

# Plan for the cost of your wellbeing

Join today  
and receive  
£15 in M&S  
vouchers

## GET MONEY BACK ON YOUR HEALTH CARE COSTS

- ✓ Dental
- ✓ Optical
- ✓ Prescriptions
- ✓ Chiropody
- ✓ And much more...



# Plan for a better life...

Planning for the cost of your everyday health and wellbeing is more affordable than you might think. The Sovereign health care cash plan starts **from as little as £2.52 per week** and, when the time comes that you need new glasses, have to visit the dentist or spend money on medical prescriptions, **you can claim money back.**

What's more, Sovereign can even help you during the times when you need a little more support, such as having **physiotherapy** or **spending time in hospital** – those times that can really have an impact, both physically and financially.

**Join today  
and receive  
£15 in M&S  
vouchers**



**Voucher offer details:** £15 in M&S vouchers will be sent to the new customer subject to the application form being submitted and accepted. To qualify, the new customer must remain a customer beyond the 14 day cooling off period. Vouchers will be sent by post within 8 weeks of the application being accepted subject to payment of the first monthly premium. No alternatives to this promotion will be offered. Sovereign Health Care reserves the right to alter, cancel or withdraw the offer at any time.

# What you can claim in more detail...

The table below details the health care benefits you can claim for each year. Each benefit has its own claiming year, which is 12 months from the date of the first treatment you receive or hospital stay you claim for.

Levels of cover		Level 2	Level 3	Level 4	Level 5	Level 6
Monthly premium (per person)		£10.92	£16.38	£21.84	£27.30	£32.76
Weekly premium (per person)		£2.52	£3.78	£5.04	£6.30	£7.56
<b>Everyday essentials</b>	<b>Payback</b>					
<b>Dental</b> including treatment, check-ups, x-rays and full or partial dentures	50%	up to £90	up to £135	up to £180	up to £225	up to £270
<b>Optical</b> including glasses, contact lenses and eye tests 12 month qualifying period for all types of eye surgery	50%	up to £90	up to £135	up to £180	up to £225	up to £270
<b>Prescription charges</b> including NHS or private prescription charges and NHS prepayment certificates	50%	up to £18	up to £27	up to £36	up to £45	up to £54
<b>Help to keep you ticking over</b>						
<b>Physiotherapy/Osteopathy/Chiropractic</b> 6 month qualifying period for pre-existing conditions	50%	up to £250	up to £375	up to £500	up to £625	up to £750
<b>Chiropody/Podiatry</b>	50%	up to £50	up to £75	up to £100	up to £125	up to £150
<b>Acupuncture/Homeopathy/Reflexology</b>	50%	up to £150	up to £225	up to £300	up to £375	up to £450
<b>Health screening</b> including well man, well woman, osteoporosis and mammogram screening	50%	up to £70	up to £105	up to £140	up to £175	up to £210
<b>Support if you need NHS or private hospital treatment</b>						
<b>Hospital in-patient</b> 6 month qualifying period for pre-existing conditions	Max 30 nights	£20 per night	£30 per night	£40 per night	£50 per night	£60 per night
<b>Recuperation</b> 6 month qualifying period for pre-existing conditions	Fixed amount	£90	£135	£180	£225	£270
<b>Hospital day case admission</b> 6 month qualifying period for pre-existing conditions	Max 10 days	£18 per day	£27 per day	£36 per day	£45 per day	£54 per day
<b>Hospital consultant fees and diagnostic tests</b> 6 month qualifying period for pre-existing conditions	50%	up to £250	up to £375	up to £500	up to £625	up to £750
<b>Support when you need a helping hand</b>						
<b>Birth/adoption of a child</b> 6 month qualifying period	Fixed amount	£100 per child	£150 per child	£200 per child	£250 per child	£300 per child
<b>Home care</b> for local authority or accredited agency care services such as cleaning, laundry and shopping	50%	up to £250	up to £375	up to £500	up to £625	up to £750
<b>Hearing aids</b> 6 month qualifying period for pre-existing conditions	50%	up to £100	up to £150	up to £200	up to £250	up to £300
<b>Specialist medical aids</b> 6 month qualifying period for pre-existing conditions	50%	up to £250	up to £375	up to £500	up to £625	up to £750
<b>Telephone helpline</b> Available 24 hours a day, 365 days a year. Includes a medical helpline, telephone counselling, specialist legal, financial and debt information as well as online support on a wide range of life issues.						

## Free cover for dependent children up to the age of 18

Dependent children up to the age of 18 are covered at the same level as the policyholder for all benefits excluding birth/adoption, home care, hearing aids and specialist medical aids. Cover provides separate annual maximums for the policyholder and each of their dependent children.

## How does it work?

When you make a claim, **you'll receive back 50% of your costs** up to the maximum payback amount for the level of cover you've chosen, and some benefits pay back a fixed sum. It covers NHS and dental treatment and you can choose your practitioner.

## Who can join?

Anyone under the age of 76 can join the Sovereign Health Care cash plan, **there's no medical needed** and the same price applies to everyone regardless of age, medical history or how often you claim. Plus children up to the age of 18 are covered for free on an adult's policy for many of the benefits.

**Why not cover your partner or a family member?** All you have to do is choose their level of cover and fill in the relevant section of the application form. **They'll also receive £15 in M&S vouchers** as a thank you; it couldn't be easier to help them stay healthy.

## How do I make a claim?

Claiming is easy. Simply fill in a claim form and send it to Sovereign along with your receipt. Once received, **your claim will be processed promptly** and your money can go directly into your bank account. You've got **plenty of time to claim**, a whole 12 months from when you received treatment.







**Staying healthy couldn't be simpler.  
So, why wait? Apply today!**

Complete the application form at the end of this leaflet and return it in an envelope to FREEPOST SOVEREIGN HEALTH (no stamp or other address details needed).

# How much can I claim?

This example is based on you having level 2 cover, which costs £10.92 per person, per month (£131.04 per year). If you were to claim on dental, optical, physiotherapy and prescription costs you could get £186.05 cash back on the £372.10 you spent on treatment. Please note, physiotherapy has a 6 month qualifying period for pre-existing conditions.

	Amount paid for treatment	50% cash back from Sovereign	Total amount you can claim per benefit year	Amount you have left to claim
NHS dental check-up and treatment 	£56.30	£28.15	£90	£61.85
New pair of glasses and eye test 	£130	£65	£90	£25
Four physiotherapy sessions at £40 each 	£160	£80	£250	£170
Three NHS prescriptions at £8.60 each 	£25.80	£12.90	£18	£5.10
<b>TOTAL</b>	<b>£372.10</b> Paid for treatment	<b>£186.05</b> Cash back from Sovereign		

NHS costs are correct at 01/04/2017.

# How soon can I claim?

When you join the Sovereign Health Care cash plan you can claim straightaway for treatment received from the date your policy starts. However, certain benefits do have a qualifying period or a 6 month qualifying period for pre-existing conditions, take a look at the table on page 3 for more details.

# Feel good about choosing Sovereign

Established in 1873 as a Bradford-based hospital fund, Sovereign Health Care has been helping people plan for the cost of their everyday health for over 140 years. Last year alone, we paid out **£7.1 million in claims** to our customers and, because we have no shareholders, any surplus profit is reinvested or awarded to community or charitable initiatives. In the last 8 years over **£5 million has been donated** to health and wellbeing good causes.



It's easy to apply,  
simple to use.  
So, why wait?

- 1 Decide which level of cover is best for you
- 2 Read the policy summary on page 7 and make sure you understand the key features of the plan
- 3 Then simply complete the application form and return it in an envelope to **FREEPOST SOVEREIGN HEALTH** (no stamp or other address details required)

# Policy summary

keyfacts®

This is a summary of the key features of the Sovereign Health Care cash plan. This summary is for your guidance only and will not form part of our contract with you. Our contract with you will be on the terms of your application and our full terms and conditions which we will send to you with your welcome pack and are available on our website at [www.sovereignhealthcare.co.uk](http://www.sovereignhealthcare.co.uk). For the purposes of our contract you will be classed as a 'consumer', otherwise known as a retail client. The plan allows you to claim money back towards a range of everyday health care expenses as detailed in the schedule of benefits on page 3 and the policy terms and conditions.

## Premium payments and frequencies

Premium costs are shown on the schedule of benefits and are inclusive of Insurance Premium Tax (IPT) at the prevailing rate. Premiums are deducted from your salary either weekly, four weekly or monthly dependent upon how frequently you are paid and remitted to Sovereign Health and Insurance Services Ltd by your employer. Premiums are due on a continuous basis.

## Policy start date, renewal and ending your policy

Your policy will start on the date specified on your policy certificate (your "start date") and will renew automatically each month until it is cancelled or you allow it to lapse. You can end your policy at any time by giving us not less than 30 days notice.

## Key features and benefits

There are 5 levels of cover so you can choose the level that best suits your needs. Cover is for you as an individual with your dependent children covered for certain benefits at no extra cost. Dependent children cover ceases when they reach the age of 18. You also have the option to join your partner or an additional policyholder.

All benefits (except hospital stays, recuperation or birth/adoption) pay back 50% of the costs you have incurred when paying for everyday health care up to your chosen cover level maximum per benefit claiming year. Any hospital stays are paid either on a per day or per night basis. Birth/Adoption and recuperation benefits are fixed payments determined by your cover level.

You also have access to a 24 hour confidential telephone helpline to help support your wellbeing.

## Key limitations and exclusions

You must be age 18 or over and under the age of 76 and a UK resident to apply to join the scheme. If you are between the ages of 16 and 18 and in full time employment, we may consider your application on an exceptional basis.

You can remain a policyholder for as long as you wish provided your premium payments are up to date.

You can claim straight away for treatment received on or after your policy start date except for benefits with a qualifying period. Laser or refractive eye surgery (within the optical benefit) has a 12 month qualifying period. The birth/adoption benefit has a 6 month qualifying period. A 6 month qualifying period for pre-existing conditions applies on physiotherapy/osteopathy/chiropractic, hospital in-patient, recuperation, hospital day case admission, hospital consultant fees and diagnostic tests, hearing aids and specialist medical aids.

You must submit a claim within 12 months of the date any treatment was received or the completion date of any hospital treatment.

Sovereign Health Care is a company limited by guarantee. Registered in England no 85588. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Sovereign Health and Insurance Services Limited. A wholly owned subsidiary of Sovereign Health Care. Registered in England no 7401863. Authorised and regulated by the Financial Conduct Authority. Registered office: Royal Standard House, 26 Manningham Lane, Bradford BD1 3DN.

## Cooling off period – your right to change your mind

If the policy does not meet your requirements for any reason, you may cancel it within 14 days of the start date or from the day you received your policy documents, by advising us in writing or telephoning 01274 841130 (the "cancellation period"). Any premiums paid during the cancellation period will be refunded. Premiums will not be refunded if a claim has been made within the cancellation period or after the cancellation period has expired. Sovereign Health Care's normal terms and conditions apply thereafter.

## Our right to vary your policy

From time to time it may be necessary for us to vary your policy, including, for example, the amount that you pay us in relation to it, the benefits available to you under it and the rules relating to it. If we make a material change we will endeavour to give you 30 days notice in writing.

## How to claim

Your welcome pack will include a claim form or you can download one from our website. To make a claim, complete a claim form and send it to us with the original, named receipt or relevant documentation. For hospital claims you need to have the appropriate section of the claim form completed and stamped by the hospital/medical centre where you were admitted. Claims will be paid by cheque or into your bank account if you provide us with your account details. See the terms and conditions for full details about how to claim.

## Complaints procedure – your right to complain

We pride ourselves on our customer service standards however we recognise that occasionally you may be unhappy with us. If you are not satisfied with any aspect of the service you have received from us please contact our Customer Relations Manager detailing the nature of your complaint by either:

Writing to: Customer Relations Manager, Sovereign Health Care, Royal Standard House, 26 Manningham Lane, Bradford BD1 3DN.

Telephoning: 01274 841130. Lines are open Monday to Thursday 9am to 5pm and Friday 9am to 4pm.

To help us deal with your complaint quickly, please quote your name and policy number. If you are unhappy with the response you receive from us, you have the right to refer your complaint to the Financial Ombudsman Service, Exchange Tower, London E14 9SR. The Ombudsman will only consider your complaint after you have written confirmation from us that our internal complaints procedure has been applied in full.

## Financial Services Compensation Scheme (FSCS)

We are covered by the FSCS. In the unlikely event of us being unable to meet our financial obligations you may be entitled to claim compensation from the scheme. Further information about the FSCS is available at [www.fscs.org.uk](http://www.fscs.org.uk) or by calling 0800 678 1100.

## Statement of demands and needs

You should only complete an application for this type of insurance if you wish to claim money back for the range of benefits shown on the schedule on page 3. In deciding to buy this health care cash plan, you have not received a personal recommendation from us as we can only provide information about our products to assist your decision and understanding.

## Payroll deduction payment instruction

Please complete this section so we can instruct your company payroll department to deduct your premiums from your salary.

Payroll/pension number

Company name

Payroll address

Postcode

Please enter the total premium to be deducted from your pay

£

Please tick the appropriate box according to your pay frequency:

Per month  Per four weeks  Per week

## Direct Credit - have your claims paid into a bank account

To have your claims paid directly into a bank account by direct credit simply complete this section.

If you do not complete this section your claims will be paid by cheque. If you are paying for your partner/family member their claims will be paid by cheque until they complete and return a direct credit form. This will be sent to them with their policy documents.

Full name of account holder

Name of bank

Sort code

Account number

I authorise Sovereign Health Care to pay my claims into this bank account until further notice.

## Declaration

I wish to apply to join Sovereign Health Care or, I am an existing customer and I wish to apply to change my policy. I and anyone else detailed on this application apply for cover under the Sovereign Health Care cash plan and declare that any information contained on this application is to the best of my knowledge true and complete. I authorise the amount noted to be deducted from my salary and remitted to Sovereign Health and Insurance Services Ltd. If premium rates change, subject to Sovereign Health Care giving me 30 days notice, the revised amount may also be deducted from my salary. I understand and accept the policy summary key facts, including the key limitations and exclusions and the statement of demands and needs. I understand that this insurance will automatically renew each month until it is cancelled or I allow it to lapse. I/We understand that certain benefits have a qualifying period, or a qualifying period for pre-existing conditions, and that I/we will not be able to claim for these benefits until the relevant qualifying period has expired. I/We agree that Sovereign Health Care may request a medical report from a GP or health care provider/practitioner to verify future claims. I/We agree to be bound by the policy terms and conditions.

**Data Protection Act** Sovereign Health Care and its subsidiary companies comply with the Data Protection Act 1998 and we will store and process any personal data collected by us in our systems in accordance with the provisions of the Act.

Your application to join or change an existing policy is subject to acceptance by Sovereign Health Care and we reserve the right to refuse your application for any reason without providing an explanation. Your policy will be subject to our terms and conditions, a copy of which we will send to you with your welcome pack.

Your signature

Date

-   -

Please ensure you have completed all sections and signed the declaration.

Please detach and return in an envelope to: FREEPOST SOVEREIGN HEALTH (no stamp or other address details required).



Office use only:



















Ref

## Applying couldn't be easier

**New customers** simply complete the form and sign the declaration overleaf.

**Existing customers** can use this form to change their level of cover, add their partner or a family member and/or add dependent children to their policy. Please complete the section titled 'Your details' and then complete the relevant section(s) to change your policy. To authorise the changes to your policy you must also sign the declaration overleaf.

If you know your existing policy number please enter it here:

### Your details

Please ensure you have read the policy summary key facts on page 7.

I wish to join Sovereign Health Care or amend my existing policy and agree to abide by the terms and conditions.

<b>Title</b>	<input type="text"/>	<b>Address</b>	<input type="text"/>
<b>First name</b>	<input type="text"/>		<input type="text"/>
<b>Surname</b>	<input type="text"/>		<input type="text"/>
<b>Date of birth</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>
<b>Telephone</b>	<input type="text"/>		<input type="text"/>
<b>Mobile</b>	<input type="text"/>	<b>Postcode</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Email</b>	<input type="text"/>		

### Your marketing contact preferences

We'd like to keep you updated about the latest offers, products and services from Sovereign that may be of interest to you. Please tick the appropriate box(es) below to indicate how you would like to be contacted by us. Please be assured that we will never sell your data on to third parties.

I consent to receiving information by: Post  Phone  Email  Text

### Optional partner/family member cover

If you wish to pay for your partner or a family member please include their details here:

<b>Title</b>	<input type="text"/>	<b>First name</b>	<input type="text"/>
<b>Date of birth</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Surname</b>	<input type="text"/>

### Add dependent children up to the age of 18 for free

If you have dependent children under 18 years old please enter their details here:

<b>Dependent 1 Master/Miss*</b>	<b>Dependent 2 Master/Miss*</b>
<b>First name</b>	<b>First name</b>
<input type="text"/>	<input type="text"/>
<b>Surname</b>	<b>Surname</b>
<input type="text"/>	<input type="text"/>
<b>Date of birth</b>	<b>Date of birth</b>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

\*Delete as appropriate. Please continue on a separate sheet of paper if you wish to add more than two dependent children.

### Choose your level of cover

Please choose your level of cover, and partner/family member cover if required, by ticking the appropriate box(es). Premiums shown are inclusive of Insurance Premium Tax (IPT) and are deducted from your salary.

Cover level	Level 2	Level 3	Level 4	Level 5	Level 6
Monthly premium (per person)	£10.92	£16.38	£21.84	£27.30	£32.76
Four weekly premium (per person)	£10.08	£15.12	£20.16	£25.20	£30.24
Weekly premium (per person)	£2.52	£3.78	£5.04	£6.30	£7.56
Your level of cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner/family member level of cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue **overleaf** to complete your application.

# Cushion the blow of health care costs



Cover from  
**£2.52**  
per week



No medical  
needed



Optional  
partner/family  
member cover



Worldwide  
cover



Premiums  
deducted from  
your pay



Claims paid  
promptly

**18**  
>  
**<76**

Join up to  
age 76



No fixed  
contract



Works with  
NHS or private  
treatment

If you have any questions please call  
the Sovereign Health Care team on:



**01274 841 130**

Lines are open Monday to Thursday 9am to 5pm and Friday 9am to 4pm.