

# Freedom Corporate



Your Choice  
The self-pay approach to healthcare



# A 21st century concept



## Freedom introduces a fresh and innovative approach to private medical insurance.

We give you the opportunity to provide group medical cover for yourself and your company's employees with unprecedented flexibility at a competitive cost.

We don't call it Freedom without good reason.

**This brochure gives a brief outline of Freedom Healthnet's Corporate Private Medical Insurance plans and should be read in conjunction with the policy document, which provides full details. A copy of the policy is available on request.**

# The power of Freedom



Freedom to choose what you want from private medical insurance is the keynote of Freedom Healthnet's product.

## **Freedom to spend**

Freedom Healthnet can pay the employee directly, for the cost of **in-patient** treatment. He/she can decide to have treatment privately in the UK, abroad or using the NHS. Either way, the choice is theirs.

## **Freedom to choose the hospital**

Your employee can choose to have their **in-patient** treatment anywhere in the world, as cover is not restricted to a limited number of hospitals in the UK.

## **Freedom to choose the time**

Freedom eliminates the potential extended delays of the National Health Service. Your employee can plan the timing of their treatment to fit in with other personal or business commitments.

## **Freedom to choose the level of cover**

We offer four levels of cover to suit your needs.

## **Freedom to choose**

As part of the Freedom plan, should the employee require additional support in arranging their treatment, we can assist them.

## **Freedom to choose your plan at an affordable price**

Freedom offers flexible private medical insurance at a competitive price.

## A corporate advantage

Caring for employees' health and well-being is sound business practice, providing significant benefits to the company as well as its staff.

### **Benefit for the employer**

Productivity can be increased by reducing time lost through sickness.

### **Benefit for the employee**

The offer of health insurance to the employee and their family, providing private healthcare with flexibility.

### **Benefit for the company**

Promotes a happy and loyal workforce, which will strengthen a company's relationship with its employees.

Freedom Corporate Private Medical Insurance offers a new and exciting approach without the constraints associated with traditional products. It gives you the opportunity to introduce a healthcare package for all categories of employees, including their dependents if required, with flexibility at a competitive price.

# The benefits Freedom provides

## The policies

You can join Freedom on one of four levels – Gold, Platinum, Diamond and Diamond Plus. Each covers you for a range of benefits.

The in-patient benefit levels (per person) are as follows:

In-patient level	Annual benefit
Freedom GOLD	£30,000
Freedom PLATINUM	£50,000
Freedom DIAMOND	£100,000
Freedom DIAMOND PLUS	No annual benefit limit

## Optional extras

Your company Freedom plan can also include out-patient treatment at an additional cost. If you choose to include this optional benefit, the annual limit of cover will depend on the level of in-patient cover selected, as follows:

In-patient level	Out-patient cover
Freedom GOLD	£1,000
Freedom PLATINUM	£1,000
Freedom DIAMOND	£1,250
Freedom DIAMOND PLUS	No annual limit*

The following in-patient/day-patient treatments are included within the annual limit:

In-patient hospital cost & daycare	Gold	Platinum	Diamond	Diamond Plus
Annual in-patient limit	£30,000	£50,000	£100,000	No annual benefit limit
Hospital charges: nursing fees, medical expenses, ancillary charges, prescribed medicines and drugs	Included in the benefit sum per procedure** within annual in-patient limit			Included in the benefit sum per procedure** with no annual in-patient limit
MRI, CT scans, tests and X-rays				
Oncology tests, drugs, consultants' fees including cover for chemotherapy and radiotherapy				
Physiotherapy				
Pregnancy complications (after cover has been in force for 11 consecutive months)	Not covered			Covered in full with no annual benefit limit
Private ambulance				
Parent accommodation for an insured dependent child to age 14				

Out-patient benefit is inclusive of the following within the annual policy benefit:

Out-patient cover	Gold	Platinum	Diamond	Diamond Plus
Annual out-patient limit	£1,000	£1,000	£1,250	No annual limit
Specialist consultations and treatment fees	Covered in full within annual out-patient limit			Covered in full
X-rays, pathology, diagnostic tests and procedures				
MRI, CT scans, radiotherapy & chemotherapy	Covered in full within annual in-patient limit			
Physiotherapy	Up to £500 (within annual out-patient limit) per policy year			Up to £500 per policy year

In most cases, Freedom Healthnet will settle your pre-authorised out-patient medical expenses direct to the hospital.

**Please note all in-patient / out-patient treatment must be pre-authorised.**

\* Diamond Plus includes out-patient cover with no annual limit at no extra cost.

\*\* Our Schedule of Procedures details benefit sums for eligible in-patient or day-patient procedure or treatment, as per the terms and conditions of your policy document. Our 100 most common procedures are displayed on our website and is available on request.

MRI, CT scans, radiotherapy and chemotherapy either as in-patient, day-patient, or out-patient are covered under your in-patient benefit.

# Freedom to choose with Diamond Plus

You can upgrade the Diamond Plus policy with a range of extra benefits. The options are as follows:



The benefits are as follows:

In-patient hospital cost & daycare	Diamond Plus
Annual in-patient limit	No annual benefit limit
Hospital charges, nursing fees, medical expenses, ancillary charges and prescribed medicines and drugs	Included in the benefit sum per procedure* with no annual in-patient limit
MRI, CT scans, tests, X-rays	
Oncology tests, drugs, consultants' fees including cover for chemotherapy and radiotherapy	
Physiotherapy	
Pregnancy complications ( <i>after cover has been in force for eleven consecutive months</i> )	Covered in full with no annual benefit limit
Private ambulance	
Parent accommodation for an insured dependent child to age 14	

Out-patient cover	Diamond Plus
Annual out-patient limit	No annual benefit limit
Specialist consultations and treatment fees	Covered in full
X-rays, pathology, diagnostic tests and procedures	
MRI, CT scans, radiotherapy & chemotherapy	
Physiotherapy	Up to £500 per policy year

Add any or all the following options:

CHOICE 1 - Alternative Therapies	Diamond Plus
G.P. or Specialist referred to a registered Physiotherapist, Osteopath, Chiropractor, Acupuncturist, Homeopath, Chiropract/Podiatrist	£1,000 per policy year
	G.P. referral – up to 6 visits
	Specialist referral – up to £1,000
	Please note: For physiotherapy, £500 in addition to £500 included in out-patient cover (Total of £1,000)

CHOICE 2 - Psychiatric Care	Diamond Plus
In-patient treatment in published Hospital Schedule	Full cover to a maximum of £10,000
Out-patient treatment	£1,500 per policy year (£100 excess per claim)

CHOICE 3 - Rehabilitation Benefits	Diamond Plus
Home nursing	Full cover for up to 28 days
Recuperative care	Up to £1,000 per claim
Specialist second opinions	1 per claim

\*Our Schedule of Procedures details benefit sums for eligible in-patient or day-patient procedure or treatment, as per the terms and conditions of your policy document.

# Are there any exclusions?



## Our main exclusions are as follows:

- Accident and Emergency
- Treatment for chronic conditions
- Pre-existing medical conditions
- HIV/AIDS
- Cosmetic surgery
- Drug, solvent and alcohol abuse
- GP consultations
- Pregnancy and infertility
- Dental treatment

**For full details please refer to your policy document**

## Is there an excess?

There is an excess of £100 per person per claim on your Freedom policy.

This can be waived with an additional premium or you can reduce the premium by increasing the excess. The schedule is as follows:

Voluntary Excess	Compulsory Excess	Total Excess	Premium Change
£0	waived	£0	+15%
£0	£100	£100	0%
£100	£100	£200	-7.5%
£250	£100	£350	-12.5%
£500	£100	£600	-17.5%
£1,000	£100	£1,100	-25%

# How do I make a claim?



## Our claims procedure is simple:

### 1. Tell us

Once the General Practitioner has referred the patient/claimant to a specialist, they must phone our Claims Helpline on 08703 50 40 30.

### 2. Complete a claim form

We will send a claim form, which should be completed by the General Practitioner and returned to us. In some cases we may request medical notes / reports to validate a claim.

### 3. Obtain authorisation

The claim **must** be authorised by Freedom Healthnet Ltd prior to any tests or treatment.

### 4. Claim your entitlement

Once the in-patient claim is authorised, we will credit your employee's bank account (unless otherwise specified) within five working days. The employee can then arrange treatment as a self-pay patient.

In most cases, out-patient bills are settled directly by Freedom Healthnet Ltd.

For full details of how your claim will be settled, please refer to the policy document.

### 5. Arranging your treatment

Should additional support be required in arranging the treatment, we can assist the employee or arrange treatment on their behalf.

For further information, please contact us on 08703 50 40 30.

# Gold, Platinum & Diamond

This document provides a guide to the cover provided. It is however only a summary of the terms of cover and does not contain full details of the insurance policy terms, conditions and exclusions which are contained in the insurance policy itself. You should refer to your own policy document, your Certificate of Insurance and any endorsements for full details of your cover.

This Policy is underwritten by Great Lakes Reinsurance (UK) PLC.

Type of Insurance: **Private Medical Insurance**

Period of Insurance: **The Policy will last for one year and will be renewable on an annual basis**

Private Medical Insurance		
Significant Features and Benefits	Significant Exclusions or Limitations	Section of the policy that contains further details
The policy provides payment for treatment of an acute medical condition including:		
<b>In-patient &amp; Day-patient Treatment</b> <ul style="list-style-type: none"> <li>Accommodation charges</li> <li>Drugs and dressings</li> <li>Theatre charges</li> <li>Specialists' fees</li> <li>Diagnostic tests</li> <li>Oncology, including radiotherapy and chemotherapy</li> <li>MRI and CT scans</li> </ul>	<ul style="list-style-type: none"> <li>Annual Benefit Limit                             <ul style="list-style-type: none"> <li>Freedom Gold £30,000</li> <li>Freedom Platinum £50,000</li> <li>Freedom Diamond £100,000</li> </ul> </li> <li>Benefit paid for each procedure up to limit in the Schedule of Procedures</li> <li>If no procedure undergone, accommodation charges limited to a maximum of £420 per night</li> </ul>	<p>Full details of the benefits are shown in page 9 of the policy document.</p> <p>Full details of these and the other policy exclusions are shown in page 11 of the policy document.</p> <p>More details of the most common individual procedure limits can be obtained from <a href="http://www.freedomhealthnet.com">www.freedomhealthnet.com</a> or by telephoning 08703 50 40 30.</p>
<b>Out-patient Treatment (Optional)</b> <ul style="list-style-type: none"> <li>Specialist consultations and treatment fees</li> <li>X-rays, pathology, diagnostic tests and procedures</li> </ul>	<ul style="list-style-type: none"> <li>Only available in conjunction with In-patient plan. Not available separately</li> <li>Full cover, within the annual limit                             <ul style="list-style-type: none"> <li>- Freedom Gold £1,000</li> <li>- Freedom Platinum £1,000</li> <li>- Freedom Diamond £1,250</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>MRI, CT scans, radiotherapy, chemotherapy</li> </ul>	<ul style="list-style-type: none"> <li>Full cover, within annual in-patient limit</li> </ul>	
<ul style="list-style-type: none"> <li>Physiotherapy</li> </ul>	<ul style="list-style-type: none"> <li>Limited to maximum of £500</li> </ul>	
	<b>General Conditions &amp; Exclusions:</b> <ul style="list-style-type: none"> <li>Accident and Emergency</li> <li>Chronic conditions</li> <li>Pre-existing conditions</li> <li>HIV /AIDS</li> <li>Dental treatment</li> <li>Cosmetic surgery</li> <li>Drug, solvent and alcohol abuse</li> <li>Pregnancy and infertility</li> <li>GP consultations</li> <li>Alternative therapy</li> <li>Psychiatric</li> <li>Compulsory £100 excess per claim <small>(this can be waived by payment of additional premium)</small></li> </ul>	

# Diamond Plus

This document provides a guide to the cover provided. It is however only a summary of the terms of cover and does not contain full details of the insurance policy terms, conditions and exclusions which are contained in the insurance policy itself. You should refer to your own policy document, your Certificate of Insurance and any endorsements for full details of your cover.

This Policy is underwritten by Great Lakes Reinsurance (UK) PLC.

Type of Insurance: **Private Medical Insurance**

Period of Insurance: **The Policy will last for one year and will be renewable on an annual basis**

Private Medical Insurance		
Significant Features and Benefits	Significant Exclusions or Limitations	Section of the policy that contains further details
The policy provides payment for treatment of an acute medical condition including:		
<b>In-patient &amp; Day-patient Treatment</b> <ul style="list-style-type: none"> <li>Accommodation charges</li> <li>Drugs and dressings</li> <li>Theatre charges</li> <li>Specialists' fees</li> <li>Diagnostic tests</li> <li>Oncology, including radiotherapy and chemotherapy</li> <li>MRI and CT scans</li> </ul>	<ul style="list-style-type: none"> <li>No annual benefit limit</li> <li>Benefit paid for each procedure up to limit in the Schedule of Procedures</li> <li>If no procedure undergone, accommodation charges limited to a maximum of £420 per night</li> </ul>	<p>Full details of the benefits are shown in page 10 of the policy document.</p> <p>Full details of these and the other policy exclusions are shown in page 13 of the policy document.</p> <p>More details of the most common individual procedure limits can be obtained from <a href="http://www.freedomhealthnet.com">www.freedomhealthnet.com</a> or by telephoning 08703 50 40 30.</p>
<b>Out-patient Treatment</b> <ul style="list-style-type: none"> <li>Specialist consultations and treatment fees</li> </ul>	<ul style="list-style-type: none"> <li>No annual limit</li> </ul>	<p><b>General Conditions &amp; Exclusions:</b></p> <ul style="list-style-type: none"> <li>Accident and Emergency</li> <li>Chronic conditions</li> <li>Pre-existing conditions</li> <li>HIV /AIDS</li> <li>Dental treatment</li> <li>Cosmetic surgery</li> <li>Drug, solvent and alcohol abuse</li> <li>Pregnancy and infertility</li> <li>GP consultations</li> <li>Compulsory £100 excess per claim <small>(this can be waived by payment of additional premium)</small></li> </ul>
<ul style="list-style-type: none"> <li>X-rays, pathology, diagnostic tests and procedures</li> </ul>	<ul style="list-style-type: none"> <li>No annual limit</li> </ul>	
<ul style="list-style-type: none"> <li>Physiotherapy</li> </ul>	<ul style="list-style-type: none"> <li>Limited to a maximum of £500</li> </ul>	
<b>Alternative Therapies (Optional)</b> <ul style="list-style-type: none"> <li>G.P or Specialist referred to a registered Physiotherapist, Osteopath, Chiropractor, Acupuncturist, Homeopath, Chiropracist/Podiatrist</li> </ul>	<ul style="list-style-type: none"> <li>1,000 per policy year GP referral – up to 6 visits Specialist referral – up to £1,000</li> <li>Please note: For physiotherapy, £500 in addition to £500 included in out-patient cover (Total of £1,000)</li> </ul>	
<b>Psychiatric Care (Optional)</b> <ul style="list-style-type: none"> <li>In-patient treatment in published Hospital schedule</li> <li>Out-patient treatment</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full up to a maximum of £10,000 per policy year</li> <li>£1,500 per policy year (£100 excess per claim)</li> </ul>	
<b>Rehabilitation Benefits (Optional)</b> <ul style="list-style-type: none"> <li>Home nursing</li> <li>Recuperative care</li> <li>Specialist second opinions</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full for 28 days</li> <li>Up to £1,000 per claim</li> <li>1 per claim</li> </ul>	

# All Plans



The following applies to all Freedom plans outlined in this brochure:

## **Chronic conditions**

A chronic condition is a disease, illness or injury which has one or more of the following characteristics:

- It needs ongoing or long-term control or relief of symptoms;
- It requires your rehabilitation or for you to be specially trained to cope with it;
- It continues indefinitely;
- It has no known cure;
- It comes back or is likely to come back;
- It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests.

## **Pre-existing medical conditions**

A pre-existing condition means a disease, illness or injury for which you have received medication, advice or treatment or you have experienced symptoms whether the condition has been diagnosed or not in the five years before your joining date.

Freedom is underwritten on a Moratorium basis. This means that any medical condition that occurred during the five years prior to the inception of your Freedom plan will be excluded for the first two years your policy is in force. Cover excluded by the Moratorium may be reinstated later if the medical condition has not recurred for a continuous period of two years since the date it was last treated.

(Full medical underwriting (FMU) policies are available upon request.)

We hope that you will be happy with your cover. If, having examined your policy, you decide not to proceed, you have 14 days from the date you received these details to cancel your cover. To do this you should contact Freedom Healthnet Ltd, Bourne Gate, 25 Bourne Valley Road, Poole BH12 1DY.

If you intend to make a claim you must contact Freedom Healthnet Ltd as soon as possible by telephoning **08703 50 40 30** before arranging treatment.

We make every effort to maintain the highest standards but recognise that there may be occasions when the particular requirements of our customers are not met. In these circumstances please contact Freedom Healthnet Ltd directly by telephone **08703 50 40 30**; by e-mail at [info@freedomhealthnet.com](mailto:info@freedomhealthnet.com); or via [www.freedomhealthnet.com](http://www.freedomhealthnet.com).

If we are unable to resolve the matter you may wish to refer the matter to the Compliance Officer, Great Lakes Reinsurance (UK) PLC, Plantation Place, 30 Fenchurch Street, London EC3M 3AJ. Tel: 020 3003 7000.

If your concern or issue cannot be settled you may be entitled to refer it to the Financial Ombudsman Service. Further details will be provided at the appropriate stage of the complaints process.

Freedom Healthnet Ltd is authorised and regulated by the Financial Services Authority.

This Policy is underwritten by Great Lakes Reinsurance (UK) PLC.

Freedom Healthnet Ltd is covered by the Financial Services Compensation Scheme (FSCS).

This means that you may be entitled to compensation from the scheme if we cannot meet our obligations. This will provide cover for 90% of the claim without any upper limit. Further information about compensation is available from the FSCS at [www.fscs.org.uk](http://www.fscs.org.uk) or telephone **020 7892 7300**.

# Moratorium Explanatory Note



It is important that you have an understanding of the cover that will be provided by your Policy.

This note is only a guide and it is important that you read your Policy Document and Certificate of Insurance, which give full details of the cover provided. Reference below to out-patient treatment being eligible assumes that you have included the Out-patient Benefit option under your Freedom Healthnet Policy.

If you have any questions, please telephone us on **08703 50 40 30**.

The purpose of the Policy, as with all insurance, is to provide cover for the unexpected. This means cover for the cost of treatment of acute conditions (diseases, illnesses or injuries that are likely to respond quickly to treatment) which arise after the start of the Policy.

We exclude any conditions for which you have received medication, advice or treatment or you have experienced symptoms whether the condition has been diagnosed or not in the five years before the start of your cover (pre-existing conditions).

Related conditions (those which are medically considered to be associated with a pre-existing condition) will also not be covered.

However, if you have not had any such symptoms, treatment, medication or advice for a pre-existing condition or any related condition for a continuous period of 2 (two) years after the start date of your Policy for a particular condition, the condition will become eligible for cover under this Policy. This period is known as the Moratorium.

# Chronic Conditions Explanatory Note



It is important that you have an understanding of the cover that will be provided by your Policy.

The purpose of the Policy, as with all insurance, is to provide cover for the unexpected. It does not extend to cover conditions that require ongoing or regular treatment to maintain the stability of the condition. Such conditions, known as “chronic conditions” are therefore excluded from the Policy.

This note is designed to explain what is meant by the term ‘chronic condition’ and more importantly the cover provided by Freedom Healthnet Policies for conditions that fall within this definition.

Reference to out-patient treatment being eligible assumes that you have included the Out-patient Benefit option under your Freedom Healthnet Policy.

If you have any questions, please telephone us on **08703 50 40 30**.

## What is a Chronic Condition?

A chronic condition is a disease, illness or injury which has one or more of the following characteristics:

- It needs ongoing or long-term control or relief of symptoms;
- It requires your rehabilitation or for you to be specially trained to cope with it;
- It continues indefinitely;
- It has no known cure;
- It comes back or is likely to come back;
- It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests.

The Policy covers treatment of acute conditions subject to the Policy Document and the Certificate of Insurance. An acute condition is a disease, illness or injury that is likely to respond quickly to treatment, the aim of which is to return you to the state of health you were in immediately before suffering the condition, or which leads to your full recovery.

You will usually be covered for the cost of diagnostic tests that may be necessary to diagnose your condition. If you are then diagnosed as suffering from a chronic condition we will not normally pay for further treatment. If, however, you suffer from an unexpected acute exacerbation of your chronic condition, you will usually be covered for short-term treatment necessary to stabilise the condition, provided that no other Policy conditions, limits or exclusions apply.



### **What does this mean in practice?**

In practical terms this means that you will be covered for the treatment of acute medical conditions, where the condition responds quickly to treatment, with the aim of the treatment being to return you to the state of health you were in immediately prior to suffering from the condition.

Should you suffer from a condition which requires regular treatment, tests or consultations to maintain the stability or monitor the condition then this may be classed as a chronic condition. The cover provided by the Policy does not extend to include such costs.

You will be covered under the Policy for the initial investigations and diagnostic tests required in order for a diagnosis to be made. If diagnosed as a chronic condition we will usually pay for the initial treatment in order for the symptoms to be stabilised.

If further treatment is proposed we will, with your permission, request medical information from the treating doctor or specialists in order to consider the eligibility of this. Individual circumstances will be considered along with medical advice and if we consider that the condition is chronic then we will write to you and explain why this is the case. In such circumstances we will always give notice before withdrawing cover in order for alternative arrangements to be made.

### **What if my condition gets worse?**

Being diagnosed with a chronic condition does not mean that no cover will be provided at all for that condition. In the event that there is an acute exacerbation, or flare-up, of a chronic condition we will consider covering the short-term treatment required in order for the condition to be stabilised. Such treatment should be with the intention of returning you to the state of health you were in immediately prior to the onset of the flare-up of the symptoms.

Once the condition has stabilised the process set out above will apply.

Some chronic conditions, due to their nature, will require regular treatment in order for them to be stabilised. Such conditions are not covered by your Policy. Please contact the Claims Helpline if you are unsure whether your treatment will be covered.

# Your Questions Answered



## The following questions are frequently asked.

### • What hospitals are covered under the plan?

Any. The Freedom plan enables you to choose any hospital in the UK and abroad for in-patient treatment.

The plans are designed to give cash benefits for surgical treatment either privately in the UK, abroad or using the NHS.

If the cost of the treatment is lower than the benefit level then you will be able to keep the surplus. Please note you are responsible for settling any invoices associated with the procedure directly with the hospital and any shortfalls if the hospital charge exceeds your procedure benefit.

### • How do we join?

You have two choices:

- 1 Complete the application form in the pocket and return it to us.
- 2 Complete and submit your application online at [www.freedomhealthnet.com](http://www.freedomhealthnet.com)

Once we accept your application, a confirmation letter will be sent within three working days and your policy documents will be issued within five working days. You have fourteen days in which to change your mind and cancel the plan by returning the documents.

If for any reason we cannot accept your application you will be advised in writing.

### • What is the method of underwriting?

Freedom is underwritten on a Moratorium basis. This means that any medical condition that occurred during the five years prior to the inception of your Freedom plan will be excluded for the first two years your policy is in force. Cover excluded by the Moratorium may be reinstated later if the medical condition has not recurred for a continuous period

of two years since the date it was last treated. Please refer to page 11 for full explanation.

Full Medical Underwriting (FMU) and Continued Personal Medical Exclusions (CPME) policies are available upon request.

### • Is there a maximum that insured employees can claim in any year?

Yes, depending on which level of cover you select, there may be an overall limit on claims each year and there is a specific limit for each medical procedure.

### • Do claimants have to use the benefit for treatment?

These plans are designed to give benefits for medical treatment either privately in the UK, abroad or using the NHS. Any savings arising from private treatment or free treatment on the NHS can be kept by you. However, if you do not have the authorised in-patient treatment within six months, any additional treatment required directly or indirectly as a result of not receiving the authorised treatment will not be covered under your policy.

### • Is there an age limit?

To join Freedom, you must be 18 or over and not older than 75\*. Children included in your policy must be under age 21 (or age 25 if in full time education), otherwise they must apply for cover under their own separate plan.

### • Can you pay the hospital at time of claim?

Yes, on your instructions we can pay your procedure benefit sum directly to a hospital of your choice. Any savings will be refunded to your employee. If the hospital costs exceed your procedure benefit, your employee will be responsible for the surplus.

**For full details on how the plan works please refer to the policy document.**

\*Applicants aged between 66 and 75 will be subject to full medical underwriting.

# Complaints Procedure



Freedom Healthnet Limited will at all times endeavour to provide the highest standards of service.

If at any time you are not completely satisfied with any aspect of our service, including the handling of claims, please write to the Customer Services Manager at our head office address below, quoting your policy number. We will fully investigate your claim and try to put matters right.

If you are unsatisfied with our response, please write to our Managing Director at the address on page 17:

## **Our commitment to you**

- We will make sure all the information we give you will be clear, fair and accurate.
- We will always try to be fair and reasonable whenever you need the protection of this policy.
- We will also act promptly to provide that protection.

## **If things go wrong**

Whilst we will make every effort to maintain the highest standards, we recognise that there may be some occasions when we fail to satisfy the particular requirements of our customers. We therefore have in place procedures to investigate and remedy any area of concern. In such circumstances we promise:

- To acknowledge any formal complaint in five days or less.
- To have the issues reviewed by a person of appropriate seniority and authority.
- To identify the person managing your complaint in our original letter of response.
- To respond fully to your concern or complaint within a maximum of twenty-eight days. If for any reason this is not possible, we will write to you promptly to explain why we have been unable to finalise the matter quickly. We will also let you know when we will contact you again.

If you still feel that we have been unable to resolve the matter to your satisfaction then please write to the Compliance Officer at:

Great Lakes Reinsurance (UK) PLC  
Plantation Place  
30 Fenchurch Street  
London  
EC3M 3AJ

Tel: 020 3003 7000

# Complaints Procedure continued



## **Financial Ombudsman Service**

If you are still unhappy following receipt of our final response, you can refer the dispute to the Financial Ombudsman Service who will review your case on an independent basis. The address is:

The Financial Ombudsman Service  
South Quay Plaza  
183 Marsh Wall  
London E14 9SR  
Tel: 0845 080 1800

(Please note that the Financial Ombudsman is only able to intervene in respect of personal policyholders or small businesses with a turnover of less than £1m.)

# Who is Freedom Healthnet?



Freedom Healthnet is a private medical insurance provider offering innovative healthcare solutions. Freedom Healthnet Limited is authorised and regulated by the Financial Services Authority.

This Policy is underwritten by Great Lakes Reinsurance (UK) PLC.

Great Lakes is a 100% owned subsidiary of the Munich Reinsurance Company, and an integral part of their insurance operations in the UK. Great Lakes benefits from the Munich Reinsurance Group rating of A+ (Superior) by A.M. Best, and has an annual gross premium income in excess of £1bn.

## Contact us

Freedom Healthnet Ltd  
Bourne Gate  
25 Bourne Valley Road  
Poole  
BH12 1DY

Tel: 08703 50 40 30  
Fax: 08703 50 40 40  
Email: [info@freedomhealthnet.com](mailto:info@freedomhealthnet.com)  
Web: [www.freedomhealthnet.com](http://www.freedomhealthnet.com)

**Please note telephone calls may be recorded.**







Freedom Healthnet Ltd  
Bourne Gate  
25 Bourne Valley Road  
Poole  
Dorset BH12 1DY

Tel: 08703 50 40 30  
Fax: 08703 50 40 40  
[www.freedomhealthnet.com](http://www.freedomhealthnet.com)

FSA number: 312282  
Company Registration Number: 4815524