

UP TO **£20,000** CASH COVER AVAILABLE



## Peace of mind with Care4

Care4 has provided me with the reassurance that when the inevitable happens, my family will have the financial support they need.

It will be an emotional time and it doesn't need to be made any more difficult by worries of where the money will come from to pay for the funeral.

BHSF policyholder

## Care4 - life insurance

Caring for those you leave behind

Do you think about the future and how your family will manage when you pass away? Did you know the cost of a funeral has risen by more than double since 2004; the average cost is now £3,897\*.

Care4 has been designed with this in mind, to cover such financial expenses should you die. It can help ease the burden on your loved ones, who may otherwise struggle to cover the costs associated with your death. It can also offer an element of financial security for those you leave behind.

#### Things you should know...

- Choose from either £5,000, £10,000 or £20,000 benefit level
- Individual and couple cover available
- Subject to the terms of the insurance, benefit is payable to your estate after your death
- Premiums are based on the level of cover you choose
- Premiums payable by convenient payroll deduction
- The sum insured is paid tax-free under current legislation
- The maximum amount of life cover available over all Care4 policies is £30,000.

For more information please call:



visit **www.bhsf.co.uk** or email **sales@bhsf.co.uk** 

\*Sun Life Direct's Cost of Dying Report 2016

Monthly premium payable through payroll deduction												
<b>£5,000</b> be	enefit level	<b>£10,000</b> be	enefit level	£20,000 benefit level								
Individual	Couple	Individual	Couple	Individual	Couple							
£2.70	£4.68	£5.95	£10.30	£11.90	£20.59							

Cover is not available for anyone under the age of 18. Cover ceases when you leave your employment. No advice has been given by BHSF Employee Benefits Limited in relation to the sale of this product.

#### Interested in applying?

Simply complete the application form at the back of this booklet and return it freepost to BHSF Employee Benefits Limited.

Further information regarding Care4 can be found on the following pages. Please read this information and ensure the cover is suitable for your needs before completing the application form.

You should seek independent financial advice if you have any concerns about the suitability of the cover or before cancelling an existing life insurance policy.





#### What is Care4?

A Care4 policy is a term asssurance - it pays out a lump sum on the death of the life assured. There is no surrender or cash-in value.

#### What do I pay?

Cover is available as an individual or couple. There are three levels of cover to choose from - level one which pays £5,000 benefit, level two which pays £10,000 and level three which pays £20,000. Premiums are based on the level of cover you choose, and are payable through payroll deduction.

#### Who can apply?

Anyone aged 18 to 69 inclusive, who normally resides in the United Kingdom and is in employment, can apply.

#### How do I apply?

Choose which level of cover is right for you.

Complete the application form at the back of this booklet and return it to BHSF Employee Benefits Limited. Premiums will be payable through payroll deduction. Subject to the terms of the insurance, it will be automatically renewed each month for as long as premiums are paid. Your cover will cease if you leave your employment.

## How will I know if I have been accepted?

You will be sent a welcome pack containing your certificate of insurance and details on how to claim.

#### When will my cover start?

From the effective date shown on your schedule of cover.

#### **Exclusions**

We will not pay the sum insured if death occurs;

1. As a result of a Pre-existing Condition or Related Condition until You have not:

- had any symptoms or tests or
- received any medication or other treatment or
- sought medical advice

for an uninterrupted period of two years following the Effective Date.

- Directly or indirectly as a result of alcohol or solvent abuse, or the taking of drugs except under the direction of a registered medical practitioner.
- Arising out of or contributed to, by the Insured Persons wilful self-injury, suicide, attempted suicide, or deliberate exposure to exceptional danger (except in an attempt to save human life).
- Arising from war, whether declared or not, hostilities or any act of war or civil war.
- Directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with any act of Nuclear, Chemical, Biological Terrorism (as defined below) regardless of any other cause.

#### Who provides the insurance?

Care4 is provided by BHSF Employee Benefits Limited and underwritten by AmTrust at Lloyd's Syndicate 44, which is managed by AmTrust Syndicates Limited. BHSF Employee Benefits Limited is authorised and regulated by the Financial Conduct Authority. AmTrust Syndicates Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. The information contained within 'Your Questions Answered' does not contain the full terms and conditions of the insurance contract and does not form part of the certificate of insurance. The full terms and conditions are provided in the certificate of insurance which will be sent to you on acceptance of your application. If you wish to receive a copy of the certificate of insurance beforehand, please call our helpdesk on 0121 629 1297.

# Care<sub>4</sub>

Caring for those you leave behind

To apply for a Care4 policy please complete the application form at the back of this booklet

## **Important information**

The Financial Conduct Authority (FCA) is an independent body that regulates the general insurance industry. It requires us to give you certain information so that you can decide if our services are right for you.

BHSF Employee Benefits Limited, of 2 Darnley Road, Birmingham, B16 8TE is an Intermediary authorised and regulated by the Financial Conduct Authority. Our registration number is 308611. Our permitted business includes advising on and effecting non-investment insurance contracts. Details of our registration can be checked at www.fca.org.uk/register or by telephoning 0800 111 6768.

BHSF Employee Benefits Limited is a wholly owned subsidiary of BHSF Group Limited.

BHSF Employee Benefits Limited is authorised and regulated by the Financial Conduct Authority. Registered in England number 3897857

BHSF Employee Benefits Limited only offers products from selected insurers for travel insurance, personal accident insurance and life insurance. Products are offered in isolation and without comparison to the wider market. A list of insurers offered can be provided on request. No advice has been given by BHSF Employee Benefits Limited in relation to the sale of this product

If you are not completely satisfied with the insurance, simply notify us in writing within 30 days. We will cancel your policy. Provided a claim has not been made, we will refund any premium collected.

If you wish to register a complaint, please do so in writing to BHSF Employee Benefits Limited, 2 Darnley Road, Birmingham B16 8TE or by telephoning 0121 454 3601, quoting your certificate number. If you are not satisfied with the outcome of your complaint, you may refer it to the Financial Ombudsman Service.

BHSF Employee Benefits Limited, AmTrust Syndicates Limited and AmTrust at Lloyd's Syndicate 44 are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if we are unable to meet our obligations. Entitlement will depend on the type of business and the circumstances of the claim. Further information about compensation scheme arrangements is available from the FSCS website www.fscs.org.uk.

### A Care4 application form

	OS807 07/17
JMBER	REP NUMBER
CODE	K4P

**GROUP N** 

1	<b>1. P</b> e	erson	al de	tails			PRODUC	TCODE	K4P	
	Title		Surna	ame		Forename(s	)			
	Date	of birth			Telephone number		Email			
	Hom	e addre	SS							
								Postcode		
	Nam	e of em	ployer							
		-		partner						
	I also	) wish n	ny app	lication to	cover:					

My partner	Title	Surna	ame				
Forename(s)				Date	of birth	Sex M/F	

#### 3. Level of cover

Plea	ase tick (	one	box to d	eno	te your p	olicy	selection	า:							existing Care4
	£5, Benef				£10, Benef				£20, Benef			cus	stomer? (p New	lease	e tick one box only) Existing
		I	Monthly p	remi	um payable	e thro	ough payro	ll dec	luction			Ple	ase note th	nat if	you are an existing
Inc	Individual Couple Individual Couple					Couple Individual			al Couple			stomer, <b>the</b>	cov	er you select will	
	£2.70		£4.68		£5.95		£10.30		£11.90		£20.59	be in addition to your current co			

#### 4. Declaration

I am applying to BHSF Employee Benefits Limited for life insurance cover in the sum of £5,000, £10,000 or £20,000. I understand that no cover is available for any pre-existing health condition or related health condition until a period of two years has passed during which there have been no symptoms, tests, medication, other treatment or medical advice concerning such condition.

I have detailed above whether I am a new or existing Care4 customer. I understand that the maximum amount of life cover available over all Care4 policies is £30,000.

I wish to take out Care4 insurance as indicated. I understand that variation can be made to the sum insured and/or monthly premiums if I am given at least 30 days' notice of the change at my last known address. I do not currently have life cover through BHSF Employee Benefits Limited.

In signing this application form I understand that my personal information will be used in accordance with the Data Protection Act 1998 by BHSF Employee Benefits Limited (and relevant BHSF Group companies) AmTrust at Lloyd's Syndicate 44 and by other companies who may provide a service under this insurance. This information may also be used for the efficient administration of the insurance, to monitor and continue to improve these services, and for the detection and prevention of fraud.

I have read and understood this declaration. (Please tick)

#### Signature

Signature

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.

## **B** Payroll deduction authority form

#### 5. Employer details

Employer's	name								
Employer's address									
Postcode				Payroll number					

#### 6. Level of cover

Please deduct the appropriate amount of premium from my pay in respect of my Care4 policy as follows (tick one box only):

	£5,000 Benefit level				£10 Benef				£20 Benef			Are cus
		1	Monthly p	remi	um payable	e thro	ough payro	ll dec	luction			
In	Individual Couple		In	dividual	C	Couple	In	dividual	(	Couple	Ple	
	£2.70		£4.68		£5.95		£10.30		£11.90		£20.59	exi: sele
												CUI

re you a new or existing Care4 ustomer? (please tick one box only)

Existing

New

Please note that if you are an existing customer, the cover you select will be in addition to your current cover.

#### 7. Applicant's details

Title	Surname	Forename(s)	
Date of birth		Payroll number	
Address			
		Town	
County		Postcode	

#### 8. Signature

I hereby authorise the deduction from my salary/wages of the amount indicated (or such future amounts as may be required to secure the benefits of the plan) each month. Please remit same to BHSF Employee Benefits Limited on my behalf at the agreed intervals until further notice from me.

Please ensure that you have signed and dated this box:

Signature

Date

Once complete, please return your application form to: FREEPOST RTJT-AHJY-BTRK, BHSF EMPLOYEE BENEFITS LIMITED, 2 DARNLEY ROAD, BIRMINGHAM B16 8TE.

# Apply today

## 1. Choose your cover

Decide which level of cover is best for you and complete section A of the application form. If you choose a couple policy, please **remember to include your partner's details, or they will not be covered.** 

## 2. Declarations and payroll authority

Please ensure you have read and understood the declaration. You should tick the box to indicate that you agree with the terms. By signing the payroll deduction authority in section B you agree for premiums to be deducted from your salary and forwarded to BHSF.

## 3. Send your form back to us

Return your completed application form to: FREEPOST RTJT-AHJY-BTRK, BHSF EMPLOYEE BENEFITS LIMITED, 2 DARNLEY ROAD, BIRMINGHAM B16 8TE.

## 4. Sit back and relax

Once your application has been processed, we will send you a welcome pack with full details of how to claim.



For more information please call 0800 622 552, visit www.bhsf.co.uk or email sales@bhsf.co.uk.



BHSF Employee Benefits Limited Registered at Darnley Road, Birmingham B16 8TE

Tel: 0121 454 3601 Fax: 0121 454 7725 Email: sales@bhsf.co.uk Web: www.bhsf.co.uk Calls to our office are recorded and may be monitored for training and security purposes.

BHSF Employee Benefits Limited registered in England number 3897857. Authorised and regulated by the Financial Conduct Authority.

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	FOR OFFICE	USE ONLY		-
CAMPAIGN CODE	GROUP NUMBER	REP NUMBER	PRODUCT CODE	
			K4P	CCC.





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