

Member of the public 1

30 April 2012

Dear Sir/Madam

I am writing to you to provide a summary of my views on the above investigation. The main concerns I have are as follows:

1 The increasing number of private health policies where the premiums are based on claims history, such as Aviva's Solutions policy rather than their Select policy. Unlike motor insurance policies which detail the number of years no claim you lose on making a claim, private health policies such as Aviva's Solutions health policy is opaque in how making a claim will affect future premiums. Can Insurance companies claim that loading due to claims can increase when claims decrease or are even zero?

2 As Health insurance policies now often settle invoices directly with hospitals and consultants etc policyholders are no longer informed about the cost of treatments. My experience has recently been that health insurance providers are also reluctant to provide details of amounts paid out for treatment.

3 Health Insurance is taken out by policyholders on a long term basis as any health problems whilst insurance is not in place will not be covered, it is important therefore that terms and inducements to take out policies are clear and enforceable.

4 It is imperative that disputes between policyholders and insurance companies are dealt with urgently as a policyholder's treatment cannot be put on hold. Financial Ombudsman complaints should not take over a year to resolve and their staff should be trained in contract law to understand what has been contractually agreed.

5 Whilst health insurance companies premiums are a commercial matter without clear information and insurance companies being required to comply with the terms agreed when taking out a policy, the public cannot easily transfer to another provider under CME terms.

If you require any further information please do not hesitate to contact me.