Health4All

Health cash plan

Policy Details

keyfacts®

Policy Summary

This is a summary of the key features of this Health4All Health Cash Plan. It does not set out the full terms and conditions of the policy, which can be found later in this booklet.

This Health4All Health Cash Plan provides cover towards the costs of a range of everyday healthcare expenses such as dental treatment, diagnostic consultations and new spectacles. This insurance is sold by BHSF Employee Benefits Limited and underwritten by BHSF Limited. In deciding to purchase this product You will not receive advice or personal recommendation from Us.

Key Features and Benefits

- Cover is provided on a personal (policyholder only) or family (policyholder, partner and children aged under 18) basis and the persons covered are named in the policy schedule.
- Cover is provided without a medical.
- Benefits are payable at a specified rate of reimbursement for the cost for dental, dental trauma, optical, therapies, chiropody, homeopathy, reflexology, hearing aids, health screening and diagnostic consultations with a specialist. Further details can be found in the Benefit Schedule section.
- Benefits are also payable at set amounts per night for hospital stays and per event for hospital day-case surgery. Further details can be found in the Benefit Schedule section of the Policy Details.
- A GP consultation service providing telephonic and webcam access to qualified GP's is provided. Further details can be found in the Benefits section of the Policy Details.

Key Limitations and Exclusions

- Cover is only available to persons who normally reside in the United Kingdom. Further details can be found in the General Conditions section of the Policy Details.
- Benefit is payable 13 weeks from the start date of the policy. Hospital in-patient benefit is not payable during the first two years of the policy for pre-existing health conditions or related health conditions; and maternity/paternity benefit has a 10 month qualifying period. Further details can be found in the Qualifying Periods section of the Policy Details.
- Claims for payment must be submitted within 13 weeks of the treatment date. Further details can be found in the Claims Procedure section of the Policy Details.

Duration of the Policy

The policy will be automatically renewed on a monthly basis, provided that premium payments continue to be made. The policy can be cancelled at any time. If the policy is cancelled within 14 days of the start date a refund of premiums may be payable. See the General Conditions section of the Policy Details.

Making a Claim

You can make Your claim online or by post. To claim online please register and log in to Your personal account. (Please note You may not be able to claim all available benefits online). Claim forms can be obtained by telephoning Our Helpdesk on 0121 629 1297 or from Our website www.bhsf.co.uk.

Making a Complaint

Any complaints about the policy or service provided should be made in writing to BHSF Limited, Gamgee House, Darnley Road, Birmingham B16 8TE, or by telephoning 0121 629 1297. If We fail to resolve the complaint, it can be referred to the Financial Ombudsman Service, whose contact details will be provided. See the Customer Care section of the policy terms for more details.

Financial Services Compensation Scheme (FSCS)

BHSF Limited is covered by the FSCS. Compensation from that scheme may be payable if We are unable to meet Our obligations (e.g. if We go out of business or into liquidation or are unable to trade). Entitlement depends on the type of business and the circumstances of the claim.

Further information about the scheme is available on the FSCS website www.fscs.org.uk.

BHSF Employee Benefits Limited is authorised and regulated by the Financial Conduct Authority. BHSF Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

In return for the payment of the correct premiums, Insured Persons are eligible for benefits provided by this policy in accordance with the terms of the policy and the following schedules:

Monthly Premium (including Insurance Premium Tax)	Bronze	Silver	Gold	Platinum	Diamond
Personal (policyholder only)	£5.78	£13.00	£20.00	£27.50	£36.00
Family (policyholder, partner and dependent children)	£11.56	£26.00	£40.00	£55.00	£72.00

		Maximum per Insured Person per Policy Year.				
Benefits		Bronze	Silver	Gold	Platinum	Diamond
Dental	100%	£50	£100	£150	£200	£250
Dental trauma	100%	£200	£400	£600	£800	£1,000
Optical	100%	£50	£100	£150	£175	£225
Diagnostic consultation	75%	£100	£175	£250	£400	£650
Therapies combined maximum benefit	75%	£150	£350	£450	£550	£650
Chiropody, homeopathy and reflexology combined maximum benefit	75%	£50	£75	£125	£175	£225
Hospital in-patient up to 30 nights per Policy Year	Per night	-	£10	£20	£30	£40
Hospital day-case surgery up to 10 events per Policy Year	Per event	-	£10	£20	£30	£40
Recuperation payable automatically after a valid hospital in-patient claim of at least 10 consecutive nights	Lump sum	-	£75	£150	£225	£300
Maternity/paternity (adult benefit only)	Per child	-	£75	£150	£225	£300
Hearing aids	75%	£100	£150	£300	£500	£750
Health screening	75%	£50	£75	£125	£175	£250
Access to care (adult benefit only)	-	-	✓	✓	✓	✓
Telephone helpline (adult benefit only)	-	**24 HOUR, 365 DAYS A YEAR TELEPHONE HELPLINE** **0800 107 6145** Counselling - caring, practical help in areas related to stress, debt, crisis and addiction. Medical information on Social Services' facilities, self-help groups and general medical advice. Legal advice on any private matter relating to UK law, including relationships, tax, employment and welfare benefits.				
GP consultation service	-	**24 HOUR, 7 DAYS A WEEK HELPLINE** Providing access to a GP helpline 24 hours a day, 7 days a week. Also includes access to an online webcam consultation available Monday - Friday, 8.30am to 6.30pm (excluding Bank Holidays). **0345 303 7417 – GP helpline** **0345 127 7053 – Webcam consultation**				
Private prescription service	-	The private prescription service enables its doctors to issue private prescriptions and send them directly to a registered pharmacy for dispatch to a patient.				
Gym membership (adult benefit only)	-	Corporate membership rates at over 2,500 participating UK and Ireland gyms and fitness clubs.				

Where benefit is provided for Children the maximum amount is shared among all Children insured under the policy.

Policy Terms

DEFINITIONS

In this policy (except where the policy expressly provides otherwise), the following expressions have the meanings shown below:

Term	Meaning
Child(ren)	Any Child of Yours and/or Your Partner named in the policy schedule, who is below age 18 and permanently residing with You. Foster Children are excluded.
Dental Trauma	Means an unforeseen event caused directly by an accidental external impact which results in dental injuries.
Insured Person(s)	The person(s) insured under the policy as shown in the policy schedule. The total number of all insured Children will be classed as one Insured Person.
Partner	The one person named as such in the (family schemes) policy schedule, who is Your lawful spouse (or some other person who cohabits with You) and who permanently resides with You.
Policy Year	Is the period of 12 calendar months from the start date of Your policy or from an anniversary of that date. The date of claim is deemed as: 1 the date of admission for hospital in- patient or hospital day-case surgery for which benefit is claimed; 2 the date of the receipted account for charges made for dental, dental trauma, optical, diagnostic consultation, therapies, reflexology, homeopathy, chiropody, health screening or hearing aids. 3 the date of birth on the birth certificate(s) or the date of adoption of a Child qualifying for maternity/paternity benefit.
We/Us/Our	BHSF Limited.
You/Your	The policyholder and, where applicable, any Partner or Children covered under Your policy.

Reference to any statutory provisions shall include reference to any re-enactment or modification thereof.

PREMIUMS AND BENEFITS

Subject to the remainder of this section, the policy will remain in force for as long as premium payments are continued. The payment of benefits is conditional upon premiums being up to date at the time of the incident which gives rise to the claim.
All rights to benefit cease after the last day of the period covered by the final premium payment.
We reserve the right to decline or cancel this policy, or vary the premiums/benefits on giving You at least four weeks prior notice at Your last known address for:

- A change in the applicable rate of Insurance Premium Tax (IPT).
- A change to Our expected claims experience.
- If We suspect any misrepresentation, concealment or failure to comply with the terms and conditions as more specifically set out in General Conditions 9 and 10.
- Fraud.

If maternity/paternity benefit is to be withdrawn then 12 months' notice will be given.

This policy will terminate when and if You cease employment with the employer through which it has been arranged. However, within 13 weeks of that happening You may apply to effect an alternative policy without any qualifying period applying.

AGE LIMITS

Cover, on the basis set out above, is provided to You if You are age 16 or above, at the time of Our receipt of an application for either a new policy or a change to the level of cover of an existing policy. The same age requirement applies to any Partner to be included. Children are covered until the date of their 18th birthday.

GENERAL CONDITIONS

1. If You wish to make any change to the persons insured, then You should make an application to Us and, if the changes are agreed, a new policy schedule will be issued.
2. Premiums and claims are payable in sterling.
3. This policy is bound by English law and shall be subject to the jurisdiction of English Courts.
4. All persons insured under this policy must be normally resident in the United Kingdom.
5. Worldwide emergency cover is included in the policy in respect of emergency dental treatment or emergency purchase of glasses which might be needed while a person insured under this policy is abroad in accordance with the respective policy terms.
6. If You die, Your Partner, if insured under this policy, may apply for a policy in their own name within 30 days of Your death, without any qualifying period applying.
7. A Child insured under this policy may, within 30 days of attaining age 18, apply for an alternative policy in their own name without any qualifying period applying.
8. Transfer to a lower premium plan is not normally permitted.
9. Cover is subject to the conditions set out in the application form. Any material failure to complete that form fully and truthfully entitles Us to terminate the policy forthwith and may invalidate any claims under the policy.
10. The submission of a false or misrepresented claim may result in cancellation of the policy and/or legal action against You. You are responsible for ensuring the accuracy of claims made under this policy.
11. Cooling off period – You have 14 days from the date We issue Your policy documentation to review it. If You are not satisfied with the policy, simply notify Us in writing within the 14 days and We will cancel Your policy. Provided a claim has not been paid We will refund any premium collected.
12. No sum payable under this policy shall carry interest.

PRE-EXISTING CONDITIONS AND QUALIFYING PERIODS

No hospital in-patient claim will be paid during the first two years of a new or upgraded policy in respect of any health condition, or related health condition, which existed or was being investigated before cover commenced. We may wish to verify medical information to support a hospital in-patient claim.

Subject to this, and to the terms of this policy, Insured Persons become eligible for benefit after 13 weeks from the start date of the policy with the exception of maternity/paternity benefit which is subject to a 10 month qualifying period.
GP consultation service, discounted gym membership and telephone helpline are available from the start date of the policy.
No benefit will be paid in respect of treatment commenced during the qualifying periods, irrespective of the future duration of that course of treatment.
If an Insured Person is admitted to hospital as an immediate casualty patient following an accident, the requirement for the completion of the qualifying period for hospital in-patient shall not apply.

If You have upgraded Your policy to a higher level of cover, then for the following 13 weeks (10 months for maternity/paternity) benefits are restricted to that which would have been payable under the previous level of cover; treatment commenced during this 13 week (10 months for maternity/paternity) period will be regarded as if the previous level of cover was still operative, irrespective of the future duration of that course of treatment.

Benefits

DENTAL

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Policy Year for dental examination, dental treatment and dentures provided by a qualified dental practitioner who is on the Registers of the General Dental Council.

Benefit is not payable:

1. *for any prescription charges*
2. *for consumables such as toothbrushes, toothpaste, etc.*
3. *for veneers or whitening procedures*
4. *for premiums in respect of any form of dental insurance, dental care contract schemes or for any dental administration fees*
5. *for mouth guards used for engaging in sporting activities.*

DENTAL TRAUMA

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Policy Year. The benefit may be claimed for dental examination and treatment costs to teeth and gums, provided by a qualified dental practitioner who is on the Registers of the General Dental Council, required as a result of Dental Trauma.

Benefit is not payable:

1. *for denture replacements and repairs*
2. *for mouth guard or gum-shield replacements*
3. *for any injury incurred as a result of the influence of alcohol or drugs*
4. *for the cost of any routine dental treatment and examinations*
5. *for injuries incurred whilst participating in a contact sport where the appropriate mouth guard was not in place*
6. *for veneers or whitening procedures*
7. *for damage to teeth caused entirely due to pre-existing deterioration and not related to the injury claimed to have caused, or aggravated the condition.*

OPTICAL

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Policy Year. The benefit may be claimed for (a) sight tests, spectacles, lenses or contact lenses supplied or provided at the patient's cost for which the net payment is made directly to a qualified optical practitioner registered with the General Optical Council and (b) laser eye surgery performed by a registered laser eye clinic.

Benefit is not payable:

1. *for frames only, cleaning solutions and sundries*
2. *for cataract surgery*
3. *for spectacles or lenses purchased under an optical care contract scheme*
4. *for sunglasses other than prescription sunglasses*
5. *for protective eyewear and goggles/glasses used for engaging in sporting activities.*

DIAGNOSTIC CONSULTATION

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Policy Year in respect of diagnostic consultations by a medical or surgical specialist holding consultant status in an NHS or registered private hospital, described as such by the Care Quality Commission, on the recommendation of the Insured Person's General Practitioner. Within the maximum limits stated, tests used by the consultant which are required as part of the diagnostic process are covered.

Benefit is not payable:

1. *for consultations in connection with pension, insurance, emigration or employment matters or for legal or industrial actions*
2. *for the cost of any treatment*
3. *for the cost of room charges*
4. *for health screening*
5. *for consultations which are covered under 'Therapies', below*
6. *for follow up consultations which do not form part of the initial diagnostic process*
7. *for scans or tests referred or requested by Your GP*
8. *for pregnancy related scans performed in an antenatal clinic.*

THERAPIES

Benefit is payable according to the benefit schedule up to the combined maximum benefit per Insured Person in each Policy Year, in respect of the following treatment:

1. **Physiotherapy treatment** provided by a qualified practitioner who is on the Register of Physiotherapists of the Health and Care Professions Council.
2. **Osteopathic treatment** provided by a qualified practitioner registered with the General Osteopathic Council.
3. **Chiropractic treatment** provided by a qualified practitioner registered with the General Chiropractic Council.
4. **Acupuncture treatment** provided by a professionally qualified and registered acupuncturist.

Benefit is not payable:

1. *in respect of treatment by practitioners other than as defined above*
2. *for treatment which is not directly provided by the practitioner on a one-to-one basis.*

CHIROPODY, HOMEOPATHY AND REFLEXOLOGY

Benefit is payable according to the benefit schedule up to the combined maximum benefit per Insured Person in each Policy Year, in respect of the following treatment:

1. **Chiropody treatment** provided by a qualified chiropodist/podiatrist who is a member of a body regulated by the Health and Care Professions Council.
2. **Homeopathy treatment** provided by a professionally qualified and registered homeopath.
3. **Reflexology treatment** provided by a professionally qualified and registered reflexologist.

Benefit is not payable:

1. *in respect of treatment by practitioners other than as defined above*
2. *for treatment which is not directly provided by the practitioner on a one-to-one basis*
3. *for homeopathic medicines or remedies.*

HOSPITAL IN-PATIENT

Hospital in-patient benefit may be claimed according to the benefit schedule on discharge from, or after 30 nights stay in, an NHS or registered private hospital, described as such by the Care Quality Commission, per Policy Year, whichever is the sooner.
A maximum of 30 nights benefit may be claimed in each Policy Year per Insured Person. If the maximum benefit has been paid for an Insured Person in a Policy Year, he/she must have been discharged for a period exceeding one month before payment for a consecutive Policy Year commences.

Benefit is restricted to a maximum of 20 nights per Policy Year of the 30 nights overall limitation for the following:

1. treatment in hospitals outside the European Union
2. geriatric or elderly rehabilitation, psychiatric treatment, rehabilitation, drug and substance abuse or alcoholism
3. treatment resulting directly or indirectly from terrorist action.

Benefit is not payable:

1. *in respect of cosmetic surgery, stays in a home for the elderly, health clinic, nursing home, hydrotherapy centre or similar institution or for residential stays in hospital for domestic reasons*
2. *in respect of any period of home leave during a period of hospital in-patient treatment*
3. *in respect of a pregnancy or any condition associated with a pregnancy which existed at the start date of this policy*
4. *for hospital stays during which a birth occurs or which immediately follows a birth except:*
   - *4.1 if in-patient treatment for the insured mother continues beyond six consecutive nights in which case hospital in-patient benefit for the mother may be claimed from the seventh night onwards;*
   - *4.2 if in-patient treatment for the insured Child continues after the date on which the mother is discharged, then hospital in-patient benefit for the Child may be claimed from the birth date of the Child*
5. *if not admitted to a ward.*

HOSPITAL DAY-CASE SURGERY

Benefit is payable at the appropriate daily rate according to the benefit schedule for up to ten occasions in each Policy Year per Insured Person following admission to an NHS or registered private hospital, described as such by the Care Quality Commission for pre-arranged day-case surgery, including endoscopic procedures.

This surgery must be performed under sedation or general/local anaesthetic and must be carried out in the hospital where no overnight stay is included.

Benefit is not payable:

1. *in association with a claim for hospital in-patient benefit*
2. *in respect of cosmetic surgery, sterilisation, vasectomy, fertility treatment, pregnancy termination and outpatient treatments*
3. *for injections administered for the relief and/or control of pain.*

RECUPERATION

Benefit is payable according to the benefit schedule **once** in each Policy Year per Insured Person. It is paid automatically with an eligible claim for hospital in-patient benefit for at least ten consecutive nights. (No separate claim need be made.)

MATERNITY/PATERNITY

Benefit is payable according to the benefit schedule once in each Policy Year for the birth of Your Child or Children. Multiple births qualify for a multiple of the applicable payment. The amount is also payable for Children under the age of three that You legally adopt. The benefit according to the benefit schedule is only provided to the policyholder, even where both parents are insured under this policy.
A **copy** of the birth certificate or the legal adoption papers must be attached to the claim form.

Benefit is not payable:
In respect of any birth or adoption which occurs within 10 calendar months of the start date of this policy.

HEARING AIDS

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Policy Year for new hearing aids supplied by a registered hearing aid dispenser who is on the register of the Health and Care Professions Council.

Benefit is not payable:

1. *for hearing aid contract schemes*
2. *for replacement batteries*
3. *for repairs.*

HEALTH SCREENING

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Policy Year for health screening performed in a hospital or health screening centre by medically qualified staff for WellWoman, WellMan, mammography, osteoporosis and heart disease screening.

Benefit is not payable:

1. *for any screening other than as stated above (and specifically not for tests carried out at a retail outlet, health club, fitness centre or the like)*
2. *for screening or examinations in respect of pension, insurance, emigration, or employment matters or for legal or industrial actions.*

ACCESS TO CARE

Benefit is the provision of telephonic information for the following:

1. Treatment choices for major conditions.
2. Advises of the most affordable price for You from private hospitals.

GP CONSULTATION SERVICE

Contacting Your GP for medical advice, reassurance or guidance, especially outside surgery hours or during the working day, can often prove inconvenient. And even after You've called the surgery, You may face a long delay or have to take an appointment at an inconvenient time.

To help provide reassurance, You are provided with access to a 24 hour 7 days a week GP telephone consultation service.

The service provides:

- Private GP telephone consultations 24 hours a day, 7 days a week.
- The doctor can provide advice, diagnosis, reassurance and a course of action as necessary. All advice is specific to You taking into account Your own personal medical history.
- You can call as often as You need; consultations can be as long as appropriate.
- You can call about any health or medical concerns You would normally ask Your own GP but the service is not intended to replace Your own NHS GP. In an emergency, You should always contact Your NHS GP or the Emergency Services.
- A trained operator takes the call and consultations are scheduled with the doctor who calls You back at a convenient time. There is plenty of time for an in-depth consultation if required.

PRIVATE PRESCRIPTION SERVICE

As part of the GP consultation service a private prescription service is also included.

DISCOUNTED GYM MEMBERSHIP

Access to corporate membership rates at around 2,500 participating gyms via Incorpore portal.
Gyms include participating branches of PureGym, Fitness First, LA Fitness, Nuffield Health, Virgin Active and LivingWell health clubs plus many more.

Claims Procedure

For access to care:-
If You wish to access this service please call 0870 160 1732 and remember to have Your policy number to hand.

For the telephone helpline:-
For counselling or legal advice, please call 0800 107 6145 and remember to have Your policy number to hand.

For the GP consultation and private prescription service:-
To arrange Your private GP telephone consultation, please call 0345 303 7417 and remember to have Your policy number to hand. If You need an prescription following Your consultation this can be arranged at the time of the call through Your private prescription service.
If You wish to access the webcam consultation please call 0345 127 7053 with the above details to hand.

For the discounted gym membership:-
To find Your local participating club logon to the Incorpore portal at www.incorpore.co.uk and use company reference "BHSF".

For all other benefits the following applies:-

1. You can get a claim form from Our website www.bhsf.co.uk, or by phoning Our helpdesk on 0121 629 1297. By registering for Our customer portal You can claim online for certain benefits.
2. The completed claim form with detailed **original** receipts (showing the date of the consultation, treatment or service provided, and the name of the person for whom charges were made directly by the practitioner or service provider) must be received by us within 13 weeks of:
   a) the date of discharge of the hospital in-patient, or
   b) the date of hospital day-case surgery, or
   c) the date on the original receipted account for consultation and associated charges, or
   d) the date on the original receipted account for other charges made; where such treatment continues over an extended period then claims need to be submitted periodically, at intervals not exceeding 13 weeks, or
   e) the date of birth on the **copy** birth certificate(s) or the date of adoption.
3. Receipts are retained by Us and become Our property.
4. Insured Persons will authorise the disclosure of any medical or other information relevant to their claim which is required by Us.
5. Benefit may not be claimed from **all** insured sources for more than the total cost of consultation and associated fees nor for more than the total cost of defined therapy, hearing aids, dental, dental trauma, chiropody, homeopathy, reflexology, health screening or optical treatment. In the event of dual insurance the benefit will be restricted to the amount not recoverable from the other source or sources.
6. Credit/Debit card receipts are not accepted.

Benefit is only payable in respect of expense which is the direct responsibility of an Insured Person. Payment of benefit is always made direct to the policyholder.

Before committing Yourself to treatment, if You have any question about the validity of a likely claim or are seeking clarification of reflexology, acupuncture or homeopathy practitioners covered under this plan then please visit Our website at www.bhsf.co.uk or telephone Our Helpdesk on 0121 629 1297.

FRAUD

You must not act in a fraudulent manner. If You or anyone acting for You:

(a) makes a claim under the policy knowing the claim to be false or fraudulently exaggerated in any respect, or
(b) makes a statement in support of a claim knowing the statement to be false in any respect, or
(c) submit a document in support of a claim knowing the document to be forged or false in any respect, or
(d) makes a claim in respect of any injury occasioned by a wilful act or with the connivance of an Insured Person.

Then:

(a) We shall not pay the claim.
(b) We shall not pay any other claim for that Insured Person which has been or will be made under the policy.
(c) We may at Our option declare the policy void.
(d) We shall be entitled to recover from You the amount of any misrepresented claim already paid under the policy.
(e) We shall not make any return premium.
(f) We may inform the Police of the circumstances

CUSTOMER CARE

We continually strive to provide Our customers with outstanding value health cash plans and excellent service. If You have a comment about Your policy, a claim You have submitted or the service we have provided, please contact Our telephone helpline on 0121 629 1297.
In the event of a complaint, You should write to BHSF Limited, Darnley Road, Birmingham, B16 8TE or telephone Us on 0121 629 1297, quoting Your policy number. If You are not satisfied with the way Your complaint is dealt with You may refer it to the Financial Ombudsman Service, whose details will be provided in Our response to You.
The Financial Ombudsman Service will only consider Your complaint if You have first addressed the matter through Our complaints process and received Our response.

PROTECTING YOUR DATA

We will store Your information in accordance with General Data Protection Regulations. We will use Your information for risk assessment, research and statistical purposes, claims handling and for the general administration of Your policy.

At BHSF we are committed to protecting your data and compliance with data protection legislation.
Our aim in processing Your data is to successfully deliver our service to You with an appropriate level of data sharing whilst recognising the need to protect Your fundamental rights to privacy.

For further information please see Our full Privacy Statement by visiting Our website www.bhsf.co.uk/privacynotice. This document fully sets out how and why We are processing the information We have on You. It also explains Your rights to access, rectify, restrict or erase Your data.

FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

BHSF Limited is covered by the FSCS. Compensation from that scheme may be payable if We are unable to meet Our obligations (e.g. if We go out of business or into liquidation or are unable to trade). Entitlement depends on the type of business and the circumstances of the claim.

Further information about the scheme is available on the FSCS website www.fscs.org.uk

BHSF Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority.

BHSF Limited
Darnley Road
Birmingham B16 8TE
Tel: 0121 454 3601
0121 629 1297 (Helpdesk)

Calls are recorded and may be monitored for training and security purposes.

Signed for and on behalf of BHSF Limited

Geoff Guerin
Chief Operations Officer
BHSF Limited

JPL/BF 04/18