



My Health Cash Plan for Groups

Group Administrator's Handbook





How can this handbook help you?

This guide has been designed to provide the information you need to look after your policy in your role as group administrator.

The role of the group administrator is an important one. You'll be helping to make sure that the scheme runs smoothly and that members are aware of the benefits they're entitled to. You're the contact for the day to day issues that your group members may have.

We appreciate that the group administrator role is just one of many responsibilities your job may entail, so we've made it as easy as we can for you to obtain the information, help and advice you may need.

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Managing the **start** of your policy

Once your policy is set up you'll receive the following information:

For you as group administrator:

- welcome letter
- policy schedule
- invoice and financial statement
- terms and conditions.

For your employees:

- policy schedules, detailing what they're covered for
- group member handbooks.

Please note, the terms and conditions and group member handbooks are available printed, or as electronic pdfs, which can be placed on a web page. You'll be sent the format as requested on your application form.

We then ask that you:

- read the terms and conditions so you're aware of the cover your company and your employees have
- read all the policy information to ensure the details are correct
- ensure the group member handbooks and policy schedules are distributed to all staff. They should check that their individual details are correct
- make staff aware that they have access to the terms and conditions document should they need it.

If any of the information is incorrect, please contact customer services on 0800 158 5190.

Important information about My Health Cash Plan for Groups:

- Our pricing is worked out in bandings related to employee numbers. Therefore, larger schemes will benefit from lower prices per member. It's important that member information is captured as accurately as possible; if the number of employees covered drops below a certain banding, your premium will be adjusted to reflect this.
- All employees must be covered by My Health Cash Plan for Groups.
- All employees on the scheme must have the same level of cover.
- Not using the data template for scheme membership data may lengthen the set up process, so we ask that you use this. You can save a copy of the data template by visiting www.aviva.co.uk/datatemplate



Ongoing policy management

Simply call the numbers below to speak to one of the team who'll be able to help you with any queries.

Customer services: 0800 158 5190

Calls may be monitored and/or recorded.

This line is available both to the group administrator and group members.

The customer services team can give advice on the policy as well as look after any policy changes you require.

Lines are open 9am-5pm Monday to Friday.

You can also email:
myhealthcashplan@aviva.co.uk

My Health Cash Plan for Groups claims: 0800 158 5191

Calls may be monitored and/or recorded.

Group members can call the claims team for claims queries and to obtain a claim form.

You can also download a claim form from www.aviva.co.uk/cashplanclaimform

The claims team are also available to you as group administrator for any queries you have about the claim process. Lines are open 9am-5pm Monday to Friday.

For further information on making a claim see page 4.

Ongoing policy management

A summary of your responsibilities:

As group administrator, you're responsible for:

- distributing the individual group member packs and any additional letters to your group members. These contain important information and are private and confidential
- stressing the importance to your group members of reading all their policy documentation so they know what they're covered for. This information can be found in their group member handbook and policy schedule
- advising your members of the terms and conditions
- arranging payment of the premiums, directly from your company to Aviva
- advising Aviva when a member joins or leaves the scheme, and of any other policy changes (as shown in the next section).

Policy changes

You should tell us if any of the following changes need to be made to your policy:

- adding a new employee
- removal of employees (e.g those who have left the company, retired, etc.).

These changes will affect your premium and therefore, we require notification of such changes at least 10 days prior to the premium collection. Please note:

- if you pay annually, these changes will be reflected at the end of the year and your premium adjusted accordingly.
- if you pay monthly, changes will be reflected in your monthly premiums.

It's important that you read the terms and conditions to understand how the process works for joiners and leavers.

Other changes to your policy may include:

- employee name or address change
- company address change.

Please notify us as soon as you can to ensure your membership details are kept up to date.

These changes should be sent to us using the mid-term change spreadsheet. You can contact the customer services team for a copy to be sent to you. It is important that this information is sent securely.

Claiming on the policy

Your employees can claim by either calling us directly for a claim form or downloading an electronic pdf version from the link below or your intranet site. They do not need to inform you. Below is a diagram of the claims process:

Check group member handbook

Employees should check their group member handbook and policy schedule to make sure they are covered for the treatment they've received.

Complete a claim form obtained from our claims team

Call **0800 158 5191** to get a copy of the claim form

Or they can download one at www.aviva.co.uk/cashplanclaimform

Return the form to us making sure they've:

- completed all relevant sections and signed it
- attached itemised receipts for all the costs they are claiming for (these must be originals so we recommend the member takes a photocopy first)
- had the relevant sections completed by the optician, hospital or GP (if required).

We'll process their claim and reimburse them (up to the benefit limits that you've chosen for your policy).

Renewing your policy

When your policy is due for renewal we'll contact you to make sure that the membership details on your policy are still up to date.

We'll then send your renewal documentation.

If you pay for your policy monthly and your membership remains the same, you don't need to do anything further. We'll continue to collect premiums in the same way.

If you require any changes to the policy you should inform us in the normal way. We'll then send revised documentation for you to check.

Your questions answered

What affects our company's premium?

The amount you pay for your My Health Cash Plan for Groups is shown in your financial statement, along with the frequency of your payment. Because it's a group policy, the premium is affected by a number of factors, including group size, benefits selected and level of cover selected. It's therefore important that we hold full and up to date details of your group members.

How can we pay?

There are various methods of paying your premium, including:

- monthly or annually by Direct Debit
- annually by cheque.

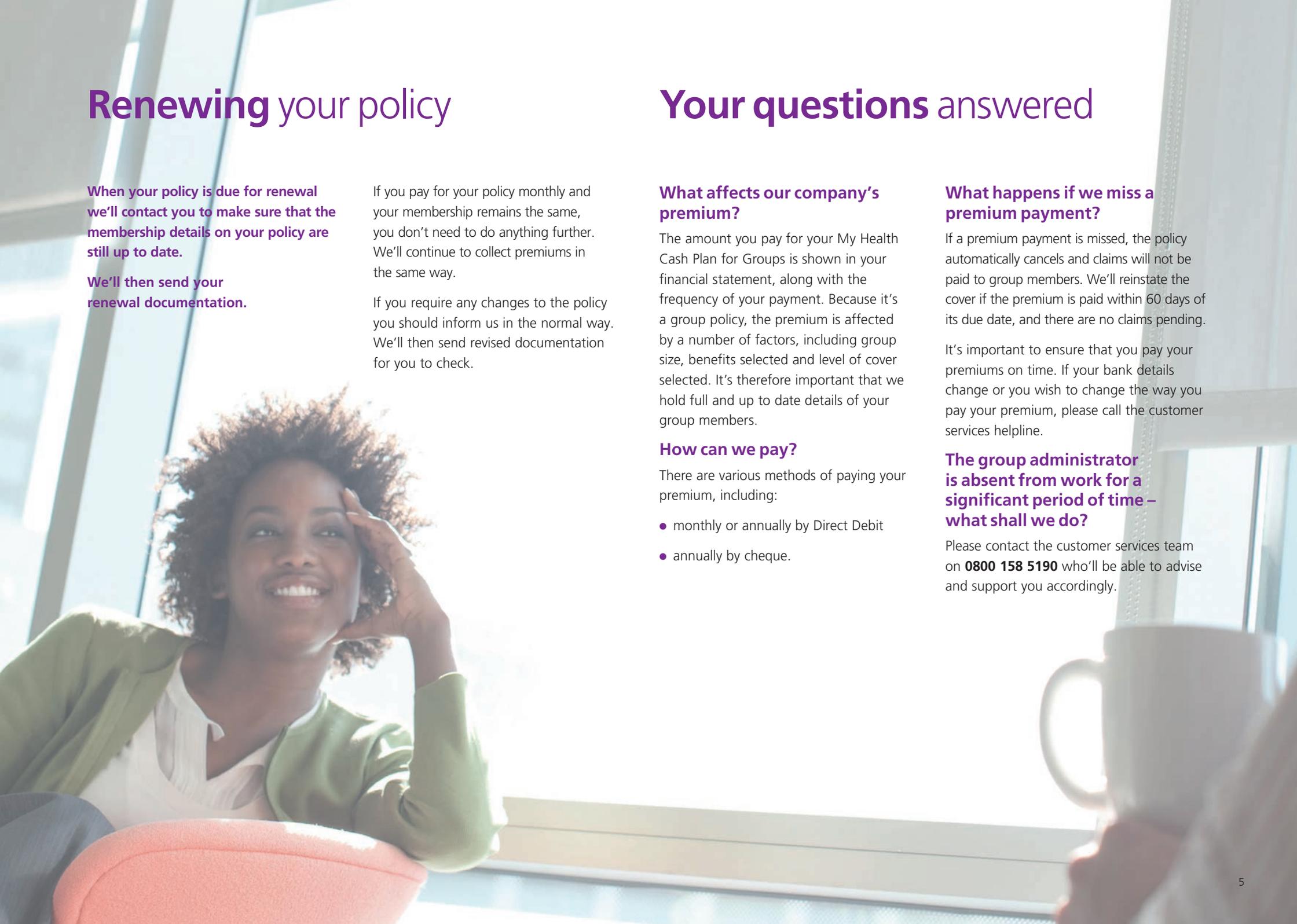
What happens if we miss a premium payment?

If a premium payment is missed, the policy automatically cancels and claims will not be paid to group members. We'll reinstate the cover if the premium is paid within 60 days of its due date, and there are no claims pending.

It's important to ensure that you pay your premiums on time. If your bank details change or you wish to change the way you pay your premium, please call the customer services helpline.

The group administrator is absent from work for a significant period of time – what shall we do?

Please contact the customer services team on **0800 158 5190** who'll be able to advise and support you accordingly.



Expert advice

GP helpline – 0800 015 4333

Calls to the GP helpline may be recorded for quality and training purposes.

We provide a 24 hour, 365 days a year GP helpline to assist with your group members' healthcare queries.

When your group members and their families need medical advice or information, they can simply call the GP helpline at any time, day or night. Two extremely valuable services are available on this helpline. Firstly, in the event of illness, they may speak to a GP who'll give them a consultation over the telephone.

This service will benefit your group members in different ways. Those who are feeling ill at work but have busy working schedules can call for advice and a consultation, rather than waiting for an appointment to speak to their doctor. Group members whose children are unwell at night need not wait until the next morning for GP advice. All group members can enjoy access to a friendly and sympathetic GP, for a relaxed and unhurried telephone conversation.

Secondly, for general healthcare information, trained nurses are available to answer any queries your group members may have.

Stress counselling helpline – 0800 158 3349

Stress is a growing cause of employee absence. Occasionally everyone feels stress from the pressures of everyday life. We may feel that we cannot cope and need some help to deal with our problems. That's why we have a 24 hour stress counselling helpline, available to your group members 24 hours a day, 365 days a year with experienced counsellors providing general counselling as well as advice and information on how to overcome stress. This benefit is available to members aged 16 and over.

Your group members can call the stress counselling helpline at any time, day or night. They can talk for as long as they wish and there'll be no pressure to bring the call to an end. The counsellors are always ready to listen, help and advise when things seem too much.

There's no limit to the number of calls your group members may make to the GP and stress counselling helplines and the only cost will be that of the calls themselves.

(calls from UK landline phones will be free of charge, call charges from mobile phones may vary)

If you've got **cause for complaint**

Our aim is to provide a first class standard of service to our customers, and to do everything we can to ensure you're satisfied. However, if you ever feel we've fallen short of this standard and you've got cause to make a complaint, please let us know. Our contact details are:

Aviva Health UK Ltd
Complaints Department
PO Box 540
Eastleigh
SO50 0ET

Telephone: 0800 015 1024
E-mail: hccomp@aviva.com

We've every reason to believe that you'll be totally satisfied with your Aviva policy, and with our service. It's very rare that matters cannot be resolved amicably. However, if you're still unhappy with the outcome after we've investigated it for you and you feel that there's additional information that should be considered, you should let us have that information as soon as possible so that we can review it.

If you disagree with our response or if we've not replied within eight weeks, you may be able to take your case to the Financial Ombudsman Service to investigate. Their contact details are:

The Financial Ombudsman Service
Exchange Tower
London
E14 9SR

Telephone: 0300 123 9123 or
0800 023 4567

Email:

complaint.info@financialombudsman.org.uk

Website:

www.financial-ombudsman.org.uk

Please note that the Financial Ombudsman Service will only consider your complaint if you've given us the opportunity to resolve the matter first. Making a complaint to the Ombudsman will not affect your legal rights.

Customer service

0800 158 5190

Calls may be monitored and/or recorded

Call this number if you want to...

- Ask us a question about your policy
- Make any changes to your policy or member details
- Changes to policy or employee details

Lines open 9:00am - 5:00pm Monday - Friday

Stress counselling helpline

0800 158 3349

Call this number if you'd like to...

- Speak to an experienced counsellor
 - Receive advice and information on overcoming stress
- This benefit is available to members aged 16 and over

Lines open 24/7

My Health Cash Plan for Groups claims

0800 158 5191

Calls may be monitored and/or recorded

Call this number if you'd like to...

- Make a claim
- Check the progress of a current claim
- Ask us about the claim process

Lines open 9:00am - 5:00pm Monday - Friday

24 hour GP helpline

0800 015 4333

Calls to the GP helpline may be recorded for quality and training purposes. Call this number if you'd like to...

- Speak to a qualified GP
- Talk to a nurse or other health worker

Lines open 24/7

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