

# Helping Hand

Your policy document

CHUBB®

Cancer care insurance

## Contact information

### Customer Services

---

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

### Claims

---

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

### Advice & Assistance Services

---

T 0800 085 6605

Chubb  
200 Broomielaw  
Glasgow  
G1 4RU

Head Office:  
100 Leadenhall Street  
London  
EC3A 3BP

### Insurer

ACE European Group Limited, a Chubb company  
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.

# Contents

Contact information	02
Insurance agreement	04
Eligibility	05
Definitions	07
When cover ends	10
The Policy cover	10
Exclusions	12
Claims conditions	14
Policy conditions	16
Complaints procedure	20
Prudential Regulation Authority and Financial Conduct Authority	20
Financial Services Compensation Scheme	21
Data protection	21
Best Doctors® - advice and assistance services	23
Glossary	25

# Welcome

Thank you for choosing this cover which is provided and underwritten by ACE European Group Limited, a Chubb company.

Cancer Care is a **Policy** that provides a cash payment and a **Monthly Benefit** when **You** are first diagnosed with **Cancer**. Additional benefits are also payable following **Hospital Confinement**.

## Insurance agreement

---

**You** and ACE European Group Limited, a Chubb company (Chubb) agree that:

**You** shall pay the **Premium** as agreed.

This document explains the full Terms and Conditions of **Your** Cancer Care **Policy**. Chubb will, subject to the Terms, Conditions and Exclusions of this **Policy**, provide the insurance in the manner and to the extent provided in this **Policy**. The **Policy** consisting of this Document, **Your Policy Schedule** and the signed application form is a contract between **You** and **Us**.

**You** (as specified in the **Policy Schedule**) and Chubb agree that **You** shall pay the premium as agreed. The **Policy Schedule** and this **Policy** document constitute the full terms and conditions of the insurance with **Us**. **You** acknowledge that **We** have offered this **Policy** and calculated the premium using the information which **We** have asked for and **You** have provided, and that any change to the responses provided by **You** may result in a change in the terms and conditions of the **Policy** and/or a change in the **Premium**.

**You** should review **Your** level of cover periodically to ensure it continues to remain adequate for **Your** insurance needs.

Please take the time to check **Your Policy** documents carefully to ensure the information shown is correct. **You** should contact **Us** immediately if any information is not correct.

One of **Our** authorised representatives must sign the **Policy Schedule** for **Your** cover to be valid.



Andrew Kendrick  
Regional President, Europe  
Chubb

### Important information

Please note that words and phrases appearing in bold type and starting with a capital letter always have the same special meanings wherever they appear. These are explained in the definitions section on pages 7 - 9.

## Eligibility

To be eligible to purchase cover under this **Policy You** must be:

- **Permanently Resident** in the **United Kingdom**;
- aged 18 years or over and under 60 years at the **Commencement Date**;
- registered with a **Qualified Medical Practitioner** who is licensed to and is practising medicine in the **United Kingdom**; and

**You** must continue to meet the conditions above to remain eligible for the levels of cover that apply to **You**.

If **You** no longer meet these conditions **You** must contact **Us**. Failure to do so may mean that all or part of a claim may not be paid.

In addition, **You** must not at the **Commencement Date** of this **Policy**:

- 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).

- 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 the **Policy Schedule**.

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

### **The Cover**

---

The cover provided falls into two distinctly separate categories:

1. Gender Specific **Cancer**; or
2. Complete body cover

The category of cover selected is stated in **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 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.

### **Cover applies for one valid claim only**

---

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**. Any **Premiums** paid following the date of the diagnosis that results in a valid claim will be refunded.

## Definitions

The following definitions are applicable to the **Policy** as a whole.

### £

**United Kingdom** Pounds Sterling (GBP shall also mean **United Kingdom** Pounds Sterling, where referred to in this **Policy**).

### Anniversary Date

The annual review date stated in **Your Policy Schedule**.

### Benefit Amount

If **You** live for at least 30 days from the date of diagnosis of a condition covered under this **Policy**, the amount **We** will pay under each benefit category for the cover selected and paid for by **You**, as specified in **Your Policy Schedule**.

**Cancer** - excluding pre-cancerous, pre-malignancy, borderline malignancy, non-invasive cancers, or cancer in situ. Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.

The term malignant tumour includes leukaemia, lymphoma and sarcoma.

For the above definition, the following are not covered:

- 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.
- all tumours of the prostate unless histologically classified as having a Gleason score greater than 6 (Gleason scores are a system of grading prostate cancer tissue based on how it looks under microscope) or having progressed to at least clinical TNM classification T2NOMO (classification prior to surgery and based on a physical exam, imaging studies and tumor biopsies).
- chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A. Clinical stage A is characterised by no anaemia (a condition in which the body does not have enough healthy red blood cells, or thrombocytopenia (abnormally low amount of platelets) and fewer than three areas of lymphoid involvement (Lymphoid areas include cervical, axillary, inguinal, and spleen).
- no skin cancer is covered other than malignant melanoma. Malignant melanoma is only covered if it 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 (lesions <1mm in thickness with no evidence of ulceration or metastases), T1bNO MO (lesions under 1mm in thickness with ulceration noted but without lymph node involvement) and T2a NO MO (lesion 1.01mm to 2mm in thickness without ulceration or lymph node involvement) is not covered.

**Chief Medical Officer**

The medical expert appointed by Us.

**Commencement Date**

The date in the **Your Policy Schedule** showing when **Your** insurance will start

**Confinement**

Admission to a **Hospital** as an **In-Patient** on the advice and under the regular care and attendance of a **Qualified Medical Practitioner** for treatment of or surgery (other than for diagnosis only) directly related to any condition for which **We** have paid or agreed to pay the **Diagnosis Benefit** amount under this **Policy**.

**Diagnosis Benefit**

The lump sum amount **We** will pay for the cover selected and paid for by **You**, as specified in **Your Policy Schedule**.

**Due To**

Directly or indirectly caused by, arising from or in connection with.

**Eligible Lifestyle Event**

A significant change of personal circumstances which are: marriage; divorce; the birth or adoption of a child; occurring during the period of insurance and notified to **Us** by **You** within 31 days of its occurrence.

**Female Cancer**

**Cancer** - excluding pre-cancerous, pre-malignancy, borderline malignancy, non-invasive, or cancer in situ, of the:

- breast(s);
- cervix;

- fallopian tube(s);
- ovary(ies);
- uterus;
- vulva; or
- vagina.

**Hospital**

An establishment within the **United Kingdom** that:

1. exists primarily for the diagnosis, medical care and treatment of sick or injured people on an **In-Patient** basis under the supervision of **Qualified Medical Practitioner(s)** one or more of whom is available for consultation at all times;
2. provides (where appropriate) facilities for major surgery within the confines of the establishment or in facilities controlled by the establishment;
3. provides full-time nursing service by and under the supervision of nursing staff.

**Hospital** shall not include a special unit in a **Hospital** or a place existing primarily:

- a. for the treatment of psychiatric disease or sub-normality;
- b. for the care of the aged, drug addicts or alcoholics;
- c. as a health hydro or nature cure clinic, a nursing or convalescent home, extended care facility, rest home or hospice.

**In-Patient**

**Hospital Confinement** as a resident bed patient, for whom a clinical case record has been opened, where **Confinement** is necessary for treatment or surgery.

**Male Cancer**

**Cancer** - excluding pre-cancerous, pre-malignancy, borderline malignancy, non-invasive, or cancer in situ, of the:

- breast(s);
- penis;
- prostate; or
- testicle(s).

**Monthly Benefit**

The monthly amount **We** will pay for the cover selected and paid for by **You**, as specified in **Your Policy Schedule**.

**Non-Smoker**

Someone who has not smoked any form of tobacco for the 12 months prior to applying for this cover.

**Permanently Resident**

Resident in the **United Kingdom** for at least six months prior to the **Commencement Date** and thereafter for at least 40 weeks of each year.

**Policy, Policies**

The terms and conditions set out in this document, and in **Your Policy Schedule**.

**Premium**

The amount payable by **You** and specified or referred to in the **Policy Schedule** or any amount which subsequently becomes due as a result of alteration or adjustment of the cover.

**Policy Schedule**

The document that confirms the current details of **Your** cover and the level of cover selected by **You**. If **You** have been issued with more than one document, the most recent will apply.

**Qualified Medical Practitioner**

A doctor or specialist, registered or licensed to practise medicine in the **United Kingdom**, and who is not related to **You**.

**United Kingdom**

England, Scotland, Wales and Northern Ireland.

**War**

Armed conflict between nations, invasion, act of foreign enemy, civil war, and military or usurped power.

**We/Us/Our**

ACE European Group Limited, a Chubb company.

**You, Your**

The person named in the **Policy Schedule** and who is covered under this **Policy**.

## When cover ends

**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.

## The Policy cover

### **Cover applies for one valid claim only**

---

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**. Any **Premiums** paid following the date of the diagnosis that results in a valid claim will be refunded.

**We** will pay the **Benefit Amounts** based on the categories overleaf if **You** live for at least 30 days from the date of diagnosis of a condition covered under this **Policy**, as described under 'Claims conditions - Survival period'.

### **A. Diagnosis Benefit**

---

The cover provided by the **Diagnosis Benefit** falls into two distinctly separate categories as described below:

Cover applies under only one of these Categories, which is the cover selected and paid for by **You**, as specified in **Your Policy Schedule**.

Category A.1- Gender Specific **Cancer**  
If **Your Policy Schedule** shows that **You** are covered under this category and **You** are;

A.1.1 Female

**We** will pay the **Diagnosis Benefit**

if, whilst this **Policy** is in force, **You** are first diagnosed as suffering from a **Female Cancer**, or if;

#### A.1.2 Male

**We** will pay the **Diagnosis Benefit** if, whilst this **Policy** is in force, **You** are first diagnosed as suffering from a **Male Cancer**.

Category A.2 - Complete body cover  
If **Your Policy Schedule** shows that **You** are covered under this category **We** will pay the **Benefit Amount** if, whilst this **Policy** is in force, **You** are first diagnosed as suffering from **Cancer**.

### **B. Monthly Benefit**

---

**We** will pay the **Monthly Benefit** stated in **Your Policy Schedule** monthly in arrears, for 12 months from the date that **You** first qualify for payment of the **Diagnosis Benefit** (or for as long as **You** live, if this is less than 12 months).

### **C. Hospital Confinement**

---

If **You** qualify for payment of the **Diagnosis Benefit** **We** will pay the **Hospital Confinement** benefit stated in **Your Policy Schedule** for each full day of **Hospital Confinement**, within 2 years of first diagnosis, up to 100 days in total. Any day of **Hospital Confinement** after 2 years of first diagnosis will not be covered. Days spent in **Hospital Confinement** do not have to be consecutive.

### **D. Convalescence**

---

If **You** qualify for payment of the **Diagnosis Benefit** **We** will pay the **Convalescence** benefit stated in **Your Policy Schedule**

- if **You** spend at least two consecutive days in **Hospital Confinement** and within 2 years of first diagnosis; or
- following the commencement of a programme of chemotherapy and/or radiotherapy treatment, or rehabilitation scheduled over a period of 30 days or more and directly related to any condition for which **You** are eligible for payment of the **Diagnosis Benefit**.

Any Convalescence after 2 years of first diagnosis will not be covered.

# Exclusions

We will not be liable for payment of any **Benefit Amount** or other 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 Commencement Date.

---

Any medical condition:

- **You** are diagnosed as having; or
- for which **You**:
  - seek, or receive medical advice, treatment or medication; or
  - experience, 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. Alcohol or drug abuse

---

Any claim arising as a result of the inappropriate use of alcohol or drugs, including but not limited to the following:

- a claim or potential claim which, in the opinion of **Our Chief Medical Officer**, has been caused as a result of regular and repeated consumption of alcohol to excess.
- taking an overdose of drugs, whether lawfully prescribed or otherwise.
- taking Controlled Drugs (as defined by the Misuse of Drugs Act 1971) otherwise than in accordance with a lawful prescription.

#### **4. Criminal acts**

---

Any claim arising as a result of the taking part in a criminal act.

#### **5. HIV/AIDS**

---

Any claim which in the opinion of **Our Chief Medical Officer**, is related to **You** being infected with Human Immunodeficiency Virus (HIV) or conditions due to any Acquired Immune Deficiency Syndrome (AIDS).

#### **6. Unreasonable failure to seek or follow medical advice**

---

Any claim arising out of unreasonable failure to seek or follow medical advice.

#### **7. War and civil commotion**

---

Any claim caused by or resulting from **War**, (whether **War** is declared or not), rebellion, revolution or taking part in a riot or civil commotion.

# Claims conditions

## Making a claim

---

**We** must be notified as soon as reasonably practical of any event likely to result in a claim under this **Policy**, and within one year of any condition likely to result in a claim under this **Policy**, being first diagnosed. **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. Not having access may prevent **Us** from paying **Your** claim. **Our** 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)

## Survival period

---

**You** must live for at least 30 days from the date of diagnosis of a condition covered under this **Policy**, before a **Benefit Amount** becomes payable.

## Supplying details and documents

---

**We** will need to be sent any medical certificates or other documents that **We** ask for. **We** will not pay for these.

## Diagnoses and medical opinions

---

All diagnoses and medical opinions must be given by a **Qualified Medical Practitioner** who:

- is a Consultant at a hospital in the **United Kingdom**;
- is acceptable to **Our Chief Medical Officer**; and
- is a specialist in an area of medicine appropriate to the cause of the claim.

## Recognising our rights

---

### 1. Medical Examinations

**You** must agree to a medical examination if **We** ask for it. **We** will pay for this. Refusal to attend may prevent **Us** from paying **Your** claim

### 2. Post-Mortem

In the event that **You** die before a claim under this **Policy** is settled, **We** may insist on a post-mortem examination if the law allows **Us** to ask for one. **We** will pay for this.

## Disputes

---

In the event of a dispute between the opinion of **Our Chief Medical Officer** and **Your Qualified Medical Practitioner**, **We** reserve the right to appoint an independent medical expert.

## **Interest**

---

No sum payable under this **Policy** shall carry interest unless payment has been unreasonably delayed following **Our** receipt of all the required information, documents or other evidence necessary to support the claim.

## **Dishonest claims**

---

**We** will not pay dishonest claims. If **You** make a dishonest claim, **We** may cancel **Your** cover.

## **Discharge**

---

**We** will pay the **Policy** benefits to **You**, and **Your** receipt shall be a full discharge of all liability by **Us** in respect of the claim for such benefit.

# Policy conditions

## 1. Documentation

---

This Policy Provisions Document, the **Policy Schedule**, and the signed Application Form issued to **You**, shall be read as one contract and any word or expression to which specific meaning has been attached shall, unless the context otherwise requires, bear such meaning wherever it may appear.

## 2. Commitment to the Policy

---

**You** must keep to the terms of this **Policy**. If **You** do not, **We** may not accept a claim.

## 3. Paying Premiums

---

The amounts **You** must pay are shown in **Your Policy Schedule**. If **You** do not pay the **Premium** this **Policy** will not provide any cover.

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

The amount **You** pay each month and when **You** pay it is shown in **Your Policy Schedule**.

Depending upon the payment date **You** have chosen **Your** first payment may include two payments. One payment will relate to the first month of cover following from the **Commencement Date**. The second payment will relate to the following second month of cover.

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'.

## 4. Premium review

---

**We** will review **Your Premium** each year at the **Anniversary Date**. **We** may increase the **Premium**:

- a. where required for legal, regulatory or taxation reasons; and/or
- b. to reflect new industry guidance and codes of practice; and/or
- c. to reflect relevant cost increases or reductions associated with providing this cover.

In addition the **Premium** will increase based on **Your** age. 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**. If **You** do not want to continue cover based on the new **Premium** rate, **You** have the right to cancel **Your** cover.

## 5. Basis of Premium calculations

---

**Premiums** are based on a number of factors including **Your** age and whether **You** are a smoker or **Non-Smoker**. If the information **We** have is inaccurate or **Your** circumstances

change, **We** must be notified immediately to ensure that **You** pay the correct **Premium**.

If **You** do not notify us and **You** pay less **Premium** than **You** should, **We** will in the event that **You** submit a valid claim, pay only a part of the **Benefit Amount**, based on the percentage of **Premium** that **You** have paid compared to the **Premium** **You** should have paid.

If **You** pay too much **Premium**, either:

- because **Your** age has been overstated, **We** will, on receipt of suitable evidence, refund the **Premium** overpaid and reduce **Your** future **Premium** payments to the appropriate level; and/or
- because **You** have become a **Non-Smoker** since the **Commencement Date**, **We** will on receipt of a suitable signed declaration reduce **Your** future **Premium** payments to the appropriate level. **We** will not refund any **Premium** overpaid for any period prior to receipt of the signed declaration.

## 6. Changing the cover

---

**You** are able to change **Your** cover from one category to the other, i.e. between Gender Specific and Complete body cover, at any time during the life of **Your Policy**. The categories of cover can be found under ‘Eligibility - The cover’.

**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**.

### If we want to change the Policy

**We** may change the **Policy**;

- a. where required for legal, regulatory or taxation reasons; and/or
- b. to reflect new industry guidance and codes of practice; and/or
- c. to reflect relevant cost increases or reductions associated with providing this cover.

If this happens, **We** will write to **You** with details of the changes at least 30 days before **We** make them. Any changes **We** make will be the same for all **Policies** issued under this Plan **We** will not make changes to cover that only apply to **Your Policy**.

## 7. Cancellation

---

- a. **We** may cancel **Your** cover immediately if **You** make a dishonest claim. **We** will not pay for dishonest claims.

If **We** want to cancel **Your Policy**, **We** will write to **You** at the latest address **We** have for **You**. **We** will then cancel the **Policy** 30 days after the date of **Our** letter. **We** will not cancel **Your** cover solely because of the number of unsuccessful claims **You** presented.

- b. If for any reason, **You** are not satisfied with this **Policy**, **You** may, within 30 days of the

**Commencement Date**, contact **Us** at the address details below and **We** will cancel the cover. If this happens **We** will refund any **Premium You** have paid.

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

Chubb Customer Service  
Department  
200 Broomielaw  
Glasgow  
G1 4RU  
T 0345 045 0132  
E 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.

## 8. Dual insurance

**You** should not be covered under more than one **Policy** issued under this Plan. If **You** are covered under more than one **Policy**:

- **We** will consider **You** to be insured under the **Policy** which provides the highest benefits; or
- if the benefits are the same **We** will consider **You** to be insured under the **Policy** which was issued first.

In any case, **We** will refund the **Premium** paid under the **Policy** which is not giving cover and issue an amended **Policy Schedule** showing the correct details.

Other than as provided above, **We** will pay the **Benefit Amount** under this **Policy** in addition to any other insurance benefit to which **You** may be entitled.

## 9. Interest

No sum payable by **Us** under this **Policy** shall carry interest unless payment has been unreasonably delayed by **Us** following receipt of all the required certificates, information and evidence necessary to support the claim. Where interest becomes payable by **Us**, it will be calculated only from the date of final receipt of such certificates, information or evidence.

## Choice of Law

This **Policy**, consisting of this Policy Provisions Document, the **Policy Schedule** and the signed Application Form, shall be governed and construed in accordance with the Laws of England and Wales and the English Courts alone shall have jurisdiction in any dispute; unless **You** live in Scotland and Northern Ireland in which case **You** will be entitled to commence legal proceedings in their local courts.

Communication of and in connection with this **Policy** shall be in the English language.

**Assignment**

The benefits under this **Policy** may not be assigned by **You**. **We** will not be bound to accept or be affected by any notice or any trust, charge, lien, purported assignment or other dealing with or relating to this **Policy**.

**Third parties**

**You** and **We** have agreed that it is not intended for any third party to have the right to enforce the terms of this contract. **You** and **We** can rescind or vary the terms of this contract without the consent of any third party to this contract, who might seek to assert that they have rights under Contracts (Right of third parties) Act 1999

**Other taxes and costs**

**We** are required to notify **You** that other taxes or costs may exist which are not imposed or charged by **Us**.

# Prudential Regulation Authority and Financial Conduct Authority

## Complaints procedures

**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. **Our** contact details are:

The Customer Relations Manager  
Chubb  
PO Box 4509  
Dunstable  
LU5 9PY  
T 0345 045 0132  
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 **Policy**.

ACE European Group Limited, a Chubb company Registered in England and Wales No. 1112892 with registered office at 100 Leadenhall Street, London, EC3A 3BP. ACE European Group Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registration number FRN Number 202803. Full details can be found on the Financial Services Register by visiting [www.register.fca.org.uk](http://www.register.fca.org.uk) or by contacting the FCA on 0800 111 6768 (Calls are free from a UK landline or mobile).

## Financial Services Compensation Scheme

**We** are covered by the Financial Services Compensation Scheme (FSCS). If **We** can't meet **Our** obligations **You** may be entitled to compensation under the scheme. For this type of **Policy** the scheme covers 90% of any claim with no upper limit. The FSCS contact details are:

Financial Services Compensation  
Scheme  
10th Floor  
Beaufort House  
15 St Botolph Street  
London  
EC3A 7QU  
T 0800 678 1100 or 020 7741 4100  
F 020 7741 4101  
[www.fscs.org.uk](http://www.fscs.org.uk)

**We** will use information about **You** for the purposes of providing **You** with insurance services and additional products and services. **We** accept fully **Our** responsibility to protect the privacy of customers and the confidentiality and security of information entrusted to **Us**.

## Data protection

ACE European Group Limited, a Chubb company (hereafter "**We, Us, Our, Chubb**") is the data controller (as defined in the Data Protection Act 1998) and **We** accept fully **Our** responsibility to protect the privacy of customers and the confidentiality and security of Personal Information entrusted to **Us**.

In this notice, where **We** refer to Personal Information, this means any information that identifies an individual and includes any sensitive personal information (e.g. information about health or medical condition(s)).

Where **We** refer to '**You**' or '**Your**' Personal Information, this will include any information that identifies another person whose information **You** have provided to **Us** (as **We** will assume that they have appointed **You** to act for them). **You** agree to receive on their behalf any data protection notices from **Us**.

**We** will use **Your** Personal Information for the purpose of providing insurance services. By providing Personal Information, **You** consent that **Your** Personal Information, will be used by **Us, Our** group companies\*, **Our** reinsurers, **Our** service providers/ business partners, and **Our** agents for administration, customer service, claims handling, assistance services, customer profiling, and for management and audit of **Our** business operations. **We** may also pass **Your** Personal Information to other insurers and regulatory and law enforcement bodies for the prevention of fraud,

financial crime or where the law requires **Us** to do so. **We** will not share **Your** Personal Information which is sensitive personal data (as defined in the Data Protection Act 1998) unless **We** have either specific consent from **You** or **Your** nominated personal representative or **We** are required to do so by law.

**We** may transfer **Your** Personal Information to countries outside the EEA which may not have the same level of data protection as in the UK, but if **We** do, **We** will ensure appropriate safeguards are put in place to protect **Your** Personal Information.

If **You** ask **Us**, **We** will tell **You** what Personal Information **We** hold about **You** and provide it to **You** in accordance with applicable law. **We** are permitted to charge a fee of £10 for this. Any Personal Information which is found to be incorrect will be corrected promptly. **We** may monitor and/or record **Your** communication with **Us** either ourselves or using reputable organisations selected by **Us**, to ensure consistent servicing levels and account operation. **We** will keep information about **You** only for so long as it is appropriate.

For questions regarding **Your** Personal Information, please contact:

The Customer Services Manager  
Chubb Claims and Customer Service  
Centre  
200 Broomielaw  
Glasgow  
G1 4RU  
T 0345 841 0056  
E [cust.servuk@chubb.com](mailto:cust.servuk@chubb.com)

\* The Chubb Group of companies includes ACE European Group Limited and ACE Europe Life Limited - insurance companies registered in the United Kingdom, and wholly owned subsidiaries of ultimate parent company Chubb Limited, a company registered in Switzerland and listed on the New York Stock Exchange.

## Best Doctors® - advice and assistance services

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

### **World-leading medical expertise at your fingertips**

---

Best Doctors connects people with the world's top doctors, providing an in- depth, independent and expert review of their pathology, diagnosis and treatment options. The experts take the time to examine every piece of a person's medical history and then apply their expertise in the patient's particular condition to ensure members have the answers needed to make informed decisions about their condition and treatment.

Only experts selected by other doctors as the very best in their fields of oncology are included in the unique Best Doctors database. With over 5,000 cancer experts from around the world, members have complete peace of mind that they are getting the very best information and advice about their condition and treatment.

Since its foundation in 1989, Best Doctors has grown into a global organisation that cares for over 30 million people in 30 countries.

### **InterConsultation™**

---

The medical second opinion service provided by Best Doctors. Best Doctors delivers a written report (InterConsultation Report) based on an analysis of a condition by a physician whose skills are appropriate for the case. The report is based on original diagnostics and case notes that Best Doctors collects on **Your** behalf and delivers directly to **Your** home.

### **FindBestCare®**

---

A service for patients who choose to be treated outside of the **United Kingdom** and Ireland, whereby Best Doctors (where possible), on **Your** behalf, makes appointments with medical providers, organizes all details regarding medical treatment, including arranging hospital admission, physician appointments, hotel accommodation, transportation, and customer service. Best Doctors further provides medical case monitoring to oversee the appropriateness of medical care. In addition, Best Doctors handles the processing and payment of medical claims, including ensuring that the billing is appropriate, free of duplication, error and abuse, and that discounts are obtained through Best

Doctors' contractual arrangements with providers of medical services. FindBestCare is not available for treatment in the **United Kingdom**. **You** are responsible for costs incurred using this service.

### **FindBestDoc™**

---

A nurse-assisted service whereby Best Doctors matches **You** with up to three physicians included in the Best Doctors database who are suited to perform medical treatment for **Your** condition. Best Doctors delivers a FindBestDoc Report detailing the information regarding the physicians, and provides assistance with coordinating appointments.

Please note that whilst **We** take every care in selecting a business partner to provide assistance services, **We** cannot accept responsibility for any advice given or information provided by them.

## Glossary

The following explanatory notes should help with some of the terms used in this **Policy**. They are not definitions, and do not form part of the contract.

### **Binet Stage**

A system of grading chronic lymphocytic leukaemia (CLL). Binet Staging classifies CLL into three stages (“A” to “C”) according to the number of areas where lymphoid tissues are involved (the four possible areas being the spleen and the lymph nodes of the neck, groin, and underarms), as well as the presence of anaemia (low red blood cell count) or thrombocytopenia (low number of blood platelets).

### **Borderline malignancy**

Pre-malignant cells that form in the tissue covering the organ and have not invaded the adjacent tissue.

### **Cancer in situ**

An early stage tumour without local invasion - abnormal cells that remain in the place where they first formed and have not spread.

### **Chronic lymphocytic leukaemia**

Chronic lymphocytic leukaemia (CLL) is the most common type of leukaemia in North America and Europe. It rarely affects people under the age of 50.

### **CIN**

Cervical intraepithelial neoplasia.

- CIN-1 Low grade or mildly abnormal cervical cell changes.
- CIN-2 and CIN-3 High grade abnormal cervical cell changes.

### **Essential thrombocythaemia**

A rare, chronic blood disorder

characterised by the overproduction of platelets in the bone marrow. In some cases this may evolve into a form of leukaemia.

### **Epidermis**

The outer layer of skin.

### **Genetically related Cancer**

**Cancer** caused by an inherited **Cancer** gene.

### **Gleason score**

A system of grading prostate cancer. The Gleason grading system assigns a grade to each of the two largest areas of **Cancer** in the tissue samples.

Grades range from 1 to 5, with 1 being the least aggressive and 5 the most aggressive. The two grades are then added together to produce a Gleason score. A score from 2 to 4 is considered low grade; 5 to 7, intermediate grade; and 8 to 10, high grade.

### **Histologically**

The appearance of the **Cancer** under the microscope which leads to its diagnosis and, additionally, gives information on its differentiation or grading (how aggressive it may be).

### **Invasion**

The occurrence of malignant/ cancerous cells that have spread into surrounding healthy tissue (as opposed to cancer in situ).

### **Invasive malignant melanoma**

A malignant melanoma which has progressed beyond the point of being confined to the epidermis (the outermost layer of skin).

## **Leukaemia**

**Cancer** of the blood or bone marrow.

## **Low grade squamous intraepithelial lesion (SIL)**

Changes thought to be just starting in the abnormal growth of cells on the outer part of the surface of the cervix.

## **Low malignant potential**

Pre-malignant cells that form in the tissue covering the organ and have not invaded the adjacent tissue.

## **Lymphogranulomatosis**

Cancerous inflammation of tissues in the lymphatic system.

## **Lymphoma**

**Cancer** of the lymphatic system which is a system of thin tubes that runs throughout the body, including lymph nodes in the armpits, groin, abdomen, pelvis and neck. The lymphatic system also includes the spleen, thymus, tonsils and adenoids. A lymphoma can develop almost anywhere in the body as the lymphatic system runs throughout the body.

## **Malignant tumour**

A tumour that is not limited in its growth, can invade adjacent tissues, and may be capable of spreading to distant tissues.

## **Melanoma**

The most serious type of skin cancer.

## **Non-invasive**

Malignant/cancerous cells that have not spread into surrounding healthy cells or tissue.

## **Polycythaemia rubra vera**

An excess of red blood cells produced

as a result of an abnormality of the bone marrow. Transformation to acute leukaemia is possible but rare.

## **Pre-cancerous**

A pre-cancerous (or pre-malignant) condition is a condition that, if left untreated, may lead to **Cancer**.

## **Pre-malignant**

A pre-malignant (or pre-cancerous) condition is a condition that, if left untreated, may lead to **Cancer**.

## **Sarcoma**

**Cancers** that develop from the cells that make up soft tissue anywhere in the body. Soft tissues includes fat, muscles, blood vessels, deep skin tissues, nerves, tendons and ligaments, tissues around joints (synovial tissues).

## **TNM classification**

An internationally recognised standardised method of staging **Cancers**. Broadly, the three parts of the system relate to:

- **T Tumour** - a scale of 0 to 4 is used to record details about the primary tumour. T0 means there is no evidence of a primary tumour, T1 to T4 shows the size and extent of spread of the primary tumour. 'Tis' may be used for cancer in situ.
- **N Nodes** - a scale of 0 to 3 is used to record the extent of spread to the regional lymph nodes. N0 means the lymph nodes are not involved, N1 to N3 shows the extent of the involvement.
- **M Metastases** - either M0 or M1, the latter indicating metastases (more distant spread of the **Cancer**).



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

ACE has acquired Chubb, creating a global insurance leader operating under the renowned Chubb name. ACE European Group Limited registered in England & Wales number 1112892 with registered office at 100 Leadenhall Street, London EC3A 3BP, authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.