

COMPLAINTS HANDLING



We're for the educators

Complaints and Feedback

We strive to resolve complaints as quickly as we can. As a not-for-profit fund, your health and wellbeing are our top priority.

Your feedback also helps us understand what we can do better in the future. If you have feedback, or if we haven't met your expectations, then please let us know.

How to contact us

You can pass on your feedback or complaint to us via one of the following methods :

Online

complaints@unihealthinsurance.com.au



Over the Phone

1300 367 906

Monday to Thursday
8am – 7pm AEST/AEDT

Friday
8am – 6pm AEST/AEDT

Saturday
8:30am – 12:30pm AEST/AEDT

Mobile and overseas callers:
+61 2 8346 2111



In Writing (Via Post or Fax)

UniHealth
GPO Box 9812
Sydney NSW 2001

Fax: 1300 728 388



What Your Complaint Should Include

Please provide as much information as possible to help us get to the bottom of your concern. If you can, please include:

- a clear description of your concern, and what you believe caused it;
- whether your concern relates to a specific claim or interaction;
- your desired outcome; and
- any special arrangements you would like us to follow, such as how to contact you (including your preferred day and time) or any support needs which you may have.

What is a Complaint?

Complaint

'An implied or express statement of dissatisfaction where a response is sought, reasonable to expect or legally required.'

A complaint can be about:

- Customer Service
- Incorrect or incomplete information
- Actions or decisions
- Inaction or delay
- Policy or processes

Feedback

'Feedback is a compliment, criticism, comment or suggestion where a response is not sought, or not reasonable to expect.'

Feedback can be about:

- Desire for increase/different benefit limits
- Changes to product inclusions
- Amendments to website or app

Occasionally we receive negative feedback in the form of opinions, comments and expressions of interest or concern about our products, services, or interactions, which may not require a resolution or formal follow up. This policy does not apply to feedback of this nature unless we decide to manage it in the same way as a complaint in the circumstances.

Complaint Process

We'll aim to resolve your complaint when you first contact us, e.g., during the phone call when your complaint is first raised.

If your complaint requires escalation, or you wish to speak with someone senior, we have an escalation team who can handle your enquiry over the phone. Our Support Team can determine if there's an immediate resolution for your complaint.

If your matter requires further investigation, our Support Team will take down your details and complaint information to be passed on to our Quality and Resolutions Team for action.

When your complaint is referred to the Quality and Resolutions Department, or you have contacted us directly via email or post with your complaint, it'll be investigated and actioned within three (3) working days. The Quality and Resolutions Department may review previous interactions (including calls and emails), and liaise with, or forward the matter, to other relevant internal departments to investigate and determine an appropriate resolution.

Occasionally, the resolution of your complaint may take longer than three working days, depending on the complexity and investigation required. If so, we will follow-up with you and advise of an expected timeframe.

You can make enquiries about the status of your complaint via the details set out below:

Call:
1300 367 906
Monday to Thursday
8am – 7pm AEST/AEDT,
Friday
8am – 6pm AEST/AEDT,
Saturday
8:30am – 12:30pm AEST/AEDT

Fax:
1300 728 388

Post:
UniHealth
GPO Box 9812
Sydney NSW
2001

Email:
complaints@unihealthinsurance.com.au

Remedies/ Outcomes

Resolve means providing a fair and reasonable response in consideration of the circumstances.

Remedies we may apply include:

- Apology
- Additional Information – e.g. verbal or written advice to clarify fund rules or policies
- Benefit Payment – e.g. by providing you with a benefit payment or reimbursement in recognition of a grievance, where appropriate in the circumstances
- Referral – e.g. to advise you of your right to seek an external review of the matter if you wish (see ‘External review,’ below)
- Other – i.e. any other remedy we consider appropriate in the circumstances

Internal Review

If you're unhappy with the initial outcome of your complaint provided by our Quality and Resolutions Department, you can request another review of your complaint, which will be handled by a different member within the Quality and Resolutions Department.

If you are requesting an internal review, please provide reasons explaining why you were dissatisfied and include any new or additional information that will support your complaint.

You will be advised whether an Internal Review will be conducted, or you will be referred to an External Review. Internal Reviews are to be resolved within 14 working days. Should the resolution of your Internal Review take longer than 14 working days, we will follow-up with you and advise of an expected timeframe.

External Review

If you're not satisfied with the outcome of your complaint, you can escalate the matter to the independent dispute resolution service offered by the Private Health Insurance Ombudsman (PHIO), the Office of the Commonwealth Ombudsman (the Office).

- **Website:** www.ombudsman.gov.au
- **Email:** phi@ombudsman.gov.au
- **Phone:** 1300 362 072 (option 4 for Private Health Insurance)
- **Mail:** GPO Box 442, Canberra, ACT 2601

Please note that PHIO, considers that insurers are best placed to attempt to resolve problems in the first instance and should be given adequate opportunity to do so. Please refer to the Private Health Insurance ‘How We Can Help’ section of the Commonwealth Ombudsman website [here](#).

The majority of PHIO referrals fall under two categories: standard referrals and assisted referrals.

- **Standard Referrals:** where you have not raised your concerns with the Fund directly, PHIO will usually make a standard referral. PHIO will provide advice to you about approaching the Fund.
- **Assisted Referrals:** where you have raised your concerns with the Fund, but PHIO does not think the Fund has had an adequate opportunity to deal with it, PHIO will make an assisted referral.

Special Consideration

If you are seeking special consideration or an ex-gratia request for a benefit outside of the usual parameters of your product inclusions, this cannot be addressed via our complaints process. This is assessed on a case-by-case basis dependent on individual circumstances. Please contact the Fund to discuss the options available.

Health Centres (Dental and Eyecare Services)

In relation to dental and eyecare practices at Health Centres, you have the right to lodge your complaint to a governing board, if you are dissatisfied with the outcome of the internal complaints process. In this case, the complaint should be referred to the National Operations Manager, Health Centres, who will then refer you to the relevant governing board (refer to table below).

Teachers Healthcare Services

In relation to Teachers Healthcare Services complaints, you have the right to lodge your complaint to a governing board if you are dissatisfied with the outcome of the internal complaints process. In this case, the complaint should be referred to the Clinical Operations Manager, who will then refer you to the relevant governing board (refer to table below):

STATE	GOVERNING BOARD
NSW	Health Care Complaints Commission
QLD	Office of the Health Ombudsman Complaint
All of States	Australian Health Practitioner Regulation Agency

Other External Complaint Bodies

Complaints about the quality of service or clinical treatment provided by a health professional or a hospital are better handled by the health care complaints body for your state or territory:

- If you are located in NSW, contact the Health Care Complaints Commission
- If you are located in Victoria, contact the Health Complaints Commissioner
- If you are located in Queensland, contact the Office of the Health Ombudsman
- If you are located in Tasmania, contact the Health Complaints Commissioner Tasmania
- If you are located in South Australia, contact the Health and Community Services Complaints Commissioner
- If you are located in Western Australia, contact the Health and Disability Services Complaints Office
- If you are located in the Northern Territory, contact the Health and Community Services Complaints Commission
- If you are located in the Australian Capital Territory, contact the ACT Human Rights Commission

Travel Insurance, General Insurance and Life Insurance Services

In the event that you have a complaint in relation to travel insurance with Allianz Global Assistance (AGA), general insurance with CGU or life insurance with AIA; the complaint is to be referred to AGA, CGU and AIA respectively.

AGA, CGU and AIA will attempt to resolve the complaint in accordance with their internal dispute resolution process. If you are dissatisfied with the outcome, you have the right to pursue the matter further with the Australian Financial Complaints Authority (AFCA).

A complaint may be referred to AFCA subject to its terms of reference, complaints can be made online, via email or phone.

Phone: 1800 931 678

Email: info@afca.org.au

Further information is provided on the AFCA website [here](#).

Monitoring and Reporting on Complaints

Monitoring and reporting are an important part of the complaints handling process. It is the responsibility of the THF Board, Risk and Governance Committee and senior management to monitor and review various aspects of the complaints handling process, appropriate to their role and responsibilities. To this end, procedures have been established to enable appropriate monitoring, review, and reporting and for continuous improvement.

Expectation of Complainant

Complainants are expected to behave in reasonable manner.

Unreasonable conduct of a complainant is defined as any behaviour by a person which, because of its nature or frequency, raises substantial health, safety, resource, or equity issues for the people involved in the complaint process.

Unreasonable persistence, unreasonable demands, unreasonable lack of cooperation, unreasonable arguments, and unreasonable behaviour will not be accepted, and may result in the following:

- Restrictions placed on how and when you can contact the Fund
- Complaint matter will not be actioned
- At the discretion of the CEO, the policy may be cancelled

Fees

There are no fees for lodging a complaint with the fund.

Your Privacy

Throughout the complaint process, we will protect your privacy and handle your personal information confidentially and in accordance with our Privacy Policy at unihealthinsurance.com.au/privacy/.

Updating This Policy

This policy is set to be reviewed every two years unless there are legislative or regulatory changes that require us to update the policy in the meantime (or if we decide to review or make any updates). We will post the updated version on our [website](#).

