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Policy Summary of BUPA Critical Illness

keyfacts®

This policy summary contains key information about BUPA Critical Illness cover.

You should read this carefully and keep in a safe place afterwards. Please note that it does not contain the full terms and conditions and exclusions of cover, which you will find in your membership handbook, also please refer to your registration certificate. Copies of these documents are available on request.

The provider

BUPA Critical Illness cover is provided by BUPA Health Assurance Limited, a subsidiary of the British United Provident Association Limited. Other services are provided by or via other subsidiary companies.

The insurance and the cover that it provides

BUPA Critical Illness cover pays a one-off lump sum if a person covered suffers or undergoes one of the specified critical illnesses or operations, included in the membership as listed overleaf, if they survive for at least 14 days after the diagnosis or operation. We only cover the critical illnesses or operations covered under the scheme as set out in the membership handbook and as detailed overleaf, and no others. The membership only pays out this benefit once.

Cover options

There are three cover options available:

- level term cover
- mortgage protection term cover
- renewable term cover

Full details of each of these cover options are set out later in this document.

Additional options

Other options are available;

- indexation option
- fracture cover option
- premium waiver option
- total permanent disability
- reinstatement option

Full details of each of these additional options are set out later in this document.

Summary of cover

- you decide how much cover you need. The higher the level of cover and the longer the period of cover, the higher your premiums will be. The amount the scheme pays out in total will reduce during the term of your scheme if you choose the mortgage protection term. It will increase if you choose one of the indexation options. Otherwise the amount is fixed.
- you must answer all of the questions on the application form correctly to the best of your knowledge and belief. If you do not do this it could mean that we will not pay the benefit provided by your scheme. You must tell us if there are any changes to your personal health, family history, occupation or residence, or if you take up any hazardous activities between supplying the application form and when your scheme starts. If you do not do this, it could mean that we will not pay the benefits provided by your scheme.
- provided you continue to pay the agreed premium it pays your chosen level of benefit if a person covered suffers or undergoes one of the specified critical illnesses or operations covered under the scheme and survive for at least 14 days after the diagnosis or operation.
- anyone aged from 18-59 who lives in the UK can apply including homemakers.
- if the main occupation of a person covered is running a home or raising a family, the maximum benefit available will be considered at our sole discretion on the basis of financial evidence we request. Further details of how we will consider any claim are contained in the membership handbook, copies of which are available on request.

How much does the plan cost?

- the premium depends on our assessment of the personal circumstances of the person covered, taking into account such factors as
 - their age, sex and medical history
 - whether or not they smoke
 - their current state of health
 - their occupation
 - the amount of their cover and any options they choose.

- there is a monthly plan fee which is charged on flexible financial protection plans. We only charge the plan fee on one scheme but if this scheme terminates we will switch it to any other scheme you have.
- the plan has no surrender value at any time.
- we can offer you a choice of premiums; guaranteed, renewable and reviewable, full details of these premium options are set out later in this document.

How much does the scheme pay out?

- you decide how much cover you need and which type of cover you need. The higher the level of cover, the higher your premium will be.
- the amount the scheme pays out will reduce during the term of your scheme if you choose the mortgage protection term or increase if you choose one of the indexation options as described later in this document. Otherwise the amount is fixed.
- the chosen level of benefit is payable once, after which your cover will end.

What is included in BUPA Critical Illness Cover?

- alzheimer's disease before age 65 - resulting in permanent symptoms
- aorta graft surgery
- aplastic anaemia - of specified severity
- bacterial meningitis - resulting in permanent symptoms
- benign brain tumour - resulting in permanent symptoms
- blindness - permanent and irreversible
- cancer - excluding less advanced cases
- cardiomyopathy - of specified severity
- chronic rheumatoid arthritis
- coma - resulting in permanent symptoms
- coronary angioplasty - of specified severity
- coronary artery by-pass grafts - with surgery to divide the breast bone
- Creutzfeld-Jacob disease - resulting in permanent symptoms
- deafness - permanent and irreversible
- heart attack - of specified severity
- heart valve replacement or repair - with surgery to divide the breastbone
- HIV infection - caught from a blood transfusion, a physical assault or at work in an eligible occupation
- insulin dependent diabetes mellitus (type 1 diabetes mellitus) - of specified severity
- kidney failure - requiring dialysis
- liver failure

- loss of hands or feet - permanent physical severance
- loss of independence
- loss of speech - permanent and irreversible
- major organ transplant
- motor neurone disease before age 65 - resulting in permanent symptoms
- multiple sclerosis - with persisting symptoms
- open heart surgery
- paralysis of limbs - total and irreversible
- Parkinson's disease before age 65 - resulting in permanent symptoms
- pre-senile dementia before age 65 - resulting in permanent symptoms
- progressive supra-nuclear palsy - resulting in permanent symptoms
- respiratory failure - severe lung disease - of specified severity
- stroke - resulting in permanent symptoms
- systemic lupus erythematosus
- third degree burns - covering 20% of the body's surface area or 50% loss of surface area of the face
- traumatic head injury - resulting in permanent symptoms

Please remember that the heading of each critical illness is only a guide to what is covered. For example:

- some types of cancer are not covered.

Further details of how we will consider your claim, including the full definitions we will use and the evidence we will need, are given in the illnesses and operations covered in the membership handbook.

Who can the plan cover?

You can apply for the plan to cover:

- you alone;
- you and another person; or
- one or two people not including you

Can children have BUPA Critical Illness Cover?

- all of your children up to age 18 - including any you have legally adopted or for whom you are an appointed legal guardian - can be covered under your membership at no extra charge. At age 18 they can apply for BUPA Critical Illness cover of their own.
- children under your membership will be covered for all the specified illnesses and operations, except insulin dependent diabetes mellitus for a lump sum benefit of 25 percent of your cover up to a maximum of £25,000. Benefit is only payable once for each child after which the child's cover will cease.

- your children will not be covered unless your scheme covers only you and/or your spouse/or life partner (unless we agree).
- claims for children do not affect your cover

What cover options are available?

There are three options:

1. Level term cover

Level term cover meaning a fixed lump sum cover for a set period of time from five to 40 years which you select at outset, at the end of which your cover will cease. With this option you can select guaranteed premiums or alternatively your premiums will be reviewed every five years. When we review your premiums they could increase or decrease depending on whether the assumptions we have made about inflation, claims costs, expenses, investment income, tax rates and levies in setting your premiums were correct. If these factors turn out better than we assumed, we will decrease premiums. If they turn out worse we will increase them.

2. Mortgage protection term cover

Mortgage protection term cover, which operates in the same way as term cover. This option differs from level term cover in the way the benefit is paid. The level of the cover reduces each month on the same basis as the capital due on a repayment mortgage reduces with an interest rate of 10 percent per annum.

3. Renewable term cover

Renewable term cover is a fixed lump sum cover which is subject to renewal every five or 10 years (depending on which renewal option you choose). Your premiums will increase or decrease at each renewal without the need for further medical evidence based on the age of the person covered and our premium rates at that time. We may also change the other terms and conditions at renewal and can terminate the scheme at that time if we no longer offer this type of scheme. Your cover cannot continue after the 70th birthday of the person covered.

What premium options are available?

There are three premium options:

Guaranteed premiums

- If your premium option is guaranteed, your premium will remain the same for the term of the membership.
- We can increase your guaranteed premium if the cost of providing cover is increased due to any changes in legislation or taxation. Your premiums will contain an amount to make up a plan fee. We only charge the plan fee on one scheme but if this scheme terminates we will switch it to any scheme you have.
- Premiums will increase if the benefit is increased, for example, if an indexation option is selected.

Reviewable premiums

- If your premium option is 'reviewable', we may increase or decrease your premiums on the fifth anniversary of the commencement date and at the end of every following five year period.
- When we decide what premiums we charge under this option, we make assumptions about the future level of inflation, claim costs, expenses, investment returns, taxes and levies. When we review your premiums under this option, we consider whether the combined effect of these factors is better or worse than we had assumed and if, as a result, the cost of the cover needs to account for this, we may, as a result, increase or reduce your premiums by the amount we reasonably believe is necessary.
- We may also increase your premiums under this premium option due to changes in the law or taxation or where you increase the benefit under your membership which results in an increase in your premium or to collect plan fees. Your premiums will contain an amount to make up a plan fee. We only charge the plan fee on one scheme but if this scheme terminates we will switch it to any scheme you have.
- we will write to tell you about any change to your premiums at least 60 days beforehand.
- If your premium needs to increase, you can tell us to keep the premium the same and reduce the amount of cover instead. Alternatively, you can cancel the membership and stop paying premiums altogether.

Renewable premiums

- If your premium option is renewable your premiums may increase or decrease at each renewal without the need for further medical evidence based on the age of the person covered and our premium rates at that time. Your premiums will almost certainly increase on each renewal date because of an increase in age of the member.
- we may also change the other terms and conditions at renewal and can terminate the membership at that time if we no longer offer this type of membership.
- Renewable premiums are only available with renewable term
- we will write to tell you about any change to your premiums at least 60 days beforehand.
- If your premium needs to increase, you can tell us to keep the premium the same and reduce the amount of cover instead. Alternatively, you can cancel the membership and stop paying premiums altogether
- We can increase your renewable premium if the cost of providing cover is increased due to any changes in legislation or taxation. Your premiums will contain an amount to make up a plan fee. We only charge the

plan fee on one scheme but if this scheme terminates we will switch it to any scheme you have.

Can the scheme cover someone other than me?

- yes. You can apply for joint cover on yourself and your partner or cover on you and another person. Alternatively you can apply for cover for one or two people not including you.
- if you choose joint cover the scheme only pays out once. This is when either person suffers or undergoes one of the specified critical illnesses and survives for 14 days.

What other options are available?

● Indexation

You can help protect the value of your lump sum benefit over the years by selecting an indexation option when you join. If you choose one of these options, your chosen benefit can increase in line with the Retail Price Index (RPI), Average Earnings Index (AEI) or by five or three percent each year on each anniversary of your cover commencing. The increase on the benefits will either be equal to the specified percentage or in proportion to the percentage increase in the RPI or AEI during the first 12 months of the 15 months period for RPI or 17 month period for AEI, prior to the relevant anniversary in both cases. Your premium will increase at a higher rate than your benefit as we will allow for your age and remaining term at the time of the increase in the benefit. The premium increase will also be based on our premium rates at that time. You may cancel any increase under the indexation option by writing to tell us within 30 days of the increase. If you do not cancel, we will not make any increases in the future. Increases that have already been made will not be affected.

● Premium Waiver

A premium waiver option is available when you apply for cover on any of those people covered. If you choose this option your premiums will be waived after a three month period where incapacity prevents the person to whom the option applies from following their own occupation or, if they are not in a paid occupation their incapacity prevents them from carrying out at least three out of six key activities of daily living. The waiver will end if they are able to carry on any paid occupation or they are no longer unable to do at least three activities of daily living, or their 65th birthday, whichever occurs first. This option ceases on the 65th birthday of any person to whom it applies.

● Fracture cover

A fracture cover option is also available. Under this option you will have cover should the person covered suffer one of a number of specified fractures. Cover is up to £2,100. Claims can only be made for one fracture in any year. The definition of fracture will not

include every type of fracture. The full details of the types of fracture covered, the amount of benefit when benefits are paid and the definition of fracture are set out in the membership handbook.

● Reinstatement

A reinstatement option is available. This option will allow you to take out a new membership to provide limited cover for the people covered after a successful claim. The new cover will provide cover for the following conditions.

- aorta graft surgery
- aplastic anaemia - of specified severity
- bacterial meningitis - resulting in permanent symptoms
- cancer - excluding less advanced cases
- cardiomyopathy - of specified severity
- heart attack - of specified severity
- HIV infection - caught from a blood transfusion, a physical assault or at work in an eligible occupation
- kidney failure - requiring dialysis
- liver failure
- major organ transplant
- motor neurone disease before age 65 - resulting in permanent symptoms
- multiple sclerosis - with persisting symptoms
- Parkinson's disease before age 65 - resulting in permanent symptoms
- progressive supra-nuclear palsy - resulting in permanent symptoms
- stroke - resulting in permanent symptoms
- systemic lupus erythematosus
- third degree burns - covering 20% of the body's surface area or 50% loss of surface area of the face.

The option can only be exercised between 12 and 24 months after any claim (further restrictions will apply for cancer) and has a maximum cover equal to the benefit on the current scheme less any of the cover provided under any replacement option (see below). It will not include cover for any conditions which began before the new membership commenced. Full details of this option including the terms which apply are set out in the membership handbook.

- **Replacement**

if your scheme covers two people you can take out a new scheme, a replacement option, after a claim is paid for one of those covered, or they die. The new scheme must be on the other person covered only and to be for no more than the existing level of benefit. The term of the new scheme can not exceed the term of your existing scheme. This is the replacement cover. This option is only available where the initial scheme could continue for more than five years and has been accepted by BUPA at our standard rates. Full details are available in the membership handbook a copy of which is available on request.

- **Total permanent disability**

you can elect to take cover for total permanent disability on any person covered. If you take this option the benefit will be paid if the person the option applies to suffers a total permanent disability as defined under the scheme. Total permanent disability will have different meanings for different people. It will relate to whether they can carry out their own occupation, if they can carry out any occupation to which they are suited or are able to carry out three of the activities of daily working. Full details of these options and what we mean by activities of daily living or daily working are contained within the membership handbook a copy of which is available on request. This option ends when your membership ends or for any member on their 65th birthday.

Each of the options except replacement cover and the increases on marriage / civil partnerships are additional options and are subject to both our agreement and an additional premium.

Changes you can make

- you can increase your cover at any time by 25 percent of the original amount or £50,000 per listed event subject to an overall maximum of 100 percent or £125,000 increase without providing further medical evidence if the person covered gets married or becomes a civil partner, has a child including adopting a child or becoming a legal guardian, increases their mortgage due to moving house or undertaking home improvements, or is promoted by their current employer or starts a new job with a different employer and their salary increases. Each change made can only be made once throughout the lifetime of the membership. This option will not be provided if your scheme is not accepted at one and a half times the standard terms or it covers anyone other than you or your spouse.

What you are not covered for

(See 'What you are not covered for' section of the membership handbook)

We will not pay a claim for the following reasons:

- you do not tell us about your claim as soon as you can
- if we reasonably consider that you have, or the member has misled us (intentionally or carelessly) by either giving us false information or by keeping relevant information from us relating to your membership or claim
- if the claim relates to a member who dies within 14 days of the date of diagnosis of the condition or undergoing the specified operation
- if the cause of the claim is specifically excluded by any specific terms we apply to your cover when we accept your application. If applicable we will show these in your provisional terms and the registration certificate.
- where the claim results from or relates to failure to follow or seek medical advice or self inflicted injury.
- during any period of residence over 13 weeks or for any operation carried out or intended to be carried out outside the specified countries. Any operation must also be medically necessary.
- where the benefit is restricted under the definition of critical illness.
- if the critical illness or operations relating to or arising from AIDS/HIV except as described under What is included under BUPA Critical Illness cover.
- if the claim is for a child and the condition is familial or congenital or if symptoms first arose before:
 - the commencement date;
 - the child reaching the age of 30 days;
 - your legal adoption or legal guardianship of the child
- unless you provide the information and assistance we need to assess a claim. This may require the person covered to attend a medical examination in the UK. We will pay for the medical examination but not any expenses occurred in attending.
- additional terms apply to fracture cover benefit, premium waiver benefit and childcover benefit. Further information can be found in the membership handbook.

How long your cover will last

BUPA Critical Illness cover is a straightforward insurance protection scheme. You decide how long you want the cover for and whom you want it to cover. With renewable term cover your cover will end before the person covered reaches age 70. If you choose any other type of cover this can be any period from five to 40 years but must begin before the 60th birthday of the person covered and cease before their 70th birthday. BUPA Critical Illness cover will continue until:

- you stop paying premiums to it.
- you suffer or undergo one of a specified critical illnesses or operations covered under the scheme (see overleaf for details of the conditions and illnesses covered). You may need to review and update your cover periodically to ensure it remains adequate. If you stop paying your premiums your cover will cease immediately. We will allow cover to continue if the outstanding premiums are paid within 30 days. It may cost you more to take a similar scheme in the future. If you have chosen renewable term cover your premiums will increase or decrease every five or ten years depending on the renewal period you chose. We can also change the terms of your cover and have the right to end your scheme at the same time if we no longer offer this type of scheme at renewal.

Changing your mind

You can change your mind within 30 days:

- of the day when your membership starts or, if later,
- the day when you receive your membership handbook and your registration certificate. However, if you have paid an annual premium and you cancel your cover before the next premium is due, we will give you a pro-rata refund but we will deduct the discount you would have received in that year for paying an annual premium.

Getting in touch

The BUPA helpline is always the first number to call if you need help or support or if you have any comments or complaints. Please call us on 0117 9842300* between 9am and 5pm Monday to Friday. Alternatively, you can write to us at BUPA Health Assurance Limited, The Core, 40 St Thomas Street, Bristol, BS1 6JX.

How to make a claim

You must make your claim as soon as you can. You should always contact us at BUPA Health Assurance Limited, The Core, 40 St Thomas Street, Bristol, BS1 6JX, alternatively call us on 0117 9842300* between 9am and 5pm Monday to Friday. You will also need to have your BUPA membership number handy when you call. (See 'How to make a claim' section of the membership handbook).

Making a complaint

If we have not been able to resolve a problem and wish to take your complaint further, you can contact our Head of Customer Relations at BUPA Health Assurance Limited, The Core, 40 St Thomas Street, Bristol, BS1 6JX, or phone 0117 9842300* between 9am and 5pm Monday to Friday.

If the situation remains unresolved, you may contact the Financial Ombudsman, you may refer your complaint to the Financial Ombudsman Service. You can write to them at South Quay Plaza, 183 Marsh Wall, London E14 9SR or call them on 0845 080 180

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 (FSCS). This will depend on the type of business and the circumstances of your claim. The FSCS may arrange to transfer your membership to another insurer, provide a new membership or, where appropriate, provide compensation. The first £2,000 of any claim paid by the FSCS would be met in full and above this amount, 90% of the remainder will be met.

Further information about compensation scheme arrangements is available from the FSCS by calling 020 7892 7300* or on its website www.fscs.org.uk

The ABI Guide to Critical Illness cover

General information about Critical Illness cover is contained in the ABI (Association of British Insurers) Guide to Critical Illness Cover. We will send you a copy on request. Alternatively you can get a copy by writing to the ABI at 51 Gresham Street, London EC2V 7HO.

*Calls may be recorded and may be monitored



Individual protection

Terms and conditions apply to all plans (and additional options) full details are given in the membership handbook, which is available on request.

BUPA Critical Illness is provided by BUPA Health Assurance Limited a subsidiary of British United Provident Association, having its head office at The Core, 40 St Thomas St, Bristol BS1 6JX. Registered in England and Wales No 2274803.

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