



General & Medical

Personal Healthcare

for individuals and families



Choose General & Medical Healthcare

General & Medical Finance Ltd specialise in providing excellent private medical insurance to individuals and their families, under the banner of General & Medical Healthcare. We pride ourselves on our first class customer service, never forgetting our guiding principle, **People first...always.**

This brochure tells you how you can protect yourself and your family with private health insurance from General & Medical. It's important that you choose the scheme that is right for you so we have included as much information as we can about the choices available. If you have any questions at all, please call us. We're here to help on **0800 970 9442.**

Contents

Health Insurance - helping you to get well sooner	3
Equus Range - essential, affordable cover	4
Altus Range - a comprehensive choice	5
Health & Wellbeing - a free service	6
Participating Hospitals - more choice for you	7
Ways to Enhance your Cover	8
Ways to Reduce your Premiums	9
Policy Summary - Equus and Altus range	10
What Isn't Covered	12
Optional Worldwide Travel Insurance Upgrade	13
Your Questions Answered	14
Underwriting Options	17
Service Levels - our service promise	18
How to Apply	19

Health Insurance - helping you to get well sooner

Nothing is more important to you than your health and the health of your family. If you or your loved ones were to experience worrying symptoms, private medical insurance can give you some control over the situation. Diagnosis and treatment can be dealt with almost immediately, helping you to concentrate on getting well sooner.

Choice and Convenience

When your doctor says tests or treatment is needed there are no waiting lists to worry about. Appointments can be made at your chosen hospital within days. If further investigations or surgery is needed, you can choose which hospital to attend and which consultant you wish to perform the procedure. You can also choose to undergo treatment at a date and time that best fits around your life, work or family commitments.

Quality Care

At any one of our selected private hospitals or medical facilities, you will usually have your own private room with en-suite facilities, excellent food and unrestricted visiting hours. You are also likely to have the same consultant dealing with you throughout your treatment and nursing staff with more time to dedicate to your personal care.

First Class Claims Service

We give a personal level of service to all clients. Telephone calls are never routed through a call centre or held in a queuing system. As a client of General & Medical Healthcare you will be assigned a named Client Relations Co-ordinator.

All of our Client Relations Co-ordinators are fully trained in medical terminology and medical claims handling and are here to make the claims process as seamless as possible. When it's time to pay for your treatment, we make the payments direct to the hospital, leaving you with one less thing to worry about and able to concentrate on your recovery.



Equs Range - essential, affordable cover

The Equs range is designed to give you the benefits of private healthcare, at the lowest cost. Because of this, the Equs range has proved very popular with individuals and families, who may not have considered private healthcare before. If you experience worrying symptoms and you think something is wrong, our Equs schemes give you some control over the situation.

Equs Key

Equs Key provides you with an essential level of cover. You'll have fast access to an initial consultation and diagnostic tests so you can find out very quickly whether something is wrong. You'll also be covered if you need to be admitted to a private hospital for surgery for an acute condition.

Equs Key may suit you if you are looking for an essential level of in-patient cover only.

Equs

Equs has all the benefits of Equs Key but it includes an essential level of cover for the treatment of cancer that increases for each of the first five years of your membership, if you don't make a claim for cancer. In addition, within certain limits, there is out-patient cover for therapies, complementary medicine and cardiovascular conditions.

Equs really does have the potential to meet your medical needs, at a price to suit most budgets.

Equs Plus

Equs Plus offers more protection. There are higher limits for out-patient benefits and more comprehensive cover for therapies and complementary medicine. Perhaps more importantly, Equs Plus provides in-patient cover for cardiovascular conditions. There is also a higher level of cover for the treatment of cancer that increases for each of the first ten years of your membership, if you don't make a claim for cancer.

There are useful additional benefits such as cover for a private ambulance and home nursing. Cash benefits are also included for temporary disablement and critical illnesses.

In this way, Equs Plus provides a level of cover to protect the vast majority of people and their loved ones.

For more details, please take a look at the Policy Summary and key facts from page 10 of this brochure. Full terms and conditions are contained in 'the Guide to your Health Scheme' which is provided when your policy is set up and is available on request.



Altus Range - a comprehensive choice

The Altus range is our most popular range of schemes. The range is designed to provide you and your family with an excellent choice at a price to suit most budgets. Altus is a range of comprehensive healthcare schemes. Whether you need to see a specialist as an out-patient, or go into hospital as an in-patient or day-patient, there is a scheme to suit you.

Altus Key

Altus Key provides fast access to initial consultation and diagnostic tests, so you can find out very quickly whether something is wrong. Comprehensive cover is also given for admission to a private hospital for surgery of acute conditions. This includes a level of cover for cancer treatment that increases for each of the first ten years of your membership, if you don't make a claim for cancer.

Altus Key may suit you if you are looking for a comprehensive level of in-patient cover only.

Altus

Altus may be the right choice for you if you need comprehensive cover for in-patient care and you are happy to accept out-patient benefits which are subject to certain limits, in return for a lower monthly premium.

Of course, cover is provided for cancer treatment including radiotherapy and chemotherapy. In addition, with access to our GP advice line 24 hours a day, you and your family will be able to discuss any health concerns at any time, without having to trouble your own doctor.

Altus Plus

Altus Plus provides all the benefits of Altus and more. There are higher limits for out-patient benefits but there are also useful additional benefits such as cover for a private ambulance and home nursing. A life cash benefit is also included and there are cash benefits for personal accident, temporary disablement and critical illness.

Importantly, Altus Plus also provides you with medical cover outside of the UK. If you or your family are taken ill or are injured overseas, Altus Plus is designed to meet the medical costs and the costs of transportation back to the UK for urgent medical attention. Cover is also provided for a doctor to accompany you, if necessary.

For more details, please take a look at the Policy Summary and key facts from page 10 of this brochure. Full terms and conditions are contained in 'the Guide to your Health Scheme' which is provided when your policy is set up and is available on request.





Health & Wellbeing - a free service

At General & Medical, the wellbeing of you and your loved ones is important to us so all of our policies give you free access to our Health & Wellbeing Services.

Health & Wellbeing 'online'

The online Health & Wellbeing site gives you the resources and inspiration to make simple changes to develop a healthier, more balanced and productive lifestyle. Within the site, the 'Fitness2live' portal provides:

- Active life programmes designed to guide you to your health goals
- Health & Wellbeing programmes with up to date, clinically validated support information
- Active sport programmes for those with specific sports or training goals
- Active care programmes designed to prevent illness or manage existing conditions

There is also help with a wide range of issues such as medical information, diet and nutrition, help to stop smoking and even guidance on travelling overseas.

Telephone Counselling

This service is available 24 hours a day, 7 days a week and gives you access to confidential telephone counselling and support. You can speak with counsellors, scheduling convenient appointments for each session. The specialist teams of experienced, qualified and trained counsellors are able to provide support and assistance on a wide range of issues including family and relationship difficulties, anxiety, stress, emotional problems, work related issues, bereavement and debt.

Health & Wellbeing advice

The Health & Wellbeing advice service gives you access to a team of doctors, nurses and specialists who are on hand to provide confidential and easy to understand help and guidance. You can discuss health and lifestyle issues, medical symptoms and worries with a sympathetic professional across a wide range of subjects. This service provides general guidance and information only and is not intended to detract from or substitute normal primary healthcare. This is not an emergency service and will not provide a diagnosis or prescribe treatment.

Our Health & Wellbeing Services are provided by FirstAssist Services Ltd.



Participating Hospitals - more choice for you

A vital part of any private medical insurance scheme is the available medical facilities, in which treatment may be given. With General & Medical, whichever level of cover you choose, you'll have access to over 450 of some of the best private hospitals and medical facilities throughout the UK.

Hospital Choices

At General & Medical we have one of the largest selections of hospitals and medical facilities compared to any UK health insurer. We call these our Participating Hospitals and they include the majority of the leading national private hospital groups and the NHS private patient units, giving you access to the most modern facilities available in the UK.

Most of our Participating Hospitals provide a single private room with en-suite facilities for in-patient accommodation, together with a choice of menus, flexible visiting times and other facilities consistent with a modern private facility. This gives you timely access, privacy and the dedicated care and comfort you deserve.

The cost of treatment between different facilities can vary enormously, so we have grouped our Participating Hospitals to give you three levels of choice. In this way, we are able to reflect the lower cost of treatment at certain facilities by reducing premiums according to the hospitals you choose.

First Choice

Our First Choice Hospitals are a selected group of over 150 private hospitals at locations throughout the UK. If you choose our First Choice Hospitals, you will benefit from our lowest monthly premiums.

Freedom

Freedom Hospitals give you access to many additional hospitals throughout the UK, both NHS and private. Also, where Freedom Hospitals are chosen we provide you with a cash benefit of £100 for each night spent in one of our First Choice Hospitals. If treatment is undertaken as a day-patient at one of our First Choice Hospitals, we will also pay you £100 for that day.

Premium

Premium Hospitals are specialist facilities that due to their reputation and location are able to charge substantially more for their medical services. You can upgrade to Premium Hospitals for an additional monthly premium.

For full details of our hospital list, please ask for our Participating Hospitals brochure.



Ways to Enhance your Cover

You can enhance your cover by, for example, choosing **Altus Plus** instead of **Altus** or **Freedom Hospitals** instead of **First Choice Hospitals**. You should select the level of cover and hospital choice that best suits your needs, but you can also choose to add any of the following options to enhance the benefits available from your healthcare scheme.

Pre-existing conditions cover

When you apply for cover, you have the option to cover treatment relating to pre-existing conditions, from the following list of defined conditions.

- Acne
- Asthma
- Diabetes
- Eczema
- Glaucoma
- Hay Fever - Rhinitis
- Hypertension
- Psoriasis

For an additional premium, you can extend your cover for up to two of the pre-defined conditions. The cover is subject to an annual limit of £1,000 which rolls up year on year to a maximum of £10,000 after 10 years, provided cover has been continuous and there have been no claims relating to the pre-existing condition.

This option has helped some people to consider private health insurance for the first time and has caused others with cover elsewhere, to think about switching to General & Medical.

In-patient Psychiatric Treatment

This option gives you cover for both in-patient and day-patient treatment if you are diagnosed with a psychiatric condition, up to a maximum limit of 35 days or £20,000 per membership year. Full terms and conditions are given in 'the Guide to your Health Scheme'.

Worldwide Travel Insurance

Adding our Worldwide Travel Insurance gives you and your family the peace of mind of medical benefits and repatriation from any country worldwide, wherever you may be. Cover is provided for an unlimited number of trips within any 12 month period.

Other benefits included are:

- Cover for winter sports
- Generous cover for personal possessions
- Cover for cancellation or curtailment of trips
- Cover for up to 120 days maximum per trip
- Personal Liability and Personal Accident cover

For a small additional fee, you can also upgrade your cover to include scuba diving. For more details, please refer to the Worldwide Travel Policy Summary on page 13 and Your Questions Answered on pages 14-16 of this brochure.



Ways to Reduce your Premiums

If reducing your premiums would help you to meet your budget, you can of course, choose a lower level of cover, for example by choosing Altus instead of Altus Plus or by restricting your hospital choice to First Choice only. You can also significantly reduce your premiums by adding an excess to your policy.

Policy Excess

An excess is an amount agreed in advance that you or each person on your policy pays towards the cost of a claim. For example, if you choose a £250 excess per claim and your treatment for one eligible claim costs £5,000, you would pay the first £250 and we would pay the rest.

You can add an excess of £75, £100, £150, £200, £250, £500, £1000, £2000 or £3000. At the start of the policy, you choose whether the excess applies once per policy year or to each claim. If you choose an excess per policy year and your treatment for an eligible claim carries on into the next policy year, another excess will apply.

Remember - the higher the excess, the lower your monthly premium. For example, even an excess of £250 per claim could reduce your monthly premium by over 20%!

The important thing is to choose a level of excess that you can comfortably afford.



Some important facts about our private medical insurance policies are summarised over the next few pages. This summary of benefits does not describe the full terms, conditions and exclusions of this policy, which can be found in the policy document called 'the Guide to your Health Scheme'. Please also refer to your Certificate of Cover.

	Equis Key	Equis	Equis Plus	Altus Key	Altus	Altus Plus
In-Patient Benefits						
Accommodation and Nursing Care	✓	✓	✓	✓	✓	✓
Surgeon and Anaesthetist Fees	✓	✓	✓	✓	✓	✓
Operating Theatre and Intensive Care Costs	✓	✓	✓	✓	✓	✓
Drugs, Dressings and Consumables	✓	✓	✓	✓	✓	✓
Radiotherapy and Chemotherapy		14	15	16	✓	✓
Diagnostics including MRI and CT	✓	✓	✓	✓	✓	✓
Physiotherapy	✓	✓	✓	✓	✓	✓
Optional in-patient Psychiatry for individuals or groups up to 5 on cover 50% co-share****			◆	◆	◆	◆
Optional in-patient Psychiatry for groups of 6 adults or more on cover****			■	■	■	■
Parent accompanying child	4	4	4	4	4	4
Treatment for Cancer		14	15	16	✓	✓
Treatment for Cardiovascular conditions			✓	✓	✓	✓
Out-Patient Benefits						
Out-patient initial consultation and specialist fees including diagnostics relating to an in-patient admission	⊙	⊙	✓	✓	✓	✓
Out-patient initial consultation and specialist fees including diagnostics not relating to an in-patient admission		⊙	✓		✓	✓
Subsequent consultation and specialist fees relating to an in-patient admission	⊙	⊙	●	✓	✓	✓
Subsequent consultation and specialist fees not relating to an in-patient admission			●		✓	✓
Subsequent diagnostics inc MRI & CT Scans relating to an in-patient admission	⊙	⊙	●	✓	●	✓
Subsequent diagnostics inc MRI & CT Scans not relating to an in-patient admission			●		●	✓
Physiotherapy relating to an in-patient admission	3	3	✦	✦	✦	✦
Physiotherapy not relating to an in-patient admission			✦		✦	✦
Complementary medicine relating to an in-patient admission	3	3	✦	✦	✦	✦
Complementary medicine not relating to an in-patient admission			✦		✦	✦
Radiotherapy and Chemotherapy		14	15	16	✓	✓
Out-patient Psychiatry***			5			5
Treatment for Cancer		14	15	16	✓	✓
Treatment for Cardiovascular conditions		⊙	✓	✓	✓	✓
Maternity						
Complications of Pregnancy (defined conditions only)			✓			✓
Maternity Benefit (10 month waiting period applies)						10
Dental						
In-patient oro-surgical operations/procedures	✓	✓	✓	✓	✓	✓
GP Services						
24 hr GP advice line					✓	✓
GP minor surgery						
Private GP services						
Hospitals						
First Choice Hospital List (available option)	✓	✓	✓	✓	✓	✓
Freedom Hospital List (available option)	✓	✓	✓	✓	✓	✓
Premium Hospital List (available option)	✓	✓	✓	✓	✓	✓

Equus Key
Equus
Equus Plus
Altus Key
Altus
Altus Plus

Cash Benefit

Freedom Cash Back (£100 per night)	5	5	5	5	5	5
NHS Cash Benefit (£250 per night)	13	13	13	13	13	13
Life Cash Benefit						5
Personal Accident Cash Benefit						5
Temporary Disablement Cash Benefit			9			9
Critical Illness Cash Benefit			5			5

Other Benefits

Stress Counselling Helpline/Health & Wellbeing Services	✓	✓	✓	✓	✓	✓
Home Nursing			4	5	5	5
Private Ambulance			4			4
Monitoring of a pre-cured eligible condition*****						12
Excess Options (per claim or per annum)	✓	✓	✓	✓	✓	✓
Non UK Medical Cover						✓
Worldwide Travel Cover	*	*	*	*	*	*
Cover for pre-existing conditions (from a specific list)	*	*	*	*	*	*
Annual Overall Maximum Benefit £Millions	£1M	£1M	£1M	£1M	£1M	£1M

KEY TO TABLE

✓	Full Refund (in accordance with any limits detailed within 'the Guide to your Health Scheme')	1	£100 per year
	Not covered	2	£200 per year
***	Out-patient Psychiatry is subject to a waiting period. Full details are available in 'the Guide to your Health Scheme'	3	£250 per year
****	Where in-patient Psychiatry is available either as an optional upgrade for groups or included, maximum benefit per membership year is up to 35 days or £20,000 subject to terms & conditions	4	£500 per year
*****	Monitoring of a pre-cured eligible condition is subject to a waiting period of 48 months	5	£1,000 per year (excluding Life Cash Benefit - which is for a single claim)
*	An optional additional service	6	£1,500 per year
◆	Optional in-patient Psychiatry 1 to 5 on cover 50% co-share	7	£3,000 per year
■	Optional in-patient Psychiatry for groups of 6 adults or more on cover	8	35 days
⊙	Total combined amount payable of £500 per membership year	9	£100 for up to 6 months
●	Total combined amount payable (including Therapies Benefit) £1,500 per membership year	10	£150 per child
⊙	Total combined amount payable in a membership year £1,500 of which £500 can be spent on MRI/CT Scans	11	£160 per child
✧	Therapies Benefit. Total payable in a membership year £500 (part of overall out-patient benefit)	12	£1,500 during a 24 month period
✦	Therapies Benefit. Total payable in a membership year £750 (part of overall out-patient benefit)	13	£7,500 per membership year
⌘	Therapies Benefit. Total payable in a membership year £1,050 (part of overall out-patient benefit)	14	Part of the combined overall limit for cancer treatment of £5,000 per membership year, rolling up to £25,000 after 5 continuous years membership with no related claims
		15	Part of the combined overall limit for cancer treatment of £7,500 per membership year, rolling up to £75,000 after 10 continuous years membership with no related claims
		16	Part of the combined overall limit for cancer treatment of £10,000 per membership year, rolling up to £100,000 after 10 continuous years membership with no related claims

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What Isn't Covered

Our cover has a number of exclusions and limitations which will vary slightly depending on the options or cover that you choose. The exclusions and limitations on our schemes are summarised below. For full details please refer to your Certificate of Cover and 'the Guide to your Health Scheme'.

Significant Limitations

- a) The services of a general practitioner or general dental practitioner.
- b) Sight testing, routine medical examinations, chiropody/podiatry.
- c) Pregnancy or childbirth including preventative care, complications, miscarriage or termination.
- d) Any dental condition not involving in-patient oro-surgical operations/procedures.
- e) Out-patient treatment, in-patient treatment or day care treatment of any psychiatric illness or disorder.
- f) Health screening, routine monitoring, allergy testing or treatment.

Significant Exclusions

- a) Drugs, medicines, dressings, prescribed as an out-patient including mobility aids.
- b) Cosmetic or aesthetic treatment whether or not for psychological purposes.
- c) Alcoholism or drug dependence (licit or illicit).
- d) Accident or emergency admission and/or unplanned admissions, their routine follow-up or any complications.
- e) Treatment of congenital defects or conditions which are a natural part of the ageing process.
- f) Treatment of chronic conditions.
- g) Infertility.
- h) Regular or long term renal dialysis in chronic or end stage renal failure.
- i) Any undisclosed pre-existing condition.
- j) Psychology, psychotherapy, hypnosis, treatment of Attention Deficit Disorders, homeopathic treatments.
- k) Suicide or treatment of self inflicted injury or injury sustained whilst participating in any form of illegal activity or under the influence of drugs or alcohol.
- l) Sleep disorders/sleep studies/sleep apnoea.
- m) HIV/AIDS and any related condition or test.
- n) Bone marrow/stem cell transplants, tissue or organ transplants or replacements.
- o) Rehabilitation or convalescence including bed rest without active treatment.
- p) Treatment arising from nuclear, chemical or biological contamination, war, civil disorders or riots.
- q) Referral by, or charges for, care or treatment by a family member or anyone living with the covered person.
- r) Treatment received outside the UK or Channel Islands.
- s) Treatment received after leaving the scheme.

Non-UK Travel Medical General Exclusions

- a) Any trip exceeding 120 days duration.
- b) Any trip booked or commenced during convalescence following serious injury or illness.
- c) Any trip expected to involve hazardous or non-conventional holiday or manual work.
- d) Any trip made by insured persons under age 16, unless accompanied by an adult covered and aged over 18.
- e) Cover only available up to a persons 75th birthday.
- f) There is a £100 excess per claim.

Optional Worldwide Travel Insurance Upgrade

For an additional fee per member, our Worldwide Travel Insurance can be added, to upgrade the cover. This includes cover for winter sports and provides benefits including repatriation from any country and generous cover for possessions and for cancellation or curtailment of trips.

Worldwide Travel Policy Summary

This special Worldwide Travel Insurance can only be bought in conjunction with our Private Medical Insurance. The table below summarises the cover it provides:

Benefit	Cover for
Cancellation and curtailment	Up to £3,000
Personal accident	Up to £15,000
Medical expenses inc emergency repatriation by air ambulance	Up to £5,000,000
Hospital inconvenience benefit	Up to £1,500
Legal advice and expenses	Up to £15,000
Loss of money, tickets and documents	Up to £500
Loss of passport	Up to £300
Loss of luggage	Up to £1,500
Missed departure	Up to £1,000
Travel delay	Up to £3,000
Personal liability	Up to £1,000,000
Hijack	Up to £1,000
Winter sports	Max 21 days cover per year
Winter sports equipment	Up to £500
Hire of skis	Up to £300

Worldwide Travel Exclusions & Limitations

- Any trip exceeding 120 days duration. There is no limit to the number of trips made in any 12 month period.
- Any trip booked or commenced during convalescence following serious injury or illness.
- Any trip expected to involve hazardous or non-conventional holiday or manual work.
- Any trip made by insured persons under age 16, unless accompanied by an adult covered and aged over 18.
- Cover is only available for members up to their 75th birthday.
- There is a £40.00 excess for each and every claim.

Are there any age limits?

You may join a General & Medical scheme as an individual from the age of 16 up to your 75th birthday. Once covered there is no upper age limit.

Children under the age of 16 must be added to an adults policy. Children are classed as a child up to the age of 21, or 25 if they remain in full time education. Proof of full time education must be provided.

Will my premium go up at renewal?

We review your premiums annually to reflect the overall cost of claims and medical inflation. Our schemes are priced using age bands, reflecting that people are more likely to claim as they get older. This means that you could see an age-related increase in your premium in addition to our general review.

Your premium can be influenced by other factors such as the availability of new treatments, medical technologies and any claims made on your scheme.

How do I make a claim on my private insurance policy?

You should contact your Client Relations Co-ordinator before you see your consultant so that we can confirm your cover. Your Client Relations Co-ordinator will be able to guide you through the process of claiming and let you know what is and is not covered. The full claims procedure is detailed in 'the Guide to your Health Scheme'.

How do I make a claim on my Non-UK Travel Medical Policy?

To make a claim for emergency medical treatment whilst outside the UK please use the telephone numbers provided within your Certificate of Cover.

How do I make a claim on my Worldwide Travel Policy?

To make a claim for emergency medical treatment whilst outside the UK please use the telephone numbers provided within your Certificate of Cover. To make a claim on this insurance for any section other than emergency medical treatment whilst outside the UK, please contact us immediately on your return to the UK. A claim form will be sent to you for completion and return.

Can I cancel my policy?

You may cancel your policy by telephoning us, by email or in writing (see contact us for details).

You may cancel your policy during the 14 day cooling off period. This period commences on the day your cover starts or when you receive your policy documentation, whichever is the later. We will refund any premium paid at the date of cancellation, providing you have not used any of the services available on your cover and no claims have been made.

After the cooling off period refunds will only be given if no incident has occurred which has led to an eligible claim, or may yet lead to an eligible claim against the policy. If an eligible claim has occurred during the period of cover and you wish to cancel before your policy renewal date, we will require you to pay the full annual premium as shown in your most recent Certificate of Cover.

If you decide to cancel your policy before your renewal date and outside of the cooling off period, you must give us 28 days notice and we will require you to pay a cancellation fee, which is a sum equivalent to 15% of your annual premium as shown in your most recent Certificate of Cover. You will receive written confirmation from us that your cover has ceased.

Reasonable and Customary Charges

We look to contain claims costs wherever possible, to minimize the impact on your premiums. Medical diagnostics, technology and equipment are becoming more advanced day by day, and so more claims are being made each year. We aim to manage the costs arising from these claims according to a frequently reviewed fee schedule. We believe this schedule reflects reasonable and customary rates of remuneration for the procedures listed. The schedule shows the maximum amount payable towards each procedure. These fee schedules are issued to all affiliated medical specialists.

What do I do if I have a complaint?

To avoid misunderstandings, you must read the information supplied when taking up your cover. If you are unsure about any aspect, you should contact your Client Relations Co-ordinator.

We aim to provide a high level of service to all our clients but occasionally things can go wrong. When this happens we will do what we can to put things right.

Complaints Procedure

If you have a complaint about our service or the administration of your policy, please contact us in the first instance by telephoning our Client Relations department on 0800 970 9442 or by emailing info@generalandmedical.com. We will aim to resolve your complaint over the telephone within 24 hours.

If you prefer to put your complaint in writing please send it to:

The Healthcare Services Manager,
General & Medical House,
Napier Place,
Peterborough, PE2 6XN.

We will aim to respond to your complaint within 5 working days. If your complaint is not resolved to your satisfaction within that time we will send you written acknowledgment of your complaint together with the next steps we will be taking to resolve it.

Should your complaint relate to the administration or sale of your policy, General & Medical Finance Ltd will acknowledge receipt of your complaint and will respond directly to you.

Should your complaint relate to a claim/underwriting decision on your policy, General & Medical Finance Ltd will acknowledge receipt of your complaint and tell you when General & Medical Insurance Ltd will respond.

Should your complaint be in relation to any other matter General & Medical Finance Ltd will acknowledge receipt and tell you which company and/or underwriter will be dealing with your complaint and when you can expect to receive a further response.

In the unlikely event that your complaint remains unresolved 4 weeks after being made, we will send you either our final response or a letter explaining why we are not yet in a position to resolve your complaint, telling you when we will be in contact again.

If after 8 weeks of making your complaint we are still not in a position to give you our final response we will send you a letter explaining the reason for the delay and the next steps. If following our final response your complaint has not been resolved to your satisfaction, you may be able to refer it to:

The Financial Ombudsman Service,
South Quay Plaza,
183 Marsh Wall,
London, E14 9SR.

The Financial Services Compensation Scheme

Benefits insured by General & Medical Insurance Ltd are not covered by the Financial Services Compensation Scheme (FSCS).

Benefits insured by Underwriters at Lloyds of London and administration and sales services provided by General & Medical Finance Ltd, are covered by the Financial Services Compensation Scheme (FSCS).

You may be entitled to compensation from the scheme if they become insolvent and cannot meet their obligations. This depends on the type of business and the circumstances of the claim. Where you are entitled to claim, insurance advising and arranging is covered for 90% of the claim, without any upper limit.

Financial Services Compensation Scheme (FSCS),
7th Floor, Lloyds Chambers,
Portsoken Street,
London, E1 8BN.

Website: www.fscs.org.uk

Telephone: 0207 892 7300

Underwriting Options

Our schemes are designed to cover new and unexpected medical conditions. We offer a choice of underwriting options as described below. Please take your time to read about the options as this is important information you will need to know.

Full Medical Underwriting

This means we ask you medical declaration questions about your past health. Any pre-existing conditions and related conditions will be excluded unless we agree to accept them. These exclusions will be shown on your Certificate of Cover.

Moratorium

For Moratorium underwriting, we do not need a medical declaration completed. Instead, we will not cover treatment of any pre-existing condition or any related conditions if you have had symptoms (even if a medical opinion has not been sought), medication, treatment, diagnostic tests or advice relating to that condition in a 60 month period prior to you joining the scheme.

However, we may agree to cover a pre-existing condition if you do not have symptoms, medication, diagnostic tests, treatment or advice relating to that condition during a continuous 24 month period after you join the scheme.

Continued Moratorium

You can apply on this basis if you are transferring from an existing scheme, which is underwritten on a Moratorium basis and you are under 75 years of age. We apply our Moratorium conditions as above with effect from the commencement date of the scheme from which you are transferring.

You will need to sign a declaration detailing any treatment, tests or consultations you have received in the last 24 months and any future treatments, tests or consultations pending, whether privately or via the NHS, in the next 12 months.

Continued Personal Medical Exclusions

You can apply on this basis if you are transferring from an existing fully medically underwritten insurance scheme and you are under 75 years of age. You will need to sign a declaration stating whether you have had any treatment, tests or consultations in the last 24 months and whether there are any treatments, tests or consultations pending, whether privately or via the NHS, in the next 12 months.

We will apply the same personal medical exclusions to your cover with us that were applied to your previous scheme. No new personal medical exclusions will be added.

For both continued underwriting options proof of previous insured terms will be required and you may need to state whether you have ever suffered from cancer, heart disease, stroke, circulatory problems, arthritis or psychiatric illness.

Medical Records

For Full Medical Underwriting, Moratorium and Continued Moratorium underwriting a copy of your medical history may be requested at the start of any claim. Failure to provide the medical history of the claimant could result in the claim and any future claims being declined.

Distribution of Information to Family Members

The Policyholder must distribute to each family member on joining the scheme, the member letters (including any inserts) summarising the scheme, his/her policy schedule (if applicable) and any subsequent member literature we send to the Policyholder, without delay.



Service Levels - our service promise

This service promise outlines the minimum level of service General & Medical clients should expect to receive.

Customer Service

On joining a General & Medical Healthcare scheme you will be assigned a named Client Relations Co-ordinator. All of our Client Relations Co-ordinators have to undergo comprehensive training in medical claims handling. Your Co-ordinator will provide ongoing personal assistance, with any aspect of membership.

Communication & Documentation

When full underwriting information is received, clear and comprehensive quotations will, under normal circumstances, be issued within 2 working days.

Confirmation of cover will be provided within 2 working days of acceptance of quote.

Full policy documentation will be sent within 7 working days of receipt of all correctly completed paperwork.

Phone calls will be returned and emails will be acknowledged within 1 working day.

Written correspondence will be acknowledged within 2 working days of receipt.

Renewal details will be issued at least 21 days before the expiry date of the cover.

Claims Management

Claim forms will be dispatched the same working day if they are requested before 2:30pm. When a claim is finalised, a payment will be issued to the provider of medical services at the end of the relevant month. When a member has paid a provider direct, a payment will be issued as reimbursement, within 5 working days of us receiving the relevant invoices from the member.

If for reasons within our control, we fail to comply with this timescale we will compensate our client at an annualised rate of 1% gross over bank base rate for the amount of the authorised reimbursement for every day's delay over our standard terms.

Client Satisfaction

Client satisfaction is vital to us, so we continually review client satisfaction against:

- Speed and quality of communication
- Level of and geographical convenience of medical facilities
- Effectiveness of personnel dedicated to claims assistance

Complaints

Clients are advised of our complaints procedure on joining any General & Medical Healthcare scheme. Complaints are taken seriously. All complaints will be acknowledged within 5 working days.

If a client contacts an introducer to complain about our service levels then we must be informed so that we can resolve the complaint promptly and effectively.

How to Apply

If you would like to know more or would like a quote and application form

Please call us on 0800 970 9442

You can email us at sales@generalandmedical.com

Write to us at
General & Medical Healthcare
General & Medical House
Napier Place
Peterborough
PE2 6XN

Visit us online at www.generalandmedical.com



want to know more?

please contact us on

0800 970 9442
sales@generalandmedical.com

or visit www.generalandmedical.com

General & Medical Insurance Ltd.

Registered in Guernsey No 43984

Normandie House, Rue a Chiens

St Sampson's, Guernsey GY2 4AE

**General & Medical Insurance Ltd. are authorised and regulated by
The Guernsey Financial Services Commission**

Administered by

General & Medical Healthcare

General & Medical House, Napier Place, Peterborough, PE2 6XN

**General & Medical Healthcare, a division of General & Medical
Finance Ltd Registered in England No. 2421641**

**General & Medical Finance Ltd are authorised and regulated by the
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by visiting www.fsa.gov.uk**



**General & Medical Securities Ltd. has a beneficial interest in
General & Medical Insurance Ltd.**

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