

HEALTH RANGE  
OF PLANS



# alchemy

...private medical insurance plan  
**policy summary and document**



## Alchemy private medical insurance plan policy summary

This document summarises the main features, benefits and exclusions of the Alchemy policy. It does not contain the full terms and conditions which are set out in the policy document. Please also refer to your certificate of registration which will provide you with details of who is covered under this policy, details of any excess and specific exclusions which apply to your policy.

### What is the Alchemy PMI policy?

Alchemy offers you a fresh and truly affordable approach to private medical insurance by putting you in control. With Alchemy you can choose from a menu of comprehensive benefits and discount options. You can design your own bespoke medical policy to match your exact needs and budget for companies and individuals.

### Who is eligible to join?

You can take out an Alchemy policy if you are between the ages of 16 and 74 inclusive and resident in the UK, Isle of Man or Channel Islands.

### Who provides this cover?

The Alchemy policy is provided by Axeria Life International PCC Limited in respect of its Income Protection Cell and governed by English Law. Worldwide Travel Benefits are provided by Europ Assistance.

### What benefits are available under Alchemy?

A summary is shown below. Benefits are per person per policy year unless stated. Please refer to the policy document for full details.

Significant Features and Benefits - <small>Your certificate of registration will show the level of cover you have chosen</small>	Cover		
	Foundation Cover	Foundation & Limited Outpatient Cover	Foundation & Full Outpatient Cover
<b>INPATIENT AND DAY PATIENT TREATMENT</b>			
<b>Hospital</b> accommodation and nursing care	✓ Full Cover	✓ Full Cover	✓ Full Cover
Prescribed drugs and dressings	✓ Full Cover	✓ Full Cover	✓ Full Cover
Operating theatre fees	✓ Full Cover	✓ Full Cover	✓ Full Cover
<b>Chemotherapy &amp; radiotherapy</b>	✓ Full Cover	✓ Full Cover	✓ Full Cover
Consultations, radiology, pathology	✓ Full Cover	✓ Full Cover	✓ Full Cover
<b>Diagnostic tests</b> including MRI/CT/PET Scans	✓ Full Cover	✓ Full Cover	✓ Full Cover
Physiotherapy	✓ Full Cover	✓ Full Cover	✓ Full Cover
Surgeons, physicians & anaesthetists fees	✓ Full Cover	✓ Full Cover	✓ Full Cover
Complications in pregnancy	✓ Full Cover	✓ Full Cover	✓ Full Cover
<b>Oral surgery</b> (non dental)	✓ Full Cover	✓ Full Cover	✓ Full Cover
<b>Parent accommodation</b>	✓ Full Cover	✓ Full Cover	✓ Full Cover
Prosthesis	✓ Full Cover	✓ Full Cover	✓ Full Cover
<b>OTHER BENEFITS:</b>			
Private ambulance	✓ Full Cover	✓ Full Cover	✓ Full Cover
<b>Home nursing</b>	13 weeks per <b>policy year</b>	13 weeks per <b>policy year</b>	13 weeks per <b>policy year</b>
<b>NHS cash benefit</b>	£75 per night up to 30 nights per <b>policy year</b>	£75 per night up to 30 nights per <b>policy year</b>	£75 per night up to 30 nights per <b>policy year</b>
<b>OUTPATIENT BENEFITS</b>			
<b>Specialist</b> consultations, pathology, x-rays, <b>diagnostic tests</b> , physiotherapy	✗	£500 per <b>policy year</b>	✓ Full Cover <small>Physiotherapy is limited to £500 per <b>policy year</b></small>
MRI/CT/PET Scans	✗	✓	✓
<b>Chemotherapy &amp; radiotherapy</b>	✗	✓	✓

You can choose to add further valuable benefits to your Foundation Cover as add-ons to optimise your policy.

Benefits	Cover
<b>OPTIONAL BENEFITS: Complementary Medicine Benefits - 1</b>	
Complementary medicine, <b>acupuncture, chiropractic care, osteopathy &amp; homeopathy</b>	✓ £500 per <b>policy year</b>
<b>OPTIONAL BENEFITS: Health Cash Benefits - 2</b>	
<b>Dental treatment</b>	✓ £150 per <b>policy year</b>
Optical care	✓ £100 per <b>policy year</b>
Hospital out of pocket cash	✓ £25 per night
Maternity cash	✓ £150 per child
Recuperative care cash	✓ £350 per <b>policy year</b>
Home help cash	✓ £250 per <b>policy year</b>
<b>Serious accident</b> lump sum	✓ £10,000 lump sum
Accidental death lump sum	✓ £10,000 lump sum
<b>OPTIONAL BENEFITS: Psychiatric Benefits - 3</b>	
<b>Inpatient, day patient and outpatient treatment</b>	✓ £8,000 per <b>policy year</b>
<b>OPTIONAL BENEFITS: Worldwide Travel Benefits - 4</b>	
Worldwide travel benefits	✓
<b>OPTIONAL BENEFITS: Extended Hospital List - 5</b>	
Extended hospital list	✓
<b>OTHER GENERAL BENEFITS:</b>	
Existing group schemes - Moving from another insurer	✓ See Policy Document for full details
<b>Excess</b> bonus discounts	✓ See Policy Document for full details

*Your certificate of registration will show the level of cover you have chosen*

Benefit is not provided for the following:

- Accident & Emergency treatment or any other medical treatment charges within an Intensive Care Unit or High Dependency Unit following admission to an NHS hospital for Accident & Emergency treatment.
- Alcoholism, alcohol, drug and substance abuse and/or dependency or any treatment related to such conditions.
- Appliances, devices, aids or prosthesis, supplied or fitted which are not eligible appliances or eligible prosthesis.
- Assisted reproduction. Children who are born following assisted conception will not be eligible for cover for the first 60 days.
- Chronic conditions or monitoring of chronic or long-term medical conditions.
- Cochlea implants, or any related treatment.
- Complementary medicine unless you have chosen to include this cover under section 1 of the additional add-on options.
- Congenital abnormalities, except for emergency operations carried out within 10 days of birth.
- Cosmetic or aesthetic procedures, whether required for medical or psychological reasons, except for a surgical procedure undertaken for the purpose of restoring your previous appearance which has been disfigured as a result of an accident or as a result of surgery for cancer provided that the accident or surgery for cancer took place during your cover under this policy. Benefit is limited to 12 months from initial reconstructive surgery. Benefit will not be provided for any surgical procedure or treatment required as a direct or indirect consequence of previous cosmetic or aesthetic treatment, which was not eligible or paid for under this policy.
- Dental treatment or dentistry, other than removal of complicated tooth root or an impacted or buried tooth, except where you have chosen to include this cover under section 2 of the additional add-on options.
- Development delay, learning and behavioural difficulties or language disabilities.
- Dialysis for chronic renal failure or end stage renal disease.
- Drugs, medicines and dressings other than those prescribed by a specialist for use during the course of treatment as an inpatient or day patient and drugs, medicines and dressings prescribed by a specialist for a surgical procedure during the course of treatment as an outpatient.
- Expenditure arising from any consequence whether direct or indirect of nuclear or chemical contamination, war, invasions, act of foreign enemy, hostilities (whether war be declared or not), civil war, riot, civil disturbance, rebellion, insurrection or military or usurped power.
- Experimental treatment and drugs which is regarded as experimental or unproven based on established medical practice in the UK. Drugs which are not used within the terms of their marketing authorisation (otherwise known as its license) as issued by the European Medicines Agency (EMA) or the Medicines Healthcare products Regulatory Agency (MHRA). Combinations of drugs which have not been proven to be effective in treating your medical condition.
- Fertility or infertility treatment or investigations, assisted reproduction, any type of contraception, sterilisation or reversal of sterilisation, or sexual dysfunction including impotence.
- Gender reassignment.
- General Practitioner (GP) services, including any charges a GP may make for completing a claim form.
- Hormone Replacement Therapy, unless following the removal of both ovaries, when the treatment will be limited to a maximum of two years from the date of removal.
- Outpatient treatment unless you have chosen to include Limited or Full Outpatient Cover with your policy.
- Personal expenses including telephone calls, newspapers, visitors meals and other such costs.
- Pre-existing conditions, as follows:  
**Moratorium:** This policy does not cover any disease, illness, injury or related medical condition for which you or your dependants have experienced symptoms, received medication, advice or treatment in the 5 years prior to the start of the policy, whether the condition has been diagnosed or not. Provided you do not receive any treatment, medication or advice in respect of any pre-existing condition or related medical condition for 2 continuous years after your policy commences, cover will be reinstated for those medical conditions.  
OR  
**Full Medical Underwriting:** This policy does not cover any pre-existing medical condition or treatment you have received or suffered from before your insurance started under this policy, unless you have declared this in writing at the point of application and we have agreed to provide cover. (Please refer to your Certificate of Registration for details on personal medical exclusions).
- Pregnancy, termination of pregnancy or childbirth (including ante-natal and post-natal care), other than specified obstetric procedures.
- Preventative treatment such as health screening or health checks.
- Professional sports of any kind.
- Psychiatric conditions or mental illness unless you have chosen to include this cover under section 3 of the additional add-on options.
- Residential stay in a hospital arranged wholly or partly for domestic reasons or which is not directly related to the treatment of a medical condition.
- Routine medical examinations, screening and tests, including sight testing, except where cover for Optical Care is chosen under Section 2 of the additional add-on options.
- Self inflicted injury or illness.
- Sexually transmitted diseases.
- Short or long sight, astigmatism or any related treatment.
- Sleep apnoea, snoring, or any other sleep related breathing disorder.
- Transplantation operations including bone marrow and autologous stem cell transfer, donor costs or any related treatment except corneal or skin grafts.
- Treatment or diagnostic tests for HIV/AIDS or any related medical condition.
- Treatment outside of the United Kingdom, unless you have chosen to include this under section 4 of the additional add-on options.
- Treatment received in Health Resorts, Nature Cure Clinics, or similar establishments.
- Treatment solely to temporarily relieve symptoms including those symptoms associated with ageing, menopause or puberty.
- Treatment to desensitise or neutralise an allergic condition or disorder.

### What excess payments do I have to pay

You have a choice of two excess bonus options, starting at £250 or £500 excess which is payable per person per policy year. For the first three claim free years you receive a reduction of £50 in your excess, with a final reduction in the fourth claim free year of £100. The maximum excess reduction is therefore limited to £250. There is no penalty in subsequent years if a claim is made. Instead, you will remain at the same excess level until the next claim free year when you will be rewarded by a further reduction in your excess.

### What hospitals can I use?

You can choose to use any private or NHS hospital outside of London, so you will not have to travel far for your treatment. Please see our Hospital Directory for the full list.

You can choose to opt for the Extended Hospital List, which includes selected London private hospitals, for an additional premium.

### Is there a qualifying period for the Health Cash Benefits?

You cannot claim for the Health Cash Benefits in the first 6 months immediately after starting the policy. For Serious Accident Lump Sum and Accidental Death Lump Sum, you can claim immediately on starting the policy.

### When does my policy end?

Your policy will cease if:

- You cancel the policy at any time by letting us know in writing.
- You are no longer a resident of the UK, Isle of Man or Channel Islands.
- You do not maintain payment of your premiums.

### Can I cancel this cover?

You have the statutory right to cancel the policy within 30 days of the policy start date. All cancellations must be in writing and sent to: Customer Services, APRIL UK, 15 Apex Court, Almondsbury, Bristol, BS32 4JT.

### How do I make a claim under my Private Medical Insurance benefits?

It is important to contact the Claim Helpline on 0844 815 0893 before arranging any treatment for assistance and to ensure correct procedures are followed when making a claim. A completed claim form, together with supporting documents, provided at the Policyholder's expense, must be submitted as soon as possible. We have the right to reject any claim which is not submitted within 90 days of the expenditure being incurred.

Payment of benefit is made direct to the Policyholder, Group Member or provider of services on behalf of the patient. In response to a claim, we may:

- require a medical report giving such information as we reasonably require, and/or
- appoint an independent medical examiner, and/or
- require written confirmation from any parties whose charges are being claimed as to their customary levels of charge.

### How do I make a claim under my Health Cash benefits?

You must notify EMR Health Insurance Services Limited of your intention to make a claim within 90 days. EMR Health Insurance Services Limited will issue a claim form which you should complete and return as soon as possible. To request a claim form telephone: 0844 815 0893.

### What should I do if I have a complaint? Complaints NOT relating to Worldwide Travel Benefits

**Step 1:** We intend to provide you with an excellent service. However, if you have a question about how the policy was sold or its administration, you should write to APRIL UK at: APRIL UK, 15 Apex Court, Almondsbury, Bristol BS32 4JT. Telephone 01454 619500.

For complaints about a claim you should contact EMR, Castle House, Castle Hill Avenue, Folkestone, Kent, CT20 2TF. Telephone 0844 815 0893.

**Step 2:** In the unlikely event that APRIL UK or EMR are unable to deal with your complaint to your satisfaction, or you have a complaint about your policy wording, you may ask the Compliance Officer at Axeria Life International PCC Limited in respect of its Income Protection Cell to review your complaint. You should write to: The Compliance Officer, Axeria Life International PCC Limited in respect of Income Protection Cell, 108 Triq it-Tiben, Swieqi SWQ 3032, Malta. Telephone: (+356) 2137 7107.

**Step 3:** If you remain dissatisfied with the response you have received from Axeria Life International PCC Limited in respect of its Income Protection Cell, you can ask the Consumer Complaints Manager (MFSA) at the Malta Financial Services Authority to provide an independent review of your case. You should write to: The Consumer Complaints Manager, Malta Financial Services Authority, Notabile Road, Attard BKR 3000, Malta. Telephone: (+356) 2548 5313.

### Complaints relating to Worldwide Travel Benefits (if option chosen)

If you have a complaint about a claim for Worldwide Travel Benefits, please contact Europ Assistance and you will be provided with details of their complaints procedure. If you remain dissatisfied with Europ Assistance's response, you may contact the Financial Ombudsman Service.

For further information regarding the complaints procedure, please refer to the Policy Document.

### Dealing with a Protected Cell Company

Axeria Life International PCC Limited ("the Company") is a protected cell company incorporated and authorised in Malta and, for the purposes of this insurance cover, is contracting solely in respect of its Income Protection Cell ("the Cell"). In terms of Maltese law, you and/or any other creditor of the Cell will, in the event that the assets of the Cell have been exhausted, be able to seek further recourse against the assets of the Company that are not attributable to any Cell of the Company ("the Core Assets"). You and/or any other creditor of the Cell are, however, prohibited from seeking to make any claim against any assets of the Company that are attributable to other cells of the Company.

### What happens if the insurer is unable to meet its liabilities?

In the unlikely event that Axeria Life International PCC Limited in respect of its Income Protection Cell, is unable to meet its obligations under this policy, you may be able to claim compensation under the Financial Services Compensation Scheme (FSCS). Further details can be obtained from FSCS, 7th Floor, Lloyds Chambers, Portsoken Street, London, E1 8BN. Telephone 0207 892 7300.

## Alchemy private medical insurance plan policy summary

This Policy Document provides the Alchemy Flexible Medical Benefits which must be read as a whole and in conjunction with the relevant Certificate of Registration, Schedule of Benefits and the additional documentation supplied to you if you have chosen to include either the Worldwide Travel or Health Cash Benefits. The purpose of the **policy** is to provide cover for **treatment** by **specialists** for **acute conditions**, on a short-term basis, on the recommendation of the patient's **GP**. Your Certificate of Registration will detail any additional sections you have chosen from the add-on options.

### DEFINITIONS

Where the following expressions appear in the Policy Document, either in single or plural form, they have the meaning set out below.

#### ACUPUNCTURE

This involves the use of a number of fine needles, which are then stimulated to effect **treatment**. Only **treatment** given by those Acupuncturists with at least five years' experience practising this discipline, or formally qualified under the NHS, who are registered as Members of the British Medical Acupuncture Society or British Acupuncture Council will be accepted under the **policy**, following referral from a **GP** or **specialist**.

#### ACUTE CONDITION

A disease, illness or injury that is likely to respond quickly to **treatment** which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.

#### CANCER

A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

#### CHEMOTHERAPY

The **treatment** of **cancer** with chemotherapeutic agents. For the purposes of this benefit one course of Chemotherapy is deemed to be **treatment of cancer** undertaken during a period of 28 consecutive days, in connection with which all drugs and related **diagnostic tests** are covered but the maximum payable in respect of consultations for each course will be £360.

#### CHIROPRACTIC CARE

This involves the use, by a practitioner, of gentle hand movements concentrated on the spine and associated nerves to effect **treatment**. Only **treatment** given by those with at least five years' experience practising this discipline, or formally qualified under the NHS, who are registered with the General Chiropractic Council will be accepted under the **policy**, following referral from a **GP** or **specialist**.

#### CHRONIC CONDITIONS

A disease, illness, or injury that has one or more of the following characteristics:

- It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
- It needs ongoing or long-term control or relief of symptoms
- It requires your rehabilitation or for you to be specially trained to cope with it
- It continues indefinitely
- It has no known cure
- It comes back or is likely to come back

#### CLAIMS ADMINISTRATOR

EMR Health Insurance Services Limited.

#### CONGENITAL ABNORMALITIES

Disorders or **medical conditions** present at birth.

#### CONTINUED PERSONAL MEDICAL EXCLUSIONS (CPME)

This applies to company policies only. Subject to the benefits, terms and conditions, exclusions and limitations of the **policy**, a company can transfer their private medical insurance cover from one provider to another, on the same individual underwriting terms that were applied by the previous insurer, providing that continuous cover is maintained. This means that any personal medical exclusions or restrictions that were imposed on your private medical insurance cover by your previous insurer will continue under your cover with us.

#### DAY PATIENT

A patient is admitted to a **hospital** or day patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.

#### DENTAL TREATMENT

Any dental condition or dentistry, including oro-surgical procedures, gum conditions (periodontal treatment) and malocclusion (orthodontic treatment).

#### DEPENDANT

A spouse or permanent partner of a **policyholder** or **group member** and any unmarried dependant children, living with you and aged under 21. Unmarried dependant children who remain in full time education will be covered until the renewal date following their 25th birthday.

#### DIAGNOSTIC TESTS

Investigations, such as x-rays or blood tests, to find or to help find the cause of your symptoms.

#### ELIGIBLE APPLIANCE

A post-operative knee brace which is an essential and integral part of a cruciate ligament repair, or a post-operative spinal support device which is an essential and integral part of surgery to the spine.

#### ELIGIBLE PROSTHESIS

A device which is intended to remain permanently part of the body and is surgically implanted solely for one or more of the following purposes:

- (a) replacing
  - (i) a joint or ligament, or
  - (ii) one of the heart valves, or
  - (iii) the aorta or an arterial blood vessel, or
  - (iv) a sphincter muscle, or
  - (v) the lens or cornea of the eye or
- (b) the control of urinary incontinence, or
- (c) the control of the electrical pathways of the heart, or
- (d) the relief of raised intra-cranial pressure.

## EXCESS

The amount each insured person must pay towards the cost of an eligible **treatment** received in a **policy year**. Where **treatment** crosses a **policy** anniversary date then that excess will be applied again for the new **policy year**. The amount of the excess will be shown in the Certificate of Registration and subject to annual review in accordance with the following guidelines:

Your chosen excess will be reduced for each **policy year**, which you and any named **dependants** complete without **treatment**. Your excess will be reduced by £50 for each of the first three claim-free years with a final reduction in the fourth claim-free year of £100. The maximum excess reduction is therefore limited to £250, however, you will not be penalised if a claim is made by you or a family member, simply your excess will remain at the same level until the next claim free year is completed.

## GENERAL PRACTITIONER (GP)

A medical practitioner holding a Certificate of General Practice Training and who is registered by the General Medical Council.

## GROUP MEMBER

An eligible employee detailed in the group **policy** schedule.

## HOMEOPATHY

This is a system of medicine based upon the principle that "like cures like". Remedies can produce symptoms of the disease to be cured, but are administered in minute doses to effect **treatment**. Only **treatment** given by Homeopaths with at least five years' experience practising this discipline, or formally qualified under the NHS and who are currently registered with the British Homeopathic Association and the NHS, will be accepted under the **policy**, following referral from a **GP** or **specialist**.

## HOME NURSING

**Treatment** at home directly related to the **treatment** of a **medical condition** requiring skilled nursing by a **nurse** being actively supervised and monitored by the **specialist** in attendance which must be provided immediately after, or instead of, **inpatient** or **day patient treatment**.

## HOSPITAL

A nursing home or independent hospital registered with the Healthcare Commission or an NHS pay bed.

## HOSPITAL CHARGES (inpatient and day patient)

Includes:

- (a) **Hospital** accommodation within your scale of cover, which primarily relate to bed charges which are directly related to the **treatment** received;
- (b) Ancillary charges, namely charges for operating theatre, nursing, admission, resident medical officer, drugs, dressings, and **eligible appliances** and **eligible prostheses** used by a **specialist** as an integral part of a **surgical procedure**.
- (c) **Diagnostic tests**, namely charges for pathology, X-rays, ECG, computerised tomography scans, magnetic resonance images, positron emission tomography, and the interpretation of results by a **specialist**, wherever such charges are incurred.

## INPATIENT

A patient who is admitted to **hospital** and who occupies a bed overnight or longer, for medical reasons.

## INSURER

Axeria Life International PCC Limited in respect of its Income Protection Cell, except for Worldwide Travel Benefits (optional). Worldwide Travel Benefits are provided by Europ Assistance.

## MEDICAL CONDITION

Any disease, illness or injury and/or associated symptoms, other than a **chronic condition**.

## NHS CASH BENEFIT

Claims for this benefit must not exceed an aggregate maximum entitlement of 30 nights in any **policy year**. This benefit is payable for each night spent as an **inpatient**, within an NHS **hospital** and without charge, whilst eligible **treatment** takes place.

## NURSE

A qualified nurse who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.

## OCCUPATIONAL THERAPIST / ORTHOPTIST

An Occupational Therapist or Orthoptist registered with the Health Professionals Council.

## ORAL SURGERY

This benefit is payable for surgery performed in a **hospital** by an oral and maxillofacial surgeon and the surgery is not in respect of any dental condition or irreversible bone disease related to gum disease or damage.

## OSTEOPATHY

This involves the manipulation of soft tissue and rhythmic passive movements of joints to effect **treatment**. Only **treatment** given by those with at least five years' experience practising this discipline, or formally qualified under the NHS and who are registered with the General Osteopathic Council, will be accepted under the **policy**, following referral from a **GP** or **specialist**.

## OUTPATIENT

A patient who attends a **hospital**, consulting room, or outpatient clinic and is not admitted as a **day patient** or an **inpatient**.

## PHYSIOTHERAPIST

A practitioner of physiotherapy who is registered with the Health Professional Council.

## PARENT ACCOMMODATION

When it is considered medically necessary for a parent to accompany a child under the age of fourteen in the same **hospital**, full accommodation costs will be met.

## POLICY

The contract of insurance issued for the Alchemy Private Medical Insurance, providing cover as detailed in this Policy Document, the application and Certificate of Registration, along with any additional documentation supplied if you have chosen to include either the Health Cash Benefits or Worldwide Travel.

## POLICY YEAR

An annually renewable contract commencing from the start date on the Certificate of Registration.

## POLICYHOLDER

The first named person detailed on the Certificate of Registration.

## PRE-EXISTING CONDITION

Any disease, illness or injury for which:

- you have received medication, advice or **treatment**; or
  - you have experienced symptoms;
- whether the condition has been diagnosed or not, before the start of your cover.

## PREVENTATIVE TREATMENT

Medical or screening services used to identify whether **you** are likely to suffer from a disease, illness or injury in future but where no clinical symptoms are currently present. Surgical **treatment** to remove undiseased tissue to prevent potential future disease, illness or injury.

## RADIO THERAPY

The **treatment of cancer** by radiological agents. For the purposes of this benefit one course of Radiotherapy is deemed to be up to 15 attendances for **treatment**, in connection with which all drugs and related **diagnostic tests** are covered but the maximum payable in respect of consultations for each course will be £360.

## SPECIALIST

A medical practitioner registered under the Medical Acts and given accreditation as a specialist in the **treatment** for which the patient has been referred by reason of holding or having held a consultant appointment in that speciality in an NHS **hospital** or by reason of holding in that speciality a Certificate of Higher Specialist Training or equivalent issued by the Higher Specialist Training Committee of the appropriate Royal College or Faculty.

## SPECIFIED OBSTETRIC PROCEDURES

Ectopic pregnancy, hydatidiform mole, evacuation of retained products, removal of retained placentas and post-partum haemorrhage.

## SPEECH THERAPIST

A Speech and Language Therapist registered with the Health Professionals Council.

## SURGICAL PROCEDURE

An operation as classified in accordance with the Schedule of Surgical Procedures used by the **claims administrator** and approved by its medical advisor.

## THERAPIST

Any other practitioner who satisfies such criteria as specified or who has, on application to us, been granted restricted recognition as a therapist.

## TREATMENT

Surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure a disease, illness or injury.

## UNITED KINGDOM (UK)

Great Britain, Northern Ireland, the Channel Islands and Isle of Man.

## BENEFITS REQUIREMENTS

To qualify for benefits the following requirements must be met:

- All **treatment** must be under the control of a **specialist**, arranged by the patient's **GP** and be for a specific **medical condition**.
- Nursing, including **home nursing**, must be under the direction of a **specialist**.
- All expenditure must be reasonable & customary and be necessarily incurred and be wholly and exclusively for the purpose of curing an **acute condition** and not to alleviate or monitor a **chronic condition**.
- Inpatient** expenditure must be incurred in a **hospital** within your chosen scale of cover. Benefits are not payable for any use of **hospital** accommodation which is arranged or continued for purposes of convalescence, rehabilitation or general nursing, or is mainly for any custodial, supervisory or domestic reasons.

## WHAT IS NOT COVERED?

Benefit is not payable under the **policy** for the **treatment** or **diagnostic tests** arising from or related to the following:

- Accident and Emergency **treatment** or any other medical **treatment** charges within an Intensive Care Unit or High Dependency Unit following admission to an NHS **hospital** for Accident or Emergency **treatment**.
- Alcoholism, alcohol, drug and substance abuse and/or dependency or any **treatment** related to such conditions.
- Appliances, devices, aids or prosthesis, supplied or fitted which are not an **eligible appliances** or **eligible prosthesis**
- Assisted Reproduction. Children who are born following assisted conception will not be eligible for cover for the first 60 days.
- Chronic conditions** or monitoring of **chronic conditions** or long-term illness.
- Cochlea implants, or any related **treatment**.
- Complementary medicine unless you have chosen to include this cover under section 1 of the additional add-on options and paid the appropriate premium for this. (Your Certificate of Registration will show details of any additional sections for which you are covered).
- Congenital abnormalities**, except for emergency operations carried out within 10 days of birth.
- Cosmetic or aesthetic procedures, whether required for medical or psychological reasons, except for a **surgical procedure** undertaken for the purpose of restoring **your** previous appearance which has been disfigured as a result of an accident or as a result of surgery for **cancer** provided that the accident or surgery for **cancer** took place during **your** cover under this **policy**. Benefit is limited to 12 months from initial reconstructive surgery. Benefit will not be provided for any **surgical procedure** or **treatment** required as a direct or indirect consequence of previous cosmetic or aesthetic **treatment**, which was not eligible or paid for under this **policy**.
- Dental treatment** or dentistry, other than removal of complicated tooth root or an impacted or buried tooth, except where you have chosen to include this cover under section 2 of the additional add-on options and paid the appropriate premium for this. (Your Certificate of Registration will show details of any additional sections for which you are covered).
- Development delay, learning and behavioural difficulties or language disabilities.
- Dialysis for chronic renal failure or end stage renal disease.
- Drugs, medicines and dressings other than those prescribed by a **specialist** for use during the course of **treatment** as an **inpatient** or **day patient** and drugs, medicines and dressings prescribed by a **specialist** for a **surgical procedure** during the course of **treatment** as an **outpatient**.
- Expenditure arising from any consequence whether direct or indirect of nuclear or chemical contamination, war, invasions, act of foreign enemy, hostilities (whether war be declared or not), civil war, riot, civil disturbance, rebellion, insurrection or military or usurped power.
- Experimental treatment and drugs** which is regarded as experimental or unproven based on established medical practice in the **UK**. Drugs which are not used within the terms of their marketing authorisation (otherwise known as its license) as issued by the European Medicines Agency (EMA) or the Medicines Healthcare products Regulatory Agency (MHRA). Combinations of drugs which have not been proven to be effective in treating **your medical condition**.

- Fertility or infertility **treatment** or investigations, assisted reproduction, any type of contraception, sterilisation or reversal of sterilisation, or sexual dysfunction including impotence.
- Gender reassignment.
- **GP** services, including any charges a **GP** may make for completing a claim form.
- Hormone Replacement Therapy, unless following the removal of both ovaries, when the **treatment** will be limited to a maximum of two years from the date of removal.
- **Outpatient treatment** unless you have chosen to include Limited or Full **Outpatient** Cover with your policy and paid the appropriate premium for this cover. (Your Certificate of Registration will show details of any additional sections for which you are covered). All **outpatient diagnostic tests** must be ordered or prescribed by a **specialist**.
- Personal expenses including telephone calls, newspapers, visitors meals and other such costs.
- **Pre-existing conditions**, as follows:

**Moratorium:** This **policy** does not cover any disease, illness, injury or related **medical condition** for which you or your **dependants** have experienced symptoms, received medication, advice or **treatment** in the 5 years prior to the start of the **policy**, whether the **medical condition** has been diagnosed or not. Provided you do not receive any **treatment**, medication or advice in respect of any **pre-existing condition** or related **medical condition** for 2 continuous years after your **policy** commences, cover will be reinstated for those **medical conditions**.

OR

**Full Medical Underwriting:** This **policy** does not cover any **pre-existing condition** or **treatment** you have received or suffered from before your insurance started under this **policy**, unless you have declared this in writing at the point of application and we have agreed to provide cover. (Please refer to your Certificate of Registration for details of personal medical exclusions).

- Pregnancy, termination of pregnancy or childbirth (including ante-natal and post-natal care), other than **specified obstetric procedures**.
- **Preventative treatment - treatment** required for preventative reasons, to prevent disease occurring (including, but not limited to prophylactic mastectomy or oophorectomy), as part of health screening or health checks (e.g. sight or hearing tests), to establish whether a **medical condition** is present when there are no apparent symptoms, or as part of genetic tests undertaken in order to establish whether or not **you** may be genetically disposed to the development of a **medical condition**.
- Professional sports of any kind.
- Psychiatric **medical conditions** or mental illness unless you have chosen to include this cover under section 3 of the additional add-on options and paid the appropriate premium for this cover. (Your Certificate of Registration will show details of any additional sections for which you are covered). All **treatment** must be pre-approved by the **claims administrators**.
- Residential stay in a **hospital** arranged wholly or partly for domestic reasons or which is not directly related to the **treatment** of a **medical condition**.
- Routine medical examinations, screening and tests, including sight testing, unless have chosen to include this cover under section 2 of the additional add-on options and paid the appropriate premium for this. (Your Certificate of Registration will show details of any additional sections for which you are covered).
- Self inflicted injury, disability or disease.

- Sexually transmitted diseases.
- Short or long sight, astigmatism or any related **treatment**.
- Sleep apnoea, snoring, or any other sleep related breathing disorder.
- Transplantation operations including bone marrow and autologous stem cell transfer, donor costs or any related **treatment** except corneal or skin grafts.
- **Treatment** or **diagnostic tests** for HIV/AIDS or any related **medical condition**.
- **Treatment** outside of the **UK**, unless you have chosen to include this cover under section 4 of the additional add-on options and paid the appropriate premium for this. (Your Certificate of Registration will show details of any additional sections for which you are covered).
- **Treatment** received in Health Resorts, Nature Cure Clinics, or similar establishments.
- **Treatment** solely to temporarily relieve symptoms or relieve symptoms associated with ageing, menopause or puberty.
- **Treatment** to desensitise or neutralise an allergic condition or disorder.

### CLAIMING

It is important to contact the Claims Helpline on 0844 815 0893 before arranging **treatment** for assistance and to ensure correct procedures are followed when making a claim.

- A completed claim form, together with supporting accounts, must be submitted as soon as possible. We have the right to reject any claim which is not submitted within three months of the expenditure being incurred.
- Payment of benefit is made direct to the **policyholder**, **group member** or the provider of services on behalf of the patient.

### GENERAL RULES

All expenditure must be reasonable and customary and be necessarily incurred and wholly and exclusively for the purpose of curing an **acute condition**.

- 1 Certificate of Registration will be issued upon acceptance, outlining the terms and conditions of the **policy**.
- 2 Eligibility for enrolment depends upon the proposed insured person being between the ages of 16 and 74 inclusive, except for their children, where applicable. An insured person between the ages of 16 and 18 is eligible provided that he/she is in full time employment and meets any other requirements that the **insurer** may reasonably require.
- 3 Cover for employees enrolled under an Alchemy group scheme will cease immediately upon their leaving the employment of the company.
- 4 All claims are assessed by reference to these Rules and the Schedule of Benefits applicable as at the date the **treatment** was received. The claimant must have been eligible at the time of receiving the **treatment** in respect of which the claim is made.
- 5 Benefit in respect of each claim is subject to any maximum amounts stated in the Schedule of Benefits.
- 6 In response to a claim, we may:
  - 6.1 Require a medical report giving such information as we reasonably require, and/or
  - 6.2 Appoint an independent medical examiner, and/or
  - 6.3 Require written confirmation from any parties whose charges are being claimed as to their customary levels of charge.
- 7 If the patient has any other insurance covering the benefits which have been provided, the **claims administrator** must be notified of that fact in writing at the time of making a claim and we reserve the right to decline payment of a claim in such circumstances.

- 8 The **insurer** reserves the right to revise or discontinue any or all of the Rules or the Schedule of Benefits from any renewal date. These changes will reflect any past or foreseeable changes in medical practice or procedures and the nature and extent of claims made or likely to be made generally under the **policy**. Any such changes will be notified to the **policyholder** by giving thirty days notice in writing and upon renewal, the **policyholder** will be bound by those terms.
- 9 The premium is payable on the same day each month or annually in advance. The premium rate applying to the **policy** may be varied at any renewal by the **insurer** giving the **policyholder** written notice. The premiums are subject to Insurance Premium Tax at the current rate and this rate has already been included in the premium payable. Thirty days notice in writing will be given if the premium payable is affected. It is important to continue to pay the premium while benefits are being paid under this insurance in order to maintain the cover. In the event that any premium is not paid on the date due, the **policy** will terminate automatically.
- 10 Cancellation Clause – You may cancel this **policy** at any time. If a **policy** is cancelled no premium will be refunded to either the **policyholder** or his/her **dependants** and all benefits will immediately cease for the **policyholder** and his/her **dependants**. This **policy** will be automatically cancelled on the due date for payment of premium, upon non payment of any part of the premium, although we may at our discretion reinstate the cover if the premium is paid within 30 days of its due date. We may at any time terminate or cancel the **policy** or amend the terms of his/her cover if at any time the **policyholder** or **dependant** has:
- 10.1 Misled us by mis-statement or concealment of any material information;
  - 10.2 Knowingly claimed payment of any sum under this **policy** for any purpose other than as are provided for under this **policy**;
  - 10.3 Agreed to any wrongful attempt by a third party to obtain a financial advantage to our detriment;
  - 10.4 Otherwise failed to observe the terms and conditions of this **policy** or failed to act with utmost good faith.
- 11 You must give us written notification of any claim or right of action against any party which gives rise to the claim under this **policy**. You must take all steps we reasonably require in making a claim upon that other party. We shall be entitled to pursue in any **policyholders** name for our own benefit any claim for indemnity or damages or otherwise which relates to any benefits and costs paid or payable under this **policy**. We shall have full discretion in the conduct of any proceedings and in the settlement of any such claim, but we shall have no responsibility for any claim for uninsured losses, in respect of which the **policyholder** and/or **dependants** should ensure that legal advice is taken.
- 12 Currently all benefits under this **policy** are non-taxable although this may change in line with any amendments to legislation.
- 13 The benefits under the **policy** cannot be assigned and the **policy** has no surrender value.
- 14 If the **policyholder** dies this **policy** will automatically be transferred to the oldest insured person over the age of 18 years who shall upon the date of the death of the **policyholder** become the **policyholder** for all purposes of this **policy** and be responsible for paying the premium. If the **policyholder** is a **group member** then the **dependants** will be given continuation options provided that there is a remaining adult **dependant**.
- 15 Waiver by us of any term or condition of this **policy** will not prevent us from relying on such terms and conditions thereafter.
- 16 If any claim under this **policy** is in any respect fraudulent or unfounded, all benefit paid and/or payable in relation to the claim shall be forfeited by you and recoverable by us.
- 17 This **policy** is subject to English Law.

## MAKING A COMPLAINT

### Complaint NOT relating to Worldwide Travel Benefits

**Step 1:** We intend to provide you with an excellent service.

However, if you have a question about how the policy was sold or its administration, you should write to APRIL UK at: APRIL UK, 15 Apex Court, Almondsbury, Bristol BS32 4JT. Telephone 01454 619500.

For complaints about a claim you should contact EMR, Castle House, Castle Hill Avenue, Folkestone, Kent, CT20 2TF. Telephone 0844 815 0893.

**Step 2:** In the unlikely event that APRIL UK or EMR are unable to deal with your complaint to your satisfaction, or you have a complaint about your policy wording, you may ask the Compliance Officer at Axeria Life International PCC Limited in respect of its Income Protection Cell to review your complaint. You should write to: The Compliance Officer, Axeria Life International PCC Limited in respect of Income Protection Cell, 108 Triq it-Tiben, Swieqi SWQ 3032, Malta. Telephone: (+356) 2137 7107.

**Step 3:** If you remain dissatisfied with the response you have received from Axeria Life International PCC Limited in respect of its Income Protection Cell, you can ask the Consumer Complaints Manager (MFSA) at the Malta Financial Services Authority to provide an independent review of your case. You should write to: The Consumer Complaints Manager, Malta Financial Services Authority, Notabile Road, Attard BKR 3000, Malta. Telephone: (+356) 2548 5313.

### Complaint relating to Worldwide Travel Benefits (if option chosen)

If you have a complaint about a claim for Worldwide Travel Benefits, please contact Europ Assistance at: Europ Assistance, Sussex House, Perrymount Road, Haywards Heath, West Sussex RH16 1DN. Telephone: 0844 338 5533. If you are dissatisfied with Europ Assistance's response, you may contact the Financial Ombudsman Service.

## APPENDIX I

### Important Information for Health Cash Benefits (Option 2) & Qualifying Periods.

#### QUALIFYING PERIOD

Is the period of time immediately following the date **you** take out the policy, during which **you** cannot claim **benefits** and applies to **your** first year of cover. For Serious Accident Lump Sum and Accidental Death Lump Sum **you** can claim immediately on starting the policy. However for all the other **benefits** a qualifying period of 6 months will apply.

#### BENEFITS

If it is shown on **your** Schedule of Benefits, **you** may claim for the specified **benefits** defined below, but the right to any **benefit** will only exist if:

- The appropriate qualifying period has been completed;
- The **treatment** is supported by a declaration on the Claim Form signed by the **hospital**/specialist/**optician**/dentist/therapist (as appropriate) for the patient and by **you**;
- The fees are, in **our** opinion, reasonable and were necessarily incurred;
- Every application or request for payment of **benefit** where a fee has been charged must be supported by all original accounts and bill for **your treatment**.

We will not pay a **benefit** greater than the actual expense incurred. If Joint Cover is taken the **benefits** are payable to their full value to **you**, **your partner** and any number of **your** dependants between the ages of 3 and 18; if Single Cover is chosen half the **benefit** amount will be payable to any number of your dependants between the ages of 3 and 18. If **you** are over the age of 65 when a claim is made, half the **benefit** amount will be payable. To claim any **benefit**, **your** main address must be in the **UK** and if **you** leave the **UK** to live in another country **your** right to receive **benefit** will lapse. Equally **your** dependants must reside in the **UK** and at **your** main address for them to be entitled to any **benefit**.

Claims are paid at the appropriate rate, up to the maximum, for the **policy year** or expiry of the policy, if earlier.

#### ACCIDENTAL DEATH LUMP SUM

The Accidental Death Benefit Lump Sum stated in **your** Schedule of Benefits is payable in the event of **your** death as a result of an **accident**.

#### DENTAL TREATMENT

**Dental benefit** is payable towards the cost of NHS or private **dental** checkups, routine **dental treatment**, crowns, bridges and dentures, orthodontic and periodontal Treatment, up to the appropriate maximum in any one **policy year**. An original dated receipt is required with the Claim Form. **Benefit** is not payable for charges incurred under dental care contract schemes.

#### HOME HELP CASH BENEFIT

Home Help Cash Benefit will be paid for local authority domestic home help, up to the appropriate maximum in any one **policy year**. An original detailed receipted account is required with the Claim Form. **Benefit** is not paid for any other type of home help.

#### HOSPITAL OUT OF POCKET CASH

Hospital Out of Pocket Cash Benefits are payable for **hospital inpatient** admission up to a maximum of thirty (30) nights in any **policy year**, except for the first two nights, at the appropriate rate for the period **you** are admitted for **inpatient treatment** in a recognised **hospital**.

#### MATERNITY CASH

A cash grant as shown in the Schedule of Benefits will be made for each child born, provided that all members of the family are insured under this policy, and that the mother was not pregnant before the start of the cover.

#### OPTICAL CARE

Optical **benefit** is payable towards the cost of sight tests and new prescription glasses (reading, distance or bifocals) or new prescription contact lenses, excluding disposable contact lenses, up to the appropriate maximum in any one **policy year**. An original dated receipt is required with the Claim Form. **Benefit** is not payable for the supply of lenses purchased under an optical care contract scheme or for medical examination fees, fitting fees or sundries.

#### RECUPERATIVE CARE CASH

Recuperative Care Cash Benefit, at the appropriate rate will be made after a stay in **hospital** of ten (10) or more consecutive nights, up to the appropriate maximum entitlement in any one **policy year**.

#### SERIOUS ACCIDENT LUMP SUM

**Serious Accident** Lump Sum Benefit at the appropriate rate, is payable in the event of the permanent loss of use of two limbs or the permanent loss of sight in both eyes. Half the **benefit** will be paid for the permanent loss of use of one limb or the permanent loss of sight in one eye.

#### WHAT IS NOT COVERED?

- Any medical condition and associated conditions that arose before and still existed on the **start date**.
- Any **treatment** arising from or related to any **chronic condition** other than for the optical or **dental benefits**.
- Cosmetic treatment** or elective surgery for non-medical reasons, whether or not for psychological purposes.
- Hospitalisation or **treatment** arising from or related to in-vitro fertilisation, other forms of assisted conception and any related procedures. Specialist Consultation Benefit will be paid for investigation into the cause of infertility.
- Hospitalisation or **treatment** arising from or related to dependency on or abuse of alcohol, drugs or other addictive substances.
- Hospitalisation or **treatment** arising from or related to sexually transmitted diseases.
- Hospitalisation or **treatment** arising from or related to self inflicted injuries or illness where the intention was to cause self-harm.
- Medical conditions arising from participation in, or an attempt to commit a criminal offence.
- Medical conditions arising from war, invasion, act of foreign enemy hostilities (whether war is declared or not), civil war, riot, civil commotion, act of terrorism, rebellion, revolution, military force or usurped power; nuclear or chemical contamination.
- Mental illness, depression or nervous disorder, including stress or stress related conditions, or psychiatric or geriatric illness.
- No **benefit** will be payable if **you** are a member of HM forces.
- Treatment** or diagnostic tests for HIV/AIDS or any related medical condition.
- Treatment** received in health hydros, nature cure clinics or similar establishments or private beds registered as a nursing home attached to these establishments.
- Treatment** that is not given by a chiroprapist, dentist, **optician**, specialist, or therapist.

## DEFINITIONS

**ACCIDENT** death or injury resulting solely, directly and independently of all other causes from bodily injury effected through external, violent, visible and accidental means or from a surgical procedure necessarily consequent thereto, within 90 days of such accident.

**BENEFITS** the benefits stated in the Schedule of Benefits and described herein.

**CHRONIC CONDITION** a disease, illness, or injury that has one or more of the following characteristics:

- It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests.
- It needs ongoing or long-term control or relief of symptoms.
- It requires **your** rehabilitation or for **you** to be specially trained to cope with it.
- It continues indefinitely.
- It has no known cure.
- It comes back or is likely to come back.

**COSMETIC TREATMENT** principally intended to improve the patient's appearance.

**DENTAL** dental conditions are those which primarily involve a tooth or teeth and their roots.

**GENERAL PRACTITIONER (GP)** a medical practitioner holding a Certificate of General Practice Training and who is registered by the General Medical Council.

**HOSPITAL** any NHS hospital or private hospital registered with the Healthcare Commission.

**INPATIENT** a patient who is admitted to **hospital** and who occupies a bed overnight or longer, for medical reasons.

**LOSS OF LIMB** is the permanent loss of use, by physical separation or otherwise, of one or both hands above the wrist and/or one or both feet at or above the ankle.

**LOSS OF SIGHT** is the permanent loss of sight or the mere ability to perceive light, in one or both eyes.

**OPTICIAN** a member or fellow of the British College of Opticians.

**PARTNER** refers to the person to whom **you** are married or with whom **you** live on a permanent basis as if **you** were legally married, regardless of gender.

**POLICY YEAR** an annually renewable contract commencing from the **start date** on the Certificate of Registration.

**SERIOUS ACCIDENT** a physical or other injury which is caused wholly by an **accident** and which within 12 months of the date of the **accident** results in **loss of limb** or **loss of sight**.

**START DATE** the commencement date shown on the Certificate of Registration.

**TREATMENT** refers to the services of a dentist, **optician**, specialist, or therapist for the purpose of alleviating medical conditions.

**UK** refers to Great Britain, Northern Ireland, the Channel Islands and Isle of Man.

**WE, US, OUR** Axeria Life International in respect of its Income Protection Cell or in the case of Worldwide Travel Benefits, Europ Assistance.

**YOU, YOUR** means the policyholder and, if joint cover is chosen, his/her **partner**;

### General Terms

The premiums are payable monthly in advance. **We** reserve the right to alter premiums to reflect any changes in the rates or bases of taxation imposed on premiums or the services for which **benefit** is paid, provided **we** give **you** at least thirty (30) days written notice. While any **benefits** are being paid under the policy, premiums must continue to be paid.

This policy is issued for an initial period of one month from the **start date** and will be renewed automatically for a further month on payment of each premium as it falls due.

If **you** have an **accident** or develop any illness, which may lead to a claim, **you** must place yourself in the care of a **GP** whose advice **you** must follow.

**Benefits** under this policy are currently non-taxable, although this may change in line with amendments to legislation. The premiums **you** pay are however, subject to Insurance Premium Tax at the current rate. The current rate applicable has already been included in the premium quoted. **We** reserve the right to change the premium to reflect any increases in Insurance Premium Tax.

Any claim under the policy must be made using the Claim Form obtained from **us** within 90 days of the event giving rise to the claim, as otherwise the right to claim may be lost. **You** must provide **us** with the information stated under each **benefit** and any further information **we** ask for, e.g. medical reports. **You** may also be required to have a medical examination.

Insurers share information with each other to prevent fraudulent claims. A list of participants is available on request. In the event of a claim, information relating to the claim and insurance, whether supplied by **you** or otherwise will be provided.

This policy is governed by English Law. **You** may terminate the policy at any time. **We** shall not terminate **your** policy unless **you** fail to pay **your** premium when due or in the event of fraud or non-disclosure, or **we** decide to discontinue the policy. Rights to **benefits** relating to a time prior to the date of termination are unaffected.

### APPENDIX II

#### Important Information for Worldwide Travel Benefits.

If you have chosen this benefit please read the separate Traveller Policy Wording brochure for Annual Multi-trip Insurance.

## **DATA PROTECTION ACT – INFORMATION USERS**

For the purposes of the Data Protection Act 1998, the Data Controller(s) in relation to any personal data you supply are APRIL UK, Axeria Life International in respect of its Income Protection Cell and Europ Assistance.

APRIL UK and Axeria Life International PCC Limited are both members of the APRIL Group.

### **Insurance Administration**

Your information may be used for the purposes of insurance administration by the insurer, its associated companies and agents and APRIL UK. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. Where this happens, we will ensure that anyone to whom we pass your information agrees to treat your information with the same level of protection as if we were dealing with it.

If you give us information about another person, in doing so you confirm that they have given you permission to provide it to us and for us to be able to process their personal data (including any sensitive personal data) and also that you have told them who we are and what we will use their data for, as set out in this notice. In the case of personal data, with limited exceptions, and on payment of the appropriate fee, you have the right to access and, if necessary, to rectify information held about you.

Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators).

### **Sensitive Data**

In order to assess the terms of the insurance contract or administer claims that arise, the insurer may need to collect data that the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By proceeding with this policy you will signify your consent to such information being processed by the insurer or its agents.

### **Safeguarding your premium and claim payments**

All premium payments from you and due to the insurer for this policy will be held by APRIL UK on behalf of the insurer. APRIL UK will hold any premium refund that is due to you from the insurer and the claims administrator will hold any claim benefits that are due to you from the insurer.

In this capacity APRIL UK and the claims administrator act as authorised agents of the insurer. This means that once a premium is paid to APRIL UK it is deemed to have been received by the insurer and that all claims benefits and premium refunds from the insurer are not deemed to have been paid until you have actually received them.





april | UK

APRIL UK Registered Office: 15 Apex Court, Almondsbury, Bristol, BS32 4JT.  
Tel: 01454 619500 - Fax: 01454 619385 - [www.april-uk.com](http://www.april-uk.com)  
Axeria Life International PCC Limited in respect of its Income Protection Cell Registered  
office: 108 Triq it-Tiben, Swieqi, SWQ 3032, Malta - Tel: (+356) 2138 3620.

APRIL UK is a trading name of APRIL UK (Insurance Services) Ltd (registered in England No 3179382),  
who is authorised and regulated by the Financial Services Authority, registered number 308655. Axeria  
Life International PCC Limited in respect of its Income Protection Cell (registered in Malta No. C 45566)  
is authorised and regulated by the Malta Financial Services Authority.  
ALCPD 05/11

© APRIL UK 2011. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or  
by any means, electronic, mechanical, photocopying, recording or otherwise, without prior written permission of APRIL UK.

