



Newmarket Lifestyle Homecare Insurance Policy

Cover is for **residents** of the **United Kingdom** only.
This policy does not cover claims relating to **pre-existing medical conditions**.

Important Telephone Numbers

To cancel the policy:

01285 626049

For Claims or Customer services:

020 8666 9200

Contents

	Page
Summary of cover	2
Important information	2-3
Definition of words	4
Health exclusions	5
General exclusions	5
Conditions	6
Making a claim	7
Making a complaint	7
Transport from hospital – Section 1	8
Homecare assistance – Section 2	8

Summary of cover

The following is only a summary of the main cover limits. **You** should read the rest of this policy for the full terms and conditions.

Cover	6 Week Programme Limit (up to)
1. Transport from hospital	£50
2. Personal care assistance	Max. 6 weeks family homecare assistance programme for each claim incident (Max. 12 weeks in total for all persons insured each year). The programme will be made up as follows: - Personal care 2 hours/day, max. 14 hours/week with a total cost of up to £1,512 - Meal assistance 1 hour/day, max. 7 hours/week with a total cost of up to £756 - Housework 0.5 hours/day, max. 3.5 hours/week with a total cost of up to £378

Important information

Thank **you** for taking out Newmarket Lifestyle Homecare insurance with **us**.

Your policy schedule shows the people who are covered and any special terms or conditions that may apply.

Your policy does not cover everything. **You** should read this policy carefully to make sure it provides the cover **you** need. If there is anything **you** do not understand **you** should contact Newmarket Lifestyle Homecare insurance on **020 8666 9200** textphone **020 8666 9562** or write to **us** at 102 George Street, Croydon, CR9 6HD.

Insurer

Your Newmarket Lifestyle Homecare insurance is underwritten by AGA International SA and is administered in the **United Kingdom** by Allianz Global Assistance.

How your policy works

Your policy and policy schedule is a contract between **you** and **us**. **We** will pay for any claim **you** make which is covered by this policy and happens during the **period of insurance**.

Unless specifically mentioned, the benefits and exclusions within each section apply to each **person insured**.

Certain words have a special meaning as shown under the heading 'Definition of words'. These words have been highlighted by the use of bold print throughout the policy document.

Information you need to tell us

There is certain information that **we** need to know as it may affect the terms of the insurance cover **we** can offer **you**.

You must, to the best of **your** knowledge, give accurate answers to the questions **we** ask when **you** buy **your** Newmarket Lifestyle Homecare insurance. If **you** do not answer the questions truthfully it could result in **your** policy being invalid and could mean that all or part of a claim may not be paid.

If **you** think **you** may have given **us** any incorrect answers, or if **you** want any help, please call **020 8666 9200** as soon as possible and **we** will be able to tell **you** if **we** can still offer **you** cover.

Cancellation rights

If **your** cover does not meet **your** requirements, please notify Newmarket Promotions Limited by calling **01285 626049** within 14 days of starting **your** Newmarket Lifestyle Homecare insurance.

If during this 14 day period **you** have asked **us** to provide or perform any services given under this policy, **we** can recover all costs that **you** have used for those services.

Please note that **your** cancellation rights are no longer valid after this initial 14-day period.

Data protection

Information about **your** policy may be shared between Newmarket Promotions Limited, Kinetic Insurance Brokers Limited, **us** and the **insurer** for underwriting and administration purposes.

You should understand that the sensitive health and other information **you** provide will be used by **us, our** representatives (if appropriate), the **insurer**, other insurers and industry governing bodies and regulators to process **your** insurance, handle claims and prevent fraud. **We** have taken steps to ensure **your** information is held securely.

Your information may be used by Newmarket Promotions Limited, Kinetic Insurance Brokers Limited, **us**, the **insurer** and members of the Allianz Group for marketing and research purposes, or to inform **you** from time to time about new products or services. If **you** do not want to receive marketing information please write to **us** at Customer Support, 102 George Street, Croydon CR9 6HD. **You** have the right to access **your** personal records

Financial Services Compensation Scheme (FSCS)

For **your** added protection, the **insurer** is covered by the FSCS. **You** may be entitled to compensation from the scheme if the **insurer** cannot meet its obligations. This depends on the type of business and the circumstances of the claim.

Insurance cover provides protection for 90% of the claim, with no upper limit.

Further information about the compensation scheme arrangements is available from the FSCS, telephone number **0800 678 1100** or **020 7741 4100**, or by visiting their website at www.fscs.org.uk.

Governing law

Unless agreed otherwise, English law will apply and all communications and documentation in relation to this policy will be in English. In the event of a dispute concerning this policy the English courts shall have exclusive jurisdiction.

Contracts (Rights of Third Parties) Act 1999

We, the **insurer** and **you** do not intend any term of this contract to be enforceable by any third party pursuant to the Contracts (Rights of Third Parties) Act 1999.

Renewal of your insurance cover

Newmarket Promotions Limited will contact **you** at least 21 days prior to the expiry of the **period of insurance**.

You will be told if:

- Newmarket Lifestyle Homecare insurance is not going to be offered as a benefit option;
- The terms of **your** cover change; or
- The premium rates change.

Definition of words

When the following words and phrases appear in the policy document, they have the meanings given below. These words are highlighted by the use of bold print.

Accident / injury / illness

An unexpected event during the **period of insurance** that could not reasonably have been foreseen when **you** bought this policy.

Area of cover

You will not be covered outside the **UK**.

Channel Islands

Jersey, Guernsey, Alderney, Sark and Herm.

Claim incident

Each separate period of **hospitalisation** occurring during the **period of insurance**.

Doctor

A legally qualified doctor holding the necessary certification in the **UK**, other than **you** or a relative.

Home

Your usual place of residence in the **UK**.

Hospitalisation

A continuous period of at least 24 hours during which **you** receive care or treatment in a hospital, following an **accident, injury** or **illness** occurring during the **period of insurance**.

Insurer

AGA International SA.

Period of insurance

Cover starts and ends on the dates shown on **your** policy schedule. All cover will end on the day **you** choose to cancel the policy or, if premiums are not kept up to date, the last day that cover has been paid for. If **you** are hospitalised during this time and **your** planned homecare **programme** will not or is unlikely to be completed before the expiry date of **your** policy, **your** care **programme** will continue until such a time as it is completed.

Pre-existing medical condition

Any medical condition that **you** had before **your** policy was issued, unless the medical condition is stable and controlled.

Programme

The schedule of assistance that is agreed between **you** (or **your** personal representative) based on **our** assessment of **your** needs and the policy limits. The agreed duties will be performed at, to or from **your home**. **Note:** It is not possible to increase the time spent on certain homecare services by sacrificing the time **you** are eligible for on other homecare services.

Resident

A person who has their main **home** and is registered with a **doctor** in the **UK** and has not spent more than six months abroad during the year before the policy was issued.

Stable condition

A medical condition which has shown no sign of deterioration and which has not required a change or increase in medication in the last 12 months and which has not necessitated a consultation with a **doctor** or specialist more regularly than once every six months.

United Kingdom (UK)

England, Scotland, Wales, Northern Ireland (excluding **Channel Islands** and the Isle of Man).

We, our, us

Allianz Global Assistance which administers the insurance on behalf of the **insurer**.

You, your, person insured

Each person aged 18 or over shown on the confirmation email, for whom the appropriate insurance premium has been paid.

Health exclusions

It is very important that you read the following

Exclusions relating to your health

- 1 **You** will not be covered for any **pre-existing medical condition**. A **pre-existing medical condition** includes medical conditions for which **you**:
 - a are being referred to, treated by or under the care of a **doctor** or a hospital specialist;
 - b are awaiting treatment or the results of any medical tests or investigations.
- 2 **You** will not be covered for any claim arising from any condition that **you** know **you** will need medical treatment or consultation for at any medical facility before the point that **hospitalisation** is required.

General exclusions

The following exclusions apply to the whole of **your** policy:

We will not cover **you** for any claim arising from, or consisting of, the following:

- 1 War, invasion, act of foreign enemy, hostilities (whether war is declared or not) civil war, civil commotion, rebellion, revolution, insurrection, military force, coup d'etat, terrorism, weapons of mass destruction.
- 2 Any epidemic or pandemic.
- 3 Ionising radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
- 4 The failure or fear of failure or inability of any equipment or any computer program, whether or not **you** own it, to recognise or to correctly interpret or process any date as the true or correct date, or to continue to function correctly beyond that date.
- 5 **You** acting in an illegal or malicious way.
- 6 The effect of **your** alcohol, solvent or drug dependency or long term abuse.
- 7 **You** being under the influence of alcohol, solvents or drugs, or doing anything as a result of using these substances (except drugs prescribed by a **doctor** but not for the treatment of drug addiction).
- 8 Any loss caused as a direct or indirect result of anything **you** are claiming for, for example loss of earnings, unless it says differently in the policy.
- 9 **Your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life).
- 10 Any claim if **you** are a resident in a nursing home.
- 11 Any cosmetic or elective surgery including complications arising from it, unless this was performed following an accident or illness that **we** have agreed to cover.
- 12 **You** not answering accurately any question(s) **we** have asked **you** at the time of buying this policy, where **your** answer(s) may have affected **our** decision to provide **you** with this policy.

Conditions

The following conditions apply to the whole of **your** policy. Please read these carefully as **we** can only pay **your** claim if **you** meet these:

- 1 **You** are a **resident** of the **UK**.
- 2 **You** take reasonable care to protect yourself against accident, injury or illness, to act as if **you** are not insured and to minimise any potential claim.
- 3 **You** have paid all appropriate insurance premiums.
- 4 **You** contact **us** as soon as possible with full details of anything which may result in a claim and give **us** all the information **we** ask for. Please see section 'Making a claim' on page 7 for more information.
- 5 **You** accept that no alterations to the terms and conditions of the policy apply, unless **we** confirm them in writing to **you**.
- 6 **You** are aged 18 or over.

We have the right to do the following

- 1 Cancel the policy if **you** tell **us** something that is not true, which influences **our** decision as to whether cover can be offered or not.
- 2 Cancel the policy and make no payment if **you**, or anyone acting for **you**, make a claim under this policy knowing it to be dishonest, intentionally exaggerated or fraudulent in any way, or if **you** give any false declaration or deliberate mis-statement when applying for this insurance or supporting **your** claim. **We** may in these instances report the matter to the police.
- 3 Take over and deal with, in **your** name, any claim **you** make under this policy.
- 4 Take legal action in **your** name (but at **our** expense) and ask **you** to give **us** (or **our** service providers) details and fill in any forms, which will help **us** to recover any payment **we** have made under this policy.
- 5 With **your** or **your** Personal Representative's permission, get information from **your** medical records to help **us** or **our** representatives deal with any claim.
- 6 Not accept liability for any claim if **you** refuse to follow advice from the treating **doctor**.
- 7 Only refund **your** premium if **you** decide that the policy does not meet **your** needs and **you** have contacted **us** within 14 days of starting **your** Newmarket Lifestyle Homecare insurance. **We** can recover all costs that **you** have used if **you** have asked **us** to provide or perform any services given under this policy.
- 8 Not to pay any claim on this policy for any amounts covered by another insurer or insurance policy, or by anyone or anywhere else, for example any amounts **you** can get back from private health insurance or any other claim amount recovered by **you**. In these circumstances **we** will only pay **our** share of the claim.
- 9 Ask **you** to pay **us** back any amounts that **we** have paid which are not covered by this policy.
- 10 Vary the terms of **your** cover and the premium rates at the renewal date. If **we** do this **we** will give **you** at least 21 days written notice before the renewal date.

Making a claim

Step 1. You or your personal representative should call us within the first three days of you returning home.

Phone: 020 8666 9200 Textphone: 020 8666 9562

Please give us your name, date of birth and details of the person insured that needs to claim. Say that you are insured with Newmarket Lifestyle Homecare.

Step 2. We will let you know whether we need extra information to proceed with your claim. This may need to be provided at your own expense.

Step 3. If Homecare Assistance is required, we will arrange for an appointed care provider to visit you at home, to put together the most appropriate weekly care programme on our behalf with your or your personal representative's agreement. It will be based on your current medical and mobility state, the availability of other help you may have and the limitations of policy cover.

It is essential that you provide us with as much detail as possible for us to handle your claim quickly. When writing, please keep photocopies of all information you send us. Our contact address is Newmarket Lifestyle Homecare Claims Department, 102 George Street, Croydon CR9 6HD.

Below is a list of the processes you should follow and the documents we will need in order to deal with your claim.

For all claims

- Always get our prior agreement of costs. Only pre-agreed costs will be covered, unless they are for transport from hospital, which will need to be paid by you and claimed back from us.
- Details of any other insurance you may have that may cover the same loss, such as private medical.
- As much evidence as possible to support your claim.
- Medical evidence from the treating doctor confirming the illness or injury, treatment given and including hospital admission and discharge dates.

Transport from hospital

- Original receipts from the taxi company, showing the date and expense of the fare you had to pay.

Making a complaint

We aim to provide you with a first class policy and service. However, there may be times when you feel we have not done so. If this is the case, please tell us about it so that we can do our best to solve the problem. If you make a complaint your legal rights will not be affected.

If you have a complaint please:

Write to: Customer Support,
Allianz Global Assistance,
102 George Street,
Croydon, CR9 6HD

Telephone: 020 8603 9853

Email: customersupport@allianz-assistance.co.uk

Please supply us with your name, address, policy number and claim number where applicable and enclose copies of relevant correspondence as this will help us to deal with your complaint, in the shortest possible time.

If you are not satisfied with our final response you can refer the matter to the UK Financial Ombudsman Service for independent arbitration.

Transport from hospital - Section 1

WHAT YOU ARE COVERED FOR

If **you** have an **accident**, or are taken ill during the **period of insurance** and need **hospitalisation**, we will pay up to **£50** in total for a licensed taxi to take **you** from hospital back to **your home** once discharged.

Note

You will need to pay the cost of the taxi yourself and submit a claim to **us**.

WHAT YOU ARE NOT COVERED FOR

The cost of transport not provided by a licensed taxi company.

Please refer to Sections Health exclusions, General exclusions, Conditions and Making a claim that also apply.

Personal care assistance - Section 2

You or **your** personal representatives must contact **us** within the first three days of **you** returning **home** if **you** need Homecare assistance - see under the heading 'Making a claim' on page 7 for more information.

WHAT YOU ARE COVERED FOR

If **you** have an **accident**, or are taken ill during the **period of insurance** and need **hospitalisation**, we will help arrange and pay for a homecare assistance **programme** of up to six weeks.

The **programme** provides **you** with assistance in the following, if **your doctor** needs **you** to convalesce at **home** after **your hospitalisation**. The **employee** or their personal representative need to contact **us** within the first three days of **you** returning **home**.

Personal care

- Getting showered, bathed, washed and dressed;
- Using the bathroom or toilet; and
- Getting into and/or out of bed.

Meal assistance

- Preparing light meals;
- Support in eating and drinking;
- Meal planning;
- Local food shopping; and
- Washing up.

Housework

- Washing and ironing **your** laundry;
- Changing bed linen;
- General cleaning and tidying, dusting and vacuuming; and
- Similar light household duties.

Note

- **We** will not administer or prescribe any medication.
- **We** will not be held accountable for any food allergies **you** have if **you** fail to notify **us**.
- Whilst every effort will be made to provide the assistance services shown, there may be times where due to circumstances beyond **our** control, **your** location or **your home** environment, certain services may not be available.
- It is not possible to increase the time spent on certain homecare services by sacrificing the time **you** are eligible for on other homecare services.

WHAT YOU ARE NOT COVERED FOR

Cost that have been arranged without **our** authorisation.

The cost of products and transport used while providing the homecare assistance, for example foodstuffs, shopping, cleaning products and prescription fees.

Please refer to Sections Health exclusions, General exclusions, Conditions and Making a claim that also apply.

This policy is available in large print, audio and Braille.

Please contact us on
Phone 020 8666 9200 Textphone 020 8666 9562

and we will be pleased to organise an alternative for you.

Newmarket Promotions Limited trading as Newmarket Lifestyle are Appointed Representatives of
Kinetic Insurance Brokers Limited (FCA Register No.309540).
Registered office: HQ 420, 3rd floor, St. Helen's, 1 Undershaft, London, EC3P 3DQ.

Newmarket Lifestyle Homecare insurance is underwritten by AGA International SA
and is administered in the UK by Allianz Global Assistance.
Allianz Global Assistance is a trading name of Mondial Assistance (UK) Limited, Registered in England No. 1710361.
Registered Office: 102 George Street, Croydon, CR9 6HD

Kinetic Insurance Brokers Limited and Mondial Assistance (UK) Limited are authorised and regulated by
the Financial Conduct Authority.

AGA International SA is duly authorised in France and the United Kingdom and authorised and
subject to limited regulation by the Prudential Regulation Authority and the Financial Conduct Authority.

Allianz Global Assistance acts as agent for AGA International SA for the receipt of
customer money, settling claims and handling premium refunds.

Newmarket Promotions Limited acts as agent for AGA International SA for the receipt of
customer money and handling premium refunds.