

## HEALTH PULSE SERVICES TERMS OF BUSINESS

Health Pulse Services (“**We/Us**”), company number 12342341, is authorised and regulated by the Financial Conduct Authority (FRN: 943749). Registered Office is Westhill House, 1<sup>st</sup> Floor, 2b Devonshire Road, Bexleyheath, DA6 8DS.

### OUR ROLE

In respect of the Circle Health MyWay Health Plan, we have two roles, one in respect of your health services (non insurance services) and one in respect of the insurance services, as detailed below:

#### Insurance services:

We are an insurance broker, providing services (the “**Services**”) which include (but is not limited to):

- Designing insurance & customer solutions.
- Acting as the agent on the behalf of Novus Underwriting Limited, on behalf of the **Insurer** which is:
  - for policies purchased on or before 31<sup>st</sup> December 2023, Helvetia Global Solutions Ltd, OR
  - for policies purchased on or after 1<sup>st</sup> January 2024, Millennium Insurance Company Limited
- Arranging cover to meet your demands and needs.
- Helping with ongoing changes.

#### Your Health Services:

We are acting as an intermediary for Circle Health Group and its third-party suppliers to collect the applicable subscriptions for Circle Health MyWay Health Plan and to confirm membership on their behalf.

### RISK INFORMATION

The terms of any insurance will be based upon the information provided by **You to Us** and the **Insurer**.

**You** have a duty to give a “fair presentation” of the risk to **Insurer**, by disclosing all material facts. Material facts means **You** must clearly disclose every material circumstance which **You** know or ought to know, before cover is placed, when it is renewed and throughout the life of the insurance **Policy**. A material fact is anything that may influence an underwriter in accepting the risk and on what terms. If **You** are in any doubt as to whether a fact is material, **You** are advised to disclose it. Failure to disclose a material fact may entitle the **Insurer** to impose different terms on your cover or reduce the amount of a **Claim** payable and in some cases **Your** cover may be invalidated. **You** are advised to retain copies of any correspondence **You** send to **Us** or direct to **Your Insurer**.

### OUR REMUNERATION

Remuneration for **Our Services** is in the form of a commission, which is a percentage of your insurance premium that you have paid.

In the event of a **Policy** being cancelled by You, **We** reserve the right to retain the commission and any fees earned on the original transaction.

### SETTLEMENT TERMS

**You** are responsible for the prompt settlement of insurance premiums so that **We** can make the necessary payments to the **Insurer**.

Premiums and related fees are due prior to inception of the insurance **Policy** and prior to any renewal or at agreed intervals e.g., monthly payment in advance.

**We** will not fund premiums on **Your** behalf and reserve the right to cancel or lapse **Your** insurance **Policy** if you fail to make any payment on time.

**We** cannot be held responsible for any loss which **You** suffer as a result of a **Policy** being cancelled or otherwise prejudiced due to late payment.

**You** shall pay all amounts due in full without any deduction or withholding except as required by law and

**You** shall not be entitled to assert any credit, set-off or counter claim against **Us** in order to justify withholding payment of any such amount in whole or in part. **We** may without limiting our other rights or remedies, set-off any amount owing to **Us** against any amount payable by **Us** to **You**. **We** reserve the right to charge interest on late payment of any sums due to **Us**, at 5% above the Bank of England's base rate, plus an administrative fee.

#### **METHODS OF PAYMENT**

**We** accept payments via direct debit only from UK bank accounts.

#### **SUBSCRIPTIONS AND PREMIUM BANK ACCOUNT**

**Your** premiums are paid into a separate bank account which is different from the normal commercial business trading bank account of Health Pulse Services.

**We** do not hold client money to pay **Claims**.

#### **QUOTATIONS**

Unless stated otherwise by **Us**, all quotations provided are valid for a period of 30 days from the date of issue.

**You** should be aware that quotations may change or be withdrawn if the information given to **Us** &/or the **Insurer** in the proposal (application) forms or declarations differs from that provided at the time the quotation was issued.

#### **CHANGES TO YOUR MEMBERSHIP AND INSURANCE COVER**

**We** will normally deal with any requests to amend cover within two (2) working days of **Your** instructions being received.

**We** will confirm changes to **Your Policy**, once agreed in writing. **We** will also advise you or any extra premiums **You** must pay or premiums **We** must return to you.

#### **DOCUMENTATION**

**You** should check all **Membership** and **Policy** documentation to ensure that the details are correct, and the cover provided meets with **Your** requirements. Any errors should be notified to **Us** immediately.

The **Policy** documentation will contain information regarding your ongoing duties and responsibilities and will inform **You** of the process for making a **Claim**.

#### **COMPLAINTS PROCEDURE**

If you wish to register a complaint or request a copy of our complaints procedures, please contact Us at: [complaints@healthpulseservices.com](mailto:complaints@healthpulseservices.com) or write to us at: Westhill House, 1<sup>st</sup> Floor, 2b Devonshire Road, Bexleyheath, DA6 8DS.

#### **LAW AND JURISDICTION**

These terms of business shall be governed by and construed in accordance with the Laws of England and Wales.