

CHOOSE THE COVER YOU WANT

With Choices you can choose a health plan to suit your needs:

- ◆ Reimbursement levels from 50% to 70%.
- ◆ The cash maximums that suit you best.
- ◆ Who you want to cover – yourself or your family.

Choices premiums are specific to the ages of those covered.

Choices offers three plans:

1. Core plan – offering 50% reimbursements
 2. Value plan – offering 60% reimbursements
 3. Bonus plan – our top level of cover with 70% reimbursements
- } **dental at 70%!**

Choices is a modern solution to match the NHS of today. It gives you valuable cover whichever plan you choose, including cover against accidents. It also provides access to specialist telephone helplines 24 hours a day, 7 days a week, for your peace of mind.

Join today!

You can apply using the application at the back of this leaflet. If you wish we will send you the policy terms and you can review them at leisure; alternatively you can see them at www.bhsf.co.uk/choices or you can call 0800 622552 if you want to ask us anything about Choices.



www.bhsf.co.uk/choices

CORE PLAN

Core Plan premiums start from only £6.50 per month. Just decide whether you want individual or family cover, and pick the premium that applies to the older adult to be insured. Family policies cover the policyholder, their partner and all children below 18 years of age at equal benefits unless shown otherwise.

Age-related premium increases will occur in the April following the older insured person reaching the next age band. You will be notified in writing of the change in premiums.

Monthly Premiums

| Age band – based on age of older adult to be insured | Individual plan | Family plan |
|--|-----------------|-------------|
| 17 – 34 | £6.50 | £12.50 |
| 35 – 44 | £7.75 | £14.75 |
| 45 – 54 | £9.25 | £17.75 |
| 55 – 64 | £11.50 | £22.00 |
| 65 – 74 | £13.00 | £24.50 |
| 75+ | £20.00 | £38.50 |

The personal accident benefit has a maximum payout of £40,000; even a fracture will enable you to claim up to £800 in cash. And you can call a 24-hour helpline any time if you need counselling, advice about health or legal advice.

| Injury | Benefit | Injury | Benefit |
|----------------|---------------|-----------------|--------------|
| Paralysis | Up to £40,000 | Loss of hearing | Up to £4,000 |
| Insanity | Up to £8,000 | Loss of limbs | Up to £8,000 |
| Loss of sight | Up to £8,000 | Fractures | Up to £800 |
| Loss of speech | Up to £4,000 | Burns | Up to £1,600 |

Persons to be insured aged 75 or above at the start date of the policy receive Personal Accident benefit at 50% of the stated values.

CUSTOMER CARE LINE
for all your queries: 0800 622552

CORE PLAN BENEFITS – WITH 50% REIMBURSEMENTS

| All amounts shown are the maximum benefits payable every benefit year, unless otherwise stated. | Individual Plan | Family Plan |
|---|-----------------|---|
| Dental - with 70% reimbursement | £100 | £100 |
| Optical – including Laser Eye Surgery | £100 | £100 |
| Day Case Surgery – Maximum of 6 occasions per benefit year Daily benefit | £32 | £32 Policyholder and partner £16 Children |
| Hospital In-Patient – Minimum claim one night. Maximum claim 13 weeks per benefit year. Nightly benefit | £32 | £32 Policyholder and partner £16 Children |
| or Joint Hospital In-Patient – Payable when both the policyholder and insured partner are in hospital at the same time. Minimum claim one night. Maximum claim 13 weeks per benefit year. Adult only/Nightly benefit | - | £64 Policyholder and partner each |
| Hospital Parental Stay – for one parent staying overnight with child(ren) – per night | - | £16 |
| Recuperation benefit – paid automatically after stay of at least 10 consecutive nights in hospital | £100 | £100 Policyholder and partner £50 Children |
| Health Consultation – including associated tests | £100 | £100 |
| Health screening | £32 | £32 |
| Maternity payment – Adult benefit only | £100 | £200 Policyholder only |
| Therapies – physiotherapy, acupuncture, homeopathy, chiropody, chiropractic treatment and osteopathy | £250 | £250 |
| Home help & home nursing | £1,000 | £1,000 |
| Hearing aids and surgical appliances | £250 | £250 |
| Personal Accident benefit – up to: Cover is detailed in the policy document, available upon request | £40,000 | £40,000 |
| Telephone Helplines – counselling, medical information and legal advice | ✓ | ✓ |

All benefits payable subject to BHSF policy terms, copies available on request.

E&OE

www.bhsf.co.uk/choices

CORE PLAN BENEFITS – WITH 50% REIMBURSEMENTS

VALUE PLAN

Cash benefits in Value Plan are higher than in Core Plan, and treatment refunds are also higher at 60% reimbursement.

Value Plan premiums start from just £9.00 per month. Just decide whether you want individual or family cover, and pick the premium that applies to the older adult to be insured. Family policies cover the policyholder, their partner and all children below 18 years of age at equal benefits unless shown otherwise.

Age-related premium increases will occur in the April following the older insured person reaching the next age band. You will be notified in writing of the change in premiums.

Monthly Premiums

| Age band – based on age of older adult to be insured | Individual plan | Family plan |
|--|-----------------|-------------|
| 17 – 34 | £9.00 | £17.50 |
| 35 – 44 | £10.75 | £20.25 |
| 45 – 54 | £12.75 | £24.25 |
| 55 – 64 | £15.50 | £30.00 |
| 65 – 74 | £18.25 | £34.50 |
| 75+ | £27.25 | £53.00 |

The personal accident benefit has a maximum payout of £60,000; even a fracture will enable you to claim up to £1,200 in cash. And you can call a 24-hour helpline any time if you need counselling, advice about health or legal advice.

| Injury | Benefit | | Injury | Benefit | |
|----------------|---------|---------|-----------------|---------|---------|
| Paralysis | Up to | £60,000 | Loss of hearing | Up to | £6,000 |
| Insanity | Up to | £12,000 | Loss of limbs | Up to | £12,000 |
| Loss of sight | Up to | £12,000 | Fractures | Up to | £1,200 |
| Loss of speech | Up to | £6,000 | Burns | Up to | £2,400 |

Persons to be insured aged 75 or above at the start date of the policy receive Personal Accident benefit at 50% of the stated values.

CUSTOMER CARE LINE
for all your queries: 0800 622552

VALUE PLAN BENEFITS – WITH 60% REIMBURSEMENTS

| All amounts shown are the maximum benefits payable every benefit year, unless otherwise stated. | Individual Plan | Family Plan |
|---|-----------------|--|
| Dental - with 70% reimbursement | £125 | £125 |
| Optical – including Laser Eye Surgery | £125 | £125 |
| Day Case Surgery – Maximum of 6 occasions per benefit year Daily benefit | £40 | £40 Policyholder and partner £20 Children |
| Hospital In-Patient – Minimum claim one night. Maximum claim 13 weeks per benefit year. Nightly benefit | £40 | £40 Policyholder and partner £20 Children |
| or Joint Hospital In-Patient – Payable when both the policyholder and insured partner are in hospital at the same time. Minimum claim one night. Maximum claim 13 weeks per benefit year. Adult only/Nightly benefit | - | £80 Policyholder and partner each |
| Hospital Parental Stay – for one parent staying overnight with child(ren) – per night | - | £20 |
| Recuperation benefit – paid automatically after stay of at least 10 consecutive nights in hospital | £125 | £125 Policyholder and partner £62.50 Children |
| Health Consultation – including associated tests | £125 | £125 |
| Health screening | £40 | £40 |
| Maternity payment – Adult benefit only | £125 | £250 Policyholder only |
| Therapies – physiotherapy, acupuncture, homeopathy, chiropody, chiropractic treatment and osteopathy | £375 | £375 |
| Home help & home nursing | £1,500 | £1,500 |
| Hearing aids and surgical appliances | £375 | £375 |
| Personal Accident benefit – up to: Cover is detailed in the policy document, available upon request | £60,000 | £60,000 |
| Telephone Helplines – counselling, medical information and legal advice | ✓ | ✓ |

All benefits payable subject to BHSF policy terms, copies available on request.

E&OE

www.bhsf.co.uk/choices

BONUS PLAN

Bonus Plan cash benefits are the highest available from Choices. All cash benefits are reimbursed at our highest rate of 70%.

Bonus Plan premiums start from as little as £12.00 per month. Simply decide whether you want individual or family cover, and pick the premium that applies to the older adult to be insured. Family policies cover the policyholder, their partner and all children below 18 years of age at equal benefits unless shown otherwise.

Age-related premium increases will occur in the April following the older insured person reaching the next age band. You will be notified in writing of the change in premiums.

Monthly Premiums

| Age band – based on age of older adult to be insured | Individual plan | Family plan |
|--|-----------------|-------------|
| 17 – 34 | £12.00 | £23.25 |
| 35 – 44 | £14.00 | £26.75 |
| 45 – 54 | £17.00 | £32.50 |
| 55 – 64 | £21.00 | £40.50 |
| 65 – 74 | £24.25 | £45.25 |
| 75+ | £35.25 | £68.75 |

The personal accident benefit has a maximum payout of £80,000; even a fracture will enable you to claim up to £1,600 in cash. And you can call a 24-hour helpline any time if you need counselling, advice about health or legal advice.

| Injury | Benefit | Injury | Benefit |
|----------------|---------------|-----------------|---------------|
| Paralysis | Up to £80,000 | Loss of hearing | Up to £8,000 |
| Insanity | Up to £16,000 | Loss of limbs | Up to £16,000 |
| Loss of sight | Up to £16,000 | Fractures | Up to £1,600 |
| Loss of speech | Up to £8,000 | Burns | Up to £3,200 |

Persons to be insured aged 75 or above at the start date of the policy receive Personal Accident benefit at 50% of the stated values.

CUSTOMER CARE LINE
for all your queries: 0800 622552

BONUS PLAN BENEFITS – WITH 70% REIMBURSEMENTS

| All amounts shown are the maximum benefits payable every benefit year, unless otherwise stated. | Individual Plan | Family Plan |
|---|-----------------|---|
| Dental | £150 | £150 |
| Optical – including Laser Eye Surgery | £150 | £150 |
| Day Case Surgery – Maximum of 6 occasions per benefit year Daily benefit | £48 | £48 Policyholder and partner £24 Children |
| Hospital In-Patient – Minimum claim one night. Maximum claim 13 weeks per benefit year. Nightly benefit | £48 | £48 Policyholder and partner £24 Children |
| or Joint Hospital In-Patient – Payable when both the policyholder and insured partner are in hospital at the same time. Minimum claim one night. Maximum claim 13 weeks per benefit year. Adult only/Nightly benefit | - | £96 Policyholder and partner each |
| Hospital Parental Stay – for one parent staying overnight with child(ren) – per night | - | £24 |
| Recuperation benefit – paid automatically after stay of at least 10 consecutive nights in hospital | £150 | £150 Policyholder and partner £75 Children |
| Health Consultation – including associated tests | £150 | £150 |
| Health screening | £48 | £48 |
| Maternity payment – Adult benefit only | £150 | £300 Policyholder only |
| Therapies – physiotherapy, acupuncture, homeopathy, chiropody, chiropractic treatment and osteopathy | £500 | £500 |
| Home help & home nursing | £2,000 | £2,000 |
| Hearing aids and surgical appliances | £500 | £500 |
| Personal Accident benefit – up to: Cover is detailed in the policy document, available upon request | £80,000 | £80,000 |
| Telephone Helplines – counselling, medical information and legal advice | ✓ | ✓ |

All benefits payable subject to BHSF policy terms, copies available on request.

E&OE

www.bhsf.co.uk/choices

HOW TO APPLY

Simply complete the direct debit and application form opposite. When choosing your premium, remember that it is based on the age of the older adult insured - tick the box that matches that age and your choice of plan.

If you're transferring into Choices from another of our cash plans, then no 'qualifying period' applies - simply remember to complete the section to tell us about your existing policy. If this is your first policy with us, then you will not be able to claim most benefits for the first 13 weeks after joining. The exceptions to this are:

- ◆ Hospitalisation – benefit starts immediately if you are hospitalised as a result of an accident.
- ◆ Maternity payment – you must be a policyholder for 10 consecutive months.

As soon as you apply, we will send you a policy with detailed information about your plan. You'll have 14 days in which to review it before we collect any premium; if you're not satisfied just let us know and we'll cancel your application.

Other things to remember

Your current health; if you have a medical condition or are undergoing tests or treatment, you must declare it on the application form. The plan will normally exclude from cover any existing condition, but we will review the position in 2 years time. This does not apply to optical and dental benefits and may not apply if you are transferring from another plan we operate.

Worldwide cover; hospital, dental and optical benefits apply to emergency treatment you may need whilst abroad. However, this cover is not a substitute for full travel insurance – if you are aged under 64 and travelling abroad please ask about our annual travel insurance plan.

Cover commences from the start date shown on the policy issued by BHSF.

This guarantee should be detached and retained by the Payer

The Direct Debit Guarantee



- ◆ This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- ◆ If the amounts to be paid or the payment dates change BHSF Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- ◆ If an error is made by BHSF Limited or your Bank or Building Society, you are guaranteed a full and immediate refund from the branch of the amount paid.
- ◆ You can also cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

DIRECT DEBIT



Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in this form and send to
BHSF Limited,
Darnley Road, Birmingham B16 8TE.

Name and full postal address of your Bank or Building Society.

| | |
|----------------|-----------------------|
| To the Manager | |
| Address | Bank/Building Society |
| | |
| | |
| | |
| | Postcode |

Originator's Identification Number

| | | | | | |
|---|---|---|---|---|---|
| 8 | 3 | 0 | 1 | 2 | 3 |
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Reference Number

| | | | | | | | | | | | | | | | | | | | |
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| B | H | S | F | - | C | H | - | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|

Instruction to your Bank or Building Society

Please pay BHSF Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this Instruction may remain with BHSF Limited and, if so, details will be passed electronically to my Bank/Building Society.

Name(s) of Account Holder(s)

| |
|--|
| |
|--|

Bank/Building Society Account Number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Branch Sort Code

| | | | | | |
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|--|--|--|--|--|--|

| |
|-----------------------|
| Signature(s) X |
| Date |

Banks and Building Societies may not accept Direct Debit instructions for some types of account.

CHOICES CASH PLAN

INSTRUCTIONS FOR COMPLETION OF THIS FORM

Applicants are requested to complete sections A, C, & E in all cases. Section B should also be completed for family policies and Section D if applicable. The direct debit should also be completed. Please seal down the form and post to BHSF - you will not need a stamp.

A TO BE COMPLETED BY ALL APPLICANTS

Block capitals please *Delete as appropriate

| | | | | | |
|-----------------------------|------------------------------------|--|--|--|--|
| Surname | Mr/Mrs/Miss/Ms* | | | | |
| Forenames | | | | | |
| Home address | | | | | |
| | | | | | |
| | | | | | |
| Postcode | Email | | | | |
| Date of birth | Example: 8 May 1960 08/05/1960 | | | | |
| No of children below age 18 | Home Tel No. (in case of query) | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Postcode | | | | |

B TO BE COMPLETED BY APPLICANTS FOR FAMILY POLICIES

I wish my application also to cover

Forenames (+ surname if different) Date of birth

| | | | | | |
|---------------------|--|--|--|--|--|
| Partner | | | | | |
| Children (under 18) | | | | | |
| | | | | | |
| | | | | | |

If more than 3 children are to be registered please supply details on separate sheet.

E CHOICE OF PLAN TO BE COMPLETED BY ALL APPLICANTS

Tick one box only to denote your selection. Payment is made monthly by direct debit.

| I wish to join the Choices Plan that I have ticked in the table. | Age of older adult | Core Plan – 50% | | Value Plan – 60% | | Bonus Plan – 70% | |
|--|--------------------|-----------------|--------|------------------|--------|------------------|--------|
| | | Individual | Family | Individual | Family | Individual | Family |
| | 17 – 34 | £6.50 | £12.50 | £9.00 | £17.50 | £12.00 | £23.25 |
| | 35 – 44 | £7.75 | £14.75 | £10.75 | £20.25 | £14.00 | £26.75 |
| | 45 – 54 | £9.25 | £17.75 | £12.75 | £24.25 | £17.00 | £32.50 |
| | 55 – 64 | £11.50 | £22.00 | £15.50 | £30.00 | £21.00 | £40.50 |
| | 65 – 74 | £13.00 | £24.50 | £18.25 | £34.50 | £24.25 | £45.25 |
| | 75+ | £20.00 | £38.50 | £27.25 | £53.00 | £35.25 | £68.75 |

C DECLARATION TO BE READ AND SIGNED BY ALL APPLICANTS

Please tick appropriate box.

I, or persons to be covered, have a medical condition to declare (please give details)

| Name | Condition |
|------|-----------|
| | |
| | |

Continue on separate sheet if necessary.

No pre-existing medical condition to declare.

I declare that I, and all persons for whom benefit may be claimed under the terms of my chosen policy, are (other than as declared above) in good health, and are not receiving or been informed of the need for, hospital or medical treatment or any of the services for which BHSF provides benefit. Should it be necessary, I authorise my doctor to disclose to the Insurer's Medical Officers any information required.

I understand that no claim will be paid in respect of any medical condition which resulted before cover commenced.

I agree to abide by the policy terms, and I acknowledge that they may be varied as may the range or rates of benefits or premiums, if deemed necessary.

I declare that all the information I have given on this application form is true, and that, if found to the contrary, the policy may be cancelled at any time. In signing this application form I understand that my information will be used by BHSF who operate The Health Scheme (and relevant BHSF Group companies) to provide me with insurance related services. This information may also be used for efficient administration of the scheme, to monitor and continue to improve these services, and to advertise, market or bring to my attention, goods or services which BHSF consider may be of interest to me.

Please ensure that you have signed the box below.

| | | | | |
|--------------------|------|--|--|--|
| Signature X | | | | |
| | Date | | | |

We may advise you, from time to time, about other products and services which may be of interest to you. If you do not wish to receive this information please tick the box.

D IF YOU ARE OR HAVE PREVIOUSLY BEEN A BHSF POLICYHOLDER, PLEASE COMPLETE THIS SECTION

| | | | | | |
|---|--|--|--|--|--|
| BHSF Policy No. | | | | | |
| Last premium date | | | | | |
| Where was it paid? State either employer's name or direct to BHSF | | | | | |

No
Stamp
Required



**FREEPOST BM 2163
BIRMINGHAM
B16 8BR**

**We also offer the following top-value product.
Please tick the box for more information, without obligation:**



BlueStar Annual Travel Insurance

Gives excellent value annual travel insurance, offering both european and worldwide cover, holiday and business cover included.



INVESTOR IN PEOPLE



For further information call

Tel: 0800 622552

E-mail: sales@bhsf.co.uk

A company 'not for profit' and limited by guarantee.
Registered in England number 35500. Established 1873.
Affiliated to the British Health Care Association.
A member of the Financial Ombudsman Service.
Authorised and regulated by the Financial Services Authority.

BHSF Limited.
Darnley Road, Birmingham B16 8TE.
Tel: 0121 454 3601 Fax: 0121 454 7725. Calls to our
offices may be recorded for training and monitoring purposes.

