



Your Simplyhealth Plan Policy document

Inside you'll find all you need to know about what is and isn't covered
This policy document is effective from 1 March 2024

Introduction

Thank you for choosing a Simplyhealth Plan. This document explains the policy rules, and how the policy works. These rules apply to all members of the policy. Please take the time to read them and keep them safe in case you need them again. If you have any questions, then please contact us.

We aim to make information about us and this policy accessible to you, so information is available in large print or audio. We want you to have a policy that meets your needs, and this product you have chosen meets the needs of someone who could benefit from support with the costs of their healthcare appointments and access to healthcare and wellbeing services.

Please remember to review your cover on a regular basis to make sure that it continues to meet your needs.

How does my plan work?

It's simple: we'll pay your eligible claims for benefits you are covered for, up to the amounts shown for your chosen level of cover. Your summary of cover will show which level you have selected.

What type of contract have I signed up for?

This is a 12 month policy which will renew each year on the date you signed up or any other agreed renewal date. If you cancel the policy outside of the 'cooling off' period you will be required to pay the remaining premiums for that policy year. You can elect for the policy not to renew at the next renewal date by advising us before the policy renewal date.

How do I make a claim?

The first thing you need to do is pay for the costs of the treatment or service to the person providing them (for example, your physiotherapist). You then claim those costs back from us. It's really easy to claim online or through our app. Please visit [simplyhealth.co.uk/register](https://www.simplyhealth.co.uk/register) and follow the simple registration process. If you're unsure about how to claim online then please contact us.

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.

You are covered for the benefits shown in **your table of cover**, for **your** selected level, up to the annual limits shown. Please be aware that this document details benefits that **you** may not have access to.

1. General exclusions

For all benefits listed, this **policy** does not cover:

- any benefit if your **date of treatment** is before **your policy start date**
- treatment outside of the **UK**
- treatment during the **qualifying period**
- 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
- 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
- administration or referral costs, joining fees or registration fees
- claims where **you** have paid costs with:
 - discount vouchers or coupons
 - any type of retail points scheme or loyalty
- fees or charges for:
 - missing an appointment
 - completing a claim form or providing a medical report
 - providing further information in support of a claim

2. Benefits

Optical

This benefit is to help towards the costs when **you** see, or buy items from, a qualified optical professional, or buy optical items online that are covered by this **policy**.

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 / goggles- swimming goggles✔ 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✘ charges for ophthalmic consultations or tests

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) ✘ any treatment that was planned before the policy start date ✘ any treatment that is not clinically necessary (e.g. cosmetic procedures such as dental veneers) ✘ dental treatment provided at a hospital as a day-patient or in-patient

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 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 an injury caused by food or drink ✘ dental treatment that you need as a result of an injury caused by foreign bodies in the mouth ✘ any dental treatment undertaken in a hospital following a referral from a dentist ✘ dental treatment provided at a hospital as a day-patient or in-patient ✘ 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
<p>Important information: If you make a claim under this benefit, you must provide a written declaration from the dentist that provides the treatment, confirming it was required as the direct result of an accident. This can be submitted online or through our app. We may ask for further evidence to support your claim.</p>	

Physiotherapy

What is covered	What is not covered
<ul style="list-style-type: none">✔ physiotherapy treatments✔ consumables prescribed by and bought from the physiotherapist at the time of treatment (for example, equipment / sundries / dressings)	<ul style="list-style-type: none">✘ any other treatments (e.g. sports/remedial massage, reiki, aromatherapy)✘ x-rays and scans
Important information: Treatments must be supplied by a physiotherapist who is registered in the UK with the Health and Care Professions Council.	

Osteopathy

What is covered	What is not covered
<ul style="list-style-type: none">✔ osteopathy treatments✔ consumables prescribed by and bought from the osteopath at the time of treatment (for example, equipment / sundries / dressings)	<ul style="list-style-type: none">✘ any other treatments (e.g. sports/remedial massage, reiki, aromatherapy)✘ x-rays and scans
Important information: Treatments must be supplied by an osteopath who is registered in the UK with the General Osteopathic Council.	

Chiropractic

What is covered	What is not covered
<ul style="list-style-type: none">✔ chiropractic treatments✔ consumables prescribed by and bought from the chiropractor at the time of treatment (for example, equipment / sundries / dressings)	<ul style="list-style-type: none">✘ any other treatments (e.g. sports/remedial massage, reiki, aromatherapy)✘ x-rays and scans
Important information: Treatments must be supplied by a chiropractor who is registered in the UK with the General Chiropractic Council.	

Acupuncture

What is covered	What is not covered
<ul style="list-style-type: none">✔ acupuncture treatments	<ul style="list-style-type: none">✘ any other treatments (e.g. sports/remedial massage, reiki, aromatherapy)
Important information: Treatments must be supplied by a qualified acupuncturist.	

Homeopathy

What is covered	What is not covered
<ul style="list-style-type: none">✔ homeopathic treatments and medicines supplied by a homeopath	<ul style="list-style-type: none">✘ any other treatments (e.g. sports/remedial massage, reiki, aromatherapy)
Important information: Treatments must be supplied by a qualified homeopath.	

Chiropody / podiatry

What is covered	What is not covered
<ul style="list-style-type: none">✔ chiropody / podiatry treatments✔ assessments (e.g. gait analysis) performed by a registered 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
Important information: Treatments must be supplied by a chiropodist or podiatrist registered in the UK with the Health and Care Professions Council.	

Reflexology

What is covered	What is not covered
<ul style="list-style-type: none">✔ reflexology treatments	<ul style="list-style-type: none">✘ any other treatments (e.g. sports/remedial massage, reiki, aromatherapy)
Important information: Treatments must be supplied by a qualified reflexologist.	

Diagnostic consultations

A diagnostic consultation 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 diagnostic consultations that you have as a private patient✔ blood tests or visual field tests directly connected to a diagnostic consultation✔ allergy tests performed by a GP or consultant (not tests or advice about nutrition or food intolerance)✔ 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 (for example, ongoing appointments to manage a chronic condition)✘ treatment charges, for example private hospital charges, operation fees, anaesthetic fees✘ consultations with a podiatric surgeon✘ psychological counselling assessments and diagnosis, speech therapy and dyslexia services✘ assisted conception, fertility treatment or termination, pregnancy care
Important information: Consultations must be with a consultant who is registered on the General Medical Council's specialist register (please see www.gmc-uk.org). If you have any questions as to whether your consultant meets our requirements, please contact us .	

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 professional at a registered establishment ✔ as a minimum the health assessment must include <u>all</u> 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 	<ul style="list-style-type: none"> ✘ individual diagnostic tests or checks ✘ self-administered home health assessments
<p>Important information: Health assessments must be carried out:</p> <ul style="list-style-type: none"> • 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). These could include, for example, a hospital, GP practice, pharmacy or health screening unit. <p>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</p>	

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 issued by a GP or dentist (this includes medicines prescribed via our SimplyConsult app) 	<ul style="list-style-type: none"> ✘ any other medication that is not prescribed
<p>Important information: To make a claim for prescription cover you will need to send us a copy of your receipt as proof that you have paid for your prescription. To make a claim for an NHS Prescription Prepayment Certificate (PPC) you will need to send us evidence of your certificate. We may request additional information to evidence that the prescription is for you (for example a copy of the prescription slip or the prescription label).</p>	

myWellbeing

What is covered	What is not covered
<ul style="list-style-type: none"> ✔ Access to our SimplyPlan app, including: <ul style="list-style-type: none"> - speak to a GP 24 hours a day, 7 days a week, through our SimplyPlan app or via telephone on 0330 102 5443 (this is subject to a fair use policy) - if the GP feels it is clinically appropriate, they may privately prescribe you medication. The prescription can be delivered to an address of your choice. You will be charged for the cost of the medication and the cost of the delivery - muscle and joint pain triage service. An assessment through the SimplyPlan app providing you with advice on how to manage your symptoms ✔ telephone access to qualified counsellors, 24 hours a day, 7 days a week on 0330 102 5445 ✔ access to discounts through our SimplyRewards service ✔ access to wellbeing and lifestyle guidance, including financial or relationship advice 	<ul style="list-style-type: none"> ✘ GP visits and tests ✘ NHS prescription and medication charges (this may be covered under the prescription charges benefit) ✘ counselling that is not defined as clinically appropriate by our counselling services provider ✘ long-term counselling ✘ access to counselling for anyone under the age of 16
<p>Important information: The information and services available through myWellbeing can change without notice from time to time.</p>	

Hospital admission

This benefit is to help towards the incidental costs involved with **you** being admitted to hospital. **We** will pay the amount stated in **your table of cover** for each day or night that **you** are required to spend in hospital. If **you** are admitted to hospital and then stay overnight, **we** will pay one night’s hospital admission (not one day and one night).

What is covered	What is not covered
<ul style="list-style-type: none"> ✔ any visit / appointment where you are admitted to hospital and occupy a bed ✔ cancer treatment as an outpatient 	<ul style="list-style-type: none"> ✘ outpatient appointments, other than for cancer treatment ✘ the first 5 nights of any stay in hospital during which you give birth ✘ 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
<p>Important information: To claim hospital admission you will need to provide a copy of your discharge summary. If you are unable to provide this, you will need to provide us with written confirmation of your admission from the hospital.</p>	

New child payment

This benefit has a qualifying period of 12 months.

We will make a new child payment, if after the qualifying period:	We will not make a new child payment for:
<ul style="list-style-type: none">✔ you or your partner pass 20 weeks gestation (pregnancy)✔ you become a legal guardian of a child✔ you or your partner adopt a child	<ul style="list-style-type: none">✘ pregnancy under 20 weeks gestation✘ legal guardianship or adoption of your partner's child✘ foster children✘ a baby born to a child who is covered under the policy✘ pregnancy termination
<p>Important information: To claim the new child payment we may ask you for supporting documents, for example a MATB1 certificate (usually given 20 weeks before your due date) birth certificate, adoption papers or proof of legal guardianship.</p> <p>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.</p> <p>You also have access to our 24/7 counselling service, which can support you during and after your pregnancy, or with any other childcare concerns.</p>	

Funeral expenses

What is covered:
<ul style="list-style-type: none">✔ payment of a lump sum when someone covered by the policy dies, to help towards funeral costs or solicitor's fees
<p>Important information: This benefit has a qualifying period of 50 weeks. If the policyholder dies, we will pay the funeral benefit to the next of kin or executor of their estate. If any other member dies, we will pay the funeral benefit to the policyholder.</p>

Hearing aid

What is covered:	What is not covered:
<ul style="list-style-type: none">✔ prescribed hearing aids from a registered hearing aid dispenser (including those paid for in instalments)✔ fitting fees for a hearing aid✔ repairs to a hearing aid	<ul style="list-style-type: none">✘ disposable hearing aids✘ consumables, for example batteries✘ voice loop

X-rays and scans

What is covered:	What is not covered:
<ul style="list-style-type: none">✔ x-rays and scans when you have been referred by a consultant	<ul style="list-style-type: none">✘ dental X-rays✘ any form of imaging using computerised tomography (CT), magnetic resonance (MR) or positron emission tomography (PET)
<p>Important information: You must be referred by a consultant who is registered on the General Medical Council's specialist register (please see www.gmc-uk.org)</p>	

Section 3: Definitions

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

Child/children

Natural or legally adopted children of the **policyholder** or their **partner**. Children must be under the age of 18.

Claiming year

The period of time during which **you** can claim the benefits available to **you**. **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.

General exclusion

Anything excluded under the **policy** in the general exclusions section of this document.

Member

Anyone who is covered by this **policy**.

Partner

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

Policy

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

Policyholder

The first person named on the summary of cover.

Qualifying period

A set period of time in which **we** will not pay claims for any treatment or service that **you** receive. This could be from the date that **you** join the **policy** or the date of any increase in cover. **You** will find this on **your table of cover**.

Renewal date

The date this **policy** renews. **You** find this in **your** summary of cover.

Start date

The date this **policy** starts. **You** will find this in **your** summary of cover.

Table of cover

The table provided separately to this document that details the benefit amounts and premium levels available on **your policy**.

United Kingdom or UK

England, Wales, Scotland and Northern Ireland.

UK resident

Someone who has their main home in the UK, resides in the UK for at least 183 days a year, and holds a UK National Insurance number.

UK Territory

For the purpose of this policy a resident of a UK Territory is a person who: has their main home in Jersey, Guernsey or the Isle of Man and spends at least 183 days a year there; and holds a National Insurance number, Social Security Number or pays Social Insurance (whichever is applicable).

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**.

Section 4: Making claims on this policy

4.1 Making your claim

The easiest way to make a claim, is through **your** online account or using **our** app. If **you** haven't registered online, please visit www.simplyhealth.co.uk/register and follow the simple registration process.

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

When making a claim, **you** need to complete all sections of the online claim form and attach an image of the original supporting documentation (for example an original receipt). This information should show:

- the name of the patient
- the details of the practitioner or establishment
- the service or treatment provided
- the date of the service or treatment
- the amount paid for that service or treatment

We do not accept:

- invoices
- credit or debit card receipts
- receipts that have been altered

If the information **you** have given **us** is not enough for **us** to pay **your** claim, **we** may need to ask the person who provided the service or treatment for more information (**we** will not pay if there is a charge for this information), or **we** may ask **you** to send **us** the original receipt. **We** will not be able to process **your** claim if **we** do not have the information **we** need.

We may ask for a second opinion from a medical practitioner or specialist chosen by **us**, in order to help **us** process **your** claim. **We** will pay the cost of this. **We** will ask for **your** consent before **we** give **your** information to anybody outside **our** organisation.

4.2 Paying claims – rules

We will only pay for claims:

- after the **date of treatment**,
- for treatments or services that **you** have already paid for
- for treatments or services received in the **UK**
- from the benefit entitlements available to **you** at the time **we** pay **your** claim

We only pay claims into a UK bank account. It is **your** responsibility to give **us** the details of the bank account **you** would like **your** claims to be paid into.

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.

4.3 When to submit **your** claim

We recommend that **you** send us **your** claim as soon as **you** can (ideally within 6 months of the treatment date). The longer the length of time between the **date of treatment** and submitting **your** claim, the more difficult it may be for **us** to process it.

4.4 Other claims rules

You can only claim under one benefit for each treatment that **you** receive.

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.

If **we** have asked for further information in order to process 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.

If **you** get a refund for the treatment or service **you** have claimed for, **you** need to tell **us**. **We** will either ask **you** to repay that money (which **we** will reallocate to **your** relevant benefit entitlement), or **we** may decide to deduct it from the next claim **you** make. If a payment is not received, **we** may suspend or cancel this **policy** until it is.

4.5 Other insurance policies

If **you** make a claim on this **policy** and **you** have a **policy** with a different company which would cover the same claim then **you** must tell us. **We** may contact the other company about the claim so that **we** don't pay costs that they have already paid. If **we** find that **we** have paid more than **we** should have done then **we** will take action to recover the overpayment from **you**.

4.6 Compensation claims against a third party

You must tell us as soon as **you** can if **you** have a claim for compensation against a third party (for example, if they've caused **you** a personal injury in a car accident) and the compensation includes the cost of treatment or services that **you** have claimed for under this **policy**, as **we** may have a legal right to recover those costs (either from **you** or from the third party involved, depending on whether or not **you** have yet received any compensation).

Section 5: Membership

5.1 Can I add my family to this policy?

If the **table of cover** shows premiums for **partners** and **children**, then the **policyholder** can add them to this **policy**. They must be added on the same level of cover as the **policyholder**.

A **partner** must:

- be within the joining age limits shown on the **table of cover**, and
- live with the **policyholder**.

A **child** must be under 18 (**we** may ask for proof of this). **We** do not have to agree to add a **partner** or **child** to this **policy** or explain why.

5.2 When can I add someone to this policy?

The **policyholder** can add their **partner** or **children** to this **policy** at any time during the **policy** year.

5.3 When can I remove someone from this policy?

The **policyholder** cannot remove their **partner** or **child** from this **policy** until the **renewal date**.

5.4 Can I add a child to more than one Simplyhealth policy?

No. A **child** who is already covered on another Simplyhealth policy cannot join this **policy**.

- 5.5 **Is there a limit to the number of children that I can add to this policy?**
Yes, the limit is four **children**.
- 5.6 **How long will my children be covered on this policy?**
Each **child** will be covered until the first **renewal date** after their 18th birthday.
- 5.7 **Can I have cover if I live outside of the UK?**
Yes. **You** can have cover if **you** are a **UK** resident or live in a **UK Territory**. If a **member** leaves the **UK** to permanently live abroad, they will no longer be covered from the date that they leave.
- 5.8 **What if my contact details or circumstances change?**
You must tell **us** as soon as **you** can about these changes. If **you** do not then **we** may not be able to tell **you** about any changes **we** intend to make to this **policy**, including changes to the premium or benefits. **We** will cancel the **policy** if **we** become aware that communications from **us** are not being received.
- 5.9 **How long does my cover last?**
This is an annual **policy** that lasts for 12 months. **Your** cover starts from the date that **we** include **you** on the **policy**. It carries on until the **renewal date**. It then carries on from one **renewal date** to the next until either **we** or the **policyholder** cancel it.

Section 6: Paying premiums, tax and changing cover

- 6.1 **How can I pay?**
You must pay by Direct Debit or recurring card payment.
In some cases, where it has been agreed, the **policyholder's** employer may pay **us** the premium directly from the **policyholder's** salary.
- 6.2 **What happens if I don't pay the premium?**
If **we** don't receive the full premium, **we** will not pay claims and **we** may suspend or cancel this **policy**. **We** will tell **you** if this happens and what **you** need to do to continue cover.

- 6.3 **Does the premium include Insurance Premium Tax (IPT)?**
Yes. This is a **policy** for people who live in the **UK**, and IPT is included in the premium. If IPT changes, **we** may need to change the premium to reflect this. **We** will tell **you** about this in **your** renewal communication. Whilst IPT does not apply in the Channel Islands, the premium will remain the same for members who live there.
- 6.4 **Can I change my level of cover?**
Yes, but **you** can only make one change to **your** level of cover during the **policy** year.
However, if any **member** is over the maximum joining age shown in the table of cover, or if **we** have waived the premium for any reason, **you** will not be able to change to a higher level of cover.
- 6.5 **Will changing my level of cover change my policy year?**
No. Changing **your** level of cover will not change **your policy** year.

Section 7: Ending the policy

- 7.1 **Can I cancel this policy?**
The **policyholder** can cancel this **policy** for any reason by notifying **us** during the 14 day 'cooling off' period which begins on the **start date** or the next **renewal date**, or the day that they receive their **policy** documents if that is later.
If paid, **we** will refund the premium for the 'cooling off' period, but **we** will deduct the costs of any claims paid during that time from the refund. If the cost of those claims is higher than the premium that **you** have paid, then **you** will not be entitled to a refund.
If **you** cancel this **policy** after the 'cooling off' period, and before the end of **your** minimum 12 month contract term, **you** will be required to pay the remaining premiums for the **policy** year in which **you** have cancelled.
Alternatively, **you** can choose not to renew **your policy** at the next **renewal date**. If **you** do this, cover will end and no further premiums will be collected.
To cancel this **policy**, please contact **us** on 0370 908 3481.
- 7.2 **Can Simplyhealth cancel this policy or remove a person from this policy?**
Yes. **We** will be entitled to cancel the **policy** or remove a person from this **policy**:

- if **we** have not received the premium by Direct Debit for two months in a row. If this happens, **we** will tell the **policyholder**
- if **we** stop receiving the premiums that have been taken from the **policyholder's** salary or their employer tells **us** that the premium deductions have stopped. If this happens **we** will tell the **policyholder** that cover has ended and the **policy** will be cancelled from the date that **we** received the last premium
- if the **policyholder** asks **us** to and this will take effect from the date **we** confirm the person has been removed. If this means that the **premium** needs to be changed, this will take effect from the next month
- if the **policyholder** dies. If there are any other members on this **policy**, **we** may contact them about alternative cover
- if the **policyholder** and their **partner** no longer live together at the same address
- when a **child** reaches the age of 18. **We** will remove the **child** at the next **renewal date**

Section 8: Renewing this policy

8.1 Do I need to do anything?

We will write to the **policyholder** at least 30 days before the **renewal date** to tell them about the terms of the **policy** for the next 12 months (including any changes to the **policy** rules, benefit levels or premiums).

If the **policyholder** is happy with the information **we** have sent, **we** will automatically renew the **policy** at the **renewal date**. The **policyholder** does not need to do anything.

Section 9: Changes to this policy

9.1 Can the terms of this policy change?

Yes, **we** reserve the right to make changes to this **policy** at any time. **We** will give **you** reasonable notice of any changes.

9.2 What sort of changes could be made?

We could make:

- changes to **policy** cover such as benefits, benefit limits, payback levels
- changes to **policy** rules
- changes to premiums
- any other changes we may need to make for commercial reasons.

9.3 How will I be told about a change?

To tell the **policyholder** about a change **we** will contact them at the postal address or email address that they gave **us**. This is why it is important to make sure that **you** keep **your** contact details updated.

9.4 What if I don't want to accept any changes?

If the **policyholder** does not want to accept any changes made to this **policy**, they have the right to cancel from the **renewal date**.

9.5 Where can I find a copy of the policy rules that applied at the treatment date?

You can find these on **our** website or on **your** online account.

Section 10: Fraud

10.1 What is Fraud?

We would consider someone (which includes the treating professional or practitioner) to be committing fraud by:

- making a claim,
- submitting a statement in support of a claim, or
- sending **us** a document in support of a claim,

knowing that it was false, misleading, or exaggerated in any way, with the intention of deceiving **us** into paying them more than they are entitled to.

10.2 How do we protect ourselves from fraud?

We have strong anti-fraud measures to protect ourselves and **our** customers. These may include:

- reviews of all activity and claims on this **policy** (**we** may use private investigators to support any reviews)
- passing details of suspected fraudulent claims to the relevant authorities (including the Police) for them to investigate and prosecute through the criminal courts
- sharing information with NHS counter fraud teams, health professionals' trade associations, other insurance companies and other agencies with a legitimate interest in preventing fraud
- other actions that **we** think are necessary

10.3 What happens if we suspect fraud?

If **we** suspect fraud **we** will take appropriate action to protect **our** rights, which may include:

- suspending the **policy** whilst **we** review the matter. **We** will tell the **policyholder** if **we** do this, and **we** will not pay claims until **we** have received any premiums that **we** did not collect whilst the **policy** was suspended
- recovering the full amount (including any element that is not fraudulent) that **we** have paid to the **policyholder** for any fraudulent claim made by any **member** on this **policy**
- no longer accepting claims for treatment that has been provided by a particular professional
- cancelling cover for the **member** who submitted the fraudulent claim, or for all **members** on this **policy** if **we** think that is necessary
- cancelling all policies the **member** has with the Simplyhealth Group
- taking legal action to recover any of **our** costs as a direct result of fraud, plus interest and legal costs
- notifying the **member's** employer
- any other actions that **we** think are necessary

Section 11: General rules

11.1 If at any time **we** have not applied any of these **policy** rules, **we** can still apply them in the future.

11.2 The terms of this **policy** can only be enforced by **us** or by the **policyholder**, or any **member** covered by this **policy**.

11.3 **We** will use English for all **policy** documents and letters.

11.4 The law of England governs this **policy**.

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, email customerrelations@simplyhealth.co.uk or write to Simplyhealth Customer Services at **our** registered office address of Hambleton 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 (privacy notice)

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 behavior 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 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 provide **us** with details such as **your** name, address and date of birth.

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

How does Simplyhealth protect my personal data?

By law **we** must have measures in place to protect data. As a result, **we** have strict rules to protect the storage and use of all personal data. These rules apply to anyone who uses the data. **We** may send **your** personal data outside the UK or European Economic Area. If **we** do this, **we** ensure the same level of protection is afforded to it by ensuring an appropriate safeguard is implemented.

Who can see my personal data?

We may share **your** personal data:

- with persons who provide a service to **us** or act as **our** agents
- with anyone to whom **we** may transfer rights and duties under this **policy**
- with persons who may record, use and give data to other insurers (such as agencies whose role is to prevent fraud)
- with persons that the **policyholder** appoints (such as a broker) in order to service the **policy**
- with **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.

How long is my personal data kept for?

We keep **your** personal data for seven years after this **policy** has ended.

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. If **you** wish to exercise any of the rights set out above, **you** will 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 if I want 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

Who should I talk to if I am unhappy with the way my data is being used?

If **you** are 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 via their online form: ico.org.uk/global/contact-us/email/

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.

Contact us

By going online to:

www.simplyhealth.co.uk/existing-customers/contact-us/online-form

Call us on

0370 908 3481

(Monday to Friday 8am – 6pm)

Or, ask our digital assistant at

simplyhealth.co.uk

If you're unhappy with the service you've received, then please let us know.

Customer relations:

customerrelations@simplyhealth.co.uk

0370 908 3310



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. Your calls may be recorded and monitored for training and quality assurance purposes.