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

Add your bank details to receive direct credit payments.

Visit 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.

<table>
<thead>
<tr>
<th>What is covered</th>
<th>What is not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>◾ sight-test fees, scans or photos for an eye test</td>
<td>◾ eye surgery (e.g. laser eye surgery, lens replacement or cataract surgery)</td>
</tr>
<tr>
<td>◾ fitting fees</td>
<td>◾ magnifying glasses</td>
</tr>
<tr>
<td>◾ prescribed lenses and accompanying frames for:</td>
<td>◾ ophthalmic consultant charges or tests related to an ophthalmic consultation</td>
</tr>
<tr>
<td>- glasses</td>
<td>◾ general exclusions</td>
</tr>
<tr>
<td>- sunglasses</td>
<td></td>
</tr>
<tr>
<td>- safety glasses</td>
<td></td>
</tr>
<tr>
<td>- swimming glasses</td>
<td></td>
</tr>
<tr>
<td>◾ adding new prescription lenses into existing frames</td>
<td></td>
</tr>
<tr>
<td>◾ glasses frames</td>
<td></td>
</tr>
<tr>
<td>◾ contact lenses (including contact lenses paid for by instalment)</td>
<td></td>
</tr>
<tr>
<td>◾ consumables supplied as part of an optical prescription</td>
<td></td>
</tr>
<tr>
<td>◾ repairs to glasses</td>
<td></td>
</tr>
</tbody>
</table>
Dental
This benefit is to help towards the costs when **you** see a qualified dental professional in a dental surgery.

<table>
<thead>
<tr>
<th>What is covered</th>
<th>What is not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ dental check-ups</td>
<td>☑ dental prescription charges</td>
</tr>
<tr>
<td>☑ treatment provided by a dentist, periodontist or orthodontist</td>
<td>☑ dental consumables (e.g. toothbrushes, mouthwash, dental floss)</td>
</tr>
<tr>
<td>☑ endodontic treatment</td>
<td>☑ dental implants and bone augmentation procedures (e.g. sinus lift, bone graft)</td>
</tr>
<tr>
<td>☑ hygienists’ fees</td>
<td>☑ any treatment that is not clinically necessary (e.g. cosmetic procedures)</td>
</tr>
<tr>
<td>☑ local anaesthetic fees and intravenous sedation</td>
<td>☑ dental treatment provided at a hospital as a day-patient or in-patient</td>
</tr>
<tr>
<td>☑ dental brace or gum-shield provided by a dentist or orthodontist</td>
<td>☑ <strong>general exclusions</strong></td>
</tr>
<tr>
<td>☑ dental crowns, bridges and fillings</td>
<td></td>
</tr>
<tr>
<td>☑ dentures</td>
<td></td>
</tr>
<tr>
<td>☑ laboratory fees and dental technician fees referred by a dentist or orthodontist</td>
<td></td>
</tr>
<tr>
<td>☑ dental x-rays</td>
<td></td>
</tr>
<tr>
<td>☑ denture repairs or replacements by a dental technician</td>
<td></td>
</tr>
</tbody>
</table>
**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.

<table>
<thead>
<tr>
<th>What is covered</th>
<th>What is not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>✅ 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</td>
<td>✅ dental treatment that you need as a result of injury caused by foodstuffs or foreign bodies while eating, chewing or drinking</td>
</tr>
<tr>
<td>✅ 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.</td>
<td>✅ any dental treatment undertaken in a hospital following a referral from a dentist</td>
</tr>
<tr>
<td>✅ 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</td>
<td>✅ claims relating to treatment arising directly or indirectly from:</td>
</tr>
<tr>
<td></td>
<td>- you participating in a criminal act</td>
</tr>
<tr>
<td></td>
<td>- an accident while you were under the influence of alcohol or drugs</td>
</tr>
<tr>
<td></td>
<td>- deliberate self-inflicted injury</td>
</tr>
<tr>
<td><strong>general exclusions</strong></td>
<td><strong>general exclusions</strong></td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>What is covered</th>
<th>What is not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>✅ physiotherapy, osteopathy and chiropractic treatments supplied by a registered professional</td>
<td>✅ any other treatments (e.g. remedial massage, reiki, aromatherapy)</td>
</tr>
<tr>
<td>✅ acupuncture treatments</td>
<td>✅ x-rays and scans</td>
</tr>
<tr>
<td></td>
<td>✅ appliances or orthotics</td>
</tr>
<tr>
<td></td>
<td><strong>general exclusions</strong></td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>What is covered</th>
<th>What is not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>✅ treatment supplied by a registered chiropodist or podiatrist</td>
<td>✅ cosmetic pedicures</td>
</tr>
<tr>
<td>✅ treatment supplied by a reflexologist</td>
<td>✅ x-rays and scans</td>
</tr>
<tr>
<td>✅ assessments (e.g. gait analysis) performed by a chiropodist or podiatrist</td>
<td>✅ surgical footwear (e.g. corrective footwear)</td>
</tr>
<tr>
<td>✅ consumables prescribed by and bought from the chiropodist or podiatrist at the time of treatment (e.g. orthotics, dressings)</td>
<td>✅ general exclusions</td>
</tr>
<tr>
<td>✅ consultations with a podiatric consultant</td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>What is covered</th>
<th>What is not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>✅ the fees for a diagnostic consultation that you have as a private patient with a consultant</td>
<td>✅ follow-up consultations and check-ups after you have been diagnosed</td>
</tr>
<tr>
<td>✅ blood tests or visual field tests directly connected to a diagnostic consultation</td>
<td>✅ treatment charges (e.g. private hospital charges, operation fees, anaesthetic fees)</td>
</tr>
<tr>
<td>✅ allergy tests performed by a GP or consultant</td>
<td>✅ general exclusions</td>
</tr>
<tr>
<td>✅ consultant referred diagnostic tests and procedures (e.g. x-rays, scans, endoscopy, test on body tissue samples, ECGs)</td>
<td></td>
</tr>
</tbody>
</table>

**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)
- 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.

<table>
<thead>
<tr>
<th>What is covered</th>
<th>What is not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>✅ tests which <strong>you</strong> have to assess <strong>your</strong> general health. The tests must be carried out within one appointment:</td>
<td>✅ general exclusions</td>
</tr>
<tr>
<td>✅ by a registered doctor, nurse or pharmacist at a registered establishment</td>
<td></td>
</tr>
<tr>
<td>✅ as a minimum the health assessment must include all of the following:</td>
<td></td>
</tr>
<tr>
<td>- body composition measurement including height, weight (bmi) and body fat percentage</td>
<td></td>
</tr>
<tr>
<td>- blood pressure measurement</td>
<td></td>
</tr>
<tr>
<td>- cholesterol or diabetes check and</td>
<td></td>
</tr>
<tr>
<td>- kidney or liver function test</td>
<td></td>
</tr>
</tbody>
</table>

**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](http://www.gmc-uk.org)
- [www.nmc-uk.org](http://www.nmc-uk.org)
- [www.pharmacyregulation.org](http://www.pharmacyregulation.org)
- [www.cqc.org.uk](http://www.cqc.org.uk)
Prescription charges

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

<table>
<thead>
<tr>
<th>What is covered</th>
<th>What is not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>✅ NHS charges for prescriptions issued in the UK by a GP or a dentist</td>
<td>✅ general exclusions</td>
</tr>
<tr>
<td>✅ NHS prescription prepayment certificates and the prescription medication obtained with one</td>
<td></td>
</tr>
<tr>
<td>✅ private prescriptions charges</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>What is covered</th>
<th>What is not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>✅ telephone and webcam access to speak to a GP</td>
<td>✅ GP visits and tests</td>
</tr>
<tr>
<td>✅ medication delivered through a private prescription service (you'll be charged for the cost of the medication and the cost of the delivery)</td>
<td>✅ NHS prescriptions and medication charges</td>
</tr>
<tr>
<td>✅ unlimited advice on health and lifestyle issues, basic medical advice and symptom information, legal, child and eldercare advice</td>
<td>✅ non-clinically necessary counselling as defined by our counselling services provider</td>
</tr>
<tr>
<td>✅ six structured telephone counselling sessions, per issue, per year¹</td>
<td>✅ long-term counselling</td>
</tr>
<tr>
<td>✅ six face to face counselling sessions, per issue, per year¹</td>
<td>✅ counselling for children under the age of 16</td>
</tr>
<tr>
<td>✅ a wealth of health, travel and lifestyle related information</td>
<td>✅ face to face counselling and gym membership outside the UK, Isle of Man and the Channel Islands</td>
</tr>
<tr>
<td>✅ online health assessments</td>
<td>✅ general exclusions</td>
</tr>
<tr>
<td>✅ a variety of discounts including gym memberships and family days out</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>What is covered</th>
<th>What is not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>✅ an admission to hospital as a day-patient</td>
<td>✅ the first 14 nights of any stay in hospital during which you give birth</td>
</tr>
<tr>
<td>✅ an overnight stay in a hospital as an in-patient</td>
<td>✅ pre-existing conditions within the first 12 months of cover</td>
</tr>
<tr>
<td>✅ 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</td>
<td>- kidney dialysis</td>
</tr>
<tr>
<td>✅ out-patient visits for cancer treatment only (e.g. chemotherapy or radiotherapy)</td>
<td>- laser eye surgery</td>
</tr>
<tr>
<td></td>
<td>- cosmetic surgery</td>
</tr>
<tr>
<td></td>
<td>- ante or post-natal admission for a child registered on the policy, who is pregnant or has had a child</td>
</tr>
<tr>
<td></td>
<td>✅ a parent staying with their child during the post-natal period following the child’s birth</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>What is covered</th>
<th>What is not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ the birth of your child</td>
<td>☑ foster children</td>
</tr>
<tr>
<td>☑ the legal adoption of a child by you or your partner</td>
<td>☑ a baby born to a child who is covered under the policy</td>
</tr>
<tr>
<td>☑ the stillbirth of your child after 24 weeks of pregnancy</td>
<td>☑ pregnancy termination</td>
</tr>
<tr>
<td></td>
<td>☑ a child born or adopted before or during the qualifying period</td>
</tr>
<tr>
<td></td>
<td>☑ general exclusions</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>What is covered</th>
<th>What is not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ consultation fees for a private consultation with a registered GP</td>
<td>☑ general exclusions</td>
</tr>
<tr>
<td>☑ consultation fees for a private consultation with a registered dietitian</td>
<td></td>
</tr>
<tr>
<td>☑ fees for vaccinations and inoculations from a registered GP or nurse</td>
<td></td>
</tr>
<tr>
<td>☑ fees for flu vaccinations from a registered GP, nurse or pharmacist</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>What is covered</th>
<th>What is not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>payment of a PMI excess on your PMI policy, with any insurer, up to the annual limit</td>
<td>general exclusions</td>
</tr>
</tbody>
</table>

**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
Hambleden 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.