



NPA Insurance Limited Locum Annual Insurance Cover

Policy Summary

The information below is only a summary of your insurance and does not contain the full policy terms and conditions. Please read the policy document for full details of the cover provided. Section 1 'Meaning of Words' contains a full list of words that have special meaning and which are fully explained. Please make sure that the Policy Option you have selected meets your demands and needs.

1 Who provides your insurance policy?

The insurance for hospitalisation cover is provided by Financial Insurance Company Limited.

The insurance for accident and sickness cover is provided by Financial Insurance Company Limited.

Financial Insurance Company Limited is limited by shares and their registered offices are Building 11, Chiswick Park, Chiswick High Road, London, W4 5XR.

Financial Insurance Company Limited is authorised and regulated by the Financial Services Authority and their FSA registered number is 202639.

2 What does my policy cover me for?

Your annual Locum Cover Insurance is designed to provide you with cover following hospitalisation or accident and sickness (depending on the Policy Option you have selected and which is confirmed in your policy schedule) which results in you suffering total disability within the 12 month policy duration, and which requires you to employ a locum to resume the day-to-day running of your practice in your absence from work.

The following Policy Options are referred to in this document:

Policy Option 1 – Hospitalisation Cover

Policy Option 2 – Accident & Sickness Cover

Please refer to your Locum Policy Schedule for confirmation of the Policy Option you have selected.

You can select to have either Hospitalisation Cover or Accident & Sickness Cover. You cannot opt for both policies to run at the same time.

3 Who is eligible for this insurance?

The eligibility criteria set out below applies to you if you have selected either Policy Option 1 for Hospitalisation Cover or you have selected Policy Option 2 for Accident and Sickness Cover.

This insurance will cover you for a period of 12 consecutive months between the start date and the end date of the insurance. This is classed as the period of insurance. These dates are confirmed in your schedule of insurance which the NPA Insurance Limited will provide to you when you take out this insurance and which is defined in the policy document as your "period of insurance".

At the start date of your period of insurance, and at every renewal date, you must meet the following qualifying conditions:

- You are working in the United Kingdom as a pharmacist in a pharmacy which you own;
- You are aged over 18 years of age and under 65 years of age;

- You are a member of the National Pharmacy Association.

4 How long am I covered for?

You will be covered for Hospitalisation Cover or for Accident and Sickness Cover (depending on the Policy Option you have selected and which is confirmed in your schedule) and you have paid the appropriate premium for either Hospitalisation Cover or Accident and Sickness Cover.

All cover under your policy will end and all benefits will stop automatically at the earliest of the following:

- When you reach 65 years of age;
- When you retire from practicing;
- If you die;
- When you policy is cancelled by us or by you in writing;
- The end date of your policy is reached. This is the end date shown in your schedule which NPA Insurance Limited provided to you.
- When you leave the practice as you have sold it or you have retired from practicing as a pharmacist;
- When you miss paying three premiums in a row if you pay your premium monthly; or
- You fail to pay, upon request, your annual premium.

Renewing your locum cover policy

Your locum policy is an annual policy. This means it will cover you for 12 consecutive months from the start date, which is the earliest of either the date we accept your application for insurance or the date on which you receive your policy document. This date is confirmed in your policy schedule. Four weeks before your policy reaches its annual renewal date NPA Insurance Limited will write to you informing you that your policy is due to end and will give you the option to renew your policy. The renewal notice that NPA Insurance Limited will send to you will inform you of the amount of premium required to be paid by you for the cover you have opted for, and will include a recommendation that you review your individual circumstances to ensure that the benefits of the locum policy continue to meet your demands and needs.

If you pay your premium by direct debit and you decide to renew your policy for a further 12 consecutive months, you will not be required to do anything at the renewal date as your policy will automatically renew and NPA Insurance Limited will send you a new schedule of insurance detailing your renewed cover.

If you pay your premium as a one off annual payment equal to 12 monthly premium payments, you can renew your cover by completing the payment options form and sending it to the following address and NPA Insurance Limited will send you a new schedule of insurance detailing your renewed cover:

NPA Insurance Limited
Customer Services Centre
P.O Box 530
Wakefield
WF1 9DL
Telephone: 0800 496 0426

If upon receiving the renewal notice you decide not to renew your policy, please contact NPA Insurance Ltd as soon as possible on 0800 496 0426 and NPA Insurance Ltd will ensure that your policy is cancelled and they will write to you confirming the cancellation.

If you decide to renew your policy there is no exclusion period applicable under the renewed policy unless you have received the maximum benefit.

If you have any enquiries regarding the premium that you pay, please contact NPA Insurance Limited on 0800 496 0426.

5 What are the significant features and benefits of this insurance policy?

Throughout this policy summary we may refer to words that have a special meaning and which are defined for you in the policy document under Section 1 – Meaning of Words. Please refer to both the summary of cover and the policy document to understand the benefits, features, exclusions and limitations of the insurance cover applicable to you.

Hospitalisation Cover

This cover applies if you have selected Policy Option 1 to cover you for Hospitalisation Cover, and this is the cover that is confirmed in your policy schedule, and you have paid the appropriate premium for Hospitalisation Cover.

After the exclusion period has passed we will cover you against locum costs you incur if, during the period of insurance you are hospitalised as a result of total disablement.

The amount of benefit payable to you in respect of any period of total disablement shall be the lower of the following:

- The amount specified as the level of benefit in the locum policy schedule; or
- The locum costs actually incurred by you.

All benefits payable under any claim for hospitalisation will stop automatically at the earliest of the following:

- If you fail to provide us with evidence of your continuing hospitalisation; or
- The end date of your policy, as shown in your schedule, is reached. Any valid claims that are being paid by us and which started during the period of insurance will continue to be paid by us beyond the end date of your policy, up to the earliest of either the day you return to work or when we have paid the maximum period of 18 days in aggregate for any one claim. This is confirmed in your policy document in Section 8D);
- We have paid you a maximum period of 18 days in aggregate during a 12 month policy period of hospitalisation.

The maximum benefit we will pay you during a valid claim for total disablement as a result of hospitalisation is £250 per day, up to a maximum of 18 days in aggregate during a 12-month policy period.

If benefit has been paid to you for the 18 days in aggregate during a 12-month policy period, you will have received the maximum benefit you are entitled to for that particular claim. You will only be able to submit a new claim for total disablement as a result of hospitalisation once you have renewed your policy at the expiry of the 12 month policy period. The excess period will then apply to any new claim that you may make under the renewed policy.

For full details of the benefits and features of this cover, please see section 3A of the policy document.

Accident and Sickness Cover

This cover applies if you have selected Policy Option 2 to cover you for Accident and Sickness Cover, and this is the cover that is confirmed in your policy schedule, and you have paid the appropriate premium for Accident and Sickness Cover.

After the exclusion period has passed, we will cover you against locum costs you incur if, during the period of insurance, you sustain total disablement as a result of an accident or sickness.

The amount of benefit payable to you in respect of any total disablement shall be the lower of the following:

- The amount specified as the level of benefit in the locum policy schedule; or
- The locum costs actually incurred by you.

All benefits payable under any claim for accident or sickness will stop automatically at the earliest of the following:

- If you fail to provide us with evidence of your continuing accident or sickness; or
- The end date of your policy, as shown in your schedule, is reached. Any valid claims that are being paid by us and which started during the period of insurance will continue to be paid by us beyond the end date of your policy, up to the earliest of either the day you return to work or when we have paid the maximum period of 18 days in aggregate for any one claim. This is confirmed in your policy document in Section 8D); or
- We have paid you a maximum period of 18 days in aggregate during a 12 month policy period. .

The maximum benefit we will pay you during a valid claim for total disablement as a result of an accident or sickness is £250 per day, up to a maximum of 18 days in aggregate during a 12-month policy period.

If benefit has been paid to you for the 18 days in aggregate during a 12-month policy period, you will have received the maximum benefit you are entitled to for that particular claim. You will only be able to submit a new claim for total disablement as a result of accident and sickness once you have renewed your policy at the expiry of the 12-month policy period. The excess period will then apply to any new claim that you may make under the renewed policy.

For full details of the benefits and features of this cover, please see section 4A of the policy document.

6 What are the significant or unusual exclusions and limitations of this policy?

As with most insurance policies, exclusions and limitations apply. The list below is not a complete list, but highlights the main exclusions and limitations you should be aware of. Please read the policy document for full details of the exclusions and limitations that apply to you.

Hospitalisation Cover

We will not pay you hospitalisation benefit:

- For any period of total disablement that lasts for more than the maximum period specified in the locum policy schedule
- If the period of total disablement does not continue beyond the excess period
- For any pre-existing condition; this is any condition, sickness, injury, disease or related condition or symptoms which you knew about or should reasonably have known about at the start date, or had seen or arranged to see a doctor about during the 24 months immediately before the start date. Claims will be accepted if you have not had any symptoms and have not consulted a doctor or received treatment for the condition in the 24 months before the claim (if you have had appointments to see a doctor within this period and these were not kept, the exclusion will apply unless you have been formally discharged).
- Any psychiatric illness or mental disorders, including stress and stress-related conditions unless certified by and under the care of an appropriate specialist;
- For total disablement commencing during the excess period; this is the period commencing on the first day of total disablement due to hospitalisation and lasting for 1 complete day. No benefit is payable for this period.
- If the total disablement by disease or disorder or arises from, is traceable to or is caused by any gradually developing bodily deterioration, whatever the cause of that deterioration.
- For any period of total disablement not covered by a locum.
- Any elective surgical procedure; this is a procedure which is not medically necessary to maintain your quality of life and is carried out solely at your request, including beauty and cosmetic treatment; or
- Backache or related conditions, unless there is supporting medical evidence. This evidence may be a report from a specialist consultant. In either case, an MRI, CT scan or equivalent will be needed.

Please see section 3B of the policy document for full details of exclusions under this cover.

Accident and Sickness Cover

We will not pay you accident or sickness benefit:

- For any period of total disablement that lasts for more than the maximum period specified in the locum policy schedule
- If the period of total disablement does not continue beyond the excess period
- For any pre-existing condition; this is any condition, sickness, injury, disease or related condition or symptoms which you knew about or should reasonably have known about at the start date, or had seen or arranged to see a doctor about during the 24 months immediately before the start date. Claims will be accepted if you have not had any symptoms and have not consulted a doctor or received treatment for the condition in the 24 months before the claim (if you have had appointments to see a doctor within this period and these were not kept, the exclusion will apply unless you have been formally discharged).
- Any psychiatric illness or mental disorders, including stress and stress-related conditions, unless certified by and under the care of an appropriate specialist;

- For total disablement commencing during the excess period; this is the period commencing on the first day of total disablement due to hospitalisation and lasting for 3 complete days. No benefit is payable for this period.
- If the total disablement by disease or disorder or arises from, is traceable to or is caused by any gradually developing bodily deterioration, whatever the cause of that deterioration.
- For any period of total disablement not covered by a locum.
- Any elective surgical procedure; this is a procedure which is not medically necessary to maintain your quality of life and is carried out solely at your request, including beauty and cosmetic treatment; or
- Backache or related conditions, unless there is supporting medical evidence. This evidence may be a report from a specialist consultant. In either case, an MRI, CT scan or equivalent will be needed.

Please see section 4B of the policy document for full details of exclusions under this cover.

7 Your circumstances – keeping us informed

Your cover may be affected if your personal circumstances change. To make sure this policy continues to meet your needs, please regularly review your circumstances. Please contact:

NPA Insurance Limited
Customer Services Centre
P.O.Box 530,
Wakefield
WF1 9DL

Telephone: 0800 496 0426 if you need to make any changes to your policy cover, quoting your policy number.

8 Cancellation Rights

We reserve the right to cancel the policy if you have made untrue statements, acted fraudulently or failed to disclose any material fact in connection with the issue of the policy, its continuance or any claim.

By material fact we mean any information which would have influenced:

- Our assessment and acceptance of your application to take out this policy
- Our decision to continue the policy
- Our decision to pay a claim

To cancel your policy please write to NPA Insurance Limited within 30 days of the start date and NPA Insurance Limited will refund any premium you have paid, as long as you have not made a claim. After that your policy may only be cancelled by you or by us, as the underwriter and insurer by giving 30 days notice in writing.

NPA Insurance Limited
Customer Services Centre
P.O Box 530
Wakefield
WF1 9DL

Telephone: 0800 496 0426.

If you pay an annual premium for this insurance and you cancel your policy after the first 30 days, NPA Insurance Limited will offer you a pro-rata refund of premium.

9 What to do if you want to make a claim

Customer service is very important to us and we aim to provide a high level of service at all times and to handle your claim quickly and fairly, and to settle claims within the shortest possible time.

1. If you need to make a claim, you can request a claim form by phoning 0870 400 4763 or by contacting the underwriter and insurer of this insurance, Financial Insurance Company Limited, at Building 11, Chiswick Park, Chiswick High Road, London, W4 5XR. To help us assess our service, we record and monitor phone calls.

2. Please ensure that you place yourself under the care of a duly qualified Registered Medical Practitioner whose advice is followed.
3. Please return your claim form to us, the insurer, Financial Insurance Company Limited, fully completed together with a copy of the Registered Medical Practitioners notes detailing your period of absence from work.
4. Please also send us a copy of the Locum's invoice to you as evidence of the work undertaken by them in your absence.
5. In addition to the Locum's invoice, please send us confirmation of payment made by you to the Locum for the work undertaken as evidence of the costs incurred by you in employing a locum.
6. All reports, certificates and information required by **us** must be furnished without expense to us.
7. We may ask you to attend a medical examination to help us validate your claim. If this happens, we will pay the cost of the examination and we will also reimburse you any costs (such as travel costs) that you may incur in attending an examination,
8. In relation to any claim, we may request that a representative visit you at any reasonable time to allow us to validate your claim. Benefit will not be payable for any claim if you fail to co-operate in this respect.
9. After you have sent us your claim form we will process your claim and if we need more information from you or a third party, we will write and explain this to you. We will then write and tell you if we have accepted or rejected your claim.

What happens if you are claiming when your policy is due to renew?

If you submit a valid claim with us for either hospitalisation or accident and sickness (depending on the Policy Option you have selected) and this period of claim commences near the end of a 12 month policy period, you can claim up to the maximum of 18 days in aggregate, even if the claim episode continues into a new policy period.

If your policy renews during a period of total disablement, and the disability causing the further period of total disablement is the same as the first disability, there is no re-qualification period and you can claim straight away.

If your policy renews during a period of total disablement, and the disability causing the further period of total disablement is different to the first disability, then the following re-qualification periods will apply:

- 1 day re-qualification for hospitalisation cover; and
- 3 days re-qualification for accident and sickness cover

We will not pay you any benefit during any re-qualification periods.

Full details on making more than one claim during the period of insurance can be found in Section 8 – Customer Care of the policy document.

Claims are administered by Financial Insurance Group Services Limited, the service company for Genworth Financial.

Genworth Financial is the trading name for Financial Insurance Company Limited and Financial Insurance Group Services Limited.

10 What to do if you want to make a complaint

Customer service is very important to us and our aim is to give a first-class service at all times. We realise that things can go wrong and there may occasions when you feel that we have not provided you with the service that you were expecting. When that happens, we want to hear about it so we can put things right.

If you have any enquiry or complaint about your policy or claim, please contact:

**Consumer Affairs Department
Financial Insurance Company Limited**

**Building 11
Chiswick Park
Chiswick High Road
London
W4 5XR.**

Phone: 0870 400 4870.

If you have an enquiry or complaint about how your policy was sold to you, or if you have any other type of enquiry or complaint, please contact:

NPA Insurance Limited
Customer Services Centre
P.O.Box 530,
Wakefield
WF1 9DL
Telephone: 0845 080 1800

If you are still not happy or the problem has not been sorted out to your satisfaction, you may refer it to:

**The Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London
E14 9SR.**

Phone: 0845 080 1800

If you complain, it will not affect your legal rights.

11 Financial Services Compensation Scheme

We are covered by the Financial Services Compensation Scheme. You may be entitled to compensation from the scheme if we cannot meet our financial responsibilities. This depends on the type of business and the circumstances of the claim. Insurance advising and arranging is covered for 100% of the first £2,000 and 90% of the rest of the claim, without any upper limits. You can get more information about compensation scheme arrangements from the FSCS at www.fscs.gov.uk or by phoning 0207 892 7300.