

CANCER CARE (GUARANTEED LIFE PLAN)

Policy Document




HIVE
Insurance Services

www.hiveinsure.co.uk

CONTENTS AT A GLANCE

A guide to what is covered	5
A guide to what is not covered (exclusions)	7
How to make a claim	8
Reframe	9
Conditions	11
Legal information	13
Making a complaint	15
Glossary of terms	17
Who the insurers, administrators and claims handlers are for this policy	19



Welcome to Cancer Care

Dear Policyholder,

Welcome to **CANCER CARE**, provided by Pulse Clarity a trading name of Pulse Insurance Limited.

THE INSURANCE CONTRACT

In return for payment of the premium shown in the policy schedule, **We** agree to insure the insured person(s) subject to the terms and conditions contained in or endorsed on this contract of insurance, in the manner and to the extent provided in this contract during the policy period.

This document together with **Your** policy schedule forms **Your** official evidence of insurance and sets out the terms and conditions for the cover that **Your** policy provides. Please read this document and **Your** policy schedule carefully, so that **You** know exactly what **You** are covered for and keep both in a safe place so that **You** can refer to them easily if they are needed.

Some of the words and phrases **We** use in this handbook have a specific meaning. We've highlighted these words in bold. **You** can find their meanings in the Glossary on page 15.

When **We Use** the words **You** and **Your**, **We** mean the member that has purchased this plan as Well as any insured person(s) covered by **Your** plan.

When **We** use **We**, **Us** or **Our**, **We** mean Pulse Clarity and **Our** Insurers.

IMPORTANT INFORMATION

This document, the policy schedule, and any endorsement(s) attached form **Your** insurance. This insurance sets out the conditions of the contract of insurance between **You** and **Us**. Please read the whole document carefully and keep it in a safe place.

It is important that:

- **You** check the information contained in the policy schedule is accurate and that the policy schedule reflects the coverage sections **You** have requested (see the "Information **You** have given **Us**" section below)
- **You** notify **Us** of any inaccuracies in the information contained in the policy schedule, or of any changes to that information (see the "Notifying **Us** of any changes or inaccuracies" section within this document)

Failure to comply with the above could adversely affect **Your** insurance or any claim **You** make.

INFORMATION YOU HAVE GIVEN US

In deciding to accept this insurance and in setting the terms and premium, **We** have relied on the information **You** have given **Us**. **You** must take care when answering any questions that **We** ask by ensuring that all information provided is accurate and complete.

If **We** establish that **You** carelessly provided **Us** with false or misleading information, it could adversely affect **Your** insurance and any claim. For example **We** may;

- Treat this insurance as if it had never existed and refuse to pay all claims and return the premium paid. However, if **We** establish that, unknown to **You**, an insured person was careless in providing information then **We** will treat this insurance, in so far as it relates to the insured person concerned, as if it had never existed and refuse to pay claims and return a proportion of the paid premium that relates to such insured person. **We** will only do this if **We** provided **You** with insurance cover which **We** would not otherwise have offered.
- Amend the terms of **Your** insurance. **We** may apply these amended terms as if they were already in place if a claim has been adversely impacted by **You** or an insured person's carelessness; or
- Charge **You** more for **Your** insurance or reduce the amount **We** pay on a claim in the proportion the premium **You** have paid bears to the premium **We** would have charged **You**; or
- Cancel **Your** insurance in accordance with the cancellation terms of this policy.

INFORMATION YOU HAVE GIVEN US (continued)

We will write to You if We;

- intend to treat this insurance as if it had never existed; or
- need to amend the terms of Your insurance; or
- require You to pay more for Your insurance.

NOTIFYING US OF ANY CHANGES OR INACCURACIES

If You become aware that information You have given Us is inaccurate or has changed, You must inform Us as soon as practicable.

When We are notified that information You previously provided is inaccurate, or of any changes to that information, We will advise You if this affects Your insurance. For example, We may amend the terms of Your insurance or require You to pay more for Your insurance or cancel Your insurance in accordance with the cancellation terms of this policy.

If You fail to notify Us that information You have provided is inaccurate, or You fail to notify Us of any changes, this insurance may become invalid and We may not pay Your claim, or any payment could be reduced.

HOW TO CONTACT US IF YOU HAVE A QUESTION

We hope that You find this document to be clear and easy to understand but if at any time You do not understand any part of this policy, please telephone Us on 01603 613531 or email Us at clarity@pulse-insurance.co.uk

HOW TO CONTACT US IF YOU NEED TO MAKE A CLAIM

Please call Us on 01603 613531 or alternatively send Us an email at clarity@pulse-insurance.co.uk
Full details of how to claim can be found on page 8.

1. A Guide to What is Covered

This section explains the scope of **You** cover and what **You** can claim for. The list of exclusions (What Is Not Covered) can be found in full in Section 3.

The policy offers the sum insured as specified below and in **Your** Policy Schedule, for the first diagnosis of:

- 1) **Cancer**— excluding less advanced cases-, as defined below, or
- 2) **Benign Tumour** of the brain, spinal cord or meninges requiring surgery, stereotactic radiosurgery, or radiotherapy, if the initial signs or symptoms first appeared after a **Qualifying period** of 90 days following the Policy inception date.

Reframe UK

CANCER SUPPORT SERVICE

Our Cancer Support Service, delivered by Reframe **Cancer**, provides 16 hours of personalised support over 12 months to help **You** manage the emotional and practical challenges of a **Cancer** diagnosis.

Pre-diagnosis, **You** have 24/7 access to Reframe's InfoHub with valuable information on **Cancer** awareness and prevention. The Reframe team can also offer reassurance and support during pre-diagnosis testing.

After a diagnosis, Reframe's team, including a **Cancer** Nurse Specialist and a **Cancer** Support Manager, will work with **You** to develop a personalised support plan. This plan may include understanding **Your** diagnosis and treatment options, arranging second opinions, managing communication with loved ones and employers, finding support groups, and providing practical support for childcare or pet care.

Eligibility criteria

- Age between 18-64 years old.
- No previous diagnosis of **Cancer**, or brain, spinal cord, or meninges tumour of any kind.
- In return for the payment of the correct premiums, **You** are eligible for benefits provided by this policy in accordance with the terms of the policy and the following schedules.
- The elected cash benefit **You** opted for is payable at half the amount shown if **You** are a **Smoker**, as per the Benefit Schedule.

Premiums per Month & Benefit schedule

Including Insurance Premium Tax, Administration Fees & VAT

Monthly Retail Premiums				
Age Band	Benefit Level			
	£10,000	£20,000	£30,000	Non-Smoker
	£5,000	£10,000	£15,000	Smoker
18 - 34	N/A	£6.65	£8.30	
35 - 44	£7.65	£10.70	£14.88	
45 - 55	£13.90	£26.35	£40.34	
56 - 64	£23.95	£46.49	£71.83	

Qualifying periods

Subject to the terms of this policy **You** become eligible for payments after 90 days from the start date of the policy, with the exception of the services provided by Reframe UK which are available immediately. No payment will be made in respect of any diagnosis made prior to the start date of the policy, or within the 90-day **Qualifying period**.

If **You** upgrade **Your** policy to a higher level of cover, then for the following 90 days, the sums insured are restricted to that which would have been payable under the previous level of cover.

2. What is Not Covered (Exclusions)

This section explains the circumstances which are not covered by **Your** Insurance.

This policy does not cover

The sums insured will not be paid in cases where a claim is made for a medical condition which;

1. Is essentially, or is directly related to a **Pre-existing Condition** (such as but not limited to increased and growing levels of PSA -Prostate Specific Antigen- in 2 or more tests, in situ carcinoma, low malignant potential, borderline, and pre-malignant conditions, cervical and prostatic intraepithelial neoplasia, HIV/AIDS and/or HPV infection, chronic hepatitis), or
2. Started prior the start date of **Your** Policy or within the 90 days **Qualifying period**, or
3. Is not the first **Cancer** in **Your** lifetime, is a recurrence or any secondary **Cancer** (metastases) of a **Cancer** which **You** had prior to either the start date of the policy or the date of transfer to a higher level of cover, or
4. Is directly or indirectly related to the exposure to nuclear, biological or chemical materials. It is agreed that this insurance excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from, or in connection with, the actual or threatened malicious **Use** of pathogenic or poisonous biological or chemical materials regardless of any other cause or event contributing concurrently or in any other sequence thereto.
5. Is not stated in the Scope of cover (such as not being the first **Cancer** in lifetime), or
6. Appears in relation to **Alcohol or Drug abuse**.

3. How to Make a Claim

This section contains everything **You** need to know about how to make a claim and what to do when **You** need treatment.

WHAT INFORMATION DO I NEED TO PROVIDE WHEN I MAKE A CLAIM?

When **You** call **Us**, **Our** claims team will need some medical details to ensure that **Your** claim meets the policy conditions. Occasionally to confirm cover **We** might need access to **Your** medical records.

For example, this can be **We** may need more detailed information in any of the following ways:

- **We** may need to write to **Your** GP or **Your** consultant to send **Us** more details about **Your** medical condition. The charges for this are covered by **Your** plan up to the amount of £50 for the medical report(s) per claim.
- If **We** have any questions regarding the diagnosis, **We** may have to ask a **specialist** to advise **Us** on the medical facts.
- **We** may also ask **You** to give **Us** consent to access **Your** medical records.

Please note that if **You** are not willing to give **Us** any information that **We** ask for, or **You** do not consent to **Our** accessing **Your** medical records, then **We** may not be able to assess **Your** claim and may not be able to pay it.

WHAT HAPPENS IF MY DIAGNOSIS ISN'T COVERED?

If **Your** policy does not cover **Your** diagnosis, **We'll** explain the reasons for this to **You** and **We** will also inform **You** how Reframe UK can help **You**.

THE CLAIMS TEAM

Roger & Rich & Company – Part of the Claims Consortium Group
2a Marston House
Cromwell Business Park
Chipping Norton
Oxfordshire OX7 5SR

Email: countymedical@claimsconsortiumgroup.co.uk
Telephone: 01608 641351

Other information

All medical conditions must be confirmed and documented in writing by the treating oncologist or medical specialist through a medical report and accompanied by the histological report and/or any other pertinent test results confirming diagnosis.

The sum insured under this heading is payable following diagnosis of a **Benign Tumour** of the brain, spinal cord, or meninges requiring surgery, stereotactic radiosurgery, or radiotherapy and as confirmed in writing by an appropriate medical specialist and accompanied by a corroborating report.

4. Reframe

Here **We** explain how Reframe can support **You** at various stages throughout your policy.



CANCER SUPPORT SERVICE

Pulse Insurance is here to support you throughout your cancer journey. Our Cancer Support Service provides personalised practical and emotional assistance to help you navigate every step of the way.

This service is delivered by Reframe Cancer, a team of experienced cancer support specialists.

PRE-DIAGNOSIS SUPPORT

As a Pulse policyholder, you have access to Reframe's InfoHub, which is packed with valuable information on cancer-related topics and crucial advice on prevention and symptom awareness. [Simply click here](#)

If you are undergoing cancer tests, the Reframe team is available to support you during this concerning time. They can assist you in managing appointments and referrals, offer reassurance, provide clear explanations, and help you prepare for appointments.

POST DIAGNOSIS SUPPORT

After a cancer diagnosis, Reframe's cancer support team can assist you by developing a personalised support plan.

This plan may include: understanding your diagnosis and treatment options (both NHS and private), arranging second opinions, providing advice on how to communicate with loved ones or employers, finding local support groups, and offering practical support for child or pet care.

DEDICATED TEAM

The cancer support service will provide you with 16 hours of support over 12 months from your first appointment with the Reframe team. You will be allocated a dedicated team which includes a Cancer Nurse Specialist along with a Cancer Support Manager who will help you with everyday practical challenges.

You will also have 24/7 access to our patient portal, where you can view the resources provided by your team. Additionally, you can message your support team using the online chat function, which is serviced Monday to Friday between 9 am and 5 pm. Any messages sent outside of these hours will be responded to on the next working day.

HOW IT WORKS

Step 1 – You can access the service by completing the patient enrolment form via claims handlers

Step 2 – Reframe will immediately assign you a dedicated team (Cancer Nurse Specialist and a Cancer Support Manager) to better understand your individual needs

Step 3 – Reframe will work through the options available to you and build a personalised support plan

Step 4 - You will be provided with ongoing support (up to 16 hours in total) from your Reframe team for 1 year.

ABOUT REFRAME CANCER

Reframe provides a team of Cancer Support Managers and Cancer Nurse Specialists, who are there for you in every aspect of your life during your cancer journey.

Their personalised support, tailored to your own individual needs, coaches you through your treatment journey and offers access to a huge array of services, tools and information you might need along the way.

Reframe is by your side, whenever you need them, helping you:

- Understand your diagnosis and treatment options
- Navigate through treatment and healthcare more easily
- Access services and support faster
- Find an extra pair of hands or a listening ear
- Get the information and guidance you need to achieve the best possible outcome.

4. Conditions

Here **We** explain how long **Your** policy lasts for, how **You** can cancel it if **You** need to and other general information such as how **Your** excess works.

ABOUT THIS POLICY

This policy operates on the basis that each calendar month a new contract is formed between **Us** and **You**. Monthly reminder notices are not issued.

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 diagnosis which gives rise to a claim.

It is **Your** responsibility to pay premiums due under this policy monthly in advance. Premiums are payable by annually or monthly by direct debit and are based on **Your** age. Premiums will increase with age in accordance with the table of premiums on page 2 and will be collected at the new rate on the first payment date after the birthday on which **You** move into a new age band. **Your** policy will be cancelled if **Your** policy remains unpaid for more than 45 consecutive days.

Your policy may be declined or cancelled if:

- It is suspected that **You** did not tell the truth or, concealed information or failed to comply with the terms and conditions as more specifically set out in the General Condition 4; or
- **You**, or anyone representing **You**, acts in a threatening or abusive manner towards a member of **Our** or the **Administrator's** organisation, e.g. violent behaviour, verbal abuse, sexual, and/or racial harassment.

We reserve the right to vary the premiums, benefits or rules of this plan on giving **You** at least four weeks prior notice at to **Your** last known email address, or **Your** last known address registered to **Your** policy for:

- A change in the applicable rate of Insurance Premium Tax.
- A change in **Our** expected claims experience.
- Changes to regulatory requirements or legislation.

All rights to benefit cease after the last day of the period covered by the final premium payment.

POLICY TERMINATION

This policy will terminate automatically upon the first of the following events:-

1. Once the premium remains unpaid for more than 45 days.
2. The payment under any benefit in the schedule.
3. the latter of **Your** 65th birthday or the first renewal following **Your** 65th birthday.

AGE LIMITS

Cover on the basis set out above, is provided to **You** if are aged 18 or above, and less than 64 years of age at inception or renewal.

GENERAL CONDITIONS

1. Premiums and claims are payable in sterling.
2. **You** must be normally resident in the United Kingdom.
3. This policy has no surrender value.

GENERAL CONDITIONS – CONTINUED

4. If **You** are a **Smoker** the sums insured are payable at 50% of the amounts shown in the benefit schedule on page 5. If **You** give up smoking during the course of the policy, **You** should advise **Your** General Practitioner (GP) for them to make a note on **Your** medical file. In the event of a claim being made the **Administrator** will confirm **Your** smoking status with **You** and **Your** GP. Full cover would be reinstated if **You** are able to evidence that **You** have given up smoking for a clear period of 3 years, should a valid claim be made. **You** may be asked to take a nicotine test in support of any request for non-**Smoker** status and any falsification of information may result in any claims being invalidated.

9. If **You** are a non-**Smoker** at the inception of the policy and become a **Smoker** whilst the policy is in force, then in the event of a claim any payments will be made at 50% of the values shown in the schedule on page 5.

CANCELLING YOUR POLICY DURING THE COOLING OFF PERIOD

Should **You** decide that **You** do not want the cover provided by this policy, please contact the **Us** within 14 days of receiving **Your** policy documents. Any premium that **You** have paid will be refunded provided that **You** have not made or notified **Us** of a claim under the policy.

CANCELLING YOUR POLICY AFTER THE COOLING OFF PERIOD

You can cancel **Your** policy at any other time simply by contacting **Us** (contact details as above).

If premiums are paid by Direct Debit, then premium payments will cease from the next instalment date.

If premiums are paid annually in advance, then **We** will calculate the return premium due for the year at pro-rata according to the remaining policy period at the date of cancellation and will refund this amount to **You**.

5. Legal Information

This section contains details of the rights and responsibilities **We** have to each other during the contract period.

General Legal Information about **Your** policy

LAW AND LEGAL PROCEEDINGS APPLICABLE TO THIS POLICY

Unless agreed otherwise, the law which applies to this contract is the law which applies to the part of the United Kingdom, Channel Islands or Isle of Man in which **You** live.

Any legal proceedings between **You** and the insurers in connection with this contract will, therefore, only take place in the courts of the part of the United Kingdom, the Channel Islands or the Isle of Man in which **You** live.

TRANSFERRING THIS POLICY (ASSIGNMENT)

You cannot transfer this policy to someone else. **We** will only pay claims to **You**, **Your** estate, or **Your** nominated hospital where treatment is undertaken.

RIGHTS OF THIRD PARTIES

A person who is not a party to this insurance has no right under the Contract (Rights of Third Parties Act 1999) of this insurance, but this does not affect any right or remedy of a third party who has been appointed by Insurers to fulfil the function of the Insurance contract.

FRAUDULENT CLAIMS OR MISLEADING INFORMATION

You must make sure that whenever **You** must provide any information, it is true, accurate, and complete to the best of **Your** knowledge and belief.

If any information that **You** (or anyone acting on **Your** behalf) provides is not accurate or is not complete, this policy may not protect **You** if **You** need to make a claim.

We are required to take a robust approach to fraud prevention in order to keep premium rates down so that **You** do not have to pay for other people's dishonesty. If any claim under this policy is fraudulent or is intended to mislead, or if any misleading or fraudulent means are **Used** by **You**, or anyone acting on **Your** behalf, to obtain benefit under this policy, then **Your** right to any benefit under this policy will end, **Your** policy will be cancelled and **We** will be entitled to recover any benefit paid and costs incurred as a result of any such fraudulent or misleading claim.

To prevent fraud, insurers sometimes share information. Details about **Your** insurance application and any claim that **You** make may be exchanged between **Our Administrators**.

SANCTIONS

We will not provide any benefit under this insurance to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

Your Personal Information Notice

County Medical is a trading style of Pulse Insurance Limited, as stated in the contract of insurance and/or in the certificate of insurance.

THE BASICS

We collect and **Use** relevant information about **You** to provide **You** with **Your** insurance cover or the insurance cover that benefits **You** and to meet **Our** legal obligations.

This information includes details such as **Your** name, address and contact details and any other information that **We** collect about **You** in connection with the insurance cover from which **You** benefit. This information may include more sensitive details such as information about **Your** health and any criminal convictions **You** may have.

In certain circumstances, **We** may need **Your** consent to process certain categories of information about **You** (including sensitive details such as information about **Your** health and any criminal convictions **You** may have). Where **We** need **Your** consent, **We** will ask **You** for it separately. **You** do not have to give **Your** consent and **You** may withdraw **Your** consent at any time. However, if **You** do not give **Your** consent, or **You** withdraw **Your** consent, this may affect **Our** ability to provide the insurance cover from which **You** benefit and may prevent **Us** from providing cover for **You** or handling **Your** claims.

The way insurance works means that **Your** information may be shared with, and used by, a number of third parties in the insurance sector for example, insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. **We** will only disclose **Your** personal information in connection with the insurance cover that **We** provide and to the extent required or permitted by law.

OTHER PEOPLE'S DETAILS YOU PROVIDE TO US

Where **You** provide **Us** or **Your** agent or broker with details about other people, **You** must provide this notice to them.

WANT MORE DETAILS

For more information about how **We** use **Your** personal information please see **Our** full privacy notice(s), which are available on **Our** website or in other formats on request.

6. Making a Complaint

This section contains details on **Your** statutory rights and how to make a complaint.

The aim is to provide **You** with a high-quality service at all times, every effort will always be made to sort out any enquiry or problem that **You** may have. If **You** have any questions or concerns about **Your** policy or the handling of a claim **You** should, in the first instance, please contact:

Pulse Insurance Limited
6 Oxford Court
St James Road
Brackley
NN13 7XY

Email: clarity@pulse-insurance.co.uk
Telephone: **01603 613531**
Website: www.pulse-clarity.co.uk

IF YOUR COMPLAINT CAN BE RESOLVED WITHIN THREE BUSINESS DAYS:

We will aim to resolve **Your** concerns within three business days, following receipt of **Your** complaint. A written summary resolution communication will be provided to **You** if the complaint is resolved to **Your** satisfaction.

In the unlikely event that **You** remain dissatisfied, **You** may be entitled to refer the matter to the Financial Ombudsman Service, free of charge.

IF YOUR COMPLAINT CANNOT BE RESOLVED WITHIN THREE BUSINESS DAYS:

We will send **You** an acknowledgement letter to explain **Your** complaint has been escalated to the Head of Compliance, who will investigate **Your** complaint and keep **You** informed throughout the process.

We will investigate **Your** complaint and provide one of the following within 8 weeks of receipt of **Your** complaint:

- A final response letter explaining the outcome of **Our** investigation, the reason for **Our** decision and information on how to steps to take, should **You** remain dissatisfied; or
- A holding letter confirming when **We** anticipate **We** will have concluded **Our** investigation.

REFERRING TO THE FINANCIAL OMBUDSMAN SERVICE

Should **You** remain dissatisfied with the outcome of **Our** investigation or **We** are unable to conclude **Our** investigation within 8 weeks, **You** may be able to refer **Your** complaint to the Financial Ombudsman Service (*if eligible), provided **You** do so within 6 months of the date of the final response. The Financial Ombudsman Service contact details:

Financial Ombudsman Service,
Exchange Tower,
London,
United Kingdom,
E14 9SR

Email: complaint.info@financialombudsman.org.uk
Telephone: 0800 023 4567 or 0300 123 9123
website: www.financial-ombudsman.org.uk

This procedure is in addition to any other legal rights. **You** may have to take legal proceedings.

- * The Financial Ombudsman Service may not be able to consider a complaint if **You** have not provided **Us** with the opportunity to resolve it first, or if **You** are:

- A business with more than 10 employees and a group annual turnover of more than €2 million; or
- A trustee of a trust with a net asset value of more than £1 million; or
- A charity with an annual income of more than £1 million.



7. Glossary of Terms

In this section **You** can find a list of terms in this handbook that have specific meanings when they appear in bold.

Word	Meaning
Administrator	Hive Insurance Services Limited. Address: Unit 4 Bredon House, Almondsbury Business Centre, Bristol BS32 4QH Tel: 0800 0280849 Email: enquiries@hiveinsure.co.uk
Alcohol or Drug Abuse	Inappropriate use of alcohol or Drugs , including but not limited to the following: <ul style="list-style-type: none"> - Registered medical evidence of consuming too much alcohol, - Taking an overdose of Drugs, whether lawfully prescribed or otherwise. - Taking Controlled Drugs (as defined by the Misuse of Drugs Act 1971) otherwise than in accordance with a lawful prescription.
Borderline Malignancy	Potentially malignant cells that have not invaded the adjacent tissue.
Benign Tumour	A non-Cancerous lesion or abnormal growth caused by an excessive multiplication of cells. A tumour is not synonymous with Cancer .
Cancer	<p>Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, sarcoma, and lymphoma except those that arise from or are confined to the skin (including cutaneous lymphomas and sarcomas).</p> <p>For this definition of Cancer, the following are not covered:</p> <ul style="list-style-type: none"> • All Cancers which are histologically classified as any of the following: <ul style="list-style-type: none"> - pre-malignant; - in situ melanoma and in situ carcinoma (except in situ ductal carcinoma of the breast); - having Borderline Malignancy; or - having low malignant potential; • All tumours of the prostate unless histologically classified as having a Gleason Score of 7 or above or having progressed to at least TNM Classification cT2bN0M0 or pT2N0M0 following prostatectomy (removal of the prostate). • All urothelial tumours unless histologically classified as having progressed to at least TNM Classification T1N0M0. • All skin Cancers (other than malignant melanoma invading epidermis) that arise from or are confined to one or more of the epidermal, dermal, and subcutaneous tissue layers of the skin, including cutaneous lymphomas and sarcomas.
Gleason Score	A system of grading prostate Cancer . The Gleason grading system assigns a grade to each of the two largest areas of Cancer in the tissue samples. Grades range from 1 to 5, with 1 being the least aggressive and 5 the most aggressive. The two grades are then added together to produce a Gleason Score . A score from 2 to 6 is considered low grade; 7, intermediate grade; and 8 to 10, high grade.
Pre-existing Condition	Any medical condition, whether diagnosed or not, for which before the start date, You have: <ul style="list-style-type: none"> - received medical advice, tests, follow up, or treatment, and/or - experienced signs or symptoms

Word	Meaning
Qualifying period	Is the period of time spent in this Policy before You have the right to submit a claim.
Smoker	<p>Anyone who uses or has used any tobacco product, including nicotine replacements, within the 36 month period prior to:-</p> <ol style="list-style-type: none"> i. the start date of the policy ii. the date of transfer to a higher level of cover iii. the date on which a diagnosis is made which results in a claim.
TNM Classification	<p>An internationally recognised standardised method of staging Cancers. Broadly, the three parts of the system relate to:</p> <p>T Tumour – a scale of 0 to 4 is used to record details about the primary tumour. T0 means there is no evidence of a primary tumour, T1 to T4 shows the size and extent of spread of the primary tumour. ‘Tis’ may be used for Cancer in situ.</p> <p>N Nodes – a scale of 0 to 3 is used to record the extent of spread to the regional lymph nodes. N0 means the lymph nodes are not involved, N1 – N3 shows the extent of the involvement.</p> <p>M Metastases – either M0 or M1, the latter indicating metastases (more distant spread of the Cancer).</p>
We/Us/Our	Pulse Clarity on behalf of Rokstone Underwriting Ltd.
You/Your	The policyholder.

8. Who The Insurers, Administrators and Claims Handlers Are For This Policy

This section explains who the Insurers are and how **Your** policy is administered.

This policy has been arranged by Pulse Insurance Limited authorised and regulated by the Financial Conduct Authority (Ref: 308626). Registered in England and Wales (No. 3492137).

Head office: 6 Oxford Court, St. James Road, Brackley, Northants, United Kingdom, NN13 7XY.

Our Firm reference numbers and other details can be found on the financial services register at www.fca.org.uk

On Behalf of;

Rokstone Underwriting is authorised and regulated by the Financial Conduct Authority (Ref: 306080). Registered in England and Wales (No. 10397192).

Registered address: 4th Floor, 34 Lime Street, London EC3M 7AT

All premium payments from **You** and due to **Us** for this policy will be held by the scheme **Administrator** on **Our** behalf. they will also hold any premium refund that is due to **You** from **Us**. Claim benefits that are due to **You** from **Us** will be paid by the **Administrator**.

In this capacity the scheme **Administrator** is acting as **Our** authorised agent.

This means that once a premium is paid to the scheme **Administrator** it is considered to have been received by **Us** and that all claims benefits, legal expenses and premium refunds from **Us** are not considered to have been paid until **You** have actually received them.

Please note that telephone calls between **You**, **Us** and **Our Administrators** may be recorded as part of **Our** quality control process.





01454 619500 | www.hiveinsure.co.uk

UNIT 4, BREDON HOUSE, WOODLANDS, ALMONDSBURY BUSINESS CENTRE, BRISTOL, BS32 4QH

Hive Insurance Services Limited (registered in England No 3179382) is authorised and regulated by the Financial Conduct Authority, registered number 308655.

This policy is provided by Rokstone Underwriting Ltd, who are authorised and regulated by the Financial Conduct Authority. Registered address: 4th Floor, 8 Fenchurch Place, London EC3M 4AJ. GLCSPD 09/2024