

**Well**Woman



# Policy Document

## Introduction

This document sets out the terms of **your** WellWoman policy, please read it carefully. It tells **you** what is covered and what is not, what to do if **you** want to make a claim and who to call if **you** need help. This insurance is underwritten by Chartis Europe Limited and managed by Chartis Direct. Chartis Direct is a trading name of UNAT Direct Insurance Management Limited.

**You** should familiarise **yourself** with the cover provided by this policy and all the terms, conditions and exclusions that apply. **You** should read this policy in conjunction with the **schedule**. **You** should review the cover periodically to ensure it continues to meet **your** needs.

If **you** have any questions about **your** policy or wish to make any changes please call Customer Services on 020 8662 8195\*. Lines are open between 8:30 am and 5:30 pm Monday to Friday.

## Policy

This policy, together with the **schedule**, the application form and any endorsements, is evidence of the contract between the **policyholder** and **us**. **We** agree to provide the insurance cover described in this policy provided the premium is paid when due and provided that **we** agree to accept it.

The benefits offered by this policy are reviewed annually and **we** may change these on any anniversary of the start date of this policy. **Your** premium may increase on the anniversary of the start date of this policy because the cost of providing cover goes up as **you** get older. **We** may also amend the premium or terms and conditions of this policy at any time for reasons outside of our control or for reasons **we** could not reasonably predict, e.g. an increase in insurance premium tax. Please see the Policy Alternation section below for further details.

## Purpose of the insurance

This policy will help meet the needs of someone who wants to be protected against many of the financial effects of being diagnosed with **cancer**.

## Glossary

This policy contains technical medical terms which are necessary to describe precisely what is and is not covered. **We** have included a glossary which is designed to give **you** more information. The glossary does not form part of this policy.

## Definitions

**We** use certain words in this policy which have a specific meaning, and sometimes those meanings are unique to this policy. These words are shown below, in bold print, and have this specific meaning wherever they appear in this policy and the **schedule**.

### Cancer

**Type 1** Any malignant tumour in a **female organ** or a **male organ** characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue in a **primary site**.

**Type 2** Carcinoma-in-situ of the breast. (please refer to the glossary for further details).

**Type 3** Carcinoma-in-situ of a **female organ** or a **male organ** other than the breast.

### Child

A person who is under 18 years of age.

### Day

A period of 24 hours in a row.

### Effective date

The start date of this policy as shown in the **schedule** or the date that **insured** person is added to this policy, if that date is later than the start date of this policy.

### Female organ

One or both breasts, one or both Fallopian tubes, one or both ovaries, or the cervix, uterus, vagina or vulva.

### Hospital

An institution which has accommodation for in-patients and facilities for diagnosis, surgery and treatment. It does not include a long-term nursing home, a rehabilitation centre, and an old people's or convalescence home or an extended-care facility.

### Insured person

The **policyholder** and the person or persons shown on the **schedule**.

### Male organ

One or both breasts, one or both testes, the penis or prostate.

### Partner

A person who is either an **insured person's** husband or wife, civil partner, fiancé or fiancée, or a boyfriend or girlfriend who permanently lives at the same address as the **insured person**.

### Policyholder

The person who has paid for this policy and is shown on the **schedule**.

### Primary site

The site at which the first malignant change takes place as it relates to that particular **cancer**.

### Schedule

The document showing details of the cover under this policy and which should be read together with this policy.

### United Kingdom

England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man.

### Waiting Period

The 90 days immediately following **your effective date**.

### We, us or our

Chartis Europe Limited.

### You or your

An **insured person**.

## What this insurance covers

The following table shows the benefits covered by this policy subject to the conditions set out in the Claims Conditions section and the exclusions set out in the 'What we don't cover' section below.

So that **we** can explain the cover available to **you** and any limitations that may apply, **you** can call **us** on 020 8662 8195\*.

\* To maintain quality of service and security, telephone calls may be recorded or monitored.

Benefits	What we cover
<b>Cancer Benefit A</b> Payable on <b>your</b> first diagnosis of <b>cancer type 3</b> at a new <b>primary site</b>	£1000
<b>Cancer Benefit B</b> Payable on <b>your</b> first diagnosis of <b>cancer type 1 or 2</b> at a new <b>primary site</b>	The sum shown on <b>your schedule</b>
<b>Hospital benefit</b> Payable for each complete <b>day you</b> are admitted to a <b>hospital</b> as a direct result of <b>your</b> first diagnosis of <b>cancer</b> .	£50 per <b>day</b> up to maximum of £4,500

If **you** are diagnosed with **cancer type 3** we will pay **cancer** benefit A upon receipt of a signed GP claim form and any other documentation **we** may require to process **your** claim. If **you** are subsequently diagnosed with **cancer type 1** at the same **primary site** as the previous diagnosis of **cancer type 3** we will pay the **cancer** benefit B in addition upon receipt of a signed GP claim form and any other documentation **we** may require to process **your** claim.

### Claims Conditions

**We** will only pay the benefits covered by this policy if:

- a **cancer** is diagnosed before **your** 75th birthday;
- it is the first diagnosis of that **cancer** for **you**;
- you** are alive when the diagnosis is made;
- we** receive a signed GP claim form and any other documentation **we** may require to process **your** claim; and
- your** cover under this policy has been in force for 91 **days** or more.

If conditions a, b, c and d are met, but **you** receive medical advice, have symptoms or tests, or receive and medication or treatment for **cancer** during the **waiting period** we will only pay the **hospital** benefit of £50 per **day**, up to a maximum of £4,500, to **you** for each complete **day you** are admitted to a **hospital** as a direct result of the **cancer** diagnosis.

The **hospital** benefit will be payable until the end of the **waiting period** at which point no further benefits will be payable to **you** under this policy. In the event that **you** are the **policyholder**, at the end of the **waiting period** this policy will either be cancelled or may be transferred to another **insured person** over the age of 18 subject to their agreement and acceptance of the terms and conditions of this policy.

### What we don't cover

**We** will not pay **cancer** benefit A or B:

- if **you** are diagnosed as having **cancer** within the **waiting period**
- if **you** receive medical advice, have symptoms or tests, or receive any medication or treatment, for **cancer** within the **waiting period**

**We** will not pay any benefit:

- for the **cancer** for which **you** are claiming if **you** have been diagnosed with the same **cancer** before **your effective date**
- based on a diagnosis made by an **insured person** or a member of the **insured person's** family
- for any tumours which are histologically described as pre-malignant.

### General Conditions

#### Cooling off period

If the cover does not meet the **policyholder's** requirements the **policyholder** may cancel this policy within 30 days of the first premium due date shown on the **schedule** or within 30 days of receiving this policy and **schedule**, whichever is the later. **We** will give the **policyholder** a full refund of any premiums paid as long as no claim has been made in that period. **We** will provide this refund within 30 days from the date **we** receive notice of cancellation from the **policyholder**.

#### Cancelling the policy after the cooling off period

The **policyholder** may cancel this policy by giving UNAT Direct notice in writing to 96 George Street, Croydon, CR9 1BU or by calling 020 8662 8195\*. For monthly contracts, cover will stop on the next premium due date following the date **we** receive notification of cancellation. For annual contracts, cover will stop on the 1<sup>st</sup> day of the next calendar month following the date **we** receive notification of cancellation.

**We** may cancel this policy by giving the **policyholder** 30 days notice in writing to the **policyholder's** last known address.

If the **policyholder** has paid an annual premium **we** will calculate any refund due on a pro-rata basis providing no claim has been made.

#### Policy alteration

**We** may change the terms and conditions of this policy at any time, including the premium, as considered necessary to reflect any event outside **our** control that **we** expect to have an impact on future claims which **we** could not reasonably have foreseen when the assumptions were last reviewed, or in the event of any change in the law affecting this policy, for example a change in Insurance Premium Tax. Before **we** make any changes, **we** will give the **policyholder** 30 days notice in writing to the **policyholder's** last known address. If the **policyholder** is not happy with any of the changes made by **us**, the **policyholder** may cancel this policy in accordance with the cancellation section above.

#### False information about your age

If **we** have been told that **you** are younger than **you** are in the **policyholder's** application for this insurance, **we** will only pay a part of the benefits covered under this policy based on the percentage of the premium paid compared with the premium that should have been paid for **your age** at **your effective date**.

If **we** have been told that **you** are older than **you** are in the **policyholder's** application for this insurance, **we** will pay the benefit shown in the **schedule** and **we** will refund to the **policyholder** the extra premium that has been paid without adding interest.

\* To maintain quality of service and security, telephone calls may be recorded or monitored.

## Fraud or false information

Any fraud, deliberate mis-statement or concealment at any time may render this policy invalid. In this event, any benefit due to **you** under this policy will be forfeited and any benefit that has previously been paid to **you** must be repaid to **us** in full. No premiums will be returned to **you**.

## Law and jurisdiction

This policy will be governed by the law that applies in the part of the **United Kingdom** where the **policyholder** normally lives unless agreed to the contrary by the **policyholder** and **us** before the start date of this policy, otherwise the law of England and Wales will apply whose courts alone will have jurisdiction.

The terms and conditions of this policy will only be available in English and all communication relating to this policy will be in English.

## Paying benefits

Any benefit will be paid to **you** unless **you** have died, in which case it will be paid to **your** legal representative. In the case of a **child**, **we** will pay the benefit to the **policyholder** as long as they are a parent of the **child**, otherwise **we** will pay the **child's** legal guardian. Payment of any benefit is income tax free under current legislation but may be subject to inheritance tax or other taxation.

## Paying premiums

The premium is payable monthly or annually, as shown in the **schedule**.

If the premium is payable monthly this policy is a monthly contract. The premium is due on the first premium due date and subsequently on the 1<sup>st</sup> day of each calendar month. Each premium paid purchases cover under the terms of this policy for all **insured persons** for the calendar month in which it is paid.

If the premium is payable annually this policy is an annual contract. The premium is due on the first premium due date and on each anniversary of that date. Each premium paid purchases cover under the terms of this policy for all **insured persons** for the 12 months from the premium due date.

If any premium is not paid on the date it is due, the **policyholder** has 30 days in which to pay it. If it is not paid during that period, this policy will be automatically cancelled as against all **insured persons** from the date on which the unpaid premium was due. If the premium is paid during the 30 day period, then cover will operate as if it had been paid on the due date.

## How we use personal information about you

Chartis Europe Limited and UNAT Direct Insurance Management Limited are committed to protecting the privacy of customers, claimants and other business contacts.

"**Personal Information**" identifies and relates to **you** or other individuals (e.g. **your** dependants). By providing Personal Information **you** give permission for its use as described below. If **you** provide Personal Information about another individual, **you** confirm that **you** are authorised to provide it for use as described below.

## The types of Personal Information we may collect and why

- Depending on **our** relationship with **you**, Personal Information collected may include: identification and contact information, payment card and bank account, credit reference and scoring information, sensitive information about health or medical condition, and other Personal Information provided by **you**. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment

- Decision-making on provision of insurance cover and payment plan eligibility
- Assistance and advice on medical and travel matters
- Management and audit of our business operations
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance, including compliance with laws outside your country of residence
- Monitoring and recording of telephone calls for quality, training and security purposes
- Marketing, market research and analysis

To opt-out of any marketing communications that **we** may send **you**, contact us by e-mail at: opt-out@chartisinsurance.com or by writing to: Marketing Preference Team, Chartis, 96 George Street, Croydon, Surrey CR9 1BU, United Kingdom. If **you** opt-out **we** may still send **you** other important communications, e.g. communications relating to administration of **your** insurance policy or claim.

**Sharing of Personal Information** - For the above purposes Personal Information may be shared with our group companies, brokers and other distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers. Personal Information will be shared with other third parties (including government authorities) if required by law. Personal information (including details of injuries) may be recorded on claims registers shared with other insurers. **We** are required to register all third party claims for compensation relating to bodily injury to workers' compensation boards. **We** may search these registers to detect and prevent fraud or to validate **your** claims history or that of any other person or property likely to be involved in the policy or claim. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of our company or transfer of business assets.

**International transfer** - Due to the global nature of **our** business Personal Information may be transferred to parties located in other countries, including the United States and other countries with different data protection laws than in **your** country of residence.

**Security and retention of Personal Information** - Appropriate legal and security measures are used to protect Personal Information. **Our** service providers are also selected carefully and required to use appropriate protective measures. Personal information will be retained for the period necessary to fulfil the purposes described above.

**Requests or questions** - To request access or correct inaccurate Personal Information, or to request the deletion or suppression of Personal Information, or object to its use, please e-mail: DataProtectionOfficer@chartisinsurance.com or write to Data Protection Officer, Legal Department, Chartis Europe Limited, The Chartis Building, 58 Fenchurch Street, London EC3M 4AB. More details about **our** use of Personal Information can be found in **our** full Privacy Policy at [www.chartisdirect.co.uk/privacy-policy](http://www.chartisdirect.co.uk/privacy-policy) or **you** may request a copy using the contact details above.

## Residence outside the United Kingdom

**Your** cover under this policy cannot continue if the **policyholder** or **you** reside outside the **United Kingdom** for more than 180 consecutive days. Please tell **us** as soon as this happens so **we** can stop collecting premiums. **Your** cover will be cancelled from the 181<sup>st</sup> day that the **policyholder** or **you** reside outside the **United Kingdom**.

\* To maintain quality of service and security, telephone calls may be recorded or monitored.

## Upper age limit

**You** cover under this policy will stop on the premium due date following **your** 75th birthday.

## If the policyholder dies

**We** will not automatically cancel this policy if the **policyholder** dies. This policy will transfer to the **policyholder's partner** if they are an **insured person**, subject to their agreement to continue this policy and accept its terms and conditions.

## Claim procedure

**You**, or someone else on **your** behalf, must contact the claims department as soon as reasonably practical after any diagnosis of **cancer** which is likely to lead to a claim. **You** can do this by phoning 020 8662 8101\* (9am to 5pm Monday to Friday).

**You** must fill in a claim form supplied by **us**. **You** can call **us** on 020 8662 8101\* to request a claim form. **We** will need to see written reports prepared by each medical practitioner including acceptable clinical, radiological, histological and laboratory evidence which satisfy all the diagnostic requirements specified in this policy corresponding to that **cancer**. **You** must supply all certificates, evidence and information **we** ask for at **your** own expense.

**We** may ask **you** to attend one or more medical examinations. If **we** do, **we** will pay the cost of the examination(s) and **your** reasonable travelling expenses to attend, if these expenses are agreed by **us** in advance. If **you** fail to attend without reasonable cause, then **your** claim may be rejected.

If **we** do not receive the information **we** need, the claim may be rejected. If any statement in support of the claim is misleading or is found to be incorrect, the claim may be rejected and **your** cover under this policy may be cancelled. If the claim is rejected, any benefits already paid to **you** must be repaid to **us** in full. **We** reserve the right to ask for a post-mortem examination which **we** will pay for.

## Cancer Support Service

If **you** make a claim **you** will also be able to access **our** oncology team provided by Red Arc Assured. This service is available to **you** even if **your** claim is rejected.

**Our** specialist oncology team can provide information and advice about cancer, including benefits, allowances, grants and work related issues. They can pass on information about appliances and equipment or specialist clothing **you** may need as well as advice on nutritional supplements. If **you** require it they can arrange therapy or counselling for **you** and **your** family as well as providing a link to other support services such as local hospices, support groups or charities.

If **you** would like to speak to one of the oncology team about any aspect of **your** treatment please call the claims department on 020 8662 8101\*.

## If you wish to complain about our service

### Complaints procedure

**We** are committed to providing **you** with a first class service at all times, however, **we** recognise that occasionally **you** may be unhappy with some aspect of this service. If **you** are not satisfied with the service **you** have received **you** or someone on **your** behalf should contact one of the following:

If **your** complaint is about a claim - Claims Manager, UNAT Direct, 96 George Street, Croydon, CR9 1BU, telephone 020 8662 8101\* and quote the claim and **your** policy number.

If **your** complaint is not about a claim - Customer Support Manager, UNAT Direct, 96 George Street, Croydon, CR9 1BU, telephone 020 8662 8195\* and quote **your** policy number.

**We** will acknowledge **your** complaint and keep **you** or the complainant regularly informed about the progress of the complaint. For complaints relating to claims, it may take **us** a little longer to respond, especially if **we** need to consult with medical professionals, however **we** will let **you** or the complainant know what information **we** are waiting for.

**We** will do **our** best to resolve the complaint quickly and will issue a final response letter to **you** or the complainant addressing the issues raised. If **we** are not able to resolve the complaint satisfactorily, **you** or the complainant may be entitled to refer any disagreement to the Financial Ombudsman Service (FOS) to review the case, without affecting legal rights to take action. The address and contact details are:

Financial Ombudsman Service  
South Quay Plaza, 183 Marsh Wall, London E14 9SR  
Telephone: 0300 123 9 123  
[www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

### How to contact us

UNAT Direct  
96 George Street, Croydon, CR9 1BU  
Telephone: 020 8662 8195\*

## Financial Services Compensation Scheme (FSCS)

**We** are covered by the FSCS. If **we** are unable to meet **our** financial obligations **you** may be entitled to compensation from the scheme, depending on the type of insurance and the circumstances of the claim.

For this type of insurance, 90% of **your** claim is covered, without any upper limit.

Further information about compensation scheme arrangements is available at [www.fscs.org.uk](http://www.fscs.org.uk), and on 0207 892 7300, or 0800 678 1100.

\* To maintain quality of service and security, telephone calls may be recorded or monitored.

## Other information

This insurance is underwritten by Chartis Europe Limited.

UNAT Direct Insurance Management Limited manage all aspects of customer service and claims on behalf of Chartis Europe Limited.

UNAT Direct Insurance Management Limited (FSA No 312350) and Chartis Europe Limited (FSA No 202628) are authorised and regulated by the Financial Services Authority. This can be confirmed with the Financial Services Authority on [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) or by calling 0845 606 1234.

Chartis Europe Limited is also a member of the Association of British Insurers.

Chartis Europe Limited is registered in England under number 1486260. Registered office: 58 Fenchurch Street, London EC3M 4AB.

UNAT Direct Insurance Management Limited is registered in England under number 3960626. Registered office: 96 George Street, Croydon CR9 1BU.

## Glossary of terms (does not form part of the policy)

We hope you find this section helpful as it explains some of the medical terms used in this policy.

<b>Carcinoma-in-situ</b>	Early-stage cancer in which the disease is confined to the cells or where it first appeared.
<b>Histological</b>	Studying tissues and cells under a microscope.
<b>Malignant</b>	A malignant tumour is not self-limited in its growth, is capable of invading into adjacent tissues, and may be capable of spreading to distant tissues.
<b>Non-invasive</b>	Cells that remain in the original tissue where they were formed.
<b>Pre-malignant</b>	Cells that have not yet turned to cancer.
<b>Radiological</b>	X-rays, computed axial tomography (CAT scans) or magnetic resonance imaging (MRI scans) or positron emission tomography (PET scans).