



**NATIONAL DEPOSIT**

# Healthcare Deposit Account

## Your policy explained

# Part 1: policy summary

keyfacts®

This is your key facts guide to the Healthcare Deposit Account from National Deposit. It is only a summary of the main features, so to fully understand the Healthcare Deposit Account please read our terms and conditions in Part 2.

## 1. What does the Healthcare Deposit Account offer?

- The Healthcare Deposit Account aims to give you and your family the choice between the NHS and private treatment if you become ill or get injured.
- It offers comprehensive cover for a range of benefits including private consultations, surgery, recognised alternative therapies, cancer & heart treatment, hospital fees, dental & optical bills and cash payments for an NHS hospital stay.
- You pay monthly premiums that are fixed for life. They depend on the level of cover you choose, your age and who else is included on your policy when you join.
- Half of each monthly premium goes towards the cost of running the scheme. The other half goes into your own personal deposit account.
- Your personal deposit account is what makes this healthcare special. It means you can build up a fund to pay for healthcare cover at your own pace. When you need to claim, your personal deposit account will pay a share of the cost. Your share of each claim will increase as you get older, but we'll always pay the majority share.
- The more money you have in your personal deposit account, the more of your chosen level of cover you'll be able to claim.
- For the first five years, while you're building your personal deposit balance, you can opt to take the early years top-up for an extra £5 a month. This will give you an extra £20,000 of medical cover in case you don't have enough money in your deposit account to meet your share of a claim.
- You can also boost your personal deposit account balance at any time by paying in extra money, which will increase the amount you can claim in the future from your chosen level of cover.
- You can also make withdrawals from your deposit account if you wish, but this is likely to reduce the amount you can claim.
- After five years, you will qualify for an annual loyalty reward, based on the size of your deposit account balance. This will be discounted from the premiums that go towards running the scheme, and added to your own personal deposit account.

## 2. Who can join and for how long?

Providing you are a UK citizen over 18 (or over 16 for an Individual account), you can choose from the following types of account:

- **Individual** if you apply before you're 69.
- **Couple** if you apply before you're 69.
- **Individual+children** if you apply before you're 50.
- **Couple+children** if you apply before you're 50.

You can keep this healthcare cover for life and your monthly premiums will never go up as you get older, you'll simply pay a greater proportion of each claim (see page 8 for more information).

For accounts with children, you can include a maximum of five living at your address. They will stay on your account until they reach 21 or until the oldest person on the account reaches 65, whichever is sooner. They'll then be offered their own Individual account and we'll move you to an Individual or Couple account.

For full details on your choice of account, please see page 5.

## 3. How much does it cost?

### Your monthly premiums

You pay fixed monthly premiums by direct debit. This amount will depend on the level of cover you choose, plus your choice of account and age when you join. For full details on monthly premiums, please see page 6.

### Your early years top-up option

For added cover in the first five years, while you're building your personal deposit balance, you can pay an additional early years top-up premium of £5 a month. This gives you an extra £20,000 of medical cover in case you don't have enough money in your deposit account to pay your share of a claim. It doesn't include cover for optical or dental treatment or NHS hospital stay payments.

### The total cost of your cover

As this policy can run for the whole of your life we don't know the total amount you will pay. However, as a guide, if you pay £20 a month in premiums this is £240 a year, which is £1,200 every five years, and so on. In addition if you choose to pay the £5 early years top-up premium each month for the first five years this would cost you £300 in total.

## 4. How do I make a claim?

To make a claim please call us on **0845 053 0215** (lines 8am-6pm weekdays) or write to us at Claims, National Deposit, 4-5 Worcester Road, Clifton, Bristol BS8 3JL. Please see page 15 for more information.

**Please note:** You should review your level of cover regularly to make sure it meets your needs - the amount you can claim depends on the amount in your deposit account at the time. Please see page 8 for more information.

## 5. What's not covered?

Here is a summary of conditions we don't cover. You'll find full details on what is and what isn't covered on pages 10-15.

- Any condition you had before you joined, unless we knew about it when you joined and agreed to cover it OR you opted for moratorium cover and have had no symptoms for at least two years during the policy
- Cosmetic treatments
- Costs already settled as part of another insurance or injury claim
- Dental check-ups, unless they are part of another treatment covered by your policy
- Dental and optical claims in the first six months of your policy
- Dental scale and polish
- Drugs and dressings, unless they are part of a bill for a surgical procedure
- Eye tests
- GP charges for signing forms, routine treatments or routine tests
- Health spas
- HIV or AIDS related conditions
- Long-term or chronic conditions, but you may be able to claim for acute (easily and quickly treated) episodes of a chronic condition
- Overseas treatment
- Pregnancy or fertility-related treatments
- Surgical or medical appliances, unless they are part of another medical procedure covered by your policy

## 6. What else do I need to know?

### Switching provider

If you're currently with another healthcare provider, you may have a no claims discount. We don't provide this, but you will benefit from us putting half your monthly premium in your own personal deposit account. You'll also receive annual loyalty rewards from the end of year five onwards.

**Please note:** We may cover different conditions to your current provider.

### Your right to change your mind

You have the right to cancel the Healthcare Deposit Account within 30 days of receiving the welcome pack without giving any reasons.

Providing you have not made a claim, we will refund any premiums you have paid. If you have made a claim within the first 30 days we will refund your premium, minus the cost of your claim.

If you choose to cancel after the 30-day period we will only refund the balance in your personal deposit account.

To cancel your Healthcare Deposit Account please write to National Deposit, 4-5 Worcester Road, Clifton, Bristol BS8 3JL.

### If you have a complaint

We are a mutual association that exists to support our customers and we set a very high standard of service. If we fall short at any time and you wish to make a complaint, please contact us on:

- 0845 050 2438 (lines open 8am-6pm weekdays)
- Email [compliance@nationaldeposit.co.uk](mailto:compliance@nationaldeposit.co.uk)
- Fax 0117 980 9358
- Or write to our Compliance Department, National Deposit, 4-5 Worcester Road, Clifton, Bristol BS8 3JL.

If you make a complaint and are not happy with our response, you can ask the Financial Ombudsman Service for an independent review:

- Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR
- Telephone **0845 080 1800**
- E-mail [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)
- Website [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

Please remember the Ombudsman Service cannot deal with your complaint until you have first raised it with us. In making any complaint, your right to take legal proceedings is not affected.

### The Financial Services Compensation Scheme

The Financial Services Compensation Scheme (FSCS) protects consumers of virtually all financial services in the UK. Depending on your policy and the circumstances of any claim, you may be entitled to compensation from the FSCS if we can't meet our obligations, for example to pay what we owe.

If you are entitled to claim, most insurance policies are covered for 100% of the first £2,000 of the claim and 90% of the rest. You can ask for more information from the FSCS on 020 7892 7300 or at [www.fscs.org.uk](http://www.fscs.org.uk)

# Part 2: terms and conditions

This is your complete guide to the Healthcare Deposit Account from National Deposit. Along with your application, it forms the legally binding terms and conditions of your policy.

You should read this document carefully before you complete your application form and keep this information in a safe place with your policy documents once you've opened an account.

Please let us know as soon as possible if any personal details on your policy change.

## 1. Your Healthcare Deposit Account

### The four account options

Providing you are a UK citizen living in the UK you can choose from the following types of account:

- **Individual**

You can take out an account for yourself if you're 16-68. Children under 16 can have an Individual account if they cannot be included on their parent's account due to joining ages.

- **Couple**

You can take out an account with your partner providing you are both 18-68 and living at the same address.

- **Individual+children**

If you are 18-49 you can take out an account for yourself and up to five children under 21 living with you. Your children will stay on your account until they reach 21 or until the oldest person on the account reaches 65, whichever is sooner. They'll then be offered their own Individual account and we'll move you to an Individual account.

- **Couple+children**

You can take out an account for yourself, your partner and up to five children under 21 living with you, providing you and your partner are 18-49. Your children will stay on your account until they reach 21 or until the oldest person on the account reaches 65, whichever is sooner. They'll then be offered their own Individual account and we'll move you to a Couple account.

### The account holder

Whichever type of account you choose, there will only be one account holder who must be at least 18 (or 16 for Individual accounts). You can choose who you'd like as the account holder. That person will be responsible for:

- owning the Healthcare Deposit Account
- the personal deposit account and the money in it
- making sure your monthly premiums are paid on time, even if another person on your policy pays them
- the actions of anyone else on your policy
- making sure a claim is paid if we cannot pay the treatment provider directly (this will be refunded)

### Changing your account details

You can apply at any time to add another family member to your Healthcare Deposit Account, based on the same application criteria as you when you joined.

New people will be covered once:

- you have given us their details
- we have written to you to confirm that they are now included on the account
- you have paid the next monthly premium.

We'll only decline to add a family member if they don't meet our application criteria.

Equally you can ask to remove a family member from your policy at any time.

## 2 . Your monthly premiums

### Your choice of fixed monthly premium

You'll pay regular premiums by monthly direct debit. The amount you pay each month will depend on the type of account you choose, the level of healthcare cover you want and your age when you join.

This monthly premium is guaranteed, no matter how many claims you make or how old you become. This table shows how much different levels of cover cost.

Your fixed monthly premium	Your level of cover each year		
	Medical cover	Dental & optical cover	NHS hospital stay payments
£20	£10,000	£300	£200 = £20 a night
£30	£15,000	£450	£300 = £30 a night
£40	£20,000	£600	£400 = £40 a night
£50	£25,000	£750	£500 = £50 a night
£60	£30,000	£900	£600 = £60 a night
£70	£35,000	£1,050	£700 = £70 a night
£80	£40,000	£1,200	£800 = £80 a night
£90	£45,000	£1,350	£900 = £90 a night
£100	£50,000	£1,500	£1,000 = £100 a night

#### Please note:

- These are the maximum levels of cover available each year, but the amount you can claim will also depend on your deposit account balance.
- Individual accounts can only make one optical claim every other year. Other accounts can make one optical claim per account each year.
- You can claim a maximum of 10 NHS hospital overnight stays each year.

### Minimum and maximum monthly premiums

- The minimum if you're under 50 when you join is £20 a month for an Individual account and £40 a month for all other account types.
- The minimum if you're 50-68 when you join is £50 a month for an Individual account and £80 a month for a Couple account.
- The maximum for all accounts at whatever age you join is £100 a month.

We may change the minimum and maximum premiums for new customers in the future. If we do, we will also update the level of cover.

### Changing your premium to change your level of cover

You can increase your monthly premium by £10 each year without giving us any more information about your health, as long as it does not exceed the maximum monthly premium of £100. This will increase the amount of cover available, but the rules on any pre-existing conditions will still apply and the amount you can claim will still be limited by your deposit account balance.

If you'd like to increase your premium by more than £10 a month you will need to provide information about your health. If you have suffered from a new condition since joining you may only be able to claim your original level of cover for it.

We reserve the right to refuse an application to increase fixed premiums.

You can also choose to decrease your monthly premium by any amount without providing any information, as long as it doesn't fall below the minimum monthly premium.

### Your early years top-up premium

For added cover in the first five years, while you're building your personal deposit balance, you can choose to pay an extra early years top-up premium of £5 a month.

This gives you an extra £20,000 of medical cover in case you don't have enough money in your deposit account to pay your share of a claim. Please see page 9 for more information.

**Please note:** None of this money goes into your deposit account.

### What happens if you miss a payment?

If you miss a monthly premium your Healthcare Deposit Account will not cover you for any claim until you pay it. We will always write and tell you if we have not received your monthly premium.

If you owe three months' premiums at any stage, your Healthcare Deposit Account will automatically close and you will not be able to re-open it.

Once your account has been closed, we will write and tell you how to withdraw any money in your deposit account. If you do not claim the balance within 28 days, we will move it to a holding account.

If you miss a premium on your early years top-up you will not be able to claim the extra medical cover until you pay it. If you owe three months' top-up premiums at any stage, this extra cover will automatically stop and you will not be able to re-start it.

## 3. Your personal deposit account

### How your deposit account works

Your fixed monthly premium is divided in two. Half helps fund the cost of this healthcare scheme. The other half goes into your own deposit account. So if you decide on a fixed monthly premium of, say £60, you'll be building your deposit account by £30 a month.

When you need to claim, your personal deposit account will pay part of the cost, but we'll always pay the majority share. The more money you have in your personal deposit account, the more of your chosen level of cover you'll be able to claim.

Any money used from your personal deposit account to pay your share of a claim will show as a deduction on your annual statement.

### Boosting your balance with extra monthly or lump sums

You can increase the amount of cover available to you by paying in extra money on top of your fixed premiums at any time. None of these extra sums go towards the cost of running the scheme, they all go into your personal deposit account.

You can pay as much as you want, whenever you want. We want to help you build up a balance while you're in good health, so you can claim the maximum level of cover you've chosen if you need to.

Just call us on **0845 195 9245** to set up an additional monthly direct debit or to make a lump sum payment by debit card over the phone. Alternatively you can send a cheque made out to National Deposit Friendly Society.

**Please note:** You can make deposits at any time, but we will not be able to take into account any deposits specifically made to cover a pending claim. This is to protect the fund that we use to pay all claims and to make sure that all our Healthcare Deposit Account holders are treated fairly and get the cover they are eligible for.

### Withdrawing cash from your personal deposit account

It's important to increase your deposit balance to qualify for the maximum cover you've chosen, but the balance is always yours. You can withdraw money from your personal deposit account whenever you wish, though this may affect the amount you can claim.

The only time you will not be able to withdraw cash is if it reduces the amount of cover you need to pay a pending claim.

If you would like to withdraw cash without closing your Healthcare Deposit Account, contact us on **0845 195 9245** (lines open 8am-6pm weekdays) quoting your policy number and we'll pay you within 5 working days. Any cash you withdraw will show on your statement as a deduction.

## Loyalty rewards

At the end of the fifth calendar year of your policy, and every year after that, we will give you a loyalty reward for being committed to building up your personal deposit account.

Loyalty rewards are a discount on the part of your fixed monthly premium that goes to fund the scheme. This means that less of your monthly premium will fund the scheme and more will go into your personal deposit account.

The discount will be applied on 31 December, based on your deposit account balance on 1 January at the start of that year. Currently, the loyalty reward is 10% of your deposit balance in year five and 2% every year after that.

Our Managing Board will decide on and monitor the discount rate and will take into account all claims made or likely to be made against the healthcare scheme. We reserve the right to change these rates at any time.

## Helping you keep track of your personal deposit account

We will send you a statement at least once a year. You can also ask for your balance over the phone or for an extra statement whenever you wish. We want to make it as easy as possible for you to check that you have enough in your account.

# 4. How much you can claim

The amount you can claim depends on:

- Your chosen level of cover
- Your own share of each claim payment
- How much money you have in your personal deposit account
- Whether you have opted for the early years top-up cover
- If you have already been paid, or you're due to be paid, by another insurer for the same claim. If this happens we will not pay the claim.

## Your level of cover

Please see the table on page 6 to check the maximum level of cover available for your chosen monthly payment.

## Your own share of each claim

Your personal deposit account will pay a set share of each claim based on the type of account and the age of the oldest person on it at the time you claim. As you are more likely to claim as you get older, we increase your share of each claim as shown below. We will tell you what your percentage is when you join and whenever it changes in the future.

Your age	% of claim paid from your personal deposit account			
	Individual	Couple	Individual+children	Couple+children
under 50	10%	20%	20%	25%
50-64	10%	25%	25%	30%
65+	25%	40%	n/a	n/a

These percentages are not necessarily fixed forever and we reserve the right to change them. However, we will only change them in exceptional circumstances, for example if there are unusually heavy claims across the whole of the Healthcare Deposit Account policy base. We will never change the percentage you have to pay just because you have personally made a lot of claims.



**Tip:** To find out how much you can claim based on how much you have in your personal deposit account, simply divide your personal deposit account balance by your own share.

E.g. If Ms R has a balance of £200 in her deposit account, she divides this by her own share, which is 10%.  $£200 \div 10\% = £2,000$ , so she can claim a maximum of £2,000.

### What happens if you don't have enough in your deposit account for your share of a claim?

In this case we will offer you a 'pro rata' arrangement – in other words we will pay a smaller proportion of the amount you are claiming.

#### Here's an example

Ms C is a 35-year-old Individual account holder who is claiming £2,500. Her own share of the claim is 10%, which is £250. But she only has £200 in her personal deposit account.

Because she only has £200, her 10% share will only allow her to claim a maximum of £2,000. So we make Ms C a pro rata offer of £2,000. £200 will come from her account as her 10% share and we will pay the other 90% of £1,800, making £2,000 in total.

Of course we let Ms C know what we can pay before she has her treatment, so that she can decide if she can find the extra £500 from elsewhere before incurring the cost.

This example assumes that Ms C has not taken the early years top-up cover.

### Your early years top-up option

We know you'll need time to build up your deposit balance, so, for an extra £5 a month for the first five years you can choose to take the early years top-up. It gives you an extra £20,000 of medical cover, as these claims can be quite expensive, but it doesn't include dental or optical claims or cash payments for an NHS hospital stay.

The £20,000 additional medical cover will only be available when all the money in your deposit account has been used and will reduce with each claim you make over the five-year period. It is not part of your deposit account balance so you won't be able to withdraw it in cash.

It will end after the first five years or when it runs out, whichever is sooner. At this point you should ensure your personal deposit account balance is enough to cover your own share of any claims you think you might have to make.

If you find that your account balance is in fact growing at the right pace to give you the medical cover you need, you can end your early years top-up cover at any time during the five years.

#### Here's an example

Miss L has been a policy holder for 18 months, on a Couple account with her partner.

Her fixed premiums are £40 a month and she's chosen to pay an extra £5 a month for the early years top-up. She hasn't put any extra money into her deposit account, and so far she's made no claims. So her deposit account balance is £360 ( $£20 \times 18$ ).

Her own share of any claim for herself or her partner is 20%. Miss L now needs keyhole surgery, and the cost of having this done privately is £2,500.

Without the early years top-up, she would be entitled to claim  $£360 \div 20\% = £1,800$  towards the treatment. £360 from her deposit account and £1,440 from us.

However, because she has chosen to pay the extra £5 a month for the early years top-up:

- We will use the £360 in Miss L's deposit account towards the first £1,800.
- We will pay the £1,440 she would normally be able to claim from us.
- We will pay the other £700 ( $£2,500 - £1,800$ ) from her early years top-up cover.

So Miss L's keyhole surgery bill is paid in full and her £20,000 top-up is now reduced by £700 to £19,300.

## 5. Your healthcare cover in detail

Health insurance policies provide cover for the cost of private medical treatment for unforeseen medical conditions arising after your policy starts. Your policy is not intended to cover conditions which you already have before your policy starts – these are called ‘pre-existing conditions’. Conditions which are related to pre-existing conditions are also not usually covered. A related condition is one that is caused by, or could be the cause of, another condition. Your policy will not cover all medical treatments. This chapter explains what is and isn’t covered.

### Your PMI underwriting options

Underwriting is the process by which we decide on what terms we will accept a person for cover, based on the information they supply. You have a choice between two ways of applying:

- **Full medical underwriting**

This is based on you completing a health questionnaire (also called a Medical History Declaration). If you choose this option, you will be asked a number of questions about your health. These will enable us to understand your medical history and that of any other member of your family you wish to insure. It is important that you consider the questions carefully, for each person to be covered, and answer them fully.

We will review your details and decide the basis on which we can accept you for cover. If necessary, we may need to ask your doctor for any further information we need to help us to do this. If you have a pre-existing condition that may need treatment in the future, we will usually exclude it from the cover along with any conditions related to it. We will show any exclusions on the policy schedule you receive from us when we have processed your application. (The same process will also apply for any members of your family included in your application.)

If we exclude treatment for a pre-existing condition at the time when your policy starts we will, in some cases, review the exclusion in future should you wish us to do so.

Of course, any new medical conditions arising after the start of your policy will be covered immediately subject to the policy terms and conditions.

**Please note:** You must ensure that you provide full and accurate information in answer to the questionnaire. Failure to do so may mean that we cannot cover a claim or even that your policy is void. If you are unsure whether we would want to know about a particular condition, you should tell us about it.

#### **What is the advantage of full medical underwriting?**

Although this option involves more of your time when completing your application, it does mean that, when you receive your policy documentation, you will know which conditions are excluded from cover.

- **Moratorium**

With this option you do not need to fill in a health statement. Instead, we automatically exclude any pre-existing conditions for which you and any family member included in your application have received treatment and/or medication, or asked advice on, or had symptoms of (whether or not diagnosed), during the five years immediately before your cover started.

However, if you do not have any symptoms, treatment, medication, or advice for those pre-existing conditions, and any directly related conditions, for two continuous years after your policy starts, then we will reinstate cover for those conditions.

You should understand that long-term medical conditions, which are likely to continue to need regular or periodic treatment, medication or medical advice, will never be covered by your policy. You should not delay seeking medical advice or treatment for a pre-existing condition simply to obtain cover under your policy. Of course, as with full medical underwriting, new medical conditions arising after the start of your policy will be covered immediately subject to the policy terms and conditions.

### What is the advantage of moratorium underwriting?

If you choose this option you will only be asked to provide basic information about you and any members of your family you wish to insure. You will not be asked to disclose details of your medical history, but it relies on you to understand that if you have any medical conditions these will be excluded from cover. Also, if you can satisfy the criteria of two years outlined opposite for a pre-existing condition, then treatment for that condition will automatically be covered if it recurs, subject to the policy terms and conditions.

#### Here's an example.

Mr B has had a painful knee joint on and off. He is about to open a Healthcare Deposit Account.

#### If he chooses the longer application using Full Medical underwriting

Mr B will include the problem with his knee on his application form. We will consider how severe the condition is, and perhaps get expert medical advice. We may be able to include it on his cover. But if it seems like the problem is likely to come back, we may have to tell Mr B that we can't cover any problems relating to his knee joint, at least until enough time has passed for us to be sure that this knee problem is very unlikely to come back.

#### If he chooses the shorter application for Moratorium cover

Mr B won't need to mention the knee problem on his application form. If he later claims for treatment for his knee, we will ask his doctor for the date when the problem started.

If this was within five years before starting his Healthcare Deposit Account, Mr B's knee condition won't be covered during his first two years of joining. And if the problem returns during this time, there will need to be another two-year period when Mr B doesn't have any symptoms for his knee condition before it can be covered.

## Medical cover

### What's covered

- Acupuncture, alternative medicine and homeopathy from accredited providers.
- Acute medical conditions that are not listed under 'What's not covered' or linked to any condition on that list.
- Cancer treatment, including chemotherapy, radiotherapy, oncology and cancer surgery.
- Chiropody and podiatry for acute conditions.
- Consultations, diagnosis, pathology and other hospital tests that your GP or other treatment provider has recommended.
- Heart surgery recommended by a specialist.
- In-patient or day-patient treatment of acute conditions.
- Nursing at home by a qualified nurse, provided this is for an acute condition or for treating a chronic condition that will immediately benefit your health (maximum of six weeks a year).
- Operations (including minor ones for ear, nose and throat, carpal tunnel, adenoids and tonsil removal), surgeons' fees, anaesthetic, scans of all types (CT, MRI, CAT, etc.), physiotherapy and other manipulative treatments such as chiropractic and osteopathic work by qualified practitioners.
- Oral surgical procedures.
- Private ambulance where necessary.
- Consultations and treatment for acute psychiatric conditions and other mental disorders that can be cured.

**Please note:** If you have children on your account, please be aware that few private hospitals have the facilities to treat children under three.

## Medical cover

### What's not covered

- Any costs in connection with childbirth, fertility testing or infertility treatments, or any treatment to help, prevent or help recover from pregnancy.
- Any costs that have already been paid from another source, such as another insurer or through another injury claim.
- Congenital abnormalities (abnormalities you were born with).
- Cosmetic treatment or plastic surgery, unless this is medically required, for instance as a result of burns or serious injuries while you are an account holder. This extends to any operation to improve physical characteristics e.g. breast enlargement or reduction, which does not benefit your physical health.
- Drugs and dressings, unless these are part of a bill for a surgical procedure.
- Gender re-assignment (sex change).
- Hormone replacement therapy (HRT).
- Medical appliances, unless these have been inserted or attached as part of a medical procedure.
- Organ transplants and donations, or removing parts that don't benefit your health.
- Preventative screening and tests for hereditary (inherited) conditions, cervical smears, mammograms, well-person checks, vaccinations, immunisation and musculoskeletal screenings such as those for osteoporosis.
- Renal dialysis, since this will be directly linked to a chronic kidney condition.
- Residential stays in a hospital, or for convalescence of any kind. We will only pay for short-term stays necessary because of an acute medical condition or injury.
- Routine testing, treatment or any other service from your GP.
- Treatment for any self-inflicted injury (deliberately done to yourself).
- Treatment from a specialist if your GP does not support your claim.
- Treatment such as hydrotherapy and detoxification in health clinics, spas or clinics that promote general health rather than curing specific incapacities.
- Treatments or remedies that the British Medical Association does not recognise.
- Treatments you receive while living or staying overseas.

## Dental cover

### What's covered

- Fillings
- Extractions
- Bridges
- Dentures
- Crowns
- Inlays
- Any other dental treatment that is not cosmetic
- If you need a dental operation, this will be treated as part of your medical cover

### What's not covered

- Check-ups (unless they are part of the same bill as other covered treatments)
- Cosmetic dental treatments including scale and polish and whitening
- Claims in the first six months of joining

## Optical cover

### What's covered

- New glasses or contact lenses
- Repairs to glasses
- Prescription sunglasses

**Please note:** As an Individual account holder, you can make one optical claim every other year. On all other accounts, you can make one optical claim per account each year.

### What's not covered

- Eye tests
- Claims in the first six months of joining

## NHS hospital stay payments

### What's covered

- You can claim a cash payment for up to 10 overnight stays in an NHS hospital each year.
- If you are on an account with children, one parent and a child can claim for a stay when an adult stays with their child in hospital overnight. This would count as two nights out of your maximum of 10.

### What's not covered

- Day-patient treatment
- Claims for pregnancy

## General exclusions

### What's not covered

- Any condition that has come from being infected by human immunodeficiency virus (HIV) and/or any related illness, including acquired immune deficiency syndrome (AIDS).
- Alcoholism, alcohol abuse, solvent abuse, drug abuse or addictive conditions of any kind or treating any condition like these.
- Accident and emergency admissions.
- Injuries or illness arising from war or war-like operations (civil or otherwise and whether or not war has been declared), military, paramilitary or terrorist activity (including the effects of radiobiological, biological or chemical agents).
- Injuries or illness sustained as a result of criminal activity and/or public-order offences.
- Injuries or illness sustained or related to taking part in a dangerous sport or activity such as scuba-diving, gliding, parachuting, parascending, paragliding, mountaineering, and motor sports. If you are not sure what we class as a dangerous sport please contact us.
- Any incapacity sustained while taking part in any professional or semi-professional sport (one you are paid for).
- Learning difficulties, including dyslexia, development problems, or behavioural problems such as ADHD (attention deficit hyperactivity disorder).
- Conditions that we, or your GP, have decided are chronic. This means that once a condition is not considered to be curable using treatment, we won't pay for any more treatment.

## Chronic conditions

Your Healthcare Deposit Account aims to return you to health when you get a condition that will respond to treatment – whether that involves a major operation or a few physiotherapy sessions. These are known as acute conditions.

The Healthcare Deposit Account does not cover chronic conditions, which are diseases, illnesses or injuries that:

- continue indefinitely and have no known cure
- come back or are likely to come back
- need ongoing or long-term control or relief of symptoms
- need you to have specialist rehabilitation or training, or regular tests, check-ups or consultations to monitor the condition over a long time.

However, if you have a chronic condition and suddenly develop acute symptoms, we may cover you for treatment to return you to a more controlled state of health. For example, we don't cover angina, but we will pay for the cost of initial diagnosis and for any operation that might reduce the symptoms or control the condition, such as angioplasty or a coronary bypass.

If you are claiming for an acute condition that then develops into a chronic condition, we will stop paying this claim. We will always write and let you know if, after getting advice from your specialist, we believe that your acute condition has become chronic.

Here are some case studies that show what's likely to be covered and what's not for chronic conditions.

**Please note:** These examples assume there is enough money in the account holder's personal deposit account to cover their own share of each claim.

### First example

After painting the spare bedroom, Mr D gets a sharp pain in his back. His GP refers him to a chiropractor. Mr D contacts us, and we arrange the consultation for him. The chiropractor diagnoses a slipped disc – and helps relieve some of Mr D's pain. Mr D's Healthcare Deposit Account covers the cost of the chiropractor's bill.

The chiropractor also recommends an operation called a discectomy. Mr D's Healthcare Deposit Account covers this as well. We pay for the operation and Mr D makes a full recovery.

### Second example

Mr T feels pains in his chest. His GP recommends that he should see a heart specialist.

So Mr T contacts us. We agree we can pay the cost of the consultation with the heart specialist.

The specialist diagnoses angina and Mr T is given a spray to control the symptoms. We do not pay for the spray or any other medication as we do not cover drugs.

Naturally Mr T wants his angina regularly monitored and we ask him to contact us before the next consultation with his specialist, so that we can first agree the cost of the claim.

Mr T's specialist confirms to us that his angina is chronic. As long as it remains stable he will not be able to claim for this condition.

Some time later, Mr T's condition worsens and his GP refers him to the same specialist – who says he needs a heart by-pass operation. Mr T speaks to us again.

As this is an operation that should stabilise Mr T's condition to the point where it can be kept under control using medication, and he still has enough money in his deposit account for his share of the claim, we can cover the cost of the consultation. We also agree to pay for Mr T's operation and hospital stay.

After Mr T's operation, we will cover any further check-ups on his heart for the next 12 months.

### Third example

Mrs D has been a Healthcare Deposit Account policy holder for over two years when she suspects she may have diabetes.

Her GP recommends a specialist and because there's a waiting list at her local NHS hospital, Mrs D contacts us. We agree she is covered for a private consultation.

The specialist does diagnose diabetes and Mrs D starts a programme of oral drugs which control her symptoms. We do not pay for these as we do not cover drugs that are not delivered as part of a surgical procedure.

We now believe that Mrs D's diabetes is controlled, but we pay for one more private consultation to confirm this. This will be our last payment for what has now become a chronic condition. However, if Mrs D's diabetes worsens and she needs hospital treatment to stabilise it, she may be covered for this acute phase.

## 6. How to claim

### We're here to help

Always call our Claims Helpline first on **0845 053 0215** to check that your condition and any potential treatment are covered and to request a copy of our most up-to-date claim form. Claim forms are also available on our website **[www.nationaldeposit.co.uk](http://www.nationaldeposit.co.uk)**.

Our trained staff will make everything as easy as possible for you and each claim form comes with supporting notes to help you through the process.

Plus we'll always try to make sure the price of your treatment is fair and reasonable and falls within a nationally recognised cost band.

### How to claim for medical cover

When your GP makes a referral, you should let him or her know that you have a policy with National Deposit, and ask for the name of a private consultant or treatment provider as an alternative to the NHS.

If you want us to, we can find a specialist or other provider close to your home or workplace. We don't have preferred lists of hospitals or providers, so we can help you get the quality and convenience you expect from the specialist or provider you want.

- 1:** After being referred by your GP, call us to check you're covered.
- 2:** Once we have confirmed you are covered, complete the patient's section of the medical claim form. You should answer all questions on this form honestly and in full.  
**If you miss any information out or give us misleading information, it could delay the processing of your claim and may even result in non-payment.**
- 3:** Ask your GP to complete their section of the form.
- 4:** Ask your Specialist to complete their section of the form.
- 5:** If you need to go into hospital for treatment and you are going to be charged, please ensure that the hospital administrators know you want them to bill National Deposit. They will usually ask you to fill in a form which allows you to do this.
- 6:** Return your form so we can arrange payment. You will need to let us discuss your claim with your GP or treatment provider.

### **How to claim for physiotherapy, chiropractic treatment etc.**

If you are likely to need multiple visits to your treatment provider (physiotherapy, chiropractic etc), first call us to check you're covered - you needn't get a GP referral in every case.

Once we have given you the go ahead on your claim, and if your treatment provider is happy to do so, we will normally settle your bill at the end of your treatment. You won't need to contact us for each session of treatment but we may check with your provider after eight sessions.

### **How to claim for dental or optical cover**

You probably won't know before how much your bill is going to be, so you'll need to pay the dentist or optician yourself and then claim the cost back from us. Please ask your dentist or optician to give you an itemised bill to send in with your claim form. We will then pay you within five working days.

- 1: Check you're covered before your appointment.
- 2: Complete the dental or optical claim form and return it with the itemised bill.

### **How to claim payments for an NHS overnight hospital stay**

If you're admitted to an NHS hospital, please get an admission or discharge sheet signed by a doctor or senior nurse. You'll need to send this to us with your completed claim form.

- 1: Check you're covered before your stay.
- 2: Complete the patient's section of the NHS overnight stay claim form.
- 3: Ask your hospital to complete their section of the form.
- 4: Return your form so we can arrange payment.

## **7. Extra Information**

### **Further information**

If you are in any doubt about the suitability of this Healthcare Deposit Account, please call us on **0800 195 9245** and we'll put you in touch with one of our group financial consultants. Alternatively please contact your Independent Financial Adviser.

### **Payment Options**

We prefer payments to be made by Direct Debit, but in certain circumstances you may be able to pay through deductions from your salary.

### **Direct Debit Guarantee**

The Direct Debit guarantee is offered by all banks and building societies that take part in the Direct Debit scheme.

- The efficiency and security of the scheme is monitored and protected by your own bank or building society.
- If the amounts to be paid or the payment dates change, we will notify you ten working days in advance of your account being debited or as otherwise agreed.
- If an error is made by us or your bank or building society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your bank or building society. Please also send a copy of your letter to us.



## **Your data, your consent**

By opening a Healthcare Deposit Account, you agree to us holding and processing medical and other personal details on our computer system. We may share this data with other relevant organisations so that we can set up and run your Healthcare Deposit Account, validate claims and prevent fraud and money laundering. For the purposes of data-protection law, National Deposit Friendly Society Limited is the data controller.

You may receive information on other products or services from our group companies, unless you asked not to on your application form. You may contact us at any time to stop receiving this information.

## **Nominations**

You have the right to nominate one or more people to receive the combined value of your National Deposit policies if you die. This is currently limited to a total of £5,000 and would be paid outside the terms of your will or estate, allowing it to be paid swiftly. The sum payable on death does form part of your estate for inheritance tax purposes and we will need to see the death certificate and policy schedule for it to be claimed.

Anything over £5,000 will be paid out according to the terms of your will or estate, once we've received proof of title from the executors or administrators.

The facility to nominate someone to receive the value of your policies is only available with Friendly Societies. For more information, please call us on 0845 050 2438.

## **Your right to change your mind**

You have the right to cancel the Healthcare Deposit Account within 30 days of receiving the welcome pack without giving any reasons.

Providing you have not made a claim, we will refund any premiums you have paid. If you have made a claim within the first 30 days we will refund your premiums, minus the cost of your claim.

If you choose to cancel after the 30-day period we will only refund the balance in your personal deposit account.

To cancel or close your Healthcare Deposit Account, you must let us know by writing to National Deposit, 4-5 Worcester Road, Clifton, Bristol BS8 3JL.

## **If you decide to close your Healthcare Deposit Account**

We hope you'll see the benefits of keeping your Healthcare Deposit Account throughout your life. But if at any time you'd like to close it, please write and tell us.

We will then return any balance in your deposit account, less any money you owe (such as missing monthly premiums or your own share of any claims).

## **If the account holder dies**

As soon as we hear from the executors or next of kin, we will explain to them what we will do with the account.

If the late account holder was the only adult on the Healthcare Deposit Account, when we get the relevant documents proving that the person claiming the balance is entitled to it (proof of title), we will pay them, less any outstanding charges.

If the late account holder was not the only adult on the account, the other adult may become the new account holder, as long as we're satisfied no one else is entitled to the money in the deposit account.

There may be a period during which cover is suspended while we confirm who is entitled to the balance.

## **If we lose contact with you**

If we lose contact with a policy holder or do not hear from the representatives of a policy holder who has died, we will move that person's personal deposit account balance to a holding account. The policy holder or their representatives can claim the money once they give us proof that they are entitled to it.

## Transferring or assigning a Healthcare Deposit Account

This Healthcare Deposit Account is a legal contract between us and the account holder. You cannot transfer it or give it to anyone else.

## The Financial Services Compensation Scheme

The Financial Services Compensation Scheme (FSCS) protects consumers of virtually all financial services in the UK. Depending on your policy and the circumstances of any claim, you may be entitled to compensation from the FSCS if we can't meet our obligations, for example to pay what we owe.

If you are entitled to claim, most insurance policies are covered for 100% of the first £2,000 of the claim and 90% of the rest. You can ask for more information from the FSCS on 020 7892 7300 or at [www.fscs.org.uk](http://www.fscs.org.uk)

## In case you have a complaint

We are a mutual association that exists to support our customers and we set a very high standard of service. If we fall short at any time and you wish to make a complaint, please contact us on:

- 0845 050 2438 (lines open 8am-6pm weekdays)
- Email [compliance@nationaldeposit.co.uk](mailto:compliance@nationaldeposit.co.uk)
- Fax 0117 980 9358
- Or write to Compliance Department, National Deposit, 4-5 Worcester Road, Clifton, Bristol BS8 3JL

If you make a complaint and are not happy with our response, you can ask the Financial Ombudsman Service for an independent review:

- Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR
- Telephone 0845 080 1800
- E-mail [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)
- Website [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

Please remember the Ombudsman Service cannot deal with your complaint until you have first raised it with us. In making any complaint, your right to take legal proceedings is not affected.

## Our right to cancel your policy

We have the right to expel any policy holder who, in connection with this or any other National Deposit policy, has:

- Provided false information with the aim of gaining money from us.
- Not acted in a fair and reasonable way.

If we plan to expel a policy holder, we will first explain what will happen and their right to appeal. If a policy holder is expelled, we may end their policy at any date after that and may not return any money already paid in. We may also try to recover any money obtained fraudulently under their policy and may contact the police.

## Applicable law

If there is a legal dispute, English law will apply and the case will be heard solely in the courts of England and Wales.

## Language and currency

All correspondence will be in English and all currency will be £ sterling. All literature is available in Braille, large print or audio. To request a copy please call us on 0800 195 9245 (lines open 8am-6pm weekdays).

## Alterations to the policy terms

These terms and conditions may change as a result of new law or regulation. We also have the right to change the terms and conditions at any time. We will let you know if we make any changes to your policy.

## Words and phrases explained

### Accident or Emergency Treatment

If you need to go to hospital immediately because you're suffering acute symptoms from an illness or accident, or if you go to a hospital ward for unplanned urgent treatment.

### Acupuncture

A treatment involving inserting needles in the skin or muscle to relieve conditions such as pain, anxiety, allergic reactions, sinus and skin problems.

### Acupuncturist

A doctor registered with the General Medical Council who is also a Medical Member or an Accredited Member of the British Medical Acupuncturist Society and recognised by us as being fit to carry out such treatment.

### Acute condition

A disease, illness or injury that is likely to respond quickly to treatment that aims to return you to the state of health you were in before or which leads to your full recovery.

### Cancer

A malignant tumour, tissue or cells characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

### Chiropody

The treatment of feet, nails, corns and bunions.

### Chiropractic treatment

A treatment that involves gentle hand movements, known as adjustments, which concentrate on the spine and associated nerves.

### Chiropractor

A practitioner on the Register of Chiropractors kept by the General Chiropractic Council as required as part of the Chiropractors Act 1994, and recognised and agreed by us.

### Chronic condition

A disease, illness or injury that has at least one of the following characteristics:

- It continues indefinitely and has no known cure.
- It comes back or is likely to come back.
- It needs ongoing or long-term control or relief of symptoms

- You need to be rehabilitated or specially trained to cope with it.
- It needs long-term monitoring through consultations, check-ups, examinations or tests.

### Consultation

A meeting with a medical specialist to find out more about a medical condition and decide how to treat it.

### Day-patient treatment

Treatment which you have to go into a hospital or day-patient clinic/unit because you need time to recover under medical supervision, but you do not need to stay overnight.

### Deposit account

See Personal deposit account.

### Diagnostic tests

Any investigation, such as a blood test or x-ray, which might find or help to find the cause of your symptoms.

### GP

A general medical practitioner (doctor) who has a Certificate of General Practice Training and is registered with the General Medical Council in the UK.

### Healthcare Deposit Account

The healthcare policy you have bought by signing our application form and agreeing the terms of your policy schedule and these terms and conditions.

### Hospital

- A private hospital in the UK which is registered in accordance with UK law and which has specialist facilities for major surgical operations.
- An NHS pay-bed. This is a bed and treatment in an NHS hospital that you pay for.
- Any hospital or establishment that we agree is appropriate for providing treatment.

### Hospital charges

Charges for accommodation, nursing care, drugs and dressings, diagnostic tests, prosthesis and operating costs.

### In-patient treatment

Treatment which, for medical reasons, means you have to stay in hospital overnight or longer.

**Minor surgery**

A simple procedure to relieve the symptoms for an acute condition.

**Moratorium**

The period during which we will not pay for pre-existing conditions that you knew about when you joined.

**Nurse**

A nurse on the register of the Nursing and Midwifery Council (NMC) and who holds a valid NMC personal identification number.

**Nursing at home**

If you have difficulty getting to in-patient or out-patient appointments, you may need to get treatment at home. You are covered to receive treatment at home by a qualified nurse.

**Osteopath**

A practitioner on the Register of Osteopaths kept by the General Osteopathic Council as required as part of the Osteopaths Act 1993, and recognised and agreed by us.

**Out-patient treatment**

Treatment given at a hospital, consulting room or out-patient clinic where you do not go in for day-patient or in-patient treatment.

**Own share**

Your set percentage paid towards each claim from your personal deposit account.

**Personal deposit account**

Your own account that 50% of your fixed monthly premium goes into.

**Podiatry**

Care and treatment of the feet.

**Physiotherapist**

A chartered or state registered physiotherapist.

**Policy schedule**

The document containing details of the people covered on your Healthcare Deposit Account. We will give you your policy schedule when you join, and we will update it whenever your account or other details change.

**Pre-existing condition**

Any disease, illness or injury that you've had medication, advice or treatment for, or that has produced symptoms, whether or not it was diagnosed, in the five years before joining this Healthcare Deposit Account.

**Private ambulance**

If it is medically necessary to use a private road ambulance to transport you between a hospital and another medical facility, for in-patient or out-patient treatment, for a condition covered under this Healthcare Deposit Account, we will pay full costs from your medical allowance.

**Specialist**

A medical or dental practitioner registered under the Medical Acts who is or has been a consultant in an NHS hospital or who holds a Certificate of Higher Specialist Training or a Specialist Accreditation issued by the General Medical Council.

**Treatment**

Surgical or medical services (including diagnostic tests) to diagnose, relieve or cure a disease, illness or injury.

**UK**

This means England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man.

**To request a copy in Braille, large print or audio  
please call us on 0800 195 9245  
(lines open 8am-6pm weekdays).**

National Deposit Friendly Society. Registered office: 4-5 Worcester Road, Clifton, Bristol BS8 3JL. Tel: 0117 973 9003 Fax: 0117 980 9358  
Email: [enquiries@nationaldeposit.co.uk](mailto:enquiries@nationaldeposit.co.uk) [www.nationaldeposit.co.uk](http://www.nationaldeposit.co.uk)  
Incorporated and Registered Friendly Society No. 369F. Authorised and regulated by the Financial Services Authority.  
Registration No. 110008. Calls may be recorded for quality control.