



B&CE
Benefit Schemes

RapidCash

Injury Insurance

Policy Summary & Conditions

Enjoy the total peace of mind
in knowing you are covered
for accidents – 24 hours a day
– anywhere in the world

RapidCash Policy Summary & Conditions

Introduction and Contents

INTRODUCTION

This booklet contains a Policy Summary and full Policy Conditions for RapidCash Injury Insurance. The Policy Summary is an easy reference to key information about RapidCash and the Policy Conditions give you all the details. Please read both carefully.

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RapidCash Injury Insurance

This Policy Summary gives you key information about RapidCash Injury Insurance. It does not include all the terms and conditions of RapidCash. These details follow in the Policy Conditions section of this document.

Key Features and Benefits

RapidCash is a personal injury insurance product. You can choose the level of benefit that you want to be covered for up to a maximum of £3,600 for some injuries. Your chosen level of benefit will be shown on the schedule accompanying your policy summary documents.

- The policy covers you for up to 17 of the most common injuries.
- We pay you for a set recovery period if you suffer a qualifying injury.
- The cover is world-wide and is provided 24 hours a day, all year round.
- For most injuries payment will be made even if you return to work.
- At all premium levels, RapidCash covers you for fractures, new dislocations and the loss of fingers or thumbs.
- At the two highest levels, RapidCash also covers you for some new back injuries, new ligament damage (including new sprains) and serious cuts.

For a full summary of the benefits, please read section 5 of the Policy Conditions.

Significant Exclusions

The main instances when you will not be covered are detailed below.

- If you have an accident, any pre-existing weaknesses caused by a previous or similar injury may invalidate your claim.
- Some new back injuries, new ligament damage (including new sprains) and serious cuts, which do not cause immediate disablement from work, or for the qualifying period required.
- Back injuries other than those to the lumbar spine.
- All neck injuries.
- Intentional self injuries.
- Active service in any of the armed forces or war.
- Sickness or disease which is not linked to the qualifying injury.
- Accidents as a result of taking part in a hazardous leisure pursuit including private flying, or as a result of alcohol or drugs.
- Injuries affecting artificial limbs or replacement joints.
- Accidents happening before the policy started or after you stop making payments.

For full details of all exclusions, please read section 6 of the Policy Conditions.

Please note that B&CE and its representatives do not provide financial advice.

Policy Conditions

1. DEFINITIONS

1.1. In these Policy Conditions:

“Application” means the application form signed by you. In cases where the application is not signed by you, it means an application by a different method put in place by us from time to time, whereby the applicant applies to set up a RapidCash Policy and the application is accepted before the Policy is issued.

“Benefit” means any payment by us to you under this Policy under Policy Condition 5.

“Closed fracture of skull (including hairline fractures)” means a simple fracture with little damage to surrounding tissues and no break in the overlying skin and includes fractures of the jaw and cheekbone but **excludes a fracture of the nose**. Fractures must have been confirmed by an X-ray.

“Endorsement” means any provision added to the Policy issued by us to modify its coverage and signed by an authorised official.

“Fracture of arm” means a break in the humerus, ulna or radius bones (but excluding avulsion fractures) which has been confirmed by an X-ray.

“Fracture of foot” means a break of the os calcis, talus, the tarsus bones, metatarsus, medial malleolus or lateral malleolus

(but excluding toes and avulsion fractures) which has been confirmed by an X-ray.

“Fracture of hand” means a break of the metacarpals or of the phalanges (but excluding avulsion fractures) which has been confirmed by an X-ray.

“Fracture of leg” means a break of the femur, tibia, fibula or patella (but excluding fractures of the ankle, the lateral or medial malleolus and avulsion fractures) which has been confirmed by an X-ray.

“Fracture of ribs” means a break in any of the ribs whether simple or compound which has been confirmed by an X-ray.

“Fracture of shoulder” means a break in the scapula or clavicle (but excluding avulsion fractures) which has been confirmed by an X-ray.

“Fracture of wrist” means a break in any of the carpal bones, (including the scaphoid) or lower end of the radius or ulna bone (but excluding avulsion fractures) which has been confirmed by an X-ray.

“Loss of any finger or thumb” means amputation of at least one phalanx of the hand.

“Payment” means the amount you pay for this Policy under Policy Condition 4.

“Some **new** back injuries” means a direct injury to the **lumbar spine** in the **lower** part of the

back (**not** the **cervical spine** in the area of the **neck**), which **must** have resulted in you being unable to work at any occupation immediately following the accident for a period of **at least 6 continuous weeks**. **Cover is excluded if you have previously had any problem affecting any part of the back that has meant you being unable to work or declared unfit for work at any time.**

“**New** dislocation of ankle” is a complete dislocation and means displacement from its normal position of the talus bone from the socket formed by the lower end of the tibia and fibula which has been confirmed by an X-ray or clinical signs. **Cover is excluded if you have previously suffered a dislocation of the injured ankle.**

“**New** dislocation of elbow” is a complete dislocation and means displacement from the normal position of the ulna or radius bone in relation to the lower end of the humerus which has been confirmed by an X-ray or clinical signs. **Cover is excluded if you have previously suffered a dislocation of the injured elbow.**

“**New** dislocation of hip” is a complete dislocation and means displacement from its normal position of the head of the femur from the acetabulum which has been confirmed by an X-ray or clinical signs. **Cover is excluded if you have previously suffered a dislocation of the injured hip.**

“**New** dislocation of shoulder” is a complete dislocation and means displacement from its normal position of the head of the humerus from the glenoid fossa or dislocation at the acromio-clavicular joint which has been confirmed by an X-ray or clinical signs. **Cover is excluded if you have previously suffered a dislocation of the injured shoulder.**

“**New** ligament damage to the upper or lower limbs (including sprains)” means damage to the ligaments (including cartilage damage **but not damage to tendons or muscles**) due to a new sprain or otherwise (**but excluding soft tissue injuries**), of the shoulder joint, elbow joint, wrist, hand, hip joint, knee joint, ankle or foot which must have resulted in you being unable to work at any occupation immediately following your accident for a period of **at least 6 continuous weeks**. **Cover is excluded if you have previously had any ligament or cartilage damage to the same joint area.**

“Notice” means either written notification you have given to us or by us to you.

“Open fracture of the skull” means a compound fracture where the bone ends have pierced the overlying skin with significant damage to surrounding tissues and includes fracture of the cheekbone or jaw but **excludes a fracture of the nose**. Fractures must be confirmed by an X-ray.

“Policy” means the Policy Conditions including the Schedule, any Endorsement and the Application.

“Qualifying Injury” means damage you have suffered in a single accident on or after the Start Date anywhere in the world which is the sole and direct cause of any one or more of the Qualifying Injuries listed under the heading “Qualifying Injury” in Policy Condition 5.1. **Cover is excluded if you have previously had any problem affecting the area of the injury that has meant being unable to work at any time.**

“Schedule” means the Policy Schedule document accompanying this Policy.

“Serious cuts” means a break in the skin and subcutaneous tissues made by cutting on a sharp object or by tearing of the skin from an external object (**but excluding abrasions that do not involve a complete break**), which must have resulted in you being unable to work at any occupation immediately following the accident for a period of **at least 4 continuous weeks**.

“Start Date” means the date stated as shown in the Schedule.

“Us”, “We”, “Our” means B & C E Insurance Limited.

“Version” means the Essential Version, the Premium Version, the Premium Plus Version or the Premium Select Version as stated in the Schedule.

“You”, “Your”, “Yours” means the person whose name is shown on the Policy Schedule and who legally owns the Policy.

1.2. References in these Policy Conditions to the singular also include the plural.

2. NATURE OF INSURANCE COVER

- 2.1. The B&CE Insurance Limited RapidCash Injury Insurance Policy is a General Insurance policy.
- 2.2. We will subject to the terms, conditions and exclusions of this Policy, provide the cover in the manner and to the extent described in this Policy. All information you give to us will be included in and be the basis of the Policy. Your details are shown in the Schedule.
- 2.3. We will not be liable for any alleged condition, warranty, representation or statement whatsoever differing from these terms whether expressed or implied or whether collateral or otherwise.
- 2.4. Subject to the Policy Conditions, no term or condition of the Policy may be waived or changed except by an Endorsement.
- 2.5. Where any change has been made to the Policy according to its terms, we will amend our records, and may inform or acknowledge the change to you.
- 2.6. The Policy has no cash value at any time.

- 2.7. Any document or cheque that we send and any Notice to be given in writing will be delivered personally or by prepaid post to your last known address as held in our records. We will not be responsible for any consequences which may arise if you fail to tell us of your change of address.
- 2.8. This contract is governed by and is in accordance with the law of England.

3. TERM OF INSURANCE COVER

- 3.1. The Policy will end when you reach the age of 65 years, if you die, or stop making Payments under Policy Condition 4, whichever happens first. If you wish to cancel the Policy during the term of insurance, please write to us at the address shown under 9.3.
- 3.2. We may cancel this Policy by giving you 14 days written notice to your last known address. If this happens, we will calculate any Payments made by you for the period up to the date when the cancellation takes effect and we will promptly return to you any excess portion of any Payment received.
- 3.3. As long as no claim has been made under this Policy, you may cancel this Policy within 14 days of receiving written notification from us that the cover has started and any Payments you have made will be returned.

4. PAYMENTS

- 4.1.** Each Payment shall be the amount set out in the Schedule or such other amount as is decided by us from time to time in the light of your claims history, or any new factor which becomes relevant to the assessment of Payments for RapidCash Injury Insurance policies issued by us. This will also include changes in any factors which were relevant to the assessment of the original Payment including changes to the rate of Insurance Premium Tax. We will give you at least 30 days Notice of any change in the Payment amount.
- 4.2.** The first Payment is due on the Start Date. Future monthly Payments are due on the monthly anniversaries of the Start Date. Yearly payments are due on the yearly anniversaries of the Start Date. The Payments must be made on the due dates by a method specified by us.

- 4.3.** A period of 30 days grace is allowed for the second and further Payments. If a Payment is not made within this period of grace, the Policy will end without value. If you suffer a Qualifying Injury during the period of grace, a claim can still be made and the missed Payment will be deducted from any amount we may pay under the Policy.
- 4.4.** Any Payments you make to us which are not yet due will be refunded to you.

5. BENEFITS

- 5.1.** The Benefit payable to you for a Qualifying Injury resulting from an accident which happens during the Term of Insurance Cover under Policy Condition 3, shall be as shown on the table opposite:

TABLE OF BENEFITS		Total Benefits Payable			
Qualifying Injury	No. of weeks benefit payable	Premium Select Version £29.95 pcm	Premium Plus Version £25.95 pcm	Premium Version £19.95 pcm	Essential Version £14.96 pcm
Fracture of leg	12	£3,600	£3,000	£2,400	£1,800
Fracture of arm	8	£2,400	£2,000	£1,600	£1,200
Fracture of shoulder	6	£1,800	£1,500	£1,200	£900
Fracture of wrist	6	£1,800	£1,500	£1,200	£900
Fracture of hand	4	£1,200	£1,000	£800	£600
Fracture of foot	4	£1,200	£1,000	£800	£600
Fracture of ribs	6	£1,800	£1,500	£1,200	£900
Closed fracture of skull (including hairline fractures)	6	£1,800	£3,000	£2,400	£1,800
Open fracture of skull	12	£3,600	£1,500	£1,200	£900
Loss of finger or thumb	6	£1,800	£1,500	£1,200	£900
New dislocation of shoulder	12	£3,600	£3,000	£2,400	£1,800
New dislocation of hip	12	£3,600	£3,000	£2,400	£1,800
New dislocation of ankle	12	£3,600	£3,000	£2,400	£1,800
New dislocation of elbow	8	£2,400	£2,000	£1,600	£1,200

		Lump Sums Payable			
Qualifying Injury	No. of weeks unable to work before payment	Premium Select Version £29.95 pcm	Premium Plus Version £25.95 pcm	Premium Version £19.95 pcm	Essential Version £14.96 pcm
Serious cuts	4	£1,200	£1,000	£0	£0
New ligament damage to the upper or lower limbs (including new sprains)	6	£1,800	£1,500	£0	£0
Some back injuries	6	£1,800	£1,500	£0	£0

- 5.2.** If you make a claim which involves more than one Qualifying Injury arising from a single accident, the Benefit will only be paid for the Qualifying Injury with the longest number of weeks.
- 5.3.** If you make a claim for a serious cut, the Benefit payable is subject to you having been continuously unfit for any occupation for 4 weeks. The Benefit is payable at the end of the 4 weeks.
- 5.4.** If you make a claim for new ligament damage or some new back injuries, the Benefit payable is subject to you having been continuously unfit for any occupation for 6 weeks. The Benefit is payable at the end of the 6 weeks.
- 5.5.** For all other Qualifying Injuries, the Benefit will be payable for the number of weeks stated in the previous table, even if you are able to return to work.
- 5.6.** If an accident results in a serious cut, new ligament damage or some new back injuries which makes an existing injury in a separate part of the body worse, you will not have suffered a Qualifying Injury.
- 5.7.** The Benefit levels will be reviewed from time to time by us and we will let you know at least 30 days in advance of any change.

6. EXCLUSIONS

- 6.1.** We will not be liable for a Qualifying Injury resulting directly or indirectly from:
- (a) evidence of a previous problem affecting the area of the injury which indicates that a single accident is not the sole and direct cause or has prevented you from working at any time,**
 - (b) avulsion fractures, fractures unconfirmed by X-ray, minor abrasions, soft tissue injuries, and injuries to the nose, toes, tendons, muscles, neck or any part of the back other than the lumbar spine,**
 - (c) you committing or trying to commit suicide, or intentionally inflicting self-injury,**
 - (d) you engaging in aviation other than as a fare paying passenger,**
 - (e) active service in any of the armed forces of any nation other than members of the Territorial Army Volunteer Reserve, the Royal Air Force Volunteer Reserve or the Royal Navy Volunteer Reserve or the like,**
 - (f) war, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not), civil war, mutiny or any other civil commotion the object of which is to overthrow or influence the government or de facto government by terrorism or by violent means,**

(g) if you suffer from sickness or disease not directly resulting from a Qualifying Injury,

(h) from an accident where it can be proved that the Qualifying Injury happened as a result of you being affected by either alcohol or by drugs which have not been prescribed by a registered Medical Practitioner,

(i) injuries affecting artificial limbs or replacement joints or the area of the body in which they are situated,

(j) taking part in hazardous leisure pursuits including private flying, parachuting, hang gliding, mountaineering, rock climbing, pot-holing and any form of motor sport or any other similar hazardous leisure pursuit.

6.2. We will not be liable for a Qualifying Injury resulting from an accident which happened before the Policy started or which happens after the Term of Insurance Cover has ended under Policy Condition 3.

7. CLAIMS PROCEDURE

7.1. Unless otherwise stated in the Schedule, the Policy is issued to you and the Benefits are payable to you or your administrators, executors or legal personal representatives. If the Policy is held in trust the Benefits are payable to the Trustees.

7.2. If an accident happens that is likely to cause you to claim under this contract, you must give

Notice as soon as possible after the date of the accident but, in any event, within 1 year. **At your own expense**, you will allow us to obtain medical evidence, including completed certificates as required, and give us information and evidence as we may from time to time reasonably need. A claim may be referred to our medical adviser. We shall be allowed, at our own expense, to arrange a medical examination for you if needed. Reasonable notice will be given to you.

7.3. To claim for a new dislocation, some new back injuries, serious cuts or new ligament damage, you must have consulted a medical practitioner who is in a position to complete the certificates needed and provide the information needed, including your medical history and confirmation of incapacity from work where there is a qualifying period.

7.4. A claim for the payment of a Benefit under this Policy must be sent to us, within 1 year of giving Notice of the accident which results in any Qualifying Injury. You will need to send to us a correctly completed claim form, the original Policy Schedule and any other documents or extra information that we may need to assess your claim. We will then consider your claim based on the above information.

7.5. If any claim under this Contract is in any way fraudulent or if any fraudulent means or devices are used by you or anyone acting on your behalf or by your legal representatives to receive Benefit under this Contract, we will not be liable for such a claim.

7.6. So that we can pay any Benefit under this Policy, you must observe and fulfil the terms, exclusions and conditions of this Policy, which relate to anything that must be done or complied with by you or your personal representatives.

7.7. No Benefit payable under this Policy shall carry any interest payment.

8. DATA PROTECTION ACT 1998

Any personal information held by us will be used solely for the marketing of B&CE's own products. It will not be divulged to any other party other than appointed representatives unless required by law or in accordance with the Information Commissioner. To help us improve our service, we may record your call.

You can ask for access to personal information we hold on you by applying in writing to B&CE's Data Protection Officer at the address shown under 9.3.

9. COMPLAINT PROCEDURE

9.1. We aim to provide a high quality service to all customers. If we do make a mistake or you are unhappy with any aspect of our service, we will listen and deal with your complaint fairly and promptly.

9.2. We promise to:

- act fairly and reasonably when dealing with you;
- make sure all the information provided is clear, fair and not misleading;
- avoid conflict of interest or, if this cannot be avoided, explain the position to you;
- give enough information so you can make an informed decision before buying an insurance policy;
- handle claims fairly and promptly;
- make sure you receive all the documentation needed;
- protect your personal information, money and property held or handled by us;
- handle complaints fairly, promptly and consistently.

9.3. If you have a complaint about any area of the service you have received from us you can contact:

The Manager
B&CE Insurance Limited
Manor Royal, Crawley
West Sussex RH10 9QP
Telephone: 08457 41 41 42
Fax: 01293 586797
Email: enquiry@bandce.co.uk

9.4. We promise that:

Within 5 days of receiving your complaint:

- We will write to you and inform you who will be dealing with your complaint and confirm when you can expect a reply;
- The person investigating the complaint will be sufficiently competent and where appropriate, will not be directly involved in the matter which is the subject of your complaint;
- The person responsible for replying to your complaint will have suitable authority to settle your complaint or have access to someone who has the necessary authority.

Within 4 weeks of receiving your complaint, we will either:

- Send you a final reply; or
- If we need further time to deal with your complaint, we will tell you why and confirm when we will contact you again.

By the end of 8 weeks of receiving your complaint, we will either:

- Send a final reply; or
- If we still need further time, we will explain the reason for the delay and let you know when you can expect a final reply. We will also inform you that you may refer the complaint to the Financial Ombudsman Service (FOS) if you are dissatisfied with the delay.

Our final reply letter will deal with your complaint:

- If we accept your complaint, we will offer compensation, where appropriate, or other form of redress;
- If we reject your complaint, we will give full reasons for doing so;
- If you remain dissatisfied you may refer the complaint to the FOS at the address below. You must do this within 6 months of receiving our final reply. A copy of the leaflet 'Your complaint and the Ombudsman' will be enclosed with your final reply.

Financial Ombudsman Service

South Quay Plaza

183 Marsh Wall

London E14 9SR

Telephone: 0845 080 1800

www.financial-ombudsman.org

- 9.5.** B&CE is covered by the Financial Services Compensation Scheme ("the Scheme"). You may be entitled to compensation arrangements from the Scheme if B&CE cannot meet its obligations. This depends on the type of business. Most types of insurance business are covered for 100% of the first £2,000 of a valid claim and 90% of the remaining amount of the loss.

Further information about compensation arrangements is available from the Financial Services Compensation Scheme, telephone number 020 7892 7300.

Since 1942 B&CE has provided financial welfare benefits to those working within the construction industry and their dependants. Today it manages assets of over £1.5 billion and provides financial benefits to 226,800 operatives on behalf of 6,470 construction employers.

In 2001 B&CE launched EasyBuild, a stakeholder pension scheme for the construction industry. This is the largest and most popular* stakeholder pension scheme in the UK with over 500,000 members and £443 million under management.

*Pensions World 2006.

Information in this brochure is correct as at March 2009 and is subject to change. The details are based upon our understanding of HM Revenue & Customs (HMRC) and Department for Work & Pensions (DWP) rules and regulations, tax rates may differ depending on individual circumstances.

for more information:

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To help improve our service, we may record your call.



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B&CE Insurance Limited is
authorised and regulated by the
Financial Services Authority.

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