



Sovereign Health Care welcomes members of The Exeter

Good All Round cash plan from £2.28 a week, plus exclusive joining offers!

- Immediate cover for pre-existing conditions
- ✓ No qualifying periods
- £25 in M&S vouchers when you join
- **✓** No maximum age limit











Affordable Good All Round health cover

NO ANNUAL CONTRACT

100% PAYBACK
ON DENTAL & OPTICAL
UP TO COVER LEVEL LIMIT

Looking after your health is important, but it can be costly. Our Good All Round cash plan helps cover everyday health expenses, so paying for check-ups and treatment isn't as much of a worry.

Starting from £2.28 a week, you can claim money back towards the cost of new glasses, visits to the dentist, prescription charges, earwax removal, physiotherapy and much more.

When you make a claim, you'll receive back 100% of your dental and optical costs up to your cover level limit. For all other benefits, you'll receive back 50% of your costs up to your cover level limit, and some benefits pay a fixed sum. See the table opposite for more details.

Get £25 in M&S vouchers when you join*

Remember to quote **Exeter**

It's easy to apply



Visit **sovereignhealthcare.co.uk/exeter** Quote **Exeter** in the 'offer code' field when you join online



Call **01274 841166** and quote **Exeter**

Lines are open Monday to Thursday from 9am to 5pm, and Fridays from 9am to 4pm



By post - simply fill in the dedicated application form at the end of this leaflet and return it in an envelope to FREEPOST SOVEREIGN HEALTH (no stamp or other address details needed)



Scan to apply

*Exclusive joining offers for The Exeter members – terms and conditions

To qualify for the exclusive joining offers for The Exeter members, you must quote 'Exeter' when you join online or by phone, or use the dedicated application form to apply by post. All applications are subject to acceptance. Once accepted, you will receive immediate cover for pre-existing conditions, £25 in M&S vouchers and we will waive the maximum joining age limit and any qualifying periods. To qualify for the voucher offer, you must remain a customer beyond the 14 day cooling off period. Vouchers will be sent within 8 weeks of the application being accepted subject to payment of the first Direct Debit. No alternatives to this promotion will be offered. Sovereign Health Care reserves the right to alter, cancel or withdraw the offers at any time.



A closer look at what's covered

The table below summarises the yearly cover provided by the Good All Round cash plan.

Levels of cover		Level 1	Level 2	Level 3	Level 4	Level 5
Monthly premium (per person)		£9.88	£15.60	£22.75	£32.50	£41.60
Weekly premium (per person)		£2.28	£3.60	£5.25	£7.50	£9.60
Everyday essentials	Payback					
Dental including treatment, check-ups and x-rays	100%	up to £60	up to £90	up to £120	up to £150	up to £180
Optical including glasses, contact lenses and eye tests	100%	up to £60	up to	up to £120	up to £150	up to £180
Prescription charges, inoculations and vaccinations	50%	up to £16	up to £24	up to £32	up to £40	up to
Help to keep you ticking over						
Physiotherapy/Osteopathy/Chiropractic/Sports massage 6 month qualifying period waived for pre-existing conditions	50%	up to £200	up to £300	up to £400	up to £500	up to £600
Chiropody/Podiatry	50%	up to £50	up to £75	up to £100	up to £125	up to £150
Acupuncture/Homeopathy/Reflexology/ Earwax removal	50%	up to £70	up to £105	up to £140	up to £175	up to £210
Health screening including well person screening	50%	up to £70	up to £105	up to £140	up to £175	up to £210
Support if you need NHS or private hospital treatment						
Hospital in-patient and day case admission 6 month qualifying period waived for pre-existing conditions	Max 7 days/nights	£20 per day/ night	£30 per day/ night	£40 per day/ night	£50 per day/ night	£60 per day/ night
Hospital consultant fees and diagnostic tests 6 month qualifying period waived for pre-existing conditions	50%	up to £150	up to £225	up to £300	up to £375	up to £450
Support when you need a helping hand						
Birth/adoption of a child 6 month qualifying period waived	Fixed amount	£100 per child	£150 per child	£200 per child	£250 per child	£300 per child

Member benefits - accessed via the online customer area

- GP24 service convenient access to a practicing NHS GP wherever you are in the world
- $\bullet \ \ \textbf{Sovereign Perks} \text{access online and high street discounts, and a 24-hour telephone helpline to support your wellbeing}$

Free cover for up to four dependent children aged under 18

Up to four dependent children, aged under 18, are covered at the same level as the policyholder for all benefits excluding birth/adoption. Cover provides separate yearly maximums for the policyholder and each of their covered dependent children.

How it works

Anyone aged over 18 can join the Good All Round cash plan. When you apply and quote **Exeter**, you will receive immediate cover for pre-existing conditions. Plus, we will waive the maximum joining age limit and any qualifying periods.

What's more there's **no medical**, and everyone pays the same regardless of age or medical history.

NHS and private treatment are covered and you can choose your practitioner. You can even claim for treatment received abroad from a qualified practitioner.



Claiming is easy - online or by post

You can **claim from day one** and you have 12 months from the date of treatment to make a claim.



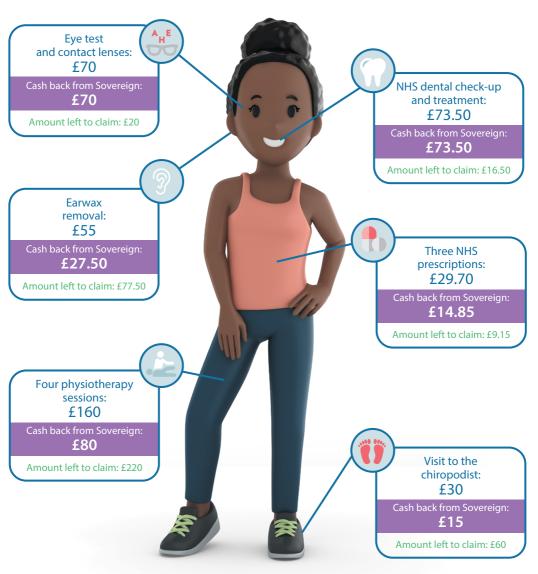
Please note, you cannot currently make dependent child claims online.

Cover your children and family members too

For no extra cost, an adult's plan covers up to four dependent children aged under 18 too. They enjoy all the same benefits as you, except birth/adoption, and they even get their own payback allowance. Plus you can pay to cover your partner or a family member - simply include their details on your application.

Taking care of you from top to toe

Here is an example of how **level 2 Good All Round cover** could help you keep on top of your everyday health care. This costs £15.60 per person, per month (£187.20 per year).



NHS costs correct at 10/07/2024

If you claimed for dental, optical, earwax removal, physiotherapy, prescription and chiropody costs, you could get £280.85 cash back on the £418.20 you spent on treatment.

Manage your policy online and access member benefits**

When you register for the secure customer area, not only can you claim online and update your contact details, you can also access the following member benefits...

GP24

Convenient access to a practising NHS GP. The services available include:

- **✓** 24/7 GP telephone consultations
- **✓** Private prescription service
- ✓ Online webcam GP consultations
- Medically approved health information

Sovereign Perks

Enjoy a wide range of online and high street discounts on:

- **✓** Gym membership and shopping vouchers
- ✓ Family entertainment and attractions
- **✓** Hotels and holiday extras
- Car insurance and maintenance

Sovereign Perks also provides access to a 24-hour telephone helpline to support your wellbeing.

Get £25 in M&S vouchers when you join*

Remember to quote **Exeter**

It's easy to apply



Visit **sovereignhealthcare.co.uk/exeter** Quote **Exeter** in the 'offer code' field when you join online



Call **01274 841166** and quote **Exeter**

Lines are open Monday to Thursday from 9am to 5pm, and Fridays from 9am to 4pm



By post - simply fill in the dedicated application form at the end of this leaflet and return it in an envelope to FREEPOST SOVEREIGN HEALTH (no stamp or other address details needed)



Scan to apply

^{**}The GP24 service is provided by HealthHero on behalf of Sovereign Health Care. By using the GP24 service, you agree to HealthHero's terms and conditions, which are available on the GP24 app. Terms and conditions apply to the use of Sovereign Perks, details of which are available through our secure customer area. Sovereign Perks is managed and run on behalf of Sovereign Health Care by Parliament Hill Ltd using third party partners. Any purchases you make will be with the relevant third party and not Sovereign Health Care and will be subject to their terms. All offers may be withdrawn or changed without notice.

Policy summary

This is a summary of the key features of the Good All Round cash plan. This summary is for your guidance only and will not form part of our contract with you. Our contract with you will be on the terms of your application and our full terms and conditions which we will provide with your policy documents and are available on our website at www.sovereignhealthcare.co.uk along with the Insurance Product Information Document. For the purposes of our contract, you will be classed as a 'consumer' (also known as a retail client). The plan allows you to claim money back towards a range of everyday health care expenses as detailed in the table of benefits on page 3 and the policy terms and conditions.

Premium payments and frequencies

Premium costs are shown on the table of benefits and include insurance premium tax (IPT) at the current rate. Premiums are deducted by monthly Direct Debit by Sovereign Health and Insurance Services Ltd, a wholly owned subsidiary of Sovereign Health Care. Your policy is a rolling contract. This means it will continue until you or we end it.

Policy start date, renewal and ending your policy

Cover will start on the date shown on your policy certificate (your "start date") and will renew automatically each month until it is cancelled, or you allow it to lapse. You can end your policy at any time by giving us at least 30 days notice.

Key features and benefits

There are 5 levels of cover so you can choose the level that best suits your needs. Cover is for you as an individual with up to four dependent children covered for certain benefits at no extra cost. Cover for dependent children ends when they reach their 18th birthday. You also have the option to cover your partner or a family member.

Dental and optical benefits pay back at 100% of the costs you have incurred up to your chosen cover level maximum each claiming year. All other benefits (except hospital stays and birth/adoption) pay back 50% of the costs you have incurred up to your chosen cover level maximum each claiming year.

Any hospital stays are paid either on a per day or per night basis. Birth/Adoption is a fixed payment determined by your cover level.

Key limitations and exclusions

You can apply to join the Good All Round cash plan if you are aged 18 or over and under the age of 66, and a permanent UK resident. If you are between the ages of 16 and 18 and in full time employment, we may consider your application on an exceptional basis. If you keep to the policy terms and conditions, you can continue to hold your policy for as long as you wish.

You can claim straight away for treatment received on or after your policy start date except for benefits with a qualifying period. The birth/adoption benefit has a 6 month qualifying period. A 6 month qualifying period for pre-existing conditions applies on physiotherapy/osteopathy/chiropractic/sports massage, hospital in-patient and day case admission, and hospital consultant fees and diagnostic tests.

Please note, for The Exeter members, if you quote Exeter when you join, you will receive immediate cover for pre-existing conditions, and we will waive the maximum joining age limit and any qualifying periods as detailed above and in the policy terms and conditions.

You must send a claim within 12 months of the date any treatment was received or the completion date of any hospital treatment.

Cooling off period – your right to change your mind

If you decide your policy does not meet your needs for any reason, you can cancel it within 14 days of the cover starting or from the day you received your policy documents, by telling us in writing or phoning 01274 841130 (the 'cancellation period').

Any premiums paid during the cancellation period will be refunded. Premiums will not be refunded if a claim has been made during the cancellation period or after the cancellation period has ended. Sovereign Health Care's normal terms and conditions apply thereafter.

Our right to change your policy

It may sometimes be necessary for us to change your policy, including, for example, the amount you pay for it, the benefits available to you under it and the rules relating to it. If we make a significant change, we will try to give you at least 30 days notice in writing.

How to claim

To make a claim, fill in a claim form and send it to us, either online or by post, with the named receipt or relevant documentation. For hospital claims, you can either provide a copy of your hospital discharge summary, or have the relevant section of the claim form filled in and stamped by the hospital/medical centre where you were admitted. Accepted claims will be paid by cheque or into your bank account if you provide us with your account details. See the terms and conditions for full details about how to claim.

Complaints procedure – your right to complain

We pride ourselves on our customer service, however we know that occasionally you may be unhappy with the service you receive. If you are not satisfied with any part of our service please contact our Customer Support Manager with details of your complaint:

Phone: 01274 841130. Lines are open Monday to Thursday from 9am to 5pm, and Fridays from 9am to 4pm.

Email: help@sovereignhealthcare.co.uk

Write to: Customer Support Manager, Sovereign Health Care, 2nd Floor, West Wing, The Waterfront, Salts Mill Road, Shipley, Bradford BD17 7EZ.

To help us deal with your complaint quickly, please quote your name and policy number. If you are unhappy with the response you receive from us, you can refer your complaint to the Financial Ombudsman Service, Exchange Tower, London E14 9SR. The Ombudsman will only consider your complaint after you have written confirmation from us that your complaint has been through our full complaints procedure.

Financial Services Compensation Scheme (FSCS)

We are covered by the FSCS. In the unlikely event of us being unable to meet our financial obligations to you, you may be entitled to claim compensation from the scheme. More information about the FSCS is available at www.fscs.org.uk or by calling 0800 678 1100.

Statement of demands and needs

Do you require insurance to help cover your everyday, routine health care costs? This policy meets the demands and needs of a person who wishes to claim money back towards specified health care items and treatments received during the term of the policy. Sovereign Health Care is the insurer and we do not provide advice, or make any recommendations, about our insurance products, however we will provide the information you need to make your own decision. Sovereign Health Care employees who sell this insurance product are remunerated by way of a basic salary and bonus payments linked to their individual performance.

Sovereign Health Care is a company limited by guarantee. Registered in England no 85588. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Sovereign Health and Insurance Services Limited is a wholly owned subsidiary of Sovereign Health Care. Registered in England no 7401863. Authorised and regulated by the Financial Conduct Authority. Sovereign Assured Partners Limited is a wholly owned subsidiary of Sovereign Health Care. Registered in England no 10224830. Registered office: 2nd Floor, West Wing, The Waterfront, Salts Mill Road, Shipley, Bradford BD17 7EZ.

Direct Debit Instruction to your bank or building society to pay by Direct Debit

Service user number 6

2



Please fill in the whole form using a ball point pen and return it in an envelope to FREEPOST SOVEREIGN HEALTH (no stamp or other address details needed) DO NOT SEND DIRECT TO YOUR BANK OR BUILDING SOCIETY

To the Manager	Bank/Building society	Instruction to your bank or building society
Bank/Building society address		Please pay Sovereign Health and Insurance Services Ltd Direct Debits from the account detailed in the
		Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this
		Instruction may remain with Sovereign Health and Insurance Services Ltd and if so details will be
Postcode –		passed electronically to my bank/building society.
Name(s) of account holder(s)		Signature(s)
Branch sort code – – –		
Bank/Building society account number		
Reference - for office use only		Date D D - M M - Y Y Y

Banks and building societies may not accept Direct Debit Instructions for some types of account.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, Sovereign Health and Insurance Services Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Sovereign Health and Insurance Services Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Sovereign Health and Insurance Services Ltd or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society - if you receive a refund you are not entitled to, you must pay it back when Sovereign Health and Insurance Services Ltd asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Direct Credit - your claims will be paid into the above bank account

We will automatically pay your claims into the bank account provided above. If you would prefer to have your claims paid by cheque please contact us following the receipt of your policy documents. If you are paying for your partner/family member, their claims will be paid by cheque until they provide their claims payment details.

Declaration I want to apply to join Sovereign Health Care. I and anyone else detailed on this application apply for cover under the Good All Round cash plan and declare that any information contained on this application is to the best of my knowledge true and complete. I confirm that where I have provided information about another person within this form for partner/family member cover, I have their permission to provide the information to Sovereign Health Care, and for it to be used in the same way as my own. I authorise the amount noted to be deducted monthly by Direct Debit by Sovereign Health and Insurance Services Ltd. I understand and accept the policy summary, including the key limitations and exclusions and the statement of demands and needs. I understand that this insurance will automatically renew each month until it is cancelled or I allow it to Japse. I/We agree that Sovereign Health Care may request a medical report from a GP or health care provider/ practitioner to verify future claims. I/We agree to be bound and abide by the policy terms and conditions.

Data Protection Sovereign Health Care and its group companies comply with the General Data Protection Regulation (EU) 2016/679 and any national laws which relate to the processing of personal information ('Data Protection Legislation') and we will store and process any personal information collected by us in line with Data Protection Legislation. We will use your personal information to set up and manage your policy, take payments for premiums payable, comply with our contractual obligations, assess and process claims, prevent crime (including fraud and money laundering) and to comply with any legal requirements that apply. For more details on how we use your personal information, including sharing it with third parties, how

1.7	nation secure and your rights relating to the information act us if you would like us to send you a copy).	on we hold about you, please see our privacy policy on
for any reason with	join is subject to acceptance by Sovereign Health Car out providing an explanation. Your policy will be sub your policy documents.	are and we reserve the right to refuse your application bject to our terms and conditions, which we will
Your signature		Date D D - M M - Y Y Y
		filled in all sections and signed the declaration

Office use only:		Ref EXETER IB E417
imply fill in this f	ouldn't be easier form, sign the declaration and return it in a er address details needed).	an envelope to FREEPOST SOVEREIGN HEALTH
Exclusive jo	pining offers for The Exeter mem	lbers*
	liate cover for pre-existing condi	
	ximum age limit	No qualifying periods
	 Please make sure you read the policy sumn ided separately with your policy documents. 	nary on page 7 and the Insurance Product Information
Title	First name	Surname
Address		
		Postcode -
Date of birth	D D - M M - Y Y Y	Phone
Email		
contacted by us.		ant box(es) below to indicate how you would like to be data on to third parties, and you can withdraw your consent
		none Email Text
Pay to cover	your partner/family member (optio	nal)
Pay to cover	your partner/family member (optio	
Pay to cover	your partner/family member (optio	nal) Surname
Pay to cover Title Address (if diffe	your partner/family member (optio	nal) Surname Postcode -
Pay to cover	your partner/family member (optio First name erent to yours)	nal) Surname
Pay to cover Title Address (if diffe	your partner/family member (optio First name erent to yours)	nal) Surname Postcode - Phone
Pay to cover Title Address (if diffe Date of birth Email The email address	your partner/family member (option First name rent to yours) D D - M M - Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	nal) Surname Postcode – Phone yours.
Pay to cover Title Address (if diffe Date of birth Email The email address	your partner/family member (option First name rent to yours) D D - M M - Y Y Y Y Y for your partner/family member must be different to the ur dependent children under the agents.	nal) Surname Postcode – Phone yours.
Pay to cover Title Address (if diffe Date of birth Email The email address Add up to fo	your partner/family member (option First name rent to yours) D D - M M - Y Y Y Y Y for your partner/family member must be different to the ur dependent children under the agents.	nal) Surname Postcode - Phone Poyours.
Pay to cover Title Address (if different particular par	your partner/family member (option First name rent to yours) D D - M M - Y Y Y Y Y for your partner/family member must be different to the ur dependent children under the agents.	nal) Surname Postcode – Phone Pyours. De of 18 for free Dependent 2 Master/Miss*
Pay to cover Title Address (if different particular par	your partner/family member (option) First name exercited to yours) D D - M M - Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	nal) Surname Postcode - Phone Pyours. De of 18 for free Dependent 2 Master/Miss* First name
Pay to cover Title Address (if different diffe	your partner/family member (option) First name rent to yours) D D - M M - Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	nal) Surname Postcode
Pay to cover Title Address (if different diffe	your partner/family member (option) First name rent to yours) D D - M M - Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Postcode – Phone Phone Poyours. Pe of 18 for free Dependent 2 Master/Miss* First name Surname Date of birth D D – M M – Y Y Y Y you want to add more than two dependent children.
Pay to cover Title Address (if different diffe	your partner/family member (option) First name rent to yours) D D - M M - Y Y Y Y for your partner/family member must be different to ur dependent children under the agaster/Miss* D D - M M - Y Y Y Y riate. Please continue on a separate sheet of paper if level of cover pur level of cover pur level of cover, and partner/family member continued insurance premium tax (IPT) and are partner to the continued insurance partner tax (IPT) and are partner	Postcode - Phone Phone Poyours. De of 18 for free Dependent 2 Master/Miss* First name Surname Date of birth D D - M M - Y Y Y Y Tyou want to add more than two dependent children. Dever if needed, by ticking the relevant box(es). Dever if needed, by ticking the relevant box(es). Dever if needed, by ticking the relevant box(es). Dever if needed, by ticking the relevant box(es).
Pay to cover Title Address (if differ Date of birth Email The email address Add up to for Dependent 1 Mr. First name Surname Date of birth *Delete as appropriate of birth *Delete as appropr	your partner/family member (option) First name First	Postcode - Phone Phone Poyours. De of 18 for free Dependent 2 Master/Miss* First name Surname Date of birth D D - M M - Y Y Y Y Tyou want to add more than two dependent children. Dover if needed, by ticking the relevant box(es). Dayable by monthly Direct Debit.
Pay to cover Title Address (if difference of birth Email The email address of birth Email address of birth Email The email address of birth Email The email address of birth Email The email address of birth Email Emai	your partner/family member (option) First name First	Postcode - Phone Phone Poyours. De of 18 for free Dependent 2 Master/Miss* First name Surname Date of birth D D - M M - Y Y Y Y Tyou want to add more than two dependent children. Dever if needed, by ticking the relevant box(es). Dever if needed, by ticking the relevant box(es). Dever if needed, by ticking the relevant box(es). Dever if needed, by ticking the relevant box(es).

◀ Please continue **overleaf** to complete your application.

Feel good about choosing Sovereign

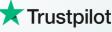
We've been helping people plan for their everyday health costs for over 150 years. Our 2023 customer survey revealed 94% would recommend us to their friends and family.

Our customers aren't the only people we help. In the last 17 years, we've donated over £11.7 million to health and wellbeing good causes. We're able to do this because we have no shareholders, so any surplus we make is available to either reinvest in the business or award to charitable initiatives.

£11.7mTO GOOD CAUSES
IN THE LAST 17 YEARS

94% OF OUR CUSTOMERS WOULD RECOMMEND US 2023 CUSTOMER SURVEY

Rated Excellent on





It's easy to apply



Visit **sovereignhealthcare.co.uk/exeter**Ouote **Exeter** in the 'offer code' field when you join online



Call **01274 841166** and quote **Exeter**

Lines are open Monday to Thursday from 9am to 5pm, and Fridays from 9am to 4pm



By post - simply fill in the dedicated application form at the end of this leaflet and return it in an envelope to FREEPOST SOVEREIGN HEALTH (no stamp or other address details needed)

Get £25 in M&S vouchers when you join*

Remember to quote **Exeter**



Scan to apply