

Important information about our insurance services.

March 2009

Large print guides are
available upon request



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FS 28452



BS 25999
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ISO 14001
EMS 505226



wpa.org.uk

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WPA – Our Services to You

WPA has a history of over 100 years of helping our policyholders fund the very best healthcare and is committed to providing excellent customer service.

We invite you to use the information in this booklet to assist you when deciding if our services are right for you, in accordance with Financial Services Authority (FSA) requirements. The FSA is the independent regulator of financial services in the UK.

1. Regulation

WPA is a company registered in England number 475557. Our registered office is at Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE. We are authorised and regulated by the FSA. We are authorised to arrange and underwrite general insurance contracts. Our FSA registration number is 202608. Our authorisation can be checked at www.fsa.gov.uk/register WPA promotes its policies through distribution channels which include FSA registered Appointed Representatives.

2. Ownership

WPA is a company limited by guarantee with no shareholders.

3. The policies we offer

We offer only our own medical insurance, dental insurance and cash plans. Some of the benefits we offer are provided in conjunction with assistance companies (eg overseas repatriation). Our policies can be renewed annually.

4. The service we will provide

We look to provide all the information you need to choose a policy appropriate for your needs.

If you require advice or a recommendation please contact your independent financial adviser (IFA) or contact WPA on 0800 783 3 783. We can advise you on our range of medical insurance and cash plans, but not those of other companies. All our staff and Appointed Representatives receive full and ongoing training in their role. In the course of their discussions with you our staff/Appointed Representatives will discuss whether we can offer appropriate policies and services to meet your needs. You will be sent a letter/ Customer Needs Questionnaire confirming any recommendations we make.

5. No fees

You will not be charged any fees by WPA for arranging cover.

6. Policy details

Full details of our policies are set out in our range of insurance policy guides. These are available on request, or from our website at wpa.org.uk, and include details about what is covered, exclusions and information regarding cancellation, claims-handling and how to make a complaint.

7. Complaints

All complaints are carefully investigated. Our complaints handling process is outlined on page 4 overleaf.

Treating Customers Fairly

As a company authorised and regulated by the FSA we are fully committed to the Treating Customers Fairly (TCF) initiative.

We at WPA have always treated our customers as we would expect to be treated ourselves. The FSA has defined 6 outcomes which they want TCF to achieve for consumers.

How we deal with you will be directly in accordance with the TCF outcomes and so;

- You can be confident that when dealing with WPA the fair treatment of our customers is central to our corporate culture;
- The products and services we market and sell are designed to meet the needs of identified consumer groups and are targeted accordingly;
- We will provide our customers with clear information and will keep them appropriately informed before, during and after the point of sale;
- When we give advice, the advice that we give will be suitable and will take into account our customers' circumstances;
- Our customers will only be provided with products and any associated services that perform as we lead them to expect and will be of an acceptable standard;
- We will not place barriers in the way of our customers should they wish to change product, switch insurer, submit a claim or make a complaint..

You can judge us by how well we deliver.

If you would like to find out more about Treating Customers Fairly and how it affects you please visit the FSA website at www.fsa.gov.uk.

WPA Standards of Service

We will:

- Make sure you receive all the documents you need;
- Make sure all the information we give you is clear, fair and not misleading;
- Protect any personal information or money we hold for you;
- Handle claims fairly and reasonably when we deal with you;
- Act fairly and reasonably when we deal with you;
- Handle complaints fairly and promptly.

Our standards of service are that we will:

- Process properly presented claims within seven (7) working days.

In addition:

- We promise that we will never cancel your plan or raise your premiums on the grounds that you have made too many claims.

Our team

We will:

- Listen to your needs and only recommend policies that suit you;
- Clearly explain the features and benefits of our policies as well as any exclusions or limitations;
- Clearly explain how your policy works, including how to make a claim, how to cancel and how to make a complaint;
- Provide you with a copy of the Appointed Representative's (member of our National Franchise Team) business card (if applicable), a brochure and a Customer Needs Questionnaire.

Key Information

What are my cancellation rights?

If you are not satisfied with your policy and the benefit it provides you have the right to cancel your policy provided you notify us within 14 days of receiving your policy documents. If you purchased your policy on-line you can cancel within 28 days of receiving your policy documents. If you do not exercise this right within the 14/28 day period then you are committed to the cover and the premium for the period for the rest of the cover period. Should you wish to cancel during the 14/28 day period, the address to write to is Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE. You must return your Certificate of Registration with your notice to cancel.

What happens at renewal?

Our policies are renewable annually. We will automatically offer you the chance to renew your policy and will send you the relevant information including any changes to the policy for the forthcoming year at least 21 days before the contract expires, unless you advise us otherwise.

What happens when I need to make a claim?

Full details of this are set out in 'A Guide to Your Policy'. You need to notify us of a claim before treatment either by visiting wpa.org.uk/claim or by phoning us on one of the numbers on page 8.

How do I make a complaint?

If you have a complaint you can write, e-mail or telephone the member of staff/Appointed Representative you have been dealing with and ask them to refer the matter to the appropriate level of management. The manager will then review your case and send you a decision letter. If you are not satisfied with this the Independent Review Team will

independently review your case. If at any stage you feel your complaint has not been satisfactorily resolved, please do not hesitate to contact the Director of Best Practice at WPA. We have a free leaflet, which explains our complaints procedure and we will be pleased to send you a copy if you ask for one.

Financial Ombudsman Service (FOS)

WPA is a member of the FOS. This provides an independent and impartial method of resolving complaints. The Ombudsman will need to know that you have given us the chance to put things right. If we are unable to resolve a complaint we will send you a leaflet setting out details of the service the FOS provides.

The Ombudsman's address is:

The Financial Ombudsman Service
South Quay Plaza, 183 Marsh Wall, London
E14 9SR
(Phone: 0845 080 1800)

The laws of England will apply in the event of any dispute.

Financial Services Compensation Scheme (FSCS)

WPA customers are covered by the FSCS which can provide entitlement to compensation to customers where an insurer cannot meet its obligations. Further information about compensation scheme arrangements is available from the FSCS (www.fscs.org.uk).

Enforcement of your policy

Your WPA policy can only be enforced by WPA and/or the policyholder. No rights of enforcement or any other rights are given to any third parties, including family member(s).

Other Useful Information

1. How we use information about you

We will hold and process your personal information in accordance with the Data Protection Act 1998.

To detect and prevent fraud or improper claims we may check your details with a fraud prevention agency/agencies. If you give us false or inaccurate information and we reasonably suspect fraud, we will record and investigate this. We work with other organisations including other insurers to pool information about applications or claims which are believed to be fraudulent. Where potential fraud is notified to us, or identified by us, we will investigate this.



We may use and disclose your information to provide our services, to administer your policy including underwriting, claims processing, assessment and analysis, to improve our services and to protect our interests.

We may share customer information, including medical information, in strict confidence, with other persons who provide a service to us, or act as agents, including our FSA registered Appointed Representatives and companies located outside the EEA.

We may also share medical information with those involved in a patient's care or treatment eg their GP, specialist, therapist.

We never share any information about customers with third parties for marketing purposes.

By becoming a WPA customer you are consenting to the use and disclosure of your data as set out above for both yourself and your family members.

Giving you information

We may advise you by letter, telephone, electronic mail or otherwise of services or products which we believe you may be interested in. If you do not wish to receive such information please tell us at any time.

You have a right to know what information we hold about you. We may request a small administration fee for supplying a copy of any personal information.

Communication

We may monitor any communication we have with you, including recording telephone conversations, to assist with the administration of your policy.

You should notify us of any changes to your personal information such as a change to your name or address to ensure your personal information is correct and up to date.

E-mails are a useful way for you to contact us and for us to communicate with you – but please remember that the e-mail address you give us must be secure and not accessible by anyone else (e.g. a work e-mail address).

2. Long term conditions (also called chronic conditions)

Introduction

Your policy is intended to cover short-term, not long-term, treatment of acute medical conditions which start after you have taken out your policy. An acute medical condition is defined by most medical insurers as 'a disease, illness or injury that is likely to respond quickly to treatment which aims to return you to the state of health you were in immediately before suffering the disease,

illness or injury, or which leads to your full recovery.'

Your policy is not intended to cover treatment for conditions that keep on coming back or need long term monitoring and management to suppress their effects. Examples include: diabetes, glaucoma, Alzheimer's disease, macular degeneration, ulcerative colitis, rheumatoid or juvenile arthritis and Crohn's disease.

We may provide cover for initial investigations needed to diagnose a new condition and the initial short term treatment up to the point of stabilisation – a period not exceeding 3 months. You should contact us in these circumstances for pre-approval. A chronic medical condition is commonly recognised as a disease, illness, or injury that has one or more of the following characteristics;

- It needs ongoing or long-term monitoring through consultations, examinations, checkups, and/or tests;
- It needs ongoing or long-term control or relief of symptoms;
- It requires your rehabilitation or for you to be specially trained to cope with it;
- It continues indefinitely;
- It has no known cure;
- It comes back or is likely to come back;
- It can only be contained by repetitive treatment or medication.

We will only decide that your condition is chronic once we have received a report from the doctor who is in charge of your treatment and taken that advice into account. We will give you time to make other arrangements for your future treatment, such as asking your doctor to transfer you to NHS care.

What does this mean in practice?

If your illness or medical condition requires recurring consultations over a long period (normally more than a year), checks on your medication or long term therapy or treatment to ease symptoms, your condition may have become chronic. If you are having therapy, such as osteopathy, physiotherapy or chiropractic treatment, we would normally consider treatment that has continued for more than 6 months to be long-term.

It may not always be clear when you first have your treatment that your condition may become chronic. We will try to let you know as soon as we are aware your claim is for a condition that may become chronic. However, the fact that we have paid for such treatment in the past does not mean that we are liable to continue to cover it.

So if your treatment has been ongoing for some time, or if it seems that it is intended to only manage your condition or keep your symptoms in check then we may need to review your condition with your doctor to establish whether or not it has, in fact, become chronic.

What happens next?

First, we will write to you and explain why we think your condition may have become chronic;

We will ask your permission to contact your specialist or GP who knows your particular circumstances. We will explain to them that we think your condition may have become chronic and ask whether we are correct and if not, why; Your doctor's reply will be put before our Medical Advisor if there is any doubt as to the decision we should make;

If we then feel that your condition has become chronic we will let you know, and give you time to make other arrangements for your continued treatment, such as asking your GP to transfer you to NHS care;

We will always take note of your particular circumstances and look at your case on an individual basis;

If we establish that your condition is not currently chronic, we may need to review it again, after a period of time. In this event we will advise you and your specialist when we will need an update on your condition.

What if my condition gets worse?

If your condition flares up again, we will cover further short-term treatment to stabilise it;

We will never limit your cover if you suddenly become dangerously ill; and

- we have paid for the condition in the past;
- general medical opinion supports further treatment and;
- your doctor(s) can confirm that the treatment will be likely to stabilise your condition so you can resume a normal life.

3. For our PMI policies that specifically cover cancer (not including cash plans such as Health Top-Up)

Your policy covers treatment which is given with curative intent for unexpected illnesses and accidents and has not been designed to cover long term management. But we want you to benefit from new developments in cancer care and recognise that it may take up to a year for some new treatments to be approved by the National Institute for Health and Clinical Excellence (NICE) for use in the NHS. We are particularly careful to ensure that we only fund licensed new drugs where there is published evidence that they will provide significant clinical benefit to you.

We will pay for active, established investigations and treatments in the UK for cancer, whether a new cancer or a recurrence of the original and you can have your treatment in hospital as an in-patient or day-patient, as an out-patient or at home.

We will pay for surgery, radiotherapy and chemotherapy which is intended to remove, suppress or kill off cancerous cells.

In addition you are covered for Advanced Therapeutics not readily available to you on the NHS as set out below.

Advanced Therapeutics are targeted therapies that differ from chemotherapy drugs.

Chemotherapy drugs have an effect on all cells whether they are cancerous or not and can therefore cause some harmful effects to normal cells. Advanced therapeutics target specific areas of cancer cells stopping them from multiplying or developing a blood supply to sustain themselves and spread. These are new agents which usually cause fewer side effects than traditional chemotherapy but which are extremely expensive to develop and use. Examples of these agents are Herceptin, Avastin, Glivec and Tarceva.

We will pay for a course of treatment with Advanced Therapeutics for cancer lasting up to a total of 12 consecutive calendar months from the date on which the first treatment with them is given. This may be extended if your oncologist can provide us with convincing clinical evidence that the drugs continue(s) to be given with curative intent. Funding will continue, provided clinical evidence continues to justify its use at review at 3 monthly intervals. This benefit is payable only in line with the policy benefits and when the policy is in force.

Further funding for Advanced Therapeutics would be available to you if you were to develop a different (histologically distinct) cancer.

Full details of the cancer cover we offer can be found at wpa.org.uk/cancer

4. What is a third party claim?

Each year a large number of people are involved in:

- Road traffic accidents;
- Accidents at work;
- Accidents at home; and
- Accidents in public places.

Are you planning to make a personal injury claim?

If you have had an accident and someone else was to blame, you may be able to claim compensation for your injuries as well as for any loss of earnings, medication, travel and in many cases care and support provided by family and friends.

Will your personal injury claim affect your private medical insurance policy?

Strictly speaking, your health insurance policy with us does not cover any costs which you can recover through a personal injury claim. But we can reassure you that we will still pay your claims under your medical insurance policy in the normal way. If you do receive compensation, you must pay WPA back the monies that have been paid for your claim for your injury. If you do not receive any compensation you will not have to pay us back.

We do ask you to keep to certain conditions. These are as follows:

- You must try to recover your medical expenses by making them part of your personal injury claim.
- You must promise to repay us any medical expenses you recover.
- If you are made any offer to settle your claim, and that offer falls short of the full amount you are claiming, you must not accept the offer without asking us first.

Being able to recover this money helps us to keep your insurance premiums down.

What happens next?

We will keep in touch with your solicitor and make sure that he or she always knows how much you are claiming from us for medical expenses. This amount will then be included in your personal injury claim. We will ask your solicitor to refund your medical expenses to us directly if your claim is successful.

What if your claim does not succeed?

We can reassure you that your medical expenses are covered by your policy just as if you had not made a personal injury claim.

Do you need help and advice?

You may already have a solicitor who can advise you. If not, you can obtain free preliminary advice without any obligation from specialist solicitors accredited in personal injury work. They will be pleased to discuss the circumstances with you, to explain your rights, and indicate whether they feel that you have a viable claim and what that would involve.

Contact Us

If you have a query about our individual/
family policies or self-employed policies
please contact:

Phone: 01823 625230

e.mail: pcd@wpa.org.uk

If you have a query about our small corporate
policies please contact:

Phone: 01823 625270

e.mail: cbd@wpa.org.uk

If you have a query about our major
corporate policies please contact:

Phone: 01823 625290

e.mail: mcd@wpa.org.uk

Or visit our website wpa.org.uk

Alternatively, you can contact our Chief
Executive, Julian Stainton by emailing
julian.stainton@wpa.org.uk

WPA is authorised and regulated by the Financial Services Authority (FSA). The FSA website may be checked at www.fsa.gov.uk/register for WPA number 202608.



ISO 9001
FS 28452

WPA is one of very few insurance companies world-wide to have been certified to the ISO 9001:2008 Quality Standard. So the standards of service that you can expect are truly world class.



BS 25999
BCMS 538164

WPA is one of the first organisations in the UK to achieve full accreditation for business continuity.



ISO 14001
EMS 505226

WPA is one of the first UK companies to achieve the environmental quality standard. The paper we use is made up of fibre sourced from well-managed forests independently certified according to the rules of the Forest Stewardship Council (FSC).



WPA is a member of the Financial Ombudsman Service, so you can be assured that any complaints are addressed seriously and objectively. Details of WPA's commitment to resolving customer complaints are included in your policy literature.

WPA customers are covered by the Financial Services Compensation Scheme (FSCS) which can entitle customers to compensation should an insurer become insolvent. Further information can be found at www.fscs.org.uk



wpa.org.uk

Enjoy life. Insure health.

Western Provident Association Limited

Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE
E-mail: pcd@wpa.org.uk

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The member state of the insurer is the United Kingdom.

To help protect your interests, and those of the Association, telephone conversations may be recorded for the purpose of ensuring an accurate record of discussions.

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