



# CARE STARTER CASH PLAN

**nabas**  
THE BALLOON AND PARTY PROFESSIONALS ASSOCIATION

Dear Member,

## A NEW AND EXCITING PLAN TO PROVIDE CASH FOR YOUR MEDICAL EXPENSES!

How many times in the last year have you been faced with unexpected medical expenses? How did you cope finding the extra money needed to cover these bills? The Care Starter Cash Plan is one way you can reduce these unexpected expenses.

Unexpected medical expenses that can occur every year can range from; treatment required after seeing a dentist or opticians fees, through to seeing a chiropractor or osteopath when the wait under the NHS is just too long to bear. Seeing your GP when you are unwell could result in prescription charges, needing an ambulance to get you to hospital for tests or even needing to spend a day or night in hospital. If the worst happens and you become permanently disabled then a cash lump sum would be useful to deal with any unexpected expenses.

In short, there are many instances where the Care Starter Cash Plan can provide benefits, all aimed at easing the financial burden caused by unexpected medical situations both in the UK or when temporarily overseas anywhere in Europe.

Cover may be transferred from an existing Cash Plan. Future claims made for conditions originating at the time you were participating in the previous plan will be honoured.

As a member of The Balloon Association the monthly subscription for you is £17.50. Act now whilst this offer remains open.

Yours faithfully,

J M Blackmore  
Association Secretary

**PS. To apply, ring 01423 799949 or complete the membership application below and direct debit form overleaf and post today whilst this offer remains open.**

This leaflet is produced and presented by HMCA which is authorised and regulated by the Financial Conduct Authority

## THE HMCA CARE STARTER CASH PLAN MEMBERSHIP APPLICATION

I wish to apply for the HMCA Care Starter Cash Plan for £17.50 per month. I understand that the full terms and conditions will be sent to me upon commencement.

Date of birth: 

DAY	MONTH	YEAR
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Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **GUARANTEED ACCEPTANCE**

**Guaranteed acceptance  
regardless of your medical  
history, age or occupation. There  
is no health questionnaire and  
no medical examination required.**

**P.T.O.**



# DESCRIPTION OF CASH BENEFITS

<b>DENTAL BENEFITS</b>	Up to
Dental Hygiene Treatment and Dental Examinations	Per Year £20
Dental X-rays	£20
Remedial or Restorative Treatment	
up to 50% of costs	£30
Oral Cancer	£6,000
Dental Accidents	£1,500
Emergency Call-out	£125

<b>OPTICAL BENEFITS</b>	Up to Per Year
Eye Examinations	£20
Spectacles	£40

<b>PERSONAL ACCIDENT COVER</b>	
Accidental Death Cover within EEA	£2,500
Permanent Disability Cover within EEA	£2,500

<b>HOSPITAL BENEFITS</b>	
Per Night - maximum 30 nights per year	£40

<b>DAY CASE BENEFITS</b>	
Per Day - 7 admissions maximum per year	£40

<b>HOSPITAL DOUBLE BENEFITS</b>	
If in hospital due to accident	£80
Public Transport	£80
Overseas within EEA	£80
All benefits per night up to 30 nights	

<b>EXTRA BENEFITS</b>	
Private Ambulance	£150
Prescriptions	£20

<b>MATERNITY GRANT</b>	
Per Birth - when both you and your spouse have been members of the plan for at least 12 months	£500

<b>SPECIALIST SERVICES</b>	Up to
Consultations, investigations, x-rays, pathology, scans and physiotherapy.	Per year £100

<b>COMPLEMENTARY MEDICINE BENEFITS</b>	Up to
Osteopathy, Chiropractic, Acupuncture, Homoeopathy, Chiropody & Podiatry.	Per year £100

**OVERSEAS BENEFITS**  
All benefits continue whilst travelling for business or pleasure within the EEA including double benefits for hospital stay

▲ 2ND FOLD – UNDER ▲

Do not affix postage stamps if posted in Great Britain, the Channel Islands or Northern Ireland.

No stamp required

**HMCA,  
FREEPOST,  
BEECH HALL,  
KNARESBOROUGH,  
YORKSHIRE,  
HG5 9YX.**

▼ 1ST FOLD – UNDER ▼



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▼ 3RD FOLD – TUCK IN ▼

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## TELEPHONE MEDICAL HELPLINE

This service is included for all HMCA Care Starter Cash Plan members. It is operated by qualified medical staff.

## Join Now

[www.hmca.co.uk/cashstarter](http://www.hmca.co.uk/cashstarter)

or telephone 01423 799949

or complete the form overleaf and Direct Debit below and fold and post to

HMCA, FREEPOST, Beech Hall, Knaresborough, Yorkshire, HG5 0EA



## MONEY BACK GUARANTEE

You must be satisfied or you may return the HMCA Care Starter Cash Plan within 30 days for a full refund.

## INSTRUCTIONS TO YOUR BANK OR BUILDING SOCIETY TO PAY DIRECT DEBITS



Please fill in the whole form and send it to:  
HMCA/S Plc, FREEPOST, Beech Hall,  
Knaresborough, Yorkshire HG5 9YX



Originators identification no.

9 2 6 0 8 7

1. Name of your Bank or Building Society branch

Bank or Building Society

2. Name(s) of account holder(s)

F81/

5. HMCA/S Plc reference number

3. Branch sort code

(from the top right hand corner of your cheque)

Branch sort code box

6. Instruction to your Bank or Building Society  
Please pay HMCA/S Plc Direct Debits from the account detailed on this instruction subject to the safeguards assured by The Direct Debit Guarantee.

4. Bank or Building Society account number

Bank or Building Society account number box

Signature(s)

Date

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 HMCA will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request HMCA 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 HMCA 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 HMCA 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.

After you have completed this form, return it to HMCA/S, FREEPOST, Beech Hall, Knaresborough, Yorkshire, HG5 0EA