

Certificate of Insurance

HOSPITAL CASH PLAN AND ACCIDENTAL DEATH INSURANCE

Certificate of Insurance

Effected Through

UNITED PATIENTS
10 The Broadway
Mill Hill
London
NW7 3LL

Tel: 0800 010 010

This Certificate is issued in accordance with the authorisation granted under Contract No. ***** to United Patients by certain Underwriters at Lloyd's. It is also issued in consideration of the Premium, which is paid by United Patients to the Underwriters on the insured's behalf.

Thus, the said Underwriters are bound, each for his own part and not for one another, their Heirs, Executors and Administrators, to insure in accordance with the terms and conditions of this Certificate or any endorsement.

The names and the proportions underwritten by each of the Underwriters, (being called Insurers in the Certificate) will be supplied on application if required, being ascertained by reference to the said Contract, which bears the seal of Lloyd's.

SCHEDULE

Certificate No: _____

Plan Type: Silver/ Gold / Platinum _____

Insured: _____

First Dependant: _____

Second Dependant: _____

Third Dependant: _____

Fourth Dependant: _____

Address: _____

Period: from _____ to _____

both days inclusive GMT and for such further period or periods as may be mutually agreed upon.

IN WITNESS of the above this Certificate has been signed in London on _____

by UNITED PATIENTS
(Authorised Signatory)

INTRODUCTION

The person(s) listed in the SCHEDULE of this Certificate are covered under this Insurance. Insurers refer to these persons as the Insured / Dependants. The words you, your, and yours in this Certificate also refer to the Insured / Dependants.

Insurers will pay you if you are admitted as an In-patient to a Hospital for a period of more than 24 hours to receive medically necessary treatment.

In addition to the above BUT ONLY if you have chosen the Gold or Platinum Plan and have an Accident which directly results in your death within twelve months of that Accident Insurers will pay your Beneficiaries.

Full details of your benefits are described under "WHAT'S COVERED."

Certain conditions apply to this Insurance. See "CONDITIONS."

Under certain circumstances Insurers will not pay you. See "WHAT'S NOT COVERED."

Some of the words Insurers use are specifically defined. See "DEFINITIONS."

WHAT'S COVERED

A – Hospital Cash Benefit

Insurers pay the amount specified below for each complete day that you spend as an In-patient in a Hospital up to but not exceeding 365 days (90 days in respect of Dependants) in respect of all Hospitalisations commenced during the 12 month period of this Insurance.

Amount insured: Each Adult

SILVER PLAN	£42.74 per day
GOLD PLAN	£56.99 per day
PLATINUM PLAN	£71.23 per day

Amount insured: Each Dependant

SILVER PLAN	£14.25 per day
GOLD PLAN	£19.00 per day
PLATINUM PLAN	£24.00 per day

B - Convalescence Cash Benefit

Insurers will pay the amounts specified below for each complete day that you spend in Convalescence, commensurate with the number of days that you spent in hospital, after a minimum period of 7 continuous days of Hospitalisation up to but not exceeding a total of 365 days.

Amount insured in respect of Adults only

SILVER PLAN	£21.37 per day
GOLD PLAN	£28.49 per day
PLATINUM PLAN	£35.62 per day

C - Accidental Death Benefit (for Gold and Platinum Plans only)

Insurers will pay £25,000 (£5,000 in respect of each Dependant) to your Beneficiaries if you have an Accident which directly results in your death within 12 months of that Accident.

CONDITIONS

- In the event of illness you must as early as possible place yourself under the care of a duly qualified medical practitioner.
- Notice must be given to United Patients immediately of any Accident, condition or illness which might give rise to a claim under this Insurance and in any event within 14 days of discharge from Hospital. Failure to do so may result in loss of benefits under this Insurance. United Patients will, on receipt of this notice, provide you with a claim form for filing proof of Hospitalisation.
- Notice must be given to United Patients immediately of an Accident which may result, or has resulted, in the death of the Insured / Dependant and in no event later than 30 days after such Accident.
- Before paying any claims Insurers have the right to request that all the medical records, notes, and correspondence referring to the subject of a claim or a related pre-existing condition be made available to any medical adviser appointed by or on behalf of Insurers and that such medical adviser(s) shall, for the purpose of reviewing the claim, be allowed so often as may be deemed necessary to make a physical examination of the Insured / Dependant.
- Before taking this course of action Insurers, via the claim form, will seek your consent and make you aware of your rights under the Access to Medical Reports Act 1988.
- Any fraud, concealment, or deliberate mis-statement either in the proposal or in relation to any other matter affecting this Insurance or in connection with the making of any claim shall render this Insurance null and void and all claims shall be forfeited.
- As AIDS is preceded by infection of the Human Immunodeficiency Virus (HIV), this Insurance will automatically cease if the Insured / Dependant is diagnosed to be HIV positive or to have been positive at some time. However, Insurers will pay any valid claim up to the date of the said diagnosis.
- This Insurance is for a minimum period of 12 months.
- United Patients is regulated by the Financial Services Authority whose rules allow you a period of 14 days from receipt of this documentation in which to cancel this Insurance. United Patients have voluntarily extended this period to a total of 45 days in which you may cancel this Insurance, return all of your documents and receive a full refund of any payments made providing you have not made, or are intending to make, a claim under this Insurance.
- Cash benefits for Hospitalisation and Convalescence will be paid at the end of each 4 week period or at the end of the Hospitalisation if sooner.
- This insurance may be cancelled by either party giving 30 days notice.

WHAT'S NOT COVERED

This Insurance shall NOT pay for claims arising directly or indirectly from

1. intentional self-inflicted injury, suicide or attempted suicide or during the Insured's / Dependant's commission of an illegal act;
2. war, rebellion, hostilities or terrorism;
3. AIDS or AIDS related conditions including infection by the Human Immunodeficiency Virus (HIV);
4. childbirth or congenital birth defects or pregnancy or complication thereof;
5. the abuse of drugs or alcohol;
6. mental, psychiatric and related conditions;
7. cosmetic surgery, unless medically necessary as a result of an Accident for which Insurers are otherwise paying a claim under this Insurance;
8. the Insured / Dependant participating in dangerous sports including flying (other than as a fare-paying passenger), parachuting, racing, mountaineering or rock-climbing, hang-gliding, water sports, professional sports or snow-skiing;
9. admittance to Hospital within 30 days immediately following the first commencement date of this Insurance, unless resulting from an Accident;
10. any illness, sickness, disease, disorder, or injury for which, prior to the first commencement date, medical advice, consultation or treatment was recommended or received or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care or treatment.

DEFINITIONS

In this Insurance these words have the following meaning;

1. **'ACCIDENT'** is a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place.
2. **'HOSPITAL'** is a licensed establishment situated anywhere in the world that provides 24 hour care to In-patients, has full time surgical and medical facilities and is staffed by qualified nurses and licensed physicians. Hospitals do NOT include nursing homes, hospices, convalescent homes, sanatoria, facilities for drug addicts, alcoholics, the mentally ill, rehabilitation, or for geriatric care.
3. **'HOSPITALISATION'** is a period spent by the Insured / Dependant as an In-patient at a Hospital for the sole purpose of receiving medically necessary treatment, prescribed by a qualified medical practitioner.
4. **'IN-PATIENT'** is a person who is admitted overnight to a Hospital. For the purpose of determining the number of complete days of continuous Hospitalisation, the number of overnight stays shall be used, provided always that the stay lasts a minimum of 24 hours.
5. **'CONVALESCENCE'** is a period spent recovering subsequent to a Hospitalisation of at least 7 complete days. This period shall be, for the purpose of this Insurance, equal to the number of days the Insured was an In-patient.
6. **'INSURED'** is the Insured indicated in the schedule **PROVIDED ALWAYS THAT** such person
 - (i) is normally resident in the United Kingdom, Northern Ireland, the Isle of Man or the Channel Islands and
 - (ii) was not less than 18 nor more than 59 years old at the commencement date of this Insurance.

7. **'DEPENDANT'** is the dependant indicated in the schedule **PROVIDED ALWAYS THAT** such person
 - (i) is normally resident in the United Kingdom, Northern Ireland, the Isle of Man or the Channel Islands and
 - (ii) was not less than 2 nor more than 17 years old at the commencement of this Insurance.
8. **'BENEFICIARIES'** are the Insured's / Dependant's Heirs, Executors and Administrators.

COMPLAINTS PROCEDURE

In the event that you may have a complaint regarding any aspect of your dealings with us they should be addressed in the first instance to:

**The Chairman
United Patients
10 The Broadway
Mill Hill
London
NW7 3LL
Tel: +44 (0) 20 8906 5000
Fax: +44 (0) 20 8906 5020**

E.U. DISCLOSURE CLAUSE (UK)

Notice to the Proposer / Assured

The Parties are free to choose the law applicable to this Insurance Contract. Unless specifically agreed to the contrary this Insurance shall be subject to English Law.

Any enquiry or complaint should be addressed in the first instance to your Broker. If you are not satisfied with the way a complaint has been dealt with you may ask the Policyholder and Market Assistance Department at Lloyd's to review your case without prejudice to your rights in law.

The address is:

Policyholder and Market Assistance
Lloyd's Market Services
One Lime Street
London EC3M 7HA
Telephone: +44 (0)20 7327 5693
Fax: +44 (0)20 7327 5225
Email: complaints@lloyds.com

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DATA PROTECTION ACT 1988

It is understood by the person Insured that any information about them will be processed by the Insurer in compliance of the Data Protection Act 1988 and only for the purpose of providing their Insurance and handling claims. This may necessitate providing information to third parties.

WAR AND TERRORISM EXCLUSION ENDORSEMENT

Notwithstanding any provision to the contrary within this insurance or any endorsement thereto it is agreed that this insurance excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss;

1. war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; or
2. any act of terrorism.

For the purpose of this endorsement an act of terrorism means 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 similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

This endorsement also excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to 1 and/or 2 above.

If the Underwriters allege that by reason of this exclusion, any loss, damage, cost or expense is not covered by this insurance the burden of proving the contrary shall be upon the Assured.

In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

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NUCLEAR/CHEMICAL/BIOLOGICAL TERRORISM EXCLUSION

It is agreed that, regardless of any contributory cause(s), this insurance does not cover any claim(s) in any way caused or contributed to by an act of terrorism involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent.

For the purpose of this exclusion an act of terrorism means 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.

If the Underwriters allege that by reason of this exclusion any claim is not covered by this insurance the burden of proving the contrary shall be upon the Assured.

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