

General Terms and Conditions

Where words and phrases appear in **bold**, their meanings are detailed in the definitions section.

If there is any area of these conditions you do not understand please contact our customer services help line: 0800 988 2128*.

1. Joining the engage Health Cash Plan

You must be at least 17 years old and no older than 65 years of age at the time of application to apply for an adult plan. Children are only eligible for cover if they are dependents of an eligible adult member. A child of a member must join one of the adult plans when reaching his or her 17th birthday to remain in benefit.

You must reside in the UK to become a policy holder.

You can apply to join;

- in writing by completing an application form and sending it to eMIL (**engage** Mutual Insurance Limited)
- by telephoning 0800 781 2920*
- via the web, by completing an online application form at www.engagehpc.com
- by payroll deduction through your employer (where this is offered)

All information supplied in your application must be true and accurate and **you** should notify us of any amendments, in writing, as soon as possible.

You do not need a medical to apply for this type of cover. However **you**, your **partner** or child(ren) will not be able to claim for any illness or condition that existed before **you** applied for the plan. This does not apply for Optical or Dental benefits.

You can only hold one **engage** Health Cash Plan at any one time.

You must satisfy yourself that this plan and the level of cover **you** apply for is right for **you**.

eMIL will not provide **you** with any advice but you are free to seek information and advice from a professional adviser.

You can upgrade **your** cover at any time, however this upgrade will be subject to the appropriate waiting period (see point 4) during which time the lower level of cover will apply.

You are not required to leave the plan at the age of 66.

We will accept applications under Power of Attorney.

We reserve the right to refuse an application for cover or to upgrade the policy.

2. Your contract with engage Mutual Insurance

Once **your** application has been accepted and **you** are a member, **your** policy will continue to be in force as long as we receive your premium by the due date.

Renewals are automatic and no renewal notices or documents will be sent to **you**.

Cooling off period – Changing your mind

You have 28 days from the date **you** receive your policy information to cancel **your** new plan. Any cancellations should be sent to us in writing.

Please write to **engage** Mutual Insurance Limited, Hornbeam Park Avenue, Harrogate, HG2 8XE.

Cancellation and Termination rights

You have the right to cancel **your** policy at any time but you must notify us in writing. Please see address above.

Where excess contributions have already been paid the maximum contribution refund is limited to 3 months' contributions.

We can refuse an application to rejoin after a cancellation is made.

We may re-instate your membership if all arrears are paid but reserve the right to impose waiting periods for some benefits.

3. Premiums

If **you** do not keep **your** premiums up to date **your** policy will automatically lapse after 3 months' consecutive missed payments. If all arrears are paid, we may reinstate **your** membership as above.

Premiums may be paid by;

- Direct Debit
- Payroll deduction via your employer

Arrangements can be made for **you** if **you** are paying by payroll deduction and are leaving employment.

The level of premium **you** pay determines the level of benefits **you** will be entitled to.

All premiums are subject to Insurance Premium Tax (IPT) which is included in the premium **you** pay.

Where a benefit under the plan, such as Personal Accident cover, is underwritten by a different insurer, **our** agreements with these insurers allows us to hold **your** premiums in respect of these benefits as an agent of the insurer and therefore **your** payment to us means the same as if **you** had paid the insurer direct. Details of these insurers are available on request.

4. Waiting periods

New policy holders or those who are transferring to a higher level of cover will have to wait the relevant waiting period before being able to claim.

The current waiting periods are:

- Immediate cover: Personal Accident
- 12 months: birth or adoption of a child
- 13 weeks: all other benefits

If you transfer to a lower level of cover then benefits will be paid immediately at the lower level, providing the waiting periods have been completed on the higher level plan.

5. Exclusions

These exclusions should be read alongside your benefit rules before **you** receive treatment or pay for goods or services for which **you** intend to make a claim.

We will not cover;

- Pre-existing conditions (with the exception of Optical and Dental)
- Claims for any treatment required as a result of participation in any professional sport, hazardous pursuit or through self-inflicted injury.
- Any charges or fees made by a **hospital, practitioner** or other for filling in a claim form or for providing claims information we have requested
- Benefit for treatment during the waiting period(s).

6. Benefit Period

A separate **benefit period** applies to each benefit and these are detailed in the Benefit Rules section.

The **benefit period** commences from the date of your first claim under each benefit heading.

All benefits have a 1 year **benefit period** with the exception of Optical which operates a 2 year **benefit period**.

During each benefit period you may submit more than one claim however **we** will not pay more than the maximum allowance for **your** plan level.

When a benefit period ends full benefit will again become available to claim.

Qualifying periods apply in the first year and/or when levels of cover are changed.

7. Claiming your benefits

Claims must be submitted using one of our claims forms.

Claim forms are supplied by eMIL and can be downloaded from our website at www.engagehcp.com or by telephoning 0800 988 2129.*

All claims, with the exception of Optical Continuing Supply Scheme payments and Personal Accident must be submitted within 13 weeks of the date on the receipt.

Claims for Optical Supply Scheme payments must be received within 6 months of the prescription date.

Claims for Personal Accident cover must be submitted within 13 weeks of the accident.

Your original receipt must be sent with your claims form and will be retained by eMIL. The original receipt must show your full name and address details. Photocopies, faxes, credit card vouchers and till receipts are not accepted.

Claims will not be paid;

- if not accompanied by a fully completed claims form and receipt
- if treatment has been carried out during the waiting period
- for pre-existing conditions
- for any treatment required as a result of taking part in any professional sport, hazardous pursuit, or for self-inflicted injuries
- for items detailed under exclusions on page 1 of this document

Any receipts which have been altered will be rejected and fraudulent claims will result in immediate withdrawal of membership.

How we pay your claim

Payments are paid directly to the policy holder's nominated bank account.

Alternatively, **we** may pay the claim to **you** by cheque.

8. Data protection and complaints

Under the rules of the Data Protection Act (1998) we will ensure that your personal information is correct and maintained in accordance with the Act.

We will treat all medical information we receive with the strictest confidence and you may write and request a copy of the information we hold about you at any time. If any inaccuracies are found, you can ask to have them amended. We reserve the right to charge an administration fee.

eMIL is a member of the British Health Care Association.

Complaints that relate to the arranging of your insurance can be registered by writing to;

The Customer Relations Team,
engage Mutual Insurance Ltd,
Hornbeam Park Avenue, Harrogate HG2 8XE;

Or **you** can telephone 0500 848 265*.

If **your** complaint cannot be settled it may be referred to the Financial Ombudsman Service.

Making a complaint will not affect **your** right to take legal action.

9. How we protect our members

eMIL reserve the right to amend, suspend, curtail or extend any benefit or premium for any reason **we** consider is necessary or advisable.

We reserve the right to request additional medical information to determine if a claim is valid.

We reserve the right to refuse to accept liability for a claim and to take legal action against anyone who makes a dishonest claim.

We are unable to provide any personal advice in respect of the suitability of the plan or cover.

eMIL is covered by the Financial Services Compensation Scheme (FSCS). A policy holder may be entitled to compensation from the scheme if eMIL can't meet its obligations.

This depends on the type of business and the circumstances of the claim.

Insurance advising and arranging is covered for 100% of the first £2,000 and 90% of the remainder of the claim, without any upper limit.

Further information about the compensation scheme arrangements is available from the FSCS.

*Calls may be recorded for security and training purposes.

Definitions

Benefit period The period of time over which each benefit can be claimed.

Child A person aged 16 or under.

Cosmetic treatment

Treatment received to change appearance and not to alleviate a medical condition.

Dentist A fully qualified dental practitioner who works in a dental practice. The dentist must be a current member of the General Dental Council and must not be you, your partner, or a member of your family.

GP A general practitioner who currently works within a general practice. A GP must be registered with the general medical council and must not be you, your partner, or a member of your family.

Health Screening Attendance with a qualified practitioner for Mammography, Osteoporosis, Heart Disease, Bowel, Prostate & Testicular Cancer screening only.

Hospital An NHS or private institution that provides medical, surgical, or psychiatric care and treatment for the sick or the injured, that is not intended to serve as a hospice, nursing home or care home. The institution must provide facilities for a medical practitioner to diagnose injured or sick people.

Hospital Day Surgery Admission to hospital for surgery, out of a medical necessity, but not staying overnight or receiving surgical procedures at a GP medical practice.

Hospital In-Patient A patient who occupies a bed overnight, in hospital, for medical reasons. The patient will only be classed as an in-patient if they were admitted before 12, midnight.

Optician A fully qualified optician. The optician must be a current member of the General Optical Council. The optician must not be you, your partner, or a member of your family.

Osteopath A member of the General Osteopathic Council. This person must not be you, your partner, or a member of your family.

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Partner A person you are married to or are in a civil partnership with, or a person you are living with permanently as if you are married or within a civil partnership.

Permanent and total Disablement A disablement that it is believed you will never recover from. The disablement will mean you are unable to work on your own or in any occupation for which you are suited by training, education, or experience.

Plan/Policy The contract of insurance with the Member/Policy Holder.

Pre-existing condition/s Any disease, illness or injury for which you have experienced symptoms, or sought or received medical attention before joining The Plan, or upgrading premium cover.

Qualified practitioner A medically qualified practitioner who specialises in a specific field of medicine.

Qualifying period The length of time you are required to wait between registering for the plan, or registering for a higher level of the plan, before you can claim your benefit. See section 4 for General Terms and Conditions.

Registration date Your registration date is the date from which your application is accepted onto our system.

Respite Care Patient care provided in the home or institution intermittently in order to provide temporary relief to the family home care giver.

Surgical Procedure A medical procedure involving an incision with instruments to repair damage, arrest disease, or treat an injury or abnormality using local or general anaesthetic.

Total loss A complete and irrevocable loss.

UK The United Kingdom of Great Britain and Northern Ireland.

You/Your Member/Policy Holder.

engage Mutual Assurance is a trading name of Homeowners Friendly Society Limited ("HFSL") Registered and Incorporated under the Friendly Societies Act 1992, registered number 964F and its wholly owned subsidiary companies, **engage** Mutual Services Limited ("eMSL"), registered number 3088162 of Hornbeam Park Avenue, Harrogate HG2 8XE and **engage** Mutual Insurance Limited ("eMIL"), registered in Gibraltar number 100605 of Montagu Pavilion, 8-10 Queensway, Gibraltar. Premier Health Benefits is a trading style of **engage** Mutual Insurance Limited. eMSL is an appointed representative of eMIL.

HFSL is authorised and regulated by the Financial Services Authority (FSA). HFSL's FSA Register number is 110072. eMIL is authorised to conduct general insurance business by the Financial Services Commission Gibraltar (FSCG) and is regulated by the Financial Services Authority for the conduct of UK business. eMIL's FSA Register number is 485680. You can check this on the FSA's Register by visiting the FSA's website www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234.