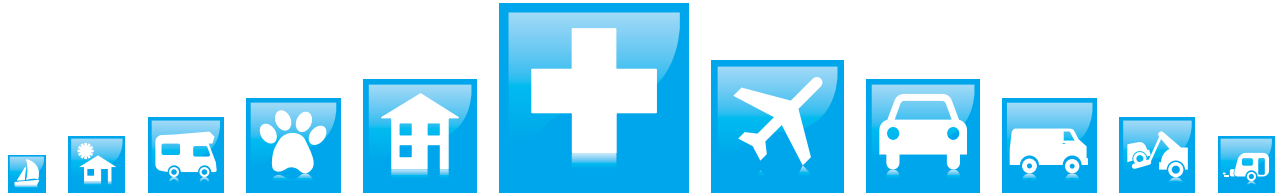


Saga Health Cash Plan

Your Policy Booklet



Contents

	Page
Welcome	3
What the terms mean	4
Our contract with you	5
How to make a claim	6
Pre-existing conditions and qualifying periods	7
Premiums and benefits	7
Benefit schedule	8
Benefit terms and conditions	10
Telephone helpline	15
General conditions	16
Comments and complaints	17
Important - Personal information	19

To make a claim call 0845 300 1643

Monday to Friday 9am to 5.30pm

Saga Services Limited has arranged for its health cash plan to be underwritten by BHSF Limited, Gamgee House, 2 Darnley Road, Birmingham B16 8TE. BHSF Limited is authorised and regulated by the Financial Services Authority.

Saga Services Limited has arranged for the Accidental Death Benefit section of the policy to be underwritten by Brit Insurance Limited. Registered Office: 55 Bishopsgate, London EC2N 3AS. Brit Insurance Limited is authorised and regulated by the Financial Services Authority.

Welcome to Saga Health Cash Plan

Thank you for taking out a Saga Health Cash Plan. As with all our services, we have designed this policy with our customers' needs in mind and we hope you will be satisfied with the cover provided. This policy has been arranged with BHSF Limited. If you need to make a claim, you will find details of our claims procedure on page 6, and in the meantime if you have any queries about your insurance cover, please call and our customer care advisers will be pleased to help.

A handwritten signature in black ink that reads "Roger Ramsden." The signature is written in a cursive style with a period at the end.

Roger Ramsden
Chief Executive

What the terms mean

Accident A sudden, unexpected, unusual, specific event which occurs at an identifiable time and location during the Period of Insurance.

Benefit year Each individual benefit type, e.g. dental, therapies etc, has its own separate **benefit year** which is 12 calendar months from:

- the first date of admission for hospital in-patient or hospital day-case surgery for which benefit is claimed;
- the date of the first receipted account for charges made for dental, optical, health consultation, home help and home nursing, therapies, complementary therapies, hearing aid, health screening and allergy testing benefits.

Upon the expiry of a **benefit year** the new **benefit year** for that benefit type will commence from the next claim received in accordance with items a. and b. above.

Bodily Injury An identifiable physical injury which:

- is caused by an **accident**; and
- solely and independently of any other cause except illness directly resulting from, or medical or surgical treatment rendered necessary by, such **bodily injury**, results in the **insured person's** death within twenty-four calendar months of the date of such **accident**.

Bodily Injury shall also include exposure resulting from a mishap to a conveyance in which the **insured person** is travelling; the date of such mishap shall be deemed to be the date of the **accident** causing such **bodily injury**.

Child Any **child** of **yours** and/or **your Partner** who is below age 18 and permanently residing with **you**. Foster children are excluded.

Insured person The Policyholder and **partner** and **child(ren)**.

Partner The one person named as such in the policy schedule, who is **your** lawful spouse (or some other person who cohabits with **you**) and who permanently resides with **you**.

Pre-existing condition Any disease, illness or injury for which **you** (or any person covered under **your** policy) have received medication, advice or treatment within the two years prior to either the start date of **your** policy or the date of transfer to a higher level of cover, whichever is the most recent.

Saga Saga Services Limited.

We, us, our BHSF Limited, with the exception of the Accidental Death Benefit, when this will mean Brit Insurance Limited.

You, your, yours The Policyholder who:

- is aged 50 or over;
- has applied for this insurance;
- we** have accepted for this insurance; and
- has paid, or has agreed to pay the premiums when they are due.

Our contract with you

This policy is a contract between **you** and **us**.

This policy describes the insurance cover **we** provide during the period of insurance **you** have paid for, or have agreed to pay for and for which **we** have accepted the premium. The contract between **you** and **us** is made up of the signed application form and declaration, the policy, the schedule and any endorsements shown on the schedule. For the contract to be valid, all the information **you** have given **us** must be true and complete. Please read the policy and the schedule as one document and keep them in a safe place.

If, within 14 days of first receiving this booklet from **us**, **you** change **your** mind and decide to cancel **your** insurance with **us**, any premiums **you** have paid will be refunded in full, providing no claim has been made. If **you** have made a claim in the first 14 days, **we** will give **you** a pro-rata refund on **your** premium based on the cover **you** have had.

If this policy does not meet **your** needs **you** have the right to cancel it at any point during its duration. **You** can telephone **Saga** on 0800 015 0117 to cancel your policy. **You** can also write to Saga Health Cash Plan, Saga Services Ltd, Middelburg Square, Folkestone, Kent CT20 1AZ. Cancellation is effective from the date **your** letter is dispatched.

We will refund any premium owing to **you** on a pro-rata basis, if **you** have not made a claim.

Saga may cancel this policy by giving **you** 28 days' notice by recorded delivery letter. **Saga** will send this notice to **your** last known address.

Renewal process

You will be sent a renewal invitation 21 days before **your** renewal date which will include **your** premium for the next year. If **you** choose to pay by Direct Debit, **Saga** will renew **your** policy each year using the payment details **you** have given them unless **you** notify them that **you** do not want to renew or that **you** want to renew using a different payment method, in which case **you** will need to cancel **your** Direct Debit mandate with the bank.

Future underwriter changes

Your Saga Health Cash Plan policy is currently provided and underwritten by BHSF as part of an agreement between Saga Services Limited and BHSF. The Accidental Death Benefit is provided and underwritten by Brit Insurance Limited. At some time in the future Saga Services Limited may enter into an agreement with a new provider for all or part of your policy, in which case this new provider will offer you health cash plan insurance to replace your current policy. If this is the case, Saga Services Limited will write to you to confirm the details of the new provider and give you details of any changes to the Terms and Conditions of your policy. You hereby authorise Saga Services Limited to transfer any personal data to a new provider, including health or other data defined as 'sensitive personal data' under the Data Protection Act, and consent to the new provider being able to offer cover to you. If at any time you wish to withdraw your agreement to this, please let us know by calling 0800 015 0117.

How to make a claim

1. A claim form may be obtained by telephoning the Claims helpline on **0845 300 1643**.
2. In the case of Accidental Death Benefit notice shall be given as soon as practical of any accident which causes or may cause a claim to be made.
3. For all other claims, the completed claim form with original receipts (showing the date of the consultation or treatment or service provided, or the commencing and finishing dates for home help or home nursing, and the name of the person to whom the charges apply) must be received by us within 13 weeks of:
 - a. the date of discharge of the hospital in-patient, or
 - b. the date of hospital day-case surgery, or
 - c. the date on the original receipted account for consultation and associated charges, or
 - d. the date on the original receipted account for charges made; where such treatment continues over an extended period then claims need to be submitted periodically, at intervals not exceeding 13 weeks.
4. Receipts are retained by **us** and become **our** property.
5. An **insured person** will authorise the disclosure of any medical or other information relevant to their claim that is required by **us**.
6. Benefit may not be claimed from all insured sources for more than the total cost of consultation and associated fees, nor for more than the total cost of defined therapy, dental or optical treatment, hearing aids or the cost of home help or home nursing. In the event of dual insurance the benefit under this policy will be restricted to the amount not recoverable from the other source or sources. Benefit under this policy is only payable in respect of expense that is the direct responsibility of the claimant or their **partner**. Before committing yourself to treatment, if **you** have any question about the validity of a likely claim, please telephone the Claims helpline on **0845 300 1643**.
7. Claims under the Accidental Death Benefit shall be payable to the **insured person's** estate.

Pre-existing conditions and qualifying periods

For the period of two years from the start date of the policy, or from the date of transfer to a higher level of cover, this policy will not pay any hospital-related benefit (hospital in-patient and hospital day-case surgery), which arises from any **pre-existing condition**. After the expiry of two years, all **pre-existing conditions** will become eligible for benefit. Subject to this, and the terms of this policy, **you** become eligible for benefit 13 weeks from the start date of the policy provided that premium payments are up to date. No benefit will be paid in respect of treatment commenced during the qualifying period, irrespective of the future duration of that course of treatment. If **you** have transferred from another health cash plan the 13 week qualifying period is waived.

If **you** (or any person covered under **your** policy) are admitted to hospital as an immediate casualty patient (Accident & Emergency) following an **accident**, the requirement for the completion of the qualifying period for hospital in-patient benefit shall not apply. If **you** have transferred to a higher level of cover, then for the following 13 weeks benefits are restricted to those which would have been payable under the previous level of cover. Treatment commenced during this 13 week period will be regarded as if the previous level of cover was still operative, irrespective of the future duration of that course of treatment.

Premiums and benefits

It is **your** responsibility to pay premiums due under this policy in advance. The payment of benefits is conditional upon premiums being up to date at the time of the incident which gives rise to the claim. All rights to benefit cease after the last day of the period covered by **your** final premium payment.

We reserve the right to vary the premiums and/or benefits of this policy on giving **you** at least four weeks prior notice at **your** last known address or to renew the insurance on special terms by the giving of similar notice. **We** also reserve the right to decline and/or cancel this policy if **we** suspect any fraudulent practice in relation to the General conditions as set out on page 16 on the submission of claims. Any accidental omission by **us** to send details to **you** will not invalidate any alteration or variation or cancellation.

There are no age related increases to premiums. **You** will stay in the age-band at which **you** joined. Partners who are below age 50 will be charged the rate of the 50-64 age band. Children under 18 years of age are included free of charge.

Children under 18 years of age will receive 50% of hospital and recuperation benefits and are not eligible for Accidental Death Benefit.

Benefit schedule

In return for the payment by **you** of the correct premiums, **insured persons** are eligible for benefits provided by this policy in accordance with the benefit terms and conditions and this benefit schedule.

Benefit	Maximum per insured person per benefit year		
	Level 1	Level 2	Level 3
Dental care: 75% of cost of check-ups and treatment	£80	£135	£190
Optical care: 75% of cost of eye tests, lenses, spectacles and laser eye surgery	£80	£135	£190
Hearing aid: 75% of cost towards hearing devices	£100	£150	£200
Health consultations: 75% of cost of specialist consultations including X-rays and relevant tests	£150	£250	£350
Therapies: 75% of cost of treatment up to the combined maximum in each benefit year <ul style="list-style-type: none"> • Physiotherapy • Osteopathy • Chiropractic • Chiroprody 	£200	£300	£400
Complementary therapies: 75% of cost of treatment up to the combined maximum in each benefit year <ul style="list-style-type: none"> • Homeopathy • Acupuncture 	£100	£150	£200
Hospital day-case surgery: Amount payable per admission up to 10 occasions in each benefit year	£300* £30* per admission	£500* £50* per admission	£700* £70* per admission

Benefit	Maximum per insured person per benefit year		
	Level 1	Level 2	Level 3
Hospital in-patient: Amount payable per night up to a maximum of 20 nights per episode, up to a maximum of 100 nights in each benefit year	£2,000* £20* per night	£3,500* £35* per night	£5,000* £50* per night
Recuperation: Lump sum payable automatically with hospital in-patient claim of at least 10 consecutive nights	£180*	£240*	£300*
Home help and home nursing: 75% of cost of home help and home nursing up to the combined maximum in each benefit year	£450	£650	£850
Health screening: 75% of cost of health screening up to the maximum in each benefit year	£150	£200	£250
Allergy testing: 75% of cost of allergy testing at an allergy clinic up to the maximum in each benefit year	£75	£100	£125
Accidental death benefit**	£5,000	£7,500	£10,000
Telephone helpline	24 hours a day, 365 days a year		
* Children under 18 receive 50% of these benefits. ** Children under 18 are not covered by this benefit			

Benefit terms and conditions

1. Dental

Benefit is payable according to the benefit schedule up to the maximum benefit per **insured person** in each **benefit year** for dental examination, dental treatment and dentures.

Benefit is not payable:

- for denture repairs
- for any prescription charges
- for veneers or whitening procedures
- for premiums in respect of any form of dental insurance, dental care contract scheme or for any dental administration fees.

2. Optical

Benefit is payable according to the benefit schedule up to the maximum benefit per **insured person** in each **benefit year** for (a) sight tests, spectacles, lenses or contact lenses supplied or provided at the patient's cost for which the net payment is made directly to a qualified optical practitioner registered with the General Optical Council; and (b) laser eye surgery performed by a registered laser eye clinic.

Benefit is not payable:

- for repairs, frames only, cleaning solutions and sundries
- for cataract surgery
- for spectacles or lenses purchased under an optical care contract scheme
- for sunglasses other than prescription sunglasses.

3. Hearing aid

Benefit is payable according to the benefit schedule up to the maximum benefit per **insured person** in each **benefit year**, for new hearing aids supplied by a registered hearing aid dispenser.

Benefit is not payable:

- for hearing aid contract schemes
- for replacement batteries
- for repairs.

4. Health consultation

Benefit is payable according to the benefit schedule up to the maximum benefit per **insured person** in each **benefit year** in respect of diagnostic consultations by a medical or surgical specialist holding consultant status in an NHS or registered private hospital, on the recommendation of the **insured person's** General Practitioner. Within the maximum limits stated, X-rays, ECGs, blood tests and other routine pathology laboratory tests used by the consultant as part of the diagnostic process are covered.

Benefit is not payable:

- for consultations in connection with pension, insurance, emigration or employment matters or for legal or industrial actions
- for the cost of any treatment
- for scans or health screening
- for consultations which are covered under 'Therapies', opposite.

5. Therapies

Benefit is payable according to the benefit schedule up to the combined maximum benefit per **insured person** in each **benefit year**, in respect of the following services:

- Physiotherapy services provided by a Chartered or State Registered Physiotherapist
- Osteopathic services provided by a qualified practitioner registered with the General Osteopathic Council
- Chiropractic services provided by a qualified practitioner registered with the General Chiropractic Council
- Chiropody services provided by a professionally qualified and registered chiropodist.

Benefit is not payable:

- in respect of treatment by practitioners other than as defined above.

6. Complementary therapies

Benefit is payable according to the benefit schedule up to the combined maximum benefit per **insured person** in each **benefit year**, in respect of the following services:

- Homeopathy services provided by a professionally qualified and registered homeopath
- Acupuncture services provided by a professionally qualified and registered acupuncturist.

Benefit is not payable:

- in respect of treatment by practitioners other than as defined above
- for homeopathic medicines or remedies.

7. Hospital day-case surgery

Benefit is payable at the appropriate daily rate according to the benefit schedule for up to ten occasions in each **benefit year** per **insured person** following admission to an NHS or registered private hospital for scheduled day-case surgery (including endoscopic procedures) performed under general or local anaesthetic and requiring the use of operating theatre facilities where no overnight stay is included.

Children under 18 receive benefit at 50% of the rates shown in the Benefit schedule.

Benefit is not payable:

- in association with a claim for hospital in-patient benefit
- in respect of cosmetic surgery, sterilisation, vasectomy, pregnancy termination and out-patient treatments.

8. Hospital in-patient

Hospital in-patient benefit may be claimed according to the benefit schedule on discharge from, or after 20 nights stay in, an NHS or registered private hospital, whichever is the sooner. A maximum of 100 nights benefit may be claimed in each **benefit year** per **insured person**, however any single period of hospitalisation, even in cases that involve stays in more than one hospital, is subject to a maximum of 20 nights benefit. If the maximum benefit has been paid for an **insured person** in a **benefit year**, he/she must have been discharged for a period exceeding one month before payment for a consecutive **benefit year** commences.

Benefit is restricted to a maximum of 20 nights per **benefit year** out of the 100 nights overall limitation for the following:

- Treatment in hospitals outside the European Union.

- Geriatric or elderly rehabilitation, psychiatric treatment, rehabilitation, drug and substance abuse or alcoholism.
- Treatment resulting directly or indirectly from terrorist action.

Children under 18 receive benefit at 50% of the rates shown in the Benefit schedule.

Benefit is not payable:

- in respect of cosmetic surgery, stays in a home for the elderly, health clinic, nursing home, hydrotherapy centre or similar institution or for residential stays in hospital for domestic reasons
- in respect of any period of home leave during a period of hospital in-patient treatment
- in respect of a pregnancy or any condition associated with a pregnancy which existed at the start date of this policy
- for hospital stays during which a birth occurs or which immediately follows a birth except:
 - a. if in-patient treatment for the insured mother continues beyond six consecutive nights in which case hospital in-patient benefit for the mother may be claimed from the seventh night onwards;
 - b. if in-patient treatment for the insured **child** continues after the date on which the mother is discharged, then hospital in-patient benefit for the **child** may be claimed from the birth date of the **child**.
- for treatment in hospitals outside the UK, the Isle of Man and the Channel Islands, except in the case of emergency admissions.

9. Recuperation

Benefit is payable according to the benefit schedule once in each **benefit year** per **insured person**. It is paid automatically with a claim for hospital in-patient benefit for at least 10 consecutive nights.

Children under 18 receive benefit at 50% of the rates shown in the Benefit schedule.

No separate claim need be made.

10. Home help and home nursing

Benefit is payable according to the benefit schedule up to the combined maximum benefit per **insured person** in each **benefit year**, in respect of the following services:

- Home help services provided by a Local Authority or by an agency contracted directly by a Local Authority.
- Home nursing by a State Registered Nurse arranged with a registered nursing agency, on the recommendation of the **insured person's** General Practitioner.

Benefit is not payable:

- in respect of services other than as defined above
- in maternity cases.

11. Health screening

Benefit is payable according to the benefit schedule up to the maximum benefit per **insured person** in each **benefit year** for health screening undertaken by medically qualified staff for wellwoman, wellman, mammography, osteoporosis and heart disease screening.

Benefit is not payable:

- for any screening other than as stated above (and specifically not for tests carried out at a retail outlet, health club, fitness centre or the like)
- for screening or examinations in respect of pension, insurance, emigration or employment matters or for legal or industrial actions.

12. Allergy testing

Benefit is payable according to the benefit schedule up to the maximum benefit per **insured person** in each **benefit year** in respect of allergy testing carried out by an allergist who is approved by the British Medical Association.

Benefit is not payable:

- for the cost of any treatment.

13. Accidental Death Benefit

Children under 18 are not covered by this benefit.

Benefit is payable according to the benefit schedule:

- If, during the Period of Insurance, the **insured person** shall die as a result of sustaining accidental **bodily injury**.
- If the **insured person** disappears during the Period of Insurance and is not found within twelve months of disappearing, and sufficient evidence is produced that leads **us** inevitably to the conclusion that the **insured person** has sustained **bodily injury** and that such injury has caused the **insured person's** death, the benefit shall become payable hereunder. If at any time after such payment the **insured person** shall be found to be living, the sum thus paid shall be refunded to **us**.

If, at the expiry date of the Period of Insurance, the **insured person** is subject to the control of persons effecting a hijack or kidnap, cover under this Insurance will continue without additional premium for a further period not exceeding twelve calendar months in all until the **insured person** has been released and has travelled direct from the place of his detention to his home or original destination.

Benefit is not payable:

- if death occurs more than 24 calendar months after the date of the **accident**.
- if death occurs directly or indirectly from:
 - a. the **insured person's** suicide, attempted suicide, intentional self injury or deliberate/wilful exposure to exceptional danger (except in an attempt to save human life), or the **insured person's** own criminal act;
 - b. the **insured person** engaging in riding or driving in any kind of race, or in any form of operational duties as a member of the armed forces, or in mountaineering or rock-climbing normally requiring the use of ropes or guides.
 - c. or attributable to:
 - i. war, invasion, civil war, armed hostility, rebellion, revolution, overthrow of a legally constituted government, insurrection or military or usurped power, explosion of war weapon(s), act of an enemy foreign to the nationality of the **insured person** or of the country in which the act occurs;
 - ii. utilisation of chemical weapons or biological weapons, the release of weapons of mass destruction.

Nevertheless **bodily injury** sustained as a result of any of the events described in i. above shall be covered provided that the **insured person** takes no active part and that the **insured person's** presence in such country or area is:

- attributable to the scheduled transit or stopover not exceeding 24 hours of an aircraft or sea vessel in which he is travelling; or
- attributable to involuntary diversion or transit due to hijack, kidnap or other occurrence beyond the **insured person's** control, provided always that at the time of such hijack, kidnap or occurrence the **insured person** was not within the confines of any country or area to which events described in i. was applicable nor travelling to or from such country or area;

- for a maximum period of 14 days from the start of the hostilities or of the insurrection, where the **insured person** is surprised by such events while he is out of his country of residence in a country which until that time was in a state of peace;
- d. the **insured person** engaging in aerial activities other than as a fare paying passenger in a fully licensed passenger carrying aircraft;
- e. the **insured person** being under the influence of alcohol exceeding those levels defined by law for the use of a motor vehicle in the country in which the **insured person** is domiciled;
- f. the **insured person** being under the influence of drugs, medicines or narcotics that are not lawfully available or which have not been prescribed by or taken in accordance with the instructions of a medical practitioner, a dispensing apothecary or pharmacist or such other person who is authorised to dispense and/or prescribe such drugs, medicines or narcotics, provided always that such medical practitioner, dispensing apothecary, pharmacist or other person is registered with and/or a member of their appropriate statutory or other regulatory body and is acting in accordance with such body's rules and/or guidelines
- g. radioactive contamination;
- h. the **insured person** being incapable due wholly or partly to mental illness or behavioural conditions.

Telephone helpline

24 hours a day, 365 days a year telephone helpline 0800 107 1917

Counselling - caring, practical help in areas related to stress, debt, crisis and addiction.

Medical information on Social Services' facilities, self-help groups and general medical advice.

Legal advice on any private matter relating to UK law, including relationships, tax, employment and welfare benefits.

General Conditions

1. If you wish to make any change to the persons insured, then you should make application to Saga and, if the changes are agreed, a new policy schedule will be issued.
2. Premiums and claims are payable in sterling.
3. The policy is bound by English law and shall be subject to the jurisdiction of English Courts.
4. All persons insured under this policy must live in the UK, the Isle of Man or the Channel Islands.
5. Worldwide emergency cover is included in the policy in respect of emergency overnight admission to hospital, emergency dental treatment or emergency purchase of glasses, which might be needed while a person insured under this policy is abroad in accordance with the respective policy terms.
6. If **you** die, **your partner**, if insured under this policy, may apply for a policy in their own name within 30 days of your death, without any qualifying period applying providing they are aged over 50.
7. Cover for a child insured under this policy will cease on the policy renewal date after their 18th birthday. The child may, within 30 days of the renewal date, apply for a substitute policy from us in their own name without any qualifying period applying.
8. Cover is subject to the conditions set out in the application form. Any material failure to complete that form fully and truthfully entitles us to terminate the policy forthwith and may invalidate any claims under the policy.
9. Information supplied to us in connection with this policy will become part of the data held in accordance with the Data Protection Act 1998. This data may be used by us and Saga for the purpose of efficient administration of your policy.
10. The submission of a false or misrepresented claim may result in cancellation of the policy and/or legal action against you. You are responsible for ensuring the accuracy of all claims made under this policy.
11. In this policy reference to any statutory provisions shall include reference to any re-enactment or modification thereof.
12. There is no upper age limit to this policy.
13. There are three age bands: 50-64, 65-69 and 70+.

Comments and complaints

Saga aims to provide **you** with high levels of service at all times. However, there may be times when **you** feel that the service has fallen below the standard **you** expect. If this is the case and **you** want to make a complaint, **Saga** will do their best to try and resolve the issue. Whether **you** are phoning or writing, please remember to quote **your** name, address and policy number, as it will help **Saga** deal with **your** enquiry or complaint quickly.

If **you** are dissatisfied with any matter relating to the Telephone helpline, please write to:

**The Counselling Services Manager,
FirstAssist Group Limited
Wheatfield Way
Hinckley
Leicestershire LE10 1YG.**

For queries and complaints related to a claim

If **you** have a query or complaint that is regarding a claim, please contact **our** claims team on **0845 300 1643**. If this does not resolve **your** complaint please write to:

**The Assistant Customer Services Manager
BHSF Limited
Gamgee House
2 Darnley Road
Birmingham B16 8TE**

We will acknowledge **your** complaint upon receipt, investigate it and respond to **you** within 20 working days of receiving **your** letter (**we** will, of course, keep **you** informed if there is an unavoidable delay).

If either of these do not satisfy **you**, please write with details of why **you** feel **our** decision is incorrect in relation to the terms and benefits of **your** policy, to:

**The Chief Executive
BHSF Limited
Gamgee House
2 Darnley Road
Birmingham B16 8TE.**

Again, **your** letter will be acknowledged upon receipt. A review of **your** complaint will then take place and **we** will respond to **you** within 20 working days of receiving **your** letter (**we** will, of course, keep **you** informed if there is an unavoidable delay).

If **you** are not satisfied with the response **you** receive, **you** can ask the Financial Ombudsman Service to review **your** case. The Financial Ombudsman Service aims to resolve **your** dispute in an independent and fair way. **You** can contact them at:

**Financial Ombudsman Service
South Quay Plaza,
183 Marsh Wall
London E14 9SR.
Telephone: 0300 123 9123
Website: www.financial-ombudsman.org.uk
e-mail: complaint.info@financial-ombudsman.org.uk**

We are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from this scheme if **we** cannot meet **our** obligations. This depends on the type of business and the circumstances of **your** claim. Further information about compensation scheme arrangements is available from the FSCS website www.fscs.org.uk.

For complaints about any other matter

(please note Saga cannot deal with claim related complaints):

Step 1 - Please contact:

The Customer Relations Department

Saga Services Limited

Middelburg Square

Folkestone

Kent CT20 1AZ

Telephone: 01303 771160

Fax: 01303 771347

Email: services.customer-relations@saga.co.uk

Step 2 - If this does not resolve **your** problem, **you** may write to:

Head of Customer Experience

Middelburg Square

Folkestone

Kent CT20 1AZ

Step 3 - If **you** are not happy with the final response **you** receive, **you** can ask the Financial Ombudsman Service to review **your** case.

Important - Personal information

The information **you** have given **us** will be held and used to manage **your** insurance **policy** and this will include both underwriting and claim handling. For this purpose **we** may disclose it to other interested third parties - for example, other insurers, regulatory authorities and agents who provide services on **our** behalf.

By accepting this **policy you** consent to **our** processing personal data including sensitive data about **you** and other persons who may be insured under the **policy**. **You** understand that all personal data **you** give to **us** must be accurate and that **you** have the specific consent of those other persons to disclose their personal data.

Any personal data **you** provide will be held securely and in accordance with the Data Protection Act 1998.

Your calls may be monitored and recorded in order that the service may be improved and to help prevent and detect fraud.

Your data may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing compliance with any regulatory rules/codes. It may also be used for marketing, offering renewals, research and statistical purposes and crime prevention.

By providing the requested data **you** consent to Saga Group using it for administrative purposes and to the Saga and Acromas groups of companies and their partners using it to inform **you** of other products and services by letter, SMS, telephone and/or e-mail. For a complete copy of Saga's privacy policy please refer to saga.co.uk

However, **you** can contact the Saga Data Protection Officer in writing at any time to suppress contact for some or all Saga products.

In the case of personal data, with limited exceptions, **you** have the right to access and if necessary rectify information held about **you** by formal written application to Saga's Group Data Protection Officer at Enbrook Park, Sandgate, Folkestone, Kent CT20 3SE.

Helplines (Please have your policy number to hand when calling)

Claims

[Saga claims helpline](#)

0845 300 1643

Monday to Friday 9am to 5.30pm.

Customer Service

[Enquiries about your policy](#)

0800 015 0117

Monday to Friday 9am to 5.30pm, Saturday 9am to 1pm.

Telephone helpline

[See page 15 for details](#)

0800 107 1917

24 hours a day, 365 days a year.

This Policy Booklet is also available in large print, audio and braille.
If you require any of these formats please contact us on **0800 015 0117**.
If you have a hearing or speech impairment, you can also contact us by e-mailing dda@saga.co.uk

Saga Services Limited is a wholly owned subsidiary of Acromas Holdings Limited and is registered in England and Wales (Company No. 732602).

Registered Office: Enbrook Park, Sandgate, Folkestone, Kent CT20 3SE. Saga Services Limited is authorised and regulated by the Financial Services Authority.

Saga Services Limited has arranged for its health cash plan to be underwritten by BHSF Limited. Registered Office: Gamgee House, 2 Darnley Road, Ladywood, Birmingham B16 8TE.

Registered number: 35500. BHSF Limited is authorised and regulated by the Financial Services Authority.

Saga Services Limited has arranged for the Accidental Death Benefit section of the policy to be underwritten by Brit Insurance Limited. Registered Office: 55 Bishopsgate, London EC2N 3AS.

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