

CAN YOU AFFORD £2,000 PER WEEK?



We would pay for a locum if you
were unable to work

Doctor 
Doctor Insurance Services

Insurance experience and expertise you can count on

Could you afford to lose over £8,000 a month?

Almost certainly not — yet this is precisely what could happen if you had to employ a locum while you were off work for a month or more because of illness or accident.

You may get cover from within the practice, or possibly a neighbouring practice, but you can't rely on this for much more than a month. Even those qualifying for reimbursement may find that the costs for which they are liable quickly build up.

After this initial period a locum would need to be engaged... which can easily cost £2,000 a week or more! So a GP off work for 3 months could be faced with locum bills of over £24,000. The potential bills for 6 to 12 months absence do not bear thinking about — few GPs could afford to meet such bills from their own income.

Whilst the GMS contract may provide some benefits to meet locum costs, the amount provided may not be sufficient and the coverage provided is not as extensive as having insurance in place.

Salaried GPs, Practice Managers and Practice Nurses are not forgotten; you may need to provide Locum cover in the event of their incapacity. They too can be insured by our schemes, enabling your Practice to continue to generate income through the provision of its patient services.

Remember...

An accident or illness could strike at any time and stop you from working. Make sure you are adequately protected. Join the hundreds of GPs who are already covered by the plan TODAY!

This is where the Platinum Plus or Platinum Locum Insurance Schemes can help

Locum Insurance is the most cost effective way for GPs to safeguard their income, their practice and their patients, for periods of incapacity lasting up to 12 months.

The Platinum Plus and Platinum Locum Insurance Schemes provide a solution to suit all practices. Each will pay up to £2,500 a week if an accident or illness stops you from working for more than four weeks and you need to engage a locum. The benefit is payable from the 5th week of incapacity up to the 52nd week, or until you are well enough to return to work if earlier.

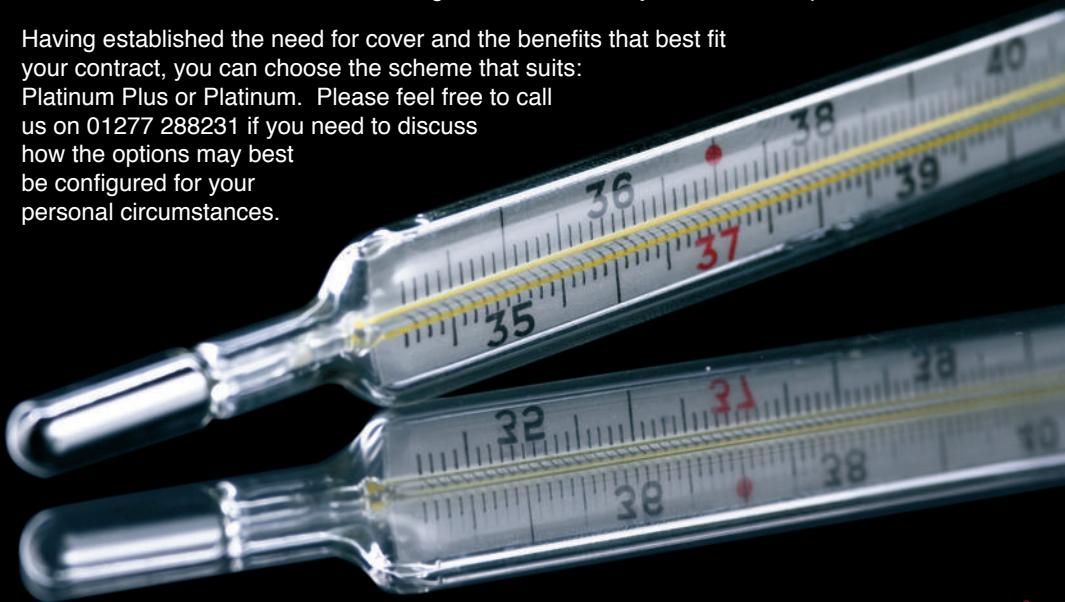
The insurance has been designed to be as flexible as possible;

- Annually renewable (Platinum) or continuous cover (Platinum Plus)
- The benefits period can be 6 or 12 months
- Cover is bought in units of £10, up to £2,500 per week, to reflect local locum costs and the sessions you are contracted to work
- Increasing the deferment period to 8, 13 or 26 weeks lowers the premium and accounts for any reimbursement payments and/or the duration of cover your practice may agree to supply

For Salaried GPs, Practice Managers and Practice Nurses, cover would be taken out by the Practice, with the benefit level being related to the likely cost of their replacement.

Having established the need for cover and the benefits that best fit your contract, you can choose the scheme that suits:

Platinum Plus or Platinum. Please feel free to call us on 01277 288231 if you need to discuss how the options may best be configured for your personal circumstances.



The benefits in brief...

Over £5 million has been paid out to claimants providing both Policyholders and Practices with financial peace of mind at the time it has been needed most.

	Platinum Plus	Platinum
Continuous cover to age 70	✓	✗
No Annual Health Declaration	✓	✗
Group Discount	✓	✗
Jury Service Cover	✓	✓
Suspension Cover	✓	✓
Maternity/Paternity	✓	✓
Accidental Death or Permanent Disability	✓	✓
Cover - Practice Managers	✓	✓
Cover - Nurses and Salaried GP	✓	✓
Flexible excess/deferred periods	✓	✓
Tax Relief on Premiums*	✓	✓
Automatic Index Linking	✓	✓

* In the event of a claim you will be required to provide locum invoices/receipts. As a policy of reimbursement, it is our understanding that tax relief is allowable on the premiums – but you should seek expert advice on this matter.

For further information visit
www.promedinsurance.co.uk
email enquiries@promedinsurance.co.uk
or call 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 cover through to age 70 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.



You choose how much cover you need... and for how long

Establish how much a locum or replacement employee will cost in your area. This is the most important factor in assessing the amount of cover needed.

Cover is available in £10 per week units — up to a maximum of £2,500 (250 units). There are two types of units — Plans A and B. Plan A covers the period from the 5th week of incapacity through to the 26th week. Plan B provides cover from the 27th to the 52nd week. Simply select the relevant level of cover you need under each plan to suit your own and your Practice circumstances. Alternative deferment periods are available under Plan A — we would be pleased to discuss your particular requirements with you.



Select the benefit that your practice would need

Whichever scheme you decide suits you best, the cost of cover depends on the level of benefit you require, your age and whether or not you smoke. It is exactly the same for a GP, Practice Manager or Practice Nurse. You just need to decide on Platinum Plus or Platinum, how much cover you need and we will calculate the cost and provide you with a quotation.

Also, if three or more members of the practice apply for cover, those who choose the Platinum Plus product will benefit from a discount of at least 5%. For further details and/or extra applications simply contact Doctor Insurance Services on 01277 288231.

Finally, you may decide that a Group policy for the whole practice may be more suitable – please ask for further details.





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 through to age 70. 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.

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. The time period is extended to 5 years on the Platinum policy.

Q: I don't need cover for the first 8 weeks. Can the Scheme be adapted to cover this?

A: Yes. The deferment period under Plan A can be extended from the standard 4 weeks to either 8 or 13 weeks. For further information please contact Doctor Insurance Services.

Q: What about exclusions — are there any?

A: Surprisingly few, and only those that you might expect. Briefly, these include illness or injury arising from air travel (except as a fare paying passenger or in connection with your professional duties); war, suicide, self inflicted injury, drug addiction; professional sport; illegal acts; military service (if more than 30 days a year), and illness or injury when no medical supervision is sought. Full details of the terms, conditions and exclusions applying to this insurance are contained in 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: Can I claim tax relief on my Doctor Locum Insurance Scheme premiums?

A: Yes — it is our understanding that tax relief at your highest marginal rate can be claimed, in which case any benefits you receive will be taxable. However you should seek your own professional advice.

Q: How can I pay my premiums?

A: Under the Platinum Plus Scheme, premiums are payable by monthly direct debit. With the Platinum Scheme we can accept payment by cheque, bank transfer, credit/debit card or we can arrange for monthly payments via a credit facility (charges apply).

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.

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 70 — 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 further information visit
www.promedinsurance.co.uk
email enquiries@promedinsurance.co.uk
or call 01277 288231.**





Chubb European Group SE (CEG) is a Societas Europaea, a public company registered in accordance with the corporate law of the European Union. Members' liability is limited. CEG is headquartered in France and governed by the provisions of the French insurance code. Risks falling within the European Economic Area are underwritten by CEG, which is authorised and regulated by the French Prudential Supervision and Resolution Authority (4 Place de Budapest, CS 92459, 75436 Paris Cedex 09, France). Registered company number: 450 327 374 RCS Nanterre. Registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. Fully paid share capital of €896,176,662.

CEG's UK branch is registered in England & Wales. Registered address: 100 Leadenhall Street, London EC3A 3BP. Authorised by the Prudential Regulation Authority and with deemed variation of permission. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website (FS Register number 820988).

You and Chubb have the right to choose the law which will apply to your policy. Chubb proposes that the laws of England and Wales will apply unless you indicate otherwise, and all communications will in English unless otherwise stated. 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: 01245 283483 Email: enquiries@promedinsurance.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, 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 Botolph 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 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 Venture House, St Leonards Road, Maidstone, Kent ME16 0LS.

