not cover continued

- ✗ First 14 nights after the birth of a **child**
- ✗ Any period of home leave during the **inpatient** stay
- ✗ Accommodation costs or stays that are for respite care or if you are a resident
- ✗ **Outpatient** appointments
- ✗ Residential stays at a nursing home
- ✗ **Treatments** at an accident and emergency unit, unless you are taken into hospital as an **inpatient**
- ✗ **Cosmetic treatments**
- ✗ Professional sports injuries.

#### 10.14 Hospital daycase

- i. **We** will pay you at the appropriate daily rate shown in the **benefit table** for each time you go into hospital or a **treatment** centre as a **daycase** patient to receive a diagnosis or for a **treatment**, investigation or minor surgery. Your stay must be planned and you must not be staying in the hospital or **treatment** centre overnight.

- ii. In any one **benefit period**, we will pay the amount shown in your **benefit table** up to the maximum number of days shown in your **policy schedule** for hospital **daycase**.

- iii. **We** will not cover **treatments** relating to **pre-existing conditions** for three years from the start of your **policy** or at the higher rate for three years following an increase to your level of cover. **We** will write to your **GP** for evidence to verify which claims are made for **pre-existing conditions**.

- iv. If you go into hospital as a **daycase**, but then you have to stay overnight, please tell us.

- v. To process your claim, we require a completed claim form that includes admission and discharge dates. The claim form must be stamped with the hospital or hospice stamp, and signed by a member of their staff. Alternatively you can attach your **MED 10 certificate** or hospital discharge note to your claim form.

### What we cover

- ✓ Any **treatment** as a **daycase** in an NHS hospital, private hospital or **treatment** centre recognised by us.

### What we do not cover

- ✗ **Pre-existing conditions** for three years from the start of your **policy** or at the higher rate for three years following an increase to your level of cover
- ✗ Any period where **inpatient benefit** has been claimed (see the **inpatient** section of your **policy**)
- ✗ **Outpatient** appointments
- ✗ Pre-operative checks
- ✗ Attendance at an accident and emergency unit
- ✗ Other charges that may arise from being a **daycase** patient, such as the costs of rooms, dressings and medicines
10.15 Birth/adoption of a child

i We will pay a single amount at the appropriate rate shown in the benefit table, for each child that you or your partner give birth to, or adopt under the age of three years.

ii To process your claim we require the original full (not short) birth certificate or original adoption certificate and proof that the child was placed in your care before the age of three years.

10.16 Broken bones

i We will pay an amount at the appropriate rate shown in your benefit table per bone when there has been a break or breaks of the radius, ulna, humerus, femur, tibia or fibula bone.

ii When you tell us about the broken bone, we will send you a claim form which your GP or hospital doctor must sign.

iii We do not cover broken bones for children.

iv We do not cover broken bones as a result of osteoporosis.

v We do not cover broken bones as a result of self inflicted injuries, dangerous activities and sports or professional sports injuries.

vi If we need more information, we may ask to see your medical records.

10.17 Health and Stress Related Helplines

Telephone helplines

Please see page 3 for how to access this service.

i These services are provided by our service partner, as explained in your benefit table. We do not accept any legal responsibility for any information or advice you receive.

ii You can speak to a team of qualified professionals 24 hours a day. You can call as often as you need to, whether it is about the same problem or other issues you are facing. All the information you give will be kept strictly confidential.

iii You must pay for the cost of the call to the helpline and any costs from taking the advice you receive. Please note that this is not an emergency service and it will not provide a diagnosis or prescribe treatments but is limited to the supply of advice and information only.

Please check your benefit table to see which benefits apply to your plan
Examples of areas covered include:

- Family Care
- Stress
- Career guidance
- Debt Concerns
- Work/Life Balance
- Relationships
- Bereavement
- Redundancy
- Health and Wellbeing
- Money Management

Online health support
Please see page 3 for how to access this service.

i You must pay any costs associated with internet access and any costs from taking the advice you receive.

ii These services are provided by our service partners, as explained in your benefit table. We do not accept any legal responsibility for any information or advice you receive.

iii Please note that this is not an emergency service and it will not provide a diagnosis or prescribe treatments but is limited to the supply of advice and information only.

10.18 Best Doctors® InterConsultation™
Please see page 3 for how to access this service.

i This service is provided by Best Doctors UK Ltd and is available to you together with your treating doctors, so that you can consult with some of the world’s top medical experts for a diagnosed medical condition. These medical experts are voted by their peers as the best in their specialities of medicine and are able to provide additional insight and information to help confirm diagnosis and appropriate recommended treatment plans.

ii We do not accept any legal responsibility for any information or advice you receive.

10.19 Medicash Extras discount portal
Please see page 2 for how to access this service.

i This service is provided by our service partner, as explained in your benefit table.

ii This service provides you with access to a range of offers and discounts through an online portal including a range of reloadable gift cards.

iii Full terms of use can be found at www.medicash.org/extras.

iv Should your cover with Medicash cease you will have 8 weeks from the date of cancellation to redeem any points or credits accumulated within your Medicash Extras account otherwise these will be lost with no rights for compensation.

10.20 Discounted health club membership

i You can download a voucher that on production will allow you access to health club membership at discounted rates at selected participating establishments. Membership of any of the participating establishments is at the sole discretion of that establishment in accordance with their rules and procedures and we have no influence over these. We also do not recommend or support a particular club, and we do not accept any legal responsibility for any arrangement you make with any of these clubs.

ii To find out which health clubs are taking part, please visit www.medicash.org/gymdiscount
11. Personal Accident cover

Cover under this benefit will cease on your 66th birthday.

The Personal Accident cover is underwritten by Chubb Insurance Company of Europe SE (Chubb) who are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Therefore, we are not liable for any claims in respect of the Personal Accident cover under your policy.

We reserve the right to change the underwriter of the Personal Accident cover.

We are not liable for any decisions taken by Chubb in respect of the validity of claims.

Chubb will pay the benefits shown within your chosen premium level in the benefit table in the event of you sustaining Bodily Injury.

Where an Accident results initially in disability and subsequently death Chubb will pay the Accidental Death benefit.

On payment of a benefit in respect of any of Accidental Death, Permanent Total Disablement, Paraplegia or Quadriplegia your Personal Accident cover will cease.

Additional Definitions

These definitions should be read in conjunction with those included on pages 4 to 5.


You or Your is in reference to the persons named in the Medicash policy who are eligible for Personal Accident cover.

Accident means a sudden unforeseen and fortuitous identifiable event and the word accidental shall be construed accordingly.

Adaption Costs mean reasonable expenses necessarily incurred with Chubb’s prior written consent for alterations which have to be made to your residence and/or vehicle as a result of your suffering Permanent Total Disablement, Paraplegia and Quadriplegia as a result of Bodily Injury.

Bodily Injury means injury which is caused solely by accidental means and which solely and independently of any other cause results directly in your death or disablement within twenty four calendar months from the date of the Accident.

Loss of Hearing means the total, permanent and irrecoverable loss of hearing.

Loss of Limb means:

a) in the case of a leg by physical severance at or above the ankle or permanent and total loss of use of an entire leg or foot; or

b) in the case of an arm by physical severance of all four fingers of one hand through or above the meta carpo phalangeal joints (where the fingers join the palm of the hand) or permanent total loss of use of an entire arm or hand.

Loss of Sight is deemed to have occurred:

a) in both eyes once your name has been added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist and Chubb is satisfied that the condition is permanent and without expectation of recovery;
b) in one eye when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale (meaning seeing at three feet that which you should see at sixty feet) and Chubb is satisfied the condition is permanent and without expectation of recovery.

Paraplegia means the permanent and total paralysis of both legs.

Permanent Total Disablement means:

a) where you are gainfully employed disablement caused other than by Loss of Limb, Loss of Sight or Loss of Hearing which will entirely prevent you from engaging in your usual occupation for the remainder of your life; or

b) where you are not gainfully employed shall mean disablement caused other than by Loss of Limb, Loss of Sight or Loss of Hearing which will entirely prevent you from engaging in any and every occupation for the remainder of your life.

Quadriplegia means the permanent and total paralysis of both legs and both arms.

War means armed conflict between nations, including forces acting for any international authority, whether War be declared or not, invasion, civil war, military action, any attempt to usurp power, or any activity arising out of an attempt to participate in any of these actions within your Country of Residence.

Extensions

If you disappear and after a suitable period of time it is reasonable to believe that you have died as a result of Bodily Injury, the Accidental Death benefit shall become payable subject to your representative signing an undertaking that if the belief is subsequently found to be incorrect such death benefit shall be refunded.

Your death or disablement as a direct result of unavoidable exposure to the elements shall be deemed to have been caused by Bodily Injury.

If you have children Chubb will pay the benefit shown within your chosen premium level in the benefit table in the event of the child sustaining Bodily Injury.

Exclusions

Chubb shall not be liable in respect of Bodily Injury directly consequent upon:

a) you committing or attempting to commit suicide or intentionally inflicting self injury;

b) you engaging in aviation as a pilot of fixed wing or rotary propelled aircraft;

c) you participating in any sport as a professional;

d) you engaging in active service in any of the Armed Forces of any nation;

e) war, as defined;

f) radioactive contamination;

g) you engaging in or taking part in rock climbing or mountaineering normally involving ropes or guides, hang-gliding, parachuting, driving or riding in any kind of race or any other dangerous activities and sports;

h) you being in a state of insanity (temporary or otherwise) or any psychiatric, mental, nervous or stress-related disorder or anxiety state;

i) deliberate exposure to exceptional danger (except in an attempt to save a human life), your own criminal act or you engaging or taking part in civil commotion or riots of any kind;

j) your pregnancy or childbirth;

k) osteoporosis.

Please check your benefit table to see which benefits apply to your plan.
Procedural conditions for claims

If you have a claim, you or your legal personal representative should let us know as soon as reasonably possible.

We will send you or your representative a claim form which should be completed and sent to Chubb.

Payment shall be subject to production of such evidence as Chubb may require in relation to:

a) the happening of the event upon which the benefit is payable;

b) the title of the person claiming payment.

In respect of a claim for Accidental Death Chubb may require a Coroner’s certificate or report as proof of accident, and will require a death certificate and either grant of probate or letters of administration to support the claim.

In respect of all other claims Chubb may require a medical report from or medical examination by a doctor or Specialist Consultant.

Claims shall be payable to you or your legal personal representatives.

Fraud

You must not act in a fraudulent manner. This includes:

a) making a claim which you know to be false or exaggerated;

b) submitting a forged or false document to support a claim;

c) making a claim in respect of an injury that was not caused as the result of an accident.

In the event a fraudulent claim is made:

a) Chubb will not pay the claim;

b) We may terminate your policy as set out in 7.3 on page 10;

c) Chubb are entitled to reclaim any monies paid under the policy where fraud has taken place;

d) Chubb may contact the Police.

Complaints Procedure (Personal Accident claims only)

Chubb aim to provide you with a high level of customer service at all times, but if you are not satisfied or have cause for complaint you should contact Chubb at the address below:

The Manager, Accident and Health Department, 106 Fenchurch Street, London EC3M 5NB
Telephone: 0207 956 5000

If you are not satisfied with the outcome of your complaint you may be entitled to refer the matter to the Financial Ombudsman Service:

Helpline: 0800 023 4 567 or 0330 123 9 123
Website: www.financial-ombudsman.org.uk

Financial Services Compensation Scheme (Personal Accident claims only)

Chubb are covered by the Financial Services Compensation Scheme (FSCS). If Chubb cannot meet their responsibilities, you may be entitled to compensation from the scheme. This depends on the type of insurance you have and the circumstances of your claim. For more information about the compensation scheme, visit the FSCS website at www.fscs.org.uk, or write to:

FSCS, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU
Useful Telephone Numbers

- **Claims**
  0151 702 0265
- **Customer Service**
  0151 702 0265
- **Recommend a friend**
  0151 702 0304

---

**Your Medicash Plan**

This insurance is provided by Medicash Health Benefits Limited, One Derby Square, Liverpool L2 1AB. A company limited by guarantee, registered in England (number: 258025).

Medicash is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Details of registration can be found at [www.fsa.gov.uk](http://www.fsa.gov.uk) or by calling the FSA on **0845 606 1234**.

Medicash is covered by the Financial Services Compensation Scheme and the Financial Ombudsman Service.

---

Medicash, One Derby Square, Liverpool L2 1AB.
T: 0151 702 0265  F: 0151 702 0250  W: www.medicash.org
E: claims@medicash.org