



# Personal Accident Protection Plan

Policy Details



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## Table of Benefits

In return for the payment of the correct premiums, **Insured Persons** are eligible for **Benefits** provided by this **Policy** in accordance with the terms of the **Policy** and the Table of Benefits.

Item	Description	Benefit per Unit	Policy Cancels*
1.	Permanent total disablement - which lasts for at least 52 consecutive weeks and will in all probability prevent the <b>Insured</b> from engaging in gainful employment of any and every kind for the remainder of their life	£20,000	<b>Yes</b>
2.	Accidental death	£20,000	<b>Yes</b>
3.	Permanent and incurable insanity	£20,000	<b>Yes</b>
4.	Permanent total loss of speech	£10,000	<b>No</b>
5.	a) <b>Loss of hearing</b> in both ears	£10,000	<b>No</b>
	b) <b>Loss of hearing</b> in one ear	£3,000	<b>No</b>
6.	a) <b>Loss of sight</b> of both eyes	£20,000	<b>No</b>
	b) <b>Loss of sight</b> of one eye	£10,000	<b>No</b>
	c) Permanent total loss of the lens of one eye	£5,000	<b>No</b>
7.	a) <b>Loss of use</b> of shoulder	£8,000	<b>No</b>
	b) <b>Loss of use</b> of hip	£4,000	<b>No</b>
	c) <b>Loss of use</b> of knee	£4,000	<b>No</b>
	d) <b>Loss of use</b> of wrist	£4,000	<b>No</b>
	e) <b>Loss of use</b> of elbow	£4,000	<b>No</b>
8.	Permanent loss by severance or total and permanent <b>Loss of use</b> of both hands and feet	£20,000	<b>Yes</b>
9.	Permanent loss by severance or total and permanent <b>Loss of use</b> of one hand or foot	£10,000	<b>No</b>
10.	Permanent loss by severance or total and permanent <b>Loss of use</b> of four fingers and thumb of either hand	£8,000	<b>No</b>
11.	Permanent loss by severance or total and permanent <b>Loss of use</b> of four fingers of either hand	£4,000	<b>No</b>
12.	Permanent loss by severance or total and permanent <b>Loss of use</b> of one thumb of either hand:		
	a) Both joints	£4,000	<b>No</b>
	b) One Joint	£2,000	<b>No</b>
13.	Permanent loss by severance or total and permanent <b>Loss of use</b> of fingers on either hand:		
	a) Three joints	£1,000	<b>No</b>
	b) Two joints	£700	<b>No</b>
	c) One joint	£400	<b>No</b>

Item	Description	Benefit per Unit	Policy Cancels*
14.	Permanent loss by severance or total and permanent <b>Loss of use</b> of toes on either foot:		
	a) All – one foot	£3,000	<b>No</b>
	b) Big – both joints	£1,000	<b>No</b>
	c) Big - One joint	£400	<b>No</b>
	d) Other than big, each toe	£400	<b>No</b>
15.	Established non-union of fractured leg or knee cap	£2,000	<b>No</b>
16.	Shortening of the leg by at least 5cm	£1,500	<b>No</b>
17.	Fracture or fractures of one or more bones of the arm (humerus, radius and ulna)	£150	<b>No</b>
18.	Fracture or fractures of one or more bones of the leg (femur, patella, tibia and fibula)	£300	<b>No</b>
19.	Fracture or fractures of one or more bones of the wrist	£150	<b>No</b>
20.	Fracture or fractures of one or more bones of the ankle	£300	<b>No</b>
21.	Fracture or fractures of the collar bone	£1,000	<b>No</b>
22.	Fracture or fractures to the skull	£1,000	<b>No</b>
23.	Full thickness burns which cover:		
	a) 27% or more of the body surface	£4,000	<b>No</b>
	b) 18% or more but less than 27% of the body surface	£3,200	<b>No</b>
	c) 9% or more but less than 18% of the body surface	£2,400	<b>No</b>
	d) 4.5% or more but less than 9% of the body surface	£1,200	<b>No</b>
24.	<b>Benefit</b> while confined to <b>Hospital</b> as an in-patient overnight as a result of an <b>Accident</b> payable for a maximum of 104 full weeks at a rate of:	£100 per full week	<b>No</b>
25.	Funeral benefit in the event of accidental death (this benefit does not increase with the number of units purchased)	£2,000	<b>Yes</b>

\* This **Policy** terminates when **Benefit** payment is made under the items listed as 'Yes'.

## Definitions

Any word or expression to which a specific meaning has been attached will bear the same meaning throughout this **Policy**. For ease of reading the definitions are highlighted by the use of **bold** print and will start with a capital letter.

### **Accident**

Means a sudden, unexpected, unusual, unintentional, specific event which occurs at an identifiable time and location during the **Period of Insurance**.

### **Act of Terrorism**

An act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

### **Benefit(s)**

The amount shown in the Table of Benefits multiplied by the number of units purchased, as shown in the **Schedule of Insurance**, unless stated otherwise within this **Policy**.

### **Bodily Injury**

Means identifiable physical injury which

- a) is caused by an **Accident**, and
- b) solely and independently of any other cause except illness directly resulting from, or medical or surgical treatment rendered necessary by, such **Bodily Injury**, results in **Your** death or disablement as provided for under this insurance within twenty-four calendar months of the date of such **Accident**.

**Bodily Injury** shall also include exposure resulting from a mishap to a conveyance in which **You** are travelling; and any injury caused by exposure to the elements. The date of such mishap shall be deemed to be the date of the **Accident** causing such **Bodily Injury**.

### **Child(ren)**

Any unmarried dependent **Child** (including legally adopted) of **Yours** and/or **Your Permanent Partner** named in the **Schedule of Insurance**, who is below age 18 years (or 23 years if in full time education) and permanently residing with **You**. Foster **Children** are excluded.

### **Hospital**

Any NHS or registered private **Hospital** providing both a full time nursing service for the care of resident patients by persons with recognised nursing qualifications; and full time surgical and medical facilities by registered medical practitioners.

### **Insured**

The person who made application and was accepted by **Us** for insurance, has paid or agreed to pay the premiums and is named in the **Schedule of Insurance** as the **Insured**.

### **Insured Person(s)**

The person(s) insured under the **Policy** as shown in the **Schedule of Insurance**.

### **Loss of hearing**

Total and irrecoverable **Loss of hearing**.

### **Loss of limb**

Loss by permanent severance of an entire hand or foot or the total and permanent **Loss of use** of an entire hand or foot.

### **Loss of sight**

Total and irrecoverable **Loss of sight**.

### Loss of use

Total and permanent **Loss of use**.

### Period of Insurance

The dates shown on the **Schedule of Insurance** and any further period subject to payment of premium being made and accepted.

### Permanent Partner

The one person named as such in the **Schedule of Insurance**, who is **Your** lawful spouse (or some other person who cohabits with **You**) and who permanently resides with **You**.

### Policy

**Your** personal **Accident Policy** booklet and most recent **Schedule of Insurance**.

### Schedule of Insurance

The document which sets out the insurance cover **We** provide under the conditions of this wording.

### We/Us/Our

BHSF Limited.

### You/Your

The policyholder and, where applicable, to any **Permanent Partner** or **Children** covered under **Your Policy**.

## Your Policy

We will, subject to the terms, conditions, provisions and exceptions of this **Policy**, pay to the **Insured**, or in the case of death to the administrator(s) or executor(s) of the deceased person's estate, the relevant **Benefit(s)** if during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** caused solely and directly by violent, accidental, external and visible means, resulting directly and independently of any other cause within two years in death, loss, disablement, or confinement to **Hospital** as described.

**We** agree to pay in accordance with the Table of Benefits, if, during the **Period of Insurance** **You** sustain **Bodily Injury** as defined herein, subject always to the terms, conditions, provisions, limitations and exclusions hereof.

In the event of multiple fractures to the same body part, the maximum amount **We** will pay is one fracture **Benefit** regardless of the number of individual bones affected. If more than one injury occurs to the same part of the body, payment will be made for the highest **Benefit** only, for example, if a fracture to the leg results in the leg being amputated **We** will pay for the amputation only.

Payment of **Benefit** under the section **Loss of use** of hip, shall also include a replacement hip if this is required due to an **Accident** meeting the terms above.

The maximum payable for **Bodily Injury** arising from any one **Accident** is the amount payable for Accidental Death shown under item 4, per unit of cover purchased.

In the event that an **Accident** covered under this insurance should result in **Your** death, within twenty-four months of the date of such **Accident** and prior to the definite settlement of a claim for disablement, as provided for under Table of Benefits, **We** shall pay instead of such claims for disablement the sum insured payable for item 4 Accidental Death.

If an **Insured Person** disappears during the **Period of Insurance** and is not found within twelve months of disappearing, and an original death certificate is provided that leads **Us** inevitably to the conclusion they have sustained **Bodily Injury** and that such injury has caused their death, the sum insured for item 4 Accidental Death shall become payable hereunder. If at any time after such payment the **Insured Person** shall be found to be living, the sum paid shall be refunded to **Us**.

Any **Bodily Injury** caused by exposure to the elements is covered up to the amount shown in the Table of Benefits.

**Benefit** is not payable for an Insured Person under item 1 – Permanent total disablement, until one year after the date of permanent total disablement.

**Benefit** shall not be payable more than once for an **Insured Person** under items 1, 2, 3, 4, 5, 6a, 8 and 25.

The provision of personal **Accident** cover will terminate on the date payment of **Benefit** is made to **You** under any of **Benefits** 1, 2, 3, 8, or 25.

BHSF Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority. This can be checked on their register by visiting [www.fca.org.uk/register](http://www.fca.org.uk/register) or by contacting them on 0800 111 6768.

## The Law Applicable to This Policy

As **We** are based in England **We** propose to apply the laws of England and Wales and by buying this **Policy You** have agreed to this.

### Important

**Your Policy** is evidence of the contract of insurance. **We** recommend that **You** read this **Policy** in conjunction with **Your Schedule of Insurance** to ensure that it meets with **Your** requirements. Should **You** have any queries please contact **Us**.

**Your** attention is drawn to the Making **Yourself** Heard section on page 12.

## Policy Conditions

These conditions apply throughout **Your Policy**.

All **Insured Persons** must comply with the following conditions to have the full protection of the **Policy**.

If **You** do not comply with them **We** may cancel the **Policy**, refuse to deal with **Your** claim or reduce the amount of any claim.

### Premiums and Benefits

Subject to the remainder of this section, it is **Your** responsibility to pay premiums due under this **Policy** monthly in advance to **Us**. **Your Policy** will be cancelled if **Your Policy** remains unpaid for 3 consecutive monthly premiums. The payment of **Benefits** depends upon premiums being up to date at the time of the incident which gives rise to the claim. All rights to **Benefits** cease after the last day of the period covered by the final premium payment.

All **Benefits** are available from the start date of cover shown on **Your Schedule of Insurance**.

**We** reserve the right to vary the premiums, **Benefits** or rules of this plan on giving **You** at least four weeks prior notice at **Your** last known address, or the email address registered to **Your Policy** for:

- A change in the applicable rate of Insurance Premium Tax.
- A change in **Our** expected claims experience.
- Changes to regulatory requirements or legislation.

## Cancellation by Us

Cover in respect of an **Insured Person** shall immediately terminate on the earliest of the following dates:-

- a) on the date the **Policy** is cancelled by the **Insured**;
- b) on the date the **Insured** fails to pay the required premium;
- c) on the date payment of **Benefit** is made under **Benefits** 1, 2, 3, 4, 8, or 25, as listed on the Table of Benefits under the column headed '**Policy Cancels\***';

**We** reserve the right to decline or cancel **Your Policy**, with no premium refund, if:

- **We** suspect **You** did not tell the truth or, concealed information or failed to comply with the terms and conditions as more specifically set out in the General Condition 6; or
- **You**, anyone representing **You**, or anyone covered on **Your Policy**, acts in a threatening or abusive manner towards a member of Our organisation, e.g. violent behaviour, verbal abuse, sexual, and/or racial harassment.

**We** reserve the right to decline, cancel or vary the premiums, **Benefits**, or rules of this plan on giving **You** at least 21 days prior notice at **Your** last known address, or the email address registered to **Your Policy** for:

- A change in the applicable rate of Insurance Premium Tax.
- A change in **Our** expected claims experience.
- Changes to regulatory requirements or legislation.

All rights to **Benefit** cease after the last day of the period covered by the final premium payment.

## Cancellation by You

**You** may cancel the **Policy** at any time. **You** must tell **Us** either by calling Plus Insurance on 01234 716002, or by emailing Plus Insurance at [sales@plusinsurance.co.uk](mailto:sales@plusinsurance.co.uk).

If **You** cancel within the first 14 days of receipt of **Your Policy** documentation, providing **You** have not made a claim **We** will refund any premium paid. If a claim has been submitted during the current **Period of Insurance** no premium refund will be given.

If **You** cancel after the first 14 days of receipt of **Your Policy** documentation no refund of premium will be made.

## Assignment

This **Policy** is not assignable. Payment of any **Benefit** will be made only to the **Insured** or **Insured's** estate.

## Age Limits

Cover, on the basis set out within this **Policy**, is provided to the **Insured** if **You** are above age 16 and below the maximum age limit, as stated in the Schedule of Insurance, at the time of **Our** receipt of an application for either a new **Policy** or a change to the level of cover of an existing **Policy**. The same age requirement applies to any **Permanent Partner** to be included.

Dependent **Children** are covered between the ages of 30 days and until the date of their 18<sup>th</sup> birthday (23<sup>rd</sup> if unmarried and in full time education). Any **Child** under the age of 16 at the date of the **Accident** shall be entitled to 50% of the amount shown on the Table of Benefits, except for the entitlement under item 2 – Accidental Death, which shall be limited to £2,500, irrespective of the number of units purchased.



## General Conditions

- 1 If **You** wish to make any change to the persons insured, then **You** should make application to **Us** and, if the changes are agreed, a new **Schedule of Insurance** will be issued.
- 2 This **Policy** is not transferable to any other person.
- 3 Premiums and claims are payable in sterling.
- 4 All persons insured under this **Policy** must be normally resident in the United Kingdom.
- 5 Cover is subject to the conditions set out in the application form. Any material failure to complete that form fully and truthfully entitles **Us** to terminate the **Policy** forthwith and may invalidate any claims under the **Policy**.
- 6 The submission of a false or misrepresented claim may result in cancellation of the **Policy** and/or legal action against **You**. **You** are responsible for ensuring the accuracy of claims made under this **Policy**.
- 7 No sum payable under this **Policy** shall carry interest.

## Protecting Your Data

At BHSF **We** are committed to protecting **Your** personal data and process it in accordance with all applicable data protection laws. **Our** aim in processing **Your** personal data is to deliver the best possible service to **You** whilst recognising the need to protect **Your** fundamental right to privacy.

**We** use **Your** personal data for such things as risk assessments, research and statistical purposes, claims handling and for the general administration of **Your Policy**. For further information about how **We** handle **Your** personal data and **Your** rights please read **Our** privacy statement at <https://www.bhsf.co.uk/privacy>.

## Fraud

The **Insured** or **Insured Persons** must not act in a fraudulent manner. If the **Insured**, the **Insured Persons** or anyone acting for either of them:

- a) makes a claim under the **Policy** knowing the claim to be false or fraudulently exaggerated in any respect; or
- b) makes a statement in support of a claim knowing the statement to be false in any respect; or
- c) submit a document in support of a claim knowing the document to be forged or false in any respect; or
- d) makes a claim in respect of any **Bodily Injury** occasioned by the wilful act or with the connivance of the **Insured** or the **Insured Person**

Then:

- a) **We** shall not pay the claim.
- b) **We** shall not pay any other claim which has been or will be made under the **Policy**.
- c) **We** may at **Our** option declare the **Policy** void.
- d) **We** shall be entitled to recover from the Insured the amount of any claim already paid under the **Policy**.
- e) **We** shall not make any return premium.
- f) **We** may inform the Police of the circumstances.

## Financial Services Compensation Scheme (FSCS)

**We** are covered by the FSCS. Compensation from that scheme may be payable if **We** are unable to meet **Our** obligations (e.g. if **We** go out of business or into liquidation or are unable to trade). Entitlement depends on the type of business and the circumstances of the claim.

Further information about the scheme is available on the FSCS website [www.fscs.org.uk](http://www.fscs.org.uk)

## Exclusions

**We** will not pay **Benefit** for **Bodily Injury** of an **Insured Person** in the following circumstances:

### Medical or physical conditions

- a) If the **Bodily Injury** arises from the **Insured Person** taking a drug which is not lawfully available, or is lawfully available only on prescription by a qualified doctor or dentist. This exception does not apply if the drug was prescribed, and the correct dosage taken.
- b) If the **Bodily Injury** is solely as a result of illness, disease or disorder.
- c) If the **Bodily Injury** arises from, is traceable to, or is caused by any gradually developing bodily deterioration, whatever the cause of that deterioration.
- d) If the **Bodily Injury** arises from any medical or surgical procedures.

### Other circumstances

- a) If the **Bodily Injury** arises from **You** suicide, attempted suicide, intentional self-injury or deliberate exposure to exceptional danger (except in an attempt to save human life).
- b) **You** committing a criminal act.
- c) If the **Bodily Injury** arises from **You** engaging in a professional sport for which **You** receive payment or prize money.
- d) If the **Bodily Injury** arises from **You** engaging in any form of operational duties as a member of the armed forces.
- e) If the **Bodily Injury** arises from any event which occurs whilst **You** are out of the UK for a period longer than 3 months.

### Dangerous activities

If the **Bodily Injury** arises from aerial activities, except as a passenger in an aircraft operating under its own power. Or from taking part in, or practising for racing, competitions, rallies or trials on wheels or on horseback, hang-gliding, parachuting, parascending, paragliding or bungee jumping, mountaineering, rock climbing, potholing, caving or white water rafting, diving underwater involving the use of breathing apparatus, off-piste skiing, sleighing or snowboarding.

### War and other perils exclusion

**We** shall not be liable for expense, death, disablement, loss, damage or indemnity, directly or indirectly resulting from or attributable to:

- a) war, invasion, civil war, armed hostility, rebellion, revolution, overthrow of a legally constituted government, insurrection of military or usurped power, explosion of war weapon(s), act of an enemy foreign to the nationality of the **Insured** or of the country in which the act occurs,
- b) utilisation of chemical weapons or biological weapons, the release of weapons of mass destruction

### Nuclear/Radioactive Exclusion Clause

**We** shall not be liable for death, disablement, expense, loss, damage or indemnity directly or indirectly resulting from or attributable to nuclear reaction, nuclear radiation or radioactive contamination.

### Nuclear, Chemical, Biological, Terrorism

**We** shall not be liable for any claim in any way caused or contributed to by an **Act of Terrorism** involving the use or release of, or the threat thereof of any nuclear weapon or device or chemical or biological agent.

## Electronic Data Recognition Clause

**We** shall not be liable under this insurance for any claims in any way caused by or contributed to by the failure of, or the fear of failure of, or the inability of, any equipment or any computer program, to recognise, interpret correctly, or process any date as the true calendar date, or to continue to function correctly beyond that date.

## Making a Claim

In the event that **You** need to make a claim, **We** have done all **We** can to ensure that it is as simple and trouble free as possible. **You** should contact **Our** Helpdesk on 0121 454 3601 as soon as is practical after **Your Accident**, but within 60 days of the occurrence of the **Bodily Injury** sustained. If **You** are unable to contact **Us** by telephone then **You** should write to:

Personal Accident Claims  
BHSF Limited  
13<sup>th</sup> Floor  
54 Hagley Road  
Birmingham  
B16 8PE

When **You** have contacted **Us**, a claim form will be sent to **You**. This should be completed and returned to the address above, along with any information, evidence or medical certificates that will be needed to deal with **Your** claim.

If **You** do not notify **Us** of the claim within 60 days and this prejudices **Our** ability to verify the claim, then, other than in exceptional circumstances, no **Benefits** will be paid in respect of the claim.

Please note when contacting **Us** by telephone, calls may be monitored or recorded.

## Claims Conditions

**You** and any **Insured Persons** must comply with the following conditions to have the full protection of this **Policy**. If **You** or any **Insured Person** does not comply with them then **We** may at **Our** option cancel the **Policy**, refuse to deal with the claim or reduce the amount of any claim payment.

1. **You** must provide any information, evidence or medical certificates **We** may need to deal with **Your** claim at **Your** own expense. Other than in exceptional circumstances, no **Benefits** shall be payable for any period for which the required substantiating proof is not provided.
2. **We** may require **You** at **Our** expense, to be examined by a medical examiner of **Our** choice. If **You** fail to attend any such examination, **We** may not pay **Your** claim.
3. Unless otherwise agreed by **Us**, **Benefits** shall not become payable until the total amount due has been ascertained.
4. As part of **Our** commitment to customer care **We** may arrange for support agents to visit **You**. The purpose of any such visit will be to gather details relating to **Your** claim in order to ensure an accurate assessment. It is essential that **You** make yourself available for any such visit. If **You** fail to do so it could put **Your** claim payment in jeopardy.

## Making Yourself Heard

If **You** have cause for complaint it is important **You** know **We** are committed to providing **You** with an excellent level of service and customer care.

**We** realise that things can go wrong and there may be occasions when **You** feel that **We** have not provided the service expected. When this happens, **We** want to hear about it so that **We** can try to put things right.

### Who to Contact?

The most important factors in getting **Your** complaint dealt with as quickly and efficiently as possible are:

- To be sure **You** are talking to the right person, and;
- That **You** are giving them the right information.

### When You Contact Us

- Please give **Us Your** name and a contact telephone number.
- Please quote **Your Policy** and/or claim number, and the type of **Policy You** hold.
- Please explain clearly and concisely the reason for **Your** complaint.

### Initiating Your Complaint

**You** should contact:

BHSF Limited  
13<sup>th</sup> Floor  
54 Hagley Road  
Birmingham  
B16 8PE

Tel: 0121 454 3601

Email: [Enquiries@bhsf.co.uk](mailto:Enquiries@bhsf.co.uk)

If **You** wish to provide written details, the following checklist has been prepared for **You** to use when drafting **Your** letter.

- Head **Your** letter 'COMPLAINT'.
- Give **Your** full name, postcode and contact telephone number(s).
- Quote the type of **Policy** and **Your Policy** and/or claim number.
- Explain clearly and concisely the reason(s) for **Your** complaint.

## Contact Plus Insurance

**By calling:**

01234 716002

Opening hours: 9am-5pm Monday-Friday (Excluding Bank Holidays)

Calls are recorded and monitored for training and security purposes.

**By emailing Us at:**

[sales@plusinsurance.co.uk](mailto:sales@plusinsurance.co.uk)

**Or by writing to:**

Plus Insurance

PO Box 1653

Bedford

MK41 5BZ

Plus Insurance is a trading name of Plus Insurance Partners Ltd.

Plus Insurance Partners Ltd is registered at Companies House: 06892262. Plus Insurance Partners Ltd is authorised and regulated by the Financial Conduct Authority (FCA). Registration number: 530021.

BHSF Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.



INVESTORS  
IN PEOPLE