

GROUP LOCUM INSURANCE

Underwritten by Chubb.



Flexible benefits for the whole practice...
under one policy

Doctor

Doctor Insurance Services



Insurance experience and expertise you can count on

How would your practice cope if a member of your team had a serious accident or illness?

Probably, for the first few weeks, the practice would be able to make short term arrangements to ensure the necessary cover is in place.

However, in the longer term, a locum would almost certainly have to be engaged... but at what cost to the practice?

Locum costs are high and even for a relatively short term absence, the costs would have a serious impact on the practice... and it is certainly an expense that either the individual or the practice could do without!

The Group Doctor Locum Insurance Scheme

Doctor Insurance Services have been providing Locum Insurance for GP's for around 40 years, providing valuable cover and peace of mind to thousands of doctors during that time... not to mention claim payments running into millions of pounds!

We now have access to an improved way of protecting your practice. Historically we have offered our policies on an individual basis so that the cover is specifically tailored to the insured person. This policy remains available, but we increasingly felt that we wanted to offer a wider range of options to suit as many Practices as possible. We have therefore developed a Group Policy that offers cover for the whole practice team; but crucially still retains the ability to provide different benefit levels to each staff member to reflect the cost of a locum replacement depending on their role and hours worked.

As well as the flexibility of cover, the Group Policy can offer a much easier solution... not least in terms of the administration for the Practice Manager.

**One policy, one provider, one premium collection...
one less thing to worry about!**

How Does It Work And What Does It Cost?

The Scheme provides cover of up to a maximum benefit of £3,000 per week for each individual within the practice. You can structure the cover so that the level of benefit (which is payable to the practice in the event of a claim) can be different for each individual, thereby reflecting the variation in locum costs between staff members, either by virtue of position or sessions worked. It is important that the level of cover provided does reflect the cost of the replacement as, in the event of a claim, the amount payable will be the lesser of the amount of insured benefit provided for the individual at that time or the actual cost of the locum. So you need to determine locum costs for your practice for each of the staff team to be covered.

Of course, GPs may be entitled to benefits under the terms of the GMS Contract and this should be taken into account in determining the level of insurance required. The benefit provided under the contract reduces by 50% after 26 weeks of incapacity. Our policy is designed with that in mind – you can set your level of cover at one amount for the first 26 weeks of incapacity and at an increased level for the next 6 months so that your insurance dovetails with any contractual benefits you will receive and ensures sufficient funds are available to you to meet the cost of a locum.

There is an overall maximum payable at any one time of 50% of the total benefit – so, for example, if the total insured benefit for the practice team is £10,000, the maximum payable will be £5,000, meaning that in the unlikely event of the practice having a number of staff members off at the same time resulting in claims, the benefits payable could be restricted.

Benefit is increased for each individual, without the need for further medical evidence, by 5% at each policy anniversary (your premium will also of course increase by 5% to reflect the higher benefit level). This is designed to ensure that the level of cover provided remains in line with the increasing costs of hiring a locum. This option can be declined at any time. Irrespective of that, at each policy anniversary we will need to review with you the individuals covered by the scheme and ensure the benefit levels provided are appropriate. Of course, if staff members change during the course of a policy year or other changes are required to the policy, this can be accommodated at that time.

The cost is based purely on the size of the practice and the overall level of cover required; there is no age related pricing nor any loadings for smokers or health related conditions. Premiums are payable monthly, over 12 months, preferably by direct debit (at no additional charge to you).



The benefits in brief...

Millions have been paid out to claimants under our schemes providing benefits and peace of mind at the time it is needed most.

	Platinum Plus	Platinum
Continuous cover to age 65		
No Annual Health Declaration		
Jury Service Cover		
Suspension Cover		
Maternity/Paternity		
Accidental Death or Permanent Disability		
Cover - Practice Managers		
Cover - Nurses and Salaried GPs		
Automatic Index Linking		
Flexible Benefit for Each Team Member		
Monthly Payment by Direct Debit		
Easy Administration		

For full details visit:

www.doctor-locum-insurance.co.uk

or call us on: 01277 288231

Platinum Plus v Platinum

- the argument for each!

Our flagship scheme, Platinum Plus, provides the most comprehensive cover and safeguards your insurance for the long term.

Unlike most Locum Insurance Schemes, once your application has been accepted, and all the time your cover remains in force, you can never be individually selected for premium increases or reductions in cover — regardless of any claims you make.

Therefore, you are safe in the knowledge that you will have rolling monthly cover through to age 65 regardless of any changes in your health or claims made on the policy. However, please note that, as under the terms and conditions of the scheme, your policy will be cancelled if your claim continues for the maximum 52 week duration.

Compare this with an annual locum policy (Platinum), whereby you renew your policy each year. The terms will take into account your health and claims history at the time of each renewal. This leaves you vulnerable. Say, for example, you suffer a back injury and claim on your policy. With Platinum Plus, your cover and premium would continue unaffected, meaning that, after a short waiting period, you could make further claims in the future if the same condition were to strike again.

With a Platinum policy, at the renewal after your claim, any future problems with your back will almost certainly be excluded from cover. Alternatively, or in addition, your premium may increase. Your future cover could even be declined completely.

However, there is obviously a cost to guaranteeing long term cover – and this is where annual policies have their place. Our Platinum policy carries many of the same features as the Platinum Plus as illustrated by the table on the opposite page, but because of the annual nature of the contract, the prices are significantly lower.



The Underwriters

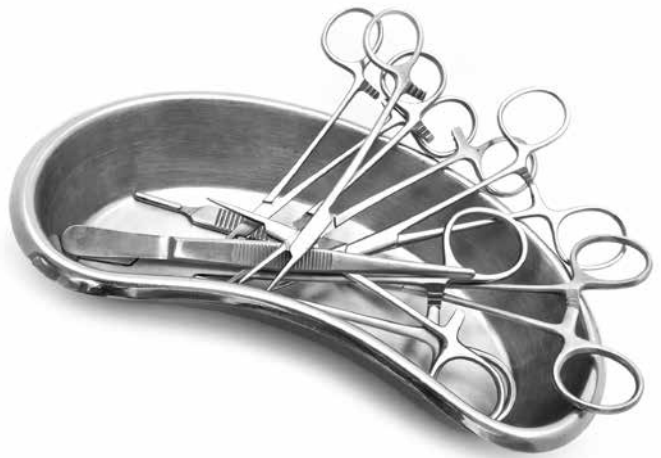
The Scheme is underwritten by Chubb - one of the world's largest insurance companies and specialists in the provision of a range of insurances including sickness and accident policies.

Not just for accident and sickness...

Apart from benefits being payable in the event of illness or injury, a number of additional elements of cover are included within the policy e.g. Suspension Cover, Jury Service Cover, Maternity/Paternity Cover, Bereavement Cover and Accidental Death.

Cover is based on the information provided within the application form and operated on the basis of the policy wording. There is no medical underwriting so no members of the practice will be required to answer any health related questions. Instead, cover is provided on a pre-existing condition basis, whereby any condition from which the insured member suffered, received medical attention (or should have received medical attention) in the three years prior to the commencement of cover will not be covered until a period of three years has passed without recurrence, or during which the condition has been controlled.





What are the next steps?

Once you have determined the level of cover you need for each member of the practice (remember the benefit levels can be different for each member of the team) and whether you need our Platinum or Platinum Plus contract, let us know and we will provide you with a quotation.

Of course, if you have any questions about the cover, the levels of benefits you need or if you need alternative quotations we will be more than happy to discuss this with you.

Once you are happy to proceed we will need you to complete a short application form and direct debit. Cover can commence immediately upon receipt of your completed application or at a future date of your choosing.

Easily Adjustable Policies

If you choose Platinum Plus, we will provide your revised schedule, including your increased benefit levels in line with the indexation provision at each Policy Anniversary. The Platinum option requires a more traditional, albeit straight forward, renewal process and different terms may be applied, most typically if claims have been made or the health of individuals within the team have changed.

You can of course make amendments to your policy at any time – if a staff member leaves, you have a new joiner or you simply need to review your level of cover, this does not need to wait until an Anniversary or Renewal date. Simply let us know and we will make the necessary adjustments to your cover.

We will provide you with a Policy Schedule as evidence of your cover, along with a Policy Wording (available at any time on request) which will provide the full terms of your cover.

Frequently asked questions about the Doctor Locum Insurance Schemes

Q: Suppose I have a claim or my health deteriorates — can you guarantee that as an individual my cover cannot be cancelled or reduced, or my monthly premium increased?

A: Under the Platinum Plus Scheme - yes. As the benefits are provided under a group scheme, unless the Master Policy is terminated or your cover cancels, your cover remains continuous on a rolling monthly contract through to age 65. In fact, unlike many other policies of this type, once you are accepted into the scheme you can never be individually selected for any adjustment or cancellation of your cover or increase in your monthly premium. However, please note your Policy will be cancelled if your claim continues for the maximum 52 week duration. With the Platinum Scheme you will renew your cover each year and the terms will be dependent on your health and claims history at that time.

Q: In the event of a claim, how much benefit will I receive?

A: The amount paid will be the actual cost of your locum doctor or employee, or if less, the amount for which you are insured at the time of the claim. There is an overall cap of 50% of the total Practice Benefit payable at any one time. For example, if you have 5 people insured for £2,000 each per week, the maximum payable at any one time would be £5,000 (for which you would need 3 of the 5 insured members having to make claims simultaneously).

Q: How do I make a claim?

A: Simply contact Doctor Insurance Services on 01277 288231 for a claim form. You will then need to submit the completed form together with medical certificates and invoices/letters confirming the cost of the locum

Q: What do you mean by disabling injuries or illness?

A: Those serious enough to prevent you from working for a period of more than 4 weeks and require a locum doctor or employee to be employed in your absence.

Q: Will I be covered for existing medical conditions?

A: When you apply, if you have had time off work (or received advice or treatment or should have done so) for a particular condition within the last 3 years, that condition will not be covered for the first 3 years. However, once you have been covered for 3 consecutive years under the scheme free from the problem and/or any treatment, this limitation will not apply.

Q: What about exclusions - are there any?

- A: • Illness or injury arising from air travel(except if you are a paying passenger or if it is connected to your work)
- War
 - Suicide
 - Self inflicted injury
 - Drug addiction
 - Professional sport

Full details terms and conditions and exclusions are listed within the policy document.

Q: What locum expenses can I claim for?

A: Essentially all the weekly costs of engaging a locum for which they invoice. This will include their locum rate and additional direct costs, such as the pension contributions which you will need to pay.



Q: How can I pay my premiums?

A: The easiest way to pay is by monthly direct debit over 12 months at no additional cost to you, but if you prefer we can accept annual payment by BACS transfer or debit/credit card.

Q: Can I increase my cover in the future to keep pace with the rising cost of employing a locum?

A: To help protect you against inflation, benefits and monthly premiums are automatically increased by 5% at the end of each Policy year, regardless of any subsequent deterioration in your health. If these increases prove insufficient you can always apply for extra cover at any time. This increase is only applied to the main locum cover, not the additional covers provided

Q: Are there any additional benefits included within the plan?

A: Yes, on both the Platinum and Platinum Plus plans benefits are also payable in the event of the insured being called for Jury Service, along with Maternity/Paternity Benefit, a lump sum benefit in the event of an accident causing death or permanent disablement, Bereavement/Family Emergency Cover and Suspension Cover. Please refer to the Policy Wording for full details.

Q: What if a member of the practice leaves at any time or we recruit new staff?

A: Simply let us know and we will amend your policy accordingly.

Apply now

The application is simplicity itself, with the absolute minimum of medical questions. What's more, no medical examination is needed and once enrolled your cover can be maintained until you are 65 — no matter how many claims you may make over the years. To join, simply complete the enclosed Application Form and return it to Doctor Insurance Services in the reply paid envelope provided. You will be covered from the moment your application is accepted and a Policy Schedule will be sent to you.

For full details visit:
www.doctor-locum-insurance.co.uk
or call us on: 01277 288231



Doctor 
Doctor Insurance Services

Office & Surgery Insurance

- Access to several A rated markets which ensures **very competitive premiums**.
- Market comparison.
- Insurance **tailored** to your requirements.
- Running an office or surgery **can seem less risky** than some other professions or trades, but **incidents do happen** when you least expect. From freak weather events to **slips, trips and falls**, you never know what's around the corner. Without the right office insurance in place you could be **financially liable** to pay out for any form of **property damage** or **pay compensation** for injuries sustained if something unexpected happens, so for an **unbiased comprehensive market exercise discuss your needs with us today**.

Chubb European Group SE (CEG) is an undertaking governed by the provisions of the French insurance code with registration number 450 327 374 RCS Nanterre. Registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. CEG has fully paid share capital of €896,176,662.

UK business address: 100 Leadenhall Street, London EC3A 3BP. Supervised by the French Prudential Supervision and Resolution Authority (4, Place de Budapest, CS 92459, 75436 PARIS CEDEX 09) and authorised and subject to limited regulation by the Financial Conduct Authority. Details about the extent of our regulation by the Financial Conduct Authority are available from us on request. You can find details about the firm by searching 'Chubb European Group SE' online at <https://register.fca.org.uk/>. Additional information can be found at: www.chubb.com/uk

This policy shall be governed and construed in accordance with the laws of England and Wales and the English Courts alone shall have jurisdiction in any dispute. All communication of and in connection with this policy shall be in the English language. Full details of the terms, conditions, provisions and exclusions applying to this insurance are contained in the Policy. A copy of the Policy wording will be sent to you as soon as your application has been received.

Our contact details are:

Managing Director, Doctor Insurance Services, 13 Woodbrook Crescent, Lake Meadows Business Park, Billericay, Essex CM12 0EQ
Telephone: 01277 288231 Email: info@doctor-locum-insurance.co.uk

It is your responsibility to provide complete and accurate information to us when you take out your Policy and throughout the life of your Policy. It is important that you ensure all statements you make on your Application Form, over the telephone, on claim forms and other documents are full and accurate. Please note that if you fail to disclose any material information to us that we ask you for, this could invalidate your insurance cover and could mean that part or all of a claim may not be paid. This product meets the demands and needs of those who wish to ensure that they have a financial resource to contribute toward the cost of a locum in the event of illness or accidental injury. You should check your cover on a regular basis and take professional advice when necessary.

Chubb and Doctor Insurance Services are members of the Financial Services Compensation Scheme (FSCS), which is an independent body that has been set up as a final safety net for customers in the event that the financial companies they deal with are no longer able to continue trading. Their contact details are: Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 Boltoph Street, London EC3A 7QU Telephone: 020 7741 4100 Fax: 020 7892 7301

Chubb is dedicated to providing a high quality service and want to maintain this at all times. If you are not satisfied with our service please contact us, quoting your Policy details, so we can deal with your complaint as soon as possible. Chubb and Doctor Insurance Services are members of the Financial Ombudsman Service (FOS) who may be approached for assistance if you are not satisfied with our final response. Contact details are given below. A leaflet explaining its procedure is available on request.

Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR | Telephone: 08000 234567 | Fax: 020 7964 1001
Email: complaint.info@financial.ombudsman.org.uk | www.financial-ombudsman.org.uk

THE DIRECT DEBIT GUARANTEE

This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank and Building Society. If the amounts to be paid or the payment dates change, you will be told of this in advance by at least 14 days as agreed. If an error is made by Doctor Insurance Services or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid. You can cancel a direct debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to Doctor Insurance Services.

THE DOCTOR LOCUM INSURANCE SCHEME is arranged and administered by Doctor Insurance Services*, 13 Woodbrook Crescent, Lake Meadows Business Park, Billericay, Essex CM12 0EQ. * a trading name of Professional & Medical Insurance Solutions Ltd, an Appointed Representative of Allcover Insurance Brokers Ltd which is authorised and regulated by the Financial Conduct Authority. Professional & Medical Insurance Solutions Ltd is registered in England, no. 11367093, registered office 2nd Floor, 50 Fenchurch Street, London, EC3M 3JY.

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