The health plan for everyone from under €16 a month

Don’t delay apply today!
Application Form inside
Helping you to cover the costs of everyday healthcare

Who is HSF health plan?
HSF health plan is a health cash plan provider, committed to delivering simple and affordable ways to help you cover the cost of everyday healthcare such as dental, optical and physiotherapy, plus much more. With over 30 health benefits available it provides an added security for you and your family’s health.

The Personal Accident benefits outlined are underwritten for HSF health plan by Chubb European Group Limited. The underwriter of the Personal Accident Benefits is subject to change.
HSF Assist provides unlimited access to a variety of assistance helplines and services which are available to all policyholders and their families. HSF Assist is currently provided for HSF health plan by Medical Solutions UK Limited.

How does it work?
It’s simple. You pay a premium for the scheme that suits you best, then you claim cash back for your treatments as and when you need it. The maximum payable shown in any 12 consecutive calendar months.

What am I covered for?
Our One schemes OS1 to OS4 offer a wide range of health categories at affordable prices and we reimburse you up to 100% of your professional costs up to the maximum shown in the benefits table.
There is a total limit on benefits calculated on a rolling balance over a 12 month basis with a further limit from the start of your policy on some hospital benefits. Please see Policy Terms & Conditions page 15 in this brochure.
All of our schemes include HSF Assist which provides: GP Advice Line, Virtual Doctor, Counselling, Medical Information and Legal Advice.

Are there any restrictions?
There are pre-existing health restrictions on all benefits (see waiting periods and restrictions on page 18) with the exception of Dental, Optical, General Practitioner, Accident & Emergency, Prescription, Chiropody & Podiatry.
Apart from the Personal Accident category which has immediate cover there is a 3 month waiting time before any claims can be considered under the Consultation, Medical Tests, Practitioners (excluding Chiropody/ Podiatry), Hospital, Day Case or Recuperation and expenses incurred during the 3 months will not qualify for settlement. There is a longer waiting time of 10 months for Infertility or Birth and Adoption Grants and this time also applies to other categories if the claim is related to pregnancy.
A waiting period of 6 months applies to Eye Laser Treatment and Implantable Contact Lenses. Should you incur Dental, Optical, General Practitioner, Prescription or Chiropody/Podiatry expenses during the 3 month waiting time please keep the receipts and forward them to us after the 3 months has elapsed.

Making a claim
Claim forms can be obtained by downloading from our website www.hsf.ie or mypolicy.hsf.ie alternatively by contacting our office on our lo-call number 1890 473 473 (for address see the back of this brochure) Original receipts must be sent with the claim form. Your payment will be made direct into your bank account (a current account in your name or joint names).

Duration of the policy
Your policy is renewed automatically on a monthly basis unless your cover is cancelled or you allow it to lapse.

Can I cancel my policy?
When your application is accepted you will receive a “Welcome Pack” on receipt of this you have 14 days in which to write to us and change your mind; please see “Decreasing or ceasing premiums” on page 19.

How to complain
Should you find it necessary to make a complaint, you should in the first instance contact our Customer Services Department at our Ennis address. While we are investigating your complaint we will keep you regularly updated. If your complaint has not been resolved within 8 weeks we will explain why it remains unresolved and inform you of your right to refer the matter to the Financial Services Ombudsman, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2, or call them on 1890 882 090.

HSF health plan and The Hospital Saturday Fund.
HSF health plan is the trading company of the registered charity The Hospital Saturday Fund. All those who join HSF health plan, just by belonging, are making a contribution to the important work of the charity, not something which usually happens when an insurance policy is taken out.
HSF health plan Limited is an insurance undertaking, and all information is provided in order for applicants to choose the scheme to suit their personal circumstances as HSF health plan is not authorised to provide a professional recommendation.

Statement of demands and needs
This product meets the demands and needs of individuals and families who wish to manage their healthcare expenses such as dental and optical, hospital admissions, consultations and investigations, and personal accident. Advice is not available from HSF health plan and HSF health plan is not in a position to determine whether the product is appropriate for you. Applicants should choose the scheme to suit their personal circumstances and review in future whether this remains suitable.

To find out more information about HSF health plan, you can call us on 1890 473 473 email enquiries@hsf.ie
### Benefit Summary

<table>
<thead>
<tr>
<th>Scheme OSD1</th>
<th>Scheme OSD2</th>
<th>Scheme OSD3</th>
<th>Scheme OSD4</th>
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<tbody>
<tr>
<td>€15.70 a month</td>
<td>€31.40 a month</td>
<td>€47.10 a month</td>
<td>€62.80 a month</td>
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</tbody>
</table>

**Dental and Optical**

| | €125 | €300 | €450 | €600 |

**General Practitioner, Prescription and Emergency Department** - maximum of 12 grants per 12 months

| | €8 | €15 | €20 | €25 |

**Practitioner: Physiotherapy, Physical Therapy, Osteopathy, Chiropractic**

| | €100 | €200 | €300 | €400 |

**Wellbeing & Alternative Treatments** - Acupuncture, Homeopathy, Chiropody/Podiatry

| | €100 | €200 | €300 | €400 |

**Consultations**

| | €130 | €250 | €370 | €490 |

**Medical Tests** - Including Allergy Testing and Health Screening

| | €80 | €160 | €240 | €320 |

**Birth Grant / Adoption Grant (per child)**

| | €200 | €400 | €600 | €800 |

**Day Case Surgery and Treatment** (Amounts per day)

| | €25 | €50 | €75 | €100 |

**Hospital: General and Hospice, Accident, Elderly and Mental Illness** (Amounts per night)

| | €25 | €50 | €75 | €100 |

**Recuperation** – Grant after a minimum of 10 nights

| | €85 | €170 | €250 | €330 |

**Personal Accident**

<table>
<thead>
<tr>
<th>Permanent Disability</th>
<th>€10,000</th>
<th>€15,000</th>
<th>€22,500</th>
<th>€30,000</th>
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<tbody>
<tr>
<td>Accidental Death</td>
<td>€5,000</td>
<td>€7,500</td>
<td>€11,250</td>
<td>€15,000</td>
</tr>
<tr>
<td>Dental Trauma</td>
<td>€500</td>
<td>€750</td>
<td>€1,125</td>
<td>€1,500</td>
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</tbody>
</table>

**Helplines - Available on all schemes**

- GP Advice Line
- Virtual Doctor
- Prescription Service
- Counselling Service
- Medical Information
- Legal Advice
Our Schemes

HSF health plan’s One Scheme has been specially designed for individuals who wish to claim up to a 100% cash refund on many of their healthcare expenses. Dental, optical, physiotherapy, consultations and medical tests and a number of complementary treatments are included, and we also pay grants for general practitioner visits and prescription charges.

Flexible benefits
By combining different types of treatment into one benefit we can offer even greater flexibility. Take for example, our dental and optical category, which is two benefits in one. Depending upon which scheme you decide to join HSF health plan gives you a maximum grant which you can spend freely between the two benefits. This way, if one year you need to spend more at the optician than at the dentist, you can.

One Scheme choices
We offer 4 different schemes from which to choose ranging from only €15.70 to €62.80 per month. All you have to do is select the one which best suits your needs.

All of our schemes include our HSF Assist: Medical Information Helpline, Stress Counselling Helpline, Legal Helpline and our GP Advice Line with Virtual Doctor and Prescription service. All of which can be accessed by GP in Your Pocket.

Pre-existing conditions and health problems
If you have a pre-existing health condition, there will be a waiting time before cover for certain claims will start. The waiting time will be 5 years from when you are first registered for cover. In addition, for later increases in cover the waiting time before the increased cover takes effect will be 2 years at the time of the increase (see “Waiting periods” and “Restrictions” on page 18 for full details and concessions for previous cover).

You may start making claims three months after your policy start date, unless otherwise stated. Reimbursement for most claims is made on a rolling balance principle over any 12 consecutive months. This period starts from the date we pay your claim. See page 19 for full details.

Monthly costs (net of partial Standard Rate Tax Relief)

<table>
<thead>
<tr>
<th>Monthly cost</th>
<th>Scheme</th>
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<td>OSD1</td>
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<td>€15.70</td>
<td>€31.40</td>
<td>€47.10</td>
<td>€62.80</td>
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**Benefits**

**Dental and Optical**
Help towards the cost of all dental treatment including check-ups, and the cost of a sight test and optical appliances, up to the maximum shown. This benefit may be used flexibly according to requirements for both categories. It is payable in any 12 consecutive calendar months. The cost of Eye Laser Treatment, Implantable Contact Lenses (to correct long or short sightedness) and assessments may be claimed from Scheme OSD2 and above. Claims for this particular treatment can only be accepted at least 6 months after the policy start date.

**Dental Trauma**
For details on Dental Trauma, please refer to the Personal Accident Section on pages 8, 9, 17 and 18.

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<th>Scheme OSD1</th>
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<tr>
<td>€125</td>
<td>€300</td>
<td>€450</td>
<td>€600</td>
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**General Practitioner, Prescription and Emergency Department**
An amount payable towards the cost of a visit to a General Practitioner (Family Doctor), a Prescription filed in a registered pharmacy or an attendance at an Accident and Emergency Department in a public or private hospital/clinic. Limited to 12 payments in any 12 consecutive calendar months. The maximum repaid per visit / prescription is as shown or actual charges if less. You can also use the GP Advice Line service which is available 24 hours a day, 365 days a year.

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<tr>
<td>€8</td>
<td>€15</td>
<td>€20</td>
<td>€25</td>
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**Practitioner: Physiotherapy, Physical Therapy, Osteopathy, Chiropractic**
Help towards the cost of consultation and treatment (not including medication or appliances) by a qualified and registered practitioner in the categories above, up to the maximum shown. This benefit may be used flexibly according to requirements for all categories. Payable in any 12 consecutive calendar months.

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<tr>
<td>€100</td>
<td>€200</td>
<td>€300</td>
<td>€400</td>
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**Wellbeing & Alternative Treatments: Acupuncture, Homeopathy, Chiropody/Podiatry**
Help towards the cost of consultation and treatment (not including medication apart from Homeopathy or appliances) by a qualified and registered practitioner in the categories above, up to the maximum shown. This benefit may be used flexibly according to requirements for all categories. Payable in any 12 consecutive calendar months.

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<tbody>
<tr>
<td>€100</td>
<td>€200</td>
<td>€300</td>
<td>€400</td>
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Consultations
Help towards the cost of specialists’ consultation fees listed in the rules, all undertaken on an outpatient basis (consultations carried out as an A&E visit are not covered) up to the maximum shown. Payable in any 12 consecutive calendar months.

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<tbody>
<tr>
<td>€130</td>
<td>€250</td>
<td>€370</td>
<td>€490</td>
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Medical Tests
Help towards the cost of medical tests including initial allergy testing, vaccination, health screening, pathology tests, x-rays, scans, electrocardiograms and other investigations listed in the rules, all undertaken on an outpatient basis (medical tests carried out as an A&E visit are not covered), up to the maximum shown. Payable in any 12 consecutive calendar months.

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<tr>
<td>€80</td>
<td>€160</td>
<td>€240</td>
<td>€320</td>
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Birth and Adoption Grant
Payable to the policyholder, whether the mother or father of the baby, for each registered birth in hospital or at home. Hospital benefit is payable for the mother (if the policyholder) in addition to the grant from the sixth night onwards. The grant is also payable for a registered adoption up to the age of 10. Claims for this benefit can only be accepted at least 10 months after the policy start date.

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<tr>
<td>€200</td>
<td>€400</td>
<td>€600</td>
<td>€800</td>
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Day Case Surgery and Treatment
For a planned admission to occupy a bed for a day in a public or private hospital to undergo surgery, treatment or a procedure. Limited to 8 occasions within any 12 consecutive calendar months.

All amounts shown are per day.

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<tr>
<th>Scheme OSD1</th>
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<th>Scheme OSD4</th>
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</thead>
<tbody>
<tr>
<td>€25</td>
<td>€50</td>
<td>€75</td>
<td>€100</td>
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</table>
**Recuperation**
Following each stay in a hospital or hospice for which benefit has been paid for a minimum of 10 nights, a recuperation grant is payable.

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<th>Scheme OSD1</th>
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<tbody>
<tr>
<td>€85</td>
<td>€170</td>
<td>€250</td>
<td>€330</td>
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</table>
If an Accident results in Permanent Disability or death, the financial consequences can be enormous. Even less serious injuries can result in a lengthy period off work, or confinement to the house. Whilst you may be able to cope in the short term, a longer period of disability can put severe pressure on your finances.

Lump sum cash payments (shown opposite) when they are needed most could ease the financial burden. Policyholders are covered 24 hours a day, every day of the year, whether at work, at home or at play.

**Personal Accident Benefit**

All claims must be submitted within 6 months of the accident occurring.

If an Accident results in Permanent Disability or death, the financial consequences can be enormous. Even less serious injuries can result in a lengthy period off work, or confinement to the house. Whilst you may be able to cope in the short term, a longer period of disability can put severe pressure on your finances.

Lump sum cash payments (shown opposite) when they are needed most could ease the financial burden. Policyholders are covered 24 hours a day, every day of the year, whether at work, at home or at play.

**Permanent Disability**: A lump sum cash benefit depending upon the type and degree of Permanent Disability following an accident.

**Facial Disfigurement**: A lump sum payment for permanent facial disfigurement as a result of an accident.

**Accidental Death**: A lump sum payment if the accident is fatal.

**Dental Trauma**: A lump sum payment for dental treatment required as a direct result of a blow to the head.

**Temporary Disability**: A weekly sum payable (normally by direct credit, monthly in arrears) if following an accident, you are:

a) unable to take up your normal paid occupation or any other paid employment; or
b) confined to the home (applicable only if you are not in paid employment at the time of the accident) as certified by a qualified medical practitioner.

Payable from the 31st day of your disability for up to 52 weeks. Odd days will be paid at 1/7th of the weekly rate.

Although there is no waiting period under this section, the Temporary Disability benefit is not payable for the first 30 days (Deferment Period) of each period of temporary disablement.

**Fracture Benefit**: A lump sum payment for a fracture or fractures to one or more bones of the arm or leg following an accident.
If you (the Insured Person) suffers Bodily Injury as a direct result of an Accident which within 24 months of the Accident results in Permanent Disability, Facial Disfigurement or Death the following will be paid:

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<th>Scheme OSD1</th>
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<th>Scheme OSD4</th>
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<tbody>
<tr>
<td>up to</td>
<td>up to</td>
<td>up to</td>
<td>up to</td>
</tr>
<tr>
<td>€10,000</td>
<td>€15,000</td>
<td>€22,500</td>
<td>€30,000</td>
</tr>
</tbody>
</table>

**Permanent Disability**

A proportion of this sum will be paid depending upon the degree of permanent disability in accordance with the following scale:

- **Permanent Total Disablement**: €10,000, €15,000, €22,500, €30,000
- **Loss of Sight in one or both eyes**: €10,000, €15,000, €22,500, €30,000
- **Loss of hearing in both ears**: €7,500, €11,250, €16,875, €22,500
- **Loss of hearing in one ear**: €1,500, €2,250, €3,375, €4,500

Loss of the use of:

- **a) an arm, hand or leg above the knee**
  - €10,000, €15,000, €22,500, €30,000
- **b) a leg below the knee or a foot**
  - €5,000, €7,500, €11,250, €15,000
- **c) a shoulder or elbow**
  - €2,500, €3,750, €5,625, €7,500
- **d) a hip, knee, ankle or wrist**
  - €2,000, €3,000, €4,500, €6,000
- **e) a thumb**
  - €2,000, €3,000, €4,500, €6,000
- **f) any finger or big toe**
  - €1,000, €1,500, €2,250, €3,000
- **g) any other toe**
  - €500, €750, €1,125, €1,500

**Facial Disfigurement**

Not Included €500 €1,100 €1,400

**Accidental Death**

€5,000 €7,500 €11,250 €15,000

**Dental Trauma**

€500 €750 €1,125 €1,500

In addition there are the following payments for Temporary Disability and a Fracture of the specified bone or bones listed below:

**Temporary Disability**

Not Included €35 per week €55 per week €70 per week

**Fracture Grant - Only payable for these specified bones:**

- **Leg** – ankle, tibia and fibula, kneecap, femur and hip
- **Arm** – wrist, radius and ulna, humerus and shoulder

Fractured fingers/thumbs/toes or hand/foot bones NOT covered

**Overall limit per Accident**

Not Included €440 €690 €880

All claims must be submitted within 6 months of the accident occurring. See pages 17 and 18 for Definitions and Exclusions.
HSF Assist provides unlimited access to a variety of assistance helplines and services which are available to all policyholders. The services available are:

**GP Telephone Advice** - 24 hour access to a doctor

**Virtual Doctor** - a webcam based face-to-face consultation service with a doctor

**Health Information website** - a medically validated and regularly updated website

**Counselling service** - a telephone and, if needs be, a face-to-face counselling service

**Legal helpline** - telephone access to solicitors and barristers

**Prescription service** - if appropriate, the GP can offer a prescription for medication

You can use any part of the HSF Assist service as many times as you need.

**HSF Assist calls are made to LoCall 1890 numbers. Please check with your service provider for the costs on using these numbers.**

**HSF health plan cannot be responsible or liable for any call charges.**

**GP Advice Line**

This service is available 24 hours a day, 7 days a week and the telephone number will be given to you in your welcome pack. The service allows you to speak with a qualified practising GP free of charge and at a convenient time. After making the initial call the doctor will telephone you. Every call is confidential and your details will not be passed on to anyone without your prior consent.

You can ask about all sorts of things including:

- an ache or pain that won’t go away
- sensitive or confidential concerns
- explanations of diagnosis or treatment you may have been prescribed
- possible after-effects of surgery
- side-effects of any medication you are taking
- vaccinations you may need when you are travelling abroad and other health precautions relevant to your own personal medical history

**IMPORTANT NOTE**

This is not an emergency service; in an emergency you should always contact your own GP or the emergency services so as not to delay any necessary treatment. Nor can it be used if you are, or might be, pregnant, for any health related condition, whether or not it is related to pregnancy.

In such cases you should always consult your own doctor.

The GP telephone consultation service is not intended to replace the personal care offered by your own doctor and cannot be used to obtain referral for treatment.

The GP telephone consultation service is provided via a LoCall number to UK based qualified, experienced, practising General Practitioners under the jurisdiction of the Irish Medical Council, General Medical Council and the English courts.
Virtual Doctor

HSF Assist provides you with the next generation in GP services: Virtual Doctor - an online doctor to see you at a time to suit you. Now you don’t need to leave home or work to see a qualified GP. With HSF Virtual Doctor, Ireland’s first online webcam GP consultation service, you can arrange an online face-to-face consultation at a time that fits with your busy life, Monday to Friday 8.30am to 6.30pm (telephone consultations are available 24/7).

● At home – you don’t need to wait days for an appointment and travel to a busy surgery and wait for your appointment.
● At work – imagine your own company doctor service without having to leave the office.

The Virtual Doctor Service is further enhanced by using state of the art explanatory 3D medical images and health information enabling you, the patient, to have a more complete understanding of your condition.

Prescription Service

When you consult with one of our GPs either on the telephone or by using the Virtual Doctor, if the GP feels it is appropriate, they can offer you a prescription for medication. This prescription will be faxed to a pharmacy you nominate so you can obtain your medication. This service is available Monday to Friday between 8am and 5pm and Saturday from 9am to 4pm (excluding Bank Holidays). You will need to allow up to 4 hours for the prescription to be received at the pharmacy. If a prescription is offered after these times, it will be available the next working day.
GP in Your Pocket

HSF Assist GP Surgery is a multi-platform website which gives you access to all the HSF Assist services. You can book an appointment with the GP Advice Line or Virtual Doctor service, message a Doctor with a question, store medical records and medical history and access medical services near you. You can even store medical contacts for quick reference.

There is a fitness section where you can access validated advice on the benefits of exercise and how to lead a healthier lifestyle.

The Wellbeing section is an in-depth directory providing information on a vast range of subjects.

The Nutrition section links you to practical advice on losing weight, food & diet, your 5 A Day, healthy recipes and a weight loss forum.

The Health Information section gives you access to health, disease, lifestyle and travel information and the health conditions section gives you information on more than 1,100 health conditions and treatments which is searchable by using either an A-Z listing or Body Map.

The Assist Services section gives you access to the other HSF Assist Services, 24 hours a day 7 days a week Counselling and Legal Advice.

There is also a feedback link to let us know how you are finding the service.

Health Information Website

These days we are all lucky to have a wealth of general information available to us about looking after our health. But it can get a bit confusing knowing which sources you can completely rely on.

The HSF health plan Health Information Service offers medically validated and regularly updated information on health and medical matters, including new treatments, drugs or surgical procedures. If you’re trying to overhaul your lifestyle you can also get guidance on areas such as nutrition, exercise, or avoiding sports injuries.

There’s a travel section too, so you can check on vaccinations needed for your destination and other useful advice on protection from the sun, food hygiene, insect bites etc.

If you’re not online, don’t worry, just call and we will print off the information and post it to you.
Legal Helpline
Our lawyers can advise on any matter relating to European law. Staffed by solicitors and barristers specially selected for their skill in explaining complex legal matters in everyday language, the advice line has helped many thousands of policyholders through a multitude of legal problems. Together they are able to provide specialist knowledge in the areas of personal injury, negligence, property, contract disputes and consumer law to name but a few. Where we do not have the specialised skills in-house, we can call on our panel of lawyers and, for European legal advice, lawyers in our sister offices across Europe.

Legal advice is available 9am - 5pm, Monday to Friday, excluding public and bank holidays. If you call outside these times, we will arrange to call you back.

Counselling Service
Our team of experienced, professionally trained counsellors are available to assist you explore and resolve your issues 24 hours a day, 7 days a week. You can discuss any aspects that are worrying you including: Home, Family, Relationships, Work, Bereavement, Trauma, Substance abuse or any stress related issue.

You can call the service as often as you need. If you wish to arrange a series of regular telephone counselling sessions with the same counsellor, this can only be arranged on week days.
Should you need face-to-face sessions, then the telephone counselling service will identify local counsellors in your area for you to meet with.
With HSF Assist you can receive, from first registration, up to 6 face-to-face counselling sessions after your telephone counselling. If you use the face-to-face counselling, you will pay the counsellor direct and then submit the receipted invoices to HSF health plan for reimbursement under the Practitioners category. We cannot consider any face-to-face counselling claims that have been organised independently by you. All face-to-face counselling must follow helpline counselling sessions undertaken via HSF Assist and be on their recommendation. (Please note that up to a maximum of 6 sessions for the lifetime of your policy may be claimed. There is no pre-existing condition rule applicable to HSF Assist including the face-to-face counselling).
MyPolicy - your personal online account manager

We want you to make the most of your cover, and with MyPolicy, using your HSF health plan becomes easier and gives you the freedom to access your policy information any time of the day or night.

With MyPolicy, you can check your benefit balances, download a claim form, check your scheme details and access information on your HSF Assist services.

Once your policy is issued, you can activate your MyPolicy account by visiting the website and entering your policy details.

You can see the balances of your benefit categories, any claims paid against those categories and you can download your policy terms & conditions.

There is a frequently asked section and the option to send a secure message to the claims team.

Register at:

mypolicy.hsf.ie

If you have any queries, contact us at:
ContactUsMyPolicy@hsf.ie
or call us on 1890 473 473
Policy Terms & Conditions - Please read carefully

HSF health plan Limited is the provider of this health plan. The Personal Accident cover outlined is underwritten for HSF health plan by Chubb European Group Limited. The underwriter of the Personal Accident cover is subject to change.

About the HSF health plan schemes in this brochure
They provide cover for you against the everyday costs of such things as a visit to the dentist, optician and various practitioners, and make grants for hospital admissions and the birth of a baby.

Some amounts relate to the cost of the services you have received which are payable when you send in your paid receipts. Other amounts are a fixed rate, for example a fixed amount for each night spent in hospital or for the birth of a baby, or bodily injury from an accident. The amounts provided by the various schemes are explained in this brochure. A number of conditions apply with the main ones being (and explained fully in the relevant section of the ‘Rules and further explanations of categories’ or ‘General terms and conditions’):

- There is a total limit on payments calculated on a rolling balance over a 12 month period basis with a further limit from registration on some hospital benefits. See ‘Claims’ on pages 19 and 20 and ‘Hospital’ on page 16.
- Claims cannot be accepted until at least three months after your policy start date, unless otherwise stated.
- Pre-existing health conditions and health problems present when you join or increase premiums, are not covered for an initial period under many scheme categories. See ‘Waiting periods’, ‘Restrictions’ and ‘Increasing premiums’ on pages 18 and 19.
- Switching between schemes is allowed. See ‘Increasing premiums’ and ‘Decreasing or ceasing premiums’ on pages 18 and 19 for the terms.

Full policy terms and conditions, and the cover provided, are shown in this brochure.

Paying premiums and changing your mind
Details of the prices of each scheme are shown in this brochure. Payment can be made by direct debit or credit/debit card. When your application is accepted you will receive a welcome pack. This will include details of any restrictions which are in place if you have any existing medical conditions. On receiving confirmation of your policy, you have 14 days in which to change your mind and withdraw your application (telephone or write to the HSF health plan office in Ennis – details on page 24). If any premiums have been paid you will receive a full refund providing no claims have been settled. See ‘Decreasing or ceasing premiums’ on page 19 for cancelling after this period.

Duration of cover in the plan
Cover is provided continuously from month-to-month, beginning with your policy start date, until it is cancelled or otherwise comes to an end. It is automatically renewed.

Making a claim
At the conclusion of three months after the start date of the policy or another stated period, you may start claiming. Claim forms are provided on request by telephoning 1890 473 473, or writing to HSF health plan, 5 Westgate Business Park, Kilrush Road, Ennis, Co Clare, or by downloading from our website www.hsf.ie. If you log on to MyPolicy, telephone or write, you may enquire about how much you may receive. Please quote your policy number. Original receipts must be sent with the claim form. Your payment will be made direct into your bank account (a current account in your name or joint names).

Dental and Optical
The dentist or optician must be suitably qualified and registered with the Comhairle Fiaclóireachta, The Dental Council or The Health & Social Care Professionals Council (H&SCPC). Sundry items purchased at Dental Surgeries and Opticians premises, eg. solutions, cleaners, contact lens removers, floss, are not covered and prescription charges for any kind of medication are not covered under this category. Claims cannot be accepted for the purchase of spectacles or contact lenses supplied without prescription or for any dental treatment (including teeth whitening) not carried out at a dental surgeon’s practice (eg. if undertaken at a cosmetic/retail outlet).

Consultations with Consultant Oral Surgeons, Consultant Facio-Maxillary Surgeons, Consultant Orthodontic Surgeons and Consultant Ophthalmic Surgeons are not covered under this category. These should be claimed under the Consultations category. The cost of treatment or operative procedures undertaken by these Consultants is not included in any category. If Eye Laser Treatment or a permanent contact lens implant (to correct long or short sightedness) is carried out by a Consultant Ophthalmic Surgeon or undertaken in hospital as a day case patient or an inpatient, claims cannot be accepted for Consultations, Medical Tests or for Hospital or Day Case, in addition to the Optical category.

The cost of Eye Laser Treatment, Implantable Contact Lenses (to correct long or short sightedness) and assessments is included in Scheme OSD2 onwards, but claims for this particular treatment can only be accepted at least 6 months after registration.

Rules concerning pre-existing conditions do not apply to this particular category.

General Practitioner, Prescription and Emergency Department
The amount is repaid up to the maximum (but if the actual charge is less, only this amount will be refunded) on the production of a paid receipt supplied by one of the following:

General Practitioner (Family Doctor), indicating a visit to a surgery. Any procedures carried out during the visit are covered by the grant and may not be claimed for separately under this or any other category;

Pharmacy (Dispensing Chemist), indicating that a prescription supplied by a registered pharmacy has been dispensed. Only one grant is payable on each receipt regardless of the number of items;

Hospital indicating attendance at an Accident and Emergency Department.

Limited to 12 individual grants in total between the above three types in any 12 consecutive calendar months. Rules concerning pre-existing conditions do not apply to this particular category.
Consultation, therapy or treatment. Testing by post) is covered but not any subsequent problems by a qualified practitioner with a personal form of vaccine or medication). Issue of a prescription for a vaccination (which may be in the vaccination administered at a GP surgery or clinic or the visits to health screening clinics and for the cost of a consultation, and not requiring the use of a separate investigations carried out at the same time as an out-patient audiogram and orthoptic investigations. Minor invasive procedures. Reimbursement is only on the initial consultation with a Consultant Psychiatrist, subsequent visits are neither is any radiography during such treatment/procedures. Reimbursement is only on the initial consultation with a Consultant Psychiatrist, subsequent visits are classified as treatment. Claims cannot be accepted for examinations / investigations carried out while an inpatient or as a day case or for medicolegal reports, possible legal evidence (including paternity testing), or for insurance, employment, fitness/occupational assessments or immigration/emigration purposes.

The following are covered under Medical Tests:
Any investigations undertaken, on an outpatient basis only, in a hospital x-ray, MRI/CT scanning, pathology or nuclear medicine / medical physics department (or its equivalent elsewhere); electrocardiogram (ECG), electroencephalogram (EEG); electromyogram (EMG); audiogram and orthoptic investigations. Minor invasive investigations carried out at the same time as an out-patient consultation, and not requiring the use of a separate treatment room, are also covered. Claims are accepted for visits to health screening clinics and for the cost of a vaccination administered at a GP surgery or clinic or the issue of a prescription for a vaccination (which may be in the form of vaccine or medication).

For allergy testing the initial consultation and diagnosis of problems by a qualified practitioner with a personal consultation in a clinical environment (not a retail outlet or testing by post) is covered but not any subsequent consultation, therapy or treatment.

The following are NOT covered
Invasive investigations, such as endoscopies, carried out with some form of anaesthetic, and requiring the use of an out-patient treatment room (for which the hospital or clinic charges an additional fee) or occupancy of a bed on a day stay basis. The Day Case benefit may be claimed in these circumstances if applicable.

Birth Grant and Adoption Grant
The period of at least 10 months before claims can be accepted in this category also relates to inpatient treatment and all other categories for consultation, investigation and treatment associated with the pregnancy. The Birth Grant is also paid for a still birth if an official certificate is submitted. Adoption is included in this category, however, a claim under this category may not be submitted until HSF health plan cover has been of at least 10 months’ duration. The adoption certificate should be dated after the end of the 10 months’ period and before the child’s 10th birthday. Claims for overseas births and adoptions are not covered, but may be considered at our discretion.

Hospital
The hospital or hospice must be in Ireland or the United Kingdom and its name and admission and discharge dates should be clearly stated on the claim form. Benefit is payable for up to 40 nights as a patient in any consecutive 12 calendar months. The amount payable is the stated grant and no direct costs (e.g. Consultants’ fees, room charges, medication/dressings involved with the hospital admission) are covered. Stays in nursing or convalescent homes are not covered.

Benefit is restricted to 50 nights in total in a period of continuous cover, regardless of scheme, for admissions to mental illness and geriatric (elderly medical / long stay / rehabilitation / respite care) wards. These 50 nights are counted as part of and not in addition to the rules. Recuperation only, as in accordance with the usual practice, the date of admission is counted as the first night but the date of discharge is not counted. Time spent within an Accident and Emergency Department (A&E) is not considered as part of an admission unless the hospital declares it to be so in accordance with their records. Claims must be submitted after each discharge from hospital. Weekend leave or longer periods of home leave do not count as a discharge, although no amounts will be paid for nights spent at home. Transfers from one hospital to another without a period at home in between are counted as a continuous period in hospital.

In cases of long stay admissions a claim may be submitted after 40 nights and an amount will be paid up to the number of nights due within the rules. Recuperation only, as appropriate, will be payable upon discharge. However, if an admission extends beyond 12 months a further claim may be submitted. There are special rules for these unusual circumstances. If, on the date of admission to hospital, the benefit limit is shown to have been reached in the preceding 12 months then no payment is made for that admission at all unless the current admission is of a duration which takes it past the anniversary of the discharge date 12 months earlier. In these cases the balance of nights due will be paid.
Recuperation
This grant is paid automatically, subject to qualifying for the appropriate number of nights in the hospital categories and actually having been discharged. There is no requirement to make an additional claim. If re-admissions occur after less than seven nights following discharge, and the second or subsequent admissions by virtue of their length would also qualify for a grant, only one such grant will be paid at the rate set for the longest of the admissions. The grant is not payable when the patient dies in hospital or if an admission includes a confinement and qualifies for the Birth Grant.

Day Case Surgery and Treatment
The claim form must be signed by an official at the hospital and bear the official stamp to verify the information given by the policyholder. Policyholders admitted overnight following a Day Case attendance will be entitled to the Hospital and not the Day Case benefit. The following are not included: Geriatric, psychiatric or rehabilitation day hospitals or units; an unplanned day or period spent in an Accident and Emergency or Casualty Department; minor surgery, treatment or procedures undertaken in outpatient or similar departments. The amount payable is the stated grant and no direct costs, e.g. Consultants’ fees, room charges, medication/ dressings involved with the hospital admission are covered.

Exclusions stated under Personal Accident the following exclusions also apply to this benefit:
1. Cancellation charges made by the dentist (for example, for missed appointments).
2. Damage to dentures when not being worn.
3. Dental consumables (for example, toothbrushes, mouthwash and dental floss).
4. Dental prescription charges.
5. Dental insurance, premiums and joining fees for a practice’s dental plan.
6. Any treatment an Insured Person receives 12 months or more after the date of the accident.
7. Dental treatment an Insured Person receives for an accident which happened before joining the plan.
8. Bodily Injury caused by eating and drinking.
9. Permanent facial disfigurement means to the extent of not less than one square centimetre of scar tissue or a scar of not less than two centimetres in length in each case in the area from the hairline to and including the lower jaw and ears.
10. Deferment Period means a period of temporary disablement during which the Temporary Disability Benefit shall not be payable.

Exclusions
No Benefits will be payable:
1. If the Bodily Injury is caused by: war or any act of war; the Insured Person serving full-time in the armed forces of any country or international organisation; suicide, attempted suicide or deliberate self-inflicted injury by the Insured Person (even if they are insane); the Insured Person taking part in air sport or air travel, unless as a
The Personal Accident categories are underwritten on behalf of HSF health plan by Chubb European Group Limited whose registered office is at 100 Leadenhall Street, London, EC3A 3BP and is a European Company incorporated in England & Wales under Company number 1112892, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority for the conduct of business in the UK. HSF health plan is an intermediary acting on behalf of the policyholder dealing exclusively with Chubb European Group Limited. The entire administration of the Personal Accident benefits, which may include medical and other enquiries, is carried out by Chubb as soon as receipt of your claim has been acknowledged. The address and contact telephone number will be indicated in the acknowledgement letter.

**HSF Assist ®**

There are no additional charges to use the services in HSF Assist (except for the cost of the phone call to the service). There is no limit on how many times you use the services except for face-to-face counselling. If you are advised by the telephone counselling service that you would benefit from face-to-face counselling, they can arrange for you to have a session or sessions with a local counsellor. HSF Assist will cover up to 6 sessions with a face-to-face counsellor which you will pay for and then claim back under the Practitioner category by submitting the receipts for the session(s) you have (up to a maximum of 6 for the lifetime of your policy). There is no limit on how many times you use the telephone counselling service.

**Becoming a Policyholder**

Anyone aged 18 or over may join and cover will continue for life, if the policyholder so wishes, and if

- a) your premium payments are kept up to date via Direct Debit or Debit/Credit card directly to HSF health plan
- b) the rules and conditions are adhered to.

Cover is provided continuously from month to month until it is cancelled or otherwise comes to an end. You will not receive renewal documentation unless we change the terms and conditions of your policy. When your application is processed you will receive a welcome pack. Upon its receipt you have 14 days in which to change your mind (telephone 1890 473473 or write to HSF health plan, 5 Westgate Business Park, Kilrush Road, Ennis, Co Clare). If any premiums have been paid you will receive a full refund providing that no claims have been settled during this period.

**Waiting periods**

Claims may be submitted as soon as three months have elapsed from your policy start date, unless stated otherwise. There is a longer period of 10 months for the Birth and Adoption Grant and this time also applies to other categories if the claim is related to infertility or pregnancy. There is a waiting period of 6 months for Eye Laser Treatment and Implantable Contact Lenses. Any restrictions, which are temporary (see paragraph below), include any conditions which existed or for which symptoms were present before your cover began; any development of existing conditions; any recurrence of conditions which have existed in the past; any hereditary, congenital or perinatal conditions which may already exist but which manifest symptoms only after cover commences and any which previously existed but were not disclosed. Until waiting periods have been served, it may also be necessary to refuse claims relating to a particular area or structure of the body where there has been a problem in the past unless medical advice indicates that there is no connection.

The set waiting periods are:  

- a) On first registration: **5 years.**
- b) For increases: **2 years.**

The set waiting period may be reduced for cover from registration (but not increases) where:  

- i) Immediately prior to cover on this policy starting, you were covered for the pre-existing condition under an HSF health plan policy in which case the previous level of cover will be maintained or  
- ii) Within 3 months prior to this policy starting, you were covered by a policy from an insurer authorised by the Health Insurance Authority in which case the set waiting period will be reduced by the premium paying period with that insurer before cover for the pre-existing condition will be provided at the previous level of cover.  
- iii) At the time of making a claim using above you should request a reduction in the set waiting period. You will need to supply original written evidence regarding the nature, level and residual waiting period from your previous insurer.

Any claim for any benefit that relates to an accident can be made immediately once your policy has been issued. Should you need to claim during the Waiting Period as a result of an accident, you will need to include with your claim submission, details of the accident and any substantiating evidence that the treatment you received for which you are claiming for, was a result of that accident.

Any Pre-existing health conditions will be taken into account as to the injuries sustained. An accident is defined in our Personal Accident benefit.

**Restrictions**

Claims cannot be accepted for anything related to plastic surgery and consultations / treatment for cosmetic reasons; addictions (eg misuse of alcohol or drugs); self harm or self inflicted injuries or HIV / AIDS. Conditions which begin during the three month period after cover commences should be notified in writing and you will then be advised if any restrictions apply. Optical, Dental, Chiropody/Podiatry, General Practitioner/Emergency Department, Prescription, Personal Accident and HSF Assist are the only categories not subject to the pre-existing condition rules, although some Personal Accident benefits may be limited if a disability or medical condition existed before the Accident.

No policyholder may be registered in more than a single scheme. These rules are based on the insurance principle of not being able to make a profit from the reimbursement of any expenditure.
Change of address
Any change of address must be notified in writing to HSF health plan so that our records remain up-to-date.

Death of a policyholder
When a policyholder dies, any outstanding claims at the time of death will be settled as appropriate, payments being made on production of the required proof of entitlement.

Payment of premiums
Policyholders should check that payments have commenced in order that they are received regularly by HSF health plan. Policyholders who fall into arrears for more than six months will be required to rejoin under the usual conditions of enrolment.

Increasing premiums
Any existing policyholder is able to apply to increase to a higher value scheme by completing an application form. Acceptance may be subject to a proviso or restriction and a waiting period for any new health condition which may have arisen. In transfers to any scheme, the periods before claims may be submitted are waived in all categories except the following: Birth and Adoption Grants; all other categories if the claim is associated with pregnancy; Eye Laser Treatment in the Dental and Optical category only when transferring from OSD1 to a higher Scheme. If it is less than three months since the policy start date at the time of any scheme transfer all such periods will apply.

Claims related to medical conditions existing at the time of increasing or linked to previous medical conditions will be paid at the appropriate former scheme rate. There may be circumstances where categories are grouped together for flexibility (eg. Practitioners) when it is necessary to settle claims at a former scheme rate for all categories in that group.

Decreasing or ceasing premiums
While it is possible to reduce premiums by transferring to a lower scheme, cover at the higher scheme should have been of at least six months’ duration before such an application is made. Entitlement at the higher rate then ceases immediately upon transferring. If the maximum has been reached in any category in the higher rate scheme, there will be a period of six months before claims may be submitted under the new lower rate scheme. Cover at the new lower rate scheme must be of at least 12 months’ duration before increasing or decreasing again.

Policyholders who wish to cease premiums should provide written notification to HSF health plan. Past premiums will not be refunded. Entitlement to claim will continue throughout any period of time covered by premiums. Any errors in premium payments must be notified to HSF health plan within two years of the occurrence for refunding to be possible.

Claims
Claims will not be paid unless the appropriate premiums are up-to-date. Claims must be made within six months from the date of the treatment/purchase or discharge from hospital or the accident taking place. All claims are subject to premium checks and it may be necessary to ask you for additional medical or supporting information in connection with any claims. Please see payment of premiums.

All payments are tax free and easy to claim with claim forms provided on request by telephoning 1890 473473 or writing to HSF health plan, 5 Westgate Business Park, Kilrush Road, Ennis, Co Clare or by downloading from our website www.hsf.ie

Reimbursement of most claims is made on a rolling balance principle over any 12 consecutive months. This period starts from the date we pay your claim (not from your joining or scheme increase date or from a calendar year).

For example: an OSD3 policyholder, after serving the waiting period, who has up to €450.00 to claim for dental/optical expenses in any 12 consecutive months, could have the following claim record:

<table>
<thead>
<tr>
<th>Date</th>
<th>Claim Paid</th>
<th>Remaining Balance in the Scheme OSD3 Dental/Optical Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 June 2018</td>
<td>€400.00</td>
<td>A balance of €50.00 remains.</td>
</tr>
<tr>
<td>5 October 2018</td>
<td>€50.00</td>
<td>Now a nil balance is left.</td>
</tr>
<tr>
<td>11 August 2019</td>
<td>€250.00</td>
<td>A balance of €150 remains.</td>
</tr>
</tbody>
</table>

Within any consecutive 12 month period, the claim paid amount has not exceeded €450.00. After each claim is paid the amount becomes available again 12 months later. Balances available in each category can be checked on MyPolicy at mypolicy.hsf.ie or by telephoning the claims department who will give guidance on when to submit a claim.

Claims will only be accepted where accumulated receipts total €7 or more. Benefit payments which relate to amounts paid for a service provided will be up to 100% of the cost, depending on the maximum shown in the brochure. Payment will be by direct credit into your own bank account.

The receipts must:
- a) be originals, not photocopies/scanned;
- b) include the practitioner’s stamp / name, qualifications and date of issue;
- c) include the patient’s full name and address;
- d) state the type of service and items provided;
- e) be for a service for which payment has been met directly by the person registered under the cover;
- f) be for a service covered by the HSF health plan categories only and not for any insurance premiums paid to cover that service. Receipts will be returned and they will be stamped to indicate that a payment has been made to the policyholder. We cannot accept statements or summaries.

In circumstances where part or all of the amount stated on the receipt has been met by another organisation or insurance company, HSF health plan will limit or decline benefit payment to ensure that overall a policyholder does not receive more than the amount paid as to do so would be an illegal act.

Claims cannot be accepted for treatment or services provided outside Ireland and the United Kingdom. There are no such location restrictions under the Personal Accident categories. Should any overpayment be made in respect of any of the benefits, the amount in question will be set against any future claims, or a repayment may be requested. Any fee paid by a policyholder to a practitioner for any type of medical statement or to a hospital for a statement concerning admission /attendance cannot be reimbursed by HSF health plan.
Claims cannot be accepted from service providers who are related to the insured person.

**Payment from Chubb for Personal Accident claims**

Any money due will be paid to the policyholder, if living, otherwise to his / her personal representative(s) within 21 days of the claim being substantiated to the satisfaction of Chubb.

Any receipt which the policyholder or anyone acting on the policyholder’s behalf, or his / her representative(s) may give to Chubb for benefits payable, shall be deemed final and complete discharge of all liability of Chubb in respect of such benefits.

**General Conditions**

Regardless of any amendments, the Birth and Adoption Grants will remain available to policyholders in the form outlined in the brochure for a minimum of 13 calendar months from the date of joining or changing schemes. This applies to all existing policyholders.

In the interest of the majority of the policyholders, the Board of Directors of HSF health plan reserve the right at renewal to:

a) vary the premium rates by giving at least 28 days' notice to the policyholder’s last known home address;

b) vary the range and rates of benefits and the conditions and terms relating thereto;

c) make amendments to these rules with such changes applying at the next renewal date;

At other times the Board of Directors reserve the right to:

d) refuse to settle the claim of any policyholder who is in breach of the rules and conditions, or has been unwilling to cooperate in the process of considering a claim;

e) take legal action against anyone who makes a fraudulent claim and terminate cover immediately;

f) take legal action against anyone who makes, or is associated with, a fraudulent claim and terminate cover immediately;

g) use information provided on application and claim forms for the prevention and detection of crime.
Regulatory Information

Regulation and Compensation
HSF health plan Limited is approved in Ireland by the Department of Health and Children and registered with the Health Insurance Authority. It is registered as a Branch, No. 904935, by the Companies Registration Office in Ireland. It is authorised by the Prudential Regulation Authority in the United Kingdom, No. 202182 and Passports into Ireland on a Freedom of Establishment basis. Chubb European Group Limited is regulated by the Irish Financial Services Regulatory Authority and authorised by the Prudential Regulation Authority in the UK, No. 1112892 (the UK details of HSF health plan and Chubb may be checked on the Financial Services Register on The FCA website). HSF health plan Limited is covered by the Financial Services Compensation Scheme (FSCS). In the unlikely event that we are unable to meet our obligations you may be able to claim compensation. Further information is available from the Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU. The Head Office of HSF health plan is 24 Upper Ground, London SE1 9PD, England.

Advice and Reviews
HSF health plan is not authorised to provide advice and our Account Executives are only allowed to provide factual information on our products. They are not in a position to determine whether the product is appropriate for you. Applicants should carefully consider the schemes available to them and choose the scheme to suit their personal circumstances. Policyholders should regularly review their policy documents to ensure the scheme remains suitable for their circumstances.

Remuneration of our Account Executives
Our Account Executives receive a salary and also receive a bonus based on sales and on meeting certain quality thresholds.

Compliments and Complaints
We endeavour to provide a high standard of service to our Policyholders and welcome comments and suggestions. Should you find it necessary to make a complaint, you should in the first instance contact our Customer Services Department at our Ennis address. If your complaint is not resolved to your satisfaction, you may write to HSF health plan’s Managing Director. There are appeal options available and any complaint which cannot be settled may ultimately be referred to the Financial Services Ombudsman, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2, or call them on 1890 882 090. Full details of our complaints procedures are automatically sent on receipt of a complaint and at each stage relevant addresses are provided. Such details are available on request at all times. These procedures do not prevent you from taking legal action.

Governing Law
Cover in your scheme within this HSF health plan will be governed by and interpreted in accordance with Irish Law. All terms and conditions and communications will be in English.

Annual Premium Calculator
Below are the annual premiums for the HSF health plan schemes.
OSD1 €188.40  
OSD2 €376.80  
OSD3 €565.20  
OSD4 €753.60
This section informs you of the information we record about you. It sets out the conditions under which we may process any information that we collect from you, or that you provide to us. It covers information that could identify you (“personal information”) and information that could not. In the context of the law and this notice, “process” means collect, store, transfer, use or otherwise act on information. We take seriously the protection of your privacy and confidentiality.

Our policy complies with the EU General Data Protection Regulation (GDPR).

The law requires us to tell you about your rights and our obligations to you in regards to the processing and control of your personal data.

Data Privacy Policy

What is GDPR?
The General Data Protection Regulation (GDPR) is an EU regulation. This piece of legislation replaces the Data Protection Act 1998 and places a greater accountability on organisations when using personal information and in turn give customers more rights. The GDPR applies to all organisations that offer products or services to customers that reside in the EU as well as those that collect data from customers based in the EU.

What does this mean to you?
Under the GDPR, we have a legal duty to protect any information we collect from you. We use leading technologies to safeguard your data, and keep strict security standards to prevent any unauthorised access to it. Upon the demonstration of satisfactory identification evidence, you may request a copy of the information we hold about you.

What information do we collect?

Health cash plan applications
If you make an application for a health cash plan. We collect three types of information: your personal details (including those of your partner and any dependants - if applicable), your medical details (including those of your partner and any dependants - if applicable) and payment details.

Personal details
The personal details we collect are: your personal and contact details including name, address, date of birth, company name and address (if applicable), email address and telephone numbers. We also collect the name and date of birth of your partner (if applicable) and any dependants (if applicable).

Medical details
The medical details we collect are: any conditions or illness you, your partner and any dependants may have had (or have) and the date any of the symptoms began. The medical details we collect are: any conditions or illness you, your partner and any dependants may have had (or have) and the date any symptoms began. A copy of this information is kept securely by HSF health plan and our technology suppliers, Microsoft Azure.

Payment details
The payment details we collect are Direct Debit or Credit Card information. Direct Debit or Credit Card information will be used for automatic payments to be made from the account you provide. Confirmation of premium deductions from your employer (where applicable). A copy of this information may be kept securely by HSF health plan (and temporarily by our technology suppliers Microsoft Azure).

Information about your Direct Debit
When you agree to set up a Direct Debit arrangement, the information you give to us is passed to our own bank Ulster Bank Ireland for processing according to our instructions. We do keep a copy.

Sending a message to our support team
When you contact us, whether by telephone, through our website or by e-mail, we collect the data you have given to us in order to reply with the information you need. We record your request and our reply in order to increase the efficiency of our business.

How we use your information and the legal basis
When you make an application for a Health Cash Plan or otherwise agree to our terms and conditions, a contract is formed between you and us.

In order to carry out our obligations under that contract we must process the information you give us. Some of this information may be personal information.

We may use it in order to:
- verify your identity for security purposes
• sell products to you
• provide you with our services
• provide you with suggestions and advice on products, services and how to obtain the most from using our website

We process this information on the basis there is a contract between us, or that you have requested we use the information before we enter into a legal contract. Additionally, we may aggregate this information in a general way and use it to provide class information, for example to monitor our performance with respect to a particular service we provide. If we use it for this purpose, you as an individual will not be personally identifiable.

Who we share your information with
HSF health plan may share your data with regulatory bodies when it is a legal requirement to do so for the purpose of monitoring and enforcing compliances:
• Financial Ombudsman Services
• Data Protection Commissioner
• Fraud Prevention Agencies

We may also share aspects of your information on occasion with organisations to enable continuity of service; these include:
• Organisations that pay premiums on your behalf in line with the policy contract (if applicable).
• IT Support

We may pass information to our service providers to assist in the continuity and provision of benefits. At the time of writing, the providers are Chubb European Group Limited & Medical Solutions UK LTD, however this is subject to change.

How long we hold your data for?
Except as otherwise mentioned in this privacy notice, we keep your personal information only for as long as required by us:
• to provide you with the services you have requested;
• to comply with other law, including for the period demanded by our tax authorities;
• to support a claim or defence in court.

In line with our current retention policy we retain your personal data for 7 years after the health plan policy has ceased.

Where is your information stored?
All of your data is located in the EU.

Implications of not providing data
If you do not provide information we may not be able to:
• provide requested services to you;
• continue to provide and/or renew existing products or services

We will tell you when we ask for information which is not a contractual requirement or is not needed to comply with our legal obligations.

How to exercise your information rights including the right to object
_access to your Data_
You have the right to request a copy of all information about you held by HSF health plan.

Data Portability
You have the right to exercise your right to data portability in certain circumstances.

What if you want us to stop using your personal information?
You have the right to object to our use of your personal information, or to ask us to delete, remove, or stop using your personal information if there is no need for us to keep it. Please note our policy is to only keep personal information for as long as is reasonably required for the purpose(s) for which it was collected. We are required to keep certain transactional records – which does include personal information – for more extended periods to meet legal, regulatory, tax or accounting needs. We are also required to retain an accurate record of dealings with us for at least six years after your last interaction with us, so we can respond to any complaints or challenges you or others might raise later.

We may sometimes be able to restrict the use of your data. This means that it can only be used for certain things; if this is the case we would not use or share your information in other ways whilst it is restricted. You can ask us to restrict the use of your personal information if:
• It has been used unlawfully but you don’t want us to delete it.
• You have already asked us to stop using your data but you are waiting for us to tell you if we can keep on using it.
• If you wish to exercise any of your above rights you can do so by contacting the Data Protection Officer.

Verification of your information
When we receive any request to access, edit or delete personal identifiable information we shall first take reasonable steps to verify your identity before granting you access or otherwise taking any action. This is important to safeguard your information.

Right to complain
Should you not be happy with the way we handle your personal data, you have the right to complain. You can do so by contacting the Data Protection Officer.

If your complaint reasonably requires us to contact a third party, we may decide to give to that third party some of the information contained in your complaint. We do this as infrequently as possible, however it is a matter for our sole discretion as to whether we do give information, and if we do, what that information is. You also have a right to lodge a complaint with the supervisory:

Data Protection Commissioner.

Data Protection Officer contact details
The Data Controller is HSF health plan.
You can contact the Data Protection Officer of HSF health plan by telephone on 1890 473 473 or in writing at:
HSF health plan,
5 Westgate Business Park,
Kilrush Road,
Ennis,
Co. Clare.

Visit www.hsf.ie to see full details.
How to join

1: Select the scheme which best suits your needs.
2: Complete the application form opposite.
3: Write all the medical information requested on page 26. (This will help us to explain the cover you receive but failure to do so will not affect your registration).
4: Complete the Direct Debit Mandate on page 27 or Credit/Debit Card form on page 28.
5: Send both forms to the Ennis address printed at the bottom of page 24 or hand them to a HSF health plan Account Executive – we will do the rest.

A welcome pack will be sent to your home address and the date stated on the certificate will denote when your cover began.

Q Can I join at any age?
A Anyone aged 18 or over may join.

Q Can I increase to a higher scheme at any time?
A Yes, subject to terms and conditions.

Q Do I have to have a medical to join?
A No. You need only complete and sign the health declaration on the application form.

Q Why do you need medical information?
A In order to explain the cover you will receive, and any restrictions which may apply.

Q Do older people pay higher premiums?
A No, all ages pay the same rates.

Q How do I pay?
A By Direct Debit, Credit Card or Debit Card.

Q Are benefits taxable?
A No. You keep all you receive from HSF health plan.

Q When can I make a claim?
A For most benefits claims will be accepted after 3 months, any exceptions are clearly indicated in the brochure.

Q How do I make a claim?
A Claim forms are available on request by telephoning the number indicated on the reverse of your certificate of cover or from our website.

Q How do I receive my money?
A By direct credit into your bank account.

Q When would my cover begin?
A Cover begins on the date printed on your certificate of cover.

Ireland Office
5 Westgate Business Park,
Kilrush Road, Ennis, Co. Clare
LoCall: 1890 473 473
Email: customer@hsf.ie
www.hsf.ie

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24 Upper Ground, London SE1 9PD
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