



Hospital Plan Welcome Pack



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For more information on your plan or for any help, please call our Customer Relations Team on **0800 542 5930***
Our lines are open Monday to Friday from 8.30am to 5.30pm

*Calls to this number may be recorded for training and monitoring purposes.

Peace of mind when you need it most

We recommend you read this pack for full details as it contains everything you need to know about your new PG Protect Hospital Plan.



Your plan at a glance



Covering any accident or illness*



Double payment for your first night in hospital per new claim



Includes two hospital outpatient visits per calendar year



Day patient surgery included



Cover available up to your 70th Birthday



Cover for up to 730 nights in hospital per claim



You're covered anywhere in the world



Pregnancy and childbirth covered

For detailed information about what is covered, refer to **page 7**.

Certain words within your plan have a particular meaning, for definitions refer to **page 9**.

*exclusions apply, see more on **page 11**.

Outpatient entitlement

With our Hospital Plan, you're entitled to claim for two outpatient visits per calendar year. An outpatient visit is where you have an appointment in a hospital or specialist treatment centre but don't stay overnight. This could include a visit to hospital for blood tests, x-rays, scans or consultations for example. Your plan covers appointments on the telephone or by video call as well as those in person. Please note this excludes appointments at any General Practitioner's surgeries or online doctor services such as Online GP. Please refer to **page 10** for the full definition.



Want more cover?

You can still buy extra insurance cover for you, your partner, or your children. To do this, simply call us within 14 days of purchasing your plan.



Remain in control

You always have the option to lower payments or stop your plan at any time. You also have a 30-day cooling off period from receiving this pack. For more information refer to **page 13**.

What you can **expect from us**

To provide an effective service

We work hard to ensure our product meets your needs, and to ensure that how we communicate is clear, easy to understand and tailored to you.

To be fast and responsive

We aim to respond to all queries within 48 hours helpfully and efficiently. We try to make it easy to claim and aim to assess claims within 24 hours of receipt by us.

Commitment to getting it right first time

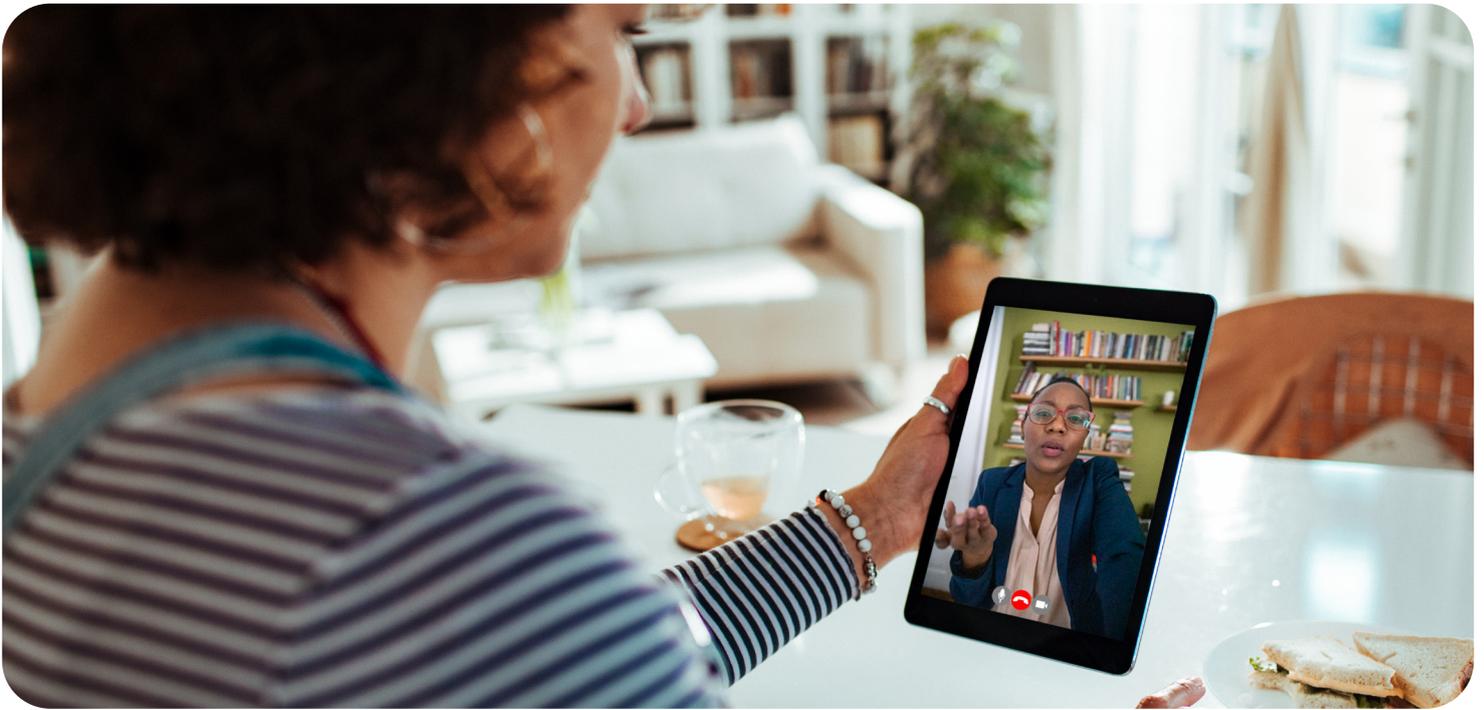
We work hard to make sure we get it right first time, every time. If we don't, we will put it right quickly, keep you informed and make sure we do not knowingly make the same mistake again.

To be easy to do business with

We value all our customers and strive to be reliable, trustworthy, flexible and straightforward to do business with.

We help those who need it

We understand that your personal situation can change at any time, so please reach out to us if there are any changes to your personal circumstances. Information about any extra support you need will be treated in the strictest of confidence. This will help us to understand your needs better and help us to deliver the best service possible.



Access to **OnlineGP***

Getting an appointment with a GP can be tough at times, to support you, we're giving all PG Protect policyholders complimentary access to OnlineGP.



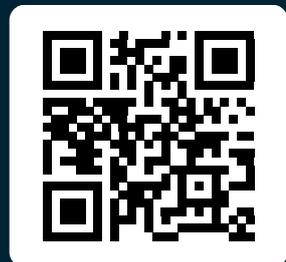
Video and phone consultations

Available all year round, anywhere you are in the world



Private prescription service

GPs can issue prescriptions and you can have the medication sent to any UK address or arrange collection at your chosen pharmacy



Scan the QR code to visit **personalgroup.onlinegp.co**

Getting started

- 01** Visit **personalgroup.onlinegp.co** and register by using your latest PG Protect plan number. You can find this in your plan schedule we've just sent you.
- 02** Once you're registered, you can request an appointment. OnlineGP will be in touch letting you know what appointments are available and what you need to do next.

*We reserve the right to withdraw the OnlineGP service to PG Protect plan holders without prior notice. Online GP is a service currently provided by HealthHero Solutions Limited, specialists in 24/7 Private GP services.

**Private prescription charges will apply – ask your pharmacist for more information.



It's easy to **claim**



Step 1

Visit Hospital

Get proof of your visit or appointment



Step 2

Make claim

Go online and complete the claim form



Step 3

Claim reviewed

We'll review your claim



Step 4

Money

Your claim will get paid to you after it's approved

The easiest way to make a claim is online. If you prefer, we can send you a physical claim form which you can post back to us. To request a claim form, get in touch with us. We accept any of the following as proof for your Hospital Plan claims:

- Appointment letters
- Discharge documents
- Copy of medical records or test result letter
- Signed and stamped attendance slips or confirmation notes
- Consultation outcome letters
- Our claim forms, stamped by the hospital



Scan the QR code to visit
personalgroupinsurance.com/claims



For more information on your policies or for any help, please call our Customer Relations Team on **0800 542 5930***
Our lines are open Monday to Friday from 8.30am to 5.30pm

*Calls to this number may be recorded for training and monitoring purposes.

Plan Summary

The PG Protect Hospital Plan is underwritten by Personal Assurance Plc. The following details provide a summary of the main benefits of the plan. For full details of these and all the terms and conditions that apply, please see **Plan Details**.

Benefit	What's covered	What is not covered and limitations	Where to find more information
Hospital Inpatient	The plan beneficiary is covered from their first night in hospital anywhere in the world for accidents or illness. Benefits are payable for a maximum of 730 nights for each ongoing claim (also includes any paid inpatient claims made for NHS Community Hospitals, Hospice and Rehabilitation Centres/Units) - see NHS Community Hospitals, Hospice and Rehabilitation Centres/Units Benefit below.	Treatment for attempted suicide or self-inflicted injuries. Accidents or illness due to the consumption of alcohol or the taking of drugs other than under medical advice. Surgery or treatment for non-medical reasons. Inpatient treatment for mental health conditions, Alzheimer's Disease and Dementia is limited to 20 nights benefit in total in any 12-month period regardless of where treatment is received.	Plan Details – page 10 , <i>what the plan covers and what is not covered</i> . Plan Details – page 9 , <i>definition of hospital</i> .
Double first night benefit	The benefit payable for the first night in hospital, for any new claim, is double the normal rate that is paid under the plan.		Plan Details – page 10 , <i>what the plan covers and what is not covered</i> .
Mental health centre/unit inpatient benefit	The plan beneficiary is covered from their first night in a mental health centre/unit anywhere in the world for mental health treatment. Benefits are payable for a maximum of 20 nights in any 12-month period.	Inpatient treatment for mental health conditions, Alzheimer's Disease and Dementia is limited to 20 nights benefit in total in any 12-month period regardless of where treatment is received.	
Day patient surgery benefit	Day patient surgery means where the plan beneficiary is admitted to hospital under the care of a consultant surgeon or consultant physician for: (i) a surgical procedure; (ii) a complex investigative or diagnostic procedure; or (iii) a complex drug infusion which can only be administered in hospital; and in all cases where a period of supervised recovery is required but a bed is not occupied overnight.	Scans/X-rays where no period of supervised recovery is required will be treated as out-patient attendance and will be paid from the outpatient benefit entitlement.	
Outpatient benefit	An amount equal to the Hospital Inpatient Benefit is payable for each outpatient appointment attended, either in person, by telephone or video call.	The plan beneficiary is covered for 2 hospital outpatient appointments each calendar year.	Plan Details – page 10 , <i>what the plan covers and what is not covered</i> .
Dialysis outpatient treatment	We will pay the benefit shown on the Plan Schedule for nightly inpatient benefit, where dialysis outpatient treatment is undertaken at a hospital or specialist-led treatment centre (excludes General Practitioner surgeries).	We will only pay for five dialysis outpatient treatments per plan beneficiary in any calendar year.	

Plan Summary

Benefit	What's covered	What is not covered and limitations	Where to find more information
Pre-existing conditions	Any illness or injury that began before the start of the plan.	Special terms apply to plans purchased online and via Customer Services.	Plan Schedule – <i>pre-existing conditions</i> .
Pregnancy and childbirth	Pregnancy and child-birth are covered.		Plan Details – page 11 , <i>what the plan covers and what is not covered</i> .
NHS community hospitals, hospice and rehabilitation centres/units benefit	Benefits are payable if the plan beneficiary is admitted as an inpatient to an NHS community hospital, hospice or a rehabilitation centre/unit immediately following treatment as a hospital inpatient.	The benefit payable for treatment in NHS community hospitals, hospices or rehabilitation centres/units is half that payable for inpatient treatment in a hospital. NHS community hospitals, hospices or rehabilitation centres/units must be in the United Kingdom. Facilities specifically for drug and alcohol addicts' rehabilitation are excluded.	Plan Details – page 10 , <i>what the plan covers and what is not covered</i> .
Children's cover	There is no limit on the number of children that may be covered on an eligible Children's Hospital Plan.	The maximum nightly benefit for an eligible child is £50. Benefits are not payable for the pregnancy, or pregnancy related conditions, of an eligible child.	Plan details – page 12 , <i>what the plan covers and what is not covered</i> .
Age 70+ benefit	Once the plan beneficiary reaches the age of 70 the benefits payable will be half of those payable before that date.	This is not applicable to plans purchased on or after 1st April 2020. The Plan ceases at age 70 with no further benefits payable.	Plan details – page 13 , <i>what the plan covers and what is not covered</i> . Plan Schedule – <i>age 70 plus</i> .
Other exclusions		Attempted suicide or self-inflicted injuries. Accidents or illness caused by the consumption of alcohol or the taking of drugs other than under medical advice. Surgery or treatment for non-medical reasons.	Plan Details – pages 10-12 , <i>what the plan covers and what is not covered</i> .

Statement of demands and needs

The PG Protect Hospital Plan meets the demands and needs of those who wish to receive a benefit if they are admitted overnight for **hospital inpatient treatment**, require **day patient surgery**, or require **outpatient treatment**.

Advice and recommendations

Personal Assurance Plc does not provide any advice or recommendations regarding this **plan**. You may have been asked some questions to help you to narrow down your selection of products. This is carried out by an executive who acts for you and not us.

Financial Services Compensation Scheme

We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if we are unable to meet our obligations. Further information about compensation scheme arrangements is available from the FSCS on www.fscs.org.uk

Plan Details

The Plan Details and the Plan Schedule form the contract between us, Personal Assurance Plc and you, the **customer**. Please read these carefully to make sure you know exactly what your **plan/s** covers, who is covered by the **plan/s** and the **benefits** and the **premiums** you selected.

If there is a mistake, if you need to make changes or if you have any questions, please contact us. Our contact details are shown at the end of this pack. You must comply with the terms and conditions of this **plan** and provide us with the correct information and inform us of any changes, now or in the future, e.g., if you change address. If you do not this may affect your **plan**, including invalidating it, or claims being rejected or not fully paid.

In this **plan** “we”, “us” and “our” mean Personal Assurance Plc and “you” and “your” mean the **customer**

This **plan** is underwritten by Personal Assurance Plc, Registered Number 1832067. Personal Assurance Services Limited (PAS) and Personal Group Benefits Limited (PGB) will administer the plan on behalf of you and the **plan beneficiary**. They will provide information to us for you and the **plan beneficiary**. You agree to their acting for you and authorise them to act for the **plan beneficiary**. You are not required to pay a fee to them as we pay them a commission based on the premiums we receive. Personal Assurance Plc and Personal Assurance Services Limited and Personal Group Benefits Limited are wholly owned subsidiaries of Personal Group Holdings Plc. PG Protect is a trading style of Personal Group Holdings Plc. Personal Assurance Plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Personal Assurance Services Limited and Personal Group Benefits Limited are authorised and regulated by the Financial Conduct Authority.

Subject to the terms and conditions of this **plan**, we will pay **benefits** as shown on the Plan Schedule, provided that the **premium** for this **plan** has been paid in the required manner.

1. Definitions

Certain words in this document have a particular meaning - these words are shown in bold, and their meaning is given below:

Benefit means the amount payable for an eligible claim under the **plan**, as shown on the Plan Schedule.

Calendar year means the period from January 1 through to December 31.

Condition means any illness, disease or injury covered by this plan.

Customer means the person that entered into the contract with Personal Assurance Plc and has committed to pay the **premiums**.

Day patient surgery means where the **plan beneficiary** is admitted to **hospital** under the care of a consultant surgeon or consultant physician for:

- i. A surgical procedure
- ii. A complex investigative or diagnostic procedure or
- iii. A complex drug infusion which can only be administered in **hospital**; and in all cases where a period of supervised recovery is required but a bed is not occupied overnight.

Eligible child(ren) means the biological or adopted child(ren) of the **customer** or **partner** named on the Plan Schedule who must be aged between 30 days and 17 years.

Hospital means a medical facility which operates for the care and treatment of sick and injured persons as inpatients, and which has specialist facilities to carry out major surgical operations. The **hospital** must hold a licence as a **hospital** where licensing is required. **Hospital** does not include NHS community hospitals, nursing homes, convalescent homes, care homes, hospices, dental clinic, or a facility specifically for drug addicts, alcoholics, or rehabilitation.

Plan Details

Inpatient treatment means when a **plan beneficiary** is admitted to **hospital/mental health facility** for treatment of any **condition** for a full night stay or longer. They must be admitted to **hospital/mental health facility** before midnight, to be classified as an inpatient by the **hospital/mental health facility** and be discharged the following day after 6.00am to be able to claim for **inpatient treatment**. The **inpatient treatment** must begin after the **start date** of this **plan**.

Mental health facility means mental health hospital, centre or unit where treatment for mental health conditions is undertaken.

Ongoing claim means a claim which covers a condition or related condition for which there is no break in treatment for a period of six months or more.

Outpatient treatment means advice, treatment, or consultation that a **plan beneficiary** receives from a **hospital** or specialist-led diagnostic/treatment centre, when referred by a General Practitioner or a consultant on the specialist register for a **condition** where they are classified as an outpatient which does not involve an overnight stay (excludes treatment at General Practitioners and Dental surgeries). Appointments can be in person, by telephone or video call.

Partner means the person you permanently live with as a married, civil or cohabiting partner.

Plan means the terms and conditions set out in this document together with the Plan Schedule.

Plan beneficiary means any person named on the Plan Schedule who is insured and for whom the premium has been paid.

Premium means the total amount you pay us for this **plan** including Insurance Premium Tax. The amount and frequency are shown on the Plan Schedule.

Start date means the date from which the **plan beneficiary** is insured for **benefits** and is shown on the Plan Schedule.

2. What the plan covers and what is not covered

a. What is covered

Hospital inpatient benefit

We will pay the **benefit** shown on the Plan Schedule for each night the **plan beneficiary** is in **hospital** for **inpatient treatment**.

Double first night benefit

We will pay double the **benefit** shown on the Plan Schedule for the first night the **plan beneficiary** is in **hospital** for **inpatient treatment**. This only applies to the initial inpatient stay for each **ongoing claim**. For subsequent inpatient stays for the same **ongoing claim**, we will not pay the Double First Night Benefit.

Day patient surgery

We will pay the **benefit** equal to the amount shown on the Plan Schedule for **inpatient treatment benefit** where the **plan beneficiary** is not admitted overnight. No double first night **benefit** payment would apply.

Outpatient treatment benefit

We will pay the **benefit** shown on the Plan Schedule for nightly **inpatient treatment benefit**, where **outpatient treatment** is undertaken for any **condition** covered by this **plan**. **Outpatient treatment** can be in person, by telephone or video call with a **hospital** or specialised diagnostic/treatment centres (excludes General Practitioner surgeries). We will only pay for two **outpatient treatments** per **plan beneficiary** in any **calendar year**.

NHS community hospital benefit

We will pay half the **benefit** shown on the Plan Schedule for the nightly **inpatient treatment benefit**, if the **plan beneficiary** is admitted to an NHS community **hospital** within the UK as an inpatient, immediately following a period of covered **hospital inpatient treatment**.

Hospice benefit

We will pay half the **benefit** shown on the Plan Schedule for nightly **inpatient treatment benefit**, if the **plan beneficiary** is admitted to a hospice as an **inpatient**, immediately following a period of covered **hospital inpatient treatment**.

Plan Details

Mental health centre/unit benefit

We will pay the **benefit** amount equal to the nightly **inpatient treatment benefit**, as shown on the Plan Schedule for each night the **plan beneficiary** is in **hospital/mental health facility** for **inpatient treatment**. **Benefits** are payable for a maximum of 20 nights in any 12-month period

Rehabilitation centre/unit benefit

We will pay half the **benefit** shown on the Plan Schedule for nightly **inpatient treatment benefit**, if the **plan beneficiary** is admitted to a rehabilitation centre as an **inpatient**, immediately following a period of covered **hospital inpatient treatment**.

Pregnancy

We will pay **benefits** relating to pregnancy, childbirth or any related **conditions**.

Geographical limits

We will pay **benefits** under this **plan** for **hospital inpatient treatment, day patient surgery** or **outpatient treatment** anywhere in the world. We will only pay the NHS Community Hospital Benefit for admissions to NHS community hospitals in the UK.

b. What is not covered

We will not pay **benefits** under this **plan** if:

- You do not ordinarily reside in the UK; or
- The **plan beneficiary** does not ordinarily reside in the UK; or
- The claim is arising from or contributed to by;
 - i) Attempted suicide or self-inflicted injury
 - ii) The consumption of alcohol or the taking of drugs other than under medical advice
 - iii) Surgery or treatment for non-medical reasons
 - iv) The pregnancy of, or any pregnancy related condition of, an **eligible child**.

c. Limitations to the cover Customer and Partner Plan

- i. The **customer** or **partner** may not be insured for more than a total of £125 per night of Hospital Inpatient **Benefit** under any Hospital Plans that we issue. This amount does not include the Double First Night **Benefit**. If we find that any **customer** or **partner** has insurance with us providing **benefits** for more than this amount, we will cancel the excess cover and refund any excess premium that may have been paid. This limitation does not apply to any **benefits** to which you are entitled under any Personal Group Practical Health Plan or similar company paid products issued by Personal Group.
- ii. This only applies to plans purchased before 1st April 2020. If the **customer** or **partner** has passed their 70th birthday at the start of any claim, all **benefits** will be paid at half the rate shown on the plan schedule. Please see the plan schedule for full details of your terms and conditions relating to age 70 plus.
- iii. **Benefits** for any **hospital, hospice, or NHS community hospital inpatient treatment** due to or contributed by:
 - Mental Health related conditions, including Stress and/or Depression,
 - Alzheimer's Disease and Dementia,will be limited to a maximum of 20 nights benefit in any 12-month period, where treatment is undertaken in a hospital or mental health facility.
- iv. The maximum period we will pay **benefits** for a **plan beneficiary** named on the Plan Schedule is 730 nights of **inpatient treatment** or **day patient surgery** for each **ongoing claim**. This limit applies to all **inpatient treatment** whether it is in a **hospital, hospice, NHS community hospital or rehabilitation centre/unit**.

Plan Details

Eligible children plan

- i. An **eligible child** may not be insured for more than a total of £50 per night of Hospital Inpatient **Benefit** under any Hospital Plans that we issue. This amount does not include the Double First Night **Benefit**. If we find that any **eligible child** has insurance with us providing **benefits** for more than this amount, we will cancel the excess cover and refund any excess premium that may have been paid.
- ii. **Benefits** for any **hospital**, hospice, or NHS community hospital inpatient treatment due to or contributed by:
 - Mental Health related conditions, including Stress and/or Depression,
 - Alzheimer's Disease and Dementia,will be limited to a maximum of 20 nights benefit in any 12-month period, where treatment is undertaken in a hospital or mental health facility.
- iii. The maximum period we will pay **benefits** for an **eligible child** named on the Plan Schedule is 730 nights of **inpatient treatment** or **day patient surgery** for each **ongoing** claim. This limit applies to all **inpatient treatment** whether it is in a **hospital**, hospice, NHS community hospital or rehabilitation centre/unit.
- iv. **Eligible children** between the ages of 30 days and 17 years may be added to an **eligible children's** plan taken out by a **customer**.

3. Premiums

The first **premium** is due on your **start date**. Although your **plan** begins on the **start date**, we will not be able to pay **benefits** to you until we have received the first **premium**.

The amount and frequency of your **premiums** are shown on the Plan Schedule. You must pay the **premiums** in full when they fall due. If we cannot collect **premiums** via your employer, you must pay your **premiums** monthly. If a claim is made while the **plan** is still in force and there are unpaid **premiums** due, they will be deducted from the **benefits** paid to the **plan beneficiary**.

Total Premium Payable

To help you calculate how much your insurance will cost over a year (or several years):

- a. If paying weekly, take the weekly **premium**, and multiply by 52. This is the annual amount you would pay. You can multiply this amount by any number of years for comparison.
- b. If paying fortnightly, take the fortnightly **premium** and multiply by 26. This is the annual amount you would pay. You can multiply this amount by any number of years for comparison.
- c. If paying monthly, take the monthly **premium** and multiply by 12. This is the annual amount you would pay. You can multiply this amount by any number of years for comparison.
- d. If paying 4-weekly, take the 4 weekly **premium** and multiply by 13. This is the annual amount you would pay. You can multiply this amount by any number of years for comparison.

The **premium** payable for the **plan** may change if the Government changes the rate of tax that is payable. If this happens, we will write to you to let you know (see 7. General Conditions).

Plan Details

4. How to make a claim

There are several ways to make a claim under your **plan**. The **plan beneficiary** can visit our website Making a claim personalgroup.com/policy-holders/making-a-claim to complete a claim form online. Alternatively, they can contact our Customer Relations Team by calling **0800 542 5930** and they will take you through the next steps and send out a claim form. The same processes will apply where you, the **customer** wishes to make a claim on behalf of an **eligible child** named on the **plan**.

A claim should be made within 6 months of the date of the treatment or discharge from **hospital** for the **condition** being claimed for.

We will not pay any **benefits** if the **plan beneficiary** or anyone acting on their behalf use fraudulent means to claim **benefits**.

All **benefits** will be paid to the **plan beneficiary**. In the unfortunate event of their death, any **benefits** remaining unpaid by us will be paid to their estate.

A claim form can also be submitted directly to our registered office (see page 15, Getting in Touch).

5. How long the plan lasts

- a. Where your **premiums** are paid for by payroll deduction. The term of this **plan** is the same as your payment frequency (weekly, fortnightly, 4 weekly or monthly). Should your payment frequency change, the plan term will change to reflect the new frequency.
 - Where your **premiums** are paid for by Direct Debit, the term of this plan is monthly.
 - Provided that you maintain the payments, the **plan** will renew for another term.
- b. The **plan** will continue automatically while the **premium** is paid until the **plan** is cancelled by you or by us. Plans for **eligible children** will cease on the last remaining **eligible child's** 18th Birthday. **Plans** bought on or after 1st April 2020 will end on the **plan beneficiary's** 70th birthday.

- c. If the person paying the **premium** stops paying, this **plan** will be cancelled from the date the unpaid **premium** was due.
- d. If you leave the employment of the participating employer and have not arranged to continue **premium** payments, this **plan** will be cancelled from the date the first unpaid **premium** was due.
- e. We may cancel this **plan** by giving you 30 days' written notice to the last known address on our records if fraud is suspected or detected.

6. Your right to cancel

You have the right to cancel your Hospital Plan within 30 days from receiving this pack. If you cancel your **plan** within this time, you will receive a full refund of any **premiums** paid up to that point. Your **plan** will be cancelled from the **start date** and no **benefits** will be paid.

You may cancel your **plan** at any time after this, but you will not receive a refund of any **premiums** paid, the **plan beneficiary's benefits** will cease from the cancellation date and any **premium** received by us after this date will be returned to you.

To cancel your **plan** please telephone the Customer Relations Team on **0800 542 5930** or email crm@personalgroup.com. Alternatively you can write to us at:

Customer Relations Team
Personal Group
John Ormond House
899 Silbury Boulevard
Milton Keynes
MK9 3XL

Plan Details

7. General conditions

a. Changes to the plan

We have the right to make changes to the terms and conditions of this **plan** (including the **premiums**), at any time. If we do, we will give you at least 30 days' written notice sent to the last known address on our records. If these changes mean that you no longer want or require the cover, you have the right to cancel the **plan** in accordance with the cancellation clause of this **plan** (see 6, page 13 Your Right to Cancel).

b. Insurance Premium Tax

The **premium** includes Insurance Premium Tax (IPT) at the current rate.

If the rate of IPT changes in future, we reserve the right to change your **premium** by giving you 30 days' notice sent to your last known address.

c. Other insurances

Benefits paid by us will be paid in addition to those provided by any other insurance policy, friendly society or union.

d. Law

The parties may choose the law applicable to this contract. The contract will be subject to English law unless otherwise agreed.

e. UK residency

You must reside in the UK to be eligible to purchase a **plan**. Your partner must reside with you, for you to purchase a **plan** covering them.

f. Waiver of plan terms

If we have decided in your favour, outside of the terms of your **plan**, we may not do so in the future.

g. Contractual rights

No person, other than a **plan beneficiary**, who is not a party to this agreement shall have any rights hereunder pursuant to the Contracts (Rights of Third Parties) Act 1999. A **plan beneficiary** shall be entitled to exercise their rights to **benefits**. The parties to the agreement may vary any term of the **plan** or rescind the **plan** without the consent of the **plan beneficiary**.

8. Customer care

We aim to provide exceptional levels of care to our **customers** and do everything we can to be fast, responsive, and easy to deal with. However, if you ever think we have fallen short of this, and you have cause to make a complaint, please let us know. The contact details are shown at the beginning and end of this pack.

We will do everything we can to rectify the matter within 48 hours. If we cannot do this, we will acknowledge your complaint, let you know how long we think it will take us to fully investigate and who will be responsible for your complaint. Once we have completed our investigations, we will let you know the outcome. If you are still unhappy after we have investigated it for you, and you think that there is additional information that should be considered please let us have that information as soon as possible so that we can consider it. If you disagree with our reply, you may ask the Financial Ombudsman Service to review your complaint.

Their contact details are:
Financial Ombudsman Service
Exchange Tower
London
E14 9SR

Telephone: **0800 023 4567** – calls to this number are now free on mobile phones and landlines.

0300 123 9123 – calls to this number cost no more than calls to 01 and 02 numbers.

You can complete the online form at:
www.financial-ombudsman.org.uk/contact

How we use information we hold about you

In this data protection summary, we, us and our refers to the companies within the Personal Group of Companies that act together to provide you and any other **plan beneficiaries** with the cover you have chosen.

Who are the “Data Controllers” and how do we use the information you have provided?

We will use your personal data and personal data provided by you about others covered by our plans to administer the plans you have chosen and provide you with a personalised service.

The Data Controllers are:

Personal Group Benefits Ltd – you will have provided personal information about you and others covered by our plans to Personal Group Benefits Ltd when you applied for the cover. Personal Group Benefits Ltd communicates with the Insurers of the plans on your behalf.

Personal Assurance Plc – uses the information you have provided to accept applications and set up and administer the contracts of insurance. Personal Assurance Plc shares the information you have provided with its agents that administer the contracts of insurance on your behalf.

Personal Group Benefits Ltd and Personal Assurance Services Ltd – administer the contracts of insurance on your behalf and assists with the administration of the contracts of insurance, including claims handling, premium collection and issuing you with information both before and after the acceptance of applications by the Insurer and conclusion of the contracts of insurance. Personal Group Benefits Ltd and Personal Assurance Services Ltd provide information to the Insurer and acts on your behalf.

We may disclose information about you and other **plan beneficiaries** to third parties where there is a legal requirement to do so, including for the purposes of detecting and preventing fraud. We may also share your personal data with third parties for the purposes of market research and statistical analysis.

How long do we keep your information?

The information you have provided will not be kept for longer than is necessary. In most cases this will be for a period of seven years after the contract of insurance ends or our relationship with you ends. In some cases, we may hold your information for longer if there is a legal or regulatory requirement to do so or for legitimate business reasons.

Your individual data rights

You have the right to:

- access the personal data we hold about you;
- ask us for information on how we use your data, who we share it with and how long we keep it;
- have your data deleted (subject to certain exemptions);
- have any inaccurate or misleading data corrected;
- ask us to provide a copy of your data to another Data Controller; and
- lodge a complaint with the Information Commissioner’s Officer (ICO).

Where you have given your consent for us to process your personal information, i.e., for marketing purposes, you have the right to withdraw your consent at any time. If you wish to exercise any of your individual rights, you can contact us:

By telephone: **0800 542 5930**
By Email: **crm@personalgroup.com**

In writing: Customer Relations Team
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