

# Helping Hand

Your policy summary

CHUBB®

Cancer care insurance

keyfacts®

## Contact information

### **Customer Services**

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T 0345 045 0132  
E [cust.servuk@chubb.com](mailto:cust.servuk@chubb.com)

### **Claims**

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T 0345 045 0132  
E [claims@chubb.com](mailto:claims@chubb.com)

Chubb  
200 Broomielaw  
Glasgow  
G1 4RU

Head Office:  
100 Leadenhall Street  
London  
EC3A 3BP

### **Insurer**

Chubb European Group Limited, registered in England & Wales number 1112892. Main business: General Insurance Registered office: 100 Leadenhall Street, London, EC3A 3BP. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

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## Cover at a glance

This is a summary of cover and does not contain all the terms and conditions of this **Policy**. The full terms and conditions can be found in the **Policy** Document that is available on the website and will be included in **Your** confirmation email when **You** purchase this **Policy**. Please take the time to make sure **You** understand the cover it provides. Cover is underwritten by Chubb European Group Limited.

### How will Cancer Care help You?

Cancer Care provides a cash payment and a **Monthly Benefit** if **You** are first diagnosed as suffering from **Cancer** whilst the **Policy** is in force. Additional benefits are also payable if **You** are hospitalised for treatment or surgery.

#### Value

- Benefit payments are TAX-FREE.
- Money is paid directly into **Your** bank account.

#### Simplicity

- **You** will get to find out instantly if **You** are eligible for the Plan.
- Should the time come **We** have tried to make it as straightforward as possible to claim.

### Significant features and benefits

**Cancers** covered are defined using the Association of British Insurers recommended definition for **Cancer**, which excludes less advanced cases, and are dependent on whether **You** are male or female and which category of cover **You** buy.

**Premiums** are payable monthly during the term of this **Policy** and cover will continue for as long as **You** pay the **Premium** or until the **Policy** comes to an end for the reasons stated under 'When cover ends' in the **Policy** Document.

**We** may increase the **Premium** based on **Your** age at the **Anniversary Date**. In addition to this **We** may increase the **Premium** where required for legal, regulatory or taxation reasons; and/or to reflect new industry guidance and codes of practice; and/or to reflect cost increases or reductions associated with providing this cover.

The **Premium** may also change if **You** change from one category of cover to the other during the life of the **Policy**. **We** will write to **You** giving 30 days' notice of any such change in **Premium**.

This **Policy** will cover **You** for one valid claim only, with all cover ending automatically on first diagnosis

after the **Commencement Date** of a condition covered under this **Policy** that results in a valid claim. **Benefit Amounts** payable for a valid claim will continue to be paid after cover has ended, in accordance with the terms and conditions of this **Policy**.

### **The Cover**

The cover available under this **Policy** falls into 2 distinctly separate categories:

1. Gender Specific **Cancer** Covering **Cancer** of:
  - For woman - breast(s), fallopian tube(s), ovary(ies), uterus, cervix, vulva or vagina.
  - For men - breast(s), penis, prostate or testicle(s).
2. Complete body cover Covering **Cancer** wherever it may occur.

The category of cover **You** have selected will be shown on **Your Policy Schedule**.

**You** can be covered under only one of these categories at any one time, and are able to change from one category of cover to the other, i.e. between Gender Specific and Complete body cover at any time during the life of **Your Policy**. **Premiums** may be affected by a change in cover. Cover provided under category 1 is more limited than the cover provided under category 2 as it is Gender Specific and applies only to the body parts specified.

The categories of cover can be found under 'Eligibility - The cover' in the Policy Document.

**You** may not, during the period of insurance, change the level of cover selected, i.e. between Bronze, Silver or Gold, except:

- a. immediately following an **Eligible Lifestyle Event**; or
- b. where specifically agreed in writing by **Us**.

## Three levels of cover are available - Bronze, Silver and Gold - providing the following benefits:

Benefit Levels We will pay the <b>Benefit Amounts</b> below upon diagnosis of a condition covered under this <b>Policy</b> .	Bronze	Silver	Gold
<p><b>Diagnosis Benefit</b> Payable from the date <b>You</b> are diagnosed as suffering from <b>Cancer</b> whilst the insurance is in force. The type of <b>Cancer</b> covered is dependent on which category of cover <b>You</b> have chosen - Gender Specific or Complete body cover. This benefit is payable only once.</p>	£5,000	£10,000	£15,000
<p><b>Monthly Benefit</b> (per month) Payable from the date <b>You</b> qualify for payment of the <b>Diagnosis Benefit</b>. Payable for a maximum period of 12 months, or until death, if earlier.</p>	£350	£550	£750
<p><b>Additional Benefits:</b></p> <p><b>1. Hospital Confinement</b> (within 2 years of first diagnosis, per day, up to 100 days in total) Payable for each full day of <b>Hospital Confinement</b> as an <b>In-Patient</b> for treatment or surgery directly related to any <b>Cancer</b> for which <b>You</b> qualify for payment of the <b>Diagnosis Benefit</b>. Any day of <b>Hospital Confinement</b> after 2 years of first diagnosis will not be covered.</p> <p><b>2. Convalescence</b> (only payable following <b>Hospital Confinement</b> and within 2 years of first diagnosis) Payable if <b>You</b> spend at least two consecutive days in <b>Hospital Confinement</b> as an <b>In-Patient</b> for treatment or surgery or start a programme of chemotherapy and/or radiotherapy or a rehabilitation plan scheduled over a period of 30 days or more directly related to any <b>Cancer</b> for which <b>You</b> qualify for payment of the <b>Diagnosis Benefit</b>. This benefit is payable only once. Any Convalescence after 2 years of first diagnosis will not be covered.</p>	£50	£100	£150
<p><b>2. Convalescence</b> (only payable following <b>Hospital Confinement</b> and within 2 years of first diagnosis) Payable if <b>You</b> spend at least two consecutive days in <b>Hospital Confinement</b> as an <b>In-Patient</b> for treatment or surgery or start a programme of chemotherapy and/or radiotherapy or a rehabilitation plan scheduled over a period of 30 days or more directly related to any <b>Cancer</b> for which <b>You</b> qualify for payment of the <b>Diagnosis Benefit</b>. This benefit is payable only once. Any Convalescence after 2 years of first diagnosis will not be covered.</p>	£1,500	£3,000	£5,000

## **Best Doctors® - advice and assistance services**

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In addition to the monetary benefits available under this **Policy**, **We** provide **You** with access to a range of additional services, from Best Doctors.

These services are available if **You** are diagnosed as suffering from **Cancer** (whether covered under this **Policy** or not). The services, provided by Best Doctors, are available at no additional charge, by telephoning: 0800 085 6605

- **InterConsultation™**  
The medical second opinion service provided by Best Doctors.
- **FindBestCare®**  
A service for patients who choose to be treated outside of the **United Kingdom** and Ireland (note **You** will be responsible for costs associated with treatment arranged by this service).
- **FindBestDoc™**  
A nurse-assisted service whereby Best Doctors matches **You** with up to three physicians included in the Best Doctors database.

## **Eligibility**

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To be eligible to purchase and continue to be eligible for the cover under this **Policy** **You** must be and continue to be:

- **Permanently Resident** in the **United Kingdom**;
- aged 18 years or over and under 60 years at the **Commencement Date**; and

- registered with a **Qualified Medical Practitioner** who is licensed to and is practising medicine in the **United Kingdom**.

Cover under this **Policy** is monthly. Provided **You** pay the monthly **Premium** it will continue from one month to the next until it is cancelled or the **Policy** comes to an end for the reasons stated in the 'Duration of Cover' section in this document.

In addition, **You** must not:

- previously have been diagnosed with any type of cancer which has not been in complete remission for at least 5 full years (including Leukaemia or Hodgkin's Disease), or any pre-cancerous conditions (note: a low grade squamous intraepithelial lesion, or low grade SIL, is not considered to be a pre-cancerous condition);
- currently be under investigation or treatment for any potentially malignant condition and must not be aware of any current significant or persistent symptoms which should be investigated;
- currently be on a high risk **Cancer** screening programme (note: this is any specific screening programme that is more regular or special from that typically offered to the public); and
- have had any parents or siblings who were diagnosed with, or died from, any form of genetically related **Cancer** under the age of 60 years.

**You** must advise **Us** if **Your** smoking status changes from that which is stated on your **Policy Schedule**.

If **You** cease to be eligible for cover, **You** should advise **Us** immediately. If any **Premiums** are collected by **Us** after **You** cease to be eligible for cover under this **Policy**, they will be refunded in full.

### **Significant limitations and conditions**

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This Policy will cover **You** for one valid claim only, with all cover ending automatically on first diagnosis after the **Policy Commencement Date** of a condition covered under this **Policy** that results in a valid claim. **Benefit Amounts** payable for a valid claim will continue to be paid after cover has ended, in accordance with the terms and conditions of this **Policy**.

### **Exclusions**

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**We** will not be liable for payment of any benefit or benefit for:

#### **1. Cancers not covered:**

- A. All Cancers which are histologically classified as any of the following:
- pre-malignant, for example essential thrombocythaemia and polycythaemia rubra vera;
  - non-invasive;
  - cancer in situ;
  - having either borderline malignancy; or
  - having low malignant potential.
- B. Tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2NOMO.

C. Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.

D. Any skin cancer other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin) i.e. malignant melanoma of the skin according to TNM-classification T1a NO MO, T1b NO MO and T2a NO MO is not covered.

#### **2. Claims arising during the first 90 days following the Policy Commencement Date.**

Any medical condition:

- **You** are diagnosed as having; or
- for which **You**:
  - seeks, or receives medical advice, treatment or medication; or
  - experiences, or in the opinion of our **Chief Medical Officer**, would have been experiencing, symptoms, during the first 90 days after the **Commencement Date** (or where cover has changed and the medical condition would not have been covered before the change).

#### **3. Conditions arising due to **Your** unreasonable failure to follow medical advice are not covered.**

A full list of the Policy Exclusions can be found on page 12 of the Policy Document.



## **Duration of cover**

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Cover will start from the date **We** advise **You** that **You** are accepted for cover as shown in the **Policy Schedule**.

**Premiums** will be payable monthly by direct debit through a bank or building society.

Cover under this **Policy** is monthly and each **Premium** covers **You** for one month, beginning from the **Commencement Date**, and continues from the same date in the following and subsequent months. Provided **You** pay the monthly **Premium** the **Policy** will continue from one month to the next until it is cancelled or the **Policy** comes to an end for the reasons stated in 'When cover ends' in the Policy Document.

**Your** cover will cease at midnight on the day that one of the following events occur:

- a. when the next monthly **Premium** is due after **You** attain the age of 70; or
  - b. the day of the first diagnosis after the start of the **Policy** that results in a valid claim; or
  - c. if **You** stop paying the **Premium**, from the date **You** owe **Us** a **Premium**; or
  - d. when **You** die,
- whichever happens first.

**We** also reserve the right to cancel cover if **You** make a dishonest claim.

## **Right to cancel**

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If for any reason, **You** are not satisfied with this **Policy**, **You** may, within 30 days of receiving **Your Policy Schedule**, contact **Us** at the address details below and **We** will cancel the cover. If this happens **We** will refund any **Premiums** **You** have paid.

Cover may be cancelled at any other time by contacting **Us** at the Customer Service contact details below:

Chubb Customer Service Department  
200 Broomielaw  
Glasgow  
G1 4RU  
T 0345 045 0132  
E [cust.servuk@chubb.com](mailto:cust.servuk@chubb.com)

**We** will cancel the **Policy** from the date **You** call **Us** or the date **We** receive **Your** cancellation instruction.

**We** will refund any monthly **Premium**, or a proportion of **Premium**, **You** are owed from date of cancellation.

## **How to Claim**

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**We** must be notified as soon as reasonably practical of any event likely to result in a claim under this **Policy**.

**We** will then ask for a claim form to be completed to register your claim. The claim form will include a statement that allows **Us** to access **Your** medical records and state that not having access may prevent **Us** from paying **Your** claim. Claims contact details are:

Chubb Claims Department  
PO Box 682  
Winchester  
SO23 5AG  
T 0345 045 0132  
E [claims@chubb.com](mailto:claims@chubb.com)

### **Claims Portal**

[www.chubbclaims.co.uk](http://www.chubbclaims.co.uk)

## **Complaints Procedure**

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**We** are dedicated to providing a high quality service and want to maintain this at all times. If **You** are not satisfied with **Our** service please contact **Us**, quoting **Your Policy** details, so **We** can deal with **Your** complaint as soon as possible. Complaints contact details are:

The Customer Relations Manager  
Chubb  
200 Broomielaw  
Glasgow  
G1 4RU  
T 0800 519 8026  
E [customerrelations@chubb.com](mailto:customerrelations@chubb.com)

The Financial Ombudsman Service may be approached for assistance if **You** are dissatisfied with **Our** final response. Their contact details are given below:

The Financial Ombudsman Service  
Exchange Tower  
Harbour Exchange Square  
London  
E14 9GE  
T 0800 023 4567 or 0300 123 9123  
F 0207 964 1001  
[www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

The existence of these complaints procedures does not reduce **Your** statutory rights relating to this insurance.

## **Financial Services Compensation Scheme**

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In the unlikely event of Chubb being unable to meet its liabilities, **You** may be entitled to compensation under the Financial Services Compensation Scheme. FSCS contact details are:

Financial Services Compensation Scheme  
10th Floor  
Beaufort House  
15 St Botolph Street  
London  
EC3A 7QU  
T 0800 678 1100 or 0207 741 4100  
F 020 741 4101  
[www.fscs.org.uk](http://www.fscs.org.uk)

# Chubb. Insured.<sup>SM</sup>

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