



Healthier Solutions

Private health insurance that fits around you



Flexible cover that fits around you

Everyone's different. At Aviva, we recognise that what you want from your healthcare cover could be very different to what somebody else wants. Healthier Solutions is private health insurance to suit you.

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This policy is insured by Aviva Insurance UK Limited and administered by Aviva Health UK Limited



What Healthier Solutions gives you

Healthier Solutions is flexible, giving you the ability to choose which benefits are important to you from a range of options. This means you can tailor your health insurance to suit your own requirements.

Healthier Solutions provides:

- Prompt access to private medical treatment at a hospital that's convenient to you
- Extensive core cover
- Options to increase or decrease your cover
- The option to protect your no claim discount
- Access to a range of NHS and private hospitals across the UK and Northern Ireland. This includes large networks such as BMI, Nuffield and Spire
- Access to a range of added value benefits including GP helpline and UK health and fitness club membership discounts
- MyHealthCounts – helping you manage your health with the potential to receive a discount at your next renewal.

Family cover

You, your spouse and your children can all be covered by Healthier Solutions if you permanently live in the UK.

- Children can even be included if they're temporarily away from home – for example, if they're away at university in term time.
- If there's a new addition to your family, your baby will get up to three months' free cover.

No claim discount

With 15 levels of no claim discount (NCD), your discount increases by one level each year you don't claim, up to a maximum of 75%.

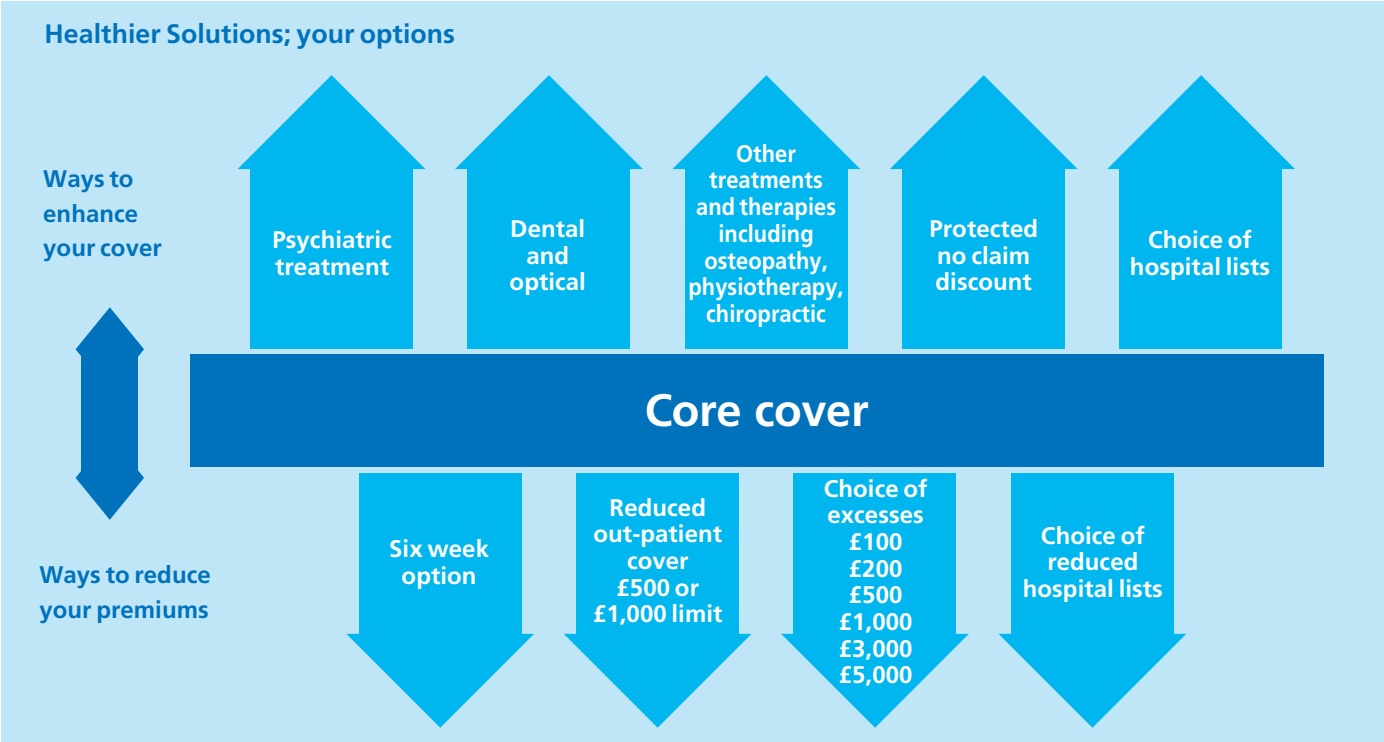
If you make a claim, your discount will reduce by three levels. However, your NCD will never reduce by more than three levels in any one year. Plus if you don't make any new claims during your next policy year, it will start to build up again.



Healthier Solutions explained

Healthier Solutions gives you the flexibility to choose the cover containing the benefits you want – no more, no less. This is important not only for your peace of mind but also for your pocket.

You can choose the options you want from Healthier Solutions to enhance or reduce your cover. By choosing to enhance your cover your premiums will increase.



What else does Healthier Solutions offer?

As well as the peace of mind you'd expect from your private health insurance policy, we offer you a number of extra benefits to help you manage your health and your lifestyle.

MyHealthCounts

The more you understand about your health, the healthier you'll be.

We realise that many people would like to understand their current state of health better. Many of us don't know our cholesterol levels, or even our blood pressure and resting heart rate. Having a good understanding of your health can help you to avoid developing serious problems in the future.

So, if you'd like to find out how healthy you really are and if you'd like to save money off future premiums, you can do both with our great new health programme MyHealthCounts. It's completely optional and also free to join for all Healthier Solutions policyholders.

Here's how it works:

- Once you become a Healthier Solutions policyholder you'll be sent details of MyHealthCounts. You'll then be able to complete the online health assessment giving you a Q Score - showing how healthy you are compared to one hundred people who are all the same age, race and gender.
- Your Q Score will also enable you to see how your current lifestyle affects your health and your risk of developing serious health conditions in the future, such as heart disease or diabetes.
- We will help you to identify any areas you should focus on and our online health coach will offer advice on how to tackle any potential problems.
- By managing your Q Score your premiums could get better too. You could save up to 15% off next year's premium.
- You'll also get immediate access to a range of discounts and offers.



What else does Healthier Solutions offer?

24-hour telephone helplines

We know that sometimes you just can't get to see your doctor, or you're not sure whether or not to bother them with your symptoms. When this is the case, don't spend your time worrying – just call our 24 hour GP Helpline, and you'll be put through to a qualified GP. Or if you just want some general healthcare information, like what sort of jabs you'll need before going on holiday, then you can always talk to one of our trained nurses.

If you're a little stressed and just want someone to talk to, whatever the reason, you can call our Stress Counselling Helpline. Experienced counsellors are there for you 24 hours a day, seven days a week.



Health and fitness club discounts

Aviva has teamed up with some of the UK's leading health and fitness clubs, to offer you discounts to help keep you fit, happy and healthy.

- Save up to 40% on membership for a range of top UK health clubs
- Choose from a nationwide network of health and fitness clubs
- Top-notch membership comes with great facilities – many of the clubs have a swimming pool.

Our network of national chain and independent chains are continually expanding, so visit www.aviva.co.uk/getactive for further information on our current offers.

Back-Up; helping you with back and neck pain

Most of us abuse our backs every day without even knowing it. Back problems can often be debilitating, as everyday actions from getting out of bed, to shopping and driving are painful. So it's important to treat back conditions as early as possible. Healthier Solutions policyholders who experience back pain don't need to wait to see their GP before they receive help, advice and if relevant, treatment. One of our experienced clinical case managers will recommend the most effective course of treatment for the condition.

Use of our Back-Up service is only available to those policies that include the other treatment and therapies option.

Healthier Solutions

– what is covered?

This is a summary of the Healthier Solutions policy. It's important that you read this section.

This is a summary of the benefits available for this policy. Full terms and conditions are available on request. You will be required to complete an application to determine the final terms of your policy.

The table below is designed to show at-a-glance what's in Healthier Solutions' core cover. Remember, you can also choose options to upgrade or downgrade your cover. Details of those options are included on the following pages.

Benefits		Notes
In-patient or day-patient treatment of acute conditions at a hospital on the Key hospital list or in an NHS pay-bed.		
Hospital charges	✓	Including accommodation, meals, nursing care, drugs and dressings
Specialists' fees	✓	Up to the limits in our specialist fee schedule
Diagnostic tests	✓	Including blood tests, X-rays, scans, ECGs
Radiotherapy/chemotherapy	✓	
NHS cash benefits	£100 per night	Up to 30 nights per person per policy year
Additional benefits		
Targeted therapies for cancer	✓	Up to 12 months per condition
Home nursing	✓	Immediately following treatment as an in-patient or day-patient that is covered by the policy; on specialist recommendation
Private ambulance	✓	
Parent accommodation when staying with a child covered by the policy	✓	Child of 15 or under receiving treatment that is covered by the policy. One parent only
Hospice donation	£70 per day	Donation to the hospice; up to 10 days' maximum
Baby bonus	£100 per baby	For each baby born to or adopted by a member, subject to a 10 month qualifying period
Treatment for complications of pregnancy and childbirth	✓	Subject to a 10 month qualifying period
Surgical procedures on the teeth performed in a hospital	✓	Specialists' fees are covered up to the limits in our fee schedule
Limited emergency overseas cover	✓	Limited emergency treatment when temporarily abroad for a period of up to 90 days
Specialist referred physiotherapy, osteopathy and chiropractic treatment	✓	
Psychiatric treatment as an out-patient	Up to £1,000	
GP Helpline	✓	Unlimited number of calls
Stress Counselling Helpline	✓	Unlimited number of calls
Out-patient treatment of acute conditions		
Consultations with a specialist	✓	
Treatment as an out-patient	✓	Specialists' fees are covered up to the limits in our fee schedule
Diagnostic tests	✓	Out-patient CT, MRI or PET scans will only be covered at a diagnostic centre
Radiotherapy/chemotherapy	✓	

Ways to enhance your cover

You can add any of these options to your core cover and enhance the benefits available from Healthier Solutions.

Dental and optical

Our core cover already includes surgical procedures. This option gives you additional cover for routine dental treatment. It also includes cover for optical expenses.

Benefit	Amount of cover
Optical benefit	Up to £200
Accidental dental injury	Up to £600
Routine dental treatment	Up to £300

Psychiatric treatment

With this option, we give you cover for both in-patient and day-patient treatment if you're diagnosed with a psychiatric condition such as schizophrenia or clinical depression.

Benefit	Amount of cover
In-patient and day-patient accommodation and nursing	In full up to 28 days
Specialists' fees for in-patient or day-patient treatment	Up to £210 per week

A £50 excess applies separately to both the optical benefit and routine dental treatment. The £50 excess applies per person per policy year.



Upgrade your hospital list

We offer you the choice of hospital list so you can choose one that suits you. Healthier Solutions core cover includes the key hospital list. You can then choose to upgrade to the Extended hospital list to increase the number of hospitals you can use.

Other treatments and therapies

If you suffer an injury such as whiplash or a sports injury, your GP may refer you to an osteopath, acupuncturist, physiotherapist or a chiropractor.

Benefit	Amount of cover
GP referred treatment by physiotherapist, chiropractor, osteopath and acupuncturist.	Up to 10 sessions in combined total
GP minor surgery	Up to £70 per procedure

Protect your no claim discount (NCD)

For a small additional premium you can protect your no claim discount. This means if you make a claim, you won't drop down the NCD scale at renewal.

If you've protected your NCD and make a claim, you won't move down the NCD scale at renewal but your protection will be lost. That means if you make another claim for a new condition during the next policy year your NCD will reduce by three levels at the following renewal.

Please note that a claim made during one policy year which carries over into the following year will be treated as one claim only. Once you have been; claim, treatment, symptom and advice free for two years you can ask us to protect your NCD once again.

If you are switching to us from another insurer, or want to add the protection at a future renewal, you can only take this option providing you:

- have not had any form of cancer, heart disease or stroke
- have not had any consultations, diagnostic tests or treatment in the last two years / have none pending with a GP, specialist or hospital
- are not aware of any condition for which you may require diagnostic tests or treatment, whether or not a medical practitioner has been consulted, in the next six months.

Ways to reduce your premiums

If reducing your premiums would help meet your budget, Healthier Solutions gives you the opportunity to add these cost reducing options to your policy.

Six week option

If you choose this option, we will not pay for in-patient or day-patient treatment, or NHS cash benefit, if the treatment is available to you on the NHS within six weeks.

Should you just need out-patient treatment e.g. consultations, tests or an out-patient procedure, this is unaffected by the six week rule, so we will pay for you to go privately regardless of the NHS wait. If your out-patient treatment leads to an in-patient or day-patient procedure, then the six week rule will apply to that procedure. If there is an NHS wait of six weeks or more, there is cover for prompt access to a hospital on your chosen list. If it's found that you require emergency treatment, you'll be admitted on the NHS within six weeks therefore treatment will not be covered by your policy.

Policy excess

Another way to reduce your premiums is to add an excess to your policy. An excess is an amount, agreed in advance, that you or each person on your policy pays towards the cost of your claims bill. You can choose from £100, £200, £500, £1,000, £3,000 or £5,000, and the excess only applies once per person, per policy year.

For example, if you choose a £5,000 excess and your treatment in a policy year costs £10,000, you'll pay the first £5,000 and we'll pay the rest. If the treatment carries on into the next policy year, another excess will apply, so you will again pay the first £5,000 of treatment received in that policy year.

Reduce your hospital list

You can choose the hospital list that suits you best. In its core cover, Healthier Solutions includes the Key hospital list. But you can choose to downgrade to one of the following lists:

- The Signature hospital list offers private hospitals in Scotland and Northern Ireland only.
- The Trust hospital list includes mostly private patient units of NHS Trust and Partnership hospitals. Please note that you must live within the catchment area of a Trust hospital to qualify for this list.

Reduced out-patient cover

You can choose to change to reduced out-patient cover. This option provides cover in full for CT, MRI and PET scans at a diagnostic centre that we recognise, and also out-patient radiotherapy and chemotherapy treatment. You can choose either a £500 or £1,000 limit, per person per policy year for:

- specialist consultations
- diagnostic tests
- specialist referred treatment by a physiotherapist, chiropractor, osteopath
- psychiatric treatment as an out-patient

If this option is chosen, the following benefits will be removed

- surgical procedures on the teeth
- emergency overseas cover
- complications of pregnancy and childbirth.

Healthier Solutions

- what is not covered?

Healthier Solutions has a number of exclusions, although these may vary slightly depending on the options that you choose.

Whichever options you choose, Healthier Solutions does not cover you for:

- pre-existing conditions (unless we have expressly included treatment relating to them)
- long term or chronic conditions
- HIV/AIDS and related conditions
- treatment for pregnancy or childbirth, although depending on the options you choose, some complications may be covered provided the mother has been on the policy for at least ten months
- diagnostic tests and treatment for infertility
- surgical or medical appliances such as neurostimulators (eg cochlear implants) and crutches
- charges by a GP, medical practitioner or specialist for completion of a claim form
- alcoholism, alcohol abuse, drug abuse, solvent abuse and other addictive conditions
- treatment undertaken by a specialist without GP referral
- psycho-geriatric conditions
- kidney dialysis
- cosmetic treatment (except following an accident or surgery for cancer)
- take-home drugs and dressings
- professional sports injuries
- experimental treatment (limited benefit may be available - please contact us)
- treatment required as a result of war, terrorism or contamination by radioactivity or chemicals
- self inflicted injury
- sexual dysfunction
- sleep disorders and sleep problems such as snoring or sleep apnoea
- treatment for warts or verrucas
- weight loss surgery.

This is a summary of the exclusions on this policy. Full terms and conditions are available on request. You will be required to complete an application to determine the final terms of your policy.

A summary of cancer cover with Healthier Solutions

We know that cancer can be a concern so the table below explains what cancer treatment Healthier Solutions covers.

<p>Where will I be covered to have treatment?</p>	<ul style="list-style-type: none"> ● At a hospital on your list that we recognise for your treatment and condition. ● Out-patient CT, MRI and PET scans will only be covered at a Diagnostic Centre. ● At home if your specialist agrees that this is possible – this will depend on the treatment that you need.
<p>Are diagnostic tests covered?</p>	<p>Yes. However, if you choose one of the reduced out-patient options, most out-patient tests are subject to either a £500 or £1,000 combined limit.</p> <p>The policy will not pay for genetic tests to see whether you are likely to get cancer or not.</p>
<p>Will I be covered for surgery?</p>	<p>Yes.</p>
<p>Will I be covered for preventative treatment?</p>	<p>No. The policy will only cover diagnostic tests and treatment when you have symptoms. For example, we would not pay for a mastectomy in order to stop you getting breast cancer.</p>
<p>What drug treatment is covered?</p>	<p>Your claim will be assessed in line with the terms and conditions of the policy and your benefit limits. At which point we will advise you whether it is an eligible claim and:</p> <ul style="list-style-type: none"> ● which drug treatments are covered ● how long they are covered for. <p>Chemotherapy that is covered by the policy is paid for in full. This includes drugs you need during the chemotherapy, for example antibiotics and anti-sickness drugs.</p> <p>Targeted drug therapies (for example Herceptin or Avastin) are covered for up to 12 months per condition.</p> <p>Hormone treatment is not covered by the policy. This is because it can be prescribed by a GP and does not need to be provided under the care of a specialist. This treatment is sometimes known as primary care.</p>

Is radiotherapy covered?	Yes.
Will I be covered for terminal care?	Terminal care can include a wide range of treatments. Our oncology team look at what is being proposed in each case against the terms and conditions of the policy, to assess whether it is covered by the policy.
Will I be covered for palliative care?	As with terminal care, palliative care can include a wide range of treatments. We look at what is being proposed in each case, against the terms and conditions of the policy, to assess whether it is covered by the policy.
Will I be covered for routine monitoring when treatment has finished?	Yes, for up to 5 years after your treatment has finished, However, out-patient tests and consultations will be limited if you choose the reduced out-patient cover.
Is there cover for bone marrow and stem cell transplants?	Yes, but we do not pay for costs incurred by or treatment for a donor.
Will we be covered for clinical trials?	No. There is no cover for treatment that is part of a clinical trial.
Is there cover for experimental treatment?	If you have experimental treatment, we will pay the equivalent cost of the established treatment that would usually be given for your condition. If there is no equivalent treatment, we will not cover any of the costs of the experimental treatment.

As we recognise all of our customers as individuals, our expert Oncology team will assess each case in line with the policy terms and conditions and will provide the member with advice and information regarding their treatment.

Healthier Solutions underwriting

Health insurance is designed to cover new and unexpected medical conditions. Healthier Solutions offers a choice of underwriting options.

Full Medical Underwriting

This means we ask you questions about your past health and any pre-existing conditions and related conditions will be excluded unless we agree to accept them.

Moratorium

Instead of filling out a health questionnaire, an automatic exclusion applies.

We do not cover treatment of any pre-existing condition, or any related conditions, if you have had:

- symptoms
- medication
- treatment
- diagnostic tests
- advice

relating to that condition in the five years before you join the policy.

However, we will cover a pre-existing condition if you do not have:

- medication
- diagnostic tests
- treatment
- advice

relating to that condition during a continuous two year period after you join the policy.

Continued Medical Exclusions

You can apply for Healthier Solutions on this basis if you are transferring from an existing fully medically underwritten medical insurance plan and you are under 70 years old.

You will need to sign a declaration stating you have not had any treatment, tests or consultations for the last 12 months, and there are no treatments, tests or consultations pending.

We will apply the same personal medical exclusions to your Healthier Solutions policy that were applied to your previous plan. No new personal medical exclusions will be added.

Continued Moratorium

You can apply for Healthier Solutions on this basis if you are transferring from an existing plan which is written on a moratorium basis and you are under 70 years old. We apply our moratorium wording with effect from the commencement date of your existing policy.

You will need to sign a declaration stating you have not claimed on your existing policy for the last two years, and there are no claims pending.

Your questions answered

Q. Can the policy be cancelled?

After your application is received and accepted by us, you will receive policy documents and notice of the right to cancel. You will then have 14 days (known as the 'cooling-off' period) in which to change your mind and cancel the policy.

After your policy has renewed you will have 14 days in which to change your mind and cancel the policy, running from the first day of your new policy year.

If you decide to cancel the policy, any money you have already paid during the 14 day 'cooling off' period will be refunded, provided no claims have been made during this period.

If you decide to cancel the policy, you must notify our Customer Service Department at:

**Aviva Health UK Limited,
Chilworth House,
Hampshire Corporate Park,
Templars Way, Eastleigh,
Hampshire SO53 3RY.**

If you decide not to cancel the policy your cover for eligible treatment will continue until the renewal date and we will continue to collect any applicable premium.

Q. What is the duration of my policy?

Your private health insurance policy is a one year contract. Prior to your policy continuing into another year you will be sent you renewal documentation. You should review this information to make sure the cover/policy remains adequate for your needs.

The Financial Services Compensation Scheme (FSCS)

We are covered by the FSCS. You may be entitled to compensation from the FSCS if we become insolvent and cannot meet our obligations. This depends on the type of business and the circumstances of the claim.

Where you are entitled to claim, insurance advising and arranging is covered for 90% of the claim, with no upper limit.

Further information about compensation scheme arrangements is available from:

**Financial Services Compensation Scheme,
7th Floor, Lloyds Chambers,
Portsocken Street,
London, E1 8BN**

**Website: www.fscs.org.uk
Telephone: 020 7892 7300**

If you have any cause for complaint

We want to give you a first class service. We'll do everything we can to make sure you're satisfied with the service you receive as a Healthier Solutions' policy holder. If something's not quite right though, we would like to hear about it - and put it right, if we can.

If you remain dissatisfied, please write with full details to:

**Customer Relations Team,
Aviva Health UK Limited,
Chilworth House,
Hampshire Corporate Park,
Templars Way, Eastleigh,
Hampshire SO53 3RY.**

If you are still unhappy with the outcome, you may ask the Financial Ombudsman Service to investigate by writing to:

**The Financial Ombudsman Service,
South Quay Plaza,
183 Marsh Wall,
London, E14 9SR.
Telephone: 0845 080 1800**

**Email: complaint.info@financial-ombudsman.org.uk
Website: www.financial-ombudsman.org.uk**

Please note that the Financial Ombudsman Service will be unable to consider your complaint until you have given us the opportunity to resolve the matter directly with you.

We have every reason to believe that you will be totally satisfied with your Aviva healthcare policy, and with our service. Nevertheless, we have provided the above information to assist you should you ever feel that you have cause to make a complaint.

Referring your complaint to any of the above will not affect your right to take legal action.

This policy is governed by and shall be construed in accordance with the Laws of England and shall be subject to the exclusive jurisdiction of the courts of England.

Your questions answered

Q. Will the premiums go up?

We review premiums annually to reflect the overall cost of claims and medical inflation. This can be influenced by factors such as the availability of new treatments and medical technologies.

In addition, Healthier Solutions policies are priced using age bands, reflecting the fact that people are more likely to claim as they get older. The age bands are 0-16, then every year until 80+. This means that you could see an age-related increase, in addition to the general review.

Any claims you make will also affect the level of no claim discount (NCD) that you receive. You will be notified of any changes prior to your annual renewal.

Q. Can I make changes to my cover once I've taken it out?

Depending on your policy and our available product range, you may be able to increase or decrease your cover. We can do this during your 14-day 'cooling-off' period or at your next renewal, subject to underwriter approval.

Q. What do I commit to doing when I sign the application form?

You agree to the declaration you have signed on the application form and the information the application form contains. You also agree to the policy terms and conditions, and to obtain authorisation from us before incurring medical costs and other charges. All policies are for a 1 year period.

Q. What are our fee guidelines for specialists?

Our guidelines are based on factors such as the complexity and duration of each medical procedure, and clearly state the maximum amount we'll pay for specialists' fees. If your specialist charges outside these guidelines, your claim may not be met in full. As this means you would be liable for any shortfall, we do advise you to contact us prior to incurring any costs with a specialist.

Q. What could go wrong?

- If you don't provide all the information which is likely to influence the acceptance of your application, your policy may be invalid.
- If you fail to pay your premiums when they are due, your entitlement to benefits will end.
- If you do not obtain authorisation from us before incurring medical costs and other charges they may not be covered by the policy.

Q. Is there an overall maximum amount that can be claimed in any one year?

No. With Healthier Solutions there is no limit to the number of times you can make eligible claims in any policy year, and there is no maximum annual amount or ceiling to your claims for eligible private treatment at a hospital on your chosen hospital list. There are however limits to specific benefits.

Remember, the first new claim paid per policy year will affect the no claim discount scale, which will fall by three levels. However, don't forget that some claims do not affect your no claim discount. Full details are given in the terms and conditions.

Q. How can I pay?

You have a choice of payment method:

- annually by Direct Debit or credit card
- monthly by Direct Debit or credit card which is an easy and convenient way to spread the cost over the year.

Q. How is my premium calculated?

The premium you pay is based on the following variables; your age, your gender, the postcode where you live, plus the benefit options you have chosen.

When switching from another provider, your claims history may also affect the premium you pay.

Providing the help and support you expect

Policy advice

We're here to help. If you need more information on your policy or want to make a claim, just pick up the phone and call a member of our customer service helpline. The telephone will be printed on your membership card.

You'll find professional and friendly service available all week - even during the evenings and at weekends. When you call, it would be helpful if you could let us know your policy number - we can then answer your questions more promptly.

Specialist fee guidelines

We want to contain claim costs wherever possible, to minimise the impact on our policyholders' premiums. But because medical technology and equipment is becoming more advanced, more claims are being made each year. So we aim to manage the costs arising from these claims according to a frequently-reviewed set of guidelines. We believe these guidelines reflect reasonable rates of remuneration for the procedures listed, and show the maximum amount we will pay. We can send you a copy of our fee guidelines on request.

Making a claim

If you need to visit a specialist, please ask your GP to refer you to a specialist working from a hospital on your hospital list. It may be useful to take your hospital list with you, when you first visit your GP.

As soon as you are referred to a specialist, you should call the customer service helpline. Our team will:

- Explain what happens at every stage of the claims' process.
- Assess your claim and, where possible, authorise it there and then over the phone. If that's not possible, we'll send you a claim form. Just let us know if you need help to complete it.
- Settle claims directly with the hospital once your course of treatment has finished.

To make a claim call

0800 158 3333.

Calls to and from Aviva may be monitored and/or recorded.



What else you need to know

Language

This document and all future documents and letters will be written in English.

About Aviva

The Financial Services Authority (FSA) is the independent watchdog that regulates financial services. It requires us to give you this information so that you can decide if our services are right for you.

Aviva Health UK Limited, Chilworth House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire, SO53 3RY is authorised and regulated by the FSA. Our FSA registration number is 308139. Our permitted business is advising on, arranging and administering general insurance and pure protection contracts. You may check this on the FSA's website at www.fsa.gov.uk/register or by contacting them on 0845 606 1234.

Aviva Health UK Limited is a wholly owned subsidiary of Aviva Plc, which includes a number of insurers within its group. Aviva Health UK Limited offers a range of products from Aviva. You may have your own financial adviser who will provide you with information about their permitted business and the range of products they offer.

You only need to pay the premium. Otherwise, you do not have to pay us for our services to you.

Choose Healthier Solutions today

Buying a Healthier Solutions policy is easy, so you and your family can start enjoying the peace of mind that private health insurance can bring.

Here's what to do next:

- In order to obtain an illustration of your Healthier Solutions premium speak to your insurance adviser or call us on **0800 42 42 42**. Advice given on this number will only relate to Aviva Health UK Ltd products.
- If you are happy with the illustration provided you will then be asked to complete an application form.
- As soon as your application is accepted by us, you will be covered and we will send you your welcome information and policy schedule.
- Please note you will have 14 days after your policy begins to change your mind and cancel the policy.

Calls and emails to and from Aviva may be monitored and/or recorded.

Details you supply may be processed in order to tell you from time to time (by post, telephone, email, fax or other means) about products or services which may be of interest from Aviva Group and connected providers. Any person not wishing to receive such contact may write to: Aviva, FREEPOST, Mailing Exclusion Team, PO Box 6412, Derby, DE1 1SB.

The data controllers are

Aviva Health UK Limited, Aviva Insurance UK Limited and Aviva Life & Pensions UK Limited.

If you are deaf or hard of hearing and have a textphone, you may call us free of charge via BT Typetalk on 18001 0800 959 598.



Braille, large font, audio material

You can order our literature in Braille, large font or audio.

Just call **08000 686 800** or email **helpdesk@aviva.co.uk** and tell us:

- the format you want
- your name and address
- the name or code of the document. The code is usually in the bottom left hand corner on the back of most documents.

The Customer Call Centre is open Monday to Friday, 8 am to 8 pm, and Saturday from 8.30 am to 5 pm.

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aviva.co.uk/health

Aviva – the team behind  UNITED KINGDOM ATHLETICS

