

Plan4Life

Cancer Cover

Policy details



In return for the payment of the correct premiums, Insured Persons are eligible for benefits provided by this policy in accordance with the terms of the policy and the following schedule

Premiums per month
including Insurance Premium Tax

Persons insured	Bronze	Silver	Gold	Platinum
Personal (policyholder only)	£7.28	£12.86	£17.33	£26.31
Couple (policyholder and partner)	£14.55	£25.71	£34.66	£52.62

Benefit Schedule

Category	Benefit	Bronze	Silver	Gold	Platinum
A	Malignant cancer (including malignant melanoma) or Benign tumour of the brain, spinal cord or meninges or Ductal carcinoma in situ of the breast	£4,000	£8,000	£12,000	£20,000
B	Carcinoma in situ or Skin cancer (excluding malignant melanoma which is covered under A above)	£250	£250	£250	£250
C	GP helpline and private prescription service	Access to a GP 24/7, 365 days a year Providing access to a qualified GP, 24/7 via a telephone or webcam consultation offering diagnosis, advice and reassurance on a range of medical matters. GP's can also authorise a private electronic prescription			
D	Red Arc	Personal nurse adviser service Monday – Friday 9.00am to 5.00pm (excluding Bank Holidays) 01244 625 180			

All cash benefits are payable at half the amount shown if You are a Smoker.

Category A benefit is payable once only during the life of the policy.

Category B benefit is payable four times during the life of the policy.

Policy Terms

Definitions

In this policy (except where the policy expressly provides otherwise) the following expressions have the meanings shown below:

Administrator

BHSF Management Services Limited.

Benign Tumour

A non-cancerous swelling or lesion caused by an abnormal growth of cells. A tumour is not synonymous with cancer.

Malignant Cancer

A malignant tumour, tissues or cells characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

Partner

The one person named as such in the policy schedule, who is Your lawful spouse (or some other person who cohabits with You) and who permanently resides with You.

Pre-existing Condition

Any medical condition, whether diagnosed or not, for which You have:

- received advice, medication or treatment
- experienced symptoms
- had abnormal tests

in the five years before the start date of the policy, or the date of transfer to a higher level of cover.

Smoker

Anyone who uses or has used any tobacco product, including nicotine replacements, within the 36 month period prior to:-

- i. the start date of the policy
- ii. the date of transfer to a higher level of cover
- iii. the date on which a diagnosis is made which results in a claim.

We/Us/Our

BHSF Employee Benefits Limited on behalf of Faraday Underwriting Limited for and on behalf of Syndicate 435 at Lloyd's.

You/Your

The policyholder and, where applicable, any Partner covered under Your policy.

Premiums

This policy operates on the basis that each calendar month a new contract is formed between Us and You. Monthly reminder notices are not issued.

Subject to the remainder of this section, the policy will remain in force for as long as premium payments are continued. The payment of benefits depends upon premiums being up to date at the time of the diagnosis which gives rise to the claim.

Where Your employer is responsible for passing Us Your premiums, claim payments may be held if they are not received within a reasonable timeframe.

Your policy may be declined or cancelled if:

- It is suspected that You did not tell the truth or, concealed information or failed to comply with the terms and conditions as more specifically set out in the General Condition 4; or

- You, or anyone representing You, acts in a threatening or abusive manner towards a member of Our or the Administrator's organisation, e.g. violent behaviour, verbal abuse, sexual, and/or racial harassment.

We reserve the right to vary the premiums, benefits or rules of this plan on giving You at least four weeks prior notice at Your last known address, or the email address registered to Your policy for:

- A change in the applicable rate of Insurance Premium Tax.
- A change in Our expected claims experience.
- Changes to regulatory requirements or legislation.

All rights to benefit cease after the last day of the period covered by the final premium payment.

Policy Termination

This policy will terminate automatically upon the first of the following events:-

1. Once the premium remains unpaid for more than 45 days.
2. The payment under any benefit in Category A.
3. At the premium due date following Your 69th birthday.
4. You leave Your current employment, through which this policy has been arranged.

If You cease employment with the employer through which this policy has been arranged, You may, within 13 weeks of that happening, apply to effect an alternative Plan4Life policy without any qualifying period applying.

If You have couple cover and Your Partner receives a payment under Category A, the policy will terminate but the Partner who has received no benefit under Category A, may take out an individual Plan4Life policy with no qualifying period.

Age Limits

Cover, on the basis set out above, is provided to You if You are between the ages of 16 and 68 inclusive at the time of the Administrator's receipt of an application for either a new policy or a change to the level of cover of an existing policy.

General Conditions

1. Premiums and claims are payable in sterling.
2. This policy is bound by English law and shall be subject to the rule of English Courts and the language used for communications purposes is English.
3. You must be normally resident in the United Kingdom.
4. Cover is subject to the terms and conditions set out in this policy document. Any material failure to provide Us with information fully and truthfully when required to do so, will entitle Us to terminate the policy forthwith and may invalidate any claims under the policy.
5. The submission of a false or misrepresented claim may result in cancellation of the policy and/or legal action against You. You are responsible for ensuring the accuracy of claims made under this policy.
6. Cooling off period - You have 14 days from the date Your policy documentation is issued to review it. If You are not satisfied with the policy, simply notify the Administrator within the 14 days and they will cancel Your policy and refund any premium collected. To cancel Your policy either call their Helpdesk on 0121 454 3601, email them at enquiries@bhsf.co.uk or write to them at BHSF Management Services Limited, 14th Floor, 54 Hagley Road, Birmingham, B16 8PE.
7. This policy has no surrender value.
8. If You are a Smoker the sums insured are payable at 50% of the amounts shown in the benefit schedule on page 2. If You give up smoking during the course of the policy, You should advise Your General Practitioner (GP) for them to make a note on Your medical file. In the event of a claim being made the Administrator will confirm Your smoking status with You and Your GP. Full cover would be reinstated if You are able to evidence that You have given up smoking for a clear period of 3 years, should a valid claim be made. You may be asked to take a nicotine test in support of any request for non-Smoker status and any falsification of information may result in any claims being invalidated.

9. If You are a non-Smoker at the inception of the policy and become a Smoker whilst the policy is in force, then in the event of a claim any payments will be made at 50% of the values shown in the schedule on page 2.

Qualifying Periods

Subject to the terms of this policy You become eligible to claim after 13 weeks from the start date of the policy, with the exception of the GP helpline and private prescription service and RedArc which are available immediately. No payment will be made in respect of any diagnosis made prior to the start date of the policy, or within the 13-week qualifying period.

If You upgrade Your policy to a higher level of cover, then for the following 13 weeks, the sums insured are restricted to that which would have been payable under the previous level of cover.

Exclusions

The sums insured will not be paid in cases where a diagnosis is made:

1. As a result of a Pre-existing Condition unless You have not:
 - had any symptoms or abnormal tests
 - received any medication or other treatment
 - sought medical advicefor an uninterrupted period of five years, immediately prior to the start date of the policy, or the date of transfer to a higher level of cover.
2. Which is a recurrence in the same organ system or any secondary cancer (metastases) of a cancer which You had prior to either the start date of the policy or the date of transfer to a higher level of cover.
3. Prior to the start date of Your policy or within the 13-week qualifying period.
4. Either by self-diagnosis or diagnosis by a relative or family member.
5. After the date of Your death.
6. As a result of Biological or Chemical Materials
It is agreed that this insurance excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from, or in connection with, the actual or threatened malicious use of pathogenic or poisonous biological or chemical materials regardless of any other cause or event contributing concurrently or in any other sequence thereto.

Cover Provided

Category A

Payment under Category A is limited to one occasion during the life of the policy.

Malignant Cancer

The sum insured under this heading is payable following diagnosis of a Malignant Cancer, as confirmed in writing by a cancer specialist and accompanied by a histological report.

The sum insured is not payable:

- a) *for a Benign Tumour (unless of the brain, spinal cord or meninges)*
- b) *for skin cancer or melanoma in situ.*

Benign Tumour of the brain, spinal cord or meninges

The sum insured under this heading is payable following diagnosis of a Benign Tumour of the brain, spinal cord or meninges, as confirmed in writing by an appropriate medical specialist and accompanied by a corroborating report.

The sum insured is not payable:

for the diagnosis of a Benign Tumour in any part of the body other than as stated above.

Ductal carcinoma in situ of the breast

The sum insured under this heading is payable following diagnosis of ductal carcinoma in situ of the breast, as confirmed in writing by a cancer specialist and accompanied by a histological report.

The sum insured is not payable:

for lobular carcinoma in situ of the breast.

Category B

Payment under Category B is limited to a maximum of four occasions during the life of the policy.

Carcinoma in situ

The sum insured under this heading is payable following diagnosis of a carcinoma in situ (in any area other than the skin), as confirmed in writing by a cancer specialist and accompanied by a histological report.

The sum insured is not payable:

- a) *for ductal carcinoma in situ*
- b) *for pre-malignant lesions (including carcinoma in-situ and prostatic intraepithelial neoplasia).*
- c) *for carcinoma in situ of the skin.*

Skin cancer or melanoma in situ

The sum insured under this heading is payable following diagnosis of skin cancer or melanoma in situ, as confirmed in writing by a cancer specialist and accompanied by a histological report.

The sum insured is not payable:

for any skin tumour that is benign.

Category C

GP helpline and private prescription service

Access to a GP 24/7, 365 days a year.

- Telephone Helpline - 24/7, 365 days a year access to a qualified GP, offering diagnosis, advice and reassurance on a range of medical matters.
- Online Doctor - a face-to-face webcam consultation service, allowing the doctor to see more precisely where pain or injuries lie in order to assist with diagnosis and advice.
- Private Prescription Service - doctors can authorise a private electronic prescription. An online pharmacy then contacts You to take payment and arrange delivery of the medication.

Category D

RedArc

RedArc is a personal nurse adviser service, available to You and Your family. It can help ease Your concerns or manage Your experience of cancer and its treatment. During challenging times, practical advice and emotional support is just as important as financial assistance.

Every member of the RedArc team is a highly experienced and fully qualified, registered nurse, with a specialised knowledge of all forms of cancer.

RedArc can also provide information on relevant charities, self-help groups and support organisations. The service is tailored to Your needs, and those of Your family.

How to Claim

For the GP helpline & private prescription service:-

To access the GP helpline, call **0345 303 7417** and advise if You would prefer to schedule a telephone call or webcam consultation with a GP. Please ensure You have Your policy number to hand.

For RedArc:-

For advice and counselling, please call **01244 625 180** and remember to have Your policy number to hand.

For all other claims:-

1. Notification should be made to the Administrator as soon as reasonably practicable, following diagnosis of one of the claimable conditions set out in the 'Cover Provided' section of this policy document.
2. A claim form can be obtained by calling their Helpdesk on **0121 454 3601**.
3. The claim form must be completed in full and returned to **CST Specialist Claims, BHSF Management Services Limited, 14th Floor, 54 Hagley Road, Birmingham, B16 8PE**, or You can scan and email it to claimspecialists@bhsf.co.uk.
4. You will authorise the disclosure of any medical or other information relevant to Your claim which may be required to assess its validity.
5. When the completed claim form is received, the Administrator will contact Your GP and ask them to provide a medical report to validate Your claim. In some cases, Your GP may not hold the information required to validate Your claim, if this is the case, they will contact Your hospital Consultant for further information. They may, at their cost, require You to be medically examined.
6. You will be responsible for the cost of any medical information You obtain in support of a claim.
7. If the claim is assessed and is proven to be payable, payment will be made via bacs to Your bank account. If the valid claim is for a Category A diagnosis the policy will be cancelled when payment is made to You.

Fraud

You must not act in a fraudulent manner. If You or anyone acting for You:

- a) makes a claim under the policy knowing the claim to be false or fraudulently exaggerated in any respect, or
- b) makes a statement in support of a claim knowing the statement to be false in any respect, or
- c) submit a document in support of a claim knowing the document to be forged or false in any respect, or
- d) makes a claim in respect of any diagnosis occasioned by a wilful act or with the connivance of You.

Then:

- a) The claim shall not be paid.
- b) Any other claim for You which has been or will be made under the policy shall not be paid.
- c) The policy may be declared void.

- d) Any misrepresented claim already paid under the policy may be reclaimed.
- e) No premiums shall be returned.
- f) The police may be informed of the circumstances.

Customer Care

We and the Administrator continually strive to provide customers with outstanding value policies and excellent service. If You have a comment about Your policy, a claim You have submitted or the service You have been provided with, please contact the Administrator's Helpdesk on 0121 454 3601.

In the event that You wish to make a complaint, You can do so at any time by referring the matter, in the first instance, to the Administrator at:

Telephone: 0121 454 3601

Email: Enquiries@bhsf.co.uk

Post: Customer Care, BHSF Management Services Limited, 14th Floor, 54 Hagley Road, Birmingham, B16 8PE.

Or the Underwriter, Faraday Underwriting Limited, at:

Email: faraday.complaints@faraday.com

Post: Complaints Manager, Faraday Underwriting Limited, Corn Exchange, 55 Mark Lane, London EC3R 7NE

In the event that You are not satisfied with the response You receive, You can escalate this to the Complaints Team at Lloyd's at:

Post: Complaints, Lloyd's, One Lime Street, London EC3M 7HA

Telephone: 0207 327 5693

Fax: 0207 327 5225

Email: complaints@lloyds.com

Website: www.lloyds.com/complaints

If You remain dissatisfied after Lloyd's has considered Your complaint, You may have the right to refer Your complaint to the Financial Ombudsman Service. Their contact details are:

Post: The Financial Ombudsman Service, Exchange Tower, London E14 9SR

Telephone: 0800 023 4 567 (calls to this number are free from "fixed lines" in the UK) or 0300 1239123 (calls to this number are charged at the same rate as 01 and 02 numbers on mobile phone tariffs in the UK)

Email: complaint.info@financial-ombudsman.org.uk

The Financial Ombudsman Service is an independent service in the UK for settling disputes between consumers and businesses providing financial services. You can find more information on the Financial Ombudsman Service at www.financialombudsman.org.uk. Making a complaint does not affect Your right to take legal action.

Protecting Your Data

We and the Administrator are committed to protecting Your personal data and process it in accordance with all applicable data protection laws. The aim in processing Your personal data is to deliver the best possible service to You whilst recognising the need to protect Your fundamental right to privacy.

Your personal data is used for such things as risk assessments, research and statistical purposes, claims handling and for the general administration of Your policy. For further information about how Your personal data is handled and Your rights please read Our and the Administrator's privacy statements at [Faraday Privacy Notice.pdf](#) and www.bhsf.co.uk/privacynotice.

Financial Services Compensation Scheme (FSCS)

We are covered by the FSCS. Compensation from that scheme may be payable if We are unable to meet Our obligations (e.g. if We go out of business or into liquidation or are unable to trade). Entitlement depends on the type of business and the circumstances of the claim.

Further information about the scheme is available on the FSCS website www.fscs.org.uk

About Us

Faraday Underwriting Limited for and on behalf of Syndicate 435 at Lloyd's is the limited company registered in England under company number 01682486 that underwrites Your policy, and is authorised by the Prudential Regulation Authority, and regulated by the Financial Conduct Authority and Prudential Regulation Authority.

Registered address:

Faraday Underwriting Limited
Corn Exchange
55 Mark Lane
London
EC3R 7NE

BHSF Management Services Limited is responsible for the administration of Your policy including the management of claims. They will be there throughout the life of Your cover to answer any questions that You may have. They are authorised by the Prudential Regulation Authority, and regulated by the Financial Conduct Authority and Prudential Regulation Authority. Company number: 10604505.

BHSF Employee Benefits Limited is responsible for the management, distribution and premium collection of Your policy. BHSF Employee Benefits Limited, are authorised and regulated by the Financial Conduct Authority.

Registered address for BHSF Management Services and BHSF Employee Benefits:

14th Floor
54 Hagley Road
Birmingham
B16 8PE

Telephone: 0121 454 3601

Helpdesk opening hours: 8:45am-5:30pm Monday-Friday (Excluding Bank Holidays)

Calls are recorded and monitored for training and security purposes.