



Benenden[®]
Health Cash Plan

Important information



BENENDEN HEALTH CASH PLAN

Health Cash Plan – Policy Summary

This policy summary contains an outline of the main features of the Benenden Health Cash Plan. This section should be read in conjunction with the General Terms and Conditions, Benefit Rules and Benefit tables.

The Benenden Health Cash Plan provides cover that gives you money back for a range of everyday health care expenses and is provided by Engage Mutual Health.

The key features and benefits of your Health Cash Plan

- Cover is provided without the need for a medical
- Payment of set amounts directly to you to help cover the cost of expenses incurred for everyday health care treatment such as optical, dental, complementary therapies, hospital stays or the birth or adoption of a child
- 5 health care benefits and services are available
- 100% reimbursement of a range of key benefits up to your plan limit
- Set lump sum payments following an in-patient stay, day surgery, or the arrival of a new baby or adoption of a child on some plan levels
- Individual cover for yourself and the option to cover a partner and/or children
- Set lump sum payments within the personal accident cover.

The key limitations and exclusions of your Health Cash Plan

- To be eligible for cover or to upgrade your policy you must be aged 17-65 and be a UK resident
- Pre-existing conditions do not qualify for benefit. Existing conditions at the time of upgrade are payable at the old benefit rate.

- When you increase your cover, the new contribution rate must be paid for the relevant qualifying period before the higher benefit rates can be paid
- Engage will not pay claims for any treatment required as a result of participation in any professional sport or through self inflicted injury
- All claims must be submitted within 13 weeks of the date on the receipt with the exception of optical continuing supply scheme payments where we must receive receipted claims within 6 months of the prescription date
- Claims for personal accident cover must be submitted as soon as possible and within 13 weeks of the date of the incident.
- Depending on how much you claim in benefits you may pay more in premiums than you get back from the plan.

Duration of cover and cancellation rights

Your plan will automatically be renewed on a monthly basis provided that you continue to pay your premiums and comply with our General Terms and Conditions.

Your policy has a 30 day cooling off period from the date we accept your application. If you cancel within this period, providing you are claim free, we will refund any premium paid. After the initial 30 days of your plan you may cancel at any time by notifying us in accordance with our General Terms and Conditions. Otherwise we will continue to collect premiums and you will remain covered. Please write to Benenden Health Cash Plan, PO Box 742, Harrogate, HG1 9PQ.

Making a claim

Full details of how to claim are included in the General Terms and Conditions under section 6. If you wish to make a claim, claim forms can be downloaded online at www.benendencashplan.org.uk or can be obtained by calling our claim line on 0845 052 5736*.

Once completed, please return your claim form with the required supporting information to Benenden Health Cash Plan, PO Box 742, Harrogate, HG1 9PQ

If you wish to complain

If you wish to register a complaint then please write to:

Benenden Health Cash Plan, PO Box 742, Harrogate, HG1 9PQ

or call 0845 052 5736*

If you cannot settle your complaint with us, you may refer it to the Financial Ombudsman Service. Making a complaint will not affect your rights to take legal action.

Compensation

Engage is a member of the Financial Service Compensation Scheme. You may be entitled to compensation from the scheme if they cannot meet their obligations to you. This depends on the type of business and the circumstances of the claim. Insurance advising and arranging is covered for 90% of the claim, without any upper limit.

Further information is available from the Financial Services Compensation Scheme, 7th Floor, Lloyds Chambers, Portsoken Street, London, E1 8BN.

Examples of total cost

The table below shows the total cost of cover over different periods, based on current contribution rates.

Plan	One month	One year	Five years	Ten years
Single Level 1	£7.50	£90.00	£450.00	£900.00
Single Level 2	£12.50	£150.00	£750.00	£1,500.00
Single Level 3	£17.50	£210.00	£1,050.00	£2,100.00
Single Level 4	£25.00	£300.00	£1,500.00	£3,000.00
Family Level 1	£14.00	£168.00	£840.00	£1,680.00
Family Level 2	£24.00	£288.00	£1,440.00	£2,880.00
Family Level 3	£34.00	£408.00	£2,040.00	£4,080.00
Family Level 4	£49.00	£588.00	£2,940.00	£5,880.00

* Calls may be recorded for security and training purposes. Calls cost a maximum of 4p per minute for BT customers. The price of calls from non-BT lines will vary. Lines open: Monday-Friday 8am-8pm, Saturday 9am-4pm.

Terms and Conditions

These Terms and Conditions, along with Benefit Rules and Application Form, make up the Plan Agreement between the plan holder and Engage Mutual Health (EMH).

Member Information

1. Joining and Upgrading

1.1 Apply to join:

- Via the web, by completing the application form at www.benendencashplan.org.uk
- In writing by completing an application form and sending it to Benenden Health Cash Plan, PO Box 742, Harrogate, HG1 9PQ
- By telephoning 0845 052 5736* and applying over the telephone

1.2 Single plans are available for individuals and Family plans are available for either one or two adults and any number of dependent children resident at the same address

1.3 To be eligible to apply for this plan, all adult plan holders must:

- Reside within the United Kingdom for the duration of the plan
- Be 17-65 years attained at the time of application
- Be a Benenden Healthcare Society member

1.4 You can apply to include your Partner or dependent children on your policy at any time, if they meet the criteria in 1.2 above and you pay the appropriate increase in premium.

1.5 A dependent child is eligible for cover between the ages of 0-17 years attained or whilst in full time education

1.6 Children must upgrade to the adult scheme upon their 18th birthday to continue with cover, unless they are in full time education

1.7 You do not need a medical to apply for cover.

1.8 All information supplied for all individuals covered under the plan must be complete, true and accurate and include all relevant medical information. Failure to include all relevant medical information, may result in a claim being declined.

- 1.9 Any amendments should be notified in writing or by phone as soon as possible.
- 1.10 Renewals are automatic and binding and no renewal notices or documentation are issued.
- 1.11 We reserve the right to decline an application for cover or an upgrade to a plan when we believe this would be detrimental to the scheme and/or a significant number of our plan holders.
- 1.12 You may only hold one Benenden Health Cash Plan at any one time.
- 1.13 You must satisfy yourself that this plan and the level of cover you decide to apply for are right for you. Engage Mutual Health will not provide any advice in this regard but you are free to seek information or advice from a professional adviser.
- 1.14 We will accept applications under Power of Attorney with the relevant paperwork.

2. Premiums

- 2.1 Premiums will be payable monthly in advance, by direct debit, on the 5th or 20th of the month depending on the date you select on the application form
- 2.2 The first premium collected, will include a proportional payment for the additional days to the following 5th or 20th of the month.
- 2.3 The Single and Family plans are available on four premium levels:

		Single	Family
2.1.1.	Level 1	£7.50	£14.00
2.1.2.	Level 2	£12.50	£24.00
2.1.3.	Level 3	£17.50	£34.00
2.1.4.	Level 4	£25.00	£49.00

The level of premium paid determines the level of benefits available.

- 2.4 All premiums include Insurance Premium Tax (IPT). Changes in the rate of IPT may affect premium amounts in the future

- 2.5 If no premiums are paid for 13 consecutive weeks the plan will cease due to non-payment. The plan may be reinstated providing all arrears are paid but the qualifying periods may be re-applied.
- 2.6 Where a benefit under the plan is underwritten by another insurer, our agency agreements with those insurers allow us to hold the premiums you pay in respect of these elements as an agent of the insurer and therefore payment to us means the same as if you have paid that insurer direct.

3. Benefits

- 3.1 Total benefits payable for each feature under the single plan are as stated.
- 3.2 Total benefits stated under the family plan for Dental, Optical, Complementary Therapies, Hospital Inpatient and Hospital Day Surgery are the maximum benefit payable across all individuals covered under the plan unless otherwise stated.
- 3.3 All aspects of Personal Accident Cover are only payable to adults.
- 3.4 Benefits payable for Personal Accident claims under a Family Plan to adults, are quoted per adult, to a maximum per claim as stated on the benefits table
- 3.5 Dependant Children are unable to claim benefits under the Birth and Adoption Grant, Dental Injury, Fracture Cover or Personal Accident cover.
- 3.6 Benefits under complementary therapies, must be carried out by a qualified practitioner.
- 3.7 All benefits are payable for treatments incurred anywhere in the European Community when travelling for business/pleasure purposes for up to 28 days. This does not include Personal Accident cover which is applicable worldwide.

4. Qualifying periods

- 4.1 All new plan holders, additional adults or dependents, or those who transfer to

a higher level of cover will have to wait the relevant qualifying period on the following benefits before being eligible to claim.

4.1.1 Birth and Adoption Grant – 10 months waiting period, which will not be waived.

Qualifying periods will also apply on other benefits but may be waived:

4.1.2 Optical Cover – 3 months

4.1.3 Dental Cover – 3 months

4.1.4 Complementary Therapies – 3 months

4.1.5 Hospital In-patient – 3 months

4.1.6 Hospital Day Surgery – 3 months

4.1.7 Personal Accident – all benefits – no qualifying period

4.2 Engage Mutual Health reserves the right to increase or reinstate the qualifying period for any of the benefits that may previously have been waived.

4.3 If the plan holder upgrades their plan level the qualifying periods may be applied. During the qualifying period benefits will be paid at the lower plan level.

4.4 If the plan holder downgrades their plan level, qualifying periods will not be re-applied.

4.5 When a plan is reinstated following re-payment of arrears, the qualifying periods may be re-applied.

5. Benefit Period

5.1 The benefit period is the period of time over which each benefit can be claimed.

5.2 The benefit period runs for 12 months from your registration date and each consecutive 12 month period from the anniversary date of your plan moving forward

5.3 Any monetary benefit still available

at the end of the benefit period will be lost and will not roll over into the forthcoming benefit period.

5.4 All benefits operate a one year benefit period with the exception of the Birth/Adoption Grant which is paid per child.

5.5 Any up or down grading will not affect the benefit period.

5.6 Any benefits paid at the old level will count towards the benefit limits available to claim on the new plan level.

6. Claiming

6.1 Claim Forms are supplied by Engage Mutual Health and are available by telephoning 0845 052 5736*, or can be downloaded from the website www.benendencashplan.org.uk

6.2 Claims must be submitted using the appropriate claim form.

6.3 All claims must be submitted within 13 weeks of the date of the receipt.

6.4 Claims must be submitted with the original bill/receipt showing full name and address details. Photocopies, faxes, credit card vouchers and till receipts are not accepted.

6.5 Original receipts must be provided with the Claim Form and will be retained by Engage Mutual Health.

6.6 Receipts that have been altered will be rejected.

6.7 Claims will not be accepted for free NHS treatment, or against the value of the NHS vouchers, for any medical treatment or consultations.

6.8 Fraudulent claims will result in immediate withdrawal of membership.

6.9 Claims will not be paid:

- Until one premium has been received
- For any treatment required as result of taking part in any professional sport, or for self-inflicted injuries

+ Calls may be recorded for security and training purposes. Calls cost a maximum of 4p per minute for BT customers. The price of calls from non-BT lines will vary. Lines open: Monday-Friday 8am-8pm, Saturday 9am-4pm.

Level	3 Single	3 Family	4 Single	4 Family
Total Claim Allowed	£10,000	£10,000 per adult	£15,000	£15,000 per adult
Accidental Death	£10,000	£10,000 per adult	£15,000	£15,000 per adult
Permanent total disablement	£10,000	£10,000 per adult	£15,000	£15,000 per adult
Permanent and Incurable Paralysis of all limbs	£10,000	£10,000 per adult	£15,000	£15,000 per adult
Permanent and Incurable insanity	£10,000	£10,000 per adult	£15,000	£15,000 per adult
Loss of entire sight of both eyes	£10,000	£10,000 per adult	£15,000	£15,000 per adult
Permanent loss of use of both hands and both feet	£10,000	£10,000 per adult	£15,000	£15,000 per adult
Permanent loss of entire sight in one eye	£5,000	£5,000 per adult	£7,500	£7,500 per adult
Loss of use of one hand or foot	£5,000	£5,000 per adult	£7,500	£7,500 per adult
Permanent total loss of hearing in both ears	£5,000	£5,000 per adult	£7,500	£7,500 per adult
Permanent loss of hearing in one ear	£1,500	£1,500 per adult	£2,250	£2,250 per adult
Permanent total loss of use of the lens in one eye	£2,500	£2,500 per adult	£3,750	£3,750 per adult
Permanent loss of use of four fingers and thumb in either hand	£4,000	£4,000 per adult	£6,000	£6,000 per adult
Permanent total loss of the use of four fingers on either hand	£2,000	£2,000 per adult	£3,000	£3,000 per adult
Permanent total loss of use of fingers of either hand		Per adult		Per adult
a) Three joints	£500	£500	£750	£750
b) Two joints	£350	£350	£475	£475
c) One Joint	£200	£200	£300	£300
Permanent loss of either thumb: a) Both joints b) One joint	£2,000 £1,000	Per adult £2,000 £1,000	£3,000 £1,500	Per adult £3,000 £1,500
Permanent total loss of use of toes:				
a) All – one foot	£1,500	£1,500	£2,250	£2,250
b) Big toe – both joints	£500	£500	£750	£750
c) Big toe – one joint	£200	£200	£300	£300
d) other than big toe (each toe)	£200	£200	£300	£300
Established non-union of fractured leg or knee-cap	£1,000	£1,000 per adult	£1,500	£1,500 per adult
Shortening of the leg by at least 5cm	£750	£750	Per adult £1,000	£1,000 Per adult
Dental Injury	£500	£500 Per adult	£500	£500 Per adult
Break of major arm bone(s) (Radius, Ulna &/ or Humerus)	£150	£150 Per adult	£150	£150 Per adult
Break of major leg bone(s) (Femur, Tibia &/ or Fibula)	£150	£150	Per adult £150	£150 Per adult

- For any illness, injury or condition that existed prior to plan registration date or upgrade, with the exception of Optical and Dental claims.
 - For any treatment carried out during the qualifying period if applied
 - Any charges made by a hospital, practitioner or other for filling in a claim form or for providing information we request relating to a claim.
- 6.10 Additional medical clarification may be required.
- 6.11 Fees incurred for doctor's referral or for medical information to support a claim are the responsibility of the claimant.
- 6.12 All benefits claimed will be paid to you and not to your dependents and will be paid to the bank account from which premiums are collected.
- 7. Personal Accident Cover**
- 7.1 The Personal Accident Cover is provided by a third party insurer, details available upon request.
- 7.2 Cover applies to all members 17 years old and over
- 7.3 Benefits under a Family Plan are quoted per adult, children do not qualify for Personal Accident benefit.
- 7.4 If more than one injury results from an accident the benefits for each injury will be added together, but the total benefit payable will be limited to the total plan level.
- 7.5 There will be no cover for any claim resulting from
- a) an insured person engaging in active service in the armed forces for any nation;
 - b) an insured person committing or attempting to commit suicide or intentionally inflicting self injury;
 - c) an insured person engaging in flying or other aerial activity other than as a passenger;
 - d) injuries resulting from Osteoporosis disease;
 - e) deliberate exposure to exceptional danger (except in an attempt to save human life), the insured persons own criminal act or an insured person engaging or taking part in civil commotion or riots of any kind;
 - f) an insured person being in a state of insanity (temporary or otherwise) or any psychiatric mental, nervous or stress related disorder or anxiety state;
 - g) an insured person engaging in or taking part in rock climbing or mountaineering normally involving ropes or guides, hang gliding, parachuting or driving or riding in any kind of race;
 - h) War within the Insured persons country of permanent residence
 - i) an insured person participating in any sport as a professional;
 - j) radioactive contamination;
 - k) pregnancy or childbirth.
- 7.6 Personal Accident Cover will cease if contributions are not up to date.
- 7.7 Claims must be submitted within 13 weeks of the date of the incident.
- 7.8 United Kingdom law governs all claims for benefit.
- 7.9 The conditions shown on the opposite page are only a summary of cover:
- 8. Cancellation and Termination of Cover**
- 8.1 All cover and benefits will automatically cease for the named person(s) under that plan if:
- The Plan is cancelled within the cancellation period that applies to a new Plan, or an upgrade to a Plan, by notification in writing or by phone, by the plan holder, within 30 days of the Plan start date.
 - The Plan is cancelled by the plan holder, giving notice in writing or by phone.

- 8.2 We reserve the right to cancel a Plan at any time by giving not less than 28 days written notice.
- 8.3 We reserve the right to cease a plan if:
- The plan holder is not eligible for cover
 - The plan holder provides false information or fails to disclose all required information at the time of the application/upgrade
 - The plan holder submits a fraudulent claim
 - The plan holder fails to comply with these Terms.

9. Data Protection and Complaints.

- 9.1 Under the principles of the Data Protection Act 1988 we will endeavour to ensure that your personal information is correct and maintained in accordance with the Act.
- 9.2 We will treat all medical information we receive in the strictest confidence.
- 9.3 Under the Data Protection Act 1988 a plan holder may write and request a copy of the information we hold about them. If any inaccuracies are found the plan holder may ask to have them amended. We reserve the right to charge an administration fee for this service.
- 9.4 Information in relation to your membership of the plan may be shared with Benenden Healthcare Society and FHOL (Friendly Healthcare Organisation Limited) which is a wholly owned subsidiary of Benenden Healthcare Society.
- 9.5 Information which you provide in applying for your Benenden Health Cash Plan at the inception of your plan and/or in support of any claim, will be used by Engage Mutual Health to administer your plan.
- 9.6 Engage Mutual Health is authorised and regulated by the Financial Services Authority, register number 202311. You can check this on the FSA's register on www.fsa.gov.uk/register/home.do or by contacting the FSA on 0845 606 1234.
- 9.7 Complaints that relate to the arranging of the insurance can be registered by writing to the Customer Relations Team, Benenden Health Cash Plan, PO Box 742, Harrogate, HG1 9PQ or by phoning 0500 848265. If the complaint cannot be settled, it may be referred to the Financial Ombudsman Service. Making a complaint will not affect the right to take legal action.
- 9.8 The Benenden Health Cash Plan has been provided by Engage Mutual Health. It is governed by English law and all documents will be provided in English.

10. How Engage Mutual Health protects its plan holders

- 10.1 We reserve the right to amend, suspend, curtail or extend any benefit or premium for any reason we consider necessary or advisable.
- 10.2 We reserve the right to request medical clarification to determine if a claim is valid.
- 10.3 We reserve the right to refuse to accept liability for a claim and to take legal action against anyone who makes a dishonest claim.
- 10.4 We are unable to provide any personal advice in respect of the suitability of the plan or level of cover.

Single Plan Benefits

Single Plan	£7.50	£12.50	£17.50	£25.00
	Level 1	Level 2	Level 3	Level 4
Optical Cover 100% per year	Up to £50	Up to £80	Up to £125	Up to £200
Dental Cover 100% per year	Up to £60	Up to £100	Up to £125	Up to £200
Chiropractic Acupuncture Osteotherapy Homeopathy 100% per year	Up to £100 subject to a max of 3 visits	Up to £200 subject to a max of 5 visits	Up to £325 subject to a max of 8 visits	Up to £500 subject to a max of 12 visits
Birth and adoption grant* Per child		£150	£300	£600
Hospital in-patient Benefit per night			£25 to a max of £400 per year	£40 to a max of £640 per year
Hospital day-surgery Benefit per day			£25 to a max of £200 per year	£40 to a max of £320 per year
Personal Accident Cover – including dental injury and fracture cover (World Wide, Adult Cover Only)			£10k	£15k

*Birth and adoption grant has a ten month qualifying period.

Family Plan Benefits

Family Plan (2 adults + unlimited children)	£14.00	£24.00	£34.00	£49.00
	Level 1	Level 2	Level 3	Level 4
Optical Cover 100% per year	Up to £130	Up to £200	Up to £300	Up to £460
Dental Cover 100% per year	Up to £150	Up to £240	Up to £300	Up to £460
Chiropractic Acupuncture Osteotherapy Homeopathy 100% per year	Up to £200 subject to a max of 6 visits	Up to £400 subject to a max of 10 visits	Up to £650 subject to a max of 16 visits	Up to £1000 subject to a max of 24 visits
Birth and adoption grant* Per child		£150	£300	£600
Hospital in-patient Benefit per night			£25 to a max of £875 per year	£40 to a max of £1400 per year
Hospital day-surgery Benefit per day			£25 to a max of £500 per year	£40 to a max of £800 per year
Personal Accident Cover – including dental injury and fracture cover (World Wide, Adult Cover Only)			£10k per adult	£15k per adult

*Birth and adoption grant has a ten month qualifying period

Child cover is only available through the Family Plan. Children are not eligible for Personal Accident Cover or the Maternity and Adoption grant.

Family benefits reflect the maximum benefit level to be shared amongst all family members they are not a maximum per individual.

Terms and conditions are included in this pack.

Benefit Rules

All benefits under a Single Plan are per adult, benefits under a Family Plan are shared between all members of the plan. Members of a Family plan can include one or more adults and any number of dependent children resident at the same address.

Optical - maximum cover

Single and Family Plan							
Level 1		Level 2		Level 3		Level 4	
Single	Family	Single	Family	Single	Family	Single	Family
£50	£130	£80	£200	£125	£300	£200	£460

Conditions:

100% of the amount paid, up to the appropriate maximum, including eye tests carried out by a qualified optician and new spectacles or contact lenses, over one year benefit period. Accepted are claims for continuing supply scheme payments covering contact lenses only.

Excluded are claims for eye laser surgery, frames only, non-prescription glasses and optical sundry items such as cleaning materials, chains/cords and spectacle cases etc and repairs.

Dental - maximum cover

Single and Family Plan							
Level 1		Level 2		Level 3		Level 4	
Single	Family	Single	Family	Single	Family	Single	Family
£60	£150	£100	£240	£125	£300	£200	£460

Conditions:

100% of the amount paid, up to the appropriate maximum, for dentures or dental treatment carried out by a qualified dentist, over a one year benefit period. Included are dental check-ups, dental treatment, dentures and denture repair, bridges, fillings and crowns, root canal work, teeth whitening and dental hygienist fees.

Excluded are cosmetic treatments, dental care membership or contract schemes, cancelled or missed appointment charges, prescription charges and ancillary items.

Complementary Therapies

Single and Family Plan							
Level 1		Level 2		Level 3		Level 4	
Single	Family	Single	Family	Single	Family	Single	Family
£100 to a max of 3 visits	£200 to a max of 6 visits	£200 to a max of 5 visits	£400 to a max of 10 visits	£325 to a max of 8 visits	£650 to a max of 16 visits	£500 to a max of 12 visits	£1,000 to a max of 24 visits

Conditions:

Complementary therapies will pay for Chiropractic treatments, Acupuncture, Osteopathy and Homeopathy. 100% of the amount paid, to the appropriate maximum, to a qualified practitioner, over a one year benefit period.

Appointments include initial assessment appointments and all treatments must be carried out by qualified practitioners.

Excluded are charges for cancelled or non-attended appointments and the cost of any product or equipment supplied by the practitioner.

Hospital In-Patient

Single and Family Plan			
Level 3		Level 4	
Single	Family	Single	Family
£25 per night to a max of £400 per year	£25 per night to a max of £875 per year	£40 per night to a max of £640 per year	£40 per night to a max of £1400 per year

Conditions:

Benefit is payable for each night in hospital, to a maximum number of nights, as stated, over a one year benefit period. The maximum number of nights for chronic, elderly care or psychiatric cases shall be 40 for a Single plan and 90 for a Family plan, over the whole contract period, though other non related conditions may be claimed for.

Excluded is the first night of each claim, cosmetic treatments, psychiatric care or drug abuse, self inflicted injuries, permanent stay patients, respite care, leave periods during

treatment and accommodation arranged wholly or partly for domestic reasons, including periods of hospitalisation in a rehabilitation or respite ward or unit. Maternity is payable from the 6th night.

Hospital Day Surgery

Single and Family Plan			
Level 3		Level 4	
Single	Family	Single	Family
£25 per day to a max of £200 per year	£25 per day to a max of £500 per year	£40 per day to a max of £320 per year	£40 per day to a max of £800 per year

Conditions:

For each day in hospital for a surgical procedure, to the maximums stated over a one year benefit period (per person). Included is admission for a day in a ward or unit for treatment, diagnosis or investigations.

Excluded is the period immediately before or after an overnight stay, outpatient attendance at a hospital or GP Medical Practice, or if the plan holder is in receipt of Maternity, Psychiatric, and Elderly, Hospice or Respite Care or attendance at an Accident & Emergency unit.

Birth and Adoption Benefit

Adult Only Benefit					
Level 2		Level 3		Level 4	
Single	Family	Single	Family	Single	Family
£150	£150	£300	£300	£600	£600

Conditions:

Paid as a single lump sum in the event of either birth or adoption, the benefit is payable per child. Hospital benefit is also payable for the mother in addition to the birth and adoption grant from the sixth night onwards.

When a claim is submitted under this benefit, the child will automatically be added to the family plan where one exists.

This grant is also paid for a still birth if an official certificate is submitted.

Exclusions : Claims may not be submitted in the first 10 months of holding the plan and all certificates submitted must be dated 10 months post policy inception.

This benefit is not payable to child dependents. Children already registered under a plan may not subsequently be the subject of an Adoption Grant by either parent.

Personal Accident

The Personal Accident Cover is provided by a third party insurer, details available upon request. Cover applies to all customers over the age of 17 years. If more than one injury results from one accident the benefits for each injury will be added together, but will be limited to the total claim allowed for that level e.g. Level 3 (£10,000). There will be no cover for any claim resulting from war, self inflicted injury, suicide or flying, except as a fare paying passenger. Personal Accident Cover will cease if contributions are not up to date.

Claims must be submitted within 3 months of the date of the incident. United Kingdom law governs all claims for benefit.

There is no Personal Accident Cover payable on levels 1 and 2. This benefit is not available for children.

For more information about the benefit levels for Personal Accident please see the table on page 6.

Definitions

Acupuncturist A member of the British Acupuncturist Council. This person must not be you, your partner or a member of your family.

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

Child A person aged 17 or under or in full time education.

Chiropractor A member of the British Chiropractic Association. This person must not be you, your partner or a member of your family.

Complementary Therapies Chiropractic treatment, Acupuncture, Osteopathy or Homeopathy.

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.

Dental Injury Shall mean damage to teeth gingival tissues, dental alveoli or dental prostheses (whilst in situ within the mouth of the Insured Person) or the loss of dental prostheses (whilst in situ within the mouth of the Insured Person) which is caused solely by a force external to the mouth of the Insured Person.

Dependent Child A child that the member has parental responsibility for. This includes adoptive, step and foster children.

Family Plan A plan for one or two adults and unlimited children for whom one, either or both adults have parental responsibility and who are resident at the same address. This includes adopted children.

Fracture Break of major arm bone(s). (Radius, Ulna &/or Humerus)

Break of major leg bone(s). (Femur, Tibia &/or Fibula)

Homeopath A member of the Society of Homeopaths. This person must not be you, your partner or a member of your family.

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 are admitted before midnight.

Optician A fully qualified optician. The optician must be current member of the General Optical Council. This person 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.

Our/We/Us Engage Mutual Health, a part of the Engage Mutual Assurance Group.

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 in your own or in any occupation for which you are suited by training, education, or experience.

Plan The contract of insurance with the Member/Plan 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.

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 benefits.

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

Single plan One named adult plan holder 17 years old or over.

Total loss A complete and irrevocable loss.

UK The United Kingdom of Great Britain and Northern Ireland.

You/Your Member/Plan Holder.







Benenden[®] Health Cash Plan



Any questions, call **0845 052 5736[†]**



Visit **www.benendencashplan.org.uk**

[†] Calls may be recorded for security and training purposes. Calls cost a maximum of 4p per minute for BT customers. The price of calls from non-BT lines will vary. Lines open: Monday-Friday 8am-8pm, Saturday 9am-4pm.

The Benenden Health Cash Plan is a trading name of the Friendly Healthcare Organisation Limited, Company No. 4114359 registered in England, which is a wholly owned subsidiary of the Benenden Healthcare Society Limited. Registered Office: Holgate Park Drive, York, YO26 4GG. The Friendly Healthcare Organisation Limited is an Appointed Representative of Engage Mutual Health (EMH), which is authorised and regulated by the Financial Services Authority. EMH's FSA Register Number is 202311. You can check this on the FSA's Register by visiting the FSA's website www.fsa.gov.uk/register/home.do or by contacting the FSA on 0845 606 1234. Engage Mutual Health is the provider and administrator of this plan. Their contact address is Engage Mutual Health, Hornbeam Park Avenue, Harrogate, HG2 8XE.

The Benenden Health Cash Plan is available only to Benenden Healthcare Society members. No advice has been given. If you are in doubt as to the suitability of this product you should seek independent advice.



To apply, please read the Important Information and complete the details below.
If you have any questions, please call 0845 052 5736* or visit www.benendencashplan.org.uk

1 – Your personal details

Benenden Membership No.

Title Mr Mrs Ms Miss

Surname

Full forename(s)

Address

Postcode

Date of birth / / Gender male female

E-mail

Tel. no. work home mobile

2 – Your family's details

If you want to include members of your family please complete the white areas below as appropriate

Your Spouse / partner details

Title Mr Mrs Ms Miss

Surname

Full forename(s)

Date of birth / / Gender male female

Your Children's Details (if under 17)

If you wish to cover more than 2 children, please continue on a separate sheet and attach it to this application form.

First child

Surname

Full forename(s)

Date of birth / / Gender male female

Second child

Surname

Full forename(s)

Date of birth / / Gender male female

* Calls may be recorded for security and training purposes. Calls cost a maximum of 4p per minute for BT customers. The price of calls from non-BT lines will vary. Lines open: Monday-Friday 8am-8pm, Saturday 9am-4pm.

Don't forget to sign your declaration (section 5 overleaf) and complete the Direct Debit below

100814/004

HB01PW08

AP/BHCPAPPWEBDL/MS/CPCD01/01.11/1

Instruction to your bank or building society to pay by Direct Debit

Please complete and return to: Benenden Health Cash Plan, PO Box 742, Harrogate, HG1 9PQ

Name and full postal address of your Bank or Building Society

The Manager Bank/Building Society

Address

Postcode

Name(s) of Account Holder(s)

Branch Sort Code

Bank/Building Society

Account Number

Banks/Building Societies may not accept Direct Debit Instructions for some types of account.

Service User Number

Reference (for office use only)



For Engage Mutual Health official use only.

This is not part of the instruction to your Bank or Building Society.

Which day of the month would you prefer your payment to be taken (please tick)

5th 20th

Instruction to your Bank/Building Society

Please pay Engage Mutual Health Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Engage Mutual Health, and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

3 – Your plans

Please tick one box to let us know which level of Plan you wish to take out and whether you wish to take it out for yourself or you and your family.

	Level 1	Level 2	Level 3	Level 4
Single Plan	<input type="checkbox"/> £7.50 per month	<input type="checkbox"/> £12.50 per month	<input type="checkbox"/> £17.50 per month	<input type="checkbox"/> £25.00 per month
Family Plan	<input type="checkbox"/> £14.00 per month	<input type="checkbox"/> £24.00 per month	<input type="checkbox"/> £34.00 per month	<input type="checkbox"/> £49.00 per month

Monthly premium payable by Direct Debit.

4 – Previous medical history

Please tell us about any medical problems you or your family have. For example, Epilepsy-Diagnosed 01/03/1996. Any questions - please call 0845 052 5736*.

Name	Conditions

5 – Declaration

Please sign and date below and ensure the Direct Debit instruction overleaf is complete.

I agree that I and my family members specified in this form, and on any separate sheet, will be bound by the Benefit Rules and Tables and General Terms and Conditions of the Benenden Health Cash Plan scheme and accept they shall be the basis upon which benefits shall be payable under the scheme.

I declare that to the best of my knowledge and belief, all the information I have given in this application form is true and complete and that I have confirmed the family details with the respective member. I agree that I will inform Engage Mutual if any of the details given in this application form change.

I authorise my doctor or any other medical services provider to disclose to Engage Mutual any information which may be relevant to this plan, or any future claim for benefit. I understand that no claim will be accepted in respect of conditions which arose before the date of joining.

I understand that I will have the option of cancelling the contract providing I do so in writing within 30 days of me receiving my initial letter from Engage Mutual confirming my membership of the scheme.

The Benenden Health Cash Plan is subject to the Benefit Rules and Tables and General Terms and Conditions. Other important information is also contained in the Policy Summary. For the benefit and protection of yourself and anyone else on whose behalf you are applying you should read these carefully before signing this application form. If you do not understand any point please ask us for further information.

Information in relation to your membership of the plan may be shared with Benenden Healthcare Society and FHOL (Friendly Healthcare Organisation Limited) which is a wholly owned subsidiary of Benenden Healthcare Society. The information which you provide in applying for your Benenden Health Cash Plan at the inception of your plan and/or in support of any claim, will be used by Engage Mutual Health to administer your plan.

On the basis of this legal declaration I now apply for membership of the scheme.

Signed:

Date:

Checklist

1. Have you completed your details in section 1?
2. If you are taking out a Family Plan - complete spouse/partner and/or children details in section 2?
3. Have you told us which plan level you wish to take out by ticking the relevant box in section 3?
4. Have you told us about any previous medical conditions in section 4?
5. Have you completed the Direct Debit form overleaf and signed and dated the declaration in section 5?

6. Send the application form to

Benenden Health Cash Plan, PO Box 742, Harrogate, HG1 9PQ.



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