



Your Policy Book
Health Cash Plan

Contents

Welcome to Saga Health Cash Plan	3
What the terms mean	4
Our contract with you	5
Claims conditions and how to make a claim	6
Pre-existing conditions and qualifying periods	7
Benefit schedule	8
Benefit terms and conditions	10
Telephone helpline	14
General conditions	15
Customer service	17
Important – Personal information	18

To make a claim call 0800 027 1343

Monday to Friday 8.45am to 5.30pm

Saga Services Limited is authorised and regulated by the Financial Conduct Authority. 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 by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation 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 our customer care advisers who will be pleased to help.

What the terms mean

The words or phrases below have the following meanings wherever they appear in bold print in this Policy Book.

Accident A sudden, unexpected, specific event which occurs at an identifiable time and location during the period of insurance.

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

Policy year The period of 12 calendar months from the start date of **your** policy, or from an anniversary of that date (**your** renewal date).

The date of claim is deemed as the date of receipted account for charges made and is allocated to the **policy year** on this basis.

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.

You, your, yours The policyholder who:

- is aged 50 or over;
- has applied for this insurance;
- we** have accepted for this insurance.

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.

For **your** cancellation rights please see the General conditions on page 15.

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.

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 data protection legislation, 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.

Claims conditions and how to make a claim

Before committing **yourself** to treatment, if **you** have any question about the validity of a likely claim or are seeking clarification of acupuncture or homeopathy practitioners covered under this plan, please call **us** on 0800 027 1343.

1. A claim form may be obtained by telephoning the Claims helpline on **0800 027 1343**.
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 **0800 027 1343**.

7. Claims under the Accidental Death Benefit shall be payable to the **insured person's** estate.

Pre-existing conditions and qualifying periods

No hospital related claim will be paid during the first two years of a new or upgraded policy in respect of any medical condition which existed or was being investigated before cover commenced.

BHSF may wish to verify medical information to support a hospital related claim.

Subject to this, and to the terms of this policy, **insured persons** become eligible for benefit after 13 weeks from the start date of the policy, except for maternity benefit which is subject to a 10 month qualifying period, and the Telephone Helpline and Personal Accident cover, which are available from the start date of the policy, provided that the premiums are up to date.

If an **insured person** is admitted to hospital as an immediate casualty patient following an accident, the requirement for the completion of the qualifying period for hospital in-patient benefit shall not apply.

If **you** have upgraded **your** policy to a higher level of cover, then for the following 13 weeks (10 months for maternity) benefits are restricted to that which would have been payable under the previous level of cover; treatment commenced during this 13 week (10 months for maternity) period will be regarded as if the previous level of cover was still operative, irrespective of the future duration of that course of treatment.

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 schedule below and the related benefit terms and conditions shown on pages 10-14.

Benefit	Maximum per insured person per policy year		
	Level 1	Level 2	Level 3
1. Dental care: 75% of cost of check-ups and treatment	£80	£135	£190
2. Optical care: 75% of cost of eye tests, lenses, spectacles and laser eye surgery	£80	£135	£190
3. Hearing aid: 75% of cost towards hearing devices	£100	£150	£200
4. Health consultations: 75% of cost of specialist consultations including X-rays and relevant tests	£150	£250	£350
5. Therapies: 75% of cost of treatment up to the combined maximum in each policy year • Physiotherapy • Osteopathy • Chiropractic • Chiropody	£200	£300	£400
6. Complementary therapies: 75% of cost of treatment up to the combined maximum in each policy year • Homeopathy • Acupuncture	£100	£150	£200
7. Hospital day-case surgery*: Amount payable per admission up to 10 occasions in each policy year	£300* £30* per admission	£500* £50* per admission	£700* £70* per admission

Benefit	Maximum per insured person per policy year		
	Level 1	Level 2	Level 3
8. 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 policy year	£2,000* £20* per night	£3,500* £35* per night	£5,000* £50* per night
9. Recuperation*: Lump sum payable automatically with hospital in-patient claim of at least 10 consecutive nights	£180*	£240*	£300*
10. Home help and home nursing: 75% of cost of home help and home nursing up to the combined maximum in each policy year	£450	£650	£850
11. Health screening: 75% of cost of health screening up to the maximum in each policy year	£150	£200	£250
12. Allergy testing: 75% of cost of allergy testing at an allergy clinic up to the maximum in each policy year	£75	£100	£125
13. Accidental death benefit**	£5,000**	£7,500**	£10,000**
14. Telephone helpline: Counselling, medical information and legal advice	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 **policy year** for dental examination, dental treatment and dentures provided by a qualified practitioner who is on the Registers of the General Dental Council.

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
- for consumables such as toothbrushes and toothpaste.

2. Optical

Benefit is payable according to the benefit schedule up to the maximum benefit per **insured person** in each **policy year** for:

- 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
- 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 **policy year**, for new hearing aids supplied by a registered hearing aid dispenser who is on the register of the Health and Care Professions Council.

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 **policy year** in respect of diagnostic consultations by a medical or surgical specialist holding consultant status in an NHS or registered private hospital, described as such by the Care Quality Commission, on the recommendation of the **insured person's** General Practitioner. Within the maximum limits stated, tests used by the consultant which are required 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
- for the cost of room charges.

5. Therapies

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

- Physiotherapy services provided by a qualified practitioner who is on the Register of Physiotherapists of the Health and Care Professions Council.
- 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 qualified chiropodist/podiatrist who is a member of a body regulated by the Health and Care Professions Council.

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 **policy 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 **policy year** per **insured person** following admission (and discharge on the same calendar day) to an NHS or registered private hospital, described as such by the Care Quality Commission, for pre-arranged day-case surgery, including endoscopic procedures. This surgery must be performed under sedation or general/local anaesthetic and must be carried out in a hospital.

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
- for injections administered for the relief and/or control of pain.

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 **policy 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 **policy year**, he/she must have been discharged for a period exceeding one month before payment for a consecutive **policy year** commences.

Benefit is restricted to a maximum of 20 nights per **policy 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 **policy year** per **insured person**. It is paid automatically with a valid 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 **policy year**, in respect of the following services:

- a. Home help services provided by a Local Authority or by an agency contracted directly by a Local Authority.
If an **insured person** considers that they will need home help, they should first contact their Local Authority to ask for an assessment of their needs. If they are eligible, the Local Authority will provide the help or directly contract an agency to supply the care. If an agency is used, the following criteria will need to apply:
 - A contract is in place between the Local Authority and the agency.
 - The contract is specifically in respect of the **insured person's** care.
- b. 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 respect of privately arranged home help services
- in maternity cases.

11. Health screening

Benefit is payable according to the benefit schedule up to the maximum benefit per **insured person** in each **policy year** for health screening performed in a hospital or health screening centre 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 or fitness centre)

- 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 **policy 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 their detention to their 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.

14. 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 subject to 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 **you** providing accurate and truthful information in **your** application form. If **you** fail to do so it may completely invalidate **your** policy and allow **us** to treat the policy as if it never existed. It may also mean **you** are unable to make 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+.
14. **Cancellation rights**

You have the right to cancel **your** policy during a period of 14 days either from the date of purchase or the date on which **you** receive **your** policy documentation, whichever is the later. If the policy is cancelled during the 14-day cooling off period and cover has commenced **we** will give **you** a pro-rata refund of premium based on the cover **you** have had. If **you** do wish to cancel **your** policy and the insurance cover has not yet commenced **you** will be entitled to a full refund of the premium. If, after the 14-day cooling off period **you** have not cancelled **your** policy, **we** will assume that **you** have accepted the terms and want **your** policy to continue for the agreed period of cover. 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.

We (or any agent **we** appoint and who acts with **our** specific authority) may cancel this policy by giving **you** 28 days' notice to **your** last known address. The policy may be cancelled if:

- **you** do not pay any policy premium requested or, if applicable, stop paying the instalment premiums;
- **you** fail to provide further information **we** have requested in support of **your** renewal or adjustment **you** wish to make to **your** policy;
- **your** personal requirements change such that they no longer meet **our** acceptance criteria;
- **we** discover **you** have used fraud to obtain multiple policies underwritten by **us** and/or to make a claim under a policy that **we** underwrite.

15. 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 above on the submission of claims.

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.

Please note that if **you** amend or cancel **your** policy during the **policy year** and have paid by credit card or cheque, **we** will be unable to refund any amounts of £5 or less.

Similarly, if **you** make any changes to **your** policy during the **policy year**, **we** will only request any charges from **you**, if the amount is over £5.

Customer service

Our customer service commitment to you

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 complain, Saga will do its best to resolve the situation.

Whether you are phoning or writing, please remember to quote your name, address and policy number as it will help your enquiry or complaint to be dealt with quickly.

What should I do if I have reason to complain?

For a complaint not related to a claim

Please contact:

The Customer Relations Department

Saga Services Limited

Middelburg Square

Folkestone

Kent CT20 1AZ

Telephone: 0800 092 3700

Fax: 01303 771347

E-mail: services.customer-relations@saga.co.uk

For a complaint related to a claim or the telephone helpline

Please contact:

Head of Insurance Operations

BHSF Limited

Gamgee House

2 Darnley Road

Birmingham B16 8TE

Telephone: 0800 027 1343

To allow your complaint to be investigated fully, the Financial Conduct Authority gives us up to eight weeks to get back to you. However, we will respond sooner than this if we are able.

Taking your complaint further

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 resolves disputes in an independent and fair way and can be contacted at:

The Financial Ombudsman Service

Exchange Tower

Harbour Exchange Square

London

E14 9SR

Telephone: 0300 123 9123 or 0800 023 4567

E-mail: complaint.info@financial-ombudsman.org.uk

Important Note

The Financial Ombudsman Service will only consider your complaint if you have already given us the opportunity to resolve the matter. However, if we have not provided a final response within eight weeks you can refer your complaint straight to the Financial Ombudsman Service.

If you follow this complaint procedure, it does not affect your legal rights.

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 data protection legislation.

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 market research, offering renewals, research, statistical purposes and crime prevention.

Saga uses the data they collect from you, including sensitive personal data, to contact you and personalise their communication. Saga and BHSF Limited also use it for administrative purposes to provide the service you requested and for preparing quotations. If Saga has obtained your permission to do so, they will also contact you by post, telephone, email or other means to tell you about offers, products and services that may be of interest to you. At any time you can opt out of receiving such information, revise the products you would like to hear about or change the method they use to communicate with you. You can update these preferences by calling 0800 015 0117. For further information about how the Saga Group uses your personal information, please visit

www.saga.co.uk/privacy-policy.aspx or contact the Saga Group Data Protection Officer by email: data.protection@saga.co.uk or post: The Saga Building, Enbrook Park, Sandgate, Folkestone, Kent CT20 3SE.

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.

Notes

A series of horizontal dotted lines for taking notes.

Helplines Please have your policy number to hand when calling

This Policy Book 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**

Claims

Saga claims helpline

0800 027 1343

Monday to Friday 8.45am to 5.30pm.

Customer service

For questions about your policy

0800 015 0117

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

Telephone Helpline

See page 14 for details

0800 107 1917

24 hours a day, 365 days a year.



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