



Cash Plan

Your Bupa membership guide

Essential information explaining your cover.

Please retain

About this Bupa guide

Welcome to your Cash Plan membership guide.

We know that insurance can be hard to follow. That's why we've made this guide as simple as possible. You'll find individual chapters that deal with each aspect of your cover, including a step-by-step guide to making a claim.

Please make sure that you keep this guide somewhere safe. You may need it when you come to claim. If any of the terms or language used leave you confused – don't worry, we've also included a glossary featuring clear definitions of words that are in ***bold italics*** in the text.

How do I know what I'm covered for?

Your cover is explained via three documents, your ***membership letter*** which provides your member details and your registration date, ***your table of cover*** which lists the precise details of the ***benefits*** you have covered. Also this membership guide which sets out the full details of how your cash plan works.

Get in touch

If you have any queries do not hesitate to call on the number below, we are on hand to help.

0345 606 6003†

Alternatively, email us on **cashplanmemberservices@bupa.com** or write to us at **Bupa Cash Plan, Anchorage Quay, Salford Quays, Salford M50 3XL**

Please be aware information submitted to us via email is normally unsecure and may be copied, read or altered by others before it reaches us.

For more information and to sign up for a free Egress Switch account, go to <https://switch.egress.com/ui/learn> You will not be charged for sending secure emails to a Bupa email address using the Switch service.

If you require correspondence and marketing literature in an alternative format, we offer a choice of Braille, large print or audio. Please get in touch to let us know which you would prefer.

†We may record or monitor our calls.

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How your membership works

The details of **your scheme** are in this membership guide. In the first section **you** will find explanations of how **your benefits** will be paid, along with information on how **your scheme** works, how to make changes as well as how **your scheme** continues and how to cancel **your** membership.

As always, if there's anything that **you** don't understand or **we** can help **you** with, please don't hesitate to get in touch.

1.1 The agreement and your membership documents

The following documents together make up the **agreement**. These documents must be read together as a whole, they should not be read as separate documents.

1. This membership guide: this sets out the general terms and conditions of the membership (and any exclusions) and all the elements of cover that can be provided under **your scheme**
2. **Your table of cover**: this shows the **benefits** on each **scheme**, including the limits that apply or any variations to the **benefits**
3. **Your membership letter**: this shows the **benefit** level chosen and the **registration date** of **your scheme** and when **your benefit year** commences.
 - a. **You** can only become a **member** of this **scheme** if **you** are aged between 18 and 69, and are **UK** resident.
 - b. **We** do not have to accept **you** as a **member**. If **we** do accept **you** as a **member**, **we** will provide written confirmation of this.
 - c. Should **your scheme** allow, **you** can apply to add **your** partner to be covered under **your** policy, as long as they are aged between 18 and 69. **You** can also apply to include **your** children or **your partner's** children as **members** of the **scheme** if they are under 24, unmarried and not in a civil partnership. Any children and **partner** covered must live permanently with **you** at **your** address. **We** refer to **your partner** and any children who become **members** under **your** membership as **dependants**. **We** will cover a maximum of four dependant children on **your** policy. Please refer to **your** table of cover for the premiums rates applicable to these varying levels of cover.
 - d. **We** do not have to accept any of **dependants** as a **member**. If **we** do accept any of **them** as a **member**, **we** will provide written confirmation of this. **You** will need to contact **us** to ask **us** to add or remove any of **your dependants** from **your** membership.
 - e. This **scheme** is governed by an **agreement** between **you** and **us**. **You** need to read these rules along with the **benefit** section and the **membership letter** **we** send **you** for details of **your** cover. Defined terms are set out in **bold italics** and have the meanings set out in the glossary. **You** should read the glossary for the meanings of these terms.

Membership Type

- f. Individual membership is for **you**
- g. Single Parent is for **you** or you and up to four child **dependants you** may have included on **your** membership as per the criteria outlined in section 1.1c. **Benefit limits** for this cover are per member covered.
- h. Couple is for **you** and **your partner**. **Benefit limits** for this cover are per member covered.
- i. Family membership is for **you, your partner** and up to four child **dependants you** may have included on **your** membership as per the criteria outlined in section 1.1c. **Benefit limits** for this cover are per member covered.

Premiums

- j. All premiums are payable monthly in advance starting on **your** registration date unless **we** agree otherwise. **We** must continue to receive **your** premiums in full on or before the date they are due to ensure the continuation of **your scheme**. The premiums **you** pay are determined by the membership level chosen.
- k. If **you** are paying **your** premiums through another person, they are to be treated as paying the premiums to **us** on **your** behalf. The premiums are not considered paid until **we** actually receive them.
- l. **Your** premiums include Insurance Premium Tax (IPT). If the government changes the rate of IPT **we** reserve the right to amend **your** premiums from the date that the IPT rate change takes effect. **We** will notify **you** of this change in line with section 1.5 – making changes.

1.2 Payment of benefits

- a. **You** can only claim **benefits** for treatment and services **you** or **your dependants** receive while **you** or they (as the case may be) are a **member** of the **scheme**. **We** will pay **benefits** according to the terms and conditions of **your** membership that were in effect at the time the treatment or services were provided. All **benefits** will be paid to **you** and not to **dependants**, unless authorised by **you**. Where **we** refer to payment of **benefits**, **we** mean payment to **you**.
- b. **You** can only claim for treatments that are carried out in the **UK**, Channel Islands and Isle of Man.
- c. Any payment of benefits will be made against **your** benefit entitlement on the date that treatments, goods or services have been received.
- d. **Benefits** are subject to **benefit limits** which are set out in your **table of cover**. If **you** or **your dependants** have ceased to be a **member** of any other **scheme** within the last 12 months, **we** will treat any **benefits you** or they have received under that **scheme** as falling within the first **benefit** year of **your** current membership (unless **we** agree otherwise).
- e. **Your benefit** entitlement and that of **your dependants** will be determined by the **membership level you** have chosen.

1.3 When your membership starts, continues and ends

- a. **Your** membership and **your benefit year** will start from **your registration date**. **Your** membership will be for a month at a time but will continue automatically provided that **we** continue to receive **your** premiums when they are due. If **you** apply for **your dependants** to become **members**, their membership will start from the date shown in the **membership letter we** send **you** and, subject to **qualifying periods, we** will pay **benefits** from that date in respect of that **member**.
- b. Subject to section 1.3d, **your** membership will continue provided **we** receive **your** premiums on or before they are due. If **you** wish to upgrade/increase **your** level of cover, call **us** on **0345 606 6003**[†].
- c. **You** may cancel **your** membership or the memberships of any of **your dependants** within 21 days from the date **you** receive **your membership letter** confirming **you** are a **member**. **You** may end **your** membership at any time by providing **us** with 30 days' prior written notice of **your** intention to do so.
- d. **Your** membership will end if:
 - o **you** do not continue to pay **your** premiums on or before the date they are due
 - o **you** stop living in the **UK**. **You** must call or write to tell us if you change your address or you stop (or any of your dependants stops) living in the **UK**
 - o **you** die.
- e. **Your dependants'** membership will end:
 - o if **your** membership ends
 - o if they stop living with **you** at **your UK** address. **You** must call or write to tell us if **your dependants** change their address or stop living in the **UK**
 - o in the case of child **dependants**, immediately following their 24th birthday or
 - o in the case of child **dependants**, if they marry or enter into a civil partnership
 - o if they die.
- f. **You** must inform **us** of any changes to marital status.
- g. If **we** decide to end **your** cover, or **we** do not agree to **your** membership or the membership of any of **your dependants** continuing, **we** will write to let **you** know with at least 30 days' notice.
- h. **We** can end someone's membership if **we** have good reason to believe that they have misled **us**, or have attempted to mislead **us**. By this **we** mean giving false information or keeping information from **us** (intentionally or carelessly) which may influence **us** when deciding:
 - o whether they or anyone else can join the **scheme**
 - o what premiums they have to pay
 - o whether **we** have to pay any claim (see 'Claiming section').

Should **we** end **your** membership due to these reasons **you** cannot join or rejoin any Bupa Cash Plan **scheme** for two years from the date **your Bupa** membership ends.

[†]We may record or monitor our calls.

1.4 Qualifying periods

- a. If **you** cover includes the Maternity and Adoption benefit then please note that a 52-week qualifying period applies before benefits will be payable. A full copy of the birth certificate (as issued by the registry office) or adoption certificate should be provided as supporting evidence for these claims. **We** will honour a **qualifying period** which has already been served for members who are switching provider to **us**, however **you** will be required to provide proof of **your** previous cover, which included this **benefit**, to **us**. **You** should supply a membership certificate outlining the **benefits** and duration of **your** previous membership or similar documentation to support these claims.
- b. No other **qualifying periods** apply to your cover.
- c. If **we** agree to increase **your membership level**, for **you** and/or **dependants** there is no qualifying period on this **scheme**, other than for the Maternity and Adoption benefit detailed in 1.4 sub-section a.

1.5 Making changes

Changes we can make

- a. **We** may change the terms and conditions of **your** membership upon 30 days' notice. These changes could affect for example:
 - o how much the premiums will be
 - o how often **you** have to pay premiums
 - o the **benefits we** will pay
 - o the terms and conditions governing **your** membership.
- b. **Your** premiums may increase when **we** change the terms and conditions of **your** membership. If you choose to increase your **membership level** then you will need to pay any increase in premiums in order to continue your membership.
- c. **You** may end **your** membership if **you** do not accept the changes and tell **us** this before the end of the 30-day notification period. If **you** do end **your** membership within the 30 days because **you** do not accept the changes, **we** will treat the changes as not having been made and will terminate **your** membership at the end of the 30-day period and, if applicable, will provide a pro-rata refund of premiums from the termination date.

Changes you can make

- d. **You** should call, email or write to tell **us** if **you** change **your** address. If **you** do not contact **us** to tell **us** **you** have changed **your** address **we** will not be able to notify **you** of changes to **your scheme** and any written communication will be issued to the address **you** last gave **us**.
- e. **You** can change **your membership level** should your **scheme** allow and **you** meet the criteria set out in section 1.1a. Any increases to **your membership level** will take effect for a minimum of 12 months.

Should **you** wish to cancel **your** membership during this time **you** can do so by following the actions outlined in sections 1.3c and 1.3d.

Should **you** wish to decrease **your membership level** following this 12 month period, **you** can do so by telephone on **0345 606 6003**[†].

If **you** choose to change **your membership level** during a **benefit year**, we will take into account both **your** new and previous **benefit limit** and any previous claims paid when processing new claims.

- f. **You** can add or remove **partners** and/or **dependant** children should **your scheme** allow and **you** meet the criteria set out in section 1.1. Subject to **your** membership type, **you** will be permitted to add one **partner** and up to a maximum of four **dependant** children in any one **benefit year**. Once added, a **partner** or **dependant** child may not be changed in that **benefit year**. If **you** choose to remove a named **dependant** from **your** policy, **you** will not be able to add that named **dependant** back on to **your** policy until at least the start of the following **benefit year**.

Other parties

- g. No other person is allowed to make or confirm any changes to **your** membership on **our** behalf, or decide not to enforce any of **our** rights.
- h. No change to **your** membership will be valid unless it is confirmed in writing by **us**.

1.6 General information

Correspondence and documents

- a. Letters between us must be sent with the postage costs paid before posting. We can each assume that the letter will be received three days after posting, however **we** will still require the physical delivery of postal claim forms in order to process these.
- b. All correspondence with **you** and members covered by **your** cash plan, will be sent to **you**.
- c. If **you** wish to contact **us** by telephone please call **0345 606 6003**[†].

Applicable law

- d. **Your** membership will be governed by English law. Any dispute that cannot otherwise be resolved will be dealt with by the courts of the **United Kingdom**.

1.7 Making a complaint

We're committed to providing you with a first class service at all times and will make every effort to meet the high standards **we've** set. If you feel that **we've** not achieved the standard of service you would expect or if you are unhappy in any other way, then please get in touch. If **Bupa**, or any representative of **Bupa**, did not sell you this policy and your complaint is about the sale of your policy, please contact the party who sold the policy. Their details can be found on the status disclosure document or the terms of business document they provided to you.

For any other complaint **our** member services department is always the first number to call if you need help or support or if you have any comments or complaints.

[†]We may record or monitor our calls.

You can contact **us** in several ways:

By phone: **0345 606 6003***

In writing: **Customer Relations, Bupa, Salford Quays, Manchester M50 3XL**

By email: **customerrelations@bupa.com**

Please be aware information submitted to us via email is normally unsecure and may be copied, read or altered by others before it reaches us.

Via our website: **bupa.co.uk/members/member-feedback**

How will we deal with your complaint and how long is this likely to take?

If **we** can resolve your complaint within three working days after the day you made your complaint, **we'll** write to you to confirm this. Where **we're** unable to resolve your complaint within this time, **we'll** promptly write to you to acknowledge receipt. **We'll** then continue to investigate your complaint and aim to send you **our** final written decision within four weeks from the day of receipt. If **we're** unable to resolve your complaint within four weeks following receipt, **we'll** write to you to confirm that **we're** still investigating it.

Within eight weeks of receiving your complaint **we'll** either send you a final written decision explaining the results of **our** investigation or **we'll** send you a letter advising that **we** have been unable to reach a decision at this time.

If you remain unhappy with **our** response, or after eight weeks you do not wish to wait for **us** to complete **our** review, you may refer your complaint to the Financial Ombudsman Service. You can write to them at: **Exchange Tower, London E14 9SR** or contact them via email at **complaint.info@financial-ombudsman.org.uk** or call them on **0800 023 4567** (calls to this number are now free on mobile phones and landlines) or **0300 123 9123** (free for mobile phone users who pay a monthly charge for calls to numbers starting 01 or 02).

For more information you can visit **www.financial-ombudsman.org.uk**

Your complaint will be dealt with confidentially and will not affect how **we** treat you in the future.

Whilst **we** are bound by the decision of the Financial Ombudsman Service, you are not.

The European Commission also provides an online dispute resolution (ODR) platform which allows consumers who purchase online to submit complaints through a central site which forwards the complaint to the relevant Alternative Dispute Resolution (ADR) scheme. For **Bupa**, complaints will be forwarded to the Financial Ombudsman Service and you can refer complaints directly to them using the details above. For more information about ODR please visit **<http://ec.europa.eu/consumers/odr/>**

*We may record or monitor our calls.

The Financial Services Compensation Scheme (FSCS)

In the unlikely event that **we** cannot meet **our** financial obligations, you may be entitled to compensation from the Financial Services Compensation Scheme. This will depend on the type of business and the circumstances of your claim.

The FSCS may arrange to transfer your policy to another insurer, provide a new policy or, where appropriate, provide compensation. Further information about compensation scheme arrangements is available from the FSCS on **0800 678 1100** or **020 7741 4100** or on its website at: **www.fscs.org.uk**

Claiming

2.1 Making a claim

- a. **You** may claim cash back for treatment which has been paid for and received. **We** do not pay any amounts for treatments, goods or services which have not yet been incurred and paid for by the member. **We** only pay for treatment, goods and services received in the **United Kingdom**, Channel Islands and Isle of Man. Goods (eg spectacles or contact lenses, including those purchased over the internet) must be provided by a company based and registered in the **UK**, Channel Islands or Isle of Man and you must be invoiced in pounds sterling.
- b. In order to make a claim **you** may use our postal claims submission service or alternatively you can complete our online claim form at bupa.co.uk/cash-plan-claims. If you do not have a claim form please call **us** on **0345 606 6003**[†] to request one in the post.
- c. When making claims **you** will need to provide your fully completed claim form and a copy of your original itemised receipt where applicable.
- d. All copies of receipts must include the name and contact details of the practitioner, date of the treatment and the name of the person receiving the treatment regardless of whether submitted using the online portal or via the post.
- e. **You** must provide any additional information or proof to support your claim if **we** make a reasonable request for you to do so. For example, **we** may need to ask you for one of the following:
 - o medical reports and other information about the treatment for which you are claiming
 - o the results of any independent medical examination **we** may ask you to undergo at **our** expense
 - o evidence and details of previous cash plan cover held if **you** have switched provider to **us**
 - o till receipts
 - o birth or adoption certificates
 - o proof of prescription.
- f. Please keep **your** original receipt(s) safe until **your** claim has been paid, in case there is a query.
- g. **We** do not pay any amounts **you** may be charged by a **hospital** or doctor or other person for completing **your** claim form. These charges will be your responsibility.
- h. **We** do not have to pay any claim if **you**, or **your dependants** break any of the terms and conditions of **your** membership guide.
- i. If **your** cover includes a 'Consultation' benefit and **you** wish to claim against the cost of a consultation booked with **our** Bupa On Demand team, then **you** should send **us** the receipt for this as **you** would with any other cash back benefit.
- j. We will reimburse health insurance excess claims that relate only to eligible health benefits covered by your cash plan. Claims paid for excesses will be deducted from the respective benefit limit to which the claim relates in your table of cover.

- k. When **you** claim for costs **you** have paid out for treatment **you** need because of an injury or medical condition that was caused by or was the fault of someone else (a 'third party'), for example, an injury suffered in a road accident in which **you** are a victim, all of the following conditions apply when **you** make such a claim:
- o **you** agree **you** are responsible for the payment of any costs (eg legal costs) which you may ultimately recover from the third party.
 - o **you** must notify **us** as soon as possible that **your** treatment was needed as a result of a third party. **You** must provide **us** with any further details that **we** reasonably ask **you** for
 - o **you** must take any reasonable steps **we** ask of **you** to recover from the third party the cost of the treatment paid by **us** and claim interest if you are entitled to do so
 - o **you** (or your solicitor) must keep **us** fully informed in writing of the progress and outcome of your claim
 - o if **you** recover the cost of any treatment paid for by **us**, **you** must repay the amount and any interest to **us**.
- l. If **you** hold other insurance cover with Bupa or another insurer, including health insurance, which covers the costs of goods, treatments or services that **you** are claiming for under **your** cash plan, then **you** must provide **us** with full details of this policy or policies as soon as possible.
- m. Where the same costs are covered by more than one insurance policy each insurer is only liable to pay its proportionate share of the costs of the overall claim. They will decide this between them.
- n. **We** will only pay cash benefits up to the amounts for eligible goods, treatments or services that have been received and paid for by **you**. If part of the costs that **you** have paid are reimbursed by one insurance policy then, in relation to the same costs, **you** will only be entitled to claim from any other insurer for the remaining outstanding amounts **you** have paid (if any). This shall apply to all benefits covered by **your** scheme except for the following, where **we** will pay cash benefits in full up to **your** annual policy limits for eligible claims which may have been covered in part or in full by another insurance policy:
- o Hospital in-patient stays
 - o Hospital day-case stays
 - o Maternity and Adoption benefit claims
 - o Funeral benefit claims

[†]We may record or monitor our calls.

- o. Your Funeral Grant benefit as part of your Cash Plan is underwritten by a third party life insurer, as below:

The Funeral Grant benefit part of this policy is provided and administered by Aviva Life & Pensions UK Limited. Registered in England No. 3253947. Registered office: Aviva, Wellington Row, York, YO90 1WR. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Member of the Association of British Insurers. Firm Reference Number 185896. You can check this on the Financial Services Register by visiting <https://register.fca.org.uk> or by contacting the Financial Conduct Authority on 0800 111 6768.

We recommend that you keep a copy of this document alongside any last will and testament you may have.

- p. If **we** reasonably suspect that **you** have misled **us** or attempted to do so, **we** will not be obliged to pay any claim that the matter relates to and may end **your** membership (and any other insurance policies with **us**). The following list contains examples of practices **we** would class as attempts to mislead **us**, although the list is not exhaustive:
 - o. deliberately giving **us** false information about **you**, a person on **your** policy or a claim on **your** policy
 - o. making any claim under **your** policy where **you** know the claim is false, or is exaggerated in any respect
 - o. making a statement in support of a claim where **you** know the statement is false in any respect
 - o. sending **us** a document in support of a claim where **you** know the document is forged, false or otherwise misleading in any respect
 - o. making claims under more than one insurance policy in order to receive a sum greater than the cost (to **you**) of treatment.

2.2 How we will deal with your claim

- a. Once **we** receive the claim form, if **we** have all the correct information, **we** will aim to pay **your** claim as soon as possible.
- b. **We** will pay the money into **your** nominated bank account.
- c. **We** will also send **you** confirmation that the claim has been paid.
- d. If **we** reject the claim **we** will send **you** notification with an explanation as to why **we** have rejected the claim.
- e. If **we** do not receive the correct or complete information to process **your** claim **we** will contact **you** and request further or correct details. **We** will not be able to pay **your** claim until **we** receive these details and claims will remain open for a maximum of 21 days.

Benefits

Please take a look at **your table of cover** for a list of the specific **benefits** of **your** chosen **scheme** and what **payback criteria** are applied to that **benefit**. Any **benefits** that **you** see described in this guide that are not listed in or are shown as 'not covered' in **your table of cover** are not included in **your scheme**. The amount shown in **your table of cover** is the total amount **we** pay for goods/treatments/services received and paid for by **you** or by each **member** covered under **your** membership during **your benefit year** and not for each type of treatment or service or item charged individually.

We will pay eligible claims in line with **your** terms and conditions when receiving goods/treatments/services, alongside the criteria detailed in **your table of cover** and in this guide up to **your membership level**, during **your benefit year**.

Dental

We will cover the cost towards:

- o dental services provided by a **dental professional**

We will not cover:

- o any service where the fees that **you** have to pay relate to a dental insurance or treatment plan, whether or not **you** receive any treatment
- o tooth cleaning and tooth whitening materials and kits purchased for home use
- o any medications prescribed or non-prescribed
- o missed appointment or registration fees.
- o administration fees or charges for completing the claims form.

Dental injury

We will cover the cost towards:

- o treatment for a **dental injury** arising as a direct or indirect result of an external impact, which is provided by a **dental professional** except as specified below.

We will not cover:

- o any dental treatment resulting from or related to any injury sustained whilst participating in a physical contact sport including, but not limited to, sports such as rugby or boxing
- o any dental treatment resulting from or related to a deliberate self-inflicted injury
- o any **dental injury** treatment arising as a direct or indirect result of an external impact which occurred before the **registration date**
- o any **dental injury** treatment arising as a direct or indirect result of an external impact which occurred outside the **UK**, Channel Islands or Isle of Man
- o administration fees or charges for completing claim forms.

The claim form must be submitted with the details of the accident and the treatment received from the **dental professional**, alongside a fully paid receipt to confirm the treatment has been carried out and paid for.

Optical

We will cover the cost towards:

- o glasses with prescribed lenses, prescribed contact lenses and routine sight tests when provided by a qualified ophthalmic practitioner
- o corrective laser eye treatment carried out by an ophthalmic surgeon who is a **consultant**.

We will not cover:

- o eyewear if they have not been prescribed
- o eyewear without prescribed lenses
- o missed appointment fees
- o optical insurance or plan fees
- o items that are not prescribed or part of a regular prescription such as (but not limited to) solutions, chains, cases
- o administration fees or charges for completing claim forms.

Hospital in-patient

We pay cash benefits for:

- o up to the number of nights per **benefit year** as specified in **your table of cover** for an overnight stay in a **hospital**. **You, your partner or your dependants** must be admitted to a **hospital** ward before midnight on the previous day to qualify as receiving **in-patient treatment**
- o parental stay is payable if **you** or **your partner** stays overnight in **hospital** with your (or their) child **dependant**, under age 16, whilst the child receives **in-patient treatment**.

We will not pay cash benefits for:

- o geriatric care
- o **in-patient treatment** which is not provided by and where the overall responsibility does not rest with a **consultant**
- o **hospital** admissions arranged for social or domestic reasons
- o convalescence care or **rehabilitation**
- o cosmetic or reconstructive surgery undergone for cosmetic or psychological reasons (however, **we** will pay **benefits** if the treatment is for a surgical operation to restore a **member's** appearance after an accident or surgery for cancer)
- o the first 10 nights of a **member's** maternity in-patient **hospital** stay
- o a **hospital** attendance for casualty or emergency treatment which does not require a formal admission to a **hospital** bed
- o mental health or addictive conditions.
- o administration fees or charges for completing the claims form.

Hospital day case

We will pay cash benefits for:

- o up to the number of days per **benefit year** as specified in **your table of cover** for day-patient admissions for treatment or investigation.

We will not pay cash benefits for:

- o cosmetic or reconstructive surgery undergone for cosmetic or psychological reasons (however, **we** will pay **benefits** if the treatment is for a surgical operation to restore a **member's** appearance after an accident or surgery for cancer)
- o a **hospital** attendance for casualty or emergency treatment, which does not require a formal admission to a **hospital** bed
- o any admissions that are not classed as day-case eg treatment not in a **hospital**, respite care, out-patient check-ups, out-patient scans
- o administration fees or charges for completing the claims form
- o claims made for laser eye surgery. This can be claimed under the Optical benefit only.

Physiotherapy

We will cover the cost towards:

- o physiotherapy treatment services provided by a **physiotherapist**.

We will not cover:

- o associated prescription fees or medication
- o administration fees or charges for completing the claims form.

Osteopathy

We will cover the cost towards:

- o osteopathy treatment services provided by an **osteopath**

We will not cover:

- o associated prescription fees or medication
- o administration fees or charges for completing claim forms.

Chiropractic

We will cover the cost towards:

- o chiropractic treatment services provided by a **chiropractor**

We will not cover:

- o associated prescription fees or medication
- o administration fees or charges for completing claim forms.

Reflexology

We will cover the cost towards:

- reflexology treatment services provided by a **reflexologist**.

We will not cover:

- associated prescription fees or medication
- administration fees or charges for completing claim forms.

Acupuncture

We will cover the cost towards:

- acupuncture treatment services provided by an **acupuncturist**.

We will not cover:

- associated prescription fees or medication
- administration fees or charges for completing claim forms.

Chiropody/Podiatry

We will cover the cost towards:

- chiropody/podiatry treatment provided by a **chiropodist/podiatrist**
- any items recommended or prescribed by a **chiropodist/podiatrist**

We will not cover:

- associated prescription fees or medication
- sundry items such as insoles that are not recommended or prescribed by a **chiropodist/podiatrist**
- administration fees or charges for completing claim forms.

Note: items that have been prescribed or recommended **we** require written confirmation from the **chiropodist/podiatrist** to be able to pay your claim

Homeopathy

We will cover the cost towards:

- homeopathy treatment services provided by a **homeopath practitioner**

We will not cover:

- associated prescription fees or medication
- administration fees or charges for completing claim forms.

Prescriptions

We will cover the cost towards:

- prescription charges paid for a prescription provided by a **General practitioner, Dental professional** or **consultant**
- prescription prepayment certificates.

We will not cover:

- administration fees in relation to a prescription
- administration fees or charges for completing claim forms.

Note: one of the following needs to be sent to **us** accompanying the claim form

- counterfoil from prescription
- All till receipts including those with labels from medication to accompany all claims
- FP57 form completed by pharmacist.

Consultations

We will cover the cost towards:

- consultations with a **consultant** (by a consultation **we** mean a meeting with a **consultant** to assess **your** condition)
- consultations **you, your partner** or **your dependants** have with a **dietician, therapist** or **occupational therapist** recognised by **us**
- consultations with a **consultant** using our Bupa On Demand service for **you** or **your dependants**. Bupa On Demand is a service that gives **you** prompt access to pay as you go private healthcare. To arrange a consultation or for further information on the treatments provided, please call the Bupa On Demand team on **0808 163 6634**[†].

We will not cover:

- the costs of any diagnostic tests under this benefit (except for those for conditions linked to or related to fertility treatment)
- any radiologist's fees
- a general **GP** appointment
- non-health related consultations
- administration fees or charges for completing the claims form.

[†]We may record or monitor our calls.

Diagnostic tests or scans

We will cover the cost towards:

- o diagnostic tests and scans requested by **your consultant** to help determine or assess **your** condition as part of an out-patient investigation. **We** will require a letter from **your consultant**, along with **your** claim form stating that the test is to determine or assess **your** condition as part of an out-patient investigation

We will not cover:

- o the cost of diagnostic tests or scans for conditions linked or related to fertility treatment – which are covered under the Consultation benefit
- o any test performed as part of health screens, routine tests, health tests or wellness reviews
- o any tests done as part of an in-patient or day-case procedure
- o any services provided by an orthodontist
- o administration fees or charges for completing claim forms

Maternity and adoption

We pay the amount to **you** (up to the maximum set out for **your membership level**) for each new child born or adopted by **you** during **your benefit year** and subject to the 52 week **qualifying period**.

Maternity note:

- o enclose a full copy of the birth certificate (as issued by the registry office) with **your** claim form. For **you** to claim **your** name must be on the birth certificate.

Adoption note:

- o enclose an adoption certificate with **your** claim form. For **you** to claim **your** name must be on the adoption certificate
- o adoption **benefit** may not be claimed in respect of children aged 16 years or over.

Allergy testing

We will cover the cost towards:

- o private diagnostic tests performed by a **consultant**, directly related to the investigation of allergies,

We will not cover:

- o treatment or medication charges
- o home testing kits
- o administration fees or charges for completing claim forms

Medical devices

We will cover the cost towards:

- **Medical devices** that are recommended for **you, your partner** or **your dependants** by a **GP, consultant, physiotherapist, osteopath, chiropractor, acupuncturist** or **chiropodist/podiatrist** or **hospital** mastectomy wear and wigs as a result of treatment for cancer

Note – Any claim for this **benefit** (excluding mastectomy wear and wigs as a result of treatment for cancer) must be accompanied by a note from **your GP, a hospital** or an accredited medical professional confirming that the device is a medical necessity.

We will not cover:

- devices that are not deemed a medical necessity by a **GP, hospital** or accredited medical professional
- administration fees in relation to the issuing of the device
- administration fees or charges for completing claim forms

Flu jabs

We will cover the cost towards:

- Flu vaccination charges

We will not cover:

- administration fees in relation to vaccine
- administration fees or charges for completing claim forms

Note: one of the following needs to be sent to us accompanying the claim form

- counterfoil from prescription
- all till receipts including those with labels from medication

Health assessment

To book a Bupa health assessment please visit [bupa.co.uk/health-assessments](https://www.bupa.co.uk/health-assessments) or call **0345 600 3458**[†] and choose an assessment right for **you**.

We will cover the cost towards

- the following Bupa health assessments carried out in a Bupa assessment centre
 - Health Core
 - Health Focus
 - Health Enhance
 - Health Peak

We will not cover:

- health assessment services not booked through Bupa and provided in a Bupa assessment centre
- health assessments where **you** do not incur a receipted charge for the service.

[†]We may record or monitor our calls.

Health screening

We will cover the costs towards

- o health assessments carried out in a hospital or health screening centre

We will not cover

- o online health assessments
- o health assessments not carried out in a hospital or health screening centre

Positive Health

Bupa Positive Health is available to the **main member** only as an online health and wellbeing programme, focusing on four key areas that are important to a healthy lifestyle; nutrition, fitness, sleep and stress.

Simply visit **bupapositivehealth.com** and enter your Bupa access code which can be found in your **table of cover**. Then create your own user name and password, follow the instructions on screen and off you go.

HealthLine

This offers 24-hour access to health information and guidance on almost any health-related issue, ranging from symptom advice and travel vaccinations to first aid queries and lifestyle changes. A team of experienced, specially trained nurses are on hand to answer all **your** queries. Call the Bupa HealthLine on **0345 600 4989**[†].

Home help

We will cover, for **main members** only, the costs towards:

- o home help services required by you and provided by local authority services, social services or an authorised agent of these bodies at your home address.

Recuperation at home

We will cover, for **main members** only, the costs towards:

- o home recuperation expenses that are recognised as a medical necessity by a local authority service, social service, **hospital, GP** or an authorised agent of these bodies at your home address.

Funeral grants

Upon the death of a scheme's **main member**, we will pay funeral grants where:

- o proof of death has been provided and attested by a coroner, a mortician, a **GP**, a hospital or an otherwise recognised medical professional.

We will not pay funeral grants where:

- o proof of death cannot be established by a coroner, a mortician, a **GP**, a **hospital** or an otherwise recognised medical professional
- o death has been self-inflicted
- o death has been caused by a result of gross negligence on the part of the deceased party.

[†]Calls may be recorded and to maintain the quality of our Bupa HealthLine service a nursing manager may monitor some calls always respecting the confidentiality of the call.

Bupa HealthLine is not regulated by the Financial Conduct Authority.

Your Funeral Grant benefit as part of your Cash Plan is underwritten by a third party life insurer, as below:

The Funeral Grant benefit part of this policy is provided and administered by Aviva Life & Pensions UK Limited. Registered in England No. 3253947.

Registered office: Aviva, Wellington Row, York, YO90 1WR. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Member of the Association of British Insurers. Firm Reference Number 185896. You can check this on the Financial Services Register by visiting <https://register.fca.org.uk> or by contacting the Financial Conduct Authority on 0800 111 6768.

We recommend that you keep a copy of this document alongside any last will and testament you may have.

Personal accident

Personal accident cover is underwritten by a third party *personal accident insurer*.

If **you** suffer any of the following while covered under the Bupa Cash Plan, the **personal accident insurer** will pay the amount shown, up to an overall maximum of £12,000 for each of **you** in respect of accidental bodily injury resulting in:

Level of cover	Annual benefit limit
<i>Accidental death (including disappearance)</i>	up to £10,000
<i>Permanent total disablement</i>	up to £10,000
<i>Permanent and incurable paralysis of all limbs</i>	up to £10,000
<i>Permanent and incurable insanity</i>	up to £10,000
<i>Loss of sight in both eyes</i>	up to £10,000
<i>Loss of, or loss of use of, both hands or feet</i>	up to £10,000
<i>Loss of sight in one eye</i>	up to £5,000
<i>Loss of, or loss of use of, one hand or foot</i>	up to £5,000
<i>Loss of hearing in</i>	a) both ears up to £5,000 b) one ear up to £1,500
<i>Loss of, or loss of use of, the lens of one eye</i>	up to £2,500
<i>Loss of, or loss of use of, four fingers and thumb of either hand</i>	up to £4,000
<i>Loss of, or loss of use of, four fingers on one hand</i>	up to £2,000
<i>Loss of, or loss of use of, thumb of either hand</i>	a) both joints up to £2,000 b) one joint up to £1,000
<i>Loss of, or loss of use of, fingers on either hand</i>	a) three joints up to £500 b) two joints up to £350 c) one joint up to £200
<i>Loss of, or loss of use of, toes</i>	a) all - one foot £1,500 b) big - both joints up to £500 c) big - one joint up to £200 d) other than big, each complete toe up to £200

Level of cover	Annual benefit limit
Established non-union of fractured leg or knee cap	up to £1,000
Shortening of leg by at least five (5) centimetres	up to £750
Funeral expenses following accidental death	up to £2,000

Personal accident definitions

Accident – a sudden unforeseen and fortuitous identifiable event and the word accidental shall be construed accordingly.

Bodily injury – injury to **you** which solely and independently of any other cause results within 24 months of the date of the Accident in your Death, Permanent Disability as noted under **Benefits** 2, to 15, and 17, fracture or break of a specified bone or bones. Bodily Injury excludes any condition resulting from any gradually operating cause or degenerative process.

Country of permanent residence – the country where you reside indefinitely or where you have the intent to reside indefinitely.

Disappearance – if you disappear and it is reasonable to believe that you have sustained Bodily Injury resulting in Death during the Operative Time the Accidental Death **benefit** shall become payable. In the event of this belief being incorrect the Accidental Death **benefit** shall be repaid to the **personal accident insurer**.

Effective date – the date that Bupa registers your application form.

Event – any one occurrence or all occurrences of a series consequent upon or attributable to one source or original cause.

Exposure – death or injury to you as a direct result of unavoidable exposure to the elements shall be deemed to have been caused by Bodily Injury.

You – any person who has been accepted by Bupa for a Bupa Cash Plan **scheme** which includes personal **accident** insurance **benefits**, including your **partner** if a **partner scheme** option has been opted for.

Loss of Hearing – total, permanent and irrecoverable loss of hearing.

Loss of Sight – the total and irrecoverable loss of sight when your name has been added to the Register of Blind Persons or when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale.

Operative Time – 24 hours a day.

Personal accident exclusions

The **personal accident insurer** will not pay for:

- o Bodily Injury resulting directly or indirectly from or contributed to by:
 - a. you engaging in active service in the armed forces of any nation;
 - b. you committing or attempting to commit suicide or intentionally inflicting self injury;
 - c. you engaging in flying or other aerial activity other than as a passenger;

- d. sickness, disease, any naturally occurring condition or any gradually operating cause;
- e. war within your **Country of Permanent Residence**
- f. you participating in any sport as a professional;
- o Any disabilities caused by or arising from Post Traumatic Stress Disorder, other than as a direct result of Accidental Bodily Injury caused by an Event.

Personal accident cover claims procedure

Written notice should be submitted by **you** or **your** personal representative to Bupa within three months of any **accident**. The **personal accident insurer** will provide Bupa with an adequate supply of claim forms for filing proof of claim.

Any document or evidence reasonably required by the **personal accident insurer** to verify the claim shall be provided by **you** or **your** personal representative at your personal expense. Any medical examination required by the **personal accident insurer** to prove the claim will be at the **personal accident insurer's** expense.

Payment of personal accident cover claims

Any payment due under this policy will be paid to **you**, if living, otherwise to **your** personal representative within 21 days of the claim being substantiated to the satisfaction of the **personal accident insurer**. Any receipt which **you**, anyone acting on the **your** behalf or **your** representative may provide to the **personal accident insurer** for **benefits** payable under this policy shall be a final and complete discharge of the **personal accident insurer's** liability in respect of such **benefit**.

Personal accident arbitration

If any dispute or difference arises between the **personal accident insurer** and **you** or the **personal accident insurer** and Bupa concerning any matter arising out of this policy such matter shall be referred to two arbitrators (who shall be disinterested parties) one appointed by the **personal accident insurer** and one by **Bupa** or **you** as appropriate. The award of such arbitrators or their umpire shall be binding on all parties.

Personal accident cover complaints procedures

The **personal accident insurer** is dedicated to providing a high quality service and wants to maintain this at all times. If you are not happy with their service, please contact them, quoting the policy details, so they can deal with the complaint as soon as possible. Their contact details are:

In writing: **The Customer Relations Manager, Chubb, PO Box 682, Winchester SO23 5AG**

By phone: **0800 519 8026**

By fax: **01293 597376**

By email: **customerrelations@chubb.com**

You can approach the Financial Ombudsman Service for assistance if there is dissatisfaction with the **personal accident insurer's** final response or after eight weeks from making the complaint if not resolved satisfactorily. Any approach to the Financial Ombudsman Service must be made within six months of the **personal accident insurer's** final response. Contact details are given below. A leaflet explaining the procedure is available on request.

In writing: **The Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, London E14 9SR**

By phone: **0800 023 4567**[^]

By phone: **0300 123 9123**^{^^}

By fax: **020 7964 1001**

By email: **complaint.info@financialombudsman.co.uk**

www.financial-ombudsman.org.uk

Following this complaints procedure does not affect your statutory rights relating to this policy. For more information about statutory rights, you should contact the Citizens Advice Bureau.

Important Notice: In order to prepare for the UK's exit from the EU, Chubb is making certain changes. Chubb European Group Limited is now known as Chubb European Group Plc. It is then proposed that Chubb converts into the legal form of a European Company (Societas Europaea), and will be known as Chubb European Group SE. To stay up to date with Chubb's Brexit preparations and for more information about what it means for you, refer to their website at www.chubb.com/brexit

The Personal Accident part of this policy is provided and administered by Chubb European Group Plc. Chubb European Group Plc registered number 1112892 registered in England & Wales with registered office at 100 Leadenhall Street, London EC3A 3BP. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registration number 202803. Full details can be found online at <https://register.fca.org.uk>

[^]Monday to Friday 8am to 8pm, Saturday 9am to 1pm. Calls are free from a UK landline or mobile.

^{^^}Calls to this number are charged at the same rate as 01 or 02 numbers on mobile phone tariffs.

Glossary

Understanding ***your plan*** can be complicated, so in this glossary you'll find a clear definition of the terms used in bold italics throughout the guide. This will help ***you*** to clearly understand what ***we*** mean when ***we*** use these terms.

Word / Phrase	Meaning
<i>Acupuncturist</i>	acupuncturist means an acupuncturist, <i>recognised by Bupa</i> or registered as a Member or Fellow of the British Acupuncture Council (MBAcC or FBACc), British Medical Acupuncture Society (BMAS), or Acupuncture Association of Chartered Physiotherapists (AACP), at the time you receive your treatment. You can contact the organisations on www.aacp.uk.com (AACP), www.medical-acupuncture.co.uk (BMAS) or www.acupuncture.org.uk (MBAcC) to see if the practitioner is registered.
<i>Agreement</i>	means the agreement between <i>us</i> and <i>you</i> under which <i>we</i> have accepted <i>you</i> into membership of the <i>scheme</i> .
<i>Benefit</i>	means the individual benefits set out in section 3 – <i>Benefits</i> .
<i>Benefit limits</i>	means the maximum amount that <i>we</i> will pay for a benefit under <i>your</i> cash plan cover during a <i>benefit year</i> . <i>Your</i> benefit limits are outlined in <i>your table of cover</i> .
<i>Benefit year</i>	means a 12-month period commencing on <i>your registration date</i> or an anniversary of <i>your registration date</i> .
<i>Bupa</i>	Bupa Insurance Limited. Registered in England and Wales No. 3956433. Registered office: 1 Angel Court, London EC2R 7HJ. Bupa provides the cover.
<i>Chiropodist/ podiatrist</i>	means a person, <i>recognised by Bupa</i> or registered as a chiropodist/ podiatrist with the Health Care Professions Council (HCPC), at the time <i>you</i> receive <i>your</i> treatment. You can contact the HPC on www.hpcheck.org to see if the practitioner is registered.
<i>Chiropractor</i>	means a chiropractor, <i>recognised by Bupa</i> or registered as a member of the General Chiropractic Council (GCC), at the time <i>you</i> receive <i>your</i> treatment. <i>You</i> can contact the GCC on www.gcc-uk.org to see if the practitioner is registered.
<i>Consultant</i>	means a consultant licensed and registered with the General Medical Council (GMC). <i>You</i> can contact the GMC on www.gmc-uk.org to see if the consultant is registered. There is a requirement for a consultant to hold a license from 18 November 2009 in addition to the GMC registration. The licence is managed by the GMC.
<i>Dental injury</i>	means dental treatment that is carried out in the <i>UK</i> which is required as a direct result of injury caused by an external impact.
<i>Dental professional</i>	means anyone that is registered with the General Dental Council and practises in the <i>UK</i> .
<i>Dependants</i>	means <i>your</i> partner and any child of <i>yours</i> or <i>your</i> partner's who is a <i>member</i> of the <i>scheme</i> .

Word / Phrase	Meaning
Dietician	means a person recognised by Bupa or registered as a dietician with the Health Care Professions Council (HCPC), at the time you receive your treatment. You can contact the HCPC on www.hpcheck.org to see if the practitioner is registered. The HCPC is governed by the Professional Standards Authority (PSA).
General practitioner/GP	a doctor who is on the UK General Medical Council's General Practitioner Register.
Hospital	means any NHS hospital or private hospital which has facilities for major surgery or which exists principally for the provision of treatment by consultants .
In-patient treatment	means treatment which, for medical reasons, means you have to stay in hospital overnight or for longer.
Homeopath practitioner	means a person recognised by Bupa as a homeopath practitioner.
Main member	means you and not your dependants .
Medical device	Any instrument, apparatus, appliance, material or other article, for the use of: <ul style="list-style-type: none"> o Diagnosis, prevention, monitoring, treatment or alleviation of disease, injury or handicap, o Investigation, replacement or modification of the anatomy or of a physiological process.
Member	means the main member of the scheme and/or a dependant/dependants of the main member covered under the scheme .
Membership letter	means the membership letter we send you welcoming you as a member .
Membership level	means the level of cover chosen by you , and which determines your benefit entitlement.
Occupational therapist	means a person recognised by Bupa or registered as an occupational therapist with the Health Care Professions Council (HCPC), at the time you receive your treatment. You can contact the HCPC on www.hpcheck.org to see if the practitioner is registered. The HCPC is governed by the Professional Standards Authority (PSA).
Osteopath	means an osteopath, recognised by Bupa or registered as a member of the General Osteopathic Council (GOC) at the time you receive your treatment. You can contact the GOC on www.osteopathy.org.uk to see if the practitioner is registered.
Our/us/we	means Bupa Insurance Limited. Registered in England & Wales No. 3956433. Registered office: 1 Angel Court, London EC2R 7HJ
Partner	means your husband, wife or civil partner (or the person you live with in a relationship similar to that of a husband or wife whether same sex or not).
Payback criteria	means the percentage amount of the receipted claim up to the benefit limit.
Personal accident insurer	means the insurer of the personal accident benefit included in this scheme .

Word / Phrase	Meaning
Physiotherapist	means a person, recognised by Bupa or registered as a physiotherapist with the Health Care Professions Council (HCPC), at the time you receive your treatment. You can contact the HCPC on www.hpcheck.org to see if the practitioner is registered. The HCPC is governed by the Professional Standards Authority (PSA).
Plan	means any cash plan type scheme administered by us .
Qualifying period	means a period of time that must elapse before we will accept claims for particular benefits . This applies on an individual basis from the date you join the policy or from the date of upgrade with regards to increased benefit levels .
Recognised by Bupa	means a person that is registered and accepted by us and can be found on finder.bupa.co.uk
Reflexologist	means a person recognised by Bupa or registered as a reflexologist with the Association of Reflexologists, The International Federation of Reflexologists or the British Association of Reflexology (www.aor.org.uk).
Registration date	means the registration date shown in the membership letter we send you welcoming you as a member .
Rehabilitation	means treatment and or services aimed at restoring health or mobility, or to allow a person to live an independent life, such as after a stroke.
Scheme	the cover and benefits we provide as shown on your membership guide subject to the terms and conditions of the agreement .
Table of cover	the table of cover we issue sets out the levels of cover of the scheme and the maximum benefits payable for each level of cover.
Therapist	means a person recognised by Bupa or registered as a therapist with the Health Care Professions Council (HCPC), at the time you receive your treatment. You can contact the HCPC on www.hpcheck.org to see if the practitioner is registered. The HCPC is governed by the Professional Standards Authority (PSA).
United Kingdom/ UK	means Great Britain (England, Scotland and Wales) and Northern Ireland.
You/your	when printed in bold and italic type – ie you/your this means you , the main member only who has taken out the membership, and to whom we send the membership letter . When printed in plain type ie you/your we mean you, the main member, your partner and your dependants .

Privacy notice – in brief

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you, how we use and protect it. It also provides information about your rights. Further details can be found in our Full Privacy Notice available at bupa.co.uk/privacy. If you do not have access to the internet and would like a paper copy of the Full Privacy Notice, please contact the Bupa Privacy team on **+44 (0) 1784 893706**. Alternatively you can email the team at dataprotection@bupa.com or write to **Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-Upon-Thames, Middlesex TW18 3DZ**. If you have any questions about how we handle your information, please contact us at dataprotection@bupa.com

Information about Bupa

In this privacy notice, references to ‘we’ or ‘us’ or ‘our’ are to Bupa. Bupa is registered with the Information Commissioner’s Office, registration number Z6831692. Bupa is comprised of a number of trading companies, many of which also have their own data protection registrations. For company contact details, visit bupa.co.uk/legal-notice

Scope of our privacy notice

This privacy notice applies to anyone who interacts with us in relation to our products and services (‘you’, ‘your’), via any channel (eg email, website, telephone, app etc).

Ways in which we obtain personal information

We obtain personal information from you and from certain third parties (eg those acting on your behalf, like brokers, healthcare providers etc). Where you provide us with information about other individuals, you must ensure that they have seen a copy of this privacy notice and are comfortable with you doing this.

Categories of personal information

We process two categories of personal information about you and/or, where applicable, your dependants, namely standard personal information (eg information we use to contact you, identify you or manage our relationship with you); and special categories of information (eg health information, information about race, ethnic origin and religion that allows us to tailor your care, and information about crime in connection with screening).

Purposes and lawful grounds of our processing personal information

We process your personal information for the purposes set out in our Full Privacy Notice, including to administer our relationship with you (including for claims and complaints handling), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and in order to protect the rights, property, or safety of Bupa, our customers, or others. The legal ground upon which we process personal information depends on what category of personal information we process. Standard personal information is normally processed by us on the basis that it is necessary for the performance of a contract, our or a third parties' legitimate interests or it is required or permitted by applicable law.

Marketing and preferences

We may use your personal information to send you marketing by post, telephone, social media platforms, email and text. We only use your personal information to send you marketing if we have either your consent or a legitimate interest. If you don't want to receive personalised marketing about similar Bupa products and services that we think are relevant to you, please contact us at optmeout@bupa.com or write to **Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-Upon-Thames, Middlesex TW18 3DZ**

Processing for Profiling and Automated Decision Making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will be of interest (including discounts on our products and services). This may involve evaluating information about you and, in some limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our Full Privacy Notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making. Further details are available in our Full Privacy Notice.

Sharing your information

We share your information within the Bupa Group, with relevant policyholders (including your employer if you are covered under a group scheme), with funders commissioning services on your behalf, those acting on your behalf (eg brokers and other intermediaries) and with others who help us provide services to you (eg healthcare providers) or from whom we need information to handle or verify claims or entitlements (eg professional associations). We also share your information in accordance with the law. You can read more about what information may be shared in what circumstances in our Full Privacy Notice.

Transfers outside of the European Economic Area (EEA)

Bupa deals with many international organisations and uses global information systems. As a result, Bupa transfers your personal information to countries outside of the European Economic Area ('EEA'), (the EU member states plus Norway, Liechtenstein and Iceland) for the purposes set out in this privacy policy.

How long we retain your personal information

Bupa retains your personal information in accordance with retention periods calculated in accordance with the criteria detailed in the Full Privacy Notice available on our website.

Your rights

You have rights to have access to your information and to ask us to rectify, erase and restrict use of your information. You also have rights to object to your information being used, to ask for the transfer of information you have made available to us, to withdraw consent to the use of your information and not to be subject to automated decision-making which produce legal effects concerning you or similarly significantly affects you.

Data Protection Contacts

If you have any questions, comments, complaints or suggestions in relation to this notice, or any other concerns about the way in which we process information about you, please contact us at **dataprotection@bupa.com**

You also have a right to make a complaint to your local privacy supervisory authority. Bupa's main establishment is in the UK, where the local supervisory authority is the Information Commissioner, who can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom. Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate).

Financial crime and sanctions

Financial crime

You agree to comply with all applicable UK legislation relating to the detection and prevention of financial crime (including, without limitation, the Bribery Act 2010 and the Proceeds of Crime Act 2002).

Sanctions

Bupa, through your policy, shall not provide cover or be liable to pay any claim where this would expose Bupa to any sanction, prohibition or restriction under United Nations resolutions, or trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America, and/or all other jurisdictions where Bupa transacts its business, including but not limited to providing medical coverage inside Sudan, Iran, North Korea, Syria, and Cuba.

Notes

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Bupa cash plan is provided by Bupa Insurance Limited. Registered in England and Wales No. 3956433. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register number 203332.

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