

Personal Accident Protection Plan Direct Debit

Policy Details



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Premiums

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 Table of Benefits.

Monthly Premiums Including Insurance Premium Tax

Insured Persons	Bronze £	Silver £	Gold £
Personal – Insured only (If You are a single parent you may include Your Child(ren)* on this policy).	3.96	9.90	19.80
Family - includes the Insured , the Permanent Partner and Your Child(ren)* .	7.92	19.80	39.60

***Children** of the **Insured** and/or the **Permanent Partner**, up to the age of 18 years (23 if unmarried and in full time education). All **Children** to be covered must permanently reside with the **Insured**.

Table of Benefits

Item	Description	Bronze	Silver	Gold	Policy terminates when Benefit payment is made under item
1.	Quadriplegia Permanent total paralysis of all four limbs	£100,000	£250,000	£500,000	Yes
2.	Paraplegia Permanent and total paralysis of the two lower limbs, bladder and rectum	£50,000	£125,000	£250,000	Yes
3.	Permanent total disablement - which lasts for 52 consecutive weeks and will in all probability prevent the Insured from engaging in gainful employment of any and every kind for the remainder of their life.	£40,000	£100,000	£200,000	Yes
4.	Accidental Death	£40,000	£100,000	£200,000	Yes
5.	a) Loss of hearing in both ears	£20,000	£50,000	£100,000	No
	b) Loss of hearing in one ear	£10,000	£25,000	£50,000	No
6.	a) Loss of sight of both eyes	£40,000	£100,000	£200,000	Yes
	b) Loss of sight of one eye	£20,000	£50,000	£100,000	No
	c) Total loss of the lens of one eye	£10,000	£25,000	£50,000	No
7.	a) Loss of use of shoulder	£16,000	£40,000	£80,000	No
	b) Loss of use of hip	£8,000	£20,000	£40,000	No
	c) Loss of use of knee	£8,000	£20,000	£40,000	No
	d) Loss of use of wrist	£8,000	£20,000	£40,000	No
	e) Loss of use of elbow	£8,000	£20,000	£40,000	No
8.	Loss of limb - both hands and feet	£40,000	£100,000	£200,000	Yes
9.	Loss of limb - one hand or foot	£20,000	£50,000	£100,000	No
10.	Permanent loss by severance or Loss of use of four fingers and thumb of either hand	£16,000	£40,000	£80,000	No
11.	Permanent loss by severance or Loss of use of four fingers of either hand	£8,000	£20,000	£40,000	No
12.	Permanent loss by severance or Loss of use of one thumb of either hand:				No
	a) Both joints	£8,000	£20,000	£40,000	No
	b) One Joint	£4,000	£10,000	£20,000	No
13.	Permanent loss by severance or Loss of use of fingers on either hand:				No
	a) Three joints	£2,000	£5,000	£10,000	No
	b) Two joints	£1,400	£3,500	£7,000	No
	c) One joint	£800	£2,000	£4,000	No
14.	Permanent loss by severance or Loss of use of toes on either foot:				No
	a) All – one foot	£6,000	£15,000	£30,000	No
	b) Big – both joints	£2,000	£5,000	£10,000	No
	c) Big - One joint	£800	£2,000	£4,000	No
	d) Other than big, each toe	£800	£2,000	£4,000	No
15.	Fracture or fractures of one or more bones of the arm (humerus, radius and ulna)	£200	£500	£1,000	No
16.	Fracture or fractures of one or more bones of the leg (femur, patella, tibia and fibula)	£400	£1,000	£2,000	No
17.	Fracture or fractures of one or more bones of the wrist	£200	£500	£1,000	No
18.	Fracture or fractures of one or more bones of the ankle	£400	£1,000	£2,000	No
19.	Full thickness burns which cover				No
	a) 27% or more of the body surface	£4,000	£10,000	£20,000	No
	b) 18% or more but less than 27% of the body surface	£3,200	£8,000	£16,000	No
	c) 9% or more but less than 18% of the body surface	£2,400	£6,000	£12,000	No
	d) 4.5% or more but less than 9% of the body surface	£1,600	£4,000	£8,000	No
20.	Benefit while confined to Hospital as an in-patient overnight as a result of an Accident payable for a maximum of 104 weeks at a rate of:	£150 per week	£375 per week	£750 per week	No

Definitions

Any word or expression to which a specific meaning has been attached will bear the same meaning throughout this **Policy**. For ease of reading the definitions are highlighted by the use of **bold** print and will start with a capital letter.

Accident

Means a sudden, unexpected, unusual, unintentional, specific event which occurs at an identifiable time and location during the **Period of Insurance**.

Act of Terrorism

An act, including but not limited to the use of force or violence and/or the threat thereof, of 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, ideological or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

Benefit(s)

The amount shown in the Table of Benefits listed under the level of cover chosen, as shown in the **Schedule of Insurance**.

Bodily Injury

Means identifiable physical injury which

- is caused by an **Accident**, and
- solely and independently of any other cause except illness directly resulting from, or medical or surgical treatment rendered necessary by, such **Bodily Injury**, results in **Your** death or disablement as provided for under this insurance within twenty-four calendar months of the date of such **Accident**.

Bodily Injury shall also include exposure resulting from a mishap to a conveyance in which **You** are travelling; and any injury caused by exposure to the elements. The date of such mishap shall be deemed to be the date of the **Accident** causing such **Bodily Injury**.

Child(ren)

Any unmarried dependent **Child** (including legally adopted) of **Yours** and/or **Your Permanent Partner** named in the **Schedule of Insurance**, who is below age 18 years (or 23 years if in full time education) and permanently residing with **You**. Foster **Children** are excluded.

Hospital

Any NHS or registered private Hospital providing both a full time nursing service for the care of resident patients by persons with recognised nursing qualifications; and full time surgical and medical facilities by registered medical practitioners.

Insured

The person who made application and was accepted by **Us** for insurance, has paid or agreed to pay the premiums and is named in the **Schedule of Insurance** as the **Insured**.

Insured Person(s)

The person(s) insured under the **Policy** as shown in the **Schedule of Insurance**.

Loss of hearing

Total and irrecoverable **Loss of hearing**.

Loss of limb

Loss by permanent severance of an entire hand or foot or the total and permanent loss of use of an entire hand or foot.

Loss of sight

Total and irrecoverable **Loss of sight**.

Loss of use

Total and permanent **Loss of use**.

Period of Insurance

The dates shown on the **Schedule of Insurance** and any further period subject to payment of premium being made and accepted.

Permanent Partner

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

Policy

Your personal accident **Policy** booklet and most recent **Schedule of Insurance**.

Schedule of Insurance

The document which sets out the insurance cover **We** provide under the conditions of this wording.

We/Us/Our

BHSF Limited.

You/Your

The policyholder and, where applicable, to any **Permanent Partner** or **Children** covered under **Your Policy**.

Your Policy

BHSF Limited will, subject to the terms, conditions, provisions and exceptions of this **Policy**, pay to the **Insured**, or in the case of death to the administrator(s) or executor(s) of the deceased person's estate, the relevant **Benefit(s)** if during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** caused solely and directly by violent, accidental, external and visible means, resulting directly and independently of any other cause within two years in death loss disablement or confinement to **Hospital** as described.

We agree to pay in accordance with the Table of Benefits, if, during the **Period of Insurance** **You** sustain **Bodily Injury** as defined herein, subject always to the terms, conditions, provisions, limitations and exclusions hereof.

The maximum payable for **Bodily Injury** arising from any one **Accident** is the amount payable for Accidental Death shown under **Benefit** 4, except for the **Benefits** payable for Quadriplegia and Paraplegia.

In the event that an **Accident** covered under this insurance should result in **Your** death, within twenty-four months of the date of such **Accident** and prior to the definite settlement of a claim for disablement, as provided for under Table of Benefits, **We** shall pay instead of such claims for disablement the sum insured payable for Item 4 Accidental Death.

If an **Insured Person** disappears during the **Period of Insurance** and is not found within twelve months of disappearing, and an original death certificate is provided that leads **Us** inevitably to the conclusion they have sustained **Bodily Injury** and that such injury has caused their death, the sum insured for item 4 Accidental Death shall become payable hereunder. If at any time after such payment the **Insured Person** shall be found to be living, the sum paid shall be refunded to **Us**.

Any **Bodily Injury** caused by exposure to the elements is covered up to the amount shown in the Table of Benefits.

The provision of personal accident cover will terminate on the date payment of **Benefit** is made to **You** under any of **Benefits** 1, 2, 3, 4, 6a or 8.

BHSF Employee Benefits is authorised and regulated by the Financial Conduct Authority. BHSF Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority. This can be checked on their register by visiting www.fca.org.uk/register or by contacting them on 0800 111 6768.

The law applicable to this Policy

As **We** are based in England **We** propose to apply the laws of England and Wales and by buying this **Policy** **You** have agreed to this.

Important

Your Policy is evidence of the contract of insurance. **We** recommend that **You** read this **Policy** in conjunction with **Your Schedule of Insurance** to ensure that it meets with **Your** requirements. Should **You** have any queries please contact **Us**.

Your attention is drawn to the Making Yourself Heard section on page 14.

Policy Conditions

These conditions apply throughout **Your Policy**.

All **Insured Persons** must comply with the following conditions to have the full protection of the **Policy**.

If **You** do not comply with them **We** may cancel the Policy, refuse to deal with **Your** claim or reduce the amount of any claim.

Premiums and Benefits

We will, subject to the terms, conditions, provisions and exceptions of this **Policy**, pay the relevant **Benefit(s)** if during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** caused solely and directly by violent, accidental, external and visible means, resulting directly and independently of any other cause within two years in loss or disablement as described in the Table of Benefits.

Subject to the remainder of this section, the **Policy** will remain in force for as long as premium payments are continued. The payment of **Benefit** is conditional upon premiums being up to date at the time of the **Accident** which gives rise to the claim.

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

All **Benefits** are available from the start date of cover shown on **Your Schedule of Insurance**.

Termination

Cover in respect of an **Insured Person** shall immediately terminate on the earliest of the following dates:-

- a) on the date the **Policy** is terminated by the **Insured**;
- b) on the date the **Insured** fails to pay the required premium;
- c) on the date payment of **Benefit** is made under **Benefits** 1, 2, 3, 4, 6a or 8, as listed on the Table of Benefits under the column headed '**Policy** terminates when **Benefit** payment is made under that item';

Assignment

This **Policy** is not assignable. Payment of any **Benefit** will be made only to the **Insured** or **Insured's** estate whose receipt shall be a discharge to the Insurer.

Cancellation

You may cancel the **Policy** at any time. **You** must tell **Us** either by writing to:

BHSF Employee Benefits Ltd
2 Darnley Road
Birmingham
B16 8TE

by telephoning **Our** Helpdesk on 0121 629 1297 or emailing **Us** at enquiries@bhsf.co.uk.

If **You** cancel within the first 14 days of receipt of **Your Policy** documentation, providing **You** have not made a claim **We** will refund any premium paid. If a claim has been submitted during the current **Period of Insurance** no premium refund will be given.

If **You** cancel after the first 14 days of receipt of **Your Policy** documentation no refund of premium will be made.

We reserve the right to cancel this **Policy** immediately in the event of non-payment of the premium.

We may also decline, cancel or vary the premiums/**Benefits** on the **Policy** by giving **You** at least 21 days' prior notice at **Your** last known address. **We** will calculate the portion of **Your** premium for the period **You** have been insured and refund any difference.

Age Limits

Cover, on the basis set out above, is provided to **Insured** if **You** are age 16 or above, at the time of **Our** receipt of an application for either a new **Policy** or a change to the level of cover of an existing **Policy**. The same age requirement applies to any **Permanent Partner** to be included.

Dependent **Children** are covered between the ages of 30 days and until the date of their 18th birthday (23rd if unmarried and in full time education). Any **Child** under the age of 16 at the date of the **Accident** shall be entitled to 50% of the amount shown on the Table of Benefits, except for the entitlement under item 4 – Accidental Death, which shall be limited to £2,500, irrespective of the level of cover purchased.

If an **Insured Person** was aged 75 or over at the start date of the **Policy** then the **Benefits** are only payable at half the stated amounts on the Table of Benefits.

General Conditions

- 1 If **You** wish to make any change to the persons insured, then **You** should make application to **Us** and, if the changes are agreed, a new **Schedule of Insurance** will be issued.
- 2 This **Policy** is not transferable to any other person.
- 3 Premiums and claims are payable in sterling.
- 4 All persons insured under this **Policy** must be normally resident in the United Kingdom.
- 5 Cover is subject to the conditions set out in the application form. Any material failure to complete that form fully and truthfully entitles **Us** to terminate the **Policy** forthwith and may invalidate any claims under the **Policy**.
- 6 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**.
- 7 No sum payable under this **Policy** shall carry interest.

Protecting Your Data

We will store **Your** information in accordance with General Data Protection Regulations. **We** will use **Your** information for risk assessment, research and statistical purposes, claims handling and for the general administration of **Your Policy**.

At BHSF **We** are committed to protecting **Your** data and compliance with data protection legislation.

Our aim in processing **Your** data is to successfully deliver **Our** service to **You** with an appropriate level of data sharing whilst recognising the need to protect **Your** fundamental rights to privacy. For further information please see **Our** full Privacy Notice by visiting **Our** website www.bhsf.co.uk/privacynotice. This document fully sets out how and why **We** are processing the information **We** have on **You**. It also explains **Your** rights to access, rectify, restrict or erase **Your** data.

Financial Services Compensation Scheme (FSCS)

BHSF Limited is 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

Exclusions

We will not pay **Benefit** for **Bodily Injury** of an **Insured Person** in the following circumstances:

Medical or physical conditions

- a) If the **Bodily Injury** arises from the **Insured Person** taking a drug which is not lawfully available, or is lawfully available only on prescription by a qualified doctor or dentist. This exception does not apply if the drug was prescribed, and the correct dosage taken.
- b) If the **Bodily Injury** is solely as a result of illness, disease or disorder.
- c) If the **Bodily Injury** arises from, is traceable to, or is caused by any gradually developing bodily deterioration, whatever the cause of that deterioration.
- d) If the **Bodily Injury** arises from any medical or surgical procedures.

Other circumstances

- a) If the **Bodily Injury** arises from **Your** suicide, attempted suicide, intentional self-injury or deliberate exposure to exceptional danger (except in an attempt to save human life), or **Your** committing a criminal act.
- b) If the **Bodily Injury** arises from **You** engaging in a professional sport for which **You** receive payment or prize money.
- c) If the **Bodily Injury** arises from **You** engaging in any form of operational duties as a member of the armed forces.
- d) If the **Bodily Injury** arises from any event which occurs whilst **You** are out of the UK for a period longer than 3 months.

Dangerous or Hazardous activities

If the **Bodily Injury** arises from aerial activities, except as a passenger in an aircraft operating under its own power.

Or from taking part in, or practising for racing, competitions, rallies or trials on wheels or on horseback, hang-gliding, parachuting, parasailing, paragliding or bungee jumping, mountaineering, rock climbing, potholing, caving or white water rafting, diving underwater involving the use of breathing apparatus, off-piste skiing, sleighing or snowboarding.

War and other perils exclusion

We shall not be liable for expense, loss, damage or indemnity directly or indirectly resulting from or attributable to:

- a) war, invasion, civil war, armed hostility, rebellion, revolution, overthrow of a legally constituted government, insurrection of military or usurped power, explosion of war weapon(s), act of an enemy foreign to the nationality of the insured adult or of the country in which the act occurs,
- b) utilisation of chemical weapons or biological weapons, the release of weapons of mass destruction

Nuclear/Radioactive Exclusion Clause

We shall not be liable for death, disablement, expense, loss, damage or indemnity directly or indirectly resulting from or attributable to nuclear reaction, nuclear radiation or radioactive contamination.

Nuclear, Chemical, Biological, Terrorism

We shall not be liable for any claim in any way caused or contributed to by an **Act of Terrorism** involving the use or release of, or the threat thereof of any nuclear weapon or device or chemical or biological agent.

Electronic Data Recognition Clause

We shall not be liable under this insurance for any claims in any way caused by or contributed to by the failure of, or the fear of failure of, or the inability of, any equipment or any computer program, to recognise, interpret correctly, or process any date as the true calendar date, or to continue to function correctly beyond that date.

Making a Claim

In the event that **You** need to make a claim, **We** have done all **We** can to ensure that it is as simple and trouble free as possible. **You** should contact **Our** Helpdesk on 0121 629 1297 as soon as is possible after **Your Accident**, but within 60 days of the occurrence of the **Bodily Injury** sustained. If **You** are unable to contact **Us** by telephone then **You** should write to:

Personal Accident Claims
BHSF Limited
2 Darnley Road
Birmingham
B16 8TE.

When **You** have contacted **Us**, a claim form will be sent to **You**. This should be completed and returned to the address above, along with any information, evidence or medical certificates that will be needed to deal with **Your** claim.

If **You** do not notify **Us** of the claim within 60 days and this prejudices **Our** ability to verify the claim, then, other than in exceptional circumstances, no **Benefits** will be paid in respect of the claim.

Please note when contacting **Us** by telephone, calls may be monitored or recorded.

Claims Conditions

You and any **Insured Persons** must comply with the following conditions to have the full protection of this **Policy**.

If **You** or any **Insured Person** does not comply with them then **We** may at **Our** option cancel the **Policy**, refuse to deal with the claim or reduce the amount of any claim payment.

1. **You** must provide any information, evidence or medical certificates **We** may need to deal with **Your** claim at **Your** own expense. Other than in exceptional circumstances, no **Benefits** shall be payable for any period for which the required substantiating proof is not provided.
2. **We** may require **You** at **Our** expense, to be examined by a medical examiner of **Our** choice. If **You** fail to attend any such examination, **We** may not pay **Your** claim.

3. Unless otherwise agreed by **Us**, **Benefits** shall not become payable until the total amount due has been ascertained.
4. As part of **Our** commitment to customer care **We** may arrange for support agents to visit **You**. The purpose of any such visit will be to gather details relating to **Your** claim in order to ensure an accurate assessment. It is essential that **You** make yourself available for any such visit. If **You** fail to do so it could put **Your** claim payment in jeopardy.

Fraud

The **Insured** or **Insured Persons** must not act in a fraudulent manner. If the **Insured**, the **Insured Persons** or anyone acting for either of them:

- 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 **Bodily Injury** occasioned by the wilful act or with the connivance of the **Insured** or the **Insured Person**.

Then:

- a) **We** shall not pay the claim.
- b) **We** shall not pay any other claim which has been or will be made under the **Policy**.
- c) **We** may at **Our** option declare the **Policy** void.
- d) **We** shall be entitled to recover from the **Insured** the amount of any claim already paid under the **Policy**.
- e) **We** shall not make any return premium.
- f) **We** may inform the Police of the circumstances.

Making Yourself Heard

If **You** have cause for complaint it is important **You** know **We** are committed to providing **You** with an excellent level of service and customer care.

We realise that things can go wrong and there may be occasions when **You** feel that **We** have not provided the service expected. When this happens, **We** want to hear about it so that **We** can try to put things right.

Who to Contact?

The most important factors in getting **Your** complaint dealt with as quickly and efficiently as possible are:

- To be sure **You** are talking to the right person, and;
- That **You** are giving them the right information.

When You Contact Us

- Please give **Us Your** name and a contact telephone number.
- Please quote **Your Policy** and/or claim number, and the type of **Policy You** hold.
- Please explain clearly and concisely the reason for **Your** complaint.

Initiating Your Complaint

You should contact

BHSF Employee Benefits Ltd
2 Darnley Road
Birmingham
B16 8TE
Tel: 0121 629 1297
Email: CustomerCare@bhsf.co.uk

If **You** wish to provide written details, the following checklist has been prepared for **You** to use when drafting **Your** letter.

- Head **Your** letter 'COMPLAINT'.
- Give **Your** full name, postcode and contact telephone number(s).
- Quote the type of **Policy** and **Your Policy** and/or claim number.
- Explain clearly and concisely the reason(s) for **Your** complaint.

BHSF Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

BHSF Limited
2 Darnley Road
Birmingham
B16 8TE
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)

Calls are recorded and may be monitored for training and security purposes.

Signed for and on behalf of BHSF Limited



Geoff Guerin
Chief Operations Officer
BHSF Limited



INVESTORS
IN PEOPLE

