

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 booklet 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.
- Depending on your plan, dependent children may be covered, but you must register them with us before you can claim.
- Claim limits are refreshed at the beginning of each benefit year. Your benefit year is defined in your plan booklet or welcome letter.
- Members must be at least 16 years of age to join in their own right.
- You will not be eligible 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 membership level (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 plan’s benefit year will be taken into account when determining the maximum amount available to claim at your new level.
- Qualifying periods may apply for some benefits. Please refer to your plan booklet to see if any apply to your membership.
- 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:
 - The family planning and sickness and accident protection benefits are not available to dependent children.
 - We will only pay critical illness benefit to any person once during their lifetime.
 - Sickness and accident protection cover is payable only up to the age of 65 (or your retirement date, 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 made but you must also return any claims payments we have made to you. If you wish to cancel after 30 days have passed, we will not return any contributions.

Existing members

If you are already a Health Shield member, the potential long-term implications of joining this plan are:

- This plan completely replaces the terms and conditions of any existing plan you have.
- The benefits available 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.
- If you join this plan having been a member of a different Health Shield plan, you may not be able to go back at a later date and rejoin the earlier plan on the same terms as before. You will have to re-apply to join, meaning that pre-existing medical conditions at the time you re-apply may not be waived (even if they have been covered previously). You may also have to serve any qualifying periods applicable to the plan you are rejoining even if you have been a member of it before.
- 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. 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.

How can I make a complaint?

If you wish to make a complaint, please contact us:

- in writing – write to The Chief Executive, Health Shield Friendly Society Limited, Electra Way, Crewe Business Park, Crewe, Cheshire CW1 6HS
- by phone – telephone 01270 588555

You may also complain in person to any member of Health Shield staff, by email, or via our website.

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

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.

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.

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

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

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.