

Policy Summary





The Health Shield Membership Plan (“the plan”)

The plan is a healthcare cash plan provided by Health Shield Friendly Society Limited (“Health Shield”).

This policy summary does not contain the full terms and conditions of your membership. Please refer to your membership plan for full details.

Key features and benefits

- The plan pays for a range of everyday healthcare and wellbeing related benefits.
- Depending on your plan, you can choose from a range of benefit levels, and provide cover for your partner and dependent children where applicable.
- Claim limits are refreshed at the beginning of each benefit year. Your benefit year is defined in your plan booklet and the welcome letter we send to you when you join.
- Members must be at least 16 years of age to join in their own right.
- Depending on your plan, dependent children can be covered, but you must register them with us before you can claim.
- You will not be able to continue your membership of the plan if you leave your employer, or if your employer stops supporting the plan.
- Not all benefits may be available at the lowest level of your plan. You may have to increase your level of cover (where your plan allows) to obtain further benefits.
- Where your plan offers additional levels, you can apply to change your level of cover at any time, although your employer may have restrictions on when and how often they will allow you to change. Claims already paid to you within your benefit year will be taken into account when determining the maximum amount available to claim at your new level.
- Qualifying periods may apply to some benefits. Please refer to your plan booklet to see if any apply to your membership and how they may affect your ability to claim certain benefits.
- If your plan is company sponsored, your employer will pay some or all of your membership contributions, even if you apply to increase your level of cover.

- If your plan has a Prestige level, the following apply to the additional benefits:
 - Certain benefits are not available for dependent children.
 - Critical illness cover is payable only once during the lifetime of the person entitled to benefit.
 - Sickness and accident protection cover is payable only up to the age of 65 (or your retirement age, if earlier). An exclusion period of 30 days applies to all sickness and accident claims.

Can I change my mind?

You can cancel your Health Shield membership at any time by letting us know in writing or by telephone.

If you tell us that you do not wish to proceed with the plan, within 30 days of the commencement date, we will return all contributions you have made but you must also return any claims we have paid to you. If you wish to cancel after 30 days have passed, we will not return any contributions.

Existing members

- This plan completely replaces the terms and conditions of any existing plan you have.
- The benefits payable under this plan may be different to those of your previous plan.
- Your previous plan’s benefit year may be different to this plan. Claims paid under your previous plan may be taken into account if they were paid in the current benefit year of the new plan.
- Please take particular notice of any differences in qualifying periods between the two plans. If you are unsure as to how they may or may not be applied, please contact our Head Office.
- If you are changing to this plan from a scheme provided by a different cash plan provider, you should be aware that we may not offer cover for some pre-existing medical conditions provided by your previous arrangement.
- There may have been benefits available under your previous plan that are not available under this plan.

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- If you join this plan having already been a member of a different Health Shield plan, you may not be able to go back at a later date and re-join the earlier plan on the same terms as before. You will have to apply to re-join, meaning that pre-existing medical conditions at the time you apply may not be covered (even if they have been covered previously).
- If you are still a member of this plan when you reach the age of 64, there are two options you should consider if you want to continue your Health Shield membership in later years:
 - you can apply to join the Health Shield Direct plan, which will then allow you to convert to the Direct Plus plan when you are 65, or
 - you can choose to remain in this plan but when you leave your employer (or your employer stops supporting the plan) you will not then be able to apply to join the Direct plan or convert to the Direct Plus plan, meaning that your Health Shield membership will end.

How do I make a claim?

Complete the claim form included with your welcome pack and send it to us with any supporting documents (receipts, etc.) as required. You should send your claims directly to our Head Office address, not via your adviser, therapist or anyone else, unless your membership documentation instructs otherwise.

Claim forms are available to download from our website, or you can call us on 01270 588555 to request one.

Who regulates us?

Health Shield Friendly Society Limited is authorised and regulated by the Financial Services Authority. Our FSA register number is 205304. You can check this on the FSA register by visiting the FSA's website www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234.

Financial Services Compensation Scheme

We are members of the Financial Services Compensation Scheme (FSCS). If we are unable to meet our obligations you may be entitled to compensation from the FSCS.

Data Protection Statement

We will keep your information confidential. Where it is appropriate however, we may share your information with fraud prevention agencies or other organisations with the sole intention of detecting and preventing financial crime.

We may also share your information if we have a duty to do so (such as to regulatory or law-enforcement bodies), but only if the person requesting your information has, in our opinion, a legitimate interest in the disclosure.

We may exchange limited information with your employer, their authorised intermediary, or a business partner if this is necessary to perform the day-to-day administration of your membership.

We will only share your information with others on the understanding that they will keep the information confidential and in accordance with the Data Protection Act 1998.

We will not use your data, or that of your partner or dependents if applicable, for any purpose other than that for which it was gathered. We will only retain data for as long as it is required to administer your membership and fulfil any legal or regulatory obligations.

Rules of the Society

Your Health Shield membership is subject to the Rules of the Society. The terms and conditions in your plan booklet describe the benefits and contributions available to you but the Rules are separate to these because they govern how your membership fits into the Society as a whole.

A copy of the Rules is available on request, or you can download an electronic version from our website.

Ending your Membership

Our board of management may end your membership if they think:

- you have broken our Rules;
- your continued membership may have a negative effect on the interest of the members generally;
- you have failed to act with utmost good faith which includes:
 - repeatedly making claims which threaten our financial wellbeing;
 - deliberately providing misleading or false information (or not providing information which we have specifically asked for);

- behaving in a threatening or abusive way towards any member of our staff; and
- making a claim that is fraudulent or that we believe to be deliberately false, misleading or exaggerated.

We are committed to preventing financial crime and we will report to the police all instances of fraud or attempted fraud.

Other important information

Health Shield Friendly Society Limited is registered in the United Kingdom and its products are only available within the UK.

Health Shield has chosen English Law as the law applicable to the contract. The language used in all documents and communications, whether verbal or written, will be English.

All regular membership contributions are inclusive of insurance premium tax.

Although claim limits are refreshed each year, your membership has no fixed term and will typically continue from one benefit year to the next unless you request otherwise.

Your Health Shield membership is subject to an annual review of benefits and contributions. Even if the benefits and contributions do not change from one year to the next, the wording and meaning of the terms and conditions, and other supporting documents, may be updated. We will point out any such changes to you before they are put in place but you should ensure that you understand how they may affect your ability to claim certain benefits.

In most cases, your membership contributions are paid via a deduction taken from your pay by your employer. If you apply to increase or decrease your level of cover, the change can sometimes take a number of weeks to implement. You should always ensure that the change you have applied for has been made before committing yourself to treatments which may be affected by your changed membership level. Please also bear in mind any qualifying periods which may apply to increased levels of cover.

Health Shield Friendly Society Ltd., Electra Way, Crewe Business Park, Crewe, Cheshire, CW1 6HS.
Telephone: 01270 588555 Fax: 01270 251366 Opening hours: 8.00am to 6.00pm, Monday to Friday
Email: info@healthshield.co.uk Website: www.healthshield.co.uk

Established in 1877. Authorised and regulated by the Financial Services Authority.
As part of our on-going quality control programme, calls may be monitored or recorded.

The paper in this literature is made from sustainable certified forests.

KEYFACTS/APRIL2012

We have the right to turn down any application to join the scheme, or to change the level of cover, if we think that this would have a negative effect on our members.

Health Shield's Solvency and Financial Condition Report (SFCR) can be obtained from our website, www.healthshield.co.uk, when it becomes available. The SFCR is the public report that authorised firms are required to publish annually under Solvency II.

Treating Customers Fairly

We are firmly committed to the Financial Services Authority's "Treating Customers Fairly" initiative. We have developed 10 Conduct of Business Principles to ensure that our members are treated fairly. We will:

1. put you first in everything we do
2. strive to identify your needs
3. devise products that meet these needs
4. not provide staff with incentives that may risk your being sold an unsuitable product
5. be open and clear in all our dealings with you and will not hide behind small print
6. be courteous, responsive and consistent
7. listen to what you have to say
8. keep you informed of any product changes
9. deal with any complaint promptly and impartially
10. treat you as we would want to be treated ourselves

How can I make a complaint?

If you are unhappy with any aspect of the service provided by Health Shield, please contact our Head Office. Our contact details can be found on the back page of the membership plan booklet.

We have our own internal complaints and appeals processes but if you cannot settle your complaint with us, you may be entitled to refer it to the Financial Ombudsman Service.

You should review your level of cover regularly to ensure that it continues to meet your needs.