



Insurance cover and mental health

Explains how mental health problems can affect insurance cover, what your rights are, and how to choose the right cover for you. Includes a list of specialist insurance providers.

If you require this information in Word document format for compatibility with screen readers, please email: publications@mind.org.uk

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How could my mental health problem affect my insurance?

- [What challenges might I face?](#)
- [Do I really need insurance cover?](#)
- [What's a pre-existing medical condition?](#)

What challenges might I face?

Unfortunately, if you have a [mental health problem](#) you might sometimes find that you have a hard time getting suitable insurance cover. These are some common challenges:

- **You could be assessed as a 'high risk' customer** (meaning that the provider believes they are more likely to have to pay out money on a claim) and refused cover or charged a higher premium. This can happen even if you had a mental health problem in the past but are now recovered.
- **You may be charged more if you are unable to work because of your mental health problem.** Insurance providers may only give you the option of selecting 'in work' or 'unemployed' in your application, and you may find your premium is higher if you answer that you are unemployed.
- **The questions the provider asks you might not be helpful.** For example, you may be asked a single question, such as 'have you ever had a mental health problem?', and then refused cover or charged a higher premium if you answer 'yes'.
- **It might be difficult to get the cover that you want.** For example, many insurance providers do not cover [pre-existing medical conditions](#), including mental health problems, or have restrictions about what they will or won't cover in terms of mental health.
- **The process of applying can be difficult**, for example if your mental health problem makes it hard for you to concentrate on small print or fill out forms.

- **The insurance provider might not clearly explain its decision-making processes.** You may find that when you are refused insurance cover or charged a high premium the insurance provider does not properly explain why.

This can be extremely frustrating, but there are lots of steps you can take. Our page on [getting the right cover](#) offers guidance on how to get the insurance cover you want, and our pages on [your insurance rights](#) and [complaints and legal action](#) explain how you can challenge discrimination by insurance providers.

I have had problems finding affordable car insurance as my condition means I can be off work for long periods of time – having 'unemployed' as my occupation drives the premium right up.

Do I really need insurance cover?

There are lots of different types of insurance to cover a wide range of situations. Most are optional (meaning it's up to you to decide whether you need them or not), but many people find that buying insurance provides **financial security** and **peace of mind**. For example, you could get travel insurance before you go on holiday in case you lose your passport or something is stolen.

Some types of insurance are compulsory, such as car insurance if you drive a car. If you want to buy a house your mortgage provider may require you to get life insurance as a condition of your mortgage offer.

You can find more information about different types of insurance cover from [the Money Advice Service](#).

What's a pre-existing medical condition?

A pre-existing medical condition is any condition you have at the time you apply for insurance. Many insurance policies do not cover pre-existing conditions – this means that they will not pay out on a claim related to a pre-existing condition, including mental health problems.

For example, if you have a diagnosis of [depression](#) when you apply for your insurance, this would be considered a pre-existing condition. If your policy does not cover pre-existing conditions, but you try to make a claim related to your depression, your provider will dismiss your claim as invalid and will refuse to pay out any money.

Example

David has a diagnosis of [schizophrenia](#) and buys a standard travel insurance policy through his travel agent. The policy says it covers medical treatment, including for mental health problems. However, there is a clause in the small print that states this does not cover pre-existing medical conditions.

While he is travelling, David becomes unwell with problems related to his diagnosis and needs hospital treatment. In this case, this treatment would not be covered by his policy, and David would have to pay for it all himself.

How do I find the right cover?

Even though having a mental health problem can mean that you face certain [challenges to getting insurance](#), there are lots of things you can do to make sure you get the cover you want. This page covers information on some things you can try:

- [research different insurance providers](#)
- [try a specialist provider](#)
- [check the small print](#)
- [ask about reasonable adjustments](#)
- [provide a doctor's report](#)
- [contact an advocate to help](#)

Remember: Under [disability discrimination law](#), it is unlawful for insurance providers to discriminate against someone with a mental health problem if it is a [disability under the Equality Act 2010](#). However, there are exemptions in the Equality Act 2010 that allow an insurance company to make decisions based on your disability as long as the decisions are made on the basis of relevant and reliable information and the insurance company act reasonably.

If you feel you have been treated unfairly by an insurance provider because you've told them about your mental health problem, see our pages about [your rights](#) and [how to make a complaint or take legal action](#) for more information on what you can do.

Research different insurance providers

Different insurance companies provide different types of cover, and may have different attitudes covering someone with a mental health problem. To find out whether a company will cover you for a mental health problem, and how they will assess you for this, you can contact them directly or fill in a quote request on their website.

Here are some things to keep in mind when researching insurance providers:

- **Shop around.** It's a good idea to get a few quotes from different providers, so you can compare them and decide which works best for you. You can find insurance companies by searching online, using a comparison website or looking at the list of insurance companies on the [Association of British Insurers](#) (ABI) or [British Insurance Brokers' Association](#)'s websites. We also list some companies on our [specialist insurers](#) page.
- **Check if you are already covered.** You may already be covered for basic insurance through your work (for example, some employers offer basic health or life insurance), or your bank or credit card provider. It's a good idea to check if you are already insured, and what your policy covers including if it covers pre-existing conditions, before you buy any new insurance.

- **Be aware that comparison websites may not give you the full picture.** Comparison websites are very useful to get a general idea of how much policies cost, but usually the quotes they give you will not include cover for [pre-existing medical conditions](#). You will usually have to contact an insurance provider directly to get an accurate quote.
- **Look for a provider with a thorough approach to assessment.** A provider who asks you a wide range of questions about your past and current mental health before making their decision about whether to offer you insurance is likely to provide more suitable cover.

Usually a quick Google to find a travel insurance policy that will cover my condition will easily find something suitable and although it is more expensive, it is definitely better for peace of mind.

Try a specialist provider

Some companies provide cover specifically for people with [pre-existing medical conditions](#), including mental health problems. If you find that getting insurance from a large high-street provider is difficult or expensive because of your mental health problem, you may want to look into getting insurance from a specialist provider.

See our page on [specialist insurers](#) for more details.

Check the small print

Read your policy carefully, including the small print, and make sure you understand exactly what it covers. In particular, you might want to know:

- **Does it cover pre-existing conditions?** Many insurance policies don't cover [pre-existing medical conditions](#), including standard policies you may be offered with a package holiday or credit card. If you want cover for a pre-existing condition, you may need to upgrade the policy (which can be expensive) or buy additional insurance.
- **How much is the excess fee?** An excess is a sum of money you have to pay towards the cost of making a claim. Some insurance policies include a compulsory excess fee. For example, if you make a claim for £1000, but your policy includes a compulsory excess fee of £200, your provider will only pay out £800 – you will have to pay £200 of your own money. A high excess fee might mean that the policy is cheaper to buy, but you should carefully consider whether you could afford to pay the excess if you needed to make a claim.
- **Is there anything here I don't understand?** If you don't understand something or need to find out more, contact the insurance company for more information.

I make sure to read into the small print to see what is covered and what is not. The most useful thing I have found is to contact [the provider] directly – sometimes anonymously – to find the right information before I commit to a policy.

Ask about reasonable adjustments

If you find applying for insurance challenging because of your mental health problem, you can ask the company to provide reasonable adjustments under the [Equality Act 2010](#), to make it easier for you. For example, if your mental health problem makes it hard for you to concentrate on small print, to use phones or computers, or to fill out forms, reasonable adjustment might include:

- letting you apply by letter rather than over the phone or online
- extending deadlines to give you more time to fill our forms or read through small print
- communicating with a third person you've asked to help you, such as a partner, close friend or [advocate](#).

See our pages on [disability discrimination](#) for more information on your rights under the Equality Act.

Provide a doctor's report

If you ask your GP or psychiatrist to provide a report that explains your condition in more detail, this can help your case when you apply for insurance because this should mean the insurance company has the most up-to-date and accurate information about your mental health.

Example

Omar experienced a period of [anxiety](#) seven years ago and, while he was unwell, he took two weeks off work. Over the next two years, Omar got a lot better and he now longer experiences anxiety.

Omar is now applying for life insurance. He is asked whether he has ever had a mental health problem that resulted in time off work, and he answers 'yes'. The insurance company ask him to provide further information about his condition, so his GP sends them a report that shows that Omar is now well and no longer experiences anxiety. In this case, the insurance company should offer Omar the life cover and income protection insurance he wants on standard terms with no extra premium (no extra cost).

Contact an advocate

If you are finding it difficult to get insurance because of your mental health problem, you may be able to get an advocate to help you. This could be a friend, family member or a professional advocate. An advocate can:

- help you through the process of applying
- make sure your views and concerns are taken into account
- help you if you want to [make a complaint or put forward a legal claim](#).

See our pages on [advocacy](#) for more information.

Are there specialist providers for pre-existing conditions?

All of the insurance providers listed on this page claim to provide specialist cover for people with [pre-existing mental health conditions](#). However, no provider can guarantee you cover if you have a mental health problem; policies are always assessed on a case-by-case basis.

Please note:

- **Mind does not endorse any particular insurance provider**, including the providers listed here.
- **Mind cannot offer advice on individual insurers**, including the providers listed here. We do not have any knowledge of their past performance or how much they might charge you.
- **This list is not exhaustive**. Many other insurance providers may be able to provide specialist cover for different conditions; you will need to judge which provider can offer you the most appropriate cover for your situation. See our page on [getting the right insurance](#) for guidance on making your decision.

Active Minds Insurance

01274 518 393

activemindinsuranceservices.co.uk

Provides travel, life and home insurance for people with mental health problems and their families.

AllClearTravel

08008 488 608

allcleartravel.co.uk

Provides specialist travel insurance for people with pre-existing medical conditions, including mental health problems.

Avanti Travel Insurance

08008 886 195

avantitravelinsurance.co.uk

Provides travel insurance for people with pre-existing medical conditions, including mental health problems.

Explorer Travel Insurance

03453 730 253

explorerinsurance.co.uk

Provides travel insurance for people with pre-existing medical conditions, including some mental health conditions.

Free Spirit

08001 707 704

freespirittravelinsurance.com

Specialist travel insurance for people with pre-existing medical conditions, including mental health problems.

Freedom Insurance Services

01223 446 914

freedominsure.co.uk

Travel insurance for people with pre-existing medical conditions, including mental health problems.

Good to go insurance

03300 249 949

goodtogoinsurance.com

Travel insurance for any age group, with or without pre-existing medical conditions, including mental health problems.

HolidaySafe

02038 296 765

holidaysafe.co.uk

Travel insurance for people with pre-existing medical conditions, including mental health problems.

The Insurance Surgery Ltd

08000 832 829

the-insurance-surgery.co.uk

Finds life, travel and other types of insurance for people with pre-existing medical conditions, including a range of mental health problems.

JustTravelcover.com

08002 942 969

justtravelcover.com

Provides travel insurance for people with pre-existing medical conditions.

MIA Travel Insurance

0800 999 3333

miatravelinsurance.co.uk

Travel insurance for people with pre-existing medical conditions. Also provides a service for customers to store their medical records online so that they can be accessed from anywhere in the world.

OK to travel insurance

01223 446 920

oktotravelinsurance.co.uk

Travel insurance people with pre-existing medical conditions, including mental health conditions.

Platinum Financial Consulting

02033 554 831

life-insurance-help.co.uk

Can provide help finding life insurance, critical illness insurance or travel insurance for people with pre-existing medical conditions, including mental health problems.

Special Risks Bureau

08005 677 450

specialrisksbureau.co.uk

Offers a variety of insurance services for people with pre-existing medical conditions, including mental health problems.

Towergate Insurance

03301 232 249

towergateinsurance.co.uk

Travel insurance people with pre-existing medical conditions, including mental health conditions.

What are my legal rights regarding insurance?

- [Do I have to tell my insurance provider about my mental health problem?](#)
- [If I tell them, could they treat me differently?](#)
- [Could an insurance company access my medical records against my wishes?](#)

Do I have to tell my insurance provider about my mental health problem?

It's understandable to wonder if you should disclose (tell an insurance provider about) your mental health problem or not. However, if you don't answer questions about your mental health completely truthfully, and your insurance provider finds out, this could have some serious consequences.

For example:

- **Your policy could be cancelled.**
- **Your policy may become void** – this would mean that any claim you make would be dismissed, even if it's not related to your mental health problem.
- **You could be charged a lump sum fee** to make up the difference between the rate you were paying, and the rate you would have paid if the insurance provider had known about your mental health problem.
- If a claim has already been settled and the insurer finds out afterwards, **they may bring legal proceedings against you** to recover the amount they paid out.

- **You may find it harder to get insurance in future.**

It doesn't make any difference whether you actively lie to the insurance provider (for example, if the form asks you 'have you ever had a mental health problem?', and you tick a box to say 'no'), or whether you simply fail to tell the whole truth (for example, if you do disclose your mental health problem, but don't tell the insurer important details, meaning they don't have all the information they require to assess your claim).

There's also a chance that any kind of dishonesty could be considered fraudulent under the Fraud Act 2006, and may have **criminal law consequences**.

So it's generally not a good idea to lie – or conceal the truth – about your mental health history when applying for insurance.

If I tell them, could they treat me differently?

Yes, but only within the law.

The law that protects you from [disability discrimination](#) in England and Wales is the [Equality Act 2010](#). This law says that insurance providers can only lawfully treat you differently on the basis of your mental health problem (for example by refusing to cover you or charging you more), if both the following are true:

1. The insurance provider acts on the basis of information that is both [relevant](#) and [reliable](#), AND
2. What they're doing is [reasonable](#).

(The Equality Act may also protect you from discrimination if you had a disability in the past which you no longer have, and also if the insurance provider believes you have a disability but you haven't. See our legal pages on [disability discrimination](#) for more information.)

What does 'relevant' mean?

Insurance companies make decisions about whether to provide cover, and how much to charge for it, based on their assessment of the risk involved. They need to find out relevant information to help them assess this risk.

For information to be relevant, there must be a connection between your mental health problem and whatever you are buying insurance for.

For example, if you apply for income protection insurance, the insurance provider will assess the risk of you losing your job (and them having to pay out on your claim). Your mental health might be relevant information, because it might affect the likelihood of you becoming unable to work.

If the information that the insurance provider relies on when assessing your application is not relevant, then a decision to deny you cover or to charge you more would be unlawful discrimination.

What does 'reliable' mean?

Insurance providers must base their decisions on information from reliable sources. This could include:

- statistical data about risk or life expectancy
- medical research information
- medical reports.

If the information the insurance company uses is not accurate or reliable – for example if it is out-of-date or from an unreliable source – the decision to refuse you cover or charge you more would be unlawful. Insurance companies sometimes do not tell you clearly about the information they have relied on to make their decisions.

If you have been denied insurance cover, or if the insurance premiums you are being charged seem too high, our page on [complaints and legal action](#) explains how you can challenge this.

What does 'reasonable' mean?

As well as basing their decisions on [relevant](#) and [reliable](#) information, insurance companies must also make decisions that are reasonable.

There isn't any agreed legal definition of 'reasonable' in this context, but these are some examples of unreasonable behaviour:

- If they charge you a **premium that is out of all proportion to the risks** your mental health condition presents – this is very likely to be considered unlawful discrimination.
- If they **justify their decisions based on generalisations** about mental health conditions rather than information about your specific diagnosis – this is quite likely to be considered unlawful discrimination.
- If they deny you cover or charge you higher premiums and **don't adequately explain their reasons why** when asked – this might be considered unlawful discrimination.

Examples of unlawful discrimination by insurance companies:

- Steffi is 33. She applies for a mortgage protection policy when she is buying a flat. In her teens and early 20s Steffi experienced bulimia (an [eating problem](#)) and severe [depression](#). Her mental health problems amounted to a disability under the Equality Act 2010. She received treatment and has now lived for several years in recovery from her eating disorder, and without any severe depressive episodes. The insurance company rejects her application for a policy on the basis of her diagnoses in the past. The company have discriminated against Steffi because of her past disability.
- Geoff, who has a diagnosis of [schizoaffective disorder](#), is looking to take out home contents insurance. The insurance company asks him whether he has any

health problems, and when he discloses his diagnosis it refuses to provide cover. Information about his mental health has no connection with the risk of making a claim under home contents insurance, so the insurance company has unlawfully discriminated against Geoff.

- Jess has an [anxiety disorder](#) which amounts to a disability under the Equality Act 2010. She made two online applications for life insurance with the same provider. Her applications were identical, except that in the first application she didn't declare her mental health problem, but in the second application she did. The quote she got for her second application was 5 times higher than the first quote. When she asked in writing for an explanation, the provider simply responded that "experience suggests that people with mental health problems are a higher claims risk". This is highly likely to be unlawful discrimination. A five-fold increase is likely to be considered disproportionate to the risks presented by Jess' mental health problem, and it is likely to be considered unreasonable for the insurance provider to base its decisions on generalisations rather than on Jess' specific diagnosis.
- Adina has a diagnosis of [bipolar disorder](#), and she needs to buy car insurance. Based on data relating to the risks posed by a person driving while experiencing [mania](#), the insurance company tells her that she will have to pay double the normal price. However, the data they use is over thirty years old and based on a very small sample, and the study has since been discredited. In this case, it's not reasonable to rely on this information, so charging a higher premium is unlawful.

Can an insurance provider access my medical records against my wishes?

Insurance providers cannot access your medical records without your consent. However, if you tell them about a mental health problem, the insurance provider will often ask for further information from your doctor. They may also ask you to see an independent doctor that they choose.

In this situation, you have the following rights:

- The insurance company can only contact your doctor if they have your written consent.
- You have the right to see a doctor's report about you before it is sent. This is the same whether it is your own GP or other medical practitioner, or an independent doctor that the insurance company have chosen.
- You can stop a report from your regular GP or other medical practitioner being sent if you are unhappy with it.
- You can ask your own GP or other medical practitioner to change any part of his or her report if you feel it is inaccurate or misleading. If they are not prepared to make the changes you suggest then you can make a written statement of your

views about the parts of the medical report you feel are inaccurate or misleading and this must be attached to the medical report.

- You can't stop a report being sent if it is from an independent doctor who has never treated you before, even if you disagree with it.

If you refuse to give written consent, refuse to allow your doctor to send their report or refuse to see an independent doctor, an insurance company may decide to refuse to insure you. Unfortunately, this is their legal right and there is nothing you can do about this.

Can they make me give them access to my medical records?

Some insurance companies have been known to ask individuals to make what is called a 'subject access request' to access all of their medical records.

But the Information Commissioner considers this an abuse of your data protection rights.

If an insurance company asks you to make a subject access request to obtain all of your medical records:

- You have the right to refuse, and
- You can [make a complaint to the Information Commissioner's Office](#).

See our legal pages on [your personal information](#) for more information about your rights regarding access to your medical records.

What can I do about discrimination?

If you feel you have been treated unfairly by an insurer because of your mental health problem, there are several steps you can take. This page covers information on how you can:

- [Ask the insurance provider about its decision](#)
- [Complain to the insurance provider](#)
- [Complain to the Financial Ombudsman Service \(FOS\)](#)
- [Take legal action](#)

Get support

Complaints and legal processes can take a long time and can be stressful. If you think you might find the process tricky, you could:

- Ask a friend, family member or advocate to help support you. You can take a look at our pages on [advocacy](#) for more information about professional advocacy, and how your friends and family can act as your advocate as well.
- Contact an organisation like [Citizens Advice](#) or the [Equality Advisory and Support Service \(EASS\)](#) as they may also be able to offer help.

Ask the insurance provider about its decision

If you feel that you have been given inadequate information about why the insurance company has turned you down for an insurance policy or why it has quoted a high premium you could:

- Contact the insurance provider to ask it what information it has relied on in coming to its decision.
- Ask it to be specific about any medical report, any statistical data or research material it has relied on in coming to its decision.
- Ask it to show how it has come to its decision. They should be able explain exactly how the information they've relied on is connected to your mental health problem, and why they think their quote is reasonable. For example, if you have been quoted a 25% higher premium because of your mental health problem you can ask the insurance provider to show you exactly what information and what calculations it has used to come up with that figure.

Collecting evidence

It's a good idea to collect evidence about your claim in case you want to make a complaint or take legal action in future. This could include:

- a report from a doctor about your condition
- copies of letters and emails that you send the insurance company, and that they send you
- a record of any phone conversations you have with the insurance company (for example, when you ring, try to take a note of the date, time, who you speak to and a short summary of what is said)
- any other information, such as reports, statistics and data, that supports your case.

I have found it easier to deal with problems if I am a current customer rather than as a new one as companies seem to be keen to keep you.

Complain to the insurance provider

If you're not happy with the insurance company's explanation about its decision, you can try complaining directly to the insurance provider. Most providers have a complaints procedure and should be able to tell you about this if you ask. For example, they should be able to tell you:

- **The formats in which they accept complaints.** You will usually need to make a complaint formally in writing, but the provider should advise you on their preferred format, for example whether they have an online form you should use, whether email is acceptable, or whether you need to send a letter in the post.
- **Where you should send your complaint.** Many companies will have a specific email or postal address for complaints, and some might have a specific person you

should write to. Addressing your complaint correctly should help the provider process it more easily.

- **Acceptable time frames**, including how much time you have to make a complaint, and how long they will take to respond to your complaint.

It is generally a good idea to communicate with the insurance company in writing as much as possible, and keep a copy of any correspondence with them. Always include important details like your name, address and policy number, and set out the facts clearly and in a logical order.

For more information about how to make a complaint to an insurance company, including a downloadable template for a complaint letter, visit the [Money Advice Service website](#).

Complain to the Financial Ombudsman Service (FOS)

If you are not happy with how the insurance company deals with your complaint, you can make a complaint to the Financial Ombudsman Service (FOS). Their website has step-by-step information about how to make a complaint and provides downloadable complaints letter templates. They also have a support line if you need any help during the complaints process.

The process can take time, so bear this in mind. If the FOS decide your complaint is valid, the insurance company may have to give you an apology and/or compensation.

Take legal action

Depending on your claim, you may be able to take legal action against the insurance provider. As a first step, make sure you get legal advice from one of the following:

- [Citizens Advice](#)
- a local [Law Centre](#)
- a private solicitor – [The Law Society](#) website can provide a list of qualified solicitors in your area.

How much time do I have to make a claim?

If you want to make a legal claim, you must do this within six months of the incident occurring. If you have been refused insurance cover then this is 6 months after the refusal. If your complaint is about the level of premium you are being charged then you can argue that each payment of the premium is a “continuing act of discrimination” but it is better to make a legal claim within 6 months of being quoted the premium.

If your claim succeeds, the insurance company may have to provide you with compensation or agree to sell you insurance at a fair rate.

For more information on your legal rights, see our page on [your rights relating to insurance](#) and our legal pages on [disability discrimination](#).

Useful contacts

Mind's services

- **Helplines** – all our helplines provide information and support by phone and email. Our Blue Light Infoline is just for emergency service staff, volunteers and their families.
 - Mind's Infoline – 0300 123 3393, info@mind
 - Mind's Legal Line – 0300 455 6453, legal@mind
 - Blue Light Infoline – 0300 303 5999, bluelightinfo@mind
- **Local Minds** – there are over 140 local Minds across England and Wales which provide services such as [talking treatments](#), [peer support](#), and [advocacy](#). [Find your local Mind here](#), and contact them directly to see how they can help.
- **Elefriends** is a supportive online community for anyone experiencing a mental health problem. See our [Elefriends page](#) for details.

Who else could help?

Association of British Insurers (ABI)

0207 500 3333

abi.org.uk

Provides information about insurance and a list of accredited insurers. Produces best-practice guidelines for insurance companies.

British Insurance Brokers' Association

03709 501 790

biba.org.uk

Provides information about insurance, and 'find a broker' service to find specialist insurers, who offer cover based on factors such as medical conditions.

Citizen's Advice

England: 03454 04 05 06

Wales: 03454 04 05 05

citizensadvice.org.uk

Free, confidential and independent advice on a range of issues, including legal advice about making a claim.

Equality Advisory Support Service (EASS)

08088 000 082

equalityadvisoryservice.com

Free advice and information for people who may have experienced discrimination.

European Health Insurance Card (EHIC)

Automated telephone service: 03003 301 350

ehic.org.uk

Visit the website to apply.

Financial Ombudsman Service (FOS)

0800 023 4567 (freephone from a landline)

0300 123 9 123 (if you want to avoid high tariffs when calling from a mobile)

financial-ombudsman.org.uk

An independent organisation that deals with individual complaints between consumers and companies that supply financial services. A telephone interpretation service is available for non-English speakers.

GOV.UK

gov.uk

The UK government's official website. Contains [guidance for British nationals with a mental health problem on foreign travel](#), and foreign travel insurance.

Law Centres Network

lawcentres.org.uk

Find a local Law Centre where you can get free legal advice and representation if you can't afford a lawyer.

The Law Society

lawsociety.org.uk/find-a-solicitor

Online database to find a solicitor in your area.

Money Advice Service

0800 138 7777

moneyadviceservice.org.uk

Free, impartial advice about money matters, including information about insurance and details about how to make a complaint against an insurance company.

Which?

which.co.uk

Provides consumer information on choosing private medical insurance.