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Bolton and District Hospital Saturday Council t/a UK Healthcare

Policy Summary

This page gives you a summary of the terms and conditions of the policy, the full details of which can be found in the Terms and Conditions booklet that you will receive with your welcome pack. A copy of this booklet can be requested at any time before or after joining.

The insurer and underwriter of this policy is Bolton and District Hospital Saturday Council ,a company limited by guarantee (co number 518573) which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (no 202043).

Key Features and Benefits

Unless otherwise noted in the table of benefits, all claims are paid at 100% of actual costs incurred up to the maximum benefit available, as detailed on the reverse of your welcome letter. The price you pay is also shown on this table, which includes insurance premium tax. We reserve the right to amend contribution and benefit rates only after providing you with one month's written notice.

Membership commences on approval of your application. This represents the date on which your contract is concluded and the date from which you have 14 days to cancel without obligation. Any qualifying period that applies prior to you being eligible to claim is clarified in your welcome letter. The policy is renewed on an ongoing monthly basis. We will not re-issue you with a full policy document at every renewal.

Limitations and Exclusions

You cannot claim for any pre-existing medical conditions (excluding dental and optical cover).If you have suffered symptoms of a medical condition prior to joining you will not be able to claim for this or any other related medical condition.

Existing members who upgrade to a higher level of cover will have benefits for medical conditions originating after joining, and prior to upgrading, paid at the lower benefit level. All claims must relate to a medical condition and be submitted within three months of treatment.

Claiming

To claim visit our website and follow the simple steps detailed under "Make a Claim" to submit your claim on line. You may also download a claim form from this page or telephone 01204 522775 to request one.

Complaints

We are committed to providing the best possible service to our policyholders. We do however have a formal complaints procedure and you may refer your complaint to the Financial Ombudsman Service if you remain dissatisfied with any decision we make. You are also covered by the Financial Compensation Scheme.

Statement of Demands and Needs

The healthcare cash plan is suitable for you if you are concerned about the cost of everyday health expenses and want assistance when they occur. We will not make a recommendation as to which policy or level of cover is appropriate for you but we may explain the key features, benefits, costs and terms of the policy to you. By signing an application form you accept that no advice has been given by us and that the choice of policy is solely your decision.

