

# ProAmica

*Innovative, self-funded healthcare*



## *Guide to Trust Protect Services*

In association with



# Contents

This guide describes a range of additional services from General & Medical Healthcare which are available to Corporate Healthcare Trusts administered and managed by ProAmica.

For more details, call us on **0800 084 2589**.

**ProAmica is from the Latin for 'Professional Friend'. As a client of ProAmica, you can count on us to set up the Trust and look after all aspects of running it for you.**

Be an employer of choice	3
Choose General & Medical Healthcare	4
Health & Wellbeing Services	5
Employee Assistance	6
Trust Protect Stop Loss	8
Worldwide Travel Insurance	9
Additional Cash Benefits	9
Trust Protect Policy	10
Worldwide Travel Policy	12
Critical Illness Cash Benefit Policy	14
Personal Accident Cash Benefit Policy	16
Life Cover Cash Benefit Policy	18



---

# Be an employer of choice

**A great employee benefits package will help you attract and retain the best, most flexible people – helping you become an employer of choice.**

Simply by providing a ProAmica Corporate Healthcare Trust, your business could enjoy the benefits of lower staff turnover, lower absenteeism and better productivity. But to complement the Trust, General & Medical Healthcare offer a range of additional services for Trusts known as Trust Protect.

Taken together and combined with the Trust, our Trust Protect Services can form a major part of your overall employee benefits package.

We do our part to help the environment by printing our documents in-house, enabling us to significantly reduce our paper waste.



---

# General & Medical Healthcare

For over 25 years, General & Medical Finance Ltd has provided specialist healthcare and insurance services to businesses, associations and families, under the banner of General & Medical Healthcare. We continually strive to bring innovative services to all new and existing clients, never forgetting our guiding principle, People first...always.

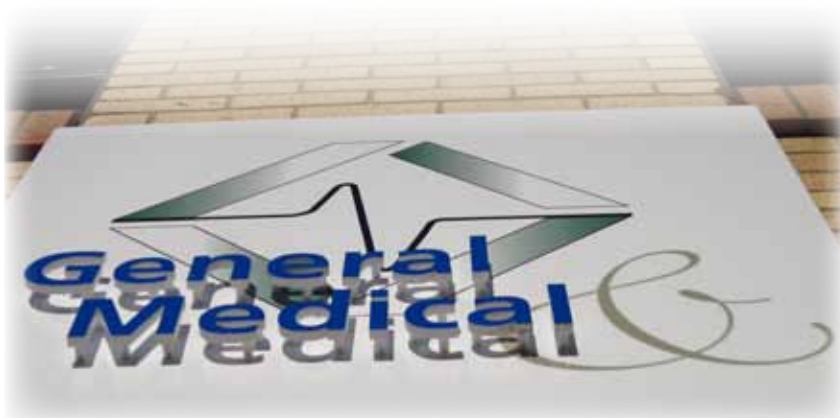
We are the preferred provider for the Association of Surgeons for Great Britain and Northern Ireland and we retain a Medical Advisory Panel of fully independent surgeons and medical practitioners to advise us and help us to evolve in an ever-changing market.

As a client of General & Medical Healthcare and ProAmica you will be assigned a named Client Relations Co-ordinator who will look after all aspects of the running of the Trust, including any Additional Trust Services you choose. All Client Relations Co-ordinators are trained in medical terminology and pass a series of exams so they are fully equipped to answer questions and help members with their claims.

Investment in information technology for both our internal systems and our Internet presence has given us the ability to deliver a service that is second to none. We give a personal level of service to all clients. Calls are never routed through a call centre or held in a queuing system.

General & Medical Finance Ltd are authorised and regulated by the Financial Conduct Authority.

Based in Guernsey, General & Medical Insurance Ltd underwrites the private health insurance schemes marketed by General & Medical Healthcare. General & Medical Insurance Ltd is authorised and regulated by the Guernsey Financial Services Commission.



# Health & Wellbeing Services

A happier and healthier employee is a more productive employee. Our Health & Wellbeing Services support your employees, helping them to deal with personal and professional issues on a broad range of subjects, proving invaluable to them and your business. These services are provided by Health Assured Ltd.

Health & Wellbeing Services are available to all members of Trusts administered and managed by ProAmica. Using a scheme code given to them when the Trust is set up, members have immediate and free access to:

## Health & Wellbeing 'online'

The online Health & Wellbeing site gives your employees the resources and inspiration to make simple changes to develop a healthier, more balanced and productive lifestyle. The site provides:

- Active Life programmes designed to guide your employees to their health goal.
- Health & Wellbeing programmes with up to date, clinically validated support information.
- Active Sport programmes for those with specific sports or training goals.
- Active Care programmes designed to prevent illness or manage existing conditions.

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

## Telephone Counselling

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

## Health & Wellbeing Advice

The Health & Wellbeing advice service gives members access to a team of doctors, nurses and specialists who are on hand to provide confidential and easy to understand help and guidance. Members can discuss health and lifestyle issues, medical symptoms and worries with a sympathetic professional across a wide range of subjects\*.

\* This service provides general guidance and information only and is not intended to detract from or substitute normal primary healthcare. This is not an emergency service and will not provide a diagnosis or prescribe treatments.



---

# Employee Assistance

**For a small extra fee per member, the following additional Employee Assistance Services can be added to your Trust:**

## **Face to Face Counselling**

This additional service provides members with up to 6 Face to Face Counselling sessions through a nationwide network of associate counsellors, so sessions can be organised close to the member's home or place of work. Face to Face Counselling will normally be arranged where, in the professional opinion of the counsellor, it would benefit the member.

## **Legal and Financial Information Services**

This additional service provides access to confidential, accurate and high quality legal and financial information. The legal consultants will endeavour to give clear and practical advice to clarify a member's legal position and the future steps to take. They will also give guidance on issues such as debt management, benefits, budgets and planning.

## **HR and Line Manager Support**

This service provides 24 hour access to telephone helpline services, for guidance and support on workplace issues. Whether through counselling to deal with the emotional aspects of managing people or legal advice to supply vital information, the service can help managers and HR teams with a wide range of issues such as:

- Workplace bullying
- Work related stress
- Workplace conflict
- Communicating change
- Alcohol & drugs
- Work/life balance





### Critical Incident Support

Critical Incident Support provides affected employees, managers and proprietors with 24 hour telephone helpline services for a comprehensive and timely response to any critical incident. Typically this could include physical violence, serious workplace injury or fatality, robbery, assault, fire, explosion or terrorist activity.

Dependent upon the nature of the incident, for an additional agreed cost, trained and experienced critical incident support workers, counsellors and/or psychologists would be made available for on-site debriefing and counselling.

The timing of their attendance on-site would be by agreement with the business having regard to the nature of the incident and the needs of those involved. Ongoing support would then be available by telephone and/or face to face counselling as appropriate.

Our Health & Wellbeing and Employee Assistance Services are provided by Health Assured Ltd.



# Trust Protect Stop Loss

**ProAmica Corporate Healthcare Trusts are specifically designed to cover the cost of medical treatment for your employees by effectively predicting the level of eligible claims. But the unexpected can happen so many Trusts choose to add Trust Protect Stop Loss.**

Based on the information you supply, ProAmica will recommend a minimum funding level for your Trust so that there is a reasonable expectation that the Trust fund will be able to meet the cost of all eligible claims. Provided you comply with the recommended funding and benefit levels, you can normally purchase Trust Protect Stop Loss insurance to guard against the unexpected.

## Aggregated Cover

Aggregated cover can offer a degree of protection should the cost of all eligible claims on the Trust exceed by a fixed amount, the recommended funding level.

The fixed amount is called the 'attachment point'. As an example, the attachment point could be 20% above the recommended funding level. So, if the cost of claims exceeds 20% above the recommended funding level, Trust Protect would meet 75% of the excess costs up to a point 50% above the recommended funding level. This is only an example and the limits are negotiable.

This is the most cost effective form of stop loss cover but if you have previous experience of providing healthcare to your employees through either a Trust or Private Medical Insurance and you can demonstrate your claims history, stop loss of up to 100% may be available.

## Specific Individual Cover

Specific Individual Cover is an alternative that provides cover for each member of the Trust if the cost of any one in-patient surgical procedure exceeds £15,000. Trust Protect Stop Loss will meet the excess costs up to £30,000 for each episode. Again, the limits are negotiable.

Trust Protect Stop Loss is only available to Healthcare Trusts managed and administered by ProAmica.

For more details, please read the key facts document on pages 10 - 11.







## Worldwide Travel Insurance

For a small premium for each member, you can choose to add our Worldwide Travel Insurance to your Trust and give your employees peace of mind when taking a break from work.

Worldwide Travel Insurance provides Trust members with cover for an unlimited number of trips abroad as long as any single trip does not exceed 120 days. Cover includes the cost of medical treatment and repatriation from any country as well as generous cover for lost possessions and cover for cancellation or curtailment of trips. They will also be able to enjoy the pistes as cover for winter sports is included.

Worldwide Travel Insurance is underwritten by certain underwriters at Lloyds of London. For more details, please read the key facts document on pages 12 - 13.

## Additional Cash Benefits

To further enhance your employee benefits package, you can also choose to add one or more additional cash benefits.

Cash benefits of either £1,000 or £10,000 are available and cover is provided for Trust members between ages 21 and 60.

**Life Cash Benefit** – payable should a member die, from any cause. At the discretion of the Trustees, the cash benefit is paid to beneficiaries nominated by the member.

**Personal Accident** – payable should a member suffer accidental death, loss of limb, loss of sight or permanent total disablement.

**Critical Illness** – payable should a member be diagnosed as suffering from conditions such as Heart Attack, Stroke, Cancer, Kidney Failure or Multiple Sclerosis.

For more details, of the cash benefits available from General & Medical Healthcare, please read the key facts documents on pages 14-19.

# Trust Protect Stop Loss Policy Summary

Some important facts about the Trust Protect Stop Loss cover are summarised over the next few pages.

This summary does not describe the full terms, conditions and exclusions of this policy, which can be found in 'the Guide to your ProAmica Trust Protect Services'.

Please take time to read this document in full, to understand the cover provided.

## Policy Providers

Trust Protect Stop Loss cover is provided and administered by General & Medical Healthcare and is underwritten by: General & Medical Insurance Ltd – (Licensed by the Guernsey Financial Services Commission)

## What is Trust Protect Cover?

Provided you comply with the recommended funding and benefit levels for your ProAmica Trust, you can normally purchase Trust Protect Stop Loss insurance to guard against the unexpected. Stop Loss insurance is cover purchased by employers in order to limit their exposure under Trust medical plans. This cover is available in two types:

Aggregated Cover  
and  
Specific Individual Cover

## Summary of Benefits

### Aggregated Cover

Aggregated cover can offer a degree of protection should the cost of all eligible claims on the Trust exceed (by a fixed amount) the recommended funding level.

The fixed amount is called the 'attachment point'. As an example, the attachment point could be 20% above the recommended funding level. So, if the cost of claims exceeds 20% above the recommended funding level, the Underwriters would meet 75% of the excess costs up to an agreed maximum limit above the recommended funding level. This is only an example and the limits are negotiable.

### Specific Individual Cover

Specific Cover is an alternative that provides cover for each member of the Trust if the cost of any one in-patient procedure exceeds £15,000. The Underwriters will meet the excess costs up to £30,000 for each episode. Again, the limits are negotiable.

Trust Protect Stop Loss is only available to Healthcare Trusts managed and administered by ProAmica Ltd.

## Significant Exclusions & Limitations (For full details please refer to the 'Guide to your ProAmica Trust Protect Services')

- a Cover is provided at the levels described in your schedule of cover.
- b Benefit is payable provided you comply with the recommended funding and benefit levels set.
- c Only claims where treatment is received during the term of cover and which are fully eligible under the rules of the trust may be counted towards the total claims costs, for the purposes of calculating if the attachment point has been reached.
- d Payment of claims in excess of the attachment point and below the maximum cap for cover will be payable on a co-share basis unless specified otherwise in your schedule of cover.
- e Cover can only be quoted if previous insurance or trust fund has been held and claims figures or claims ratios are available.
- f If the cover attaches we will need proof of the previous claims history on previous insurers /trusts headed paper matching figures submitted to us at this quote stage.

**Duration of Policy** 12 months unless specified otherwise

.....

### Cancellation Rights

You may cancel any policy with immediate effect by notifying General & Medical Healthcare by phone, email or by post (see contact us for details).

If you cancel any policy within 14 days of receipt of your policy documentation, General & Medical Healthcare will refund any premium remaining at the date of cancellation, unless a claim has been made, in which case no refund will be given.

If you cancel any policy outside of this period, you must notify us before the date (specified by you) on which you want this cover to cease. If you decide to cancel any cover you will receive written confirmation from General & Medical Healthcare that the cover has ceased.

### Claims

To make a claim on this insurance you must contact General & Medical Healthcare either by phoning 0800 970 9442 and asking for our Trust Administration Department or by writing to the Trust Administration Manager at the address below.

### Complaints

We aim to provide a high level of service to our clients and members. Occasionally things go wrong. Sometimes circumstances beyond our control affect our service to you. If this happens, we apologise and will do what we can to put things right.

If you have a complaint about a service or the administration of your policy, please contact us in the first instance by phoning our Trust Administration Department on 0800 970 9442 or by emailing [info@generalandmedical.com](mailto:info@generalandmedical.com). We will aim to resolve your complaint by close of business the following working day.

If your complaint is not resolved to your satisfaction within this time we will send you written acknowledgment of your complaint together with the next steps that will be taken to resolve it. If you prefer to put your complaint in writing please send it to:

[The Admin Services Manager,](#)  
[General & Medical Finance Ltd,](#)  
[General & Medical House,](#)  
[Napier Place,](#)  
[Peterborough,](#)  
[PE2 6XN.](#)

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

Should your complaint be in relation to any other matter General & Medical Finance Ltd would acknowledge receipt and advise you of who will be dealing with your complaint and when you could expect to receive a further response.

If you are still not satisfied you may be able to refer your complaint to the Financial Ombudsman, dependent on the specific nature of your complaint.

You should note: Issues relating to administration and sales provided by General & Medical Finance Ltd benefit from the Financial Ombudsman Service (FOS).

Benefits insured by General & Medical Insurance Ltd, a Guernsey company, do not benefit from the Financial Ombudsman Service (FOS).

### The Financial Services Compensation Scheme (FSCS)

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

Issues relating to administration and sales provided by General & Medical Finance Ltd, are covered by the Financial Services Compensation Scheme (FSCS).

You may be entitled to compensation from the scheme if they cannot meet their obligations.

This depends on the type of business and the circumstances of the claim. Insurance advising and arranging is covered for 90% of the claim, without any upper limit.

Further information about compensation scheme arrangements is available from:

Financial Services Compensation Scheme  
7th Floor, Lloyds Chambers  
Portsoken Street  
London E1 8BN  
Website: [www.fscs.org.uk](http://www.fscs.org.uk)

Telephone: 020 7892 7300



# Worldwide Travel Policy Summary

Some important facts about the Worldwide Travel Insurance policy are summarised over the next few pages. This summary does not describe the full terms, conditions and exclusions of this policy, which can be found in the policy certificate. Please take time to read this document in full, to understand the cover provided.

## Policy Providers

The Worldwide Travel Policies are provided and administered by General & Medical Healthcare these policies are underwritten by: Certain Underwriters at Lloyds of London

## What is Worldwide Travel Insurance?

This Worldwide Travel policy provides the insured with insurance cover for holidays (up to the maximum duration for that trip), financial protection and medical assistance for those holidays.

## Pre-existing medical conditions

It is important that you tell us at the start date if any insured person, suffers from a medical condition. If you do not provide this information we may not pay claims due to these medical conditions.

The Insured must advise us between the start of the policy/ booking their trip and the departure date if they receive medical advice for a potentially serious illness or injury, we will then advise them if this affects their cover.

Summary of Benefits (For full details please refer to the certificate of cover for Worldwide Travel)

Benefit	Limit of Cover
Cancellation and Curtailment	Up to £3,000
Personal Accident	Up to £15,000
Medical expenses inc Emergency repatriation by air ambulance.	Up to £5,000,000
Hospital inconvenience Benefit	Up to £1,500
Legal advice and expenses	Up to £15,000
Loss of money, Tickets Documents.	Up to £500
Loss of Passport	Up to £300
Loss of luggage	Up to £1,500
Missed Departure	Up to £1,000
Travel Delay	Up to £3,000
Personal liability	Up to £1,000,000
Hijack	Up to £1,000
Winter Sports	Max 21 Days cover per year
Winter Sports Equipment	Up to £500
Hire of Skis	Up to £300

**Significant Exclusions & Limitations** (For full details please refer to the certificate of cover for Worldwide Travel)

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

**Duration of Policy** 12 months unless specified otherwise

## Cancellation Rights

You may cancel any policy with immediate effect by notifying General & Medical Healthcare by phone, email or by post (see contact us for details).

If you cancel any policy within 14 days of receipt of your policy documentation, General & Medical Healthcare will refund any premium remaining at the date of cancellation, unless a claim has been made, in which case no refund will be given.

If you cancel any policy outside of this period, You must notify us before the date (specified by you) on which you want this cover to cease. If you decide to cancel any cover you will receive written confirmation from General & Medical Healthcare that the cover has ceased.

## Claims

To make a claim on this insurance for any section other than Emergency Medical treatment whilst outside the UK the insured must contact General & Medical Healthcare immediately on their return to the UK. A claim form will be sent for completion and return.

## Complaints

We aim to provide a high level of service to our clients and members. Occasionally things go wrong. Sometimes circumstances beyond our control affect our service to you. If this happens, we apologise and will do what we can to put things right.

If you have a complaint about a service or the administration of your policy, please contact us in the first instance by phoning the General & Medical Healthcare Client Relations Department on 0800 970 9442 or by emailing [info@generalandmedical.com](mailto:info@generalandmedical.com). We will aim to resolve your complaint by close of business the following working day.

If your complaint is not resolved to your satisfaction within this time we will send you written acknowledgment of your complaint together with the next steps that will be taken to resolve it. If you prefer to put your complaint in writing please send it to:

The Client Relations Manager,  
General & Medical Finance Ltd,  
General & Medical House,  
Napier Place,  
Peterborough,  
PE2 6XN.

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

Should your complaint be in relation to any other matter General & Medical Finance Ltd would acknowledge receipt and advise you of who will be dealing with your complaint and when you could expect to receive a further response.

If you are still not satisfied you may be able to refer your complaint to the Financial Ombudsman, dependent on the specific nature of your complaint.

You should note: Issues relating to administration and sales provided by General & Medical Finance Ltd and covers insured by Certain Underwriters at Lloyds of London, benefit from the Financial Ombudsman Service (FOS) and the Financial Services Compensation Scheme (FSCS),

The Financial Services Compensation Scheme (FSCS)

Issues relating to administration and sales provided by General & Medical Finance Ltd and Benefits insured by Certain Underwriters at Lloyds are covered by the Financial Services Compensation Scheme (FSCS).

You may be entitled to compensation from the scheme if they cannot meet their obligations.

This depends on the type of business and the circumstances of the claim. Insurance advising and arranging is covered for 90% of the claim, without any upper limit.

Further information about compensation scheme arrangements is available from:

Financial Services Compensation Scheme

7th Floor, Lloyds Chambers

Portsoken Street

London E1 8BN

Website: [www.fscs.org.uk](http://www.fscs.org.uk)

Telephone: 020 7892 7300

Notice to the Insured Persons

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

Please Note: If you receive medical treatment and/or repatriation which is covered by this Travel Insurance, upon your return to the UK, if further medical treatment is required you must first enter the NHS system then seek authorisation from us before receiving any further treatment which is chargeable.

Your current certificate must be returned to us in the event of a claim or if a replacement certificate supersedes it.

# Critical Illness Cash Benefit Policy Summary

Some important facts about the Critical illness Cash Benefit are summarised over the next two pages.

This summary does not describe the full terms, conditions and exclusions of this policy, which can be found in 'the Guide to your ProAmica Trust Protect Services'.

Please take time to read this document in full, to understand the cover provided.

## Policy Providers

The Critical illness Cash Benefit is provided and administered by General & Medical Healthcare this benefit is underwritten by: General & Medical Insurance Ltd – (Licensed by the Guernsey Financial Services Commission)

## What is Critical Illness Cash Benefit?

This Critical illness Cover provides a Cash Benefit payable, should you be diagnosed as suffering from a Critical Illness, symptoms (and/or the treatment) of which were not present in you prior to the inception of cover, if this is included in your cover it will be to the level shown on your 'Schedule of Cover'.

## Summary of Benefits

A cash benefit is payable in the event that one of the following occurrences happen:

Benefit	Limit of Cover
Heart Attack	£1,000 or £10,000*
Coronary artery surgery	
Stroke	
Cancer	
Kidney Failure	
Major organ transplant	
Paraplegia	
Blindness	
Multiple Sclerosis	

\*Dependent on cover purchased please refer to your schedule of cover for the limit provided.

## Significant Exclusions & Limitations (For full details please refer to the 'Guide to your ProAmica Trust Protect Services'.)

- a Cover is provided at the level described in your Schedule of Cover, for members normally resident in the UK and is non-aggregated cover.
- b Benefit is not payable to any member under 21 or aged 60 years or more (at the end of the month of cover).
- c Territorial Limits: Worldwide
- d Benefit is not payable for a Critical Illness, symptoms (and / or the treatment) of which were present in the member at any time prior to the inception of cover.
- e Benefit is not payable to any member who suffers an event giving rise to a Critical Illness which arises or is caused by or associated with directly or indirectly by any one of the following:
  1. The consumption of alcohol or the ingestion of drugs except where the correct ingestion of drugs has been properly prescribed by a practising and duly qualified member of the medical profession, except where such prescription is for the treatment of drug addiction.
  2. Any attempt by the member at suicide or any injury, which is self inflicted or in any manner wilfully caused by or on behalf of the member
  3. Where the member at any time suffered from the condition commonly known as AIDS or was infected by the commonly called HIV virus. The terms AIDS and HIV shall be interpreted as broadly as possible so as to include all or any mutants, derivatives or variations thereof. The onus shall always be on the member to show that any event was not caused by or did not arise through AIDS or HIV.
- f Benefit is not payable if the member does not survive the Diagnosis for a period of thirty successive days thereafter.
- g A claim may be made only once in respect of any particular Critical Illness and never more than twice, even if you should suffer more than two separate Critical Illnesses.
- h This Cover has no surrender value.

**Duration of Policy** 12 months unless specified otherwise

.....

### Cancellation Rights

You may cancel any policy with immediate effect by notifying General & Medical Healthcare by phone, email or by post (see contact us for details).

If you cancel any policy within 14 days of receipt of your policy documentation, General & Medical Healthcare will refund any premium remaining at the date of cancellation, unless a claim has been made, in which case no refund will be given.

If you cancel any policy outside of this period, you must notify us before the date (specified by you) on which you want this cover to cease. If you decide to cancel any cover you will receive written confirmation from General & Medical Healthcare that the cover has ceased.

### Claims

We must receive notification of the occurrence within 30 days of the event; a claims form will be issued for completion and return.

### Complaints

We aim to provide a high level of service to our clients and members. Occasionally things go wrong. Sometimes circumstances beyond our control affect our service to you. If this happens, we apologise and will do what we can to put things right.

If you have a complaint about a service or the administration of your policy, please contact us in the first instance by phoning our Client Relations Department on 0800 970 9442 or by emailing [info@generalandmedical.com](mailto:info@generalandmedical.com). We will aim to resolve your complaint by close of business the following working day.

If your complaint is not resolved to your satisfaction within this time we will send you written acknowledgment of your complaint together with the next steps that will be taken to resolve it. If you prefer to put your complaint in writing please send it to:

[The Client Relations Manager,](#)  
[General & Medical Finance Ltd,](#)  
[General & Medical House,](#)  
[Napier Place,](#)  
[Peterborough,](#)  
[PE2 6XN.](#)

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

Should your complaint be in relation to any other matter General & Medical Finance Ltd would acknowledge receipt and advise you of who will be dealing with your complaint and when you could expect to receive a further response.

If you are still not satisfied you may be able to refer your complaint to the Financial Ombudsman, dependent on the specific nature of your complaint.

You should note: Issues relating to administration and sales provided by General & Medical Finance Ltd benefit from the Financial Ombudsman Service (FOS).

Benefits insured by General & Medical Insurance Ltd, a Guernsey company, do not benefit from the Financial Ombudsman Service (FOS).

### The Financial Services Compensation Scheme (FSCS)

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

Issues relating to administration and sales provided by General & Medical Finance Ltd, are covered by the Financial Services Compensation Scheme (FSCS).

You may be entitled to compensation from the scheme if they cannot meet their obligations.

This depends on the type of business and the circumstances of the claim. Insurance advising and arranging is covered for 90% of the claim, without any upper limit.

Further information about compensation scheme arrangements is available from:

Financial Services Compensation Scheme  
7th Floor, Lloyds Chambers  
Portsoken Street  
London E1 8BN  
Website: [www.fscs.org.uk](http://www.fscs.org.uk)

Telephone: 020 7892 7300



# Personal Accident Cash Benefit Policy Summary

Some important facts about the Personal Accident Cash Benefit are summarised over the next few pages. This summary does not describe the full terms, conditions and exclusions of this policy, which can be found in 'the Guide to your ProAmica Trust Protect Services'. Please take time to read this document in full, to understand the cover provided.

## Policy Providers

The Personal Accident Cash Benefit is provided and administered by General & Medical Healthcare this benefit is underwritten by: General & Medical Insurance Ltd – (Licensed by the Guernsey Financial Services Commission)

## What is Personal Accident Cash Benefit?

This Personal Accident Cover provides a Cash Benefit payable to you/your estate in the event that one of the following occurrences happen:

- Accidental Death.
- Loss of One Limb (including Permanent Loss of Use).
- Total & Irrevocable Loss of Sight in One Eye.
- Loss of Two Limbs (including Permanent Loss of Use).
- Total & Irrevocable Loss of Sight in Both Eyes.
- Loss of One Limb & Total & Irrevocable Loss of Sight in One Eye
- Permanent\* Total Disablement

\*Permanent: we define as lasting six consecutive months and at the end of that time being without hope of improvement and is payable provided you are unable to continue in your declared occupation.

We will pay an amount to the level shown on your Certificate of Cover.

## Summary of Benefits

Benefit	Limit of Cover
Personal Accident Cash Benefit	£1,000 or £10,000*

\*Dependent on cover purchased please refer to your schedule of cover for the limit provided.

## Significant Exclusions & Limitations (For full details please refer to the 'Guide to your ProAmica Trust Protect Services'.)

- a Cover is provided at the level described on your Certificate of Cover for members normally resident in the UK and is non-aggregated cover.
- b Benefit is not payable to any member under 21 or aged 60 years or more (at the end of the month of cover).
- c Territorial Limits: Worldwide
- d This Cover has no surrender value.

**Duration of Policy** 12 months unless specified otherwise

## Cancellation Rights

You may cancel any policy with immediate effect by notifying General & Medical Healthcare by phone, email or by post (see contact us for details).

If you cancel any policy within 14 days of receipt of your policy documentation, General & Medical Healthcare will refund any premium remaining at the date of cancellation, unless a claim has been made, in which case no refund will be given.

If you cancel any policy outside of this period, you must notify us before the date (specified by you) on which you want this cover to cease. If you decide to cancel any cover you will receive written confirmation from General & Medical Healthcare that the cover has ceased.



.....

### Claims

We must receive notification of the occurrence within 30 days of the event, a claims form will be issued for completion and return.

### Complaints

We aim to provide a high level of service to our clients and members. Occasionally things go wrong. Sometimes circumstances beyond our control affect our service to you. If this happens, we apologise and will do what we can to put things right.

If you have a complaint about a service or the administration of your policy, please contact us in the first instance by phoning our Client Relations Department on 0800 970 9442 or by emailing [info@generalandmedical.com](mailto:info@generalandmedical.com). We will aim to resolve your complaint by close of business the following working day.

If your complaint is not resolved to your satisfaction within this time we will send you written acknowledgment of your complaint together with the next steps that will be taken to resolve it. If you prefer to put your complaint in writing please send it to:

[The Client Relations Manager,](#)  
[General & Medical Finance Ltd,](#)  
[General & Medical House,](#)  
[Napier Place,](#)  
[Peterborough,](#)  
[PE2 6XN.](#)

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

Should your complaint be in relation to any other matter General & Medical Finance Ltd would acknowledge receipt and advise you of who will be dealing with your complaint and when you could expect to receive a further response.

If you are still not satisfied you may be able to refer your complaint to the Financial Ombudsman, dependent on the specific nature of your complaint.

You should note: Issues relating to administration and sales provided by General & Medical Finance Ltd benefit from the Financial Ombudsman Service (FOS).

Benefits insured by General & Medical Insurance Ltd, a Guernsey company, do not benefit from the Financial Ombudsman Service (FOS).

### The Financial Services Compensation Scheme (FSCS)

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

Issues relating to administration and sales provided by General & Medical Finance Ltd, are covered by the Financial Services Compensation Scheme (FSCS).

You may be entitled to compensation from the scheme if they cannot meet their obligations.

This depends on the type of business and the circumstances of the claim. Insurance advising and arranging is covered for 90% of the claim, without any upper limit.

Further information about compensation scheme arrangements is available from:

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

Website: [www.fscs.org.uk](http://www.fscs.org.uk)

Telephone: 020 7892 7300



# Life Cover Cash Benefit Policy Summary

Some important facts about the Life Cover Cash Benefit are summarised over the next few pages.

This summary does not describe the full terms, conditions and exclusions of this policy, which can be found in 'the Guide to your ProAmica Trust Protect Services'.

Please take time to read this document in full, to understand the cover provided.

## Policy Providers

The Life Cover Cash Benefit is provided and administered by General & Medical Healthcare this benefit is underwritten by: General & Medical Insurance Ltd – (Licensed by the Guernsey Financial Services Commission)

## What is Life Cover Cash Benefit?

This Life Cover provides a Cash Benefit payable to your estate in the event that you suffer death from any cause. We will pay an amount to the level shown on your Certificate of Cover.

## Summary of Benefits

Benefit	Limit of Cover
Life Cover Cash Benefit	£1,000 or £10,000*

\*Dependent on cover purchased please refer to ..... for the cover provided.

## Significant Exclusions & Limitations (For full details please refer to the 'Guide to your ProAmica Trust Protect Services')

- a Cover is provided at the level described on your Certificate of Cover for members normally resident in the UK and is non-aggregated cover.
- b Benefit is not payable to any member under 21 or aged 60 years or more (at the end of the month of cover).
- c Territorial Limits Worldwide
- d This Cover has no surrender value.

**Duration of Policy** 12 months unless specified otherwise

## Cancellation Rights

You may cancel any policy with immediate effect by notifying General & Medical Healthcare by phone, email or by post (see contact us for details).

If you cancel any policy within 14 days of receipt of your policy documentation, General & Medical Healthcare will refund any premium remaining at the date of cancellation, unless a claim has been made, in which case no refund will be given.

If you cancel any policy outside of this period, You must notify us before the date (specified by you) on which you want this cover to cease.

If you decide to cancel any cover you will receive written confirmation from General & Medical Healthcare that the cover has ceased.

## Claims

We must receive notification of death in writing within 30 days of the event, giving details including the following:

- (a) The happening of the event on which the Sum Assured in respect of a member covered will become payable, as stated above.
- (b) The Death Certificate for the Life Assured.

.....

## Complaints

We aim to provide a high level of service to our clients and members. Occasionally things go wrong. Sometimes circumstances beyond our control affect our service to you. If this happens, we apologise and will do what we can to put things right. If you have a complaint about a service or the administration of your policy, please contact us in the first instance by phoning our Client Relations Department on 0800 970 9442 or by Emailing [info@generalandmedical.com](mailto:info@generalandmedical.com). We will aim to resolve your complaint by close of business the following working day.

If your complaint is not resolved to your satisfaction within this time we will send you written acknowledgment of your complaint together with the next steps that will be taken to resolve it. If you prefer to put your complaint in writing please send it to:

The Client Relations Manager,  
General & Medical Finance Ltd,  
General & Medical House,  
Napier Place,  
Peterborough,  
PE2 6XN.

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

Should your complaint be in relation to any other matter General & Medical Finance Ltd would acknowledge receipt and advise you of who will be dealing with your complaint and when you could expect to receive a further response.

If you are still not satisfied you may be able to refer your complaint to the Financial Ombudsman, dependent on the specific nature of your complaint.

You should note: Issues relating to administration and sales provided by General & Medical Finance Ltd benefit from the Financial Ombudsman Service (FOS) and the Financial Services Compensation Scheme (FSCS),

Benefits insured by General & Medical Insurance Ltd, a Guernsey company, do not benefit from the Financial Ombudsman Service (FOS).

### The Financial Services Compensation Scheme (FSCS)

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

Issues relating to administration and sales provided by General & Medical Finance Ltd, are covered by the Financial Services Compensation Scheme (FSCS).

You may be entitled to compensation from the scheme if they cannot meet their obligations.

This depends on the type of business and the circumstances of the claim. Insurance advising and arranging is covered for 90% of the claim, without any upper limit.

Further information about compensation scheme arrangements is available from:

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

Website: [www.fscs.org.uk](http://www.fscs.org.uk)

Telephone: 020 7892 7300



**0800 084 2589**

fax 01733 362881

sales@proamica.com

or visit

**www.proamica.com**

# ProAmica



**ProAmica Ltd**

**General & Medical House**

**Napier Place, Peterborough, PE2 6XN**

**ProAmica is part of the General & Medical Group of Companies**

**Registered in England No. 4139019**

**General & Medical Healthcare are a division of**

**General & Medical Finance Ltd, authorised and regulated by**

**the Financial Conduct Authority (FCA)**

**The firm reference number is 579509 and this may be checked at**

**[www.fca.org.uk](http://www.fca.org.uk)**



**A-7100-V2.7**