

Your Optimise Health Plan **Policy handbook**



Welcome

Congratulations, you're now ready to start claiming money back towards the cost of your everyday health bills.

Things you need to do:

Register online at
[simplyhealth.co.uk/register](https://www.simplyhealth.co.uk/register)

Add your bank details to receive direct credit payments.

Visit **[simplyhealth.mygpsurgery.co](https://www.simplyhealth.mygpsurgery.co)** on your mobile and save it to your home screen.

Save this number to your phone so that you can book a time slot with a GP whenever you need to:

0300 100 1206

Visit myWellbeing to access the 24/7 counselling support to help with:

- Mental health concerns
- Neighbour disputes
- Child and eldercare advice
- Family and relationship advice

With myWellbeing you'll also be able to access lifestyle discounts and a range of health information.

Things you need to know:

How to claim

1. Attend your healthcare appointment as normal.
2. Upload a copy of your receipt and submit your claim online.
3. Sit back and wait for your payment to appear in your bank account.

Your welcome email, this policy handbook and your table of cover together form the basis of your cover with Simplyhealth. This policy handbook contains full terms and conditions for your plan including any exclusions and limitations which may be applied.

Please note: Our GP Services and Advice and Counselling helplines are provided by third party suppliers

Policy Terms and Conditions

Full terms and conditions and policy exclusions can be found in this policy handbook. We recommend that you familiarise yourself with these before submitting your claims.

1. Schedule of benefits

You are covered for the benefits shown in **your** table of cover up to the annual limits shown.

Eyes

This benefit is to help towards the costs when **you** see a qualified optical professional.

What is covered	What is not covered
<ul style="list-style-type: none">✔ sight-test fees, scans or photos for an eye test✔ fitting fees✔ prescribed lenses and accompanying frames for:<ul style="list-style-type: none">- glasses- sunglasses- safety glasses- swimming glasses✔ adding new prescription lenses into existing frames✔ glasses frames✔ contact lenses (including contact lenses paid for by instalment)✔ consumables supplied as part of an optical prescription✔ repairs to glasses	<ul style="list-style-type: none">✘ eye surgery (e.g. laser eye surgery, lens replacement or cataract surgery)✘ magnifying glasses✘ ophthalmic consultant charges or tests related to an ophthalmic consultation✘ general exclusions

Dental

This benefit is to help towards the costs when **you** see a qualified dental professional in a dental surgery.

What is covered	What is not covered
<ul style="list-style-type: none">✔ dental check-ups✔ treatment provided by a dentist, periodontist or orthodontist✔ endodontic treatment✔ hygienists' fees✔ local anaesthetic fees and intravenous sedation✔ dental brace or gum-shield provided by a dentist or orthodontist✔ dental crowns, bridges and fillings✔ dentures✔ laboratory fees and dental technician fees referred by a dentist or orthodontist✔ dental x-rays✔ denture repairs or replacements by a dental technician	<ul style="list-style-type: none">✘ dental prescription charges✘ dental consumables (e.g. toothbrushes, mouthwash, dental floss)✘ dental implants and bone augmentation procedures (e.g. sinus lift, bone graft)✘ any treatment that is not clinically necessary (e.g. cosmetic procedures)✘ dental treatment provided at a hospital as a day-patient or in-patient✘ general exclusions

Dental accident

This benefit is to help towards the costs of returning **your** oral health to its pre-accident state following an accident. An accident is an unfortunate event that happens unexpectedly and unintentionally, causing a significant dental injury and requires medical or dental attention.

What is covered	What is not covered
<ul style="list-style-type: none">✔ restorative treatment to return your oral health to its pre-accident state if you receive medical or dental attention within 30 days of the accident✔ the standard NHS rate for one prescription (whether the prescription is an NHS or private prescription). The prescription must be written by a dentist or doctor.✔ dental treatment that you need as a result of participating in a sport or activity that carries a higher than average likelihood of dental injury, only where you were wearing the appropriate face or mouth protection	<ul style="list-style-type: none">✘ dental treatment that you need as a result of injury caused by foodstuffs or foreign bodies while eating, chewing or drinking✘ any dental treatment undertaken in a hospital following a referral from a dentist✘ claims relating to treatment arising directly or indirectly from:<ul style="list-style-type: none">- you participating in a criminal act- an accident while you were under the influence of alcohol or drugs- deliberate self-inflicted injury✘ general exclusions

Please note: If you make a claim under this benefit, you must provide evidence to prove that the accident took place and that the treatment was clinically necessary as a direct result of the accident. The evidence that we ask for may include the date of the accident, witness statements, photographs, x-rays, medical and dental reports and police incident numbers.

Physiotherapy, osteopathy, chiropractic, acupuncture

What is covered	What is not covered
<ul style="list-style-type: none">✔ physiotherapy, osteopathy and chiropractic treatments supplied by a registered professional✔ acupuncture treatments	<ul style="list-style-type: none">✘ any other treatments (e.g. remedial massage, reiki, aromatherapy)✘ x-rays and scans✘ appliances or orthotics✘ general exclusions

Please note:

- physiotherapists must be registered in the UK with the Health and Care Professions Council
- osteopaths must be registered in the UK with the General Osteopathic Council
- chiropractors must be registered in the UK with the General Chiropractic Council

Chiropody/podiatry and reflexology

What is covered	What is not covered
<ul style="list-style-type: none"> ✔ treatment supplied by a registered chiropodist or podiatrist ✔ treatment supplied by a reflexologist ✔ assessments (e.g. gait analysis) performed by a chiropodist or podiatrist ✔ consumables prescribed by and bought from the chiropodist or podiatrist at the time of treatment (e.g. orthotics, dressings) ✔ consultations with a podiatric consultant 	<ul style="list-style-type: none"> ✘ cosmetic pedicures ✘ x-rays and scans ✘ surgical footwear (e.g. corrective footwear) ✘ general exclusions

Please note: chiropodists and podiatrists must be registered in the UK with the Health and Care Professions Council

Diagnostic consultations, tests and scans

A diagnostic consultation, test or scan is to find or to help to find the cause of **your** symptoms.

What is covered	What is not covered
<ul style="list-style-type: none"> ✔ the fees for a diagnostic consultation that you have as a private patient with a consultant ✔ blood tests or visual field tests directly connected to a diagnostic consultation ✔ allergy tests performed by a GP or consultant ✔ consultant referred diagnostic tests and procedures (e.g. x-rays, scans, endoscopy, test on body tissue samples, ECGs) 	<ul style="list-style-type: none"> ✘ follow-up consultations and check-ups after you have been diagnosed ✘ treatment charges (e.g. private hospital charges, operation fees, anaesthetic fees) ✘ general exclusions

Please note: A consultant must hold a current licence to practise, and is (or has been) a consultant in an NHS hospital or the Armed Services. The consultant post must be a substantive appointment (not as a locum) and the consultant must be included on the:

- General Medical Council’s specialist register (www.gmc-uk.org)
- or
- General Dental Council’s dentist’s register (www.gdc-uk.org)

If **you** have any questions as to whether **your** consultant meets this criteria then please contact Customer Services on 0300 100 1020.

Health assessment

This benefit is to help towards the costs of a detailed assessment of **your** health.

What is covered	What is not covered
<ul style="list-style-type: none">✔ tests which you have to assess your general health. The tests must be carried out within one appointment:✔ by a registered doctor, nurse or pharmacist at a registered establishment✔ as a minimum the health assessment must include all of the following:<ul style="list-style-type: none">- body composition measurement including height, weight (bmi) and body fat percentage- blood pressure measurement- cholesterol or diabetes check and- kidney or liver function test	✘ general exclusions

Please note: Health assessments must be carried out:

- by a doctor registered with the General Medical Council (GMC) or
- by a nurse registered with the Nursing and Midwifery Council (NMC) or
- by a pharmacist registered with the General Pharmaceutical Council (GPhC)
- and in each case at an establishment registered with the General Pharmaceutical Council (GPhC) or Care Quality Commission (CQC), or the equivalent regulatory body where the assessment is carried out. These could include, for example, a hospital, GP practice, pharmacy or health screening unit.

For help with GMC, NMC, GPhC and CQC registration checks please visit:

www.gmc-uk.org

www.nmc-uk.org

www.pharmacyregulation.org

www.cqc.org.uk

Prescription charges

This benefit is to help towards the costs of **your** prescription charges.

What is covered	What is not covered
<ul style="list-style-type: none"> ✔ NHS charges for prescriptions issued in the UK by a GP or a dentist ✔ NHS prescription prepayment certificates and the prescription medication obtained with one ✔ private prescriptions charges 	<ul style="list-style-type: none"> ✘ general exclusions

Additional claiming information about this benefit

To make a claim for prescription cover **you** will need to upload a copy of **your** receipt as well as evidence to show that the prescription is for **you** (for example a copy of the prescription slip or the prescription label). To make a claim for an NHS Prescription Payment Certificate (PPC) **you** will need to upload evidence of **your** PPC (for example a photo of **your** card or a copy of the letter that **you** receive with **your** PPC).

myWellbeing

Through **your** online account **you** can access a wealth of services and health-related information.

What is covered	What is not covered
<ul style="list-style-type: none"> ✔ telephone and webcam access to speak to a GP ✔ medication delivered through a private prescription service (you'll be charged for the cost of the medication and the cost of the delivery) ✔ unlimited advice on health and lifestyle issues, basic medical advice and symptom information, legal, child and eldercare advice ✔ six structured telephone counselling sessions, per issue, per year¹ ✔ six face to face counselling sessions, per issue, per year¹ ✔ a wealth of health, travel and lifestyle related information ✔ online health assessments ✔ a variety of discounts including gym memberships and family days out 	<ul style="list-style-type: none"> ✘ GP visits and tests ✘ NHS prescriptions and medication charges ✘ non-clinically necessary counselling as defined by our counselling services provider ✘ long-term counselling ✘ counselling for children under the age of 16 ✘ face to face counselling and gym membership outside the UK, Isle of Man and the Channel Islands ✘ general exclusions

¹The year cycle begins from the date **you** start **your** counselling journey, not a calendar year or cash plan claiming year. The **policyholder** will decide which type of counselling is available.

The information and services available through myWellbeing can change without notice from time to time.

Hospital cover

This benefit is to give **you** money to help towards the incidental costs involved with being admitted to hospital.

A day-patient is a patient who is admitted to a hospital or day-patient unit but does not occupy a bed overnight. If **you** are admitted as a day-patient and then stay overnight, **we** will pay one night's hospital cover (not one day and one night).

An in-patient is a patient who is admitted to hospital and who occupies a bed overnight or longer.

What is covered	What is not covered
<ul style="list-style-type: none"> ✔ an admission to hospital as a day-patient ✔ an overnight stay in a hospital as an in-patient ✔ an overnight stay in a hospital for one parent who has accompanied their child where the child is an in-patient. Both the parent and the child must be covered by the policy ✔ out-patient visits for cancer treatment only (e.g. chemotherapy or radiotherapy) 	<ul style="list-style-type: none"> ✘ the first 14 nights of any stay in hospital during which you give birth ✘ pre-existing conditions within the first 12 months of cover <ul style="list-style-type: none"> - kidney dialysis - laser eye surgery - cosmetic surgery - ante or post-natal admission for a child registered on the policy, who is pregnant or has had a child ✘ a parent staying with their child during the post-natal period following the child's birth ✘ general exclusions

Please note: Under this benefit “a pre-existing condition” includes any condition for which **you**:

- have been referred to a consultant or hospital for either tests or treatment before the date that **you** joined the **policy**,

or

- are receiving consultant or hospital tests or treatment before the date that **you** joined the **policy**,

or

- reasonably believe that **you** would be referred to a consultant or hospital for tests or treatment within 12 months of joining the **policy**.

Additional claiming information about this benefit

To claim hospital cover **you** can upload **your** claim with a copy of **your** discharge letter as evidence of **your** admission. If you do not have your discharge letter, **you'll** need to get written confirmation of **your** hospital stay (e.g. a headed letter from the hospital).

New child payment

Employees and **partners** are eligible to claim under this benefit.

If, after the **qualifying period**, **you** have a baby or adopt a **child** we will pay new child payment for that baby or **child**. We only make one payment for each child no matter how many policies **you** or **your partner** are covered on. If **you** have more than one policy **you** will have to choose which one to claim the new child payment under.

To claim under this benefit we will ask **you** for supporting documents, for example a birth or stillbirth certificate, or adoption papers.

What is covered	What is not covered
<ul style="list-style-type: none"> ✔ the birth of your child ✔ the legal adoption of a child by you or your partner ✔ the stillbirth of your child after 24 weeks of pregnancy 	<ul style="list-style-type: none"> ✘ foster children ✘ a baby born to a child who is covered under the policy ✘ pregnancy termination ✘ a child born or adopted before or during the qualifying period ✘ general exclusions

General practitioner (GP) and dietitian consultation fees and vaccinations / inoculations

What is covered	What is not covered
<ul style="list-style-type: none"> ✔ consultation fees for a private consultation with a registered GP ✔ consultation fees for a private consultation with a registered dietitian ✔ fees for vaccinations and inoculations from a registered GP or nurse ✔ fees for flu vaccinations from a registered GP, nurse or pharmacist 	<ul style="list-style-type: none"> ✘ general exclusions

Please note:

- dietitians must be registered in the UK with the Health and Care Professions Council
- GP's must be registered with the General Medical Council
- pharmacists must be registered with the General Pharmaceutical Council

Optional choice – Private medical insurance (PMI) excess cover

What is covered	What is not covered
✔ payment of a PMI excess on your PMI policy, with any insurer, up to the annual limit	✘ general exclusions

Please note:

To claim PMI excess cover, **you** must upload:

- evidence from **your** PMI insurer that the excess has been deducted from **your** claims payment, and
- a receipt from the provider showing that **you** have paid the excess amount

2. General Exclusions

This **policy** does not cover:

- any benefit if **your date of treatment** is before **your policy start date**
- any treatment or service that **you** receive from a:
 - member of **your** immediate family – a parent, **child**, brother or sister, or **your partner** or
 - business that **you** own
- any consultation with, or treatment by, a trainee (even if they are supervised by a qualified professional)
- any consultation which is not face to face, for example by telephone, video or internet consultations. This exclusion does not apply to myWellbeing services.
- insurance premiums for any goods or services, or payment for any type of extended warranty or guarantee for goods or services
- regular payment plans for treatment, for example dental practice plan payments
- postage and packing costs
- administration or referral costs, joining fees or registration fees
- fees or charges for:
 - missing an appointment
 - completing a claim form or providing a medical report
 - providing further information in support of a claim

3. Definitions

The words which appear in this **policy** in bold have specific meanings which are explained below:

Child/children

Natural or legally adopted dependent children of **you** or **your partner**, who are under the age of 24.

Claiming year

The period of time during which **you** can claim the benefit for **your** chosen level of cover. **Your** first claiming year begins on **your start date** and runs until the **renewal date**. Subsequent claiming years run from one **renewal date** to the next. **Your** summary of cover shows the dates for **your** claiming year.

Date of treatment

The date that the treatment or service was supplied, the date of adoption or birth/stillbirth of the **child** or the dates when **you** were admitted and discharged from hospital.

Employee

A person who works for the **policyholder** and is covered by the **policy**. This can include:

- someone who is employed by the **policyholder** on a PAYE basis
- a salaried partner or equity partner in the **policyholder's** firm
- a registered director of the **policyholder**

General exclusion

Anything excluded under the **policy** as set out in section 2 above.

Member

Anyone who **we** have accepted for cover under this **policy**.

Partner

Anyone in a relationship with, and who lives with, an **employee**. This could be their husband, wife, civil partner or unmarried partner.

Policy

The insurance contract between **us** and the **policyholder**.

Policyholder

The legal entity (e.g. a company or partnership) which **we** have agreed to provide this **policy** to.

Qualifying period

A set period of time in which **we** will not pay claims for any treatment or service that **you** receive, or if **you** have a baby or adopt a **child** during that time. This could be from the date that **you** join the **policy** or the date of any increase in cover.

Renewal date

The date the contract between **us** and the **policyholder** is renewed.

Start date

The date that **your** cover under the **policy** starts.

United Kingdom or UK

England, Wales, Scotland, Northern Ireland, Isle of Man and the Channel Islands.

We/our/us

Simplyhealth Access trading as Simplyhealth, a company incorporated in England and Wales.

You / your

Anyone who is a **member** on the **policy**.

4. Claims: General**A. Making your claim**

To make a claim, **you** will need to log on to **your** online account. If **you** haven't already registered online, please visit www.simplyhealth.co.uk/register and follow the simple registration process.

If **you** are unable to make a claim online **you** can call Customer Services on 0300 100 1020.

To be able to pay a claim, **we** need to be satisfied that what **you** are claiming for is covered by the **policy** – for example, that any service or treatment is given to a person covered by the **policy**, or that what **you** are claiming for is not subject to a **general exclusion**.

When **you** make a claim, **you** need to complete the online claim form and attach an image of the original supporting documentation (for example, **your** receipt) that shows:

- the name of the patient
- who gave the treatment or service, and how much they charged
- the details and date of the service or treatment, and
- the amount that **you** paid for that service or treatment

We do not accept receipts that have been altered, bank statements, invoices, or credit or debit card receipts without supporting information.

If the information that **you** have given **us** is not enough for **us** to validate **your** claim, **we** may need to ask the person who provided the service or treatment for more information, although **we** will not pay if there is a charge for this.

We may ask for a second opinion from a medical practitioner or specialist in their field of expertise. **We** will pay the cost for this, and **we** will ask for **your** consent before **we** give **your** information to anybody outside **our** organisation.

B. Paying claims–rules

- i. **We** will only pay for treatment that **you** have already received and have paid for. If **you** have a course of treatment over a period of time (for example, in stages), **you** can only claim for the stages of treatment **you** have already received and paid for.
- ii. **We** will pay claims from the entitlement available at the **date of treatment** in each **claiming year**.
- iii. **We** only pay claims into a bank account. It is the **employee's** responsibility to give **us** the bank account details where they want **us** to pay claims.
- iv. If **we** pay a claim which is more than **you** are entitled to under the **policy**, **we** can recover the overpayment. **We** will ask **you** to repay the overpayment or deduct that amount from any other claim that **you** make.
- v. **We** will not pay claims where **you** have paid with anything other than money, for example:
 - discount vouchers or coupons
 - any type of retail points scheme or loyalty scheme

C. Paying claims–timescales

The longer the time between the **date of treatment** and submitting **your** claim the more difficult it may be for **us** to validate it. If **we** are not able to validate **your** claim for any reason **we** may not be able to pay **your** claim. Therefore **we** recommend that **you** upload **your** claim within six months of the **date of treatment**.

D. Claims outside the UK

- i. **We** will accept claims for treatment and services received anywhere in the world. **We** will need a clear and accurate translation of the receipt in English, giving details of the claim, and **we** will not pay for any costs associated with the translation
- ii. If **you** upload receipts in a foreign currency, **we** will calculate the rate of exchange to sterling using the rate published by Oanda (www.oanda.com) which applied on the **date of treatment**.

E. Other claims rules

- i. **You** can only claim under one benefit for each treatment that **you** receive.
- ii. If **you** submit a claim under the wrong benefit (for example trying to claim for a pair of glasses under a dental benefit) **we** will allocate the claim to the appropriate benefit and settle the claim accordingly.
- iii. If **we** have asked for further information from **you** or a health professional in order to validate a claim, **we** may not pay any other claims that **you** have submitted until **we** have received that information and been able to fully assess the claim.
- iv. If **you** get a refund for the treatment or service **you** have received, **you** need to tell **us**. **We** will ask **you** to repay that money, which **we** will reallocate to **your** benefit entitlements or **we** may decide to deduct it from the next claim **you** make. If a payment is not received **we** may decide to suspend or cancel this **policy** until it's been paid.

F. Other insurance policies

- i. If **you** are covered under more than one policy with **us**, then **you** can claim on both policies up to **your** maximum benefit limits (subject to any specific restrictions). It is **your** responsibility to tell **us** if **you** wish to claim from another policy. The total **we** pay under all policies will not be more than the costs that **you** have paid.
- ii. **You** may have insurance with other providers that gives **you** the same cover as this **policy**. If this is the case and **you** make a claim on this **policy**:
 - **you** must tell **us** and give **us** the other insurer's name, contact details and the number of the other policy
 - **we** may contact the other insurer with details of **your** claim to ensure that **we** do not pay costs that have already been paid by the other insurer
 - if **we** pay **your** claim **we** will have the right to seek a proportion of costs from the other insurer

- iii. If **you** are bringing or are entitled to bring a legal compensation claim against a third party which would cover claims met under the **policy**, **you** must tell **us** about this. **We** may have the right to recover the claims **we** have paid to **you** under the **policy** from that third party. To enable **us** to do this, **you** must tell **us** about the legal claim, keep **us** informed of its progress, and act in accordance with **our** instructions.
- iv. If **we** consider that **you** have a legal right to compensation from another party for costs which **you** have claimed for under the **policy**, **we** are entitled to take legal action against that third party (including legal action in **your** name) to recover the amount that **you** have claimed from **us** under the **policy**.

5. Eligibility

Your cover has been chosen by the **policyholder** and sets the benefits that are available to **you**. The level of cover which the **policyholder** pays for is the lowest level available to **you** on this **policy**. The table of cover shows the levels of cover and the benefits for each level as well as the optional choice (PMI excess cover). **Your** membership certificate will show which level applies to **you** and if the optional choice is included.

You will only be covered under the **policy** if:

- i. **You** permanently live in the **UK**;
 - ii. **You** are entitled to cover under the **policy** in accordance with the eligibility rules defined by the **policyholder**;
 - iii. Premiums are paid on **your** behalf by the **policyholder** as required under the **policy**.
- A. **Partners** can join if:
- i. They are in a relationship with and live permanently with the **employee**.
 - ii. Premiums are paid on their behalf by the **policyholder**; and the **partner** must have the same level of cover as the **employee**.

- B. Cover for **children** included on the **policy**
- i. **We** will cover a maximum of four **children**. **We** may ask to see proof that a **child** is eligible to join the **policy** (e.g. a birth certificate or adoption certificate).
 - ii. At the first **renewal date** after the **child's** 24th birthday, **we** will cancel their membership of the **policy**.
 - iii. An **employee's children** must have the same level of cover as the **employee**.
 - iv. **Children** can only be covered under one policy with **us**. **We** will not add a **child** to this **policy** if that **child** is already covered under another policy with **us**.
 - v. All **children** covered by this **policy** share the same annual limit for each benefit – the annual limit does not apply separately to each **child**.
- C. **Partner** and **child** cover through a flexible benefits scheme:
- i. If the rules of the flexible benefits scheme allow, the **employee** can apply to include their **partner** or **children** on the **policy**. An **employee's partner** and **children** must have the same level of cover as the **employee**. The **employee** can add a **partner** or **child**: during the flex enrolment window when the **employee** chooses their flex benefits. The change will take effect from the **renewal date**.
- or
- ii. At a different time if the rules of the flexible benefits scheme allow them to do so, for example following a lifestyle event (such as getting married).
- D. Upgrading **your** level of cover:
- i. If the **policyholder** allows the **employee** to increase their level of cover above the level that the **policyholder** has paid for or to add their **partner** or **children**, **we** must receive any additional premiums before the change can take effect.
 - ii. Until **we** have received the full premium for the increased level of cover, or for a **partner** or **child** added to the cover, **we** will not pay claims at the increased level of cover or for anyone added to the **policy**.

- iii. **We** only accept premiums paid directly to **us** by the **policyholder**. The payment for an increase in cover will be taken by the **policyholder** from the **employee's** salary. The **policyholder** may restrict when, or the number of times that, an **employee** can increase their cover.
 - iv. Changes to the level of cover can only be made at the **renewal date**, whether this is the **policyholder** changing the **employee's** level of cover or an employee upgrading their cover.
- or
- v. At a different time if the rules of the flexible benefits scheme allow them to do so, for example following a lifestyle event (such as getting married).
- E. **Your** cover under this **policy** will end at the earliest of the following:
- i. The expiry of the **policy** term; or
 - ii. When **you** are no longer eligible for cover according to the eligibility rules defined by the **policyholder**; or
 - iii. An **employee** ceasing employment with the **policyholder**; or
 - iv. **You** no longer live in the **UK** permanently; or
 - v. If **we** make a commercial decision to no longer offer the product included in the **policy**; or
 - vi. If **we** decide at the **renewal date** not to continue to offer the **policy** to the **policyholder**; or
 - vii. If the number of members on the **policy** falls below the minimum number required for the **policy** (**we** would do this at the **renewal date**); or
 - viii. **Our** cancellation of the **policy** due to the **policyholder's** failure to pay premiums.

6. Fraud

If **you** (or anyone acting on **your** behalf) make a claim under this **policy** or obtain cover knowing it to be false or fraudulent **we**:

- can refuse to make payments for that claim, and
- may cancel **your** cover with immediate effect.

If **we** have already paid claims **we** can seek to recover that money from **you**. Where **we** have paid a claim which **we** later find is fraudulent (whether in whole or in part) **we**:

- will be entitled to recover those sums from **you** and any claims we may have paid since (whether fraudulent or not), and/or
- may take the appropriate legal action against **you**.

We reserve the right to contact the **policyholder** to inform them of any fraudulent activity.

7. General

- A. All information and communications to **you** relating to this **policy** will be in English.
- B. **You** must provide an up to date mailing address.
- C. If **we** decide not to enforce a term of this **policy** on one or more occasions, this does not mean that the term no longer applies. **We** may rely on that term at a later occasion if **we** decide to do so, unless **we** have told **you** in writing that the term no longer applies.
- D. Terms under this **policy** can only be enforced under the Contracts (Rights of Third Parties) Act 1999 ('the Act') by **us**, the **policyholder**, or an **employee**.
- E. This **policy** is governed by the laws of England and Wales. Any disputes arising in connection with the **policy** which are not resolved through **our** complaints process can only be dealt with by the courts of England and Wales unless **you** and **we** agree to a different method to resolve the dispute.

8. Complaints

We aim to provide **you** with the very highest levels of customer service and care at all times. To maintain this service standard, **we** have a procedure which **you** can use to raise any concern, complaint or recommendation that **you** have. In the first instance **you** should contact Customer Services on 0300 100 1020 or write to Simplyhealth Customer Services at **our** registered office address of Hambleden House, Waterloo Court, Andover, Hampshire SP10 1LQ. **We** will investigate any complaint and issue a final response.

If **you** are not satisfied with **our** response, or **we** have not replied within eight weeks, **you** have the right to refer **your** complaint to: Financial Ombudsman Service, Exchange Tower, London, E14 9SR.

- Telephone: 0800 023 4567 or 0300 123 9123.
- Email: complaint.info@financial-ombudsman.org.uk
- Website: www.financial-ombudsman.org.uk

The Financial Ombudsman Service will only consider **your** complaint if **you** have given **us** the opportunity to resolve the matter first. Making a complaint to the Ombudsman will not affect any legal rights that **you** may have. **We** will send **you** full details of **our** complaints procedure if **you** ask **us** for them.

You are protected by the Financial Services Compensation Scheme (FSCS) – in the unlikely event that **we** go out of business or into liquidation the FSCS protects **you**. If this happens, any valid outstanding claims **you** have at that point would be paid by the FSCS.

For more details on the scheme please visit www.fscs.org.uk or contact the FSCS direct on 0800 678 1100 or 020 7741 4100.

How we use your personal data

Simplyhealth respects your privacy and is committed to protecting your personal data. This privacy notice sets out the way in which any personal data you provide to us is used and kept safe by us. For a more detailed explanation of how we use your data please take the time to read our full privacy policy online at the bottom of our website or alternatively request a copy from our Data Protection Officer.

Why do you need my personal data and what do you use it for?

We need and use your data to:

- service the policy / contract that you have
- identify, analyse and calculate insurance risks
- improve our services to our customers
- comply with legal obligations which we are subject to
- protect our interests
- detect and prevent fraud.

Sometimes we may use automation and profiling to evaluate information about you, which may include to determine whether an application for a product is accepted by us, to tailor our marketing material to your needs, to identify and investigate fraudulent activity, to understand claiming behaviour and patterns or to tailor our services to provide you with a more efficient, consistent and fair customer experience. If you want to know more please contact us.

Who will use my personal data?

We and other companies within the Simplyhealth group may use your information to keep you informed about products and services that may be of interest to you, including from carefully selected third parties.

Who holds my personal data?

Simplyhealth Access who are part of the Simplyhealth group of companies.

What personal data will Simplyhealth need to know?

If you have a policy, we need to know, for example, your name, address and date of birth. We may also take your phone number and email address.

In order to take payments and to pay claims, we will need your bank account details. For members with policies arranged by a company, we will know who your employer is and we might hold your payroll details. Your employer may also provide us with further details, such as your date of birth or address.

We may record and monitor both inbound and outbound calls for training and monitoring.

How do you protect my personal data?

By law we must have measures in place to protect data. To do this we have strict rules to protect the storage and use of all personal data. These rules apply to anyone who uses the data, even if they are not part of the Simplyhealth Group – all our partners are contracted to protect data to the same standard as us. We may send your personal data outside the European Economic Area. If we do this, we put contracts in place to ensure that the data will be kept confidential. Our processes also include protection for our buildings and IT systems. To ensure these measures work, we perform checks (including physically visiting premises) on a regular basis.

Who can see my personal data?

We can give your personal data:

- to persons who provide a service to us or act as our agents
- to anyone to whom we may transfer rights and duties under this policy
- to persons who may record, use and give data to other insurers (such as agencies whose role is to prevent fraud)
- to persons that the policyholder appoints (such as a broker) in order to service the policy
- to your employer, where appropriate
- where we have a duty to provide personal data (such as to regulatory bodies), or if the law allows us to do so, or if the person asking for the data has a lawful interest to see the data.

In these situations, we may send your personal data outside the European Economic Area.

How long is my personal data kept for?

We keep your personal data for seven years after this policy has been cancelled.

What rights do I have around the use of my personal data?

You have the right to see your personal data that we hold. You also have the right to ask us to amend personal data that is incorrect. You can ask us to delete personal data, or not use it in certain ways. You have the right to move, copy

or transfer your personal data. We will agree to any reasonable request unless it means that we cannot service your policy. You'll need to contact the Data Protection Officer to do this.

If I have given you my consent to use my personal data for a reason, can I change my mind?

Yes. You can change your mind at any time. But if this means that we cannot service the policy, we may have to cancel it.

Who can I contact to talk about my personal data?

If you have any questions or comments regarding any aspect of your personal data, please contact our Data Protection Officer either by email: thedataprotectionofficer@simplyhealth.co.uk, or by post, at:

The Data Protection Officer
Simplyhealth Access
Hambleton House
Waterloo Court
Andover
Hampshire
SP10 1LQ

If I am not happy with the way you use my data, who can I talk to?

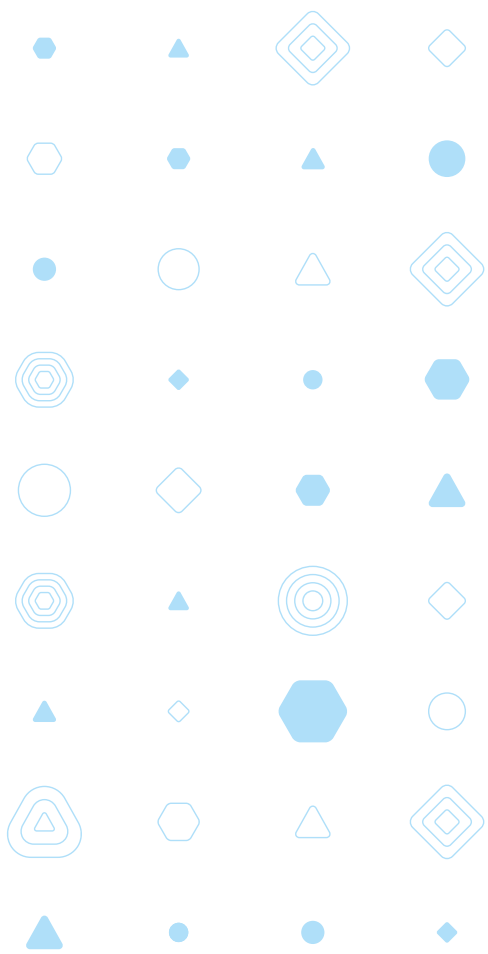
If you're not happy with the way we use your personal data, you can contact our Data Protection Officer, or the Information

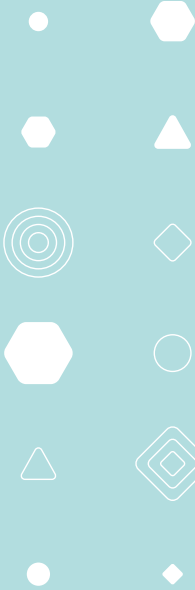
Commissioner's Office (ICO). You can call the ICO on 0303 123 1113 or 01625 545 745, or email the ICO at casework@ico.org.uk

Simplyhealth Access is registered as the Data Controller with the ICO, number Z9564932.

About Simplyhealth

Simplyhealth is a trading name of Simplyhealth Access, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our Financial Services Register number is 202183. You can check this on the Financial Services Register by visiting the Financial Conduct Authority's website register.fca.org.uk/ or by contacting the Financial Conduct Authority on 0800 111 6768.





How to contact us

Speak to our Customer Services team:

Email: Customer.Services@simplyhealth.co.uk

Phone: **0300 100 1020**

Lines are open 8am to 8pm weekdays
9am to 3pm Saturdays



Part of these services are provided by a third party supplier

Simplyhealth is a trading name of Simplyhealth Access, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Simplyhealth Access is registered and incorporated in England and Wales, registered no. 183035. Registered office: Hambleden House, Waterloo Court, Andover, Hampshire, SP10 1LQ.