

Optimum Referral member guide

Making the most of your
medical insurance

Effective from March 2021



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Welcome to your Aviva policy

We're delighted to welcome you and provide you with your member guide, which gives a summary of the cover you can enjoy from Aviva.

We want to ensure you've got everything you need to make the most of your company healthcare policy. In this document you can find details of how to make a claim and where to find your hospital list.

If you'd like a copy of the policy wording containing full details of the definitions, benefit terms, conditions and exclusions that apply to your cover, please contact your group administrator.

If you need to contact us for more details, or if you have a query on your healthcare policy, please call the customer service helpline number, which can be found in your member documentation. Calls to Aviva may be monitored and/or recorded.



What is Optimum Referral?

Optimum Referral is designed to deliver quality private medical care at the right time, in the right place. You can use a choice of hospitals nationwide, many independently rated as ‘good’ or ‘outstanding’.

If you need private medical support, you’ll need to ask your GP for an open referral. This means that they specify the required area of medicine (the speciality and sub-speciality), but not where you should go for treatment, or who you should see. Instead, we’ll discuss these choices with you based on your condition/symptoms, location and any preferences that you may have. This approach means we can guarantee that your treatment providers meet our quality criteria.

Choice of contact options

Once you’ve got an open referral, you can contact us online via MyAviva or over the phone. If you start your claim online, you simply log the details and request a call back at a time and date to suit you. If you’d prefer, you can call one of our claims consultants.

A member of our claims team will discuss your options and provide you with the information you need to make an informed decision about who you want to see and where. This includes a choice of hospitals and specialists; usually with different options for both in any one local area.

With Optimum Referral, we’ll do all the hard work for you. This includes:

- Seamless transfer of online data to our claims consultants.
- Guidance and support every step of the way.
- Direct handover to key hospital groups - from initial call
- Eligible bills paid in full and direct to treatment providers if the open referral process is followed.

Quality assured

Our facility choices are underpinned by industry quality standards with the majority of hospitals having been hand picked based on Care Quality Commission and Health Improvement Scotland ratings. Patient safety is our key concern, which is why we’ll never actively guide to a hospital that is rated as inadequate, weak or unsatisfactory.

We’ll also only recommend specialists who meet the professional standards of the relevant governing bodies, including, but not limited to, the General Medical Council. Rest assured, we’ll only work with specialists who are trusted from a clinical perspective and whose charges are fair and reasonable.

Your questions answered

We're always happy to help, that's why we've pulled together these FAQs. We hope you'll be able to find the answers to the questions that you have about your Optimum Referral policy, here.

How does Optimum Referral work?

Optimum Referral requires you to get an open referral from a GP when making a claim. Once you have obtained this open referral, care is tailored to your needs depending on your symptoms or condition, and the type of clinical referral that you've been given. Our claims consultants will discuss a choice of specialists and hospitals with you - all of whom meet our quality criteria - so that you can make an informed choice as to who you want to see, and at which location.

What's an open referral?

An open referral is a recommendation by a GP for medical investigation or treatment, which specifies the required area of medicine (speciality and sub-speciality) without detailing which specialist and hospital carries this out. Our claims consultants have a specialist finder tool at their fingertips. The information in the tool is based on quality data combined with information that we collect directly from specialists and private hospitals. We use the tool to select the appropriate specialists and hospitals for you, and your medical needs, in your chosen area. This means that there's no need for hospital lists.

How does an open referral affect my treatment?

Your health and wellbeing is paramount and getting the right treatment for you is our priority. So you'll be treated by specialists who've been independently verified as being qualified in their field of medical expertise, usually in a hospital that has been hand picked using Care Quality Commission or Health Improvement Scotland ratings.

With more control over which specialists and hospitals are covered by your Optimum Referral policy – we promise that if you follow the Optimum Referral claims process, you won't have to pay any additional costs towards hospital charges or specialist fees for treatment that is covered by the policy.

Must I always get an open referral from my GP?

For musculoskeletal (back, neck, muscle or joint) symptoms or conditions, use the BacktoBetter service. You don't need to see your GP, just call the customer service helpline which can be found in your member documentation.

Similarly, if you're struggling with your mental health, there's no need to see your GP. Just call the customer service helpline and use our mental health pathway.

In addition, you won't need an open referral for children aged 15 and under. In this instance please ask your GP for a named referral. A named referral is where your GP specifically details the name of the specialist that should be seen.

Which medical facilities can I use?

To make an informed decision about who you want to see and where, we'll provide you with a selection of facilities in the area that you've said is convenient. This includes a choice of hospitals and specialists; usually with different options for both in any one local area.

I'm on a course of treatment that has been previously approved (before I moved to Optimum Referral). Do I need to get approval from Aviva for this too?

If your course of treatment has been previously approved before you moved to Optimum Referral and you've started the treatment plan, just give us a call so we can discuss how things are going and what's covered under your Optimum Referral policy.

I've had a break in treatment but need to see my specialist again, can I see the same one?

Contact the customer service helpline and we'll let you know what's covered and whether or not you need further approval from us.

If it's a new treatment i.e. your last treatment was more than 3 months ago, then you'll be asked to follow our open referral process.

Where can I find out what I'm covered for?

The enclosed cover guide provides a summary of your cover and the exclusions that apply. If required, our advisers will be happy to go through the cover provided and excluded under the terms of your policy.

If we've not answered your question, you can call the customer service helpline and ask us directly.

The customer service helpline number can be found in your member documentation.



Support for specialist conditions

We believe that it's important to offer you consistency of support and advice when dealing with certain conditions. That's why we have a number of dedicated claims teams to look after specialist conditions such as cancer and mental health.

Each of these teams offer guidance from highly trained advisers, who are able to provide support throughout the course of your treatment. This ensures you can progress from one stage of treatment to the next as seamlessly as possible.

Cancer claims

If you are diagnosed with cancer, you'll need a named referral to an oncology specialist. This means that you'll need to ask for a specialist name and treatment unit, in line with our standard criteria.

For any cancer claims requiring onward specialist referral (reconstructive surgery, cardiology if relevant etc.) we may guide you to a specialist or hospital at this point, unless there's a clinical need for a particular named referral.

In most cases we'll engage our clinical team for advice – and we may request information from the original specialist if it's necessary.

Expert advice and support for musculoskeletal conditions

If you experience back, neck, muscle or joint pain – musculoskeletal pain, the **BacktoBetter** service should be your first point of contact.

BacktoBetter offers a complete evidence based case management service. It's designed to ensure that anyone suffering with back, neck, muscle or joint pain, gets easy access to the most clinically appropriate support and treatment, helping them to recover as quickly as possible. The BacktoBetter service could help reduce the time you need to take off work by putting in place a suitable treatment plan built around you.

BacktoBetter gives you early and convenient access to high quality support and treatment. Members aged 11 or under aren't eligible to use BacktoBetter - a GP referral should be obtained as normal, prior to contacting the customer service helpline.

Mental health pathway

As we're all unique, with individual needs, we believe that mental health treatment should be tailored to your personal requirements. That's why we follow a clinical results-driven approach to mental health treatment.

Our innovative mental health pathway enables us to tailor the support you receive - ensuring that your treatment is guided by clinical need.

The mental health pathway is a clinical outcome-driven approach to managing mental health treatment.

You can benefit from:

- Quick access to clinical treatment - there's no need to wait to see your GP. You can refer yourself for an assessment with a mental health practitioner.
- Clinical treatment determined by front end clinical assessment - routing you to the most effective treatment, including direct escalation to specialist assessment, if required.
- Cover based on clinical need - treatment continues as clinically appropriate, reducing delays in treatment for talking therapies and unnecessary admission to in-patient care. No excess or out-patient limits apply.
- Simple claim process - you only need to contact our claims team once. Your treatment is then overseen by our independent clinical provider - leaving you to focus on getting better.
- Range of treatment options - including cognitive behavioural therapy (CBT), cognitive analytic therapy, person-centred therapy, interpersonal therapy and mindfulness.
- Choice of delivery options - remote or face-to-face talking therapies and psychiatrist assessment.
- Wide range of practitioners - a network of over 3,400 clinicians including: practitioner psychologists, CBT therapists, eye movement desensitisation and reprocessing (EMDR) consultants, counsellors and psychiatrists.

Members aged 11 or under aren't eligible to use the mental health pathway - a GP referral should be obtained as normal, prior to contacting the customer service helpline.

Our wellbeing services

We're dedicated to helping you live your best life. That means encouraging you to consider your wellbeing in terms of everything you do - what you eat, how active you are and your mental health.

By promoting healthier habits and incremental shifts in attitudes and actions, we help people make informed, balanced and positive lifestyle choices.

Get Active, feel the benefits*

Get Active helps you stay fit and healthy with discounts on online workouts, over 3,000 health and fitness clubs nationwide and a variety of discounted products and services to help you and your family get active and keep healthy.

For more information on Get Active please visit **getactive.aviva.co.uk**. Enter the code HCGLRG - it's as simple as that.

Terms and conditions and the privacy policy can be viewed before signing up. Please note: completing the sign up process, either online or in-person at your selected health and fitness club, may result in you entering a binding contract with the gym you have selected. This could include conditions such as minimum term and monthly fees. Please read the terms and conditions relating to your chosen gym carefully.

Stress Counselling helpline

The Stress Counselling helpline can be a good place if you need help with personal or work-related stress issues. Talking and sharing can be the first step in helping to work through problems and resolve them, aiming to achieve the best outcome for you.

The Stress Counselling helpline is free to use, all year round. Call **0800 092 3189** for a confidential chat with a trained counsellor (available to members aged 16 or over).

For joint protection, telephone calls may be recorded and/or monitored. Calls to 0800 numbers from UK landlines and mobiles are free.

We support your mental health*

We want to help you when things become too much. If you're experiencing stress, anxiety or poor mental health, it can be difficult to get back on track.

Aviva can help you manage and improve your mental health by providing you with access to helpful information and advice.

To view the articles available visit **aviva.co.uk/mental-health-support**.

*These services are non contractual and can be removed at any time.

How to make a claim

The following is our standard Optimum Referral claims process and outlines how a claim works in three simple steps.

Members aged 15 and under require a named referral from their GP. Please see the following pages for claims relating to musculoskeletal and mental health conditions.

Step 1 - If you're unwell

If you feel unwell, see a GP as usual. If the GP recommends to see a specialist for further assessment or treatment, you'll need to ask for an open referral. Alternatively you can get an open referral. This is the first mention of this service. Should we cover on the Wellbeing page?

An open referral is where the GP states which type of specialist you need to see or the type of treatment you need, without stating a specialist's name or hospital.

Your GP will usually write a referral letter or, to ensure that we've all the necessary information, you can download our **open referral form** from aviva.co.uk. A referral letter will need to contain the following:

- ✓ medical conditions/symptoms
- ✓ specialism and sub-specialism of the consultant required.

Step 2 - Starting your claim

You can contact us over the phone or online via MyAviva – you'll find the customer service helpline number in your member documentation. If you do start the claim online, a call back will be arranged at a convenient time.

Please make sure you have the following to hand:

- ✓ your policy number, which is shown in your member documentation and the name of your company, this will help us to confirm your identity
- ✓ the medical specialism and sub-specialism of the specialist you need to see
- ✓ details of your condition, including symptoms, dates and diagnosis if known.

Please contact us prior to incurring any costs. Where possible we'll let you know whether your claim is authorised there and then over the phone. In most cases, you'll be given the opportunity to be put straight through to the appointment booking line to make an appointment.

Step 3 - Diagnosis, treatment or surgery

If your specialist recommends hospital treatment please ask for a description of the treatment and a procedure code, if there is one. Once you've called us again with these details, we can confirm whether or not your treatment is covered.

If you need to be admitted to hospital please remember:

- ✓ to ask your specialist to treat you at the hospital recommended by Aviva
- ✓ to call the customer service helpline prior to receiving any treatment to confirm that the treatment you require is covered by your policy.

If you receive treatment at a hospital or with a specialist not confirmed by Aviva, it won't be covered by the policy.

BacktoBetter for musculoskeletal claims

When you feel unwell, the last thing you want to face is a difficult claims journey. So we've made ours as easy and hassle free as possible.

Members aged 11 and under are unable to use the BacktoBetter service, so a GP referral should be obtained for them as normal, before contacting the customer service helpline. Follow these three simple steps to make a musculoskeletal claim:

Step 1 - If you're unwell with any back, neck, muscle or joint pain

The BacktoBetter service should be your first point of contact, with no need to see your GP. Just call the customer service helpline.

Step 2 - Call the customer service helpline

You'll find the customer service helpline number in your member documentation. Before you make this call, please check that you have to hand:

- ✓ your policy number, which is shown in your member documentation and the name of your company, this will help us to confirm your identity
- ✓ details of your symptoms and when they started.

One of our advisers will assess your claim and if eligible, arrange for a clinical case manager from one of the independent clinical providers to contact you at a convenient time to assess your symptoms.

In some instances we may require more information before confirming cover but we'll talk this through with you when you call.

Step 3 - Telephone clinical assessment

Using evidence-based medical guidelines, a clinical case manager will conduct a thorough assessment of your problem and recommend the most effective course of treatment. If clinically appropriate, this will include being referred to a physiotherapist approved by the clinical case management provider for treatment and/or a specialist for further treatment or diagnostic tests as necessary. If this happens treatment will take place within two working days.

The clinical case manager will provide advice to help you manage symptoms and pain. They'll also advise how best to remain active with a tailored home exercise programme. Your case manager will continue to monitor your progress throughout your claim.

Mental health pathway

Members aged 11 and under are unable to use the mental health pathway, so a GP referral should be obtained for them as normal, before contacting the customer service helpline.

Follow these three simple steps to make a claim for a mental health condition:

Step 1 - If you need some support for your mental health

If you're worried about your mental wellbeing, our clinical case management approach can help. There's no need to contact your GP, just call the customer service helpline.

If you've seen your GP, you must still follow the mental health pathway to access the assessment and treatment covered by your policy.

Step 2 - Call the customer service helpline

You'll find the customer service helpline number in your member documentation.

Before you make this call, please check that you have to hand:

- ✓ your policy number, which is shown in your member documentation and the name of your company, this will help us to confirm your identity
- ✓ details of your symptoms and when they started.

One of our advisers will transfer you to our independent clinical provider, where a therapist will conduct a thorough assessment with you. Or, if you prefer, we can arrange a suitable time to call you back.

Step 3 - Telephone clinical assessment

From a range of treatment options, the therapist will agree what's the most appropriate help for you, these options include:

- ✓ self-directed online services
- ✓ remote talking therapies
- ✓ face-to-face treatment
- ✓ further assessment and treatment by a psychiatrist/psychiatric specialist, if clinically necessary.

All treatment is led by experienced mental health therapists working in conjunction with our independent clinical provider. At the end of treatment you'll be provided with a plan to help manage your symptoms in the longer term.

Settling bills directly for you

All eligible bills will be settled by us, directly with the treatment provider. If you do receive a bill for your treatment, please send us a copy, together with your policy number, so that we can arrange payment. Please send this to:

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

We'll contact you to advise if you need to pay any part of the bills - for example, if you have got an excess.

It's important that you contact the customer service helpline before you undertake any specialist consultations or receive any private medical treatment on referral from your GP.

Please call us so that we can confirm:

- the details of your membership
- the hospitals and specialists available in your area under your Optimum Referral policy, and
- if there are any limits that apply to your benefit which you should be aware of.

If you don't contact the customer service helpline and you continue with any recommended diagnostics or treatment, you may have to pay the costs for these services yourself if they aren't covered by your healthcare policy.

To make the process as quick and easy as possible, most claims can be telephone assessed by our experienced claims advisers. This means we can take all the necessary medical information from you over the telephone to assess your claim and no claim form will be required. However, some claims will require more information from your GP or specialist.

Customer service helpline

The customer service helpline is managed by experienced claims advisers who provide confidential support and reassurance and will guide you through every step of the claims process.

**The customer service helpline number can be found in your member documentation.
Our team of advisers are available to take your calls from:**

8am – 8pm Monday to Friday

8am – 1pm Saturday

Closed on bank holidays. Calls to and from Aviva may be monitored and/or recorded.

How we can help you

It's likely that following a referral from a GP you'll have a number of questions about what to do next. This isn't unusual, and our advisers are here to help.

Experienced advisers will select an appropriate specialist and hospital for you and they'll guide and support you throughout your claim. They'll be happy to answer any questions you may have about the claims process and your Aviva healthcare policy.



What happens in an emergency

If you require emergency treatment as a result of an accident or illness, you'll normally be taken to the accident and emergency department of your nearest NHS hospital. The NHS is best placed to offer emergency treatment and facilities which aren't normally available at private hospitals.

If you need further care after the initial treatment and are considering private facilities, please discuss this with your hospital doctor who will need to provide you with an open referral before you contact the customer service helpline. You'll be able to discuss your claim in detail with an experienced adviser, to ensure you've access to the most appropriate facilities when you need them.

Reimbursement for NHS amenity beds

If you receive treatment as an NHS in-patient or day-patient while occupying an NHS amenity bed (a bed paid for by you in a single room or side ward in an NHS hospital where you receive NHS in-patient or day-patient treatment), and that treatment would've been covered by the policy if you'd chosen to receive it as a private patient, we'll reimburse you for the cost of the amenity bed.

Private Healthcare Information Network

You can find independent information about the quality and cost of private treatment available from doctors and hospitals from the Private Healthcare Information Network: **phin.org.uk**

General information about your healthcare policy

Change of details

If, for any reason, you need to change your details e.g. your home address, name or if you wish to add new dependants to your family cover, please notify your group administrator as soon as possible.

If you leave your company or policy

If you leave your company, have your membership removed by your company or if you decide to leave the policy, your membership of the policy may cease immediately or cease on an agreed date between you and your company, even if treatment was pre-authorised by Aviva. However, you may be entitled to benefit from continued private healthcare on an individual policy with no further personal medical exclusions being applied. Benefits, terms and exclusions on an individual policy may be different to those on this healthcare policy.

If you'd like to discuss this further, please contact your group administrator or our sales advice Line on **0800 142 142**.

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

Calls to and from this number may be monitored and/or recorded.

To qualify for continued cover, you need to apply within 45 days from the date your previous cover ceases. If more than 45 days have gone by, you'll need to complete a member health declaration which may affect your underwriting.

Tax

Under current UK tax rules, the contribution that's paid to us for your inclusion on the policy arises from your employment. This means it's a taxable benefit. Please contact your group administrator if you require further information.

Insurance Premium Tax is included in the premium at the appropriate rate.

Except where specified, this document reflects our understanding of the relevant law (and regulatory

guidance) as at April 2020, which is subject to change.

If you've any cause for complaint

Our aim is to provide a first-class standard of service to our customers at all times, and to do everything we can

Our contact details are:

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



0800 051 7501



hcqs@aviva.com

Calls may be recorded and/or monitored.

to ensure you're satisfied. However, if you ever feel we've fallen short of this standard and you've cause to make a complaint, please let us know.

We've every reason to believe that you will be totally satisfied with your Aviva policy, and with our service. It's very rare that matters can't be resolved amicably. However, if you're still unhappy with the outcome after we've investigated it for you and feel that there's additional information that should be

The Financial Ombudsman Service

Exchange Tower, London E14 9SR



0800 023 4567



complaint.info@financial-ombudsman.org.uk



financial-ombudsman.org.uk

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 haven't replied within eight weeks, you may be able to take your case to the Financial Ombudsman Service to investigate. Its contact details are:

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 won't affect your legal rights.

Clinical complaints

Clinical services or providers aren't regulated by the Financial Conduct Authority (FCA) and aren't

For your information, the responsibility for investigating and responding to clinical complaints is as follows:

- if your complaint is about a hospital/clinic or specialist, whether through a network or otherwise, it will be investigated in accordance with the complaints process in force at the relevant hospital/clinic.
- if your complaint relates to a third party clinical case manager, it will be investigated by the clinical provider who employs that case manager.
- if your complaint is about a network therapist (e.g. physiotherapist, counsellor, psychologist) it will be investigated by the independent clinical provider responsible for that therapist network.

subject to our complaint process, set out above.

Clinical complaints relating to the conduct or competency of your specialist or the facilities at which they practise, need to be directed to the specialist and hospital/clinic directly.

Once you've contacted the provider who's responsible for investigating and responding to your clinical complaint, they should advise you of the full complaints process which will also include any escalation details, should you require these.

While Aviva don't have a role in investigating and responding to clinical complaints, Aviva record clinical complaint volumes and investigation outcomes. If you'd like to inform us of a clinical complaint outcome please contact us using the contact details above.

The Financial Services Compensation Scheme (FSCS)

We're covered by the FSCS. You may be entitled to compensation from the scheme if we can't meet our obligations. This depends on the type of business and the circumstances of the claim. Further information is available from:



[fscs.org.uk](https://www.fscs.org.uk)

How we take care of your personal information

We collect and use personal information about you so that we can provide cover for your company private medical insurance policy. This notice explains the most important aspects of how we use your information but you can find out more and view our full privacy policy at aviva.co.uk/privacypolicy or request a copy by writing to us at Aviva, Freepost, Mailing Exclusion Team, Unit 5, Wanlip Road Ind Est, Syston, Leicester, LE7 1PD

The data controller(s) responsible for this personal information is Aviva Insurance Limited as the insurer of your company's policy. Additional controllers are Aviva Health UK Limited who administers the policy and your company's intermediary (if applicable), who are responsible for the sale and distribution of the policy and any applicable insurers, reinsurers or brokers we use.

Personal information we collect and how we use it

We'll use your personal information:

- to provide you with the benefit of your company's insurance cover: we need this to decide if we can offer insurance and if so on what terms and, also to administer the policy, handle any claims and manage any renewal;
- to support legitimate interests that we have as a business. We need this to:
 - manage arrangements we have with our insurers, reinsurers and brokers we use, and for the detection and prevention of fraud,
 - help us better understand our customers and improve our customer engagement. This includes profiling and customer analytics which allows us to make certain predictions and assumptions about your interests, make correlations about our customers to improve our products and to suggest other products which may be relevant or of interest to customers;
- to meet any applicable legal or regulatory obligations: we need this to meet compliance requirements with our regulators (e.g. Financial Conduct Authority), to comply with law enforcement and to manage legal claims; and
- to carry out other activities that are in the public interest: for example, we may need to use personal information to carry out anti-money laundering checks.

As well as collecting personal information about you, we may also use personal information about other people, for example your eligible dependants who you wish to benefit from your company's policy.

If you're providing information about another person we expect you to ensure that they know you are doing so. You might find it helpful to show them this privacy notice.

The personal information we collect and use will include name, address, date of birth, current state of health and any existing conditions of each person included in the application. If a claim is made we'll also collect personal information about the claim from you and any relevant third parties. We recognise that information about health is particularly sensitive. We'll ensure that we only use this information where we need to for our insurance purposes.

There may be times when we need consent to use personal information for a specific reason. If this happens we will make this clear to you at the time. If you give us consent to using personal information, you're free to withdraw this at any time by contacting us. Please note that if consent to use information is withdrawn we may not be able to continue to process your claims and we may need to cancel your benefit under the policy.

Of course, you don't have to provide us with any personal information, but if you don't provide the information we need we may not be able to proceed with your application or any claim you make.

Some of the information we collect may be provided to us by a third party. This may include information already held about you within the Aviva group, including details from previous quotes and claims, information we obtain from publicly available records, our trusted third parties and from industry databases, including fraud prevention agencies and databases.

How we share your personal information with others

We may share your personal information:

- with the Aviva group, our agents and third parties who provide services to us, your company's intermediary (if applicable) and other insurers (either directly or via those acting for the insurer such as loss adjusters or investigators) to help us administer our products and services;
- with clinicians, including hospitals, and third-party case managers from whom you and others covered under the policy receive insured treatment or who manage your care or treatment pathway;
- with regulatory bodies and law enforcement bodies, including the police, e.g. if we're required to do so to comply with a relevant legal or regulatory obligation;
- with other organisations including insurers, public bodies and the police (either directly or using shared databases) for fraud prevention and detection purposes;
- with reinsurers who provide reinsurance services to Aviva and for each other in respect of risks underwritten by Aviva, with insurers who cover Aviva under its group insurance policies and with our brokers who arrange and manage such reinsurance and insurance arrangements. They will use your data to decide whether to provide reinsurance and insurance cover, arrange and manage such cover, assess and deal with reinsurance and insurance claims under such cover and to meet legal obligations. They will keep your data for the period necessary for these purposes and may need to disclose it to other companies within their group, their agents and third party service providers, law enforcement and regulatory bodies;

Some of the organisations we share information with may be located outside of the European Economic Area ("EEA"). We'll always take steps to ensure that any transfer of information outside of Europe is carefully managed to protect your privacy rights. For more information on this please see our Privacy Policy or contact us.

How long we keep your personal information for

We maintain a retention policy to ensure we only keep personal information for as long as we reasonably need it for the purposes explained in this notice. We need to keep information for the period necessary to administer your insurance and deal with claims and queries on the policy. We may also need to keep information after our relationship with you has ended, for example to ensure we've an accurate record in the event of any complaints or challenges, carry out relevant fraud checks, or where we're required to do so for legal, regulatory or tax purposes.

Your rights

You have various rights in relation to your personal information, including the right to request access to your personal information, correct any mistakes on our records, erase or restrict records where they're no longer required, object to use of personal information based on legitimate business interests, and data portability. For more details in relation to your rights, including how to exercise them, please see our full privacy policy or contact us.

Contacting us

If you've any questions about how we use personal information, or if you want to exercise your rights stated above, please contact our Data Protection Team by either emailing them at dataprt@aviva.com or writing to the Data Protection Officer, Level 5, Pitheavlis, Perth PH2 9NH.

If you've a complaint or concern about how we use your personal information, please contact us in the first instance and we'll attempt to resolve the issue as soon as possible. You also have the right to lodge a complaint with the Information Commissioners Office at any time.



Prefer to go online?

Activate your MyAviva account today.

At Aviva, we understand that life is busy. That's why we're all about making things easier for you wherever we can. Welcome to MyAviva.

Our online portal will help you manage your Aviva policies and schemes in one secure and easy-to-use place.

With a whole host of benefits at their fingertips, you can:

- Check your policy or scheme information, including cover and benefit details
- Start a new claim or update us on an existing one
- View your claims summary, update us on what's next and track bills paid against your claim
- Keep track of your excess and out-patient benefits (if applicable), helping you stay in control
- Live chat directly to one of our claims experts without having to pick up the phone

MyAviva is also available to download from the App Store or Google Play. Mobile data charges may apply.

Activate MyAviva

Log in to MyAviva today at



www.aviva.co.uk/myaviva

Braille, large font, audio material

You can order our literature in Braille, large font or audio. Just call us on **0800 051 7501** or email **contactus@aviva.com** to tell us:

- the format you need
- your name and address
- the name or code of the document (found at the bottom of the back page of most documents).

Lines are open Monday to Friday from 8am-8pm.

Calls may be recorded and/or monitored.

Getting in touch

If you've any queries, please contact us using the customer service helpline number found in your member documentation.

8am – 8pm Monday to Friday

8am – 1pm Saturday

Closed on bank holidays.

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

Stress Counselling helpline

To talk to an experienced counsellor phone



0800 092 3189

This benefit is available for members aged 16 and over.