

# 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