

Early Intervention Scheme (EIS)



Insurance Product Information Document

Company: Aviva Insurance Limited

Product: Early Intervention Scheme (EIS)

Alan Boswell Group Early Intervention Scheme is a facility offered through Alan Boswell Insurance Brokers Limited, and underwritten by Aviva Insurance Limited.

Alan Boswell Insurance Brokers Limited is registered in the UK and is authorised and regulated by the Financial Conduct Authority. Registered number: 02591252.

Aviva Insurance Limited is registered in the UK and is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registered number: 202153.

This document provides a summary of the cover, exclusions and restrictions. The full terms and conditions of this insurance can be found in the policy document which is available on request from your broker.

What is this type of insurance?

This is an insurance policy that provides treatment for employees who are absent from work as a result of a musculoskeletal injury or who are suffering from mild to moderate levels of mental ill health.



What is insured?

We will provide the treatment shown in the Table of Benefits (please refer to the policy wording) if, during the period of insurance, an employee is absent from work for three consecutive working days due to a musculoskeletal disorder, or a mild to moderate mental ill health condition such as stress, anxiety and depression.

If, during the period of insurance, an employee is involved in a motor accident, as a driver or passenger, and sustains a musculoskeletal disorder, or a mild to moderate mental ill health condition such as stress, anxiety and depression as the result of the accident, treatment is available without the employee having to be absent from work, provided that the motor accident has been reported to either the police or an insurance company and you have the police accident reference number, or the insurance company's claims reference number.



What is not insured?

A musculoskeletal disorder, or a mental ill health condition which is not sustained during the period of insurance

Employees with an unmanaged alcohol or drug addiction.

Employees currently accessing secondary care services.

Employees with a diagnosis of severe personality disorder.

Employees suffering from Neurological disorders, including but not limited to history of brain injury.

Employees with Aspergers Syndrome traits or diagnosis.

Employees currently accessing other services, including but not limited to alternative psychotherapy.

Employees with a significant risk of harm to self or others unless after referral with their GP it is agreed that the service provided under this policy meets the employee's needs and no escalated care services are deemed necessary.

The cost of any treatment incurred before the commencement of the policy or the acceptance of a claim by us are not recoverable under this policy.

Treatment, following a motor accident, where a police accident reference number or an insurance company claims reference number has been obtained.



Are there any restrictions on cover?

Treatment can only be arranged by us.

Treatment will not be provided where, in our opinion, it is neither reasonable nor appropriate to do so.

Treatment is not covered for conditions which occurred within 7 days of the inception date of the policy. This restriction does not apply to renewals.

Treatment will not be provided for any condition for which the employee has previously received treatment under the same policy.

During the period of insurance, a maximum of four separate claims can be made under each of the Sections 1, 2, 3a), and 3b) of the Table of Benefits, in respect of each employee.

Sections 2 and 3b) of the Table of Benefits are only for adults with mild to moderate levels of mental ill health, such as anxiety and depression. For claims to be accepted under these sections the employee must to be registered with a GP.

If the employee does not attend an appointment without cancelling it more than 12 hours before the arranged time the session will count as one of the available treatment sessions.

If the employee cancels an appointment less than 12 hours before the arranged time, the session will count as one of the available treatment sessions.

If the treatment provider is unable to contact the employee within 14 days from the date that the claim is submitted the claim will be closed and the employee will be unable to resubmit their claim in respect of that incident. This will count as one the employee's annual allocation under the relevant section.

Some conditions may not be fully resolved by the treatment provided under this policy.

Treatment is provided in the UK only.



Where am I covered?

Your employees are covered anywhere in the world unless otherwise stated in the policy schedule.



What are my obligations?

You must provide us with a fair presentation of the risk insured by this policy at inception, renewal or at the time of any change of circumstances.

You must tell us or your broker as soon as practicable if you become aware of any inaccuracies or changes in the information you have provided to us, whether happening before or during the period of insurance.

In event of an accident or illness which may result in a claim under this insurance you must notify us within 30 days from either the date that the employee was first absent as a result of the musculoskeletal disorder, mental ill health condition or the date of the motor accident, as appropriate. Failure to do so may result in the claim being rejected.

Claims should be notified on-line at www.mseis.co.uk.

You must provide us with the necessary authorisations and consents to enable us to contact the employee, to process the claim and provide the employee with treatment.

Failure to meet your obligations could result in a claim being rejected or the cancellation of your policy.



When and how do I pay?

Your broker will advise you of the full details of when and the options by which you can pay.



When does the cover start and end?

This insurance cover is for a twelve (12) month period and the start date and end date of the cover are specified in your policy schedule.



How do I cancel the contract?

You may cancel this insurance at any time after the date that we receive the premium by providing 30 days notice in writing to us.

We may, at our discretion, refund to you a proportionate part of the premium paid for the unexpired period, provided that, during the period of insurance, there have been no:

- claim(s) made under the policy for which we have made a payment;
 - claim(s) made under the policy which are still under consideration;
 - incident(s) which you are aware of and are likely to give rise to a claim which have already been or are yet to be reported to us.
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