

# Pay4Sure

**Sick pay insurance**

Employee summary

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## Introduction

### About **Your** Insurance

Welcome to **Your** PAY4SURE Sick Pay Employee Summary.

This insurance provides a monthly income for up to six months if **You** suffer an **Accident** or **Illness** and are unable to attend **Your** usual place of employment as a result of this.

The **Accident** or **Illness** must occur during the **Period of Cover** and the symptoms must last for more than 30 calendar days in a row before **We** will pay a **Benefit** under level 1 cover.

The **Accident** or **Illness** must occur during the **Period of Cover** and the symptoms must last for more than 60 calendar days in a row before **We** will pay a **Benefit** under level 2 cover.

The **Accident** or **Illness** must occur during the **Period of Cover** and the symptoms must last for more than 90 calendar days in a row before **We** will pay a **Benefit** under level 3 cover.

Please take time to read the "Important Information" section on pages 5-6 of this Employee Summary. It tells **You** about things **You** need to check and the actions **You** need to take. It also contains information about the qualifying period which applies to the **Accident**, the qualifying period which applies to the **Illness Benefit**, the **Period of Cover**, where and when cover applies and paying **Your Monthly Retail Premium**.

- This insurance is administered by BHSF Employee Benefits Limited. They will be there throughout the lifetime of **Your** cover to answer any questions that **You** might have and collect **Your Monthly Retail Premium**. BHSF Employee Benefits Limited is referred to as the **Insurance Intermediary** in this Employee Summary.  
BHSF Employee Benefits Limited, 13<sup>th</sup> Floor, 54 Hagley Road, Birmingham, B16 8PE. Tel: 0121 454 3601. Email: [enquiries@bhsf.co.uk](mailto:enquiries@bhsf.co.uk)
- Claims under this policy are administered by Compass Underwriting Limited. They will be handling **Your** policy claims and will be happy to answer any questions that **You** might have that relate to the claims process. Compass Underwriting is referred to as the **Claims Administrator** in this Employee Summary.
- This insurance is underwritten by Lloyd's Syndicate 5000 which is managed by Travelers Syndicate Management Limited.
- Travelers Syndicate Management Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Conduct Authority.  
Lloyd's Syndicate 5000 is referred to as "**We**", "**Us**" and "**Our**" in this policy wording.

All insurance documents and all communications with **You** about this policy will be in English.

Some words and phrases in this Employee Summary will always have the same meaning wherever they appear. To make them easier to recognise when they are being used, they will be shown in bold. They are all listed and explained in the "Definitions" section on page 14 of this Employee Summary.

Please contact the **Insurance Intermediary** if **You** need any documents to be made available in large print. Their contact details are shown above.

### How to Make a Claim

To make a claim, **You** should call Compass Underwriting Limited on 0800 319 6601. Lines are open between 9am and 5pm Monday to Friday. Alternatively, please go to [www.bhsf.co.uk](http://www.bhsf.co.uk) to get a claim form or write to Compass Underwriting Limited, 30 Dukes Place, London, EC3A 7LP. Compass is the **Claims Administrator** for this policy.

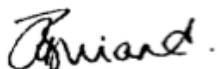
## The Insurance Contract

This Policy Wording and **Your Policy Schedule** are issued to **You** by BHSF Employee Benefits Ltd. This product is designed to be sold by BHSF Employee Benefits Limited.

Compass Underwriting Limited are **Our** agent under contract reference B1533CUW2100015.

**Your** Employee Summary and the **Policy Schedule** are **Your** insurance documents that confirm that insurance has been agreed for **You** and together they make up the contract between **You**, the **Employer** and **Us**. It is important that **You** read **Your** Employee Summary carefully.

In exchange for **Your** payment of the **Monthly Retail Premium** referenced in **Your Policy Schedule**, **You** are insured in accordance with the terms & conditions contained in these documents (and any amendments made to them) for the duration of **Your** cover under the **Employer's** policy.



Signed by Andrew Briant  
Authorised signatory of Compass Underwriting Limited

## Important information

It is important that:

- **You** check **Your** employee summary to ensure the details are correct and that the cover is as **You** requested;
- **You** check that **You** are eligible for this insurance (see “Eligibility” on page 6);
- **You** check the information **You** have given **Us** is accurate (see “Disclosure of Important Information” on page 6);
- **You** notify the **Insurance Intermediary** as soon as possible of any inaccuracies on **Your Schedule of Cover**, or if **You** are not eligible for the insurance; and
- **You** comply with any duties detailed under each section of the Employee Summary and under the insurance as a whole.

### Conditions

There are conditions which apply to the whole of this insurance and full details of these can be found in the “General Conditions” section on page 8 of this Employee Summary. There are also conditions which relate specifically to making a claim, and these can be found in the “Making a Claim” section on pages 9-10.

In these sections **You** will find conditions that **You** need to meet. If **You** do not meet these conditions, **We** may reject a claim payment or a claim payment could be reduced. In some circumstances, **Your** policy may be cancelled.

### The Period of Cover

This is an annual insurance policy which begins on the policy **Start Date**. **Your** cover will end automatically at the earliest of:

- a. the date that **You**, **Your Employer** or **We** cancel this insurance; or
- b. the date that **You** stop paying **Your Monthly Retail Premium**; or
- c. the date that **You** die; or
- d. the date that **You** no longer work for **Your Employer**; or
- e. the date that **You** are removed from **Your Employer’s** policy; or
- f. the first renewal date after the date that **You** reach the age of 68; or
- g. the date that **You** no longer meet the eligibility criteria as shown on page 6 of this Employee Summary.

### Qualifying Period - Accident Benefit

A 14 day qualifying period applies to the **Accident Benefit**. This means that **You** cannot submit a claim for any **Accident** which occurs:

- a. within 14 days of the policy **Start Date**; or
- b. within 14 days of **You** increasing **Your Benefit**.

The qualifying period does not apply if **You** renew **Your** policy.

### Qualifying Period - Illness Benefit

A 90 day qualifying period applies to the **Illness Benefit**. This means that **You** cannot submit a claim for any **Illness** which occurs:

- a. within 90 days of the policy **Start Date**; or
- b. If **You** want to change the level of **Your Illness Benefit**, **You** may do so. However a new 90 day qualifying period will apply to the amount of increase to **Your Illness Benefit** from the date the change becomes effective. The **Pre-Existing Condition** exclusion clause will also be re-applied to the amount of increase to **Your Illness Benefit** from the date the change becomes effective. **You** can however still claim for the original amount **You** were insured for before the change, subject to the terms and conditions of the policy.

The qualifying period does not apply if **You** renew **Your** policy.

## Where and When Cover Applies

Cover applies 24 hours a day, 7 days a week within the United Kingdom (excluding Northern Ireland).

**We** will also provide cover for up to 28 days in total during any one period of cover while **You** are travelling in the European Union (EU) and European Economic Area (EEA).

## Information You Give Us

### Eligibility

When **You** applied for this insurance **We** asked **You** to confirm that **You** were eligible for cover. The eligibility requirements are as follows:

- **You**, as named on the **Policy Schedule**, are a permanent resident of the United Kingdom.
- **You** are 18 but less than 68 years of age at the policy **Start Date**.
- **You** are **Actively Working** for a minimum of 16 hours per week.

Please note that maternity leave is classed as **Actively Working**.

Please contact the **Insurance Intermediary** as soon as possible if **You** are not eligible for this insurance or if **You** have any queries. Their contact details are on page 3 of this Employee Summary.

### Disclosure of important information

In deciding to accept this insurance and in setting the terms and **Monthly Retail Premium**, **We** have relied on the information **You** have given **Us** via the **Insurance Intermediary**. **You** must take reasonable care to provide complete and accurate answers to the questions **We** ask when **You** take out, make changes to, and renew **Your** policy. If the information provided by **You** is not complete and accurate:

- **We** may cancel **Your** policy and refuse to pay any claim, or
- **We** may not pay any claim in full, or
- **We** may revise the **Monthly Retail Premium**, or
- the extent of the cover may be affected.

If **You** become aware that any information **You** have given is incomplete or inaccurate, please contact the **Insurance Intermediary** as soon as possible.

Their contact details are on page 3 of this Employee Summary.

## What is Covered

### Policy Limits

- The maximum monthly **Benefit** is shown in the table overleaf.
- The maximum monthly **Benefit** cannot exceed 85% of **Your** gross monthly salary.
- There is no limit on the number of claims that can be made during any one **Period of Cover**.
- The most **We** will pay in total for any number of claims during any one **Period of Cover** is the maximum **Benefit** shown in the table overleaf.

**We** will pay the **Benefit** shown in the table overleaf if **You** suffer an **Accident** or **Illness** during the **Period of Cover** and are unable to attend **Your** usual place of employment as a result of this. The **Benefit** will be paid until the date that **You** return to work or until the maximum **Benefit** has been paid, whichever happens first.

The symptoms of the **Accident** or **Illness** must last for more than 30 consecutive calendar days before **We** will pay a **Benefit**. **Benefit** is not paid out on the first 30 days under Level 1 cover.

For example, if **You** are off work for 34 days, **You** will receive four days' **Benefit**.

The symptoms of the **Accident** or **Illness** must last for more than 60 consecutive calendar days before **We** will pay a **Benefit**. **Benefit** is not paid out on the first 60 days under Level 2 cover.

For example, if **You** are off work for 64 days, **You** will receive four days' **Benefit**.

The symptoms of the **Accident** or **Illness** must last for more than 90 consecutive calendar days before **We** will pay a **Benefit**. **Benefit** is not paid out on the first 90 days under Level 3 cover.

For example, if **You** are off work for 94 days, **You** will receive four days' **Benefit**.

A 14 day qualifying period applies to the **Accident Benefit** from the **Start Date** of the policy.

A 90 day qualifying period applies to the **Illness Benefit** from the **Start Date** of the policy.

	Monthly Benefit	Maximum Benefit			
		A	B	C	D
Level 1	Up to the Maximum <b>Benefit</b> per month for up to six months, or 85% of <b>Your</b> gross monthly salary whichever is the lesser. <b>Waiting Period</b> 30 days	£500	£1,000	£1,500	£2,000
	Monthly Retail Premium	£10.94	£21.93	£30.41	£42.39
Level 2	Up to the Maximum <b>Benefit</b> per month for up to six months, or 85% of <b>Your</b> gross monthly salary whichever is the lesser. <b>Waiting Period</b> 60 days	£500	£1,000	£1,500	£2,000
	Monthly Retail Premium	£9.27	£18.65	£25.83	£36.03
Level 3	Up to the Maximum <b>Benefit</b> per month for up to six months, or 85% of <b>Your</b> gross monthly salary whichever is the lesser. <b>Waiting Period</b> 90 days	£500	£1,000	£1,500	£2,000
	Monthly Retail Premium	£6.96	£13.98	£19.37	£27.04

The breakdown of the **Monthly Retail Premium** can be found in your **Policy Schedule**.

## What is Not Covered

**We** will not pay any **Benefit**:

- If **You** do not meet the eligibility requirements for this policy (as detailed on page 6 of this Employee Summary).
- For any **Pre-Existing Condition**. This exclusion will not apply if **You** remain symptom free and do not require **Treatment** or medical advice for a continuous 24 months from the **Start Date** of the policy.
- For any back-related condition unless there is radiological evidence of a medical abnormality or a visible wound or bruising, or a **Doctor** or **Consultant** certifies that this is the only condition which prevents **You** from attending **Your** normal duties at **Your** usual place of employment.
- For any claim for psychological, psychotic or mental disorders unless a **Consultant** certifies that this is the only condition which prevents **You** from attending their normal duties at their usual place of employment.
- For any claim resulting from **You** taking part in a criminal act.

- f. Where **You** blood alcohol limit exceeds 80mg per 100ml of blood, in the event of solvent abuse or if **You** deliberately take an overdose of drugs, whether lawfully prescribed or otherwise, or if **You** take controlled drugs (As defined by the Misuse of Drugs Act 1971) otherwise than in accordance with a lawful prescription.
- g. For any claim resulting from **You** taking part in base jumping, boxing, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, free climbing, mountaineering with or without ropes, scuba diving to a depth of more than 10 metres, trekking to a height of over 2,500 metres, bungee jumping, canyoning, hang gliding, paragliding or microlighting, parachuting, potholing, skiing off-piste or any other winter sports activity carried out off-piste, hunting on horseback, powerboat racing or any race, trial or timed motor sport event.
- h. If **You** engage in any sport as a professional or semi-professional.
- i. For any surgery or **Treatment** that is not medically necessary, cosmetic surgery, reversing cosmetic surgery or any corrective **Treatment** as a result of previous cosmetic surgery.
- j. For any claim resulting from **You** attempting to commit suicide, or deliberately injuring **Yourself** or putting **Yourself** in danger (unless **You** were trying to save another person's life).
- k. For any claim arising from war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, terrorist activity of any kind.
- l. For any claim resulting from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
- m. Coronavirus Exclusion  
**Your** Insurance Policy does not cover any claim in any way caused by or resulting from:
  - 1. Coronavirus disease (COVID-19);
  - 2. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
  - 3. any mutation or variation of SARS-CoV-2;
  - 4. any fear or threat of a), b) or c) above.

## General Conditions

- a. **You** must tell **Us** as soon as possible about any change which means that **You** no longer meet the eligibility criteria on page 6 of this Employee Summary. It may affect **Your** claim if **You** fail to do this.
- b. **Your Employer** cannot change this contract or any of the terms of this contract unless they let **Us** know in writing (either by letter, fax or e-mail) and **We** confirm **Our** agreement in writing. Please contact the **Insurance Intermediary** to request any change(s) to the contract. Their contact details are on page 3 of this Employee Summary.
- c. If any part of this contract becomes invalid, illegal or cannot be enforced, it will not affect the rest of the contract.
- d. A **Benefit** under this insurance may be taxed in accordance with current legislation and any amendments to existing legislation. If this happens, **We** will deduct any amounts which, by law, **We** have to take, from any **Benefit** payment.
- e. The **Benefit** payable under this policy will not carry any interest.
- f. If an **Accident** or **Illness** is covered by any other insurance policy or **Your** salary is paid by **Your** employer, **We** will not pay more than **Our** proportional share of a claim as an employee cannot receive more than 100% of their gross monthly salary across all policies held.



g. Cyber Risks Inclusion Clause.

Any benefits for bodily injury or **Illness** due to:

- i. the use of, or inability to use, any application, software, or programme in connection with any electronic equipment (for example a computer, smartphone, tablet or internet-capable electronic device);
- ii. any computer virus;
- iii. any computer related hoax relating to i and/or ii above;

are payable, subject to the terms, conditions, limitations and exclusions of this policy.

## Making a Claim

### Who to contact

To make a claim **You** should either call the **Claims Administrator** on 0800 319 6601 (lines are open between 9am and 5pm Monday to Friday), write to them at Compass Underwriting Limited, 30 Dukes Place, London EC3A 7LP.

Compass Underwriting Limited is the **Claims Administrator** for this policy.

### Things You Must Do

**You** must comply with the following conditions. If **You** fail to do so and this affects the ability of the **Claims Administrator** to fully assess **Your** claim or keep **Our** losses to a minimum, **We** may not pay **Your** claim or any payment could be reduced.

- A **Doctor** or **Consultant** must be consulted as soon as possible in the event of an **Accident** or **Illness**.
- All claims must be reported to the **Claims Administrator** as soon as possible but in any event, within 30, 60 or 90 days (depending on the qualifying period chosen) of **You** becoming unable to work. If a claim is not reported within 30, 60 or 90 days (depending on the qualifying period chosen), **You** must confirm the reason for the delay.
- **You** must complete a claim form (in full) and provide at **Your** own expense, any information and assistance which the **Claims Administrator** may require in establishing the amount of any payment under this insurance.
- The claim form must be returned within 60 days of **You** receiving it.
- The **Claims Administrator** must be allowed access to **Your** medical reports.
- **You** must attend a medical examination if this is requested by the **Claims Administrator**. **We** will pay the cost of this.
- To confirm proof of earnings **You** must supply the **Claims Administrator** with four months of payslips to verify that **You** have been **Actively Working** for an average of 16 hours each week.

### Claim payments

**We** will pay the **Benefit** as soon as **We** have received, assessed and approved all of the necessary documentation and information. The **Benefit** will be paid to **You** by cheque or by BACS payment, which may take up to five working days after a payment has been authorised.

### Fraudulent claims or misleading information

**We** take a robust approach to fraud prevention in order to keep **Monthly Retail Premium** rates down so that **You** do not have to pay for other people's dishonesty.

If any claim under this insurance is fraudulent, deliberately exaggerated, or is intended to mislead, or if any deliberately misleading or fraudulent means are used by **You** or anyone acting on **Your** behalf to obtain **Benefit** under this insurance, **Your** right to any **Benefit** under this insurance will end, **Your** policy will be cancelled without any **Monthly Retail Premium** refund and **We** will be entitled to recover any **Benefit** paid and costs incurred as a result of any such fraudulent or deliberately misleading claim.

**We** may also inform the police.

To prevent fraud, insurers sometimes share information. Details about **Your** insurance application and any claim **You** make may be exchanged between insurers.

## Cancellation of the Policy

### Employee cancellation rights

**You** can cancel **Your** policy within 30 days of the policy **Start Date** or, if later, 30 days of the date **You** receive this Employee Summary. **We** will refund any **Monthly Retail Premiums** **You** have paid as long as **You** have not made a claim and do not intend to make a claim.

**You** can cancel **Your** policy at any other time by giving notice to the **Insurance Intermediary** but will not be entitled to any refund of the **Monthly Retail Premium** already paid. Please contact the **Insurance Intermediary** if **You** wish to cancel **Your** policy. Their contact details are on page 3 of this Employee Summary.

### The insurers' cancellation rights

**We** reserve the right to cancel this policy and, or, **Your** cover under it immediately if **You** commit fraud. If **We** cancel **Your** cover, **We** will do so in writing to the most recent address **We** have for **You**.

**Your** cover will end automatically if **You** do not pay any **Monthly Retail Premium** when it becomes due. If this happens, **You** will be contacted requesting payment within 30 days.

If **We** do not receive payment within this period, **You** will be written to again notifying **You** that **Your** policy will be cancelled.

If there is a change to the risk which means that **We** can no longer provide **You** with insurance cover, or if **You** display threatening or abusive behaviour towards **Us**, the **Claims Administrator**, or the **Insurance Intermediary**, **You** will be given 30 days-notice to the most recent address that is held, that **Your** policy will be cancelled.

## Renewing Your Policy

**Your** insurance is valid for a period of 1 year. At least 1 month before **Your** current **Period of Cover** ends, the **Insurance Intermediary** will contact **You** to ask whether **You** wish to renew **Your** policy. They will also tell **You** about any changes to the **Premium** and/or the policy terms and conditions. **You** will also be told if **We** cannot renew **Your** policy.

If **You** wish to renew **Your** policy, **You** will be issued with a new **Schedule of Insurance** and Policy Document.

If any of **Your** personal details have changed, please tell the **Insurance Intermediary**. Their contact details are on page 3 of this Policy Document.

## How to Make a Complaint

**Our** aim is to provide **You** with a high quality service at all times, although **We** do appreciate that there may be instances where **You** feel it is necessary to lodge a complaint.

If **You** wish to complain, please note the three steps below, along with the relevant contact details for each step.

Please take special note that the complaint can be referred directly to Lloyd's in the first instance by using the contact information referenced in Step 2.

### Step 1:

If **Your** complaint relates to the sale or the administration of **Your** policy, please direct the complaint to the **Insurance Intermediary**:

Customer Care  
BHSF Employee Benefits Limited  
13<sup>th</sup> Floor  
54 Hagley Road  
Birmingham  
B16 8PE  
Tel: 0121 629 1297  
Email: [customercare@bhsf.co.uk](mailto:customercare@bhsf.co.uk)

Lines are open between 8:45am and 5:30pm Monday to Friday. Calls may be recorded for training and monitoring purposes.

If **Your** complaint relates to a claim or claims process, please direct the complaint to the **Claims Administrator**:

The Customer Service Manager  
Compass Underwriting Limited  
30 Dukes Place  
London  
EC3A 7LP

Tel: 020 7398 0100 Lines are open between 9am and 5pm Monday to Friday.

Email: [complaints@compassuw.co.uk](mailto:complaints@compassuw.co.uk)

### Step 2:

If **You** are dissatisfied with the outcome of a complaint, it can be referred to Lloyd's without affecting **Your** legal rights. Lloyd's contact information is:

Complaints at Lloyd's  
Fidentia House  
Walter Burke Way  
Chatham Maritime  
Kent  
ME4 4RN

Tel: +44 (0)20 7327 5693

Email: [complaints@lloyds.com](mailto:complaints@lloyds.com)

Website: [www.lloyds.com/complaints](http://www.lloyds.com/complaints)

Details of Lloyd's complaints procedure are set out in a leaflet "How **We** Will Handle **Your** Complaint", which is available at the website address above.

Alternatively, **You** may ask Lloyd's for a hard copy.

### Step 3:

If **You** remain dissatisfied after Lloyd's has considered a complaint, it may be possible to refer the complaint to the Financial Ombudsman Service. The Financial Ombudsman Service is an independent service in the UK for settling disputes between consumers and businesses providing financial services.

The contact information is:

Financial Ombudsman Service  
Exchange Tower  
London  
E14 9SR

Tel: 0800 0234 567 (calls to this number are free on mobile phones and landlines).

Tel: 0300 1239 123 (calls to this number cost no more than calls to 01 and 02 numbers).

Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

## Legal, Regulatory & Other Information

### Financial Services Compensation Scheme

**We** are covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the scheme if **We** are unable to meet **Our** obligation to **You** under this contract.

Further information can be obtained from the Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St. Botolph Street, London, EC3A 7QU. Tel: 0800 678 1100 (Freephone) or 020 7741 4100. Website: [www.fscs.org.uk](http://www.fscs.org.uk)

### Data Protection

**We** and Compass Underwriting Limited are the data controllers (as defined by the Data Protection Act 1998 and all applicable laws which replace or amend it, including the General Data Protection Regulation) who may collect and process **Your** personal information.

For more information about how we process your data and the rights you have please go to

<http://www.travelers.co.uk/main/privacy-policy.aspx>

If **You** do not have access to the Internet, please write to the Group Data Protection Officer (address below) with **Your** address and a copy will be sent to **You** in the post.

In summary:

**We** and **Our** claims handlers may, as part of **Our** agreement with **You** under this contract, collect personal information about **You**, including:

- Name, address, contact details, date of birth and cover required.
- Financial information such as bank details.
- Details of any claim.

**We** and **Our** claims handlers may also collect sensitive personal information about **You**, where the provision of this type of information is in the substantial public interest, including medical records to validate a claim.

**We** and **Our** claims handlers collect and process **Your** personal information for the purpose of insurance and claims administration.

All phone calls may be monitored and recorded and the recordings used for fraud prevention and detection, training and quality control purposes.

**Your** personal information may be shared with third parties which supply services to **Us** or which process information on **Our** behalf (for example, **Monthly Retail Premium** collection and claims validation, or for communication purposes related to **Your** cover). **We** will ensure that they keep **Your** information secure and do not use it for purposes other than those that **We** have specified in **Our** Privacy Notice.

Some third parties that process **Your** data on **Our** behalf may do so outside of the European Economic Area ("EEA"). This transfer and processing is protected by EU Model Contracts which aim to provide the equivalent level of data protection to that found in the EU.

**We** and **Our** claims handlers will keep **Your** personal information only for as long as **We** believe is necessary to fulfil the purposes for which the personal information was collected (including for the purpose of meeting any legal obligations).

**We** and **Our** claims handlers will share **Your** information if **We** are required to by law. **We** may share **Your** information with enforcement authorities if they ask **Us** to, or with a third party in the context of actual or threatened legal proceedings, provided **We** can do so without breaching data protection laws.

If **You** have any concerns about how **Your** personal data is being collected and processed, or wish to exercise any of **Your** rights detailed in **Our** Privacy Notice, please contact:

The Data Protection Officer  
Travelers Syndicate Management Limited  
One Creechurch Place  
London  
EC3A 5AF

#### Rights of Third Parties

A person who is not a party to this policy has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this policy but this does not affect any right or remedy of a third party which exists or is available apart from that Act.

For **Your** information, the Contracts (Rights of Third Parties) Act 1999 allows a person who is not a party to a contract to be able to enforce that contract if the contract expressly allows him to or if the contract confers a **Benefit** upon him.

However the Act will not be applied if the parties make it clear in the contract that the third party does not have the right to enforce it.

For further guidance please see [www.legislation.gov.uk](http://www.legislation.gov.uk) or contact the Citizens Advice Bureau.

#### Law and Jurisdiction

Unless specifically agreed to the contrary, this policy shall be governed by the laws of England and Wales and subject to the exclusive jurisdiction of the courts of England.

#### Sanctions

**We** shall not provide any **Benefit** under this contract of insurance to the extent of providing cover, payment of any claim or the provision of any **Benefit** where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

#### Several Liability

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

#### The Insurers

This insurance is underwritten by Lloyd's Syndicate 5000, which is managed by Travelers Syndicate Management Limited. Registered office: Travelers Syndicate Management Limited, One Creechurch Place, London, EC3A 5AF. Registered in England, no.: 3207530

#### Regulatory Details

Travelers Syndicate Management Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm Reference: 204960

The **Insurance Intermediary**, BHSF Employee Benefits Limited, is authorised and regulated by the Financial Conduct Authority. Firm Reference: 308611.

## Definitions

Whenever the following words or expressions appear in bold in this section of **Your** Policy Summary, they have the meaning given below.

<b>Accident</b>	A sudden, external, unforeseen and unexpected event which occurs at an identifiable time and place, anywhere in the world, during the <b>Period of Cover</b> .
<b>Actively Working</b>	In permanent paid employment or self-employment for a minimum of 16 hours or more per week.
<b>Benefit</b>	The amount <b>We</b> will pay once a claim has been accepted.
<b>Claims Administrator</b>	Compass Underwriting Limited, 30 Dukes Place, London, EC3A 7LP.
<b>Consultant</b>	A senior hospital-based physician who has completed all of his or her specialist training and been placed on the specialist register in their chosen speciality.
<b>Doctor</b>	A qualified medical practitioner who is registered with the General Medical Council in the United Kingdom. This cannot be <b>You</b> , anyone related to <b>You</b> or anyone living with <b>You</b> .
<b>Employer</b>	<b>Your Employer</b> .
<b>Illness</b>	A sickness or disease which first occurs during the <b>Period of Cover</b> and results in a claim covered by this insurance within the <b>Period of Cover</b> .
<b>Insurance Intermediary</b>	BHSF Employee Benefits Limited, 13 <sup>th</sup> Floor, 54 Hagley Road, Birmingham, B16 8PE. Tel: 0121 454 3601. Email: <a href="mailto:enquiries@bhsf.co.uk">enquiries@bhsf.co.uk</a> .
<b>Monthly Retail Premium</b>	The amount <b>You</b> must pay in return for cover, as set out in <b>Your Policy Schedule</b> .
<b>Period of Cover</b>	The 12 month period from the policy <b>Start Date</b> .
<b>Policy Schedule</b>	This <b>Policy Schedule</b> confirms <b>Your</b> Cover number, Plan type, Policy <b>Start Date</b> , Level of Cover, Coverholder, Coverholders Date of Birth and <b>Monthly Retail Premium</b> .
<b>Pre-Existing Condition</b>	Any condition, injury, <b>Illness</b> , disease or related condition and/or associated symptoms, whether diagnosed or not, which <b>You</b> suffered in the 36 months immediately before the <b>Start Date</b> of this insurance which <b>You</b> , knew about, or should reasonably have known about or had seen a <b>Doctor</b> or <b>Consultant</b> about.
<b>Start Date</b>	The date that <b>Your</b> insurance cover commences, as shown on <b>Your Policy Schedule</b> .
<b>Treatment</b>	Surgical or medical services, including diagnostic tests and day-patient <b>Treatment</b> , which are needed to diagnose, relieve or cure a disease, <b>Illness</b> or injury.
<b>Waiting Period</b>	The number of days of continuous absence from work selected before which a claim can be made.
<b>We, Us, Our</b>	Lloyd's Syndicate 5000 which is managed by Travelers Syndicate Management Limited.
<b>You, Your, Yourself</b>	The person named on the <b>Policy Schedule</b> . The person must be working under a formal contract of employment for a minimum of 16 hours per week.



