



Hospital Cash Plan Insurance Policy Summary

This is a summary of Hospital Cash Plan Insurance and does not contain the full terms and conditions of the cover which can be found in the policy booklet and policy schedule. It is important that you read the policy documentation carefully when you receive it.

A policy booklet will be issued when you take out this insurance; however a copy is available on request or can be viewed online at www.aviva.co.uk. For more information please call our customer helpline on 0800 158 3993.

Who is the insurer?

Aviva Insurance Limited.

What is Hospital Cash Plan Insurance?

Hospital Cash Plan Insurance is designed to provide a daily financial benefit if an injury or illness results in a stay in a UK hospital as an inpatient.

Who can take out this insurance?

As long as you are aged between 18 and 65 and your main private residence is in the UK, you are eligible for Hospital Cash Plan Insurance. You can choose to include your partner if they are aged between 18 and 65 and they live and share financial responsibility with you, and/or your children between 6 months and 20 years of age provided their main private residence is with you or their other parent in the UK.

What are the benefits and features of Hospital Cash Plan Insurance?

This insurance pays a £50 benefit for every 24-hour period a person covered under this insurance is hospitalised in the UK for treatment which is medically necessary up to a maximum amount payable overall of £18,000 per person covered under this insurance.

What are the significant and unusual exclusions?

Insurance is intended to protect you from the unexpected, for this reason some situations are excluded. The following is a list of the most significant exclusions and limitations of this insurance. A full list of all exclusions can be found in the 'Your Hospital Cash Plan Insurance cover' section in the policy booklet.

- this insurance does not cover any hospitalisation for an illness, sickness or disease that a person covered under this insurance knew about, or was awaiting diagnosis of, in the 24 months immediately prior to the day your insurance starts.

This exclusion will not apply when a person covered under this insurance has been without treatment for the illness, sickness or disease for a continuous period of 24 months after the start of your insurance;

- there is no cover for any hospital stay which results from the insured person's:
 - attempted suicide or deliberate self inflicted injury;
 - cosmetic surgery or any other treatment which a doctor does not confirm is medically necessary;
 - dangerous or careless driving/riding-on of any vehicle or driving/riding-on any vehicle above the legal speed limit of the country in which the accident occurs;
 - driving/riding-on any vehicle while their alcohol or drug level is higher than the legal limit of the country in which the accident occurs;

- misuse or consumption of drugs;
- participation in, practice or training for any sport as a professional sportsperson;
- we will not pay any claim for hospitalisation in a psychiatric ward, nursing, convalescent or residential care home, rehabilitation centre, or any establishment used primarily for the treatment of alcohol or drug addiction; or any similar wards/units within a hospital which provide any of these services.

How long does my Hospital Cash Plan Insurance run for?

Your cover starts immediately and it will continue until your 65th birthday as long as you pay the premium unless you move abroad or it is cancelled by either you or us. For more information please see the 'When this insurance will end' section of the policy booklet.

You do not have to renew this insurance. We will write to you periodically to remind you of the benefits of this insurance. You should review your circumstances on a regular basis and consider whether this insurance still meets your needs.

What happens if I take out cover and then change my mind?

You can cancel this insurance any time by calling 0800 158 3993.

If you call us within 14 days from the day of purchase or the day on which you receive your policy documentation (whichever is the later) we will return any premium you have paid, providing you have not made a claim. At any other time, we will cancel your insurance at the end of the period for which you've paid the premium.

If we need to cancel this insurance we will write to you giving at least 45 days notice explaining the reason why.

How do I make a claim?

Call us on 0800 051 5175 between 9.00am and 5.00pm Monday to Friday (excluding public and bank holidays). Calls may be recorded and/or monitored.

Alternatively, you can email us at: hcpamoa@aviva.co.uk.

How do I make a complaint?

We hope that you will be very happy with the service we provide. However, if for any reason you are unhappy with it, we would like to hear from you. In the first instance, telephone us on 0800 051 5175 or write to Aviva, PO Box 3553, Norwich, NR1 3DA. We are covered by the Financial Ombudsman Service. If you have complained to us and we have been unable to resolve your complaint, you may refer it to this independent body. Following the complaints procedure does not affect your right to take legal action.

Would I receive compensation if Aviva were unable to meet its liabilities?

We are members of the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from this scheme if we cannot meet our obligations, depending on the type of insurance and the circumstances of your claim.



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