

Your Bupa membership guide

Cash Plan

This guide, together with your welcome letter (or email), table of cover and premium table, sets out the full terms of your cover.



About this membership guide

Welcome to your cash plan membership guide. We know that insurance can sometimes be hard to follow. That's why we've made this guide as simple as possible, so you'll find individual chapters that deal with each aspect of your cover. Please make sure that you keep this guide somewhere safe, as you may need it when you come to claim.

Get in touch

If you have any queries do not hesitate to call us on **0345 606 6003**,[†] write to us at **Bupa Cash Plan, Bupa Place, 102 The Quays, Salford M50 3SP** or email us at **cashplan@bupa.com**. We'll be happy to help.

If emailing or writing to us, please include your membership number, full name and postcode so that we can reply to your query as quickly as possible.

If you need to send us sensitive information you can email us securely using Egress.

For more information and to sign up for a free Egress account, go to **<https://switch.egress.com>**. You will not be charged for sending secure emails to a Bupa email address using the Egress service.

For those with hearing or speech difficulties you can use the Relay UK service on your smartphone or textphone. For further information visit **www.relayuk.bt.com**. We also offer documents in Braille, large print or audio.

[†]We may record or monitor our calls.

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Membership terms

1. Definitions

Some words and phrases in this document are in bold type and italics because they have a specific meaning which we explain below.

Word/phrase	Meaning
Agreement	Means the agreement between Bupa and the main member which provides the terms of your cover and consists of this membership guide, your welcome letter , your table of cover and your premium table .
Benefit or benefits	Means each of the benefits set out in the table of cover , which you can claim for as a member of the policy.
Benefit allowance	Means the maximum amount available for each benefit of the cash plan during each benefit year . You can find the allowances for each benefit on the table of cover .
Benefit year	Means a 12-month period starting on the main member's start date or anniversary of that start date . This applies to all members . Mercia Health Benefits polices only: means a 12-month period starting on 1 January. This applies to all members .
Bupa	Means Bupa Insurance Limited, which is the company that provides the insurance cover. Registered in England and Wales No. 3956433. Registered office: 1 Angel Court, London EC2R 7HJ. Bupa may act through Bupa Insurance Services Limited, and the term Bupa may also refer to other companies in the Bupa group, where indicated in the agreement .
Cash plan	Means the benefits provided and shown on the table of cover , subject to the terms and conditions of the agreement .
Child dependant	Means any child of the main member or their partner , including any child for whom the main member or their partner is a legal guardian or foster parent.
Epidemic	Means the occurrence in a community or region of cases of an illness, specific health-related behaviour, or other health-related events materially in excess of normal expectancy, or as otherwise defined by the World health Organisation (WHO).
Main member	Means the person who is covered under the agreement because they're eligible in their own right, and not a named dependant .
Member	Means the main member of the policy and/or any named dependant covered under the policy.
Membership level	Means the level of cover chosen by you. This determines your benefit allowances . Your welcome letter shows your membership level.
Named dependant	Means your partner and any child dependants you let us know about who are named as members of the policy.

Word/phrase	Meaning
<i>Pandemic</i>	Means the worldwide spread of a disease with <i>epidemics</i> in many countries and most regions of the world.
<i>Partner</i>	Means the <i>main member's</i> husband, wife, civil partner or the person they live with in a relationship similar to that of a marriage or civil partnership.
<i>Premium table</i>	Means the document we send you that sets out the monthly and yearly premium for each <i>membership level</i> available on your policy.
<i>Qualifying period</i>	Means a specific period of time that must pass before we'll accept and pay claims for particular <i>benefits</i> . If something happens during this period (for example, a birth or adoption), the <i>benefit</i> won't be payable, as explained in section 2.7. This applies to each <i>member</i> , starting from the date they joined the policy or from the date they increased their <i>benefit allowances</i> .
<i>Start date</i>	Means the date your policy is effective from. You can find this in the <i>welcome letter</i> we sent you when your policy started.
<i>Table of cover</i>	Means the document we send you that sets out the <i>membership levels</i> and <i>benefits</i> of the <i>cash plan</i> , including a full description of each <i>benefit</i> , what is and isn't covered and the maximum <i>benefit allowance</i> payable for each level of cover.
<i>United Kingdom/ UK</i>	Means Great Britain (England, Scotland and Wales) and Northern Ireland.
<i>Welcome letter</i>	Means the letter we send you confirming your <i>membership level</i> and your <i>start date</i> . We'll send you a welcome letter at the start of your policy, and subsequent letters confirming changes to your cover if we or you make any.

2. How your membership works

2.1 The *agreement* and your membership documents

- a. The following documents together make up the *agreement*. These documents must be read together as a whole:
 - this *membership guide*: this sets out the general terms and conditions of the membership, including, but not limited to, sections explaining how your membership works, making a claim, your right to cancel and making a complaint
 - your *table of cover* (if there's a conflict between the documents that make up the *agreement*, the *table of cover* document will take priority over the other documents)
 - your *welcome letter*
 - your *premium table*.
- b. For additional copies of these documents, please call us on **0345 606 6003**[†]
- c. We will pay eligible claims for treatment, goods or services received from your *start date*, subject to any *qualifying periods* which apply.

2.2 Age and eligibility criteria

- a. You can only join as a *main member* or *partner* on this policy initially if you are aged between 18 and 69. Once you've joined, there is no maximum age limit for being a *main member* or *partner* on this policy.
- b. You must permanently live in the *UK*.
- c. If your *cash plan* allows you to add *child dependants*, then:
 - your *child dependants* can only join as *members* if they are under 24 years old and permanently live in the *UK*. Once your *child dependants* are *members*, they can continue to be covered by the policy until the end of the month of their 24th birthday, when their cover will end automatically
 - a maximum of four *child dependants* can be covered on this policy.

2.3 Membership types

- a. The following membership types are available. Please note that not all membership types are applicable to every *cash plan*:
 - individual membership is for the *main member* only
 - individual plus membership is for the *main member*, and up to four *child dependants*
 - couple membership is for the *main member*, and their *partner*
 - family membership is for the *main member*, their *partner* and up to four *child dependants*.
- b. Please refer to your *table of cover* for the membership types applicable on your *cash plan* and the *benefits* and *benefits allowance* applicable to each *member*.

[†]We may record or monitor our calls.

2.4 Your premium

- a. Your **premium table** sets out the premium payable under the **agreement**.
- b. Your premium will begin calculating from your **start date**.
- c. Your premium is payable monthly in advance by Direct Debit unless we agree otherwise.
- d. If you are paying your premium through someone else or a third party, they will be responsible for paying the premium to us on your behalf. The premium will not be considered paid until we receive it.
- e. Premium is collected by Bupa Insurance Services Limited which acts as Bupa Insurance Limited's agent for the purpose of receiving and holding premium and paying claims and refunds. The premium is protected by an agreement between Bupa Insurance Limited and Bupa Insurance Services Limited.
- f. Your premium may change if we or you make any changes to your policy or the **agreement**. See also sections 2.8 and 2.9.
- g. Premiums include Insurance Premium Tax (IPT). If the government changes the rate of IPT we'll let you know and amend premiums from the date the rate change takes effect.

2.5 When your membership starts and how it continues

- a. Your membership and your **benefit year** start from your **start date**, shown in your **welcome letter** (or email). For Mercia Health Benefits policies only, your **benefit year** starts on 1 January each year.
- b. If your **cash plan** allows you to apply for your **named dependants** to become **members**, their cover will start from the date they are added to your cover and we will only pay **benefits** for each **named dependant** from that date.
- c. Your membership is monthly, and will continue automatically until it is ended (please see section 2.6).
- d. Your **benefit allowance** will be refreshed at the start of each **benefit year**. Your **named dependants' benefit allowance** will also be refreshed at the start of each **benefit year**, even if they joined the policy in the middle of a **benefit year**.

2.6 When your membership ends

- a. Your membership (and therefore the membership of any *named dependants*) will end if:
 - you are no longer eligible to be a *main member* on this policy (see section 2.2). You must inform us if this happens,
 - you die, or
 - we do not continue to receive the premium on or before the date it is due. If this happens, we will try to contact you, and if we cannot reach you after using reasonable efforts to do so, we may end your cover immediately.
- b. If your cover ends as a result of you not paying your premium (including Insurance Premium Tax and any other taxes which may from time to time be payable for your membership) on the date they are due, *Bupa* may at its sole discretion, allow your membership and that of your *named dependants* to continue, as long as the overdue premium is received by *Bupa* within 30 days of the due date.
- c. Your *named dependants'* cover will end if:
 - they are no longer eligible to be a *named dependant* on this policy (see section 2.2). You must inform us if this happens,
 - they die,
 - your membership ends, or
 - you ask for them to be removed from your cover (subject to the conditions set out in 2.9).
- d. If you or any of your *named dependants* die whilst covered by your membership, you or the appropriate next of kin or personal representative should inform us as soon as it is reasonably possible to do so. We may ask to see the relevant, supporting documentation.

2.7 Qualifying periods

- a. If your cover includes the birth and adoption *benefit*, a one-year *qualifying period* applies before the *benefit* will be payable. We will not pay claims for births or adoptions that happen within the *qualifying period*. A birth or adoption certificate will be required as supporting evidence.
- b. If we agree to increase your *membership level*, the *qualifying period* for the birth and adoption *benefit* will start again before the *benefit* will be payable at the new *benefit allowance*. The birth and adoption *benefit* will still be payable at the *benefit allowance* for which the *qualifying period* has been served.
- c. No other *qualifying periods* apply to your cover.

2.8 Changes we can make

- a. We may make changes to the **agreement** by giving you 30 days written notice. If the changes need to be made sooner by law or regulation, we will let you know as early as possible. These changes could affect for example:
 - the premium amount and when it has to be paid
 - the **cash plan benefits**
 - the terms and conditions of your membership.
- b. If you do not accept any changes we make, you can end your membership by letting us know by the date the changes take effect or within 30 days of being told about the changes, whichever is later. If you do end your membership within this period, we will treat them as not having been made and will end your membership with effect from the end of the 30-day period. Please see section 5 for your rights to cancel or end the **agreement**.

2.9 Changes you can make

- a. To make changes to your membership, please write to us at **Bupa Cash Plan, Bupa Place, 102 The Quays, Salford M50 3SP** or call us on **0345 606 6003**[†] or email us at **cashplan@bupa.com**. If emailing or writing to us, please include your membership number, full name and postcode so that we can reply to your query as quickly as possible.
- b. You must call or write to tell us if you change your address or you (or any of your **named dependants**) stop permanently living in the **UK**. If you do not tell us that you have changed your address, we will not be able to let you know about any changes to the **agreement** and any written communication will be sent to the last address you gave us. If we do not have the correct address for you, and we are unable to confirm your correct address after using reasonable efforts to do so, we will end your cover as we will not be able to confirm that you still need it.
- c. You can change your **membership level** once in any **benefit year**, if your **cash plan** allows this. If you choose to change your **membership level**, you will need to pay the applicable premium. Any changes to your **membership level** will not change your **benefit year**.
- d. If you change your **membership level** during a **benefit year**, we will take into account both your new and previous **benefit allowance** and any previous claims paid when processing new claims. See also section 3 for additional information on how your claims will be handled.
- e. You can add **named dependants** to your policy if your **cash plan** allows this. Depending on your membership type, you will be able to add one **partner** and up to four **child dependants** in any one **benefit year**. Once added, a **partner** or **child dependant** cannot be replaced with another **named dependant** of the same type in that **benefit year**. **Child dependants'** cover will end automatically at the end of their 24th birthday month.
- f. If you remove a **named dependant** from your policy, you will not be able to add that **named dependant** back on to your policy until at least the start of the following **benefit year**.

[†]We may record or monitor our calls.

2.10 Fraudulent or misleading information

- a. We can end your membership, treat your membership as if it never existed, or refuse to pay a claim in full or part (or increase your premium by the same proportion) if there is reasonable evidence that you or a **named dependant** did not take reasonable care to answer our questions. By this we mean giving false information or keeping necessary information from us, and if this is:
- intentional, we may treat your membership as if it never existed or refuse to pay a claim in full or part
 - careless, we may:
 - withdraw cover, refuse all claims and refund all of your premium
 - change the cover
 - reduce any claim payment or increase your premium by the same proportion.
- b. The following list contains examples of practices we consider fraudulent and/or intentionally misleading, although this list is not exhaustive:
- deliberately giving us false information about you, a **named dependant** or a claim on your policy
 - making any claim on your policy where you know the claim is false, or is exaggerated in any way
 - making a statement to support a claim where you know the statement is false in any way
 - sending us a document to support a claim where you know the document is forged, false or otherwise misleading in any way, or
 - making claims under more than one insurance policy in order to receive a sum greater than the cost (to you) of treatment, goods or services, except for **benefits** where no cost needs to be incurred for the **benefits** to be payable (see section 3.4).
- c. Joining the policy and making claims with the intention of ending your membership before the proportionate premium has been paid will also be considered fraudulent and/or intentionally misleading.
- d. If we decide to end your membership, and/or that of any of your **named dependants**, we will write to let you know. Your membership (and/or that of your **named dependants**) will end with immediate effect.
- e. If we end your membership based on receiving fraudulent or misleading information from you, you will not be able to join or rejoin any **Bupa** policy in the future.

2.11 General information

a. Other parties:

- only **Bupa** is allowed to make or confirm any changes to your membership on our behalf, or decide not to enforce any of our rights
- we will confirm changes to your membership in writing. No change to your membership will be valid unless it is confirmed in writing by us.

b. Correspondence and documents:

- any correspondence between us about your policy, which is sent by post, will be taken to be received three days after posting. If you are claiming, we must receive a completed claim form online or by post (see also section 3 for more information)
- all correspondence with you and your **named dependants** will be sent to you, the **main member**
- if you wish to contact us by telephone please call **0345 606 6003**[†]

c. Your membership will be governed by English law. Any dispute that cannot otherwise be resolved will be dealt with by the courts of England and Wales.

[†]We may record or monitor our calls.

3. Making a claim

3.1 How to make a claim

- a. Receive your treatment, goods or services. Remember to check your *table of cover* for details of the *benefits* you can claim for on your *cash plan*.
- b. Pay for your treatment, goods or services in full and get a receipt which should clearly show the name and contact details of the practitioner, date of any treatment and the name of the person receiving the treatment, goods or services. This will avoid delays in processing your claim.
- c. Send us a fully completed claim form, supporting receipts and additional information (where applicable), either by:
 - completing our online claim form at bupa.co.uk/cashplanclaim, or
 - downloading a claim form from our claims portal or calling us on **0345 606 6003**[†] to ask for one, and sending it (once completed) to us by post.
- d. You must provide additional information or evidence to support your claim if we make a reasonable request for you to do so. For example, we may need to ask you for one of the following:
 - medical reports and other information about the treatment you are claiming for
 - to have an independent medical examination, at our expense
 - proof of your prescription.
- e. Please keep your original receipt(s) safe until your claim has been paid, in case there is a query.
- f. To claim for the cost of any treatment, goods or services you may receive from a company or provider in the *Bupa* group, you should send us the receipt for this as you would with any other cash back *benefit*.
- g. For hospital in-patient, hospital day-case, birth and adoption and funeral grant claims the process is:
 - For hospital in-patient and hospital day-case claims: complete your claim form and ask the hospital to stamp it confirming the reason and length of the stay or attach your hospital discharge letter.
 - For birth and adoption claims: we need a full copy of the birth or adoption certificate. Your name must be on the certificate.

[†]We may record or monitor our calls.

- For funeral grant claims: we need a certified* copy (not original) of the death certificate and one of the following:
 - if there has been a grant of representation, either the grant of probate together with a letter signed by all the executors, or the letter of administration together with a letter signed by all the administrators. In each case the letter needs to confirm the name of the person to whom a payment should be made payable, and the address where it should be sent
 - if there has been no grant of representation, a certified^ copy of the **main member's** will together with the name and address of the named beneficiary.
- See paragraph c for how to submit this to us.

3.2 What is not covered and restrictions

- a. You can only claim for the period when you or your **named dependants** (as applicable) are a **member** of the policy. We will pay claims according to the terms and conditions and **benefit allowances** that applied at the time you received the treatment, goods or service.
- b. You can only claim cash back for treatment, goods or services that have been received and paid for by you or your **named dependants**. For hospital in-patient, hospital day-case, birth and adoption and funeral grant claims, separate proof to support your claim is needed.
- c. Claims should be submitted as soon as possible (to avoid delays in processing your claim) and must be submitted within 24 months of the date you received the treatment, goods, or services.
- d. We do not pay any claims until we have received your first premium payment.
- e. We only pay for treatment, goods or services received in the **UK**, Channel Islands or Isle of Man. If items are purchased online, they must be bought from a **UK**, Channel Islands or Isle of Man based and registered company, and invoices must be in pounds sterling.
- f. If you choose to change your **membership level** during a **benefit year**, the total claims we will pay for any **benefit** will not exceed the highest **benefit allowance** available within that **benefit year**, regardless of when the claims are submitted.
- g. Treatment of and/or treatment, goods or services arising from any **epidemic** and/or **pandemic** aren't covered.

*Copy of death certificate certified by a Registrar. If this is not available, please send certification by a coroner, a mortician, a GP, a consultant, or another recognised medical professional.

^Copy of will certified by a professional person or someone well-respected in your community ('of good standing') like a bank or building society official, a councillor, a minister of religion, a dentist, a chartered accountant, a solicitor or notary or a teacher or lecturer. The person you ask shouldn't be related to you, living at the same address or in a relationship with you.

To certify a document, take the photocopied document and the original and ask the person certifying the copy to write 'certified to be a true copy of the original seen by me' on the document, sign, and date it, print their name under the signature, and add their occupation, address and telephone number.

- h. Treatment, goods, or services arising directly or indirectly from any of the following aren't covered:
 - war, riots, terrorist acts, civil disturbances, foreign hostility where war has not been declared, or any similar cause
 - chemical, radioactive or nuclear contamination, or combustion of chemicals or nuclear fuel or any similar event.
- i. Treatment, goods, or services that you receive from a business you own or from a member of your immediate family aren't covered.
- j. The following charges are your responsibility to pay as they aren't covered:
 - any amounts you may be charged by a hospital or doctor or someone else for completing your claim form
 - insurance premiums
 - for any type of extended warranty or guarantee for goods or services received
 - for regular payment plans e.g. dental practice plan payments
 - missed appointments fees or charges
 - postage and packing costs
 - prescription fees and medication (except under the prescription **benefit** where this applies).
- k. We do not have to pay any claim if you or your **named dependants** break any of the terms and conditions of your membership, which relate to the claim.
- l. We will only reimburse health insurance excess claims if the excess relates to an eligible health **benefit** covered by your **cash plan**. Any claims paid for excesses will be deducted from the relevant **benefit allowance** in the usual way, for example, if you have a consultation that is covered by a private medical insurance policy and you pay an excess for this, you can also claim for cash back towards that excess, up to your **benefit allowance**, but only if your **cash plan** includes a consultation **benefit**.

3.3 Claims that involve third parties

- a. When you claim for an injury or medical condition that was someone else's fault (a 'third party'), for example, a road accident injury, the following conditions apply:
 - you must notify us as soon as possible that your treatment was needed due to the fault of a third party. You must provide us with any details that we reasonably ask you for
 - you must take any reasonable steps we ask of you to recover from the third party the cost of the treatment paid by us and claim interest if you are entitled to do so
 - you (or your solicitor) must keep us fully informed in writing of the progress and outcome of your claim
 - if you recover the cost of any treatment that was paid for by us from a third party, you must repay the amount to us, and any interest.
- b. We are not responsible for any legal fees you may incur if you pursue the third party for damages.

3.4 Making claims on more than one insurance policy

- a. If you or your **named dependants** have other insurance cover for the cost of the treatment, goods or services you are claiming from this policy, you must provide us with full details as soon as possible. This includes any other insurance you or your **named dependants** hold with **Bupa** or any other provider.
- b. We will only pay our share, up to the **benefit allowance**, of the cost of the treatment, goods or services you are claiming.
- c. Please note that attempting to claim on more than one insurance policy in order to receive more than the cost (to you) of the treatment, goods or services will be considered fraudulent and/or misleading. See section 2.10 for more details.
- d. This section 3.4 applies to all **benefits**, except for the following (if these apply to your **cash plan**):
 - hospital in-patient claims
 - hospital day-case claims
 - birth and adoption claims
 - funeral grant claims.

For these, we will pay any eligible claims in full, up to your **benefit allowances**, even if the costs have been covered in part or in full by another insurance policy, as you don't need to incur any cost for these **benefits** to be payable.

4. Payment of claims

- a. We will pay eligible claims to the **main member**, into your nominated bank account. All claims will be paid to the **main member** and not to your **named dependants**.
- b. Claims should be submitted to us as soon as possible (to avoid delays in processing your claim) and must be submitted within 24 months of the date you received the treatment, goods, or services. Once we receive the claim form, if we have all the correct information, we will aim to process and pay your claim as soon as possible. We will also send you a confirmation that the claim has been paid.
- c. If we do not pay your claim, we will let you know, and explain why.
- d. If we do not have all the information we need to assess your claim, we will contact you to explain why and what information we need. We will only be able to assess your claim if we have all the required information.

Protecting your information and rights

5. Your right to cancel or end this agreement

- a. You can end your membership at any time by calling us on **0345 606 6003**[†] or writing to us. There is no charge to end your membership.
- b. You can end your membership, and therefore that of any of your **named dependants**:
 - within 21 days of the **start date** or the date you receive your first set of policy documents, whichever is later. We'll refund the premium paid in full as long as you have not claimed
 - within 21 days from the effective date of any changes we make; we'll refund the premium paid for the period after the changes take effect; or
 - at any time after these dates and we'll refund the premium you have paid for the period after your membership ends. You will also need to cancel your Direct Debit with your bank.
- c. You can end membership for any of your **named dependants**:
 - within 21 days of the date cover starts for that **named dependant** or the date you receive written confirmation of cover for that **named dependant**, whichever is later. We'll refund the premium[§] paid as long as no claims have been made for that **named dependant**; or
 - at any time after this date and we'll refund the premium[§] paid for that **named dependant** for the period after their cover ends.
- d. If you make a claim within your current **benefit year** and you end your membership before the proportionate premium is paid, we may refuse you a new membership in the future if we reasonably believe you intended to act dishonestly.

6. Status disclosure

Cover is provided by Bupa Insurance Limited and arranged and administered by Bupa Insurance Services Limited as an agent of Bupa Insurance Limited. These companies (using the trading name Bupa) are wholly owned subsidiaries of the British United Provident Association Limited. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority.

[†]We may record or monitor our calls.

[§]Where ending a **named dependant's** membership results in a change to **membership level** and a reduction in premium.

The firm reference numbers are 203332 and 312526 respectively. This information can be checked by visiting the Financial Conduct Authority website www.fca.org.uk

Bupa Insurance Limited is registered in England and Wales with company registration number 3956433 and Bupa Insurance Services Limited is registered in England and Wales with company registration number 3829851. They have the same registered office: **1 Angel Court, London EC2R 7HJ**

The funeral grant **benefit** part of the policy (where shown on your **table of cover**) is provided, underwritten, and administered by Aviva Life & Pensions UK Limited. Registered in England No. 3253947. Registered Office: Aviva, Wellington Row, York, YO90 1WR. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Member of the Association of British Insurers. Firm Reference Number 185896. You can check this on the Financial Services Register by visiting <https://register.fca.org.uk> or by contacting the Financial Conduct Authority on **0800 111 6768**

7. Statement of demands and needs

This product is generally suitable for someone who needs a cash plan insurance policy which allows you to claim money back towards a range of everyday healthcare expenses.

Please read this membership guide, your **welcome letter** (or email), **table of cover** and **premium table** to ensure that this policy meets your needs.

We have not given you any advice about this policy and how it meets your individual needs. If you bought your policy through an independent financial adviser, please refer to the demands and needs statement that they have given you.

8. Privacy notice – in brief

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you, how we use it and how we protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice available at bupa.co.uk/privacy. If you do not have access to the internet and would like a paper copy, please write to **Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-upon-Thames, Middlesex TW18 3DZ**. If you have any questions about how we handle your information, please contact us at dataprotection@bupa.com

8.1 Information about us

In this privacy notice, references to 'we', 'us' or 'our' are to **Bupa**. **Bupa** is registered with the Information Commissioner's Office, registration number Z6831692. **Bupa** is made up of a number of trading companies, many of which also have their own data-protection registrations. For company contact details, visit bupa.co.uk/legal-notices

8.2 Scope of our privacy notice

This privacy notice applies to anyone who interacts with us about our products and services ('you', 'your'), in any way (for example, email, website, phone, app and so on).

8.3 How we collect personal information

We collect personal information from you and from certain other organisations (those acting on your behalf, for example, brokers, health-care providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

8.4 Categories of personal information

We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example, information we use to contact you, identify you or manage our relationship with you), special categories of information (for example, health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks, or other background screening activity).

8.5 Purposes and legal grounds for processing personal information

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and handling complaints), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others' legitimate interests or it is needed or allowed by law. We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

8.6 Marketing and preferences

We may use your personal information to send you marketing by post, phone, social media, email, and text. We only use your personal information to send you marketing if we have either your permission or a legitimate interest. If you don't want to receive personalised marketing about similar products and services that we think are relevant to you, please contact us at optmeout@bupa.com or write to **Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-upon-Thames, Middlesex TW18 3DZ**

8.7 Processing for profiling and automated decision-making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will interest you (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our full privacy notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making.

8.8 Sharing your information

We share your information within the **Bupa** group of companies, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example, brokers and other intermediaries) and with others who help us provide services to you (for example, health-care providers) or who we need information from to handle or check claims or entitlements (for example, professional associations). We also share your information in line with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

8.9 International transfers

We work with companies that we partner with, or that provide services to *us* (such as health-care providers, other **Bupa** companies and IT providers) that are located in, or run their services from, countries across the world. As a result, we transfer your personal information to different countries including transfers from within the UK to outside the UK, and from within the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA, for the purposes set out in this privacy notice. We take steps to make sure that when we transfer your personal information to another country, appropriate protection is in place, in line with global data-protection laws.

8.10 How long we keep your personal information

We keep your personal information in line with periods we work out using the criteria shown in the full privacy notice available on our website.

8.11 Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used; to ask us to transfer information you have made available to us; to withdraw your permission for us to use your information; and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

8.12 Data-protection contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at dataprotection@bupa.com. You can also use this address to contact our Data Protection Officer.

You also have a right to make a complaint to your local privacy supervisory authority. Our main office is in the UK, where the local supervisory authority is the Information Commissioner, who can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom. Phone: 0303 123 1113 (local rate).

9. Financial crime and sanctions

9.1 Financial crime

You agree to comply with all applicable UK legislation about the detection and prevention of financial crime (including, without limitation, the Bribery Act 2010 and the Proceeds of Crime Act 2002).

9.2 Sanctions

We will not provide cover and we shall not be liable to pay any claim or provide any **benefit** to the extent that such cover, payment of a claim(s) or **benefits** would:

- be in contravention of any United Nations resolution or the trade or economic sanctions, laws or regulations of any jurisdiction to which we are subject (which may include without limitation those of the European Union, the **United Kingdom**, and/or the United States of America); and/or
- expose us to the risk of being sanctioned by any relevant authority or competent body; and/or
- expose us to the risk of being involved in conduct (either directly or indirectly) which any relevant authority, banks we transact through, or competent body would consider to be prohibited.

Where any resolutions, sanctions, laws or regulations referred to in this clause are, or become applicable, we reserve all of our rights to take all and any such actions as may be deemed necessary in our absolute discretion, to ensure that we continue to be compliant. You acknowledge that this may restrict, delay or terminate our obligations and we may not be able to pay any claim(s) in the event of a sanctions-related concern.

10. Making a Complaint

We work hard to give our customers great service. Occasionally things go wrong and when this happens, we'll do our best to put things right quickly.

10.1 Ways to get in touch

- Call us: **0345 606 6003**[†]
- Chat to us online: **bupa.co.uk/complaints**
- Email us: **customerrelations@bupa.com**

If you need to send us sensitive information you can email us securely using Egress.

For more information and to sign up for a free Egress account, go to **<https://switch.egress.com>**. You will not be charged for sending secure emails to a Bupa email address using the Egress service.

Write to us: **Customer Relations, Bupa, Bupa Place, 102 The Quays, Salford M50 3SP**

If we can't resolve your complaint straight away, we'll email or write to you within five business days to explain the next steps.

You may be able to refer your complaint to the Financial Ombudsman Service for a free, independent and impartial review. You can:

- visit **financial-ombudsman.org.uk**
- call them on **0800 023 4567**
- email them at **complaint.info@financial-ombudsman.org.uk**

If you refer your complaint to the Financial Ombudsman Service, they will ask for your permission to access information about you and your complaint. We will only give them what's necessary to investigate your complaint and this may include medical information. If you are concerned about this please contact us.

10.2 The Financial Services Compensation Scheme (FSCS)

In the unlikely event that we cannot meet our financial obligations, you may be entitled to compensation from the Financial Services Compensation Scheme. This will depend on the type of business and the circumstances of your claim.

The FSCS may arrange to transfer your policy to another insurer, provide a new policy or, where appropriate, provide compensation. Further information about compensation scheme arrangements is available from the FSCS on **0800 678 1100** or **020 7741 4100** or on its website **www.fscs.org.uk**

[†]We may record or monitor our calls.

Notes

Notes

Bupa cash plan is provided by:

Bupa Insurance Limited. Registered in England and Wales with registration number 3956433. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services registration number 203332.

Bupa insurance policies are arranged and administered by:

Bupa Insurance Services Limited. Registered in England and Wales with registration number 3829851.

Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. Financial Services registration number 312526.

You can check the Financial Services Register by visiting: <https://register.fca.org.uk> or by contacting the Financial Conduct Authority on 0800 111 6768.

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