

## Complaints Procedure Leaflet

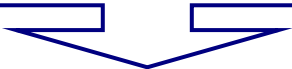
### **Our commitment to you**

At Insured Health each of our customers is important to us, and we believe you have the right to a fair, swift and courteous service at all times.


We are in receipt of your complaint and we will deal with it promptly, effectively and in a positive manner.

### **Insured Health Complaints Procedure**


1) We will acknowledge your complaint within 5 working days of receipt of your complaint.



2) We will investigate your complaint and endeavour to send a final response to you within 4 weeks of receipt of your complaint. If we are unable to provide you with a final response within this time, we will send you an update.



3) We will endeavour to send a final response to you within 8 weeks of receipt of your complaint. If we are unable to provide you with a final response within this time frame, we will write to you explaining why and advise you when you can expect a final response.



4) If more than 8 weeks from the date of your complaint has past and you haven't received a final response, or you are dissatisfied with the final response you have received (at any stage of the process) you can write to:

Financial Ombudsman Service (FOS)  
Exchange Tower  
London  
E14 9SR  
Tel: 0800 023 4 567 or 0300 123 9123  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)  
Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

You must refer your complaint to the Financial Ombudsman within 6 months of the date on the final response.