

# Choices (Corporate) Policy Document

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## Welcome to Universal Provident

Thank you for choosing Universal Provident for your private medical insurance. Within this pack you will find all your policy details. Please take time to read through all the documents carefully, checking all your details are correct. Contact us if you have any queries regarding your certificate of cover.

Your cover is arranged on the Universal Provident Choices product under which cover is provided by a number of optional modules. Please note that cover is only operative under those modules shown on your Certificate of Insurance.

Universal Provident plans are private medical insurance arrangements, underwritten by Personal Assurance Plc and are renewable annually subject to the terms of this policy.

Please note that unless this documentation forms part of the master policy, these notes and policy details are for your guidance only. The cover will be provided subject to the terms, exclusions and conditions issued to your employer (who has arranged cover on your behalf).

Universal Provident may monitor or record calls between its advisers and customers to ensure a consistent quality of service.


*Universal Provident Limited is an appointed representative of Berkeley Morgan Limited which is authorised and regulated by the Financial Services Authority.*

## Operative Clause

In return for the payment of the premium, *we will pay treatment charges and other benefits* stated in the Table of Benefits, relating to *treatment* incurred by *you* during the *policy period*, on the understanding that the application form and declarations form the basis of and are part of this *policy*.

Any words or phrases given specific meaning in the definitions section of this *policy* carry the same meaning wherever they appear.

Signed for and on behalf of Universal Provident Ltd, as agents for Personal Assurance Plc.

A handwritten signature in black ink, appearing to be 'Ken Rooney', written over a horizontal line.

Ken Rooney  
Managing Director

## How To Claim

### Visit your GP

If *your GP* is able to provide all the *treatment* that is necessary, no further action will be required as the services provided by a *GP* are not covered under the *policy*.

### If further *treatment* is required

If *your GP* refers *you* for further *treatment* (including consultations) *you* must telephone the Universal Provident helpline on 0844 8730 900 as under the terms of *your policy* all *treatment* must be *pre-authorised* by *us*.

When *you* phone *us*, please have the following information available:

- *your policy* number,
- the condition to be treated,
- the date when *you* first became aware of the condition,
- what *treatment* is planned at this stage,
- the name of the *specialist, physiotherapist* or complementary medicine practitioner *you* are arranging to visit, and
- the *hospital* to be used (if known or if applicable)

*We* will then be able to discuss *your* claim with *you*, let *you* know what *we* will do and advise *you* how *you* should proceed.

Please note that any authorisation given at this stage is subject to confirmation upon receipt of a full completed claim form. If subsequent information contradicts the information on which our *pre-authorisation* has been based, *your* claim may be invalidated.

### Payment

Wherever possible *we* will pay all bills direct to the provider of the *treatment* or services. *You* must advise the provider of *your* insurance details before *you* have the *treatment* so that they can send their bills to *us*. *You* must also check whether direct settlement is available for *out-patient treatment*. If *you* have paid for any *treatment* yourself, *we* will reimburse *you*. If *your policy* is subject to an *excess* *we* will deduct the *excess* from the appropriate bills and advise *you* to whom the *excess* should be paid.

## Definitions

- 1 Accident/accidental**  
A sudden, unexpected, unusual specific event which occurs at an identifiable time and place. The accident must occur whilst the *insured person* is covered by this *policy*.
- 2 Acupuncture**  
Treatment by the insertion of needles, performed by a member of the British Acupuncture Council or an accredited member of the British Medical Acupuncture Society.
- 3 Acute condition**  
A disease, illness or injury that is likely to respond quickly to *treatment* which aims to return *you* to the state of health *you* were in immediately before suffering the disease, illness or injury, or which leads to *your* full recovery.
- 4 Benefit**  
A benefit that *we* will pay under this *policy* for *treatment* incurred during the *policy period*.
- 5 Bodily injury**  
An identifiable physical injury caused solely by an accident.
- 6 Cancer**  
A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissues.
- 7 Chiropractic**  
Treatment by manipulation of the spine, performed by a chiropractor registered with the General Chiropractic Council.
- 8 Chronic condition**  
A disease, illness or injury that has one or more of the following characteristics:
  - \* it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests;
  - \* it needs ongoing or long-term control or relief of symptoms;
  - \* it requires *your* rehabilitation or for *you* to be specially trained to cope with it;
  - \* it continues indefinitely;
  - \* it has no known cure;
  - \* it comes back or is likely to come back.
- 9 Commencement date**  
The date shown as such on *your* certificate.
- 10 Course of treatment**  
All *treatments* undertaken for a disease, illness or injury over a period of time, provided that the period between each *treatment* does not exceed six months.
- 11 Day-patient**  
A patient who is admitted to a *hospital* or day-patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.
- 12 Dependent child/children**  
An unmarried child aged under 21 (or under 25 if in full-time education), who lives:
  - a) with *you* or his or her other parent, or
  - b) away from *your* home for the purpose of attending his or her place of full time education.
- 13 Diagnostic tests**  
Investigations such as x-rays or blood tests, to find or to help to find the cause of *your* symptoms.
- 14 Disability**  
A period of incapacity occurring after the *commencement date* and which has been certified by a *G.P.* within the *U.K.* *your disability* must leave *you* totally unable to carry out the duties of *your* normal occupation.
- 15 Dislocation**  
The dislocation of a shoulder, wrist or ankle.
- 16 Excess**  
The agreed amount (shown in *your* certificate) that *you* must pay towards the cost of a claim. The excess is payable only once for each *course of treatment*.
- 17 Expiry date**  
The date shown as such on *your* certificate.
- 18 Fracture**  
The fracture of a leg, arm, shoulder, skull, foot (other than the toes), hands (other than the fingers) wrist, or two or more ribs.
- 19 General practitioner (GP)**  
A registered medical or dental practitioner in general practice.
- 20 Hazardous pursuits**  
Rock climbing, mountaineering, pot-holing, hang-gliding, parachuting, parascending, paragliding, skiing of any sort, snow-boarding, bob-sleighting, lugging, motor sports, contact sports or any sport where a fee is received.

- 21 Homeopathy**  
Treatment by the administration of medicines, which in a healthy person would induce the symptoms similar to those being treated, performed by a Registered Member of the Society of Homeopaths.
- 22 Hormone replacement therapy (HRT)**  
Oestrogenic hormones prescribed orally, transdermally or by subcutaneous implant required for the relief of symptoms resulting from cessation of ovarian function, either at the time of natural menopause or following surgical removal of the ovaries.
- 23 Hospital**  
A hospital or nursing home run by the *NHS* or registered under the Nursing Home Acts.
- 24 Hospital charges**  
Charges for accommodation, nursing, operating theatres, drugs, dressings, pathology, radiology and any other charges made by a *hospital* for *treatment*.
- 25 In-patient**  
A patient who is admitted to *hospital* and who occupies a bed overnight or longer, for medical reasons.
- 26 Insured person (you/your)**  
Anyone described as an insured person on the certificate, schedule or specification who is resident in the *U.K.*
- 27 NHS**  
The National Health Service or National Health Service Trust.
- 28 Nurse**  
A qualified nurse who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.
- 29 Nursing at home**  
The attendance of a *nurse*, under the supervision of a *specialist*, in *your* home, to provide nursing services for *treatment* covered by this *policy*;  
a) immediately following *treatment* in a *hospital* if such services are necessary and recommended by the *specialist* who treated *you*, or  
b) on a full-time basis for *treatment* which would normally be provided in a *hospital*, or  
c) where *treatment* at home forms part of an integral pre-agreed *hospital* procedural price.  
All *treatment* given by a *nurse* must be for medical and not domestic reasons.
- 30 Osteopathy**  
Treatment and diagnosis utilising the musculoskeletal system performed by an osteopath who is registered with the General Osteopathic Council.
- 31 Out-Patient**  
A patient who attends a *hospital*, consulting room or out-patient clinic and is not admitted as a *day-patient* or an *in-patient*.
- 32 Palliative treatment**  
(a) in respect of *cancer* - any *treatment* (including drug therapy) where the condition has been diagnosed as having a prognosis for survival for five years of less than 50%, or  
(b) in respect of any other condition - any *treatment* (including drug therapy) that is performed or given with the intent of relieving or managing symptoms and/or improving the quality of life, rather than to alter or cure the condition.
- 33 Physiotherapy**  
Treatment by physical means or agents performed by a physiotherapist who is a State Registered Physiotherapist and a member of the Chartered Society of Physiotherapists and who holds any of the qualifications: FCSP, MCSP or SRP.
- 34 Podiatry and chiropody**  
Treatment and diagnosis of conditions of the feet, undertaken by a suitably qualified podiatrist or chiropodist registered with the Health Professions Council.
- 35 Policy**  
*Our* contract of insurance with *you*. The policy consists of *your* application form, declarations and the operative clause, definitions, conditions, exclusions, schedule, certificate of cover, table of benefits, hospital list and any endorsements.
- 36 Policy period**  
The period between the *commencement date* and the *expiry date*.
- 37 Pre-authorisation/pre-authorised**  
When *you* telephone *us* regarding planned *treatment* and *we* agree that the *treatment* is eligible for *benefit* under the *policy*.
- 38 Pre-existing condition**  
Any disease, illness or injury for which:  
a) *you* have received medication, advice or treatment; or  
b) *you* have experienced symptoms;  
whether the condition has been diagnosed or not in the five years before the start of *your* cover.

- 39 Private ambulance**  
A vehicle operated under the registration of the National Association of Private Ambulance Services.
- 40 Renewal date**  
The date shown as such on *your* certificate.
- 41 Schedule of Procedures**  
The schedule of fees for consultations, medical, surgical and investigative procedures, as issued from time to time by *us*.
- 42 Second opinion**  
A consultation with a *specialist* (including any necessary *diagnostic tests*), the purpose of which is to ratify any diagnosis that has already been given, or any proposed course of treatment.
- 43 Specialist**  
A medical practitioner who is currently registered under the Medical Acts and is approved by *us* for the *treatment* and
- holds, or has held, a consultant's appointment in a *NHS hospital* and holds a Specialist Accreditation issued by the General Medical Council in accordance with EC Medical Directives, or
  - holds a certificate of Higher Training issued by the Higher Specialist Training Committee of the appropriate Royal College or Faculty, or
  - holds alternative qualifications that are accepted by *us*.
- 44 Treatment**  
Surgical or medical services (including *diagnostic tests*) that are needed to diagnose, relieve or cure a disease, illness or injury.
- 45 Treatment charges**  
Reasonable, customary and necessary fees for:
- hospital* accommodation, nursing, operating theatres and recovery rooms,
  - specialists* (including surgeons, anaesthetists, physicians and other *specialists*),
  - diagnostic tests* (including post-operative tests) carried out by a *specialist* or suitably qualified orthoptist, on the referral of a *specialist*,
  - blood, blood derivatives, drugs and dressings, whilst used in the course of *in-patient* or *day-patient treatment*.
  - nursing at home*,
  - physiotherapy* on the referral of either a *specialist* or *GP*,
  - acupuncture, chiropractic, homeopathy, osteopathy, podiatry and chiropody*
- 46 United Kingdom (UK)**  
The United Kingdom of Great Britain and Northern Ireland.
- 47 We/us/our**  
The appointed agents (Universal Provident Ltd) acting on behalf of the insurers (Personal Assurance Plc).
- 48 You/your (insured person)**  
Anyone described as an insured person on the certificate, schedule or specification who is resident in the *UK*.

## Table of Benefits

	<b>Maximum <i>benefit</i> payable per person per <i>policy period</i></b>
Total amount of <i>benefit</i> payable to each <i>insured person</i> during each <i>policy period</i>	Unlimited

### MODULE A2 (In-Patient - 90 day waiting period)

This module is only operative if shown on your Certificate of Insurance.

#### 1. Treatment as an NHS patient

We will pay *you* for each night spent in a *NHS hospital*, without charge, during the course of *in-patient treatment*

£75 per night

#### 2. Private treatment charges

(a) Accommodation, nursing, operating theatres, recovery rooms, surgical drugs and dressing, *diagnostic tests* and procedures, consultations, *physiotherapy* and surgical appliances.

Full refund within any *hospital* approved by *us* and within 30 miles of *your* normal place of residence

(b) Surgeons', anaesthetists' and physicians fees.

Full refund

(c) Oncology, radiotherapy and chemotherapy.

Full refund within any *hospital* approved by *us* and within 30 miles of *your* normal place of residence.

#### 3. Income benefit

Upon the occurrence, within the *policy period*, of a *fracture*, *dislocation* or a minimum *hospital* stay of two consecutive nights during the course of *in-patient treatment* (for which *benefit* is provided under this *policy*).

£100 per week for each week of *disability*, for a maximum of six weeks within any one *benefit period*.

### MODULE B (Out-Patient treatment - full refund)

This module is only operative if shown on your Certificate of Insurance.

#### Out-patient specialist fees )

For consultations and *diagnostic tests* (other than those using MRI, CT and PET scanning technology) and procedures

Full refund

#### Out-patient orthoptics

For consultations with and *diagnostic tests* performed by a suitably qualified orthoptist

£250

### MODULE C (Out-Patient treatment - limited)

This module is only operative if shown on your Certificate of Insurance.

#### Out-patient specialist fees )

For consultations and *diagnostic tests* (other than those using MRI, CT and PET scanning technology) and procedures

£500

**MODULE D (Therapies)**

This module is only operative if shown on your Certificate of Insurance.

**Out-patient physiotherapy****Complementary medicine**

*Acupuncture, chiropractic, homeopathy and osteopathy (or any other form of complementary medicine for which we have given our approval before treatment is undertaken), on the referral of a specialist or GP*

**Podiatry and chiropody**

*Treatment charges relating to out-patient podiatry and chiropody*

}  
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 } £500  
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**MODULE E (Psychiatric illness)**

This module is only operative if shown on your Certificate of Insurance.

For out-patient treatment

£450

For in-patient and day-patient treatment

£250 per day for a maximum of 28 days per person per policy period

**MODULE F (Employee Assistance Programme)**

This module is only operative if shown on your Certificate of Insurance.

An employee assistance helpline to provide information, resources and counselling on a wide range of topics.  
 (See page 15 for full information.)

Not applicable

**MODULE G (Support+)**

This module is only operative if shown on your Certificate of Insurance.

An additional support service for any person who has submitted an eligible claim under this policy.  
 (See page 15 for full information.)

Not applicable

**NOTES:**

1. All *benefits* stated above are payable only in respect of eligible *treatment* as defined within this *policy*.
2. *Benefit* is only payable under Benefit 2 of Module A2 if the *treatment* required cannot be provided free of charge by the *NHS* within 90 days of a *specialist* deciding that it is necessary.
3. *Benefit* is not payable under this *policy* for pregnancy or childbirth other than for the *treatment* of the following:
  - (a) ectopic pregnancy (where the foetus is growing outside the womb),
  - (b) hydatidiform mole (abnormal cell growth in the womb),
  - (c) post partum haemorrhage (heavy bleeding in the hours and days immediately following childbirth),
  - (d) placenta or membranes that remain in the womb immediately following childbirth or miscarriage,
  - (e) caesarean section where medically necessary, as agreed and *pre-authorized* by our Chief Medical Officer.

## Exclusions

- 1 Alcohol, drug and substance abuse**  
*Benefit* is not payable under this *policy* for *treatment* for alcohol, drug or substance abuse or dependency and/or disease, illness or injury directly or indirectly arising from alcohol, drug or substance abuse or dependency.
- 2 Assisted reproduction**  
*Benefit* is not payable under this *policy* for *treatment* relating to any form of assisted reproduction and/or subsequent pregnancies, delivery and within three months of the birth, post-natal care of the mother and child or children.
- 3 Biological therapies**  
*Benefit* is not payable under this *policy* for *treatment* using biological therapies for a period of more than 12 months from the start of such *treatment*.
- 4 Breast reduction or augmentation**  
*Benefit* is not payable under this *policy* for breast reduction or augmentation.
- 5 Chemical and nuclear contamination**  
*Benefit* is not payable under this *policy* for *treatment* directly or indirectly arising from or required as a consequence of chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel.
- 6 Chronic conditions**  
*Benefit* is not payable under this *policy* for *treatment* relating to any *chronic condition*, other than for *treatment* necessary to stabilise the condition following an acute flare-up of a *chronic condition*.
- 7 Cosmetic treatment**  
*Benefit* is not payable under this *policy* for cosmetic treatment (including any *treatment* necessary as a result of cosmetic treatment), whether or not for psychological reasons, except where necessary as a result of an accident which occurs while *you* are covered by this *policy*.
- 8 Dentistry**  
*Benefit* is not payable under this *policy* for *treatment* for any dental condition or dentistry, including gum conditions (periodontal treatment) or malocclusions (orthodontic treatment).
- 9 Drugs, medicine and dressings**  
*Benefit* is not payable under this *policy* for drugs, medicines and dressings, prescribed as part of *out-patient treatment*, unless:
  - a) used during *your out-patient* appointment, or
  - b) used in the course of chemotherapy or radiotherapy.
- 10 Excess**  
*Benefit* is not payable under this *policy* for the amount of any *excess* stated in *your* certificate
- 11 Experimental procedures or drugs**  
*Benefit* is not payable under this *policy* for *treatment*;
  - a) which is considered, on the basis of established medical practice in the *UK*, to be experimental or unproven, or
  - b) by drugs or other substances that have not been granted a marketing authorisation by the European Medicines Agency or the Medicines and Healthcare Products Regulatory Agency,
  - c) by drugs or other substances that falls outside the terms and limitations of that drug's or substance's marketing authorisation as granted by the European Medicines Agency or the Medicines and Healthcare Products Regulatory Agency.
- 12 Fertility and infertility**  
*Benefit* is not payable under this *policy* for *treatment* for fertility, infertility, inability to conceive or male sexual dysfunction (and the consequences of male sexual dysfunction), including the prescription of contraceptive devices and operations for sterilisation or the reversal of sterilisation.
- 13 Foetal surgery**  
*Benefit* is not payable under this *policy* for foetal surgery, being surgery on an unborn child or *treatment* in connection with such surgery whether undergone on the mother or unborn child or children.
- 14 GP services**  
*Benefit* is not payable under this *policy* for *GP* services other than reasonable and customary charges for the completion of claim forms.
- 15 Hazardous pursuits**  
*Benefit* is not payable under this *policy* for *treatment* directly or indirectly arising from or as a consequence of engaging or taking part in any *hazardous pursuits*.
- 16 Health hydros**  
*Benefit* is not payable under this *policy* for *treatment* in health hydros, nature cure clinics or similar institutions or nursing homes associated with such institutions.
- 17 HIV/AIDS**  
*Benefit* is not payable under this *policy* for *treatment* for Human Immunodeficiency Virus (HIV) and/or Acquired Immune Deficiency Syndrome (AIDS), or any syndrome of a similar kind, however it may be named, including any related or associated condition.

**18 Hormone replacement therapy**

*Benefit* is not payable under this *policy* for *hormone replacement therapy* unless performed as part of or immediately following and necessary to a surgical procedure which is covered under this *policy*, when *benefit* will only be payable for *hormone replacement therapy* undertaken within the twelve months immediately following the surgical procedure.

**19 Kidney failure**

*Benefit* is not payable under this *policy* for supportive treatment of renal failure, including dialysis, unless the condition is classed as acute reversible renal failure.

**20 Nursing at home**

*Benefit* is not payable under this *policy* for *nursing at home* or a residential stay in a *hospital* arranged wholly or partly for domestic reasons or which is not directly related to *treatment* of a disease, illness or injury covered by this *policy*.

**21 Organ transplants**

*Benefit* is not payable under this *policy* for:

- (a) donor or transplant operations or *treatment* associated with such operations, other than corneal or skin grafting, coronary by-pass operations or mosaicoplasty,
- (b) donor or autologous transplants of bone marrow, stem cells or other similar procedures,
- (c) any *treatment* in anticipation of or prior to and following such *treatments*,
- (d) the cost of providing cochlear implants and any related *treatments*.

**22 Out-patient nursing fees**

*Benefit* is not payable under this *policy* for charges relating to *out-patient* nursing if such nursing:

- (a) does not provide *treatment* for an eligible medical condition; and
- (b) would customarily be undertaken by a *specialist* or other medical professional during the course of a consultation or appointment.

**23 Palliative treatment**

*Benefit* is not payable under this *policy* for *palliative treatment*.

**24 Pandemics**

*Benefit* is not payable under this *policy* for *treatment* of any condition which has been declared as a pandemic by the World Health Organisation.

**25 Pre-existing conditions (moratorium)**

During the first 24 months of insurance, *benefit* is not payable under this *policy* for *treatment* for any *pre-existing condition* or related condition. This is known as the moratorium period.

*Pre-existing conditions* and related conditions will be covered after the moratorium period if *you* have not received any medical advice, medication or treatment for such conditions during the moratorium period.

If at any time during the moratorium period *you* receive any medical advice or treatment for a *pre-existing condition* or related condition, a new two year moratorium period for that *pre-existing condition* and related condition will start from the date of the latest advice, medication or treatment.

A new two year moratorium period will start each time *you* receive advice or treatment for a *pre-existing condition* or related condition until such time as *you* remain free of advice or treatment for that *pre-existing condition* or related conditions for a continuous period of two years.

**26 Pre-existing conditions (medical underwriting)**

*Benefit* is not payable under this *policy* for *treatment* for any *pre-existing condition* unless *you* have told *us* about it fully in writing and *we* have accepted it.

**27 Pre-existing conditions (CPME)**

*Benefit* is not payable under this *policy* for *treatment* for any physical defect, infirmity, disease, illness or injury for which *you* have had an exclusion applied under any other private medical insurance policy.

**28 Preventative treatment**

*Benefit* is not payable under this *policy* for preventative treatment unless:

- (a) *you* already suffer from the condition being treated; and
- (b) the condition would worsen or spread to other parts of the body if such treatment was not undertaken; and
- (c) such treatment is intended to prevent the condition spreading to any other parts of the body, or worsening; and
- (d) if the treatment is aimed at a particular part of the body, there is a reasonable certainty that, if untreated, the condition will affect that part of the body.

**29 Psychiatric illness**

*Benefit* is not payable under this *policy* for:

- (a) *treatment* of psychiatric or psycho-geriatric illness; or
- (b) *treatment* of conditions resulting from:
  - (i) psychiatric or psycho-geriatric illnesses, or
  - (ii) the treatment of psychiatric or psycho-geriatric illness; or
- (c) *treatment* relating to behavioural disturbances or disorders

This exclusions does not apply if your cover includes Module E (Psychiatric illness).

**30 Rehabilitation**

*Benefit* is not payable under this *policy* for charges relating to rehabilitation undertaken for any reason whatsoever.

**31 Residential care**

*Benefit* is not payable under this *policy* for *treatment* in any *hospital* which has effectively become *your* permanent place of residence.

**32 Routine examinations**

*Benefit* is not payable under this *policy* for routine medical examinations, screening and tests, including sight testing and genetic testing, unless relating to a specific eligible disease, illness or injury, where it is reasonable to believe that the disease, illness or injury still exists.

**33 Self-inflicted condition**

*Benefit* is not payable under this *policy* for *treatment* for disease, illness or injury intentionally self-inflicted or arising from suicide attempts.

**34 Second opinion**

*Benefit* is not payable under this *policy* for *treatment charges* relating to consultations with a *specialist* or *diagnostic tests*, the purpose of which is to provide a *second opinion*.

**35 Sex change**

*Benefit* is not payable under this *policy* for *treatment* in connection with sexual reassignment, whether or not for psychological reasons.

**36 Sexually transmitted diseases**

*Benefit* is not payable under this *policy* for *treatment* for sexually transmitted diseases.

**37 Short-sightedness, long-sightedness**

*Benefit* is not payable under this *policy* for *treatment* for myopia (short-sightedness) or hyperopia (long-sightedness).

**38 Surgical or medical appliances**

*Benefit* is not payable under this *policy* for surgical appliances, medical appliances, aids or equipment, including spectacles or other optical aids, hearing aids, dentures or dental appliances, other than an artificial apparatus or prosthesis inserted during a surgical procedure for which *benefit* is payable.

**39 Termination of pregnancy**

*Benefit* is not payable under this *policy* for intentional termination of pregnancy.

**40 Tests and Investigations**

*Benefit* is not payable under this *policy* for pathological, radiological and other tests and investigations, unless *you* have been referred for such tests or investigations by a *specialist*.

**41 Treatment outside the UK**

*Benefit* is not payable under this *policy* for *treatment* received outside the *UK*.

**42 War and kindred risks**

*Benefit* is not payable under this *policy* for *treatment* directly or indirectly arising from or required as a consequence of;

- a) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, riot; or
- b) any act of terrorism.
- c) any act of nuclear, chemical or biological terrorism

or any action taken in controlling, preventing or suppressing or in any way relating to a), b) and/or c) above.

For the purpose of this exclusion

- i) an act of terrorism means 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 person, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.
- ii) nuclear, chemical and/or biological terrorism shall mean an act of terrorism, as defined above, involving 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 policy period.
- iii) chemical agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.
- iv) 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.

**ADDITIONAL EXCLUSIONS APPLICABLE TO BENEFIT 3 of MODULE A2 ONLY****43 Air travel**

*Benefit* is not payable under this *policy* in respect of *your* engaging or taking part in air travel except as a fare-paying passenger in a properly licensed aircraft.

**44 Criminal Act**

*Benefit* is not payable under this *policy* in respect of *your* own criminal act.

**45 Exposure to danger**

*Benefit* is not payable under this *policy* in respect of deliberate exposure to exceptional danger (except in an attempt to save human life).

**46 Military service**

*Benefit* is not payable under this *policy* in respect of *your* engaging or taking part in military, air force or naval service or operations (other than reserve or volunteer training).

## Conditions

### 1 Cancellation - our rights

- a) *We* may cancel or alter the terms of this *policy* after giving seven days notice in writing to the *insured*, if the *insured* has:
- i) failed to pay the premium;
  - ii) failed to observe the *policy* terms, including condition 2 below.
  - iii) mis-led *us* by mis-statement or concealment.
  - iv) failed to act with utmost good faith.
- b) *We* may cancel or alter the terms of cover for an *insured person* if the *insured person* has:
- i) failed to observe the *policy* terms.
  - ii) mis-led *us* by mis-statement or concealment.
  - iii) failed to act with utmost good faith.
  - iv) agreed to an attempt by a third party to obtain money unreasonably to *our* cost.

### 2 Cancellation - your rights

- a) If for any reason *you* decide not to accept this insurance *you* have 14 days from the later of the date of receipt of the *policy* documents or the date on which *your* cover starts to confirm *your* wish to cancel cover. This 14 day cancellation period applies at the original *commencement date* of *your* insurance and at each subsequent *renewal date*.
- b) By exercising *your* right to cancel, *you* withdraw from the contract of insurance as at the date of such notice. No later than 30 days after the date on which notice of cancellation is received, *you* will be reimbursed any sums which *you* have paid in connection with this *policy*.
- c) If *you* do not exercise *your* right to cancel within the cancellation period, the contract will remain in force and all premiums will be payable in accordance with the terms of the *policy*.
- d) If *you* wish to cancel *your policy* at any other time *you* must advise *us* of this in writing. If *you* have made a claim during the current *policy period* *you* will not be entitled to any refund of premium and, if *you* pay by monthly instalments, *you* must continue to pay any outstanding premium for the current *policy period*. If *you* have not made a claim during the current *policy period* *you* will receive a proportionate refund of premium based on the number of complete months between the date of cancellation and the *expiry date*.

### 3 Cancellation - general

In the event of the *policy* being cancelled under the terms of Condition 1 above *we* will only be liable for claims relating to *treatment* undertaken up to the date of cancellation, provided that the invoices for such *treatment* have been received by *us* prior to the date of cancellation.

### 4 Changes in your circumstances

*You* must inform *us* as soon as possible of any changes in *your* circumstances, which may affect the premium or terms, applied under this *policy*. *We* reserve the right to cancel or alter the premium or terms of the *policy* when *we* are informed of such changes.

### 5 Children

- a) If a child is born during a *policy period* and *you* wish him or her to become an *insured person*, without providing evidence of health or becoming subject to the moratorium on *pre-existing conditions*, *you* must inform *us* of this within three months of the birth or by the next *renewal date*, whichever is the sooner.
- b) *Dependent children* will be removed from this *policy* at the *expiry date* of the *policy period* during which their 21st birthday falls (or their 25th birthday if they remain in full-time education).

### 6 Claims

*We* will only pay *benefit* for claims submitted under this *policy* if:

- a) *We* have *pre-authorized* *your* claim; and
- b) Details of the claims on *our* claims form are sent to *us* within three months of the date of *treatment* for which *you* are claiming (and such details do not contradict the information upon which *our pre-authorization* of the claims was based), together with original bills or accounts (not copies); and
- c) *In-patient* or *day patient treatment* is undertaken at a *hospital* that appears on *our* Hospital List and is within *your* chosen *hospital* scale. If *you* use a *hospital* which is not within *your* chosen *hospital* scale, the *benefit* payable for *hospital charges* may be restricted as shown in the Hospital List.
- d) *Treatment* must be given by or under the control of a *specialist* to whom *you* have been referred by *your GP*. In an emergency where it is not possible to consult *your GP* *you* may go directly to a *specialist*.
- e) *Treatment* must be undertaken to cure an *acute condition* or to relieve acute episodes of a *chronic condition*.
- f) *We* can ask for medical information from, or a medical examination by, any *GP*, *specialist* or other physician as often as *we* may reasonably require; and
- g) The *treatment* takes place during the *policy period*. In the event of the cancellation or non-renewal of the *policy* by either *you* or *us*, *we* will only pay *benefit* for *treatment* which takes place before the date of cancellation or non-renewal; and
- h) *you* adhere to all medical advice and complete all *treatment* prescribed; and
- i) Premiums have been paid for the *policy period*; and

j) *We* are told as soon as possible if the disease, illness or injury for which *you* are claiming benefit is or may be the fault of a third party. In these circumstances:

- i) *we* may start legal proceedings in *your* name, but at *our* expense, to recover any *benefits* paid under this *policy*,
- ii) *you* must give *us* all necessary help and information to start legal proceedings or to settle or defend any claim,
- iii) *you* must inform *us* if *you* intend to start legal proceedings yourself against the third party,
- iv) *you* must refund to *us* any *benefit* paid by *us* for *treatment charges* if *you* receive any compensation for such *treatment charges*.

7 **Contribution**

If the *treatment charges* for which *you* are claiming *benefit* under this *policy* are or may be covered by any other insurance or indemnity, *we* will only pay *our* proportionate share of the total costs.

8 **Fraud**

If there is or has been any fraud, hiding of facts or untrue statements either before or after the *policy* started, *we* will cancel the *policy* and *you* must refund to *us* any *benefit* which *we* have paid.

9 **Payment of benefit**

All *benefit* will be paid in Sterling and will be paid directly to the provider of the *treatment*.

10 **Premiums**

Cover under this *policy* shall only apply if the premium required by *us* has been paid in accordance with Policy Payment Schedule attaching to this *policy*. If at any time premium has not be paid by the due date, *we* reserve the right to defer payment of any claims submitted hereunder until such time as all outstanding premium has been paid in full.

11 **Renewal**

Unless cancelled by *you*, *we* may invite renewal of this *policy* for a further twelve months from the *renewal date*. If *we* invite renewal *we* will advise *you* at that time of any changes in terms and/or premiums.

If *you* pay *your* premium by direct debit, *you* authorise *us* to renew *your policy* and to continue to collect premiums in accordance with the renewal terms advised, unless *you* advise *us* to the contrary before the renewal date.

12 **Waiver of terms**

If at any time *we* do not apply or enforce any of the *policy* terms, *we* will not be prevented from doing so in the future.

## Employee Assistance Programme

Your Employee Assistance Programme provides you with a helpline service that can provide information, resources and counselling to help you to balance your work, family and personal life. The topics include, but are not limited to:

Work-life balance	Elder care
Relationships	Life events
Child care	Immigration
Health and well-being	Anxiety and depression
Debt	Family issues
Disability and illness	Bullying and harassment
Careers	Education
Bereavement and loss	Consumer rights
Stress	Workplace pressure

The service is provided by Workplace Options and is available 24 hours a day and 365 days a year. You may access the service by phone, e-mail, online and via instant messaging. In addition, you may also be entitled to up to six face-to-face counselling sessions per year.

You may use the programme as often as you wish, without restriction on the number of issues that you can gain support on. You can also rest assured that all contact under the Employee Assistance Programme is treated in strict confidentiality.

Please note that the Employee Assistance Programme is only available to employees of the insured and not their partners or dependants.

The contact information for this service is shown on your Certificate of Membership.

There is no charge for using this service.

## Support+

Support+ is a nursing advisory service that is available to provide practical and emotional support for persons claiming under this policy, not only during the currency of the claim, but for as long they wish.

Once you submit an eligible claim under your Choices policy for treatment and a diagnosis has been made, our Claims Department will advise you if the medical condition is appropriate for the services provided by Support+. Subject to your consent, we will give your contact details to Support+. The medical conditions for which Support+ is typically suited are:

- Cancer
- Cardiac conditions
- Multiple sclerosis
- Stroke

Any condition which gives rise to a hospital stay of more than 10 consecutive nights.

You will be telephoned by your Personal Nurse Advisor with specialist knowledge of your condition who will be able to give practical help and emotional support. If necessary they will also be able to arrange a specialist home visit or a course of counselling or treatment, put you in contact with self-help groups, charities and care providers and provide relevant leaflets, CD's and books as appropriate.

The Support+ service is not restricted to the claimant, but is also available to other family members who may be affected by the condition.

There is no compulsion on your part to use Support+. Once we have confirmed that your condition is appropriate for Support+ it is your decision whether to accept or decline the service. If you initially decline the offer, you are still free to use the service, should you wish, at a later stage of your treatment.

## Our Stance on Cancer Treatment

For the purposes of Universal Provident's private medical insurance plans, *cancer* is defined as a malignant tumour, tissue or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue (please see Policy Definition - Cancer)

Universal Provident plans cover *treatment* for *cancer* provided that the *treatment* is neither *palliative* (please see Policy Definition - Palliative treatment) nor preventative and the *cancer* has not been diagnosed as having a prognosis for survival for five years of less than 50%.

Please note that preventative treatment is excluded for *your policy* unless:

- a) *you* already suffer from the condition being treated; and
- b) the condition would worsen or spread to other parts of the body if such treatment was not undertaken; and
- c) such treatment is intended to prevent the condition spreading to any other parts of the body or worsening; and
- d) if the treatment is aimed at a particular part of the body, there is a reasonable certainty that, if untreated, the condition will affect that part of the body.

We will cover the costs of diagnosis, including consultations, tests and scans. Once the diagnosis has been made, cover will be provided for *treatment* by chemotherapy, radiotherapy, biological therapy or surgery whether the *treatment* is on an *in-patient*, *out-patient* or *day-patient* basis, in *hospitals*, consulting rooms, day-patient centres or in the patient's own home.

*Treatment* must be on the basis of established medical practice within the United Kingdom and cover is not provided for drugs used outside the terms of that drug's Marketing Authorisation (also known as its license) or for *treatment* that is part of a clinical trial or still subject to such trials. There is no cover for bone marrow or stem cell transplants.

Some *cancers* may require long term *treatment* using drugs such as monoclonal antibodies (biological therapies). Where such *treatment* is required we will limit cover to a maximum period of one year from the start of the *treatment* (please see Policy Exclusion - Biological therapies).

Cover will be provided for follow up checks, consultations and diagnostic tests for a maximum of five years following successful *treatment* of the *cancer* (where remission has been obtained).

## Customer Satisfaction

We always aim to provide a first class standard of service. However if *you* have a complaint *you* should contact *our* Managing Director at the address shown below. Please give us *your* full name and address and *your* policy or claim number. Full details of *our* complaints procedure are available on request.

The Managing Director  
Universal Provident Ltd  
John Ormond House  
899 Silbury Boulevard  
Central Milton Keynes  
MK9 3XL

Telephone: 0844 873 0902

If *you* are not satisfied *you* may ask the Financial Ombudsman Service to review *your* complaint, without affecting *your* rights to take legal action. by contacting:

Financial Ombudsman Service  
South Quay Plaza  
183 Marsh Wall  
London  
E14 9SR

Telephone: 0800 023 4567

There is a choice of law applicable to this *policy*, but unless agreed otherwise by *us*, English Law will be used.

Making a complaint under this procedure will not affect *your* rights to take legal action.

*Your* insurance is contracted with Personal Assurance Plc, an insurer incorporated in the U.K. and registered in England, number AC001573, having its principal place of business at John Ormond House, 899 Silbury Boulevard, Central Milton Keynes, MK9 3XL. Personal Assurance Plc is regulated by the Financial Services Authority and entered on the FSA register under number 202682.

Universal Provident Limited acts as agent for Personal Assurance in connection with this insurance and holds all premium receipts, premium refunds and claims money as agent for Personal Assurance Plc.

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