

health-on-line

Business Priority Health

Group Secretary Guide and Annual Agreement

April 2017



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Questions about the policy

Call us about administering or changing your group policy on:

0800 587 0957

Monday to Friday, 8:30am to 5:30pm

If anyone needs to make a claim:

0345 600 7696

Monday to Friday, 8am to 6pm

Confidential health information from the Health at Hand helpline

0800 003 004

24 hours a day, every day



We may record and/or monitor calls for quality assurance, training and as a record of our conversation.

1. Overview of Business Priority Health

This section explains how your group policy will operate and what you can expect from us.

It also explains what we need you to do as the Group Secretary of the policy.

1.1 > Summary of the Business Priority Health policy

1.2 > Summary of the Business Priority Health 6 policy

1.3 > The main things we don't cover in the Business Priority Health policies

1.4 > How the policy works with pre-existing conditions and symptoms of them

Words and phrases

Group policy

When we use 'group policy' we mean the group as a whole.

Policy

When we use 'policy' we mean the individual contract of insurance held with each eligible employee.

'We', 'us' or 'our'

When we use 'we', 'us' or 'our', we mean Health-on-Line on behalf of AXA PPP healthcare, who underwrite your group policy.

1.1 > Summary of the Business Priority Health policy

The Business Priority Health policy offers your members cover for necessary treatment of new medical conditions that arise after they join. It doesn't cover them for treatment of medical conditions that existed, or they had symptoms of before joining. However, in some circumstances they may have joined on a different basis, please refer to the 'How your membership works' section of the handbook for further information. There is also no cover for ongoing, recurrent and long-term conditions (also known as chronic conditions).

Business Priority Health is a modular private medical insurance policy, so levels of cover can be chosen to create the package. The main benefits are described as 'Core cover'.

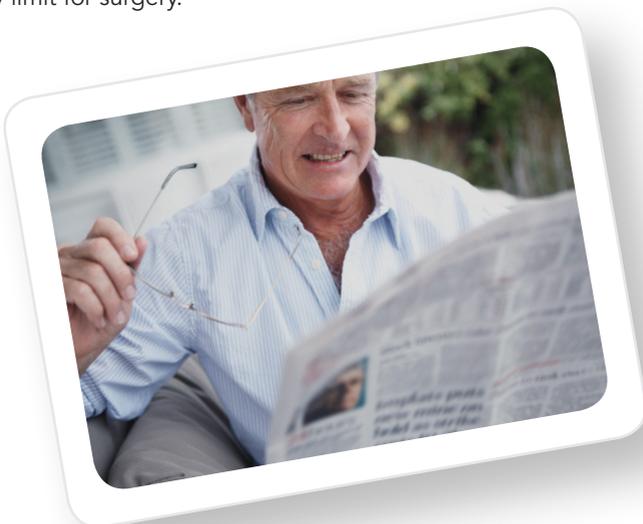
Core cover includes:

If your members are in-patients or day-patients:

- ✓ Private hospital and day-patient unit fees as long as your members use a hospital or day-patient unit in the hospital list
- ✓ No yearly limit on specialist fees as long as your members use a Priority Health specialist
- ✓ Accommodation for one parent is paid in full while a child (under 16) is in hospital. We'll also pay for one parent to stay in hotel accommodation near the hospital. This child must be covered by the policy and having treatment covered by it.

If your members are out-patients:

- ✓ No yearly limit for surgery.



Other benefits:

- ✓ Ambulance transport, which is medically necessary, to transport your member between facilities when they are having in-patient or day-patient treatment
 - ✓ Health at Hand - Direct telephone access to our healthcare experts for your members and their family
 - ✓ Working Body - If your members experience muscle, bone or joint pain, they can speak to a physiotherapist over the phone without the need to see a GP first. Please note: to use this service members will need to be aged 18 or over.
 - ✓ Cash payment if your members have chemotherapy or radiotherapy free on the NHS.
- » [For further details about Core Cover, see Section 1.3 in the membership handbook.](#)

1.2 > Summary of the Business Priority Health 6 policy

The Business Priority Health 6 policy offers your members the same benefits as Business Priority Health but with the Six week Safety net included. The Six week Safety net means that your members' cover is for in-patient treatment, day-patient treatment, surgical procedure and out-patient radiotherapy and chemotherapy, only if the NHS can't give them that treatment within six weeks of when treatment should take place.

As your members have the Business Priority Health Six week Safety net, if the NHS can give them the hospital treatment they need within six weeks of the date on which treatment should be undertaken, then they must use the NHS.

If your members have an 'Out-Patient Option', they can go privately for out-patient consultations and diagnostic tests that do not involve surgery and CT, MRI or PET scans, whatever the length of the NHS wait.

» [For further details about the benefits included in the Business Priority Health 6 policy please see Section 1.1 of this Group Secretary Guide](#)

1.3 > The main things we don't cover in the Business Priority Health policies

Like all health insurance policies, there are a few things that your group policy isn't designed to cover.

We've listed a summary of the more significant things here.

The main things we don't cover:

- Pregnancy and childbirth
- Treatment of medical conditions your members had, or had symptoms of before they joined
- Treatment of ongoing, recurrent and long-term conditions (chronic conditions).

Six week Safety net option (in addition to the previous page)

- In-patient treatment, day-patient treatment, surgical procedure and out-patient radiotherapy and chemotherapy, if the NHS can give your members that treatment within six weeks of when treatment should take place.
- Emergency or urgent treatment.

The main things we don't cover depending on the Options your members have:

- If they don't have an out-patient Option, they do not have any cover for out-patient consultations or diagnostic tests including CT, MRI and PET scans.
- If they don't have the Therapies Option, they do not have cover for fees for physiotherapists, osteopaths or chiropractors
- If they don't have the Mental Health Option, they do not have cover for any psychiatric treatment
- If they don't have the Dentist and Optician Cashback Option, they do not have cover for dentists' or opticians' fees.

» [For more details, see Section 3 in the membership handbook](#)

1.4 > How the policy works with pre-existing conditions and symptoms of them

Health insurance is usually designed to cover treatment of new medical conditions that begin after your members join. Their cover for treatment of conditions they were aware of or had already had when they joined depends on what they told us about their medical history when they joined.

2.1 > How do I add new members to the group policy?

Call us on 0800 587 0957 and we will send you the forms you need to add people to the group policy.

It's easy to add colleagues or their family members this way. However, you may choose to restrict when colleagues can add family members.

Each colleague who wants to join the group policy will need to fill in an application form. We will not be able to add them until we have received their form and accepted them.

2.2 > Do I need to tell colleagues anything before they join?

Yes, please make them aware of the following:

- how we will use their data (please ask them to read the section below called 'What we do with your personal data')
- the rules about joining the company group policy
- when the group policy renews, and that they will be in a yearly contract after this
- which family members they can add
- that joining a private medical insurance group policy may affect the amount of income tax they pay
- whether or not they will need to pay any excess on your group policy
- whether their group policy will cover any conditions they may already have
- if they would like a copy of the membership handbook before they join, please call us.

2.3 > How do I remove someone from the group policy?

If you need to remove someone from the group policy, please call us on 0800 587 0957 as soon as possible. Please let us know as soon as possible before the employee is due to leave and not later than 30 days after they have left – otherwise we may continue to charge you their premium. Your employees can benefit with our continuation options by calling us on 01202 544445.

2.4 > How do I change our level of cover?

You're very welcome to change your Options, set up a different level of cover, or change your excess. To do this, simply call us on 0800 587 0957 and let us know at least 30 days before the group policy is due to start or to renew.

Please note that we cannot make these changes during the policy year, so your changes will apply from the beginning of your next policy year. Your changes will apply to all colleagues on that level of cover.

2.5 > How do I pay premiums?

We will send you an invoice:

- when you first take out your policy
- each time you renew, and
- if you add or remove any members.

We offer several payment options:

Paying yearly:

You can pay yearly by cheque (please make it payable to AXA PPP healthcare Limited) or by Direct Debit. If you pay yearly, we'll give you a 5% discount off your premium – you'll see this on your invoice.

If a member leaves and we need to reimburse part of your premium, we will refund your account.

Paying monthly:

You can pay monthly by Direct Debit. If you do this, we will adjust your payments automatically if you add or remove members.

2.6 > How long can children stay on their parent's cover?

Children can stay on a parent's cover as long as they are under 30 years old.

2.7 > Can members add newborn babies?

Yes. If a member has a baby after joining the group policy, they can add the newborn baby to their cover.

If members contact us within three months of the baby's birth, we can normally add the baby from their date of birth, and the member will not need fill in any medical forms.

However, we will require details of the baby's medical history if the baby has been adopted or was born after either parent has taken any prescription or non-prescription drug or other treatment to increase fertility, or as the result of any method of assisted conception such as IVF.

2.8 > What documents will you send members?

To keep all members informed, we will send their membership statement each year either in the post or direct them to customer online where they can log in to view their statement. They can always access an up-to-date version of their handbook online.

If we send a member's documents to you, please give them to the member straight away.

2.9 > What happens if a member breaks the terms of the policy?

If a member breaks any terms of the policy that we reasonably consider to be fundamental, we may do one or more of the following:

- refuse to pay any of their claims;
- recover from them any loss caused by the break;
- refuse to renew their membership to the policy;
- impose different terms to their cover on the policy;
- end their membership of the policy and all cover immediately.

If they (or anyone acting on their behalf) claim knowing that the claim is false or fraudulent, we can refuse to pay that claim and may declare their policy void, as if it never existed. If we have already paid the claim we can recover what we have paid from them.

If we pay a claim and the claim is later found to be wholly or partly false or fraudulent, we will be able to recover what we have paid from the member.

2.10 > What else do I need to tell members?

Please tell members if their cover changes in any way, either at renewal or at any other time.

2.11 > Who do I call if I have any questions?

If you have any questions at all about running your group policy, please call your group adviser on 0800 587 0957.

2.12 > What restrictions are there on members' cover?

Each member on your group policy may have different rules and restrictions on their cover.

We show all individual restrictions on the member's membership statement. The restrictions that apply to everyone on the group policy are in the membership handbook.



2.13 > How does the excess work?

Adding an excess to your group policy is a simple way to reduce the premium you pay.

The excess applies:

- once each policy year
- to each person covered.

The person covered is responsible for paying the excess amount. We will take the excess off the amount we pay for the claim.

Because the excess applies once each policy year, if the person's treatment goes over the renewal date, they will need to pay two excesses – one for each policy year.

If you would like to add an excess to your group policy, or change the excess you have, please call your group adviser. We currently offer the following excess levels:

- £100
- £250
- £500.

2.14 > How do you work out my premium and reward low claims?

If your company doesn't make many claims, we believe we should reward you.

However, if we only base premiums on how many claims are made, this could mean your premium varies considerably from year to year, and one large claim could make a significant difference to the price you pay.

So we work out your premium in a way that gives you the best of both worlds: it protects you from the effects of large claims, but still rewards you if you make fewer claims than average.

Here's how it works. We base your premiums on several factors, including:

- your group policy
- any excess on your group policy
- the hospitals you can use
- how many people are covered
- how old the members are
- how we're covering medical conditions the members already had when they joined (their underwriting)
- any claims they've made.

We will then put your group policy into a 'rating pool' of companies that are broadly the same across these factors.

When we work out your premium at renewal, we'll look again at these factors and any recent claims experience. Then, if necessary, we'll move your group policy to a different rating pool that's a better match. When we look at the price for each rating pool, we take into account what kind of claims all smaller companies are making, not just yours.

What this means is that your premium will reflect the claims your group policy has

made, but there are some important safeguards too.

For example:

- we'll review your group policy's claims in the wider context, not just your claims over one year
- if your group policy has made any unusually large claims, we can review these in the context of the size of your group policy.

This means your premium will always be in line with other similar group policies, and your premium won't change excessively from year to year.

2.15 > Our Hospital List and Priority Health specialists

The hospital list includes details of the hospitals that Business Priority Health members can use. We would always recommend that if your member needs treatment, they have it at one of the hospitals on the list. This will mean they can go ahead with their treatment knowing that the fees will be paid.

If they have any treatment at a private hospital or day-patient unit that is not in the hospital list but is still recognised by AXA PPP healthcare, we will only pay 60% of the charges that AXA PPP healthcare would normally pay to that hospital or day-patient unit. The member will be responsible for paying the full amount of the charges.

If it is medically necessary for them to have treatment in any private hospital or day-patient unit not in the hospital list and we have specifically agreed to this in writing before the treatment begins, then we will pay those hospital charges.

Priority Health specialists are chosen specially to provide treatment to our members. If your member has treatment from them, you can relax knowing that their charges will be covered.

If they see a specialist who is recognised by AXA PPP healthcare but who is not a Priority Health specialist we will only pay 60% of the charges that would normally be paid by AXA PPP healthcare. The member will be responsible for paying the remaining charge.

You can see details of the hospitals and specialists, and find one near you, on your Group Secretary site.

2.16 > Underwriting options

If you have chosen a moratorium

If your members joined us on moratorium terms, it means that they won't have cover for treatment of medical problems they had in the five years before they joined us until:

- they've been a member for two years in a row, and
- they've had a period of 12 consecutive months, since they joined that have been trouble-free from that condition.

By trouble-free, we mean that they haven't:

- seen any medical professional, including GPs, specialists, practitioners, osteopaths or physiotherapists
- taken any drugs (even over the counter drugs) or followed a special diet
- had any medical treatment.

If they joined us from another health insurer, and we carried on their moratorium from that insurer, the rules may be slightly different, and we may start the moratorium from when it originally began on their previous insurance.

If you have chosen Fully underwritten or full medical underwriting

'Fully underwritten' means we asked your members for details of their medical history, including any pre-existing conditions, before they joined. We then worked out their cover based on the information we received.

We have listed any special terms or exclusions on their membership statement.

If you have chosen Continued Medical Exclusions (CME)

If your members joined us on 'continuing medical exclusions' terms, we are carrying on their underwriting for medical conditions from their previous health insurer. We have listed any special terms or exclusions on their membership statement.

If you have chosen Medical history disregarded (MHD)

If your members joined us on 'medical history disregarded' terms, we accepted any pre-existing conditions when we worked out your members' cover.

Addition of family members

Family members on a Medical History Disregarded (MHD) group plans will only be eligible for MHD under the following circumstances:

- If they join at the same time as the policyholder
- If they join within 13 weeks of the date the policyholder joins
- New spouses, civil partners or any person (whether or not of the same sex) living permanently in a similar relationship with the lead member if added within 13 weeks of them qualifying as a family member as outlined in the membership handbook glossary.
- New-born children must be added from their date of birth and the completed 'Addition of family members form' received within 3 months of their birth date (and not be adopted or conceived through assisted conception).

If a family member is added at any other time, they must declare their full medical history and will be fully underwritten.

Please note:

- This is our default position and alternate arrangements may apply where this has been separately agreed by us.
- This information is subject to change.

2.17 > What we do with your personal data

Please show this section to everyone who wants to join the group policy, or make them aware of it.

Health-on-Line and AXA PPP healthcare Limited and any intermediaries or reinsurers involved will deal with all personal information supplied to us in the strictest confidence, as required by the Data Protection Act (1998).

We send personal and sensitive personal information in confidence for processing by other companies and intermediaries, including those located outside the European Economic Area (EEA) including to countries where the laws protecting personal information may not be as strong as in the EEA. We take steps to ensure that any sub-contractors give at least the same protections as Health-on-Line and AXA PPP healthcare Limited do.

To provide the services set out in this policy, administer your policy and develop customer relationships and services, Health-on-Line and AXA PPP healthcare Limited and any intermediaries or reinsurers involved will use information about you and any family members covered by your policy supplied by:

- you
- those family members
- medical providers
- your employer (if applicable).

If you give us information about family members, we will take this as confirmation that you have their consent to give us this information.

We will send most correspondence about the policy to the policyholder. We take both data protection and medical confidentiality very seriously and aim, where possible, to correspond with each individual member over the age of 16 about their claim. This may mean a family member under the age of 18 may make a claim without the knowledge of the policyholder, parent or carer, for example, where the healthcare provider has determined the member is competent to consent to the medical treatment. If any family member over 18 does not want us to correspond with the policyholder, they should apply for their own policy.

We are required by law, in certain circumstances, to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crime. We will disclose information to third parties including other insurers for the purposes of prevention or investigation of crime including reasonable suspicion about fraud

or otherwise improper claims. This may involve adding non-medical information to a database that will be accessible by other insurers and law enforcement agencies. Additionally, we are obliged to notify the General Medical Council or other relevant regulatory body about any issue where we have reason to believe a medical practitioner's fitness to practise may be impaired.

If you have agreed, Health-on-Line and AXA PPP healthcare Limited, and any AXA Group companies we named at that time, may use the information you have provided to contact you by post, telephone, or electronically with details of our other products and services. With your agreement, we may also share some of your details with other AXA Group companies, companies associated with Health-on-Line and other carefully selected companies based in the EEA to enable them to contact you about their products and services and, if appropriate, to administer them.



1 > Purpose

The company wishes to purchase private medical insurance (“cover”) for all, or certain of, its employees and has agreed that AXA PPP healthcare Limited (“AXA PPP healthcare”) shall provide that cover, and AXA PPP healthcare has agreed to provide that cover. The purpose of this Agreement is therefore to set out the arrangements entered into between the company and AXA PPP healthcare for that purpose.

2 > Definitions

Unless we give a different meaning to them in this Agreement, words and phrases in bold have the same meanings as set out in the handbook glossary which is contained in the members handbook. For the purpose of this Agreement the word member (“member”) shall mean both policyholder and family members jointly.

3 > Cover

The terms of the cover provided to the members are as shown in the handbook terms and the benefits table provided to each policyholder.

AXA PPP healthcare will pay benefits direct to the members in accordance with the terms of the cover.

4 > Eligibility

Unless otherwise specifically agreed in writing:

- 4.1** The company hereby warrants that all eligible employees as at the effective date will be included and that other eligible employees who become eligible for inclusion subsequently will be included from the first day on which they become eligible.
- 4.2** Family members who are eligible for inclusion will be included from the same date as the eligible employee or from the date on which the person concerned first satisfied the definition of family member contained in the membership handbook glossary. If any family member is not included within three months of the date of first eligibility they may join subsequently, but will then be subject to full medical underwriting irrespective of any agreement which may exist between AXA PPP healthcare and the company to allow enrolment without such underwriting.
 - 4.2.1** Family members shall cease to be included on the same date as that on which the relevant eligible employee ceases to be included.
 - 4.2.2** The company can, subject to clause 5.5 on the next page, withdraw employees who for whatever reason cease to be eligible employees by giving written notice. They will be withdrawn either:
 - a** from the end of the day on which they leave the company’s employment providing we are notified beforehand; or

- b** from the end of the month in which Health-on-Line receives written notice of their withdrawal; or
- c** if later, from the end of the month in which they leave the company's employment. The company shall immediately advise both Health-on-Line and the eligible employee in writing when any eligible employee is no longer to be included. If the company fails to advise Health-on-Line for any reason the company will remain responsible for the payment of the premium until the end of the month in which such notice is given.

5 > Premiums

- 5.1** The premium shall be calculated by AXA PPP healthcare at the beginning of the year. AXA PPP healthcare reserves the right to change the amount of the premium during a year to reflect any changes in Insurance Premium Tax or other government levies.
- 5.2** All premiums are immediately due and payable on written notification from us to the company or their intermediary or agent. Premiums are payable for the whole year and are due annually in advance, but may be paid in instalments if agreed between us and the company. We reserve the right to discontinue forthwith any agreement to accept premiums by instalments if any instalment shall not be received by us on the date on which it was due or for any other reason. In such event all remaining premium instalments in respect of that year shall become immediately due and payable. For the avoidance of doubt, the company shall not be entitled to terminate the Agreement on notice or otherwise avoid liability for payment of premiums for the whole year.
- 5.3** Premiums paid by the company to an intermediary or agent shall be received and held by such intermediary or agent on behalf of the company and not on behalf of AXA PPP healthcare. Until such monies are paid to us by the intermediary or agent on the company's behalf, the company remains liable and responsible to AXA PPP healthcare for such payment.
- 5.4** The company shall be responsible for the payment of the premium for all eligible employees and family members included under this Agreement. The company may recover from any eligible employees that part of the premium which relates to family members if agreed between us and the company. The company may not recover any part of the premium relating to eligible employees from those employees.
- 5.5** The company shall obtain the agreement of us in writing if, during a year, it wishes to make any changes in the classes of eligible employees, or in the

numbers to be included which will affect membership by more than 5% of the total numbers which were included at the beginning of the year. If such change is agreed AXA PPP healthcare shall have the right, if appropriate, to reconsider the basis of calculation of the premium and to require the immediate payment of any further premium thereby made necessary.

6 > Commencement, renewal and termination

- 6.1** Cover shall operate from the effective date subject to payment by the company of the appropriate premium or part premium as specified by AXA PPP healthcare.
- 6.2** Unless otherwise agreed by us in writing, this Agreement is for a year and is renewable on the agreed date by the company paying the renewal premium. We will, before the renewal date, provide information for the members detailing changes to the membership terms and/or benefits table effective from the renewal date, and renewal will be subject to the terms of the membership handbook and benefits table as amended.
- 6.3** AXA PPP healthcare reserves the right to refuse to renew this Agreement. However if we offer renewal terms in writing then this Agreement shall automatically renew for a year on those renewal terms unless the company shall have advised us in writing of its unwillingness to renew on such terms within 14 days of the date such terms were sent to the company.
- 6.4** AXA PPP healthcare reserves the right to terminate this Agreement, forthwith on the giving of written notice, if:
- a** any part of the premium remains unpaid for more than 28 days after it has become due and payable; or
 - b** the company shall mislead AXA PPP healthcare in any way; or
 - c** there shall be a material breach by the company of any of its obligations arising under this Agreement and, in case of such breach being capable of being remedied, such breach shall not have been so remedied within 28 days of notice being given by us to the company specifying such breach.
- 6.5** Any termination of this Agreement shall be without prejudice to any accrued rights and obligations of both parties in respect of the period for which the premium has been paid.

7 > Liability

- 7.1** The liability of AXA PPP healthcare to pay benefits under this Agreement is limited to treatment received during the period for which the premium has been received by us. In the event that any part of the premium remains unpaid for more than

five days after it has become due and payable AXA PPP healthcare may suspend payment of benefits until such time as the outstanding premium is paid.

7.2 Without prejudice to the provisions of Clause 7.1 AXA PPP healthcare may at its discretion continue to make payment of benefits to members where the premium for the relevant period remains outstanding if the member has incurred the treatment costs in good faith and the company has given AXA PPP healthcare no written reason to believe that the outstanding premium will not be paid. In such event if the agreement is then terminated the company shall within 14 days of being given written notice from us refund to AXA PPP healthcare the full amount of any benefits paid for the basis of calculation of the premium and to require the immediate payment of any further premium thereby made necessary.

8 > Administration

- 8.1** As the purpose of the Agreement is to provide cover for eligible employees and family members the company undertakes to ensure that any revised handbook terms or benefits tables sent by us to the company, or any notice sent by us to the company relating to the cover, are issued without delay to all eligible employees.
- 8.2** The company undertakes that it will advise all eligible employees immediately if for any reason this Agreement should not be renewed or this Agreement should be terminated in accordance with the provisions of clause 6 above so that such eligible employees are made aware that all cover has ceased and that benefits will not be payable in respect of eligible employees or family members.
- 8.3** The company hereby indemnifies AXA PPP healthcare from and against any and all costs, losses and expenses incurred by AXA PPP healthcare consequent upon any failure by the company to discharge its obligations under this Agreement.
- 8.4** The company shall designate a responsible person ("the Group Secretary") to administer this Agreement in accordance with its terms and any guidance issued by us from time to time and shall notify us, in writing, of any change in the person designated.
- 8.5** The company shall remain responsible for ensuring its obligations under this Agreement are fully discharged notwithstanding that all or any part of those obligations are delegated to an intermediary or agent who shall be deemed to be the agent of the company.
- 8.6** The company shall advise us immediately if it goes into liquidation or becomes bankrupt, or if an administrator or receiver or an administrative receiver is appointed in respect of all or any part of the business or assets of the company.

9 > General

- 9.1** AXA PPP healthcare may alter the handbook terms or benefits table from time to time but no alteration shall take effect until the next annual renewal of this Agreement. We shall notify such changes to the company and to the members (either directly or via the company) in writing.
- 9.2** AXA PPP healthcare may amend the terms of this Agreement from time to time (subject to giving 60 days prior notice in writing to the company) to reflect any changes in Insurance Premium Tax or any levy or imposition made under any legislation or regulation to which AXA PPP healthcare or any insurance under the Agreement may from time to time be subject.
- 9.3** AXA PPP healthcare reserves the right to revise or discontinue the policy with effect from any renewal date.
- 9.4** This Agreement can only be varied in writing. No variation will be admitted unless it is in writing and signed on behalf of AXA PPP healthcare by an authorised employee.
- 9.5** Any notice to be sent under this Agreement must be in writing and be sent either by post or by fax and shall be considered to have been given if sent to Health-on-Line, 80 Holdenhurst Road, Bournemouth, BH8 8AQ or the company at its normal place of business or registered office (if different) on the day after it was posted or, if sent by fax, at the time of despatch.
- 9.6** The waiver by AXA PPP healthcare of any breach of any term or condition of this Agreement shall not prevent the subsequent enforcement of that term or condition and shall not be deemed to be a waiver of any subsequent breach.
- 9.7** The introduction of any change by AXA PPP healthcare in interpretation or practice in respect of any term or condition of the handbook shall not prevent the subsequent enforcement of that term or condition and shall not be deemed to form a precedent for any subsequent interpretation or practice.

10 > Governing law

This Agreement shall be governed by and construed in accordance with the Laws of England and Wales and the parties agree to submit to the jurisdiction of the English courts.

Any questions?

If you have any questions about running or changing your group policy, please get in touch:

0800 587 0957

Open 8:30am to 5:30pm, Monday to Friday

Website

health-on-line.co.uk

We may record and/or monitor calls for quality assurance, training and as a record of our conversation.



Business Priority Health is underwritten by AXA PPP healthcare Limited which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registered in England No. 3148119. AXA PPP healthcare Limited. Registered Office: 5 Old Broad Street, London EC2N 1AD United Kingdom.

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