

Don't delay
Get covered today!
Fast Track Application Form Inside

The everyday health cash plan

Discounted premiums through your employer



Funded Company & Group Schemes

Helping you and your family to cover the costs of everyday healthcare

What is HSF health plan?

HSF health plan is a health cash plan, an easy and affordable way to help you cover the cost of everyday healthcare such as dental, optical and physiotherapy, plus it gives you support for more serious healthcare issues. With over 35 health benefits available, it provides an added security for you and your family's health in these ever changing times.

How does it work?

It's simple. You pay a premium for the scheme that suits you best, then you claim cash back for your treatments as and when you need it. And so your family doesn't feel left out, we also offer to cover the healthcare of your Spouse/Partner and children* (up to age of 18) at no extra cost.

*For example you may have a trip to the dentist and have a routine check-up and find you need a filling. Even with an NHS dentist, you will have a £52** bill. And a private dentist could cost considerably more.*

With HSF health plan you could get half or all of that cost back. Reimbursement of most claims is made on a rolling balance principle over any 12 consecutive months. This period starts from the date we pay your claim (not from your joining or scheme increase date or from a calendar year).

For example: a Scheme A policyholder, after serving the qualifying period, who has up to £400.00 to claim for dental/optical expenses in any 12 consecutive months; could have the following claim record:

Date Claim Paid	Claim Paid Amount	Remaining Balance in the Scheme A Dental/Optical Category
17 June 2015	£350.00	A balance of £50.00 remains.
5 October 2015	£50.00	Now a nil balance is left. The next available amount will be £350.00 on 17 June 2016.
11 August 2016	£250.00	A balance of £100.00 remains.

Within any consecutive 12 month period, the claim paid amount has not exceeded £400.00. After each claim is paid the amount becomes available again 12 months later.

Primary and Extra Cover Schemes – what are the differences?

Our Primary Schemes 100 to 5 offer a wide range of health categories at affordable prices. With Primary Schemes, we reimburse you 50% of your professional treatment costs up to the maximum amounts shown on the table opposite.

Our Extra Cover Schemes A to D are for those who would like our 100% cover for themselves and their families. With Extra Cover Schemes, we reimburse you 100% of your professional treatment costs up to the higher maximum amounts shown on the table opposite.

All of our schemes include **HSF Assist** which provides: GP Advice Line, Virtual Doctor, Counselling, Medical Information and Legal Advice.

Are there any restrictions?

Most benefits have a three month Qualifying Period (10 months for Birth & Adoption and 12 months for Eye Laser Treatment and Implantable Contact Lenses). There are pre-existing health condition restrictions on all benefits with the exception of Dental, Optical and Chiropractic/Podiatry. Full details are shown in the Policy Terms & Conditions, available immediately on request from your HSF Account Executive. These are also sent to you in your welcome pack.

HSF health plan and The Hospital Saturday Fund.

HSF health plan is the trading company of the registered charity The Hospital Saturday Fund. All those who join HSF health plan, just by belonging, are making a contribution to the important work of the charity, not something which usually happens when an insurance policy is taken out.

**To find out more information about HSF health plan,
you can call or text your Local Account Executive on**

07970 843 215

or call HSF health plan on 0800 917 2208


eMail wendi.hardy@hsf.eu.com

AR4

*Dependent Children up to age 18 and living permanently at the Policyholder's address.
**Source: Band 2 Course of Treatment NHS Charges April 2015.

Our benefits - at a glance

Spouse/Partner and dependent children (under 18)
covered at no extra cost!

Corporate Schemes	Primary Schemes					Extra Cover Schemes			
	100 £1.00 a week £4.33 a month	2 £2.45 a week £10.62 a month	3 £3.65 a week £15.82 a month	4 £4.85 a week £21.02 a month	5 £6.25 a week £27.08 a month	A £7.25 a week £31.42 a month	B £10.00 a week £43.33 a month	C £12.00 a week £52.00 a month	D £15.50 a week £67.17 a month
	Dental and Optical								
	£50	£100	£200	£275	£350	£400	£550	£700	£850
	50% cover					100% cover			
Dental Trauma	£250	£375	£500	£625	£750	£1,000	£1,250	£1,500	£2,000
	Practitioner: Physiotherapy, Osteopathy, Chiropractic, Acupuncture, Homoeopathy, Chiropody/Podiatry								
	£100	£200	£300	£400	£500	£600	£800	£1,000	£1,200
	50% cover					100% cover			
	Specialist and Investigations – including Allergy Testing and Health Screening								
	£200	£400	£600	£700	£800	£1,200	£1,400	£1,600	£1,800
	50% cover					100% cover			
	Birth Grant / Adoption Grant (per child)								
	£100	£200	£300	£400	£500	£600	£800	£1,000	£1,200
	Hospital: General and Hospice, Accident, Elderly and Mental Illness (Amounts per night up to a maximum of 40 nights)								
	£16	£32	£50	£66	£80	£75	£100	£120	£150
	Recuperation – Grant after 7 nights Or after 15 nights								
	After 7 nights £40	£80	£100	£120	£150	£150	£180	£225	£300
	Or after 15 nights £60	£120	£150	£170	£200	£225	£255	£300	£360
	Day Case Surgery and Treatment (Amounts per day up to a maximum of 8 occasions)								
	£16	£32	£50	£66	£80	£75	£100	£120	£150
	Home Care Assistants and Home Help								
	£125	£250	£375	£500	£625	£750	£1,000	£1,250	£1,500
	50% cover					100% cover			
	Personal Accident – including Dental Trauma								
Permanent Disability – up to	£5,000	£7,500	£10,000	£12,500	£15,000	£20,000	£25,000	£30,000	£40,000
Accidental Death	£2,500	£3,750	£5,000	£6,250	£7,500	£10,000	£12,500	£15,000	£20,000
Temporary Disability	Not Included	Not Included	£30 per week	£40 per week	£50 per week	£60 per week	£90 per week	£120 per week	£170 per week
Fracture – up to maximum per accident	Not Included	Not Included	£375	£575	£775	£950	£1,450	£1,950	£2,450
Facial Disfigurement – up to maximum	Not Included	Not Included	£600	£900	£1,200	£1,500	£2,300	£3,100	£3,900
	HSF Assist® - Available on all schemes								
	GP Advice Line, Virtual Doctor, Counselling Service, Medical Information and Legal Advice.								
	HSF PerkBox - Available on all schemes - web based service only								
	Money saving offers, Discounted Gym Membership, Special Priced Cinema Tickets, Everyday Shopping Discounts plus much more. (Internet connection and email required for access).								



Questions & Answers

Q Can I increase to a higher scheme at any time?

A You may change schemes before the age of 71.

Q Do I have to have a medical to join?

A No. You need only complete and sign the health declaration on the application form.

Q Do older people pay higher rates?

A No, all ages pay the same rates.

Q How do I pay?

A Through a pay deduction facility operated by your employer.

Q Can I get cover for my partner and family?

A Yes. Give details of your partner and dependants on your application form and they will be included for free.

Q Are benefits taxable?

A No. You keep all you receive from HSF.

Q What qualifying periods are imposed?

A For most benefits claims will be accepted after 3 months, any exceptions are clearly indicated in the terms and conditions.

Q How do I make a claim?

A Claim forms are available on request by telephoning the number indicated on the reverse of your certificate of cover or from our website.

Q How do I receive my money?

A By direct credit into your Bank account.

Q When does my cover begin?

A Cover begins on the date printed on your certificate of cover for some benefits and qualifying periods begin on that date as well.

How to register

- 1: Select the scheme which best suits your needs.
- 2: Complete the application form, remembering to include the names and dates of birth of everyone to be included.
- 3: Write all the medical information requested concerning yourself and everyone else included on the application form.
- 4: Complete the payroll deduction part of the application form.
- 5: Send the form to the address printed at the bottom of the application form or hand it to a HSF Account Executive – we will do the rest.

A welcome pack will be sent to your home address and the date stated on the certificate will denote when your cover began.

Head Office

24 Upper Ground, London SE1 9PD

Tel: 020 7928 6662

Fax: 020 7928 0446

Cover enquiries: 020 7202 1380

Email: customer@hsf.eu.com

Claims enquiries: 020 7202 1381

Email: claims@hsf.eu.com



**INVESTORS
IN PEOPLE** | Gold

HSF health plan Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

MD043 - UK Comp Fund NR 10pp 2015



Fast Track Application
 If you have any questions, call or text
 your Local Account Executive on
07970 843 215 HSF AR Code **AR4**
 wendi.hardy@hsf.eu.com

Policy Number

HSF use

1 - Personal information *THIS PART MUST BE COMPLETED IN ALL CASES* (PLEASE USE BLOCK CAPITALS)

I apply to join HSF health plan at the rate indicated (PLEASE TICK)

Corp 100 £1.00 per week £4.33 per month	<input type="checkbox"/>	Corp 2 £2.45 per week £10.62 per month	<input type="checkbox"/>	Corp 3 £3.65 per week £15.82 per month	<input type="checkbox"/>	Corp 4 £4.85 per week £21.02 per month	<input type="checkbox"/>	Corp 5 £6.25 per week £27.08 per month	<input type="checkbox"/>	Corp A £7.25 per week £31.42 per month	<input type="checkbox"/>	Corp B £10.00 per week £43.33 per month	<input type="checkbox"/>	Corp C £12.00 per week £52.00 per month	<input type="checkbox"/>	Corp D £15.50 per week £67.17 per month	<input type="checkbox"/>
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About You

Company/Division

Surname	Forename	Other Initials
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mr/Mrs/Miss/Ms/Other	Date of Birth	Day	Month	Year	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Postcode	Tel: Work	Tel: Home	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2 - Cover for your family (Permanently living with you) *INCLUDED AT NO EXTRA COST*

Your Spouse/Partner

Spouse/Partner Surname	Spouse/Partner Forename(s)
<input type="text"/>	<input type="text"/>

Mr/Mrs/Miss/Ms/Other	Spouse/Partner Date of Birth	Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Children (children must be under 18 years of age) *Please add any additional children on a separate sheet of paper and include it with this application form.*

Child's Surname

Child's Forename(s)

Child's Date of Birth	Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Child's Surname

Child's Forename(s)

Child's Date of Birth	Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Child's Surname

Child's Forename(s)

Child's Date of Birth	Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Child's Surname

Child's Forename(s)

Child's Date of Birth	Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3 - Direct Payment of Claims *ALTERNATIVELY YOU MAY PROVIDE THIS LATER*

To enable claims to be paid direct into your bank account, please supply your Account Number and Sort Code (these can be found on your cheque or bank card). We cannot pay into Savings Accounts. This information will not be used to collect premiums.

Your Account Name	<input type="text"/>	Your Account Number	<input type="text"/>	Sort Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4 - Authority for deduction from pay for HSF health plan *THIS PART WILL BE SENT TO YOUR HR/PAY DEPARTMENT*

This is the scheme I wish to join and have the amount indicated deducted from my pay/pension (PLEASE TICK)

Corp 100 £1.00 per week £4.33 per month	<input type="checkbox"/>	Corp 2 £2.45 per week £10.62 per month	<input type="checkbox"/>	Corp 3 £3.65 per week £15.82 per month	<input type="checkbox"/>	Corp 4 £4.85 per week £21.02 per month	<input type="checkbox"/>	Corp 5 £6.25 per week £27.08 per month	<input type="checkbox"/>	Corp A £7.25 per week £31.42 per month	<input type="checkbox"/>	Corp B £10.00 per week £43.33 per month	<input type="checkbox"/>	Corp C £12.00 per week £52.00 per month	<input type="checkbox"/>	Corp D £15.50 per week £67.17 per month	<input type="checkbox"/>
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PLEASE COMPLETE THE SECTIONS BELOW WHICH ARE APPLICABLE TO YOUR PARTICULAR EMPLOYER

Forename	Other Initials	Branch / Location
<input type="text"/>	<input type="text"/>	<input type="text"/>

Surname	Mr/Mrs/Miss/Ms/Other	National Insurance Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Employer	Pay No. / Pension No.
<input type="text"/>	<input type="text"/>

Department	Pay/Pension Office
<input type="text"/>	<input type="text"/>

This authority replaces the existing authority for deductions of	£	p	New Deduction	£	p	Company Contribution (if applicable)	£	p
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Pay frequency PLEASE TICK	Weekly	<input type="checkbox"/>	Fortnightly	<input type="checkbox"/>	Four weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Five weekly	<input type="checkbox"/>
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Your pay department will commence deductions as soon as possible after receipt of this mandate form from HSF health plan.

Your pay advice should be checked to ensure that this request has been correctly applied.

I wish to join HSF health plan at the scheme indicated. I authorise my employer to deduct from my pay/pension each month the sum shown (or such other amount as may apply after prior written notification), and remit to HSF health plan. If my pay/pension is not paid for any reason any premium arrears should be deducted when my income resumes.

Signature	Date
<input type="text"/>	<input type="text"/>

Continued overleaf - Please turn over →

5 - Medical Information

Your cover has to be based on the information you supply on the whole of this application form. You must be satisfied that it is correct to the best of your knowledge and belief. To withhold or fail to disclose relevant facts (or to knowingly give false information) about the health and / or treatments of all persons to be covered could affect the benefits we are able to offer or could seriously influence your cover in the event of a claim. It could also lead to termination of cover or even be considered a criminal offence.

Please state any long term / chronic / congenital conditions even if at present under control and indicate to whom these apply. PLEASE TICK BOX (if using 'Other' section, please state conditions in full and avoid abbreviations)

Name	Condition/Illness	Date symptoms began
	<input type="checkbox"/> Arthritis PLEASE STATE PART(S) OF BODY AFFECTED BELOW <input type="checkbox"/> Asthma/Chest problems <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Raised blood pressure/Angina <input type="checkbox"/> Liver disease <input type="checkbox"/> Kidney disease <input type="checkbox"/> Clinical Obesity <input type="checkbox"/> Congenital (conditions from birth) PLEASE STATE <input type="checkbox"/> Other PLEASE STATE	


Please list other illnesses / operations, either current or in the past (stating conditions in full and avoid abbreviations). Also list any medication being taken currently and state the condition / illness requiring the treatment.

Name	Condition/Illness	Date symptoms began

6 - Signature

I wish to join HSF health plan at the scheme indicated. I authorise my employer to deduct from my pay/pension each month the sum shown, and remit to HSF health plan. If my pay/pension is not paid for any reason any premium arrears should be deducted when my income resumes.

Declaration
 I declare that I and all persons covered by this application for whom claims may be submitted are in good health and are not receiving or needing any form of medical treatment and have not had any medical conditions in the past for which treatment is not at present necessary. If this is not the case I have declared all relevant health information on this application form. I understand that no claim will be accepted in respect of any conditions which existed or for which symptoms were present before registration or which began during the qualifying periods; nor for any developments of existing conditions; nor for any recurrence of conditions which have existed in the past; nor for any hereditary, congenital or perinatal conditions which may already exist but which manifest symptoms only after cover commences, and that this application is accepted only on these terms. (Policyholders increasing from one scheme to another may be able to receive benefit at their former scheme rate for such conditions and will be advised if this is possible).
 I confirm that no advice has been received regarding this application from HSF or my employer. I agree to HSF and Chubb holding data relevant to my scheme registration. I agree to abide by HSF rules and conditions and the right of the Board of Directors to vary them and the range or rates of benefits or premiums if deemed necessary. I declare that all the information I have given on this application form is true and complete to my knowledge and belief and that if found to the contrary HSF shall be free to cancel cover at any time.

Signature  Date

Where did you hear about HSF health plan?

HSF health plan uses the information given above for its own purposes. Any communications which you may receive are directly related to HSF services and those of the Hospital Saturday Fund.

November 2015

Check List

Have you completed all Sections?

Have you included details for the FREE cover for your Spouse/Partner and any dependent children?

Have you signed and dated both the Authority for pay deduction and the Signature sections?

Have you completed the Medical Information section for everyone mentioned on the application?

If you have any queries you can contact your Local Account Executive. Their details are in this brochure or call HSF health plan Sales Support Team on **0800 917 2208**

Recorded in Wages Dept.	Initials	Date

Noted by HSF	Initials	Date	New
			Change

To: HSF HEALTH PLAN
 FREEPOST RTHJ-GHRG-YKLE
 LONDON
 SE1 9PD