Care4 Individual

Policy details

bhsf

Summary of the Care4 Plan

This policy summary does not contain the full terms of the policy, which can be found in the policy document.

Purpose of the insurance

The Care4 Individual plan is designed to help Your dependents by paying a lump sum in the event that an Insured Person dies during the period of cover. You can choose to insure just yourself under Individual Cover or to insure both You and Your spouse/partner under Couple Cover.

Significant product features and benefits

- With Individual Cover, in the event of Your death the sum insured will be paid to Your next of kin.
- With Couple Cover, on the death of one of You the sum insured will be paid to the surviving spouse/partner. In the event that both of You die within 30 days of one another the sum insured for both of You will be paid to the appropriate estates.
- The amount that will be paid is fixed at the commencement of the insurance.
- Payment of any benefit is income tax free under current legislation but may be subject to inheritance tax or other taxes.
- The plan has no cash-in value.
- Premiums are paid by monthly direct debit and increase with the age of the oldest Insured Person according to the table within Your policy wording.

Significant exclusions and limitations

The full list of exclusions and benefit limitations is included in Your policy wording.

The Insurer will not pay the sum insured if You do not truthfully provide all the information We ask for on Your application form or when You or Your representatives claim, nor if the policy has ceased due to non- payment of premiums.

The Insurer will not pay the sum insured if death occurs;

1. Directly or indirectly caused by a Pre-existing Condition or Related Condition - unless You have been symptom free and have not consulted a doctor or received treatment for the condition for at least 24 months after the Effective Date.

   A Pre-existing Condition is any condition, injury, illness, disease, sickness or Related Condition and/or associated symptoms, whether specifically diagnosed or not:

   - which medical evidence shows You knew about or were experiencing symptoms that You would have been aware of at the Effective Date; or
   - or which You sought or received advice, treatment or medication from any doctor during the 24 months immediately before the Effective Date.

   A Related Condition is any medical condition - whether diagnosed or not that in the opinion of the Insurer and based on medical evidence, is considered to be an underlying cause of, or directly or indirectly related to the medical condition which is the subject of a claim.

2. Directly or indirectly as a result of alcohol or solvent abuse, or the taking of drugs except under the direction of a registered medical practitioner.

3. Arising out of or contributed to, by the Insured Persons willful self-injury, suicide, attempted suicide, or deliberate exposure to exceptional danger (except in an attempt to save human life). Once the policy has been continuously in force for a period of two years from the original inception date, this exclusion will no longer apply to the original sum assured. If the sum assured has been increased, then the exclusion will apply to the additional amount for a period of two years from the date of increase.

4. Arising from war, whether declared or not, hostilities or any act of war or civil war.
5. Nuclear, Chemical or Biological Terrorism.

Duration of insurance

This is a monthly premium insurance and will continue each month provided each month's premium is paid by direct debit. The insurance will cease on the premium due date following Your 70th birthday.

Your right of cancellation and 'cooling-off' period

You can cancel this policy at any time. If You cancel within 30 days of the start date shown on Your policy schedule (or within 30 days of receiving Your policy documents if this is later) You will be entitled to a full refund of that premium, providing a claim has not been submitted.

You can cancel Your policy at any time after the cooling-off period but there will no refund of premium.

Our and the Insurer's right to change the terms of this policy or cancel it

Optimum Global Insurance Company may make changes to these terms and conditions and Your premium that are reasonable, including but not limited to where there is any change in expectations of future claims costs, expectations of the future costs of operating Your policy, applicable law, regulation or taxation or where these changes make the terms easier to understand, fairer to You, or would not be to Your disadvantage. In such event You will be given 30 days' notice in writing of any changes and how these may impact You.

The cost of the cover will be reviewed, at least annually, and Your monthly premium may change if there is a change in (or it is reasonably expected that there will be a change in):

- the rate of any relevant taxation;
- the costs of operating Your policy;
- any law, regulation or industry guidance that affects Our and the Insurer's business;
- the risk of covering You under this policy; or
- the expected cost of claims under this policy arising from changes in the expected prevalence of claims as observed on similar policies or in the general population.

This policy may be cancelled by Us on behalf of the Insurer where there is a valid reason for doing so, by sending written notice to Your last known postal address or email address setting out the reason for cancellation.

Valid reasons for cancelling this policy include but are not limited to where:

- investigations provide evidence of fraud or a serious non-disclosure. In which case, the policy will terminate immediately backdated to the date of the fraud or non-disclosure.
- We have been unable to collect Your premium.
- We offer You an equivalent alternative product or benefit. In this event We will give You at least 60 days' notice.
- We or the Insuer, at its discretion, declines to issue further insurance cover on review of the policy product on the Annual Review Date and no alternative product is being offered at which point we will give you at least 90 days notice.

Regulatory information

The Care4 Individual policy is provided by BHSF Employee Benefits Limited who is authorised and regulated by the Financial Conduct Authority. Reference number 308611. Registered Office: 13th Floor, Hagley Road, Birmingham, West Midlands, B16 8PE. Registered in England and Wales number 03897857.

This insurance is underwritten by Optimum Global Insurance Company Limited (OGICO). OGICO is authorised and regulated by the Guernsey Financial Services Commission, the Guernsey financial services regulator. Reference number 2267099. Registered Office: Second Floor, Block A, Lefebvre Court, Lefebvre Street, St. Peter Port, Guernsey, Channel Islands, GY1 2JP. Registered in Guernsey CMP63433.

BHSF is covered by the Financial Services Compensation Scheme. You may be entitled to compensation from the Scheme if We are unable to meet Our obligations to You under this contract. Further information can be obtained from the FSCS website www.fscs.org.uk.

Making a complaint

We and the Insurer endeavour to provide an excellent level of service. However, if You wish to make a complaint about Your policy or the cover provided please contact Us via one of the following methods:

Telephone: 0121 629 1297 Email: Customercare@bhsf.co.uk

Email: Customercare@bhsf.co.uk

Write to: BHSF Employee Benefits Limited, 13th Floor, 54 Hagley Road, Birmingham, B16 8PE.

For training and monitoring purposes, We and the Insurer may record and monitor telephone calls.

If You are not satisfied with the way Your complaint is dealt with You may refer it to the Channel Islands Financial Ombudsman (CIFO):

Telephone: 01534 669800
Email: www.ci-fo.org
Write to: Channel Islands Financial Ombudsman, PO Box 114, Jersey, Channel Islands, JE4 9QG

Your legal rights are not affected if You take any of the steps shown above.

Financial Services Compensation Scheme (FSCS)

BHSF is covered by the Financial Services Compensation Scheme. You may be entitled to compensation from the Scheme if We are unable to meet Our obligations to You under this contract. Further information can be obtained from the FSCS website www.fscs.org.uk

Making a claim

A claim pack may be obtained by telephoning Us on 0121 629 1297.

Care4 Individual Policy Wording

In return for payment of the correct premiums the sum insured as shown in the schedule will be paid, subject to the terms of this policy, as follows:

1. In the case of Individual Cover, in the event of death the sum insured will be paid to Your next of kin.
2. In the case of Couple Cover, on the death of an Insured Person the sum insured will be paid to the surviving Insured Person.
3. In the case of Couple Cover, in the event that both the Insured Persons die within 30 days of one another, the sum insured will be paid for both persons to the appropriate estates.

Definitions

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

Annual Review Date: The annual review date of the product which takes place on 30th September each year.

Effective Date	The date shown in the schedule.
Doctor	A fully qualified medical practitioner on the List of Registered Medical practitioners with the UK General Medical Council. The doctor cannot be you, your spouse, husband, wife, civil partner, a relative or someone that lives with you.
Insured Person(s)	The person(s) insured under the policy as shown in the schedule.
Insurer	Optimum Global Insurance Company Limited ('OGICO')
Pre-existing Condition	Any condition, injury, illness, disease, sickness or Related Condition and/or associated symptoms, whether specifically diagnosed or not: • which medical evidence shows You knew about or were experiencing symptoms that You would have been aware of at the Effective Date; or • for which You sought or received advice, treatment or medication from any Doctor during the 24 months immediately before the Effective Date.
Related Condition	Any medical condition - whether diagnosed or not that in the opinion of the Insurer and based on medical evidence, is considered to be an underlying cause of, or directly or indirectly related to the medical condition which is the subject of a claim.
Spouse/ Partner	The one person named as such in the schedule, who is; 1. Your lawful Spouse (or some other person who cohabits with You) and 2. who permanently resides with You.
We/Us/Our	BHSF Employee Benefits Limited.
You/Your	The Insured Person(s) shown in the schedule.

Reference to any statutory provisions shall include reference to any re-enactment or modification thereof.

Individual Cover

If You have selected Individual Cover then only the one person named in the schedule as the Insured Person will be covered.
In the event of Your death the sum insured will be paid to Your next of kin.

Couple Cover

If You have selected Couple Cover both Insured Persons shown in the schedule will be covered. This must be You and Your Spouse/Partner.

On the death of one of the Insured Persons the sum insured will be paid to the surviving Insured Person.

In the event that both Insured Persons die within 30 days of one another the sum insured for both Insured Persons will be paid to the appropriate estates.

Premiums and benefits

Premiums are payable by monthly direct debit and are based on the age of the older Insured Person. Premiums will increase with age in accordance with the following table and the new premium will be collected at the new age band on the first payment date following the older Insured Person's birthday.

Age Band	Monthly premium payable by Direct Debit					
	£5,000 benefit level		£10,000 benefit level		£20,000 benefit level	
	Individual	Couple	Individual	Couple	Individual	Couple
18-40	£2.00	£4.00	£2.70	£5.40	£4.40	£8.80
41-45	£2.10	£4.20	£2.85	£5.70	£4.80	£9.60
46-50	£2.40	£4.80	£3.20	£6.40	£5.60	£11.20
51-55	£2.80	£5.60	£4.00	£8.00	£7.20	£14.40
56-60	£3.60	£7.20	£5.60	£11.20	£10.10	£20.20
61-65	£4.50	£9.00	£7.60	£15.20	£13.80	£27.60
66-69	£6.60	£13.20	£11.60	£23.20	£21.80	£43.60

The payment of the sum insured is conditional upon premiums being up to date at the time of Your death. No payment will be made after the last day of the period covered by the latest premium payment.

You are allowed a maximum 40 days of grace in order to pay the premium to Us. If any premiums remain unpaid after the expiry of the period of grace, this policy will lapse and all cover will cease.

Your right of cancellation

You can cancel this policy at any time. If You cancel within 30 days of the start date shown on Your policy schedule (or within 30 days of receiving Your policy documents if this is later) You will be entitled to a full refund of that premium, providing a claim has not been submitted.

You can cancel cover at any time after the 30 day cooling-off period but there will no refund of premium

Our and the Insurer's right to change the terms of this policy or cancel it

We, on behalf of the Insurer may make changes to these terms and conditions and Your premium that are reasonable, including but not limited to where there is any change in expectations of future claims costs, expectations of the future costs of operating Your policy, applicable law, regulation or taxation or where these changes make the terms easier to understand, fairer to You, or would not be to Your disadvantage. In such event You will be given 30 days' notice in writing of any changes and how these may impact You. The cost of the cover will be reviewed, at least annually, your monthly premium may change if there is a change in (or it is reasonably expected that there will be a change in):

- the costs of operating Your policy;
- any law, regulation or industry guidance that affects Our and the Insurer's business;
- the risk of underwriting Your policy; or
- the expected cost of claims under this policy arising from changes in the expected prevalence of claims as observed on similar policies or in the general population.

This policy may be cancelled by Us on behalf of the Insurer where there is a valid reason for doing so, by sending written notice to Your last known postal address or email address setting out the reason for cancellation.

Valid reasons for cancelling this policy include but are not limited to where:

- Investigations provide evidence of fraud or a serious non-disclosure. In which case, the policy will terminate immediately backdated to the date of the fraud or non-disclosure.
- We have been unable to collect Your premium.
- We offer You an equivalent alternative product or benefit. In this event We will give You at least 60 days' notice.
- We or the Insurer stop offering this product or a benefit and are not offering an alternative product or benefit. In this event We will give You at least 90 days' notice.

Duration of Cover

The policy will be automatically renewed on a monthly basis, provided that premium payments continue to be made by direct debit.

You may cancel the policy at any time. If the policy is cancelled within 30 days of the Effective Date You will be entitled to a full refund of any premiums paid, providing a claim has not been submitted

The policy will end on the death of an Insured Person.

Age limits and statement of age

Cover is available for persons from the age of 18 years. Cover ceases on the premium due date following Your 70th birthday.

General Conditions

1. This policy has no surrender value.

2. If You wish to make any change to the sum insured, then You should make application to Us and, if the changes are agreed, a new schedule will be issued.

3. Premiums and claims are payable in sterling.

4. English law will apply to this policy unless You, We and the Insurer agree otherwise.

5. You must be normally resident in the United Kingdom.

6. Cover is subject to the conditions set out in this policy. If You or Your representative fail to complete the application form fully and truthfully the Insurer may be entitled to terminate the insurance forthwith and / or not pay any claim.

7. The submission of a false or misrepresented claim will result in termination of the insurance and may result in legal action against You or Your estate.

Exclusions

The Insurer will not pay the sum insured if death occurs;

1. Directly or indirectly caused by a Pre-existing Condition or Related Condition - unless You have been symptom free and have not consulted a doctor or received treatment for the condition for at least 24 months after the Effective Date.
2. Directly or indirectly as a result of alcohol or solvent abuse, or the taking of drugs except under the direction of a registered medical practitioner.

Arising out of or contributed to, by the Insured Persons willful self-injury, suicide, attempted suicide, or deliberate exposure to exceptional danger (except in an attempt to save human life). Once the policy has been continuously in force for a period of two years from the original inception date, this exclusion will no longer apply to the original sum assured. If the sum assured has been increased, then the exclusion will apply to the additional amount for a period of two years from the date of the increase.

3. Arising from war, whether declared or not, hostilities or any act of war or civil war.

4. Directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with any act of Nuclear, Chemical, Biological Terrorism (as defined below) regardless of any other cause or event or event contributing concurrently or in any other sequence to the loss.

For the purpose of this exclusion:

“Nuclear, Chemical, Biological Terrorism” shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this Insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

“Chemical” agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

“Biological” agent shall mean any pathogenic (disease-producing) micro-organism(s) and /or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which cause illness and/or death in humans, animals or plants.

If the Insurer alleges that by reason of this exclusion any loss is not covered by this insurance the burden of proving the contrary shall be upon the claimant.

Sanction Limitation and exclusion clause

The Insurer shall not be deemed to provide cover or be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such

benefit would expose the Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United Kingdom.

Claims procedure

A claim pack may be obtained from Our Helpdesk on 0121 629 1297.

We will provide the details of the required process at the time of the telephone call. We will ask for the completed claim pack to be accompanied by the original death certificate. If the name on the death certificate differs, then the original or certified true copy of the marriage certificate or legal change of name documentation will be required.

Making a complaint

We and the Insurer endeavour to provide an excellent level of service. However, if You wish to make a complaint about Your policy or the cover provided please contact Us via one of the following methods:

Telephone: 0121 629 1297 Email: Customercare@bhsf.co.uk
Write to: BHSF Employee Benefits Limited, 13th Floor, 54 Hagley Road, Birmingham, B16 8PE. For

training and monitoring purposes, We and the Insurer may record and monitor telephone calls.

If You are not satisfied with the way Your complaint is dealt with You may refer it to the Channel Islands Financial Ombudsman (CIFO):

Telephone: 01534 669800
Email: www.ci-fo.org
Write to: Channel Islands Financial Ombudsman, PO Box 114, Jersey, Channel Islands, JE4 9QG

Your legal rights are not affected if You take any of the steps shown above.

Protecting your data

We and the Insurer will store Your information in accordance with all applicable Data Protection legislation. We will use Your information for risk assessment, research and statistical purposes, claims handling and for the general administration of Your policy.

We and the Insurer are committed to protecting Your data and compliance with data protection legislation. Our and the Insurer's aim in processing Your data is to successfully deliver the service to You with an appropriate level of data sharing whilst recognising
the need to protect Your fundamental rights to privacy.

For further information about how and why We are processing the information We have on You please see either of BHSF Employee Benefits Limited and the Insurer's full Privacy Statement by visiting the website, which also explains Your rights to access, rectify, restrict or erase Your data:

www.bhsf.co.uk/privacynotice
www.optimumglobal.com/privacy-policy-ogico/

Financial Services Compensation Scheme (FSCS)

BHSF is covered by the Financial Services Compensation Scheme. You may be entitled to compensation from the Scheme if We are unable to meet Our obligations to You under this contract. Further information can be obtained from the FSCS website www.fscs.org.uk

BHSF Employee Benefits Limited
13th Floor, 54 Hagley Road, Birmingham, B16 8PE
Email: Enquiries@bhsf.co.uk

Tel: 0121 454 3601
0121 629 1297 (Helpdesk)

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

All telephone calls are recorded and may be monitored for training and security purposes.

Signed for and on behalf of Optimum Global Insurance Company

Glyn Smith (Aug 28, 2025 15:22:26 GMT+1)

Director
Optimum Global Insurance Company Limited

K4D - Care4 DD Policy Details - Final

Final Audit Report 2025-08-28

Created:	2025-08-28
By:	Simon Rivers (Simon.Rivers@strategicrisks.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAHcLYqTmHXBFErZIBm-zzR504uis2oBUX

"K4D - Care4 DD Policy Details - Final" History

Document created by Simon Rivers (Simon.Rivers@strategicrisks.com)
2025-08-28 - 11:34:28 AM GMT

Document emailed to Glyn Smith (glynsmith@live.com) for signature
2025-08-28 - 11:34:56 AM GMT

Email viewed by Glyn Smith (glynsmith@live.com)
2025-08-28 - 2:21:16 PM GMT

Document e-signed by Glyn Smith (glynsmith@live.com)
Signature Date: 2025-08-28 - 2:22:26 PM GMT - Time Source: server

Agreement completed.
2025-08-28 - 2:22:26 PM GMT