



Health
Plan®



APS Bank Pension Holders



hsfhealthplan.com.mt

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Welcome to HSF

Your Health, Your Choice

HSF Health Plan (Malta) empowers **you** to take charge of **your** oral and eye health by offering the freedom to choose between cover for a dental check-up or an eye test.

Our mission at HSF Health Plan (Malta) is simple: to provide comprehensive and affordable health plans tailored to meet **your** needs. With a legacy of excellence, **we** ensure access to quality healthcare without compromise. **Our** plans are designed with **you** in mind. **Our** APS health plan provides the support **you** need to achieve a healthier, happier life.

Making a Difference Together

HSF goes beyond being a health plan – we're a dedicated community-focused organisation, passionate about empowering individuals and families to thrive. By choosing **HSF Health Plan (Malta)**, a trading company of the registered charity The Hospital Saturday Fund, **you** not only gain access to quality healthcare but also make a meaningful contribution to the charity. **Your** support enables **us** to continue **our** important work, touching the lives of countless individuals in need.



Paul Jackson, Group Chief Executive of The Hospital Saturday Fund,

expresses his gratitude: *"Your support means the world to us and to the countless individuals and families whose lives are touched by the invaluable services provided by The Hospital Saturday Fund".*

Thank **you** for choosing **HSF Health Plan (Malta)**. We're here to serve **you** with excellence, compassion, and integrity.



Who We Are

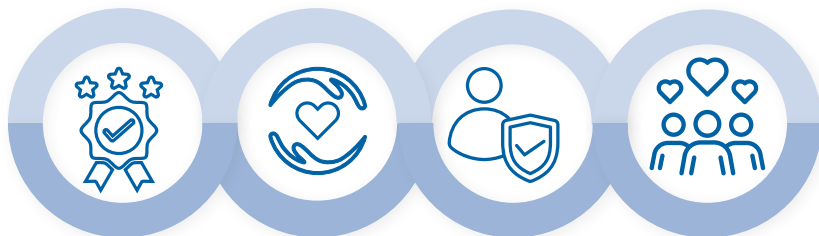
At **HSF Health Plan (Malta)**, quality healthcare and community impact are at **our** core. As a health cash plan provider, **we** offer simple and affordable ways to help cover the cost of dental check-ups or eye tests. **Our** core values ensure **you** have access to affordable health plans while supporting essential charitable initiatives.

Count on **our** dedicated customer support team to guide **you** through **your** healthcare journey. With **HSF Health Plan (Malta)**, **your** health is **our** priority, ensuring peace of mind and financial security.

This plan is being offered to APS Bank, as the **policyholder**, for its pension holders, as **covered person/s**.



Our Values



Quality

We prioritise quality healthcare, ensuring **our** members receive the best possible medical services.

Compassion

We approach **our** work with empathy and understanding, providing support and care to **our policyholders**.

Integrity

We uphold the highest standards of integrity and honesty in all **our** interactions and decisions.

Community

We are dedicated to making a difference in the community, both through **our** health plans and **our** charitable contributions.

Our Impact



The Hospital Saturday Fund (HSF) has been a steadfast supporter of those facing medical needs since its inception in London in 1873. Established by the Twelfth Earl of Meath during a time when public healthcare was scarce, HSF has evolved to remain a vital source of aid through charitable grants funded by the profits of **HSF Health Plan (Malta)**. In 2023, HSF's commitment to alleviating sickness and suffering was demonstrated through its grant-making activities, distributing over €2.6 million to individuals and medical charities across Malta, Ireland, and the UK. This included significant funding for research projects, medical equipment, and support services, ensuring a broad and impactful reach.



hospicemalta

Hospice Malta - €13,500

The Inpatient Unit at the new St. Michael Hospice was awarded a grant towards a new laundry area. This is extremely important in this environment in order to support infection control, as well as helping the smooth running of the hospice.



Richmond Foundation - €12,555

A grant was awarded towards purchasing medical and therapeutic equipment for residents to enhance a healthier and more active lifestyle within the community, supporting those who are suffering from mental health issues, medical conditions and/or mobility problems.



Smiling with Jerome Foundation - €6,000

A grant was awarded towards chemo bags which are provided free of charge to all Inpatients at the Sir Anthony Mamo Oncology Centre, as well as to patients referred by Hospice Malta. Whilst chemotherapy is important to cancer patients, so is positive mental health well-being. These bags help patients to get through the long hours of treatment.



Join Us

Be Part of a Healthier Future

When **you** choose **HSF Health Plan (Malta)**, **you** are not just getting quality healthcare cover, **you** are joining a community of individuals and families dedicated to making a difference. Together, **we** can create a healthier, happier future for everyone.

Policy Terms & Conditions

Please read carefully

Full policy terms and conditions, and the cover provided, are shown in this brochure.

Paying Premiums

It is the **Policyholder's** responsibility to check that the premium payments are paid to **HSF Health Plan (Malta)**.

Duration of Cover

Cover is provided continuously for one year, beginning with the policy start date, unless it is cancelled following the **policyholder's** instructions in writing, or otherwise comes to an end. If the **policyholder** does not cancel, the cover is automatically renewed.

Dental and/or Optical Benefit

The dentist or optician must be suitably qualified and listed under the Medical Council Registers.

Becoming a Covered Person/s

Anyone who is listed as an APS Bank pension holder may be included in the cover provided that the rules and conditions are adhered to.

Change of Personal Details

Any change of personal details of a **covered person/s** must be notified in writing to **HSF**

Health Plan (Malta) Ltd so that **our** records remain up to date.

Death of a Covered Person/s

When a **covered person/s** dies, any outstanding claims at the time of death will be settled as appropriate, payments being made on production of the required proof of entitlement.

Claims

Claims will not be paid unless the appropriate premium payments for the policy are up to date.

Claims must be made within six months from the date of the treatment taking place.

All claims are subject to premium checks, and it may be necessary to ask the **covered person/s** for additional medical or supporting information in connection with any claims.

All payments are tax free and easy to claim with claim forms available on our website.

For more details see section "How to claim."

Reimbursement of claims is made over of a period of 12 consecutive months. This period starts from the date the annual premium is paid by the **policyholder**.

Available balances can be confirmed by calling **our** claims department.

Benefit payments which relate to amounts paid for a service provided as stipulated above.

Payment will be effected by direct credit into

the **covered person/s**' own bank account.

The receipts must:

- a. be originals or good quality copies if submitted digitally
- b. include the practitioner's stamp / name, qualifications and date of issue;
- c. include the patient's full name and address;
- d. state the type of service and items provided;
- e. be for a service for which payment has been met directly by the person registered under the cover;
- f. be for a service covered by the **HSF Health Plan (Malta)** category only and not for any insurance premiums paid to cover that service.

We will not accept statements or summaries.

In circumstances where part or all of the amount stated on the receipt has been met by another organisation or insurance company, **HSF Health Plan (Malta)** will limit or decline benefit payment to ensure that overall, a **covered person** does not receive more than the amount paid as to do so would be an illegal act.

Claims will not be accepted for treatment or services received outside **Malta**.

Should any overpayment be made in respect of the benefit, the amount in question will be set against any future claims, or a repayment may be requested.

Any fee paid by a **covered person** to a **medical practitioner** for any type of medical statement cannot be reimbursed by **HSF Health Plan (Malta)** Ltd.

Claims will not be accepted from service

providers who are related to the insured person.

General Conditions

In the interest of the majority of the **covered person/s**, the Board of Directors of **HSF Health Plan (Malta)** Ltd reserve the right at renewal to:

- a. vary the premium rates by giving at least 28 days' notice in writing;
- b. vary the range and rates of benefits and the conditions and terms relating thereto;
- c. make amendments to these rules with such changes applying at the next renewal date;

At other times the Board of Directors reserve the right to:



- d. refuse to settle the claim of any **covered person/s** who is in breach of the rules and conditions, or has been unwilling to cooperate in the process of considering a claim;
- e. take legal action against anyone who makes a fraudulent claim and terminate cover immediately;
- f. take legal action against anyone who makes, or is associated with, a fraudulent claim and terminate cover immediately;
- g. use information provided on application and claim forms for the prevention and detection of crime.

Our Benefits

See our benefits at a glance

The APS Health Plan is designed for individuals seeking to recover either a dental check-up or eye vision test, up to the maximum claim allowance of €50.00. Get financial protection and access to healthcare services when needed to help manage **your** costs and maintain overall well-being.

Benefits Summary

Annual Premium	Paid by APS Bank
Benefits	Claim allowance
Either	One claim of up to €50.00 in 12 consecutive months
 An annual dental check-up carried out by a qualified dentist in a dental clinic.	
Or	
 An annual eye vision test carried out by either a qualified ophthalmologist, a qualified orthoptist, or a qualified optician.	

Financial help towards the cost of a dental check-up or a sight test, up to the maximum shown above.

It is payable based on 12 consecutive months from the first day of cover and following the payment of the annual premium.

This plan allows for immediate claiming without any waiting periods.



How it Works

Health Cover Made Simple



1

Benefits Funded

APS Bank pays the annual premium on **your** behalf.

2

Receive Cover

You are covered from the first day of cover as indicated to you by APS. The cover remains in place until APS notifies you otherwise.

3

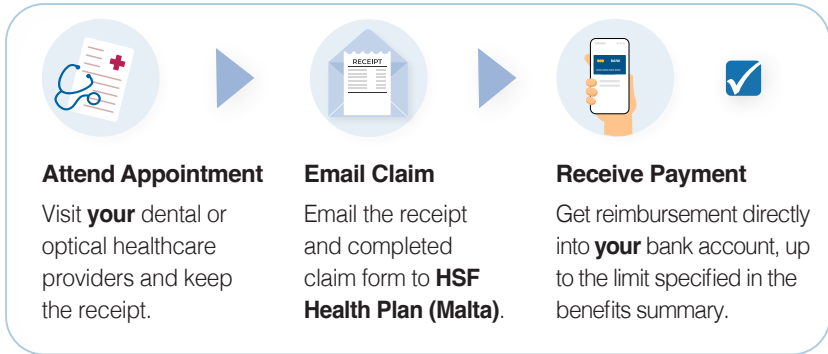
Claim Cash Back

Claim cash back for **your** expenses within 6 months.

How to Claim

Understand Your Health Plan

Getting reimbursements with **HSF Health Plan (Malta)** is straightforward. Follow these three simple steps to start enjoying the benefits provided to you as part of the cover:



Claim Forms

Download from the button or request a form by contacting **our HSF Health Plan (Malta) Claims Team** at +356 2778 0685 (address on the last page of this brochure). To find out more please click the link below to visit our dedicated APS Webpage.

[Download Claim Form](#) 

[Submit Claim Form enquiries@hsfhealthplan.com.mt](mailto:enquiries@hsfhealthplan.com.mt) 

[Find Out More](#) 

Submission Requirements

- Please scan or post original receipts and submit it with the **covered person/s** claim form.
- Payments are deposited into the **claimant's** designated bank account (current account in the **claimant's** name or joint names).
- Upon the inception of the cover, the **covered person/s** may start claiming.

Submission Deadline

- Submit claims within six months from the treatment date.
- Full premium payment is required for eligibility.

Policy Details

Understanding Your Health Plan

Adding Covered person/s to a Policy

1. APS Bank will forward the lists of the persons to be covered to **HSF Health Plan (Malta)** before inception of cover so that **they** are included in the cover.
2. **HSF Health Plan (Malta)** will save the sent lists in strict confidence, and the cover will start immediately.
3. The relative premium for every **covered person/s** will then be charged to the **policyholder** (APS) for payment.
4. In case of a claim, the payment of the claim will be sent to the individual **covered person** using the bank account, as declared by the **covered person**.

Duration of the policy

The policy is renewed automatically on an annual basis unless the **policyholder** cancels the policy or the premiums fall into arrears.

What is the covered person/s covered for?

This policy offers cover for either a dental check-up for an eye test, and **HSF Health Plan (Malta)** Limited reimburse the **covered person/s** up to the allowed maximum limit of the professional costs.

The benefit is an amount claimable over a 12-month basis.

HSF Health Plan (Malta) is an insurance undertaking, and all information is provided in order for applicants to choose the plan to suit **their** personal circumstance as **HSF Health Plan (Malta)** is not authorised to provide a professional recommendation.

Statement of demands and needs

This product meets the demands and needs of the **policyholder** on behalf of the **covered person/s** who wish to manage **their** healthcare expenses a dental check-up and an eye test.

How to Complain

We, at **HSF Health Plan (Malta)**

Limited, make every effort to provide **you** with the highest level of service and, as a valued customer, **you** are right to always expect fairness and a quick and courteous service.

If **you** are not satisfied with the service **you** receive from **us** or any of **our** intermediaries (if applicable), please do not hesitate to inform **us** by using **our** internal complaints' procedure and **we** promise to deal with **your** complaint promptly and efficiently.

In the event of a complaint:

- 1.** Please email or write to **our** Complaints Manager to resolve the issue by quoting **your** policy/claim number, email **us** at complaints@hsfhealthplan.com.mt. or send a letter addressed to:

The Complaints Manager, **HSF Health Plan (Malta)** Limited, Avenue 77 Business Centre, Level 2, Office 237, Triq in-Negozju, Zone 3, Central Business District, Birkirkara, CBD 3010, **Malta**.

- 2.** **We** will provide **you** with **our** feedback;
- 3.** If **you** remain dissatisfied with the outcome or **you** feel that **your** complaint remains unsolved, please contact **us** quoting **your**

policy/claim number;

- 4.** **We** will acknowledge **your** complaint promptly;
- 5.** **We** will investigate **your** complaint in detail. While **we** are investigating **your** complaint, **we** will keep **you** updated. If **your** complaint has not been resolved within 15 days, **we** will explain why it remains unresolved and inform **you** of **your** right to refer the matter to the Office of the Arbiter for Financial Services, N/S in Regional Road, Msida MSD 1920, **Malta**.
Email to complaint.info@asf.mt, telephone on Freephone: 80 072 366 or (+356) 21 249 245, or use the "<https://www.financialarbiter.org.mt/oafs/enquiry>" online form for this purpose.

- 6.** **You** will receive a final response to **your** complaint from **our** Complaint Manager;

We endeavour to provide a high standard of service to **you** and welcome comments and suggestions.

Please note that these complaints' procedures will not affect in any manner **your** right to take legal action.

Definitions

Covered person/claimant/their/ them/they/you/your

A person who is listed as having a pension plan with APS Bank, which is fully paid or accepted as paid by the **Policyholder**.

Insurer

HSF Health Plan (Malta) Limited is the underwriter of this policy.

Medical practitioner

A person who has a degree in the practice of dentistry or ophthalmology, having attended a medical school recognised in **Malta**. This person must be licensed to practise such dentistry or ophthalmological treatment by the Medical Council.

Policyholder

APS Bank is the **policyholder** of this cover.

Malta

“**Malta**” means the Maltese islands and shall be constructed accordingly throughout the brochure.

The language of all information provided shall be English.

HSF Health Plan (Malta)

Throughout this brochure, when “**HSF Health Plan (Malta)**” is used, it should be understood as a shortened form of **our** legal name, “**HSF Health Plan (Malta)** Limited”.

We, our, ours, us

HSF Health Plan (Malta).

This policy is consisting of this policy document and the insurance product information document (IPID).

Regulatory Information

Regulation

HSF Health Plan (Malta) Ltd is authorised and regulated by the **Malta** Financial Services Authority.

This insurance policy cannot be acquired separately from the APS pension plan, however, the pension plan can be obtained separately by opting out from this insurance policy.

A compensation may be available under the Protection and Compensation Fund Regulations, 2003, in case we become insolvent and unable to meet our obligations under this insurance policy.

Advice and Reviews

HSF Health Plan (Malta) Ltd is not authorised to provide advice and **our** employees are only allowed to provide factual information on **our** product.

The **policyholder** should regularly review the policy documents to ensure the plan remains suitable for the current circumstances.

Compliments and Complaints

Please refer to the above section “How to complain”

Full details of **our** complaints' procedures are automatically sent on receipt of a complaint and at each stage relevant addresses are provided. Such details are available on request at all time.

Governing Law

Anyone who is listed as an APS Bank pension Cover of this plan within this **HSF**

Health Plan (Malta) will be governed by and interpreted subject to the laws of **Malta**.

Annual Premium Calendar

The premium will be paid by the **policyholder**, APS Bank, and will be paid annually on each renewal.

Data Protection Laws

This section informs the **policyholder** and/or the **covered person/s** of the information **we** record.

It sets out the conditions under which **we** may process any information that **we** collect from the **policyholder** and/or the **covered person/s** provide to **us**.

It covers information that could identify the **policyholder** and/or the **covered person/s** (“personal information”) and information that could not.

In the context of the law and this notice, “process” means collect, store, transfer, use or otherwise act on information. **We** take seriously the protection of the **policyholder** and/or the **covered person/s** privacy and confidentiality.

Our policy complies with the EU General Data Protection Regulation (GDPR). The law requires **us** to tell the **policyholder** and/or the **covered person/s** about the rights and **our** obligations to the **policyholder** and/or the **covered person/s** in regard to the processing and control of the relative personal data.

Data Privacy Policy

At **HSF Health Plan (Malta)**, **we** understand the importance of protecting **your** privacy. This policy is designed to explain what information **we** may collect about **you**, how **we** may use it, and the steps **we** take to ensure that it is kept secure. It sets out the conditions under which **we** may process any information that **we** collect from **you**, or that **you** provide to **us**. It covers information that could identify **you** ("personal information") and information that could not. In the context of the law and this notice, "process" means collect, store, transfer, use or otherwise act on information.

We are committed to transparency and take the protection of **your** privacy and confidentiality very seriously. **You** have the right to know how **your** personal data is used, and **we** are committed to using it only for the purposes **you** intended. **We** will never share **your** information with unauthorised third parties and will always maintain the confidentiality of the data **you** entrust to **us**.

How is your personal data collect and the data we collect

When the **policyholder** includes a new **covered person/s** in this health plan. The personal data **we** collect from **you** and/or the **policyholder** is:

- **Personal details:** The personal details **we** collect are the **covered person/s** personal and contact details including title, name, address, date of birth, email address, telephone numbers, and ID card/passport number.
- **Payment details:** The payment details **we** collect can be bank details information to support claim payments being made directly into the **covered person/s** bank account.

If the covered person/s fail to provide personal data

If **covered person/s** do not provide information, **we** may not be able to:

- provide requested services to the **covered person/s**;
- to continue to provide and/or renew existing products or services.

We will tell the **covered person/s** when **we** ask for information which is not a contractual requirement or is not needed to comply with **our** legal obligations.

Sending a message to our support team:

When the **covered person/s** contacts **us**, whether by telephone, through **our** website or by e-mail, **we** collect the data **you** have given to **us** in order to reply with the information the **covered person/s** need. **We** record the **covered person/s** request and **our** reply in order to increase the efficiency of **our** business.

How we use your personal data

We will only use **your** personal data when the law allows **us** to. Most commonly, **we** will use **your** personal data in the following circumstances:

When the **policyholder** includes a new **covered person/s** in this health plan, it is understood that the **covered person/s** is agreeing to **our** terms and conditions, and therefore, a contract is formed between the **covered person/s** and **us**. In order to carry out **our** obligations under that contract **we** must process the information given to **us** by the **policyholder** and/or the **covered person/s**.

Some of this information may be personal information in order to:

- verify **your** identity for security purposes
- provide the **policyholder** and/or **covered person/s** with **our** services

We process this information on the basis there is a contract between **us** and where **we** have a legal obligation to do so such as processing medical information to support

claim assessments in line with that policy contract, or that the **covered person/s** have requested **we** use the information before **we** enter a legal contract.

Additionally, **we** rely on legitimate interest as the lawful basis for which **we** collect and use the **covered person/s** personal data where it is necessary for **our** and the **covered person/s** legitimate interests and fundamental rights do not override those interests. When **we** process the **covered person/s** personal information for **our** legitimate interests, **we** will consider and balance any potential impact on the **covered person/s** and the **covered person/s** rights under data protection and any other relevant law. **Our** legitimate business interests do not automatically override the **covered person/s** interests – **we** will not use the **covered person/s** personal data for activities where **our** interests are overridden by the impact on the **covered person/s** (unless **we** have the **covered person/s** consent or are otherwise required or permitted to by law). **Our** legitimate interests arise as the processing of the **covered person/s** personal data is necessary to enable **us** to set up and administer **our** products and services.

Where **we** have a legal or regulatory obligation to use the **covered person/s** personal information, for example, when **our** regulators **Malta** Financial Services Authority (MFSA) or the Information and Data Protection Commissioner (IDPC) asks **us** to maintain certain records of any dealings with the **covered person/s**.

Where **we** need to use the **covered person/s** personal information to establish, exercise or defend **our** legal rights, for example when **we** are faced with any legal claims, or where **we** want to make any claims ourselves.

Where **we** need to use the **covered person/s** sensitive personal information such as health data because it is necessary for the **covered person/s** vital interests, an example would be a life-or-death matter.

We may also aggregate the **covered person/s** personal data in a general way and use it to provide class information, for example to monitor **our** performance with respect to a particular service **we** provide. If **we** use it for this purpose, the **covered person** will not be personally identifiable.

The following are some examples of when and why **we** would use this approach:

- To improve and enhance **our** services: When **we** do process the **covered person/s** personal data, **we** will use it to benefit the **covered person/s** and to make the **covered person/s** experience better and to improve **our** products and services.
- The **covered person/s** best interest: Processing the **covered person/s** information to protect the **covered person/s** against fraud when transacting on **our** website, and to ensure **our** websites and systems are secure.
- Personalisation: Where the processing enables **us** to enhance, modify, personalise or otherwise improve **our** services/communications for the benefit of the **covered person/s**.
- Research to determine the effectiveness of promotional campaigns and advertising and to develop **our** products, services, systems and relationships with the **policyholder & covered person/s**.
- Due Diligence: **We** may need to conduct investigations on existing customers, potential customers and business partners to determine if those companies and individuals have been involved or convicted of offences such as fraud, bribery and corruption.

We will only use the **covered person/s** personal data for the purposes for which **we** collected it, unless **we** reasonably consider that **we** need to use it for another reason and that reason is compatible with the original purpose. If **we** need to use the **covered person/s** personal data for an unrelated purpose, **we** will notify the **covered person/s** and **we** will explain the legal basis which allows **us** to do so.

Please note that **we** may process the **covered person/s** personal data without the **covered person/s** knowledge or consent, in compliance with the above rules, where this is required or permitted by law.

Information Sharing

Third Parties and Group Organisations

In order to provide the **covered person/s** with **our** services, **we** may share **your** data with third parties and other organisations within **our** group or other organisations to enable continuity of service, such as:

- Organisations that pay premiums on **your** behalf in line with the policy contract.
- Service providers and partners who provide IT and system administration services, and support services.
- Professional advisers including lawyers, bankers, auditors, and **insurers** who provide consultancy, banking, legal, insurance, and accounting services.
- Organisations to provide the benefits and services for which **you** have applied and to assist with the continuity and provision of benefits.

Regulatory Bodies

We may also share the **covered person/s** data with regulatory bodies when it is a legal requirement to do so for the purpose of monitoring and enforcing compliance, such as:

- The Commissioner of Revenue, regulators, and other authorities who require reporting of processing activities in certain circumstances.
- Fraud detection agencies and other third parties who operate and maintain fraud detection registers.
- The Financial Ombudsman Service and regulatory authorities such as the **Malta** Financial Services Authority (MFSA) and the Information Data Protection Commissioner (IDPC)

Security and Compliance

We require all third parties to respect the security of the **covered person/s** personal data and to treat it in accordance with the law. **We** do not allow **our** third-party service providers to use the **covered person/s** personal data for **their** own purposes and only permit **them** to process the **covered person/s** personal data for specified purposes and in accordance with **our** instructions.

International transfer

The disclosure of personal information to the affiliates and other third parties set out above may involve the transfer of data outside the EU, EEA or states that are considered 'adequate'. Where **we** need to engage a third party which operates outside of Europe those considered 'adequate' for the provision

of services, then **we** would ensure that an equivalent degree of protection is provided by implementing appropriate technical measures and legal safeguards and standard contractual clauses as required by the legislation.

Data security

We have put in place appropriate security measures to prevent the **covered person/s** personal data from being accidentally lost, used or accessed in an unauthorised way, altered or disclosed. In addition, **we** limit access to the **covered person/s** personal data to those employees, agents, contractors and other third parties who have a business need to know. **They** will only process the **covered person/s** personal data on **our** instructions, and **they** are subject to a duty of confidentiality.

We have put in place procedures to deal with any suspected personal data breach and will notify the **covered person/s** and any applicable regulator of a breach where **we** are legally required to do so.

Data Retention

We will only retain the **covered person/s** personal data for as long as necessary to fulfil the purposes **we** collected it for, including for the purposes of satisfying any legal, accounting, or reporting requirements.

To determine the appropriate retention period for personal data, **we** consider the amount, nature, and sensitivity of the personal data, the potential risk of harm from unauthorised use or disclosure of the **covered person/s** personal data, the purposes for which **we** process the **covered person/s** personal data and whether **we** can achieve those purposes through other means, and the applicable legal requirements.

In line with **our** current retention policy, **we** retain the **covered person/s** personal data for 10 years after the health plan policy has ceased.

Your legal rights

Right to be informed: **We** will always be transparent in the way **we** use the **covered person/s** personal data. the **covered person/s** will be fully informed about the processing through relevant privacy notices.

Right to Access: **You** have the right to

request a copy of all information about the **covered person/s** held by **us**.

Please note that **we** are not obliged to take proactive steps to discover that a subject access has been made. If **we** cannot view a subject access request without paying a fee or signing up to a service, **we** will not respond to the request.

Data Portability: The **covered person/s** has the right to exercise the **covered person/s** right to data portability in certain circumstances.

Right to Object or to Restrict Processing: The **covered person/s** has the right to object to **our** use of the **covered person/s** personal information, or to ask **us** to delete, remove, or stop using the **covered person/s** personal information if there is no need for **us** to keep it. Please note **our** policy is to only keep personal information for as long as is reasonably required for the purpose(s) for which it was collected. **We** are required to keep certain transactional records – which does include personal information – for more extended periods to meet legal, regulatory, tax or accounting needs. **We** are also required to retain an accurate record of dealings with **us** for at least ten years after the **covered person/s** last interaction with **us**, so **we** can respond to any complaints or challenges the **covered person/s** or others might raise later.

We may sometimes be able to restrict the use of the **covered person/s** data. This means that it can only be used for certain things, if this is the case **we** would not use or share the **covered person/s** information in other ways whilst it is restricted. the **covered person/s** can ask **us** to restrict the use of **your** personal information if:

It has been used unlawfully but the **covered person/s** does not want **us** to delete it.

- The **covered person/s** has already asked **us** to stop using the **covered person/s** data, but the **covered person/s** are waiting for **us** to tell the **covered person/s** if **we** can keep on using it.

Right to Rectification: **We** want to make sure that the personal data **we** hold about the **covered person/s** is accurate and up to date. If any of the **covered person/s** details

are incorrect, please let **us** know and **we** will amend **them**. When **we** receive any request to access, edit or delete personal identifiable information **we** shall first take reasonable steps to verify **your** identity before granting **you** access or otherwise taking any action. This is important to safeguard the **covered person/s** information.

Right to Erasure: The **covered person/s** has the right to have the **covered person/s** data 'erased' in the following situations:

- Where the personal data is no longer necessary in relation to the purpose for which it was originally collected or processed.
- When the **covered person/s** withdraws consent.
- When the **covered person/s** object to the processing and there is no overriding legitimate interest for continuing the processing.
- When the personal data was unlawfully processed.

Please note that each request will be reviewed on a case-by-case basis and where **we** have a lawful reason to retain the data or where exceptions exist within **our** retention policy, then it may not be erased.

If the **covered person/s** wishes to exercise any of the **covered person/s** above rights, the **covered person/s** can do so by contacting the Data Protection Officer at DataProtection@hsfhealthplan.com.mt

What we may need from the covered person/s

We may need to request specific information from the **covered person/s** to help **us** confirm the **covered person/s** identity and ensure the **covered person/s** right to access the **covered person/s** personal data (or to exercise any of the **covered person/s** other rights). This is a security measure to ensure that personal data is not disclosed to any person who has no right to receive it. **We** may also contact the **covered person/s** to ask the **covered person/s** for further information in relation to the **covered person/s** request to speed up **our** response.

Time limits to respond

We try to respond to all legitimate requests within one month. Occasionally it may take **us** longer than a month if the **covered person/s** request is particularly complex or the **covered person/s** has made a number of requests. In this case, **we** will notify the **covered person/s** and keep the **covered person/s** updated.

Right to Complain

Should the **covered person/s** not be happy with the way **we** handle the **covered person/s** personal data, the **covered person/s** has the right to complain. The **covered person/s** can do so by contacting the Data Protection Officer.

If the **covered person/s** complaint reasonably requires **us** to contact a third party, **we** may decide to give to that third party some of the information contained in the **covered person/s** complaint. **We** do this as infrequently as possible, but it is a matter for **our** sole discretion as to whether **we** do give information, and if **we** do, what that information is.

You also have a right to lodge a complaint with the supervisory authority: Information Data Protection Commissioner (IDPC).

Data Protection Contacts

Malta Address:

HSF Health Plan (Malta) Head Office,
No. 4, Triq Sant' Andrija,
Valletta VLT 1341
Malta

Email Address: DataProtection@
hsfhealthplan.com.mt

Telephone No: +356 2778 0685

Compliance with the law

Our privacy policy has been compiled so as to comply with the law of every country or legal jurisdiction in which **we** aim to do business. If **you** think it fails to satisfy the law of **your** jurisdiction, **we** should like to hear from **you**.

Company Details

No. 4, Triq Sant' Andrija, Valletta VLT 1341,
Malta +356 2778 0685

HSF Health Plan (Malta) Ltd, with company registration number C 93406 and registered office address at No. 4, Triq Sant' Andrija, Valletta VLT 1341, Malta, is the trading company of The Hospital Saturday Fund, a Registered Charity in the UK No 1123381 and in Ireland Registered Charity No 20104528.

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HSF Health Plan (Malta) Limited is authorised under the Insurance Business Act (Chapter 403 of the Laws of **Malta**) and regulated by the Malta Financial Services Authority to carry on business of insurance in **Malta**. **HSF Health Plan (Malta)** Limited is listed in the Financial Services Register of the MFSA.

Malta Financial Services Authority
Triq I-Imdina, Zone 1 Central Business
District, Birkirkara, CBD 1010, **Malta**
<https://www.mfsa.mt/>



Health
Plan®



Contact Us



hsfhealthplan.com.mt



+356 2778 0685



enquiries@hsfhealthplan.com.mt



HSF Health Plan Malta



HSF Health Plan Malta



Head Office Address - HSF Health Plan (Malta) Avenue 77 Business Centre, Level 2, Office 237, Triq in-Negozju, Zone 3, Central Business District, Birkirkara, CBD 3010, Malta.

Head Office Avenue 77 Business Centre, Level 2, Office 237, Triq in-Negozju, Zone 3, Central Business District, Birkirkara, CBD 3010, **Malta**. **HSF Health Plan (Malta) Ltd**, with company registration number C 93406 and registered office address at No. 4, Triq Sant' Andrija, Valletta VLT 1341, **Malta**, is the trading company of The Hospital Saturday Fund, a Registered Charity in the UK No 1123381 and in Ireland Registered Charity No 20104528. **HSF Health Plan (Malta) Limited** is authorised under the Insurance Business Act (Chapter 403 of the Laws of **Malta**) and regulated by the Malta Financial Services Authority to carry on business of insurance in **Malta**.