

# HEALTH CLAIMS BUREAU GROUP



## TREATING CUSTOMERS FAIRLY

### **Introduction.**

Health Claims Bureau Group (the Group) provides claim management services to insurance companies. The Group recognises that the Financial Services Authority (FSA) requires insurers to treat customers fairly. The FSA does not impose precise requirements on insurers who must determine for themselves what fairness means to them and to their customers.

The FSA has defined six consumer outcomes to explain what they want TCF to achieve for customers: -

1. Consumers can be confident that they are dealing with firms where the fair treatment of customers is central to the corporate culture.
2. Products and services marketed and sold in the retail market are designed to meet the needs of identified consumer groups and are targeted accordingly.
3. Consumers are provided with clear information and are kept appropriately informed before, during and after the point of sale.
4. Where customers receive advice, the advice is suitable and takes account of their circumstances.
5. Consumers are provided with products that perform as firms have led them to expect, and the associated service is of an acceptable standard and as they have led to expect.
6. Consumers do not face unreasonable post-sale barriers imposed by firms to change product, switch provider, submit a claim or make a complaint.

The Group believes that the FSA recognise that not all claims are valid and that a small proportion of cases claims will be fraudulent. However, all claims should be investigated as quickly as possible in a fair and open minded manner.

### **Health Claims Bureau Approach.**

The Group provides a number of services to insurers to help with the investigation of disability claims. The Group's services are designed to gather factual and objective information to assist the insurers claim assessors to base their decision on accurate and up to date information by: -

1. Visiting a claimant at their home by appointment to gather information and, in some cases, to assist the claimant to complete the insurer's claim form. These visits are carried out by trained Inspectors or Health Claims Visitors (who have a nursing or occupational health background).
2. Visiting claimant's at home by appointment to take a formal statement concerning the circumstances of their claim. These visits are undertaken by individuals with suitable training and experience.
3. Conducting a telephone interview at an agreed time to gather information. These calls are made by trained Inspectors or Health Claims Visitors (who have a nursing or occupational health background).
4. Undertaking covert surveillance and investigations to gather factual and objective evidence of the activities of the claimant including video recordings where appropriate. Surveillance and investigations are carried out by suitable vetted and trained staff acting in accordance with the Groups published Code of Conduct.

### **Visits and Telephone Interviews.**

In all cases the insurer's customer (the claimant) will be treated with respect. All communications both verbal and written will be clear and polite.

The Group's Inspectors and Health Claims Visitors will make arrangements for home visits by telephone or in writing and will not visit the claimant unannounced unless expressly instructed to do so by the insurer. When undertaking a telephone interview the Inspector or Health Claims Visitor will offer to undertake the interview immediately or to call back at a more convenient time.

The Inspector or Health Claims Visitor will: -

- Introduce themselves to the claimant as working for an independent firm instructed by xyz Insurance Company;
- Make it clear to the claimant that they will be providing the Insurer with a report following the interview;
- Provide the Insurer with an accurate report on the interview.

The Group will deal promptly with and record any complaints made concerning a home visit or telephone interview. The Group recognises that the claimant will be entitled to see a copy of the report in accordance with the Data Protection Act if they make application to the Data Controller (the Insurer).

### **Covert Surveillance and Investigation.**

The Group recognises that a small proportion of claims may require covert surveillance or investigations to help determine the validity of a claim. The Group undertakes covert surveillance and investigation in a professional and ethical manner only using methods proportionate to the investigation of disability insurance claims. The Group will always act within the spirit of the Human Rights Act and will take steps to ensure that the claimant never feels alarmed or that they are under duress.

The Group will provide accurate and objective reports on the outcome of covert surveillance and investigations as quickly as possible on completion of the service and will also provide copies of any video evidence obtained during the surveillance. Records of investigations will be stored securely and destroyed in a secure manner when they are no longer required.

The Group will deal promptly with and record any complaints made concerning an investigation. The Group recognises that the claimant will be entitled to see a copy of the report in accordance with the Data Protection Act if they make application to the Data Controller (the Insurer).

### **Summary.**

The Group is aware of the importance of assisting its customers to meet their obligations to treat their customers fairly and is happy to amend its procedures to meet customer's requirements. We appreciate our customer's views and input. To discuss your requirements further please contact: -

### **Claims Visits and Telephone Interviews – Health Claims Bureau Ltd:**

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