

Your Bupa membership guide

Cash Plan

Essential information explaining your cover

Please keep and read alongside your welcome letter,
table of cover and premium table for the full terms of your cover



About this membership guide

Welcome to your cash plan membership guide. We know that insurance can sometimes be hard to follow. That's why we've made this guide as simple as possible, so you'll find individual chapters that deal with each aspect of your cover. Please make sure that you keep this guide somewhere safe, as you may need it when you come to claim.

Get in touch

If you have any queries do not hesitate to call on **0345 606 6003**[†], write to us at **Bupa Cash Plan, Bupa Place, 102 The Quays, Salford M50 3SP** or alternatively, email us on **cashplan@bupa.com**. We are on hand to help.

For those with hearing or speech difficulties who use the Relay UK smartphone app or textphone, use prefix **18001** followed by the number above.

Please be aware that information you send to this email address may not be secure unless you send us your email through Egress. For more information and to sign up for a free Egress account, go to **<https://switch.egress.com>**. You will not be charged for sending secure emails to a **Bupa** email address using the Egress service.

If you require correspondence and marketing literature in an alternative format, we offer a choice of Braille, large print or audio. Please get in touch to let us know which you would prefer.

[†]We may record or monitor our calls.

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Membership terms

1. Definitions

Some of the words we use in this membership guide have specific meanings. In this section you'll find a definition of the terms used in ***bold italic*** throughout the guide. This will help you to understand what we mean when we use these terms.

Word/phrase	Meaning
<i>Agreement</i>	means the agreement between <i>Bupa</i> and the <i>main member</i> which provides the terms of your cover and consists of this membership guide, your <i>welcome letter</i> , your <i>table of cover</i> and your <i>premium table</i> .
<i>Benefit</i>	means each of the benefits set out in your <i>table of cover</i> , to which you are entitled as a <i>member</i> of the policy.
<i>Benefit limit</i>	means the maximum amount that we will pay for each <i>benefit</i> of the <i>cash plan</i> during each <i>benefit year</i> . You can find the benefit limits for each <i>benefit</i> in your <i>table of cover</i> .
<i>Benefit year</i>	means a 12-month period starting on the <i>main member's start date</i> or an anniversary of that <i>start date</i> . This is applicable to all <i>members</i> . For Mercia Health Benefits policies only: means a 12-month period starting on 1 January. This is applicable to all <i>members</i> .
<i>Bupa</i>	means Bupa Insurance Limited, being the company that provides the insurance cover. Registered in England and Wales No. 3956433. Registered office: 1 Angel Court, London EC2R 7HJ. Bupa may act through Bupa Insurance Services Limited, and the term <i>Bupa</i> may also refer to other companies in the Bupa group, where indicated in the <i>agreement</i> .
<i>Cash plan</i>	means the <i>benefits</i> we provide, as shown in your <i>table of cover</i> , subject to the terms and conditions of the <i>agreement</i> .
<i>Child dependant</i>	means any child of yours or your <i>partner's</i> , including any child for whom you or your <i>partner</i> is a legal guardian or foster parent. See section 2.2c for more details.
<i>Epidemic</i>	means where there are more cases of a disease than would be expected for that disease in that area at that time.
<i>Main member</i>	means the person who is covered under the <i>agreement</i> by virtue of being eligible in his or her own right, rather than as a <i>named dependant</i> .
<i>Member</i>	means the <i>main member</i> of the policy and/or any <i>named dependant</i> covered under the policy.
<i>Membership level</i>	means the level of cover chosen by you. This determines your <i>benefit limits</i> . Your membership level is shown on your <i>welcome letter</i> .

Word/phrase	Meaning
Named dependant	means your partner and any child dependants as notified to us who are named as members of the policy.
Pandemic	means the worldwide spread of a disease with epidemics occurring in many countries and most regions of the world.
Partner	means the main member's husband, wife, civil partner or the person they live with in a relationship similar to that of a marriage or civil partnership.
Personal accident insurer	means Chubb European Group SE, the insurer of the personal accident cover benefit included on some cash plans. Chubb European Group SE is registered in France No 450 327 374. UK Business Address: 100 Leadenhall Street, London EC3A 3BP. This insurer may change from time to time. Please see section 2.8 for changes we can make.
Premium table	means the document we send you that outlines the monthly and annual premium associated with each membership level available on your policy.
Qualifying period	means a set period of time that must pass before we will accept and pay claims for particular benefits . If an event happens during this set period of time (for example, a birth or adoption), the benefit will not be payable. This applies to each member , starting from the date they joined the policy or from the date they increased their benefit limits . See section 2.7 for more details.
Start date	means the date your policy is effective from. You can find this in the welcome letter we sent you when you joined.
Table of cover	means the document we send you that sets out the membership levels and benefits of the cash plan , including a full description of each benefit , the specific limitations and exclusions and the maximum benefit limits payable for each level of cover.
United Kingdom/UK	means Great Britain (England, Scotland and Wales) and Northern Ireland.
Welcome letter	means the letter we send you confirming your membership level and your start date . We will send you a welcome letter at the start of your policy, and we will send subsequent letters confirming any changes, if we/you make changes to your cover.

2. How your membership works

2.1 The agreement and your membership documents

- a. The following documents together make up the **agreement**. These documents must be read together as a whole:
 - this membership guide: this sets out the general terms and conditions of the membership, including, but not limited to, sections explaining how your membership works, making a claim, your right to cancel and making a complaint
 - your **table of cover** (in the event of a conflict between the documents that constitute the **agreement**, this document will take priority over the other documents)
 - your **welcome letter**
 - your **premium table**.
- b. For additional copies of this documentation, please call **0345 606 6003**[†].
- c. We will pay eligible claims for treatment, goods or services received from your **start date**, subject to any **qualifying periods** which apply.

2.2 Age and eligibility criteria

- a. You can only be accepted initially as a **main member** or **partner** on this policy if you are aged between 18 and 69. Once you are accepted as **members**, there is no maximum age limit for being a **main member** or **partner** on this policy.
- b. You must permanently live in the **UK**.
- c. If your **cash plan** allows you to add **child dependants**, then:
 - your **child dependants** are only eligible to be **members** if they are under 24 years old and permanently live in the **UK**. Once your **child dependants** are accepted as **members**, they can continue to be covered under the policy until the end of the month in which they have their 24th birthday, at which point their cover will end automatically
 - we will cover a maximum of four **child dependants** on this policy.

2.3 Membership types

- a. The following membership types are available. Please note that not all membership types are applicable to every **cash plan**:
 - individual membership is for the **main member** only
 - individual plus membership is for the **main member**, and up to four **child dependants**
 - couple membership is for the **main member**, and their **partner**
 - family membership is for the **main member**, their **partner** and up to four **child dependants**.
- b. Please refer to your **table of cover** for the membership types applicable to your **cash plan** and the **benefits** and **benefits limits** applicable to each **member**.

2.4 Your premium

- a. Your **premium table** sets out the premium payable under the **agreement**.
- b. Your premium will begin calculating from your **start date**.
- c. Your premium is payable monthly in advance by Direct Debit unless we agree otherwise.

[†]We may record or monitor our calls.

- d. If you are paying your premium through another person/party, they will be treated as paying the premium to us on your behalf. The premium will not be considered paid until we actually receive it.
- e. Your premium may change if we or you make any changes to your membership. See also sections 2.8 and 2.9.
- f. Your premium includes Insurance Premium Tax (IPT). If the government changes the rate of IPT we reserve the right to amend your premium from the date that the IPT rate change takes effect. We will notify you of this change in line with section 2.8.

2.5 When your membership starts and how it continues

- a. Your membership and your **benefit year** start from your **start date**, shown in the **welcome letter**. For Mercia Health Benefits policies only, your **benefit year** starts on 1 January each year.
- b. If your **cash plan** allows you to apply for your **named dependants** to become **members**, their cover will start from the date they are added to your cover and we will only pay **benefits** for each **named dependant** from that date.
- c. Your membership is monthly, and will continue automatically until it is ended (please see section 2.6).
- d. Your **benefit limits** will be refreshed at the start of each **benefit year**. Note that your **named dependants' benefit limits** will also be refreshed at the start of each **benefit year**, even if they joined the policy in the middle of a **benefit year**.

2.6 When your membership ends

- a. Your membership (and therefore the membership of any **named dependants**) will end if:
 - you cease to be eligible to be a **main member** on this policy (see section 2.2). You must inform us if this happens
 - you die, or
 - we do not continue to receive the premium on or before the date it is due. If this happens, we will try to contact you, and if we cannot reach you after using reasonable efforts to do so, then we may terminate your membership immediately.
- b. In the event your membership terminates as a result of you failing to pay your premium (including Insurance Premium Tax and any other taxes which may from time to time be payable in respect of your membership) on the date they are due, **Bupa** may at its sole discretion permit your membership and that of your **named dependants** to continue, on condition that the overdue premium is received by **Bupa** within 30 days of the due date.
- c. Your **named dependants'** cover will end if:
 - they cease to be eligible to be a **named dependant** on this policy (see section 2.2). You must inform us if this happens
 - they die
 - your membership ends, or
 - you ask for them to be removed from your cover (subject to the conditions set out in 2.9).

- d. If you or any of your **named dependants** die whilst covered by your membership, you or the appropriate next of kin or personal representative should inform us as soon as it is reasonably possible to do so. We may ask to see the relevant, supporting documentation.

2.7 Qualifying periods

- a. If your cover includes the birth and adoption **benefit**, a one-year **qualifying period** applies before the **benefit** will be payable. We will not pay claims for births or adoptions that happen within the **qualifying period**. A birth or adoption certificate will be required as supporting evidence.
- b. If we agree to increase your **membership level**, you will be required to re-serve the **qualifying period** applicable to the birth and adoption **benefit** before the **benefit** will be payable at the increased **benefit limit**. The birth and adoption **benefit** will still be payable at the **benefit limit** for which the **qualifying period** has been served.
- c. No other **qualifying periods** apply to your cover.

2.8 Changes we can make

- a. We may make changes to the **agreement** upon 30 days' written notice to you. If the changes are required to be made more quickly by law or regulation we will notify you as early as possible. These changes could affect for example:
- the amount of the premium and when it has to be paid
 - the **benefits** that make up your **cash plan**
 - the terms and conditions of your membership.
- b. If you do not accept any changes we make, you may end your membership by letting us know by the date the changes take effect or within 30 days of being told about the changes, whichever is later. If you do end your membership within this period, we will treat the changes as not having been made and will terminate your membership with effect from the end of the 30-day period. Please see section 6 for your rights to cancel or end the **agreement**.

2.9 Changes you can make

- a. To make changes to your membership, please write to us at **Bupa Cash Plan, Bupa Place, 102 The Quays, Salford M50 3SP** or call us on **0345 606 6003**[†].
- b. You must call or write to tell us if you change your address or you stop (or any of your **named dependants** stop) permanently living in the **UK**. If you do not tell us that you have changed your address, we will not be able to notify you of changes to the **agreement** and any written communication will be issued to the address you last gave us. Please note that if we do not have the correct address for you, and we are unable to confirm your correct address after using reasonable efforts to do so, then we will cancel your policy as we will not be able to confirm that you still require cover.
- c. You can change your **membership level** once in any **benefit year**, should your **cash plan** allow. If you choose to change your **membership level** then you will need to pay the applicable premium. Any changes to your **membership level** will not change your **benefit year**.
- d. If you choose to change your **membership level** during a **benefit year**, we will take into account both your new and previous **benefit limit** and any previous claims paid when processing new claims. See also section 3 for additional information on how your claims will be handled.

[†]We may record or monitor our calls.

- e. You can add **named dependants** to your policy, should your **cash plan** allow. Subject to your membership type, you will be permitted to add one **partner** and up to a maximum of four **child dependants** in any one **benefit year**. Once added, a **partner** or **child dependant** may not be changed (replaced with another **named dependant** of the same type) in that **benefit year**. In the case of **child dependants**, their cover will end automatically at the end of the month in which they have their 24th birthday.
- f. If you choose to remove a **named dependant** from your policy, you will not be able to add that **named dependant** back on to your policy until at least the start of the following **benefit year**.

2.10 Fraudulent or misleading information

- a. We can end your membership, treat your membership as if it never existed, or refuse to pay a claim in full or part (or increase your premium by the same proportion) if there is reasonable evidence that you or a **named dependant** did not take reasonable care in answering our questions. By this we mean giving false information or keeping necessary information from us, and if this is:
 - intentional, we may treat your membership as if it never existed or refuse to pay a claim in full or part
 - careless, we may:
 - withdraw cover, refuse all claims and refund all of your premium
 - change the cover
 - reduce any claim payment or increase your premium by the same proportion.
- b. The following list contains examples of practices we consider fraudulent and/or intentionally misleading, although this list is not exhaustive:
 - deliberately giving us false information about you, a **named dependant** or a claim on your policy
 - making any claim under your policy where you know the claim is false, or is exaggerated in any respect
 - making a statement in support of a claim where you know the statement is false in any respect
 - sending us a document in support of a claim where you know the document is forged, false or otherwise misleading in any respect, or
 - making claims under more than one insurance policy in order to receive a sum greater than the cost (to you) of treatment, goods or services, except in respect of **benefits** where no cost needs to be incurred for the **benefits** to be payable (see section 3.4).
- c. Joining the policy and making claims with the intention of ending your membership before the proportionate premium has been paid will also be considered fraudulent and/or intentionally misleading.
- d. If we decide to end your membership, and/or that of any of your **named dependants**, we will write to let you know. Your membership (and/or that of your **named dependants**) will end with immediate effect.
- e. If we end your membership based on receiving fraudulent or misleading information from you, you will not be able to join or rejoin any policy in the future.

2.11 General information

- a. Other parties:
 - only **Bupa** is allowed to make or confirm any changes to your membership on our behalf, or decide not to enforce any of our rights
 - we will confirm changes to your membership in writing. No change to your membership will be valid unless it is confirmed in writing by us.
- b. Correspondence and documents:
 - any correspondence between us in relation to your policy, which is properly sent by post, will be deemed to be received three days after posting. If you are submitting a claim form, then we must receive a completed claim form either online or by post in order to assess your claim (see also section 3 for more information)
 - all correspondence with you and your **named dependants** will be sent to you, the **main member**
 - if you wish to contact us by telephone please call **0345 606 6003**[†].
- c. Your membership will be governed by English law. Any dispute that cannot otherwise be resolved will be dealt with by the courts of England and Wales.

3. Making a claim

3.1 How to make a claim

- a. Receive your treatment, goods or services. Remember to check your **table of cover** for details of the **benefits** you can claim for on your **cash plan**.
- b. Pay for your treatment, goods or services in full and obtain a receipt which, to avoid delays in processing your claim, should clearly show the name and contact details of the practitioner, date of the treatment and the name of the person receiving the treatment.
- c. To make a claim you must send us a fully completed claim form, the supporting receipts and additional information (where applicable), either by:
 - completing our online claim form at **bupa.co.uk/cashplanclaim**, or
 - downloading a claim form from our claims portal or calling us on **0345 606 6003**[†] to request one, and sending it to us by post.
- d. You must provide additional information or evidence to support your claim, if we make a reasonable request for you to do so. For example, we may need to ask you for one of the following:
 - medical reports and other information about the treatment for which you are claiming
 - to undergo an independent medical examination, at our expense
 - proof of prescription.
- e. Please keep your original receipt(s) safe until your claim has been paid, in case there is a query.
- f. To claim against the cost of any treatment, goods or services you may receive from a company or provider in the **Bupa** group, you should send us the receipt for this as you would with any other cash back **benefit**.

[†]We may record or monitor our calls.

- g. For hospital in-patient, hospital day-case, birth and adoption and funeral grant claims the process is slightly different as you don't need to incur any costs.
- For hospital in-patient and hospital day-case claims, simply fill in your claim form and then get the hospital to stamp it confirming the reason and length of the stay or attach your discharge letter.
 - For birth and adoption claims we will require a full copy of the birth or adoption certificate. For you to claim, your name must be on the certificate.
 - For funeral grant claims we will require a certified* copy (not original) of the death certificate and one of the following:
 - if there has been a grant of representation, either the grant of probate together with a letter signed by all the executors, or the letter of administration together with a letter signed by all the administrators. In each case the letter needs to confirm the name of the person to whom a payment should be made payable, and the address to send it to
 - if there has been no grant of representation, a certified^ copy of the **main member's** will together with the name and address of the named beneficiary.
 - See paragraph c for how to submit this to us.

3.2 Limitations and exclusions

- a. You can only claim for the period when you or your **named dependants** (as applicable) are a **member** of the policy. We will pay claims according to the terms and conditions and **benefit limits** that were in effect at the time you received the treatment, goods or service.
- b. You can only claim cash back for treatment, goods or services that have been received and paid for by you or your **named dependants**. For hospital in-patient, hospital day-case, birth and adoption and funeral grant claims, no receipted cost needs to be incurred. In these cases, separate proof to support your claim will be required.
- c. Claims should be submitted as soon as possible (to avoid delays in processing your claim) and must be submitted within 24 months of the date you received the treatment, goods or services.
- d. We do not pay any claims until your first premium payment has been received by us.
- e. We only pay for treatment, goods or services received in the **UK**, Channel Islands or Isle of Man. Goods (eg prescribed glasses or contact lenses, including those purchased over the internet) must be provided by a **UK**, Channel Islands or Isle of Man based and registered company, and you must be invoiced in pounds sterling.
- f. If you choose to change your **membership level** during a **benefit year**, the total claims we will pay for any **benefit** will not exceed the highest **benefit limit** available within that **benefit year**, regardless of when the claims are submitted.

*Copy of death certificate certified by a Registrar. If this is not available, please send certification by a coroner, a mortician, a GP, a consultant or another recognised medical professional.

^Copy of will certified by a professional person or someone well-respected in your community ('of good standing') like a bank or building society official, a councillor, a minister of religion, a dentist, a chartered accountant, a solicitor or notary or a teacher or lecturer. The person you ask shouldn't be related to you, living at the same address or in a relationship with you.

To certify a document, take the photocopied document and the original and ask the person certifying the copy to write 'certified to be a true copy of the original seen by me' on the document, sign and date it, print their name under the signature, and add their occupation, address and telephone number.

- g. We do not pay for treatment of and/or treatment, goods or services arising from any **epidemic** and/or **pandemic**.
- h. We do not pay for treatment, goods or services arising directly or indirectly from:
 - war, riots, terrorist acts, civil disturbances, foreign hostility where war has not been declared, or any similar cause
 - chemical, radioactive or nuclear contamination, or combustion of chemicals or nuclear fuel or any similar event.
- i. We do not pay for treatment, goods or services that you receive from a business you own or from a member of your immediate family.
- j. We do not pay for the following. These charges will be your responsibility:
 - any amounts you may be charged by a hospital or doctor or other person for completing your claim form
 - insurance premiums
 - for any type of extended warranty or guarantee for goods or services received
 - for regular payment plans eg dental practice plan payments
 - missed appointments fees or charges
 - postage and packaging costs
 - prescription fees and medication (except under the prescription **benefit** where applicable).
- k. We do not have to pay any claim if you or your **named dependants** break any of the terms and conditions of your membership, which relate to the claim.
- l. We will only reimburse health insurance excess claims if the excess relates to an eligible health **benefit** covered by your **cash plan**. Any claims paid for excesses will be deducted from the relevant **benefit limit** in the usual way, for example, if you attend a consultation that is covered by a private medical insurance policy and you pay an excess for this, you are able to claim for cash back towards that excess, up to your **benefit limit**, but only if your **cash plan** includes a consultation **benefit**.

3.3 Making claims that involve third parties

- a. When you claim in connection with an injury or medical condition that was caused by or was the fault of someone else (a 'third party'), for example, an injury suffered in a road accident in which you are a victim, the following conditions apply:
 - you must notify us as soon as possible that your treatment was needed as a result of a third party. You must provide us with any further details that we reasonably ask you for
 - you must take any reasonable steps we ask of you to recover from the third party the cost of the treatment paid by us and claim interest if you are entitled to do so
 - you (or your solicitor) must keep us fully informed in writing of the progress and outcome of your claim
 - if you recover the cost of any treatment paid for by us, you must repay the amount and any interest to us.
- b. We are not responsible for any legal fees you may incur if you pursue the third party for damages.

3.4 Making claims across more than one insurance policy

- a. If you or your **named dependants** have other insurance cover for the cost of the treatment, goods or services you are claiming from this policy, you must provide us with full details as soon as possible. This includes any other insurance you or your **named dependants** hold with **Bupa** or any other provider.
- b. We will only pay our share, up to the **benefit limit**, of the cost of the treatment, goods or services you are claiming.
- c. Please note that attempting to claim under more than one insurance policy in order to receive a sum greater than the cost (to you) of the treatment, goods or services will be considered fraudulent and/or misleading. See section 2.10 for more details.
- d. This section 3.4 applies to all **benefits**, except for the following (if applicable to your **cash plan**):
 - hospital in-patient claims
 - hospital day-case claims
 - birth and adoption claims
 - funeral grant claims.

In these cases, we will pay any eligible claims in full, up to your **benefit limits**, even if the costs have been covered in part or in full by another insurance policy, as no cost needs to be incurred for these **benefits** to be payable.

4. Payment of claims

- a. We will pay eligible claims to the **main member**, via your nominated bank account. All claims will be paid to the **main member** and not to your **named dependants**.
- b. Claims should be submitted as soon as possible (to avoid delays in processing your claim) and must be submitted within 24 months of the date you received the treatment, goods or services. Once we receive the claim form, if we have all the correct information, we will aim to process and pay your claim as soon as possible. We will also send you a confirmation that the claim has been paid.
- c. If we reject your claim, we will let you know, and explain why we have rejected the claim.
- d. If we do not have the information we need to assess your claim we will contact you to advise the reason(s) why and what information we require. We will only be able to assess your claim if all the required information is provided.

5. Personal accident cover terms (if applicable)

PLEASE ONLY REFER TO THIS SECTION IF YOUR **CASH PLAN** INCLUDES PERSONAL ACCIDENT COVER.

If your **cash plan** includes personal accident cover, this section applies to you. Your **table of cover** will show whether personal accident cover is included on your **cash plan**.

If personal accident cover is included on your **cash plan**, we recommend that you keep a copy of this documentation alongside any last will and testament you may have.

Personal accident cover is underwritten by a third party **personal accident insurer**.

5.1 Personal accident cover definitions

In this section 5, we use some additional words which have specific meanings, which are indicated by **bold italic**. We have set out what we mean by these words below. These definitions are in addition to those listed in section 1 of this membership guide, which still apply throughout this section 5 (personal accident cover terms).

Word/phrase	Meaning
Accident/accidental	a sudden unforeseen and fortuitous identifiable event ; or unavoidable exposure to severe weather. The word accidental shall be construed accordingly.
Bodily injury	injury to the main member (and/or partner if covered by your policy) which solely and independently of any other cause results within 24 months of the date of the accident in your (and/or your partner's if covered by your policy) death, permanent disability (as listed in the table in section 5.2) fracture or break of a specified bone or bones.
Disappearance	if the main member (and/or partner if covered by your policy) is considered a missing person, whose whereabouts has been unknown for 12 months under conditions where it is reasonable for the personal accident insurer to believe that they have sustained bodily Injury resulting in death, the accidental death claim shall become payable. In the event of this belief being incorrect, the accidental death claim shall be repaid to the personal accident insurer .
Event	any one occurrence or all occurrences of a series consequent upon or attributable to one source or original cause.
Loss of hearing	total, permanent and irrecoverable loss of hearing.
Loss of sight	the total and irrecoverable loss of sight when your name has been added to the Register of Blind Persons or when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale.
Personal representative	an appointed representative of the main member in matters relating to the policy.

5.2 Personal accident cover

If the **main member** (and/or **partner** if covered by your policy) suffers any of the following while covered under the policy, the **personal accident insurer** will pay the amount shown, up to an overall maximum of £12,000 per **member**, per **event** for each of you in respect of **accidental bodily injury** resulting in:

Bodily injury	Claim limit
Accidental death (including disappearance)	up to £10,000
Permanent total disablement	up to £10,000
Permanent and incurable paralysis of all limbs	up to £10,000
Permanent and incurable insanity	up to £10,000
Loss of sight in both eyes	up to £10,000
Loss of, or loss of use of, both hands or feet	up to £10,000
Loss of sight in one eye	up to £5,000
Loss of, or loss of use of, one hand or foot	up to £5,000
Loss of hearing	a) in both ears, up to £5,000 b) in one ear, up to £1,500
Loss of, or loss of use of, the lens of one eye	up to £2,500
Loss of, or loss of use of, four fingers and thumb of either hand	up to £4,000
Loss of, or loss of use of, four fingers on one hand	up to £2,000
Loss of, or loss of use of, thumb of either hand	a) both joints up to £2,000 b) one joint up to £1,000
Loss of, or loss of use of, fingers on either hand	a) three joints up to £500 b) two joints up to £350 c) one joint up to £200
Loss of, or loss of use of, toes	a) all – one foot £1,500 b) big – both joints up to £500 c) big – one joint up to £200 d) other than big, each complete toe up to £200
Established non-union of fractured leg or knee cap	up to £1,000
Shortening of leg by at least five (5) centimetres	up to £750
Funeral expenses following accidental death	up to £2,000

5.3 Personal accident cover exclusions

The **personal accident insurer** will not pay for:

- a. **Bodily injury** resulting directly or indirectly from or contributed to by the **main member** (and/or **partner** if covered by your policy):
 - engaging in active service in the armed forces of any nation
 - committing or attempting to commit suicide or intentionally inflicting self injury
 - engaging in flying or other aerial activity other than as a passenger
 - participating in any sport where you receive payment for your participation.
- b. **Bodily injury** resulting directly or indirectly from or contributed to by:
 - sickness, disease, any naturally occurring condition or any gradually operating cause
 - war.
- c. Any disabilities caused by or arising from Post Traumatic Stress Disorder, other than as a direct result of **accidental bodily injury** caused by an **accident**.

5.4 Personal accident cover claims procedure

Written notice should be submitted by the **main member** or your **personal representative** to **Bupa** as soon as reasonably possible after the **accident**. Any document or evidence reasonably required by the **personal accident insurer** to verify the claim shall be provided by you or your **personal representative** at your personal expense.

Any medical examination required by the **personal accident insurer** to prove the claim will be at the **personal accident insurer's** expense.

To support **accidental** death and funeral expenses claims, the following documents will be required (as applicable):

- certified* copy (not original) of death certificate
- certified copies of all supporting documents as follows:
 - if there has been a grant of representation, either the grant of probate together with a letter signed by all the executors, or the letter of administration together with a letter signed by all the administrators. In each case the letter needs to confirm the name of the person to whom a payment should be made payable, and the address to send it to; or
 - if there has been no grant of representation, a certified^ copy of the **Bupa** cash plan **main member's** (and/or **partner's** if covered by your policy) will together with the name and address of the named beneficiary
- receipt(s) for any funeral expenses.

*Copy of death certificate certified by a Registrar. If this is not available, please send certification by a coroner, a mortician, a GP, a consultant or another recognised medical professional.

^Copy of will certified by a professional person or someone well-respected in your community ('of good standing') like a bank or building society official, a councillor, a minister of religion, a dentist, a chartered accountant, a solicitor or notary or a teacher or lecturer. The person you ask shouldn't be related to you, living at the same address or in a relationship with you.

To certify a document, take the photocopied document and the original and ask the person certifying the copy to write 'certified to be a true copy of the original seen by me' on the document, sign and date it, print their name under the signature, and add their occupation, address and telephone number.

5.5 Payment of personal accident cover claims

Any payment due under this policy will be paid to the **main member**, if living, or otherwise to your **personal representative**, within 21 days of the claim being substantiated to the satisfaction of the **personal accident insurer**. Any receipt which you, anyone acting on your behalf, or your **personal representative** may provide to the **personal accident insurer** for claims payable under this policy shall be a final and complete discharge of the **personal accident insurer's** liability in respect of such claims.

5.6 Personal accident cover complaints procedures

The **personal accident insurer** is dedicated to providing a high quality service and wants to maintain this at all times. If you are not happy with their service, please contact them, quoting the policy details, so they can deal with the complaint as soon as possible. Their contact details are:

In writing: **The Customer Relations Manager, Chubb, PO Box 682, Winchester SO23 5AG**

By phone: **0800 519 8026**

By fax: **01293 597376**

By email: **customerrelations@chubb.com**

You can approach the Financial Ombudsman Service for assistance if there is dissatisfaction with the **personal accident insurer's** final response or after eight weeks from making the complaint if not resolved satisfactorily. Any approach to the Financial Ombudsman Service must be made within six months of the **personal accident insurer's** final response.

Contact details are given below. A leaflet explaining the procedure is available on request.

In writing: **The Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, London E14 9SR**

By phone: **0800 023 4567**[°]

By phone: **0300 123 9123**^{°°}

By fax: **020 7964 1001**

By email: **complaint.info@financial-ombudsman.co.uk**

Or visit their website: **www.financial-ombudsman.org.uk**

Following this complaints procedure does not affect your statutory rights relating to this policy. For more information about statutory rights, you should contact the Citizens Advice Bureau.

[°] Monday to Friday 8am to 8pm, Saturday 9am to 1pm. Calls are free from a UK landline or mobile.

^{°°} Calls to this number are charged at the same rate as 01 or 02 numbers on mobile phone tariffs.

The Personal Accident part of this policy is provided and administered by Chubb European Group SE. Chubb European Group SE is an undertaking governed by the provisions of the French insurance code with registration number 450 327 374 RCS Nanterre. Registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. CEG has fully paid share capital of €896,176,662.

UK business address: 100 Leadenhall Street, London EC3A 3BP.

Supervised by the French Prudential Supervision and Resolution Authority (4, Place de Budapest, CS 92459, 75436 PARIS CEDEX 09) and authorised and subject to limited regulation by the Financial Conduct Authority. Details about the extent of their regulation by the Financial Conduct Authority are available from them on request. You can find details about the firm by searching 'Chubb European Group SE' online at <https://register.fca.org.uk/>

Protecting your information and rights

6. Your right to cancel or end this agreement

- a. We think you'll be delighted with your membership, but if for any reason you're not, you can end your membership without incurring a fee by calling us on **0345 606 6003**[†] or writing to us.
- b. You may end your membership, and therefore that of any of your *named dependants*:
 - within 21 days from the later of the **start date** or the date you receive your first set of policy documents. We'll refund all of the applicable premium paid as long as you have not made a claim;
 - within 21 days from the effective date of any changes we make (in accordance with section 2.8) and we'll refund the applicable premium you have paid relating to the period after the changes take effect; or
 - at any time thereafter and we'll refund the applicable premium you have paid relating to the period after your membership ends. You will also need to cancel your Direct Debit with your bank.
- c. You may end the membership of any of your *named dependants*:
 - within 21 days from the later of the date cover starts for that *named dependant* or the date you receive written confirmation of cover for that *named dependant*. We'll refund all of the applicable premium[‡] paid as long as no claims have been made in respect of that *named dependant*; or
 - at any time thereafter and we'll refund the applicable premium[‡] you have paid in respect of that *named dependant* relating to the period after their membership ends.
- d. If you make a claim within your current **benefit year** and then you end your membership before the proportionate premium is paid, we may refuse you a new membership in the future if we reasonably believe you intended to act dishonestly.

7. Status disclosure

Cover is provided by Bupa Insurance Limited and arranged and administered by Bupa Insurance Services Limited as an agent of Bupa Insurance Limited. These companies (using the trading name Bupa) are wholly owned subsidiaries of the British United Provident Association Limited. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority.

The firm reference numbers are 203332 and 312526 respectively. This information can be checked by visiting the Financial Conduct Authority website www.fca.org.uk

[†]We may record or monitor our calls.

[‡]Where ending a *named dependant's* membership results in a change to **membership level** and a reduction in premium.

Bupa Insurance Limited is registered in England and Wales with company registration No. 3956433 and Bupa Insurance Services Limited is registered in England and Wales with company registration No. 3829851. They have the same registered office: **1 Angel Court, London EC2R 7HJ**

Chubb European Group SE provides the personal accident cover on our **Bupa** cash plan product.

The funeral grant benefit part of the policy (where shown on **your table of cover**) is provided and administered by Aviva Life & Pensions UK Limited. Registered in England No. 3253947. Registered Office: Aviva, Wellington Row, York, YO90 1WR. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Member of the Association of British Insurers. Firm Reference Number 185896. You can check this on the Financial Services Register by visiting <https://register.fca.org.uk> or by contacting the Financial Conduct Authority on 0800 111 6768.

8. Statement of demands and needs

This product is generally suitable for customers who are looking to cover the cost of a selected range of everyday healthcare expenses.

We have not provided you with any advice regarding this policy and how it meets your individual needs. If you have purchased through a non-**Bupa** financial adviser then please refer to the demands and needs statement that they have provided you with.

Please read this membership guide, your **welcome letter**, **table of cover** and **premium table** to ensure that this policy meets your needs.

9. Privacy notice – in brief

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you, how we use it and how we protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice available at bupa.co.uk/privacy. If you do not have access to the internet and would like a paper copy, please write to **Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-upon-Thames, Middlesex TW18 3DZ**. If you have any questions about how we handle your information, please contact us at dataprotection@bupa.com

9.1 Information about us

In this privacy notice, references to 'we', 'us' or 'our' are to Bupa. Bupa is registered with the Information Commissioner's Office, registration number Z6831692. Bupa is made up of a number of trading companies, many of which also have their own data-protection registrations. For company contact details, visit bupa.co.uk/legal-notices

9.2 Scope of our privacy notice

This privacy notice applies to anyone who interacts with us about our products and services ('you', 'your'), in any way (for example, email, website, phone, app and so on).

9.3 How we collect personal information

We collect personal information from you and from certain other organisations (those acting on your behalf, for example, brokers, health-care providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

9.4 Categories of personal information

We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example, information we use to contact you, identify you or manage our relationship with you), special categories of information (for example, health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks, or other background screening activity).

9.5 Purposes and legal grounds for processing personal information

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and handling complaints), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others' legitimate interests or it is needed or allowed by law. We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

9.6 Marketing and preferences

We may use your personal information to send you marketing by post, phone, social media, email and text. We only use your personal information to send you marketing if we have either your permission or a legitimate interest. If you don't want to receive personalised marketing about similar products and services that we think are relevant to you, please contact us at optmeout@bupa.com or write to **Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-upon-Thames, Middlesex TW18 3DZ**

9.7 Processing for profiling and automated decision-making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will interest you (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our full privacy notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making.

9.8 Sharing your information

We share your information within the Bupa group of companies, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example, brokers and other intermediaries) and with others who help us provide services to you (for example, health-care providers) or who we need information from to handle or check claims or entitlements (for example, professional associations). We also share your information in line with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

9.9 Transfers outside of the European Economic Area (EEA)

We deal with many international organisations and use global information systems. As a result, we transfer your personal information to countries outside of the European Economic Area (the EU member states plus Norway, Liechtenstein and Iceland) for the purposes set out in this privacy policy.

9.10 How long we keep your personal information

We keep your personal information in line with periods we work out using the criteria shown in the full privacy notice available on our website.

9.11 Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used; to ask us to transfer information you have made available to us; to withdraw your permission for us to use your information; and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

9.12 Data-protection contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at dataprotection@bupa.com. You can also use this address to contact our Data Protection Officer.

You also have a right to make a complaint to your local privacy supervisory authority. Our main office is in the UK, where the local supervisory authority is the Information Commissioner, who can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom. Phone: 0303 123 1113 (local rate) or 01625 545 745 (national rate).

10. Financial crime and sanctions

10.1 Financial crime

You agree to comply with all applicable UK legislation relating to the detection and prevention of financial crime (including, without limitation, the Bribery Act 2010 and the Proceeds of Crime Act 2002).

10.2 Sanctions

Bupa, through your policy, shall not provide cover or be liable to pay any claim where this would expose **Bupa** to any sanction, prohibition or restriction under United Nations resolutions, or trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America, and/or all other jurisdictions where **Bupa** transacts its business, including but not limited to providing medical coverage inside Sudan, Iran, North Korea, Syria, and Cuba.

11 Making a complaint

We are committed to providing you with a first class service at all times and will make every effort to meet the high standards we have set. If you feel that we have not achieved the standard of service you would expect or if you are unhappy in any other way, then please get in touch.

If **Bupa**, or any representative of **Bupa**, did not sell you this policy and your complaint is about the sale of your policy, please contact the party who sold the policy. Their details can be found on the status disclosure document or the terms of business document they provided to you.

For any other complaint our member services department is always the first number to call if you need help or support or if you have any comments or complaints. You can contact us in several ways:

By phone: **0345 606 6003**[†]

In writing: **Customer Relations, Bupa, Bupa Place, 102 The Quays, Salford M50 3SP**

By email: **customerrelations@bupa.com**

Please be aware that the information you send to this email address may not be secure unless you send your email through Egress.

For more information and to sign up for a free Egress account, go to **<https://switch.egress.com>**. You will not be charged for sending secure emails to a **Bupa** email address using the Egress service.

Via our website: **bupa.co.uk/complaints**

[†]We may record or monitor our calls.

11.1 How will we deal with your complaint and how long is this likely to take?

If we can resolve your complaint within three working days after the day you made your complaint, we will write to you to confirm this. Where we are unable to resolve your complaint within this time, we will promptly write to you to acknowledge receipt. We will then continue to investigate your complaint and aim to send you our final written decision within four weeks from the day of receipt. If we are unable to resolve your complaint within four weeks following receipt, we will write to you to confirm that we are still investigating it.

Within eight weeks of receiving your complaint we will either send you a final written decision explaining the results of our investigation or we will send you a letter advising that we have been unable to reach a decision at this time.

If you remain unhappy with our response, or after eight weeks you do not wish to wait for us to complete our review, you may refer your complaint to the Financial Ombudsman Service. You can write to them at: **Exchange Tower, London E14 9SR** or contact them via email at **complaint.info@financial-ombudsman.org.uk** or call them on **0800 023 4567** calls to this number are now free on mobile phones and landlines or **0300 123 9123** (free for mobile phone users who pay a monthly charge for calls to numbers starting 01 or 02).

For more information you can visit **www.financial-ombudsman.org.uk**

If you refer your complaint to the Financial Ombudsman Service, they will ask for your permission to access information about you and your complaint. We will only give them what is necessary to investigate your complaint and this may include medical information. If you are concerned about this, please contact us.

Your complaint will be dealt with confidentially and will not affect how we treat you in the future. Whilst we are bound by the decision of the Financial Ombudsman Service, you are not.

The European Commission also provides an online dispute resolution (ODR) platform which allows consumers who purchase online to submit complaints through a central site which forwards the complaint to the relevant Alternative Dispute Resolution (ADR) scheme. For **Bupa**, complaints will be forwarded to the Financial Ombudsman Service and you can refer complaints directly to them using the details above. For more information about ODR please visit **http://ec.europa.eu/consumers/odr/**

11.2 The Financial Services Compensation Scheme (FSCS)

In the unlikely event that we cannot meet our financial obligations, you may be entitled to compensation from the Financial Services Compensation Scheme. This will depend on the type of business and the circumstances of your claim.

The FSCS may arrange to transfer your policy to another insurer, provide a new policy or, where appropriate, provide compensation. Further information about compensation scheme arrangements is available from the FSCS on **0800 678 1100** or **020 7741 4100** or on its website at: **www.fscs.org.uk**

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Bupa cash plan is provided by:

Bupa Insurance Limited. Registered in England and Wales No. 3956433. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register No. 203332.

Bupa insurance policies are administered by:

Bupa Insurance Services Limited. Registered in England and Wales No. 3829851. Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. Financial Services Register No. 312526.

You can check the Financial Services Register by visiting <https://register.fca.org.uk> or by contacting the Financial Conduct Authority on 0800 111 6768.

Registered office: 1 Angel Court,
London EC2R 7HJ

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