

Clear and Complete Documentation Policy



1. Policy Statement

We are committed to improving the quality of products, services and processes so that satisfaction is increased and complaints are kept to a minimum. Consistent with this commitment, we will provide policy holders with information that is in plain language and in a format designed to ensure comprehension. We will achieve this by:

- (a) engaging the services of an external writer or editor, as required;
- (b) undertaking a regular review of policy holder documents;
- (c) reviewing the Communications Register; and
- (d) obtaining advice from the Commonwealth Ombudsman, as necessary.

We will provide new customers with details of entitlements to benefits and confirmation of cover following acceptance as a Contributor.

Policy documentation, including that available on the website, will accurately reflect the cover offered and will highlight and contain accurate information, at a minimum regarding:

- (a) waiting periods;
- (b) an explanation of the scope and implications of any restrictions on benefits;
- (c) annual limits (individual and membership);
- (d) an explanation on pre-existing conditions;
- (e) how to find agreement hospitals;
- (f) how to find no gap or known gap doctors;
- (g) how to find out if ancillary providers are recognised;
- (h) the Privacy Policy;
- (i) the Complaints Policy;
- (j) Private Health Insurance Code of Conduct Statement; and
- (k) advice that documentation should be read carefully and retained.

We will also:

- (a) provide details on benefit entitlements consistent with the Benefit Entitlement Policy;
- (b) provide timely advice on detrimental changes to benefits consistent with the Changes to Benefits Policy;
- (c) Produce and maintain material on private health insurance covers available to consumers.

All complaints about unclear information are to be recorded in our Communications Register.

2. Purpose and Scope

This policy is used as a guide on the manner and process for preparing and reviewing information provided to policy holders, with this information being in plain language and in a format designed to ensure comprehension.

3. Definitions

Contributor means the person registered as the Contributor for a health insurance policy, and who is responsible for payment of contributions of the policy.

Policy holder means those insured persons registered as adults on the private health insurance policy

4. Policy Administration

- Approved by CEO, effective from: 20 June 2020
- Policy Review Date: 31 March 2024