Your little guide to health cover with big benefits.

Good4you Health Cash Plan
Hello.

A warm welcome to your health cover from Westfield Health. We’ve been dedicated to supporting the health of the nation since 1919.

A little bit about us.

We are Westfield Health. From humble beginnings, we’ve evolved to become award-winning providers of health and wellbeing services.

We encourage positive changes in the wellbeing of our customers and the wider population across the UK. Together, we can help everyone to live healthier lives through better choices, ongoing support and a more proactive approach to healthcare.

As a not for profit company, we reinvest our surplus in products and services that directly benefit our customers. Through our charitable donations, we support the NHS and medically related charities to help our customers and the community to lead healthier lives.

Getting started.

Take a look through your handy little guide, which provides everything you need to help you get the most from your cover. If you have any questions at all, just give our friendly UK based Customer Care Team a call on 0114 250 2000.

Don’t forget to read the full Terms and Conditions at the back of this guide.
Introducing your cover.

Congratulations. Like thousands of others, you’re about to discover why so many of our customers are happy with their cover.

Taking better care of you.
No one knows what’s around the corner where our health is concerned. It’s reassuring to know that, for a small monthly amount, you have award winning health cover for you and your family.

Money back and cash payouts.
We aim to ensure that as many of your health costs are covered as possible. From dental appointments to optical check ups, therapy treatments and more, you can rest assured that your cover will help with your bills.
You can claim back a percentage reimbursement and, in some cases, 100% of the money you spend straight away, up to the maximum allowance provided by your cover. You can also receive fixed cash payouts for hospital stays and day surgery. And you will also receive a sum of money if you have a baby or adopt a child.

Diagnosis and peace of mind.
We want you to stay at your fit and healthy best and, to help you do that, we’ve included all kinds of additional benefits. As well as providing cash towards diagnostic consultations, your cover includes a 24 hour DoctorLine™ service, because we know that illness doesn’t just strike during surgery hours.

Caring for your loved ones.
We’re here to help people be healthy and independent for as long as possible, so it’s reassuring to know that our eldercare advice and support services can help you make informed choices about putting care in place for a loved one or yourself. There’s also a Care After Hospital benefit, giving you the reassurance of up to 18 hours of home care following an overnight stay in hospital.

Health and wellbeing.
Your cover has been designed to help keep you in the best possible shape, physically and mentally. So our 24 Hour Helpline is a reassuring aspect of your cover as it gives you help, support and advice by phone – day or night. Your cover also includes a Health Club Concession providing discounted membership at local gyms, so you can actively start improving your health right away.

Personal Accident cover too.
You have cover in place to help you and your family if the worst should happen. Levels 3, 4 and 5 provide cash payouts in the event of death or permanent disability as a result of an accident.

“I’ve been through a lot medically, but having my Westfield cover to help has been fantastic. From getting quick access to consultations to receiving payment after my operation, the cover played a big part in my treatment and rehabilitation. From run of the mill things like eye checks and visits to the dentist, to more serious issues, I have always had excellent service.”
Customer testimonial
Working harder for you.

As you start to use your health cover, the advantages really add up. It works harder for you by providing excellent cash payouts and money back for treatment – and this is just part of your cover. It also provides access to valuable services to help keep you at your fit and healthy best.

DoctorLine™.

From anywhere in the world, 24 hours a day, you can pick up the phone and arrange a call back from a practising UK GP to discuss any health issues and receive advice or a diagnosis. You can even choose to have a webcam consultation so you can see and speak to a doctor while you’re at home or at work. It’s the closest thing to a surgery appointment, but without the wait. Over 70% of DoctorLine™ consultations result in the patient being recommended a course of action, without the need for referral to another medical professional. Reassuring, isn’t it?

If the doctor believes that your treatment requires medication, they can offer you a private prescription. Your medicine will be sent directly to you and is usually dispensed the next working day. Our private prescription service is ideal if you are unable to get an appointment with your regular GP or are away from home and you require prescribed medication.

Prescriptions can be raised for one-off occasions such as prescription-only painkillers/inflammatory drugs, digestive medication, or NHS prescription medication where the patient is away from home and has forgotten or has insufficient prescription medication, antibiotics or hormonal medication.

Telephone Care Advisory Services.

It’s often emotional and unsettling when making the decision to find care for elderly relatives or even yourself. You need to feel confident that they’re comfortable and well cared for. Our service provides expert advice and support to help you resolve your care issues.

Our care advisors will listen carefully to your needs and wishes and discuss your situation in detail. They’ll guide and support you through your next steps, providing you with the information and advice to help you make the best possible care decisions.

24 Hour Helpline.

It’s good to talk. Whatever the issue, support and advice is just a phone call away. This freephone telephone service gives you and your resident family access to confidential guidance on medical, legal or domestic issues from experienced counsellors, lawyers and medical advisors. From stress, bereavement or relationship advice to health and money worries, you’ll be able to talk to a qualified counsellor any time day or night. It’s all part of the service.

For details on how to access your services, see page 17.

Giving something back with Westfield Rewards.

Helping your money go further.

As a thank you for choosing Westfield Health, we are giving you access to our exclusive rewards website. It provides access to special offers on all your favourite goods and services from over 600 leading online and high street retailers. Pick up exclusive discounts by purchasing reloadable cards for high street stores and supermarkets or receive Cashback from participating retailers by connecting to them online via the Westfield Rewards website.

Even better, all discounts are on top of sale discounts or online promotions and you can even save on utility services such as gas or electricity too.

Visit www.westfieldrewards.co.uk to register.

“Being a Westfield customer not only means I can save money and claim back all my dental and optical bills but I am now able to shop without feeling too guilty. I registered with Westfield Rewards and in the past month I have saved money by using my reloadable cards. I am currently in the process of buying my first house and through Westfield Rewards I can save money on the cost of my new kitchen.”

Customer testimonial
It feels good to be covered.

We know how much effort you put into your work and the stresses and strains you face in everyday life, so we’re committed to ensuring that your policy works harder for you. Take a look at the full range of benefits your cover provides.

### Key
- 1yr: 1 year benefit period
- 2yr: 2 year benefit period
- 100: 100% money back
- 75: 75% money back
- 50: 50% money back

### Important information.
The featured premiums include Insurance Premium Tax at the current rate and are subject to review in respect of any changes in taxation.

In the case of Therapy Treatments, the amount shown represents a combined total for all the treatments. This amount can be used for any one or combination of treatments.

To access the Health and Wellbeing Services please refer to the full Terms and Conditions within this guide, and see page 17.

More information on each benefit and service, including details of limitations, exclusions and any qualifying periods, can be found in the Terms and Conditions within this guide.

### Your Benefits

### Money back on everyday health and retail discounts

<table>
<thead>
<tr>
<th>Level</th>
<th>Price per month</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>£6.80</td>
<td>£14.25</td>
<td>£20.15</td>
<td>£27.90</td>
<td>£40.85</td>
</tr>
</tbody>
</table>

### Optical
- For you.
- 100: Up to £45
- 75: Up to £200

### Dental
- For you.
- 100: Up to £33
- 75: Up to £150

### Dental Accident
- For you.
- 100: Up to £75
- 75: Up to £350

### Chiroprapy
- For you.
- 100: Up to £35
- 75: Up to £100

### Therapy Treatments
- For you.
- Physiotherapy, Acupuncture, Chiropractic, Osteopathy, Homeopathy.
- 75: Up to £200
- 100: Up to £425

### Prescription Charges
- For you.
- 100: –
- 75: Up to £15

### Surgical Appliance
- For you.
- 75: Up to £55

### Maternity/Paternity/Adoption
- For you, per child.
- 100: Up to £55
- 75: Up to £150

### Health Screening
- For you.
- 50: Up to £15

### Health Club Concession
- For you.
- 75: Up to £55

### Diagnosis and treatment for body and mind

### DoctorLine™
- For you and your family.
- 100: –
- 75: Up to £70

### Consultation
- Shared between you, your partner and dependent children.
- 75: Up to £70

### 24 Hour Helpline
- For you and your family - Legal, Debt & speak to a Counsellor.
- 100: –

### Help if you require hospital treatment

### Hospital Benefit
- For you. Per day/nights up to 14 days/nights per year.
- 100: £13
- 75: Up to £70

### Care After Hospital
- Shared between you and one relative aged 65 or over (your partner or your parent).
- On Levels 1 and 2, Westfield Health will contribute 50% towards the cost.
- On Level 3, Westfield Health will contribute 75% towards the cost.
- 18 hours: £10,000
- 18 hours: £20,000
- 18 hours: £30,000

### Personal Accident/Accidental Death
- For you.
- Up to £10,000

### Personal Accident/Permanent Disability
- For you.
- Up to £20,000

### Caring for your loved ones

### Telephone Care Advisory Services
- For you and your/your partner’s elderly relatives aged 65 or over.
- Understand your rights, navigate NHS/private residential and home care choices, resolve care issues.
- Have the most appropriate care providers researched for you to make an informed choice.
- Get practical and emotional support for your caring responsibilities.
- 100: –
- 75: –
- 50: –
Cover for your children too.

If you have dependent children, it’s nice to know that they are covered on certain key benefits at no additional cost, giving you that extra peace of mind.

The table below shows what cover is included for children. The amounts allow you to claim money back towards any optical and dental expenses as well as fixed cash payouts for unexpected events like overnight hospital stays and day surgery.

And you have the reassurance of having access to valuable health services including DoctorLine™ and a 24 Hour Helpline.

"I have been able to access treatment for my family. The cover prompted us to make appointments for our children to have their eyes tested. It gives my whole family extra peace of mind knowing that these expenses are covered when we need them.”

Customer testimonial

<table>
<thead>
<tr>
<th>Key</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 yr benefit period</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 yr benefit period</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100% money back</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>75% money back</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50% money back</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Money Back - Shared between dependent children**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optical</td>
<td>100%</td>
<td>90%</td>
<td>145%</td>
<td>205%</td>
<td>295%</td>
</tr>
<tr>
<td>Up to £45</td>
<td>Up to £90</td>
<td>Up to £145</td>
<td>Up to £205</td>
<td>Up to £295</td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td>100%</td>
<td>75%</td>
<td>120%</td>
<td>165%</td>
<td>245%</td>
</tr>
<tr>
<td>Up to £33</td>
<td>Up to £75</td>
<td>Up to £120</td>
<td>Up to £165</td>
<td>Up to £245</td>
<td></td>
</tr>
<tr>
<td>Dental Accident</td>
<td>100%</td>
<td>75%</td>
<td>165%</td>
<td>265%</td>
<td>500%</td>
</tr>
<tr>
<td>Up to £75</td>
<td>Up to £165</td>
<td>Up to £265</td>
<td>Up to £350</td>
<td>Up to £500</td>
<td></td>
</tr>
</tbody>
</table>

**Help if you require hospital treatment - For each dependent child**

<table>
<thead>
<tr>
<th>Hospital Benefit</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per day/night up to 14 days/night per year</td>
<td>£6</td>
<td>£10</td>
<td>£18</td>
<td>£23</td>
<td>£36</td>
</tr>
</tbody>
</table>
Your cover: a few useful pointers.

Here's a little helpful guidance to help you make the most of your cover. Please feel free to contact us if there's anything else you need to know.

You have 13 weeks to make a claim.
Please submit your claim within 13 weeks. Those 13 weeks start from the date you make each payment for treatment, goods or services, the date you were discharged as an in-patient, or the date you attended for day surgery. In the case of the Maternity/Paternity/Adoption Benefit, it is 13 weeks from the date of birth or adoption placement.

Full details can be found in the Terms and Conditions at the back of this guide.

Making the most of your benefit periods.
Every benefit has its own benefit period.
The majority of your money back benefit allowances have a one year benefit period. Each benefit period will be activated when you submit your first claim, and will start from the date you paid your practitioner.
For Hospital Benefit your benefit period begins on the first day or night that we pay benefit for.
For Care After Hospital your benefit period begins on the first day we pay benefit for.
For Maternity/Paternity/Adoption, your benefit period begins on the date of birth or the date the child is placed with you for adoption.
You can keep sending in claims for a benefit until you reach your maximum allowance, or your benefit period expires. When your benefit period expires, the full allowance will renew, but your next benefit period will not be activated until you submit your next claim.

Example:
If the first claim you make on your Dental benefit has a receipt date of the 6th December 2017, your Dental benefit period activates on this date, giving you one year to use your Dental allowance, before it expires on the 5th December 2018. Once your benefit period expires your next Dental benefit period will not be activated until you submit your next Dental receipt.

Please refer to our Terms and Conditions for full details.

Make sure you use a qualified practitioner.
One simple rule. Your practitioner must be registered with, or a member of an approved professional organisation. Just click on the ‘Find an approved practitioner’ link on the My Westfield area of our website or refer to the Definitions section of this guide to locate the required qualifications for each practitioner.

Let us pay you back even faster.
Submit your optical, dental, chiropody or therapy treatments claims online and we can get your money back to you even faster. We process online claims within one working day and then arrange payment directly into your bank or building society account. So it's much quicker and more convenient than completing a paper claim form and posting it with your receipt (and saves on postage).
Visit westfieldhealth.com, register or log in to My Westfield, select the ‘Claim online’ link in the left hand menu and follow the simple instructions on screen.

If you're claiming for any other benefit or if your claim is for your dependent child (you can claim online for their optical and dental claims), you'll still need to complete a paper claim form and post it to us with your original receipt. At the moment, we're unable to process these claims online - but we're working on it!

Did you know you're covered worldwide?
You can even use your cover when abroad. For example, if you're overseas and you need to visit the dentist, you can still claim for the treatment you pay for. We ask that all relevant documentation relating to your claim is in English.

Get your claims paid directly into your bank account.
Direct Credit is the easiest and fastest way to reclaim your payments. Simply contact us on 0114 250 2000 to set this up.
Cover that puts you in control.

Your cover puts you in control by enabling you to budget for your healthcare as never before. And claiming is easy too. Some people say you only find out how good our cover is when you make a claim, which is why we make it so simple.

Claim money back in three easy steps:

1. Receive and pay for your healthcare treatment as normal
2. Complete a claim form and send it to us, or submit your claim online for some benefits, together with your receipt, within 13 weeks of the date of each payment
3. Receive payment directly into your bank or building society account

Making life simple.

For money back and cash payout benefits, we aim to process 100% of correctly presented claims within four working days (or even quicker when claiming online) and pay the money directly into your bank or building society account. You will then receive payment confirmation showing what you’ve claimed and any remaining benefit balance.

Once you’ve made your claim, you may need more claim forms ready for your next healthcare treatment. You can phone, text, come in and see us or simply visit My Westfield, our dedicated online customer area.

Personal Accident claims.

We understand that it is likely to be in difficult circumstances that you or a family member will be considering making a Personal Accident claim. You or the person acting on your behalf should contact us on 0114 250 2000. We will send out a Personal Accident claim form, which should be completed and returned to us. We will then forward this on to Chubb (the insurance provider we use for Personal Accident claims) and they will handle your claim.

My Westfield
It’s all about you.

We want you to make the most of your cover. That’s why My Westfield makes life simple. Think of it as your personal online account manager – a secure area on our website that’s totally devoted to you as a customer, where you can either manage or view your account online. Just visit westfieldhealth.com and you can register or log in to claim online for some benefits, change your details, check benefit balances and order claim forms.
We’re here for you.

If there’s anything you need to know about your health cover, your account or your claim, just get in touch. With our help, it’s easy to start accessing the treatment you need to keep you at your healthy best.

Managing your account:

We are here to make things easy for you.

Online.

An easy and convenient way to access your account details around the clock. Simply log on to westfieldhealth.com and go to the My Westfield area. Here you can download more claim forms, check your benefit balance, make a claim for Optical, Dental, Chiropody and Therapy Treatments, update your address details and more. You can email us too at enquiries@westfieldhealth.com – we’re only a click away.

Text message service.

Receive your benefit balances by text. Simply register for this service by texting your policy number, surname and the word ‘register’ to 07781 472 000 (texts charged at your normal tariff rate). Once registered, text your policy number and keyword from the table below.

<table>
<thead>
<tr>
<th>Request</th>
<th>Keywords</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optical benefit balance</td>
<td>Opt</td>
</tr>
<tr>
<td>Dental benefit balance</td>
<td>Den</td>
</tr>
<tr>
<td>Chiropody benefit balance</td>
<td>Chirop</td>
</tr>
<tr>
<td>Claim form request</td>
<td>Claim</td>
</tr>
<tr>
<td>Change of mobile phone number</td>
<td>NEWNUMBER</td>
</tr>
</tbody>
</table>

Accessing your services:

DoctorLine™
0345 612 3861 or 0203 858 9094
(Available 24 hours a day. Calls will be recorded but remain confidential)

Telephone Care Advisory Services
UK 0114 303 1060
(Available 8am-6pm, Mon-Fri, except Christmas Eve and public holidays)

Care After Hospital
UK 0114 303 0176
(Available 8am-6pm, Mon-Fri, except Christmas Eve and public holidays)

24 Hour Helpline
0800 092 0987 or 0145 525 5123
(Available 24 hours a day. Call charges will apply)

Westfield Rewards
Register/log in www.westfieldrewards.co.uk
Helpdesk 0345 299 4194 or 0203 583 7020
(Available 24 hours a day, 7 days a week, 365 days a year)

Health Club Concession
via the My Westfield area
Call 0345 123 5327 or 0115 850 7442
(Available 9am-5pm, Mon-Fri, except public holidays)

Change of circumstance?

If your circumstances change and you are no longer eligible for cover under this plan, don’t worry – your cover with Westfield Health can continue on an alternative plan. Simply call our Customer Care Team today:
0114 250 2000

Monitoring and confidentiality.

To keep improving our service, we record and monitor all calls. This includes recording and monitoring Sensitive Personal Data such as information relating to health and medical conditions.

In line with the Data Protection Act 1998, we will not discuss policy details with anyone other than the policyholder, unless you have given us specific consent for a relative or friend to obtain account information on your behalf. This may be verbal or written.
Everything you need to know.

This section contains important information about your cover, so please read it carefully. If you have any questions, please get in touch.

Policy Summary.

Benefit Rules.
Money Back and Cash Payouts
Health and Wellbeing Services

Personal Accident
Personal Accident Definitions

General Terms and Conditions.
Definitions

1. Who can have cover
2. Pre-existing medical conditions
3. The contract between Westfield Health and you
4. Premiums
5. Qualifying periods
6. Exclusions
7. Benefit period
8. How to claim
9. Worldwide cover
10. General conditions

Apply Now.
Policy Summary

The Good4you Health Cash Plan provides cover for routine healthcare such as new glasses, dental treatment, physiotherapy, chiropody and consultations for quick access to diagnosis. The plan also includes a range of services designed to help support your overall health and wellbeing.

This health cash plan is underwritten by Westfield Contributory Health Scheme Limited. The Personal Accident cover provided by the plan is underwritten by Chubb European Group Limited (Chubb). The Care After Hospital cover provided by the plan is underwritten by Astrenska Insurance Limited (AIL).

This policy summary contains key information about your cover and it is important that you take the time to read and understand it. Please note that the policy summary does not contain the full standard terms and conditions of the plan. You will find these at the back of this guide.

Key features
- There are five levels of cover to choose from
- Your cover provides up to 18 benefits and services
- Your dependent children are covered on key benefits at no extra cost
- You will receive a percentage reimbursement, detailed in your benefit table up to your maximum allowance, for a range of everyday healthcare expenses
- You can receive fixed cash payouts following an in-patient stay, day surgery or the arrival of a new child

What is the duration of my cover?
Your policy will be renewed automatically on a monthly basis unless your cover is cancelled or lapses.

Can I cancel my policy?
Your policy contains a 14 day cooling off period from the date we accept your application. If you decide to change your mind during this cooling off period you should contact us.

Providing that you have not made, or intend to make a claim, we will refund any premiums paid by you. After the expiry of the cooling off period you will still be able to cancel the premiums you pay at any time. However, you will not be entitled to a refund, except for any premiums paid beyond the date your cover ceased. Please refer to the full Terms and Conditions.

How do I make a claim?
The quickest way to claim is online. Submit your optical, dental, chiropody and therapy treatment claims online and you’ll get the money back even quicker. Visit My Westfield, register your details and follow the instructions on screen.

If you’re claiming for any other benefit or if your claim is for your dependent child (you can claim online for their optical and dental claims), you’ll need to complete a paper claim form and post it to us with your original receipt. Claim forms can be downloaded from My Westfield, or ordered by calling our Customer Care Team on 0114 250 2000.

Please send your completed claim form with the required supporting information to Westfield Health, Westfield House, 60 Charter Row, Sheffield, S1 3FZ. Once you’ve given us your bank details we will pay your claims directly into your bank or building society account.

More information about all the different ways to claim, including via our Claims App is detailed in the full Terms and Conditions and by visiting the My Westfield area of our website at www.westfieldhealth.com.

For Personal Accident claims, a claim form will be sent to you on request. Once completed, send it to us at the above address.

Making a complaint
We are committed to providing the highest possible level of service to our customers. However, if the services provided do not meet your expectations please contact our Customer Care Team at Westfield Health, Westfield House, 60 Charter Row, Sheffield, S1 3FZ or call them on 0114 250 2000.

Our complaints procedure will be sent to you on request. We aim to provide a full response within ten working days of the complaint being received. However, if this is not possible then we will keep you informed of progress. If you remain dissatisfied with our final response you can refer your complaint to the Financial Ombudsman Service by visiting www.financial-ombudsman.org.uk or writing to Insurance Enquiries Division, Exchange Tower, London E14 9SR. The Ombudsman will only consider your complaint after you have written confirmation from us that our internal complaints procedure has been applied in full or if it takes us longer than eight weeks to resolve your complaint.

Compensation
Westfield Health, Chubb and AIL are covered by the Financial Services Compensation Scheme. In the unlikely event that we are unable to meet our obligations, you may be able to claim compensation. Further information is available from the Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QJ.

Key exclusions
- Some services are provided by third parties and must be accessed via dedicated telephone numbers or websites (see Benefit Rules)
- Claims must be received within 13 weeks of the date of each payment made for treatment, goods or services provided by a practitioner (see Benefit Rules)
- Claims for Hospital Benefit must be received within 13 weeks of the date that the patient is discharged as an in-patient or attends for day surgery.
- Maternity/Paternity! Adoption benefit must be claimed within 13 weeks of the child’s birth or adoption (see Benefit Rules and section 6, General Terms and Conditions)
- To be eligible to apply for cover or to upgrade your cover, you must be aged 16-65 (see section 1, General Terms and Conditions)
- To be eligible for cover you must live in the UK, Jersey or Isle of Man for a minimum of 180 days each year (see section 1, General Terms and Conditions)
- Qualifying periods apply to most benefits (see section 5, General Terms and Conditions)
- The policy is intended to cover new medical conditions only; pre-existing medical conditions are not covered for most benefits (see section 2, General Terms and Conditions; Benefit Rules = Personal Accident)
- Professional and semi-professional sports people are not eligible for cover (see section 1, General Terms and Conditions)
Benefit Rules.

So you'll know that we've given them a special meaning, we've put some words or phrases in 'bold type' like this in the Benefit Rules and General Terms and Conditions. Our definitions of these words and phrases are on pages 35 to 36.

Don't forget to check the benefit tables on pages 8 to 11 to see what you're covered for.

For each money back or receipted benefit, the tables tell you the length of the benefit period, the percentage of each receipt that you'll be paid and the maximum that you can claim during each benefit period (benefit limit).

For each fixed cash payout, the tables tell you the receipt period, the benefit amount and where applicable how many days/night's are covered.

Benefits are listed in alphabetical order.

**Chiropody**

**Policyholder:** Your maximum benefit allowance is available over a one year benefit period.

**When:**
- you receive and pay for treatment from a registered Chiropodist/Podiatrist (see Definitions section) and
- you submit your claim in accordance with section 8, General Terms and Conditions

**We will cover:**
- 75% of the cost, up to the maximum for your plan level, see table of benefits on pages 8-9

**For:**
- chiropody and podiatry consultations, assessments and treatment

**We will not cover:**
- any treatment that is not chiropody or podiatry
- sundry items
- missed appointment fees
- exclusions (see section 6, General Terms and Conditions)

**Consultation**

**Policyholder:** Your maximum benefit allowance is available over a one year benefit period. You can use your benefit allowance for yourself, your partner and/or your dependent children.

**When:**
- your GP recommends referral to a Consultant Physician or Consultant Surgeon and
- you pay a registered Consultant Physician or Consultant Surgeon, who holds an appropriate qualification (see Definitions section) and
- you submit your claim in accordance with section 8, General Terms and Conditions

**We will cover:**
- 75% of the cost, up to the maximum for your plan level, see table of benefits on pages 8-9

**For:**
- diagnostic consultations on all levels of the plan
- payments you make to a Consultant Physician or Consultant Surgeon for treatment on levels 3, 4 or 5 of the plan

**We will not cover:**
- treatment on levels 1 or 2 of the plan
- consultations or treatment relating to vasectomy or sterilisation (including reversal)
- consultation or treatment relating to cosmetic surgery
- medical examinations, consultations or reports for the purpose of your employment, legal, or insurance reasons
- room fees, nursing charges, prescription items/charges or sundry items
- missed appointment fees
- exclusions (see section 6, General Terms and Conditions)

**Full Dentures**

If you need full dentures (either a full upper set, full lower set or both) you can claim up to double the maximum Dental Benefit, but this allowance will be available over a two year benefit period. Your receipt must confirm that full dentures have been supplied. Once you have made a claim for full dentures, all subsequent dental or denture claims will then also be assessed over a two year benefit period. If you do not claim the maximum benefit on the first claim you submit for dentures, any remaining balance may be used, within the two year benefit period, for claims for either dental treatment or dentures.

**Dental**

**Policyholder:** Your maximum benefit allowance is available over a one year benefit period.

**Dependent children:**
- You have a separate allowance for your dependent children, the maximum benefit is available over a one year benefit period and is shared between all your dependent children.

**When:**
- you pay a Dentist and
- you submit your claim in accordance with section 8, General Terms and Conditions

**We will cover:**
- 100% of the cost, up to the maximum for your plan level, see table of benefits on pages 8-11

**For:**
- dental treatment, full* or partial dentures and dental check-ups

**We will not cover:**
- insurance or dental care scheme premiums/payments, registration or administration fees
- dental treatment as a result of an accident (see Dental Accident benefit)
- teeth whitening
- prescription charges
- sundry items
- missed appointment fees
- exclusions (see section 6, General Terms and Conditions)

**Health Screening**

**Plan levels 4 and 5 only.**

**Policyholder:** Your maximum benefit allowance is available over a one year benefit period.

**When:**
- you pay for and receive a health screening check and
- the screening check is carried out by medically qualified staff and
- you submit your claim in accordance with section 8, General Terms and Conditions

**We will cover:**
- 50% of the cost if you have cover on level 4 or 5, up to the maximum for your plan level, see table of benefits on pages 8-9

**For:**
- full/comprehensive health screening check or assessment; breast screening; heart disease screening; bone density screening*

**We will not cover:**
- any other screening check or test not carried out as part of one of those listed above
- health screening arranged by your employer or screening carried out at your workplace
- any health screening check, medical examination, consultation or report for the purpose of your employment, legal or insurance reasons
- missed appointment fees
- exclusions (see section 6, General Terms and Conditions)

**Hospital Benefit**

**Policyholder:** Your benefit is payable for a maximum of 14 days/nights in a one year benefit period.

**Dependent children:** Each of your dependent children has a maximum allowance of 14 days/nights in a one year benefit period.

*For a bone density screening check, you must supply evidence that it has been specifically recommended by your GP.

**Dental Accident**

**Policyholder:** Your maximum benefit allowance is available over a one year benefit period.

**Dependent children:**
- You have a separate allowance for dependent children, the maximum benefit is available over a one year benefit period and is shared between all your dependent children.

**When:**
- you pay a Dentist for treatment carried out as a result of accidental injury to teeth, caused by direct external impact to the head e.g., sports injuries, falls, or other accidents that cause injury by external force and
- the dentist’s receipt specifically confirms treatment is a consequence of an accidental injury and
- you give us details of the accident, which must have occurred after you applied for the plan and
- you submit your claim in accordance with section 8, General Terms and Conditions

**We will cover:**
- 100% of the cost, up to the maximum for your plan level, see table of benefits on pages 8-11

**For:**
- dental treatment directly related to the accidental injury

**We will not cover:**
- any accidental injury that has not been caused by direct external impact to the head e.g., we will not cover injury caused by eating/drinkig
- any payment made more than 24 months after the date of the accident
- any insurance or dental care scheme premiums
- prescription charges
- sundry items
- missed appointment fees
- exclusions (see section 6, General Terms and Conditions)
When...

- you are admitted as an in-patient to an NHS or private hospital/treatment centre or hospice and
- you submit your claim in accordance with section 8, General Terms and Conditions

Or on a day when...

- you are admitted to an NHS or private hospital/treatment centre as a day case patient and
- you are required to sign a consent form and are allocated a bed – the use of which is normally for a period of supervised recovery and
- you submit your claim in accordance with section B, General Terms and Conditions

We will cover...

- you at the day/night rate for your plan level, see table of benefits on pages 8-11

For...

- a surgical procedure involving the use of theatre facilities when you’re admitted as a day patient, you sign a consent form and you have a local, regional or general anaesthetic. The surgical procedure is one that aims to treat disease, injury or abnormality by operating directly on or removing the affected body part, or removing a foreign body
- overnight in-patient admissions for treatment, tests or investigations
- maternity related in-patient admissions, from the 11th night that you have been an in-patient, you must give us evidence of the first 10 nights that you have spent in the hospital/treatment centre (these nights do not have to be consecutive)
- a dependent child required to remain in the hospital/treatment centre following its birth, from the date that the mother is discharged
- claims submitted when the patient is discharged as an in-patient

We will not cover...

- out-patient attendances, including procedures carried out in an outpatient setting
- tests or investigations e.g. biopsies and endoscopies carried out for investigative purposes as a day patient
- treatment and/or pain relief administered by injection as a day patient
- cardioversion as a day patient
- admissions for rehabilitation, domestic reasons or respite care
- attendances at a GP or Dental surgery
- maternity related admissions for the first 10 nights
- any type of in-patient admission where the hospital/treatment centre could be regarded as your permanent residence
- if you had a day surgery procedure and are admitted as an in-patient on the same day this counts as one event not two so only one day/night can be claimed.
- exclusions (see section 6, General Terms and Conditions)

Maternity/Paternity/Adoption

Policyholder: Benefits are payable once in a one year benefit period.

When...

- you are named as mother or father on the child’s full birth certificate, or you are named as the child’s adopter and
- you submit your claim in accordance with section B, General Terms and Conditions

We will cover...

- you at the rate for your plan level, see table of benefits on pages 8-9

For...

- single or multiple births
- benefit is payable per child
- adoptions when the child is placed with you before their 16th birthday
- stillbirths when you send us the stillbirth certificate

We will not cover...

- exclusions (see section 6, General Terms and Conditions)

Optical

Policyholder: Your maximum benefit is available over a two year benefit period.

Dependent children: You have a separate allowance for dependent children - the maximum benefit is available over a two year benefit period and is shared between all your dependent children.

When...

- you pay an Optician and
- you submit your claim in accordance with section B, General Terms and Conditions

We will cover...

- 100% of the cost, up to the maximum for your plan level, see table of benefits on pages 8-11

For...

- eyesight tests
- prescription spectacles, sunglasses and/or contact lenses
- solutions for use with your prescribed contact lenses
- prescription lenses to an existing frame
- repairs to prescription spectacles
- payments that you make for prescription contact lenses supplied under a monthly scheme, when you obtain an itemised receipt
- frames purchased without prescription lenses
- non-prescription spectacles or sunglasses or contact lenses
- any insurance or peace of mind guarantee
- sundry items
- missed appointment fees
- exclusions (see section 6, General Terms and Conditions)

We will not cover...

- any prescription item if you are exempt from paying NHS prescription charges and a prescription charge does not apply
- exclusions (see section 6, General Terms and Conditions)

Surgical Appliance

Policyholder: Your maximum benefit allowance is available over a one year benefit period.

When...

- you pay for an appliance prescribed by your GP, Consultant Physician/Consultant Surgeon, Chiroprapist/Podiatrist, Physiotherapist, Acupuncturist, Chiropractor or Osteopath and
- if requested you provide us with evidence that the appliance was prescribed for your use and
- you submit your claim in accordance with section B, General Terms and Conditions

We will cover...

- 75% of the cost, up to the maximum for your plan level, see table of benefits on pages 8-9

For...

- hearing aids (including repairs); surgical supports that are worn; surgical corsets; trusses; surgical stockings; prosthetics; orthotic shoes (custom-made for your specific medical needs); orthotic inserts/supports; wigs; mastectomy bras/prosthesis/swimwear

We will not cover...

- any item not specifically listed above
- any prescription item if you are exempt from paying NHS prescription charges and a prescription charge does not apply
- exclusions (see section 6, General Terms and Conditions)

Therapy Treatments

Policyholder: Your maximum benefit allowance is available over a one year benefit period and represents the total for any one or combination of the treatment types.

When...

- your GP or Consultant Physician/Consultant Surgeon recommends that you receive treatment. If requested at any time, you must provide us with written evidence of this recommendation at your own expense and
- you receive and pay for treatment from a registered Physiotherapist, Chiropractor or Osteopath, or an Acupuncturist or Homeopath who is a member of an approved professional organisation. Registration membership must be relevant to the treatment that they are providing (see Definitions section) and
- you submit your claim in accordance with section B, General Terms and Conditions

We will cover...

- 75% of the cost, up to the maximum for your plan level, see table of benefits on pages 8-9

For...

- physiotherapy, acupuncture, chiropractic, osteopathy, homeopathic treatments
- homeopathic prescriptions supplied by a Homeopath as part of a consultation

We will not cover...

- any treatment that is not physiotherapy, acupuncture, chiropractic, osteopathy or homeopathy
- group sessions or classes
- scans e.g. MRI, ultrasound (see Consultation benefit)
- sundry items
- missed appointment fees
- herbs, herbal remedies, supplements or vitamins even if these have been recommended or supplied by your Physiotherapist, Acupuncturist, Chiropractor, Homeopath or Osteopath
- exclusions (see section 6, General Terms and Conditions)

Prescription Charges

Plan levels 3, 4 and 5 ONLY.

Policyholder: Your maximum benefit is available over a one year benefit period.

When...

- you are not exempt from paying NHS prescription charges and
- you receive and pay a charge for an NHS prescription item or private prescription item, or you provide us with evidence that you have purchased an NHS prescription pre-payment certificate to pay for your prescription charges and
- you submit your claim in accordance with section B, General Terms and Conditions

We will cover...

- the maximum number of prescription items for your plan level, see table of benefits on pages 8-9

For...

- the cost of NHS prescription charges at the current standard rate for an item in England. This means if the claim is for a private prescription the amount reimbursed is the equivalent cost of an NHS prescription item in England and the number of items for your plan level.

We will not cover...

- any prescription item if you are exempt from paying NHS prescription charges or a prescription charge does not apply
- exclusions (see section 6, General Terms and Conditions)

We will cover...

- 75% of the cost, up to the maximum for your plan level, see table of benefits on pages 8-9

For...

- hearing aids (including repairs); surgical supports that are worn; surgical corsets; trusses; surgical stockings; prosthetics; orthotic shoes (custom-made for your specific medical needs); orthotic inserts/supports; wigs; mastectomy bras/prosthesis/swimwear

We will not cover...

- any item not specifically listed above
- any prescription item if you are exempt from paying NHS prescription charges and a prescription charge does not apply
- exclusions (see section 6, General Terms and Conditions)
Health and Wellbeing services.

### 24 Hour Helpline
Legal, Debt and speak to a Counsellor - for you and your family.

**Phone**
0800 092 0987 or 0145 525 5123.

Available 24 hours a day, every day. Call charges may apply.

Calls are not recorded. This is a confidential service; the content of your call will only be divulged if you or someone else is at risk of serious harm.

Please have your scheme number ready when you call.

Our 24 Hour Helpline is an advice and information line provided by Health Assured Ltd.
The telephone service can be used by you, your partner and adult dependent children who are 18 to 24 years old, in fulltime education and living with you, this includes children living away from home during term time. There’s a scheme number in your welcome letter that you and your family must use when you call. The scheme number doesn’t identify individual callers.

<table>
<thead>
<tr>
<th>What's covered</th>
<th>What's not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ Unlimited use of our confidential telephone service, giving you and your family support from a team of qualified professionals.</td>
<td>✗ Face to face counselling or structured telephone counselling.</td>
</tr>
<tr>
<td>✔ Telephone support from a fully trained counsellor on issues such as: stress; anxiety; family problems; bereavement; money management; depression; relationship; problems at work; substance misuse. You can speak to a counsellor on the telephone but as it is a new call each time you won’t be able to speak to the same counsellor. There is no element of ongoing counselling.</td>
<td></td>
</tr>
<tr>
<td>✔ Free telephone legal information from an experienced legal professional on a wide range of issues e.g. consumer disputes; property; motoring; landlord/tenancy; debt; welfare benefits; matrimonial; family; wills and probate.</td>
<td>✗ Telephone counselling won’t be offered if it’s clinically inappropriate for the service to take your case e.g. if it would be more beneficial for you to seek long-term counselling or medical care.</td>
</tr>
<tr>
<td>✔ A sympathetic professional at the end of the phone giving you the time you need to talk about your health and wellbeing. The team of medical professionals will give you easy to understand expert advice and information on a wide range of health and lifestyle issues including: medical symptoms and conditions, medical and surgical treatments; hospital tests and procedures; childhood illnesses; caring for the elderly; diet and exercise; reducing alcohol consumption; stopping smoking.</td>
<td>✗ Diagnosis of a medical condition or issuing a prescription: the service gives general guidance only and isn’t intended to replace your normal personal medical care.</td>
</tr>
<tr>
<td></td>
<td>✗ Exclusions (see section 6, General Terms and Conditions)</td>
</tr>
</tbody>
</table>

### Telephone Care Advisory Services
Make informed care choices for yourself and elderly relatives.

**Phone**
UK 0114 303 1060

Available 8am-6pm, Monday to Friday except Christmas Eve and public holidays.

Please have your Westfield Health policy number ready when you call.

Our Telephone Care Advisory Services are provided by Grace Consulting.

You can use the Westfield Health care advisory team to support you with your own care, or the care of any of you/your partner’s elderly relatives defined as 65 or over (including your partner if aged 65+).

The care advisory team can help you with your role as a carer. They will also discuss your own care needs, or those of you/your partner’s elderly relatives, and inform and help you to resolve all care issues, including researching the most appropriate care providers for each personal situation.

<table>
<thead>
<tr>
<th>What's covered</th>
<th>What's not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ Unlimited telephone care advice from the Westfield Health care advisory team at Grace Consulting.</td>
<td>✗ Care advice relating to the needs of anyone aged under 65, with the exception of you the Policyholder.</td>
</tr>
<tr>
<td>✔ Practical advice and emotional support for your caring responsibilities.</td>
<td>✗ Legal, financial or medical advice, although our team may signpost you to appropriate advisors and practitioners for these needs.</td>
</tr>
<tr>
<td>✔ Advice on how to resolve all care issues including: navigating the care system; appropriate care options; how to find ideal care providers; state benefits and state funding of care; statutory services; guarding against potential future crises; relevant assistive devices, or monitoring devices that reassure about a loved one’s wellbeing.</td>
<td>✗ Face to face advisory services or site visits to potential care providers.</td>
</tr>
<tr>
<td>✔ An intensive research service to identify the most appropriate care providers for each personal situation, whether it be for care homes, home care agencies, day centres, or lunch clubs.</td>
<td>✗ Exclusions (see section 6, General Terms and Conditions)</td>
</tr>
<tr>
<td>✔ A written report on appropriate care providers for you to make an informed and final choice.</td>
<td></td>
</tr>
<tr>
<td>✔ Continued help and assistance until your care issue is resolved.</td>
<td></td>
</tr>
</tbody>
</table>

### Care After Hospital
18 hours of home care services following an overnight stay in hospital.

**Phone**
UK 0114 303 0176

Available 8am-6pm, Monday to Friday except Christmas Eve and public holidays.

Please have your Westfield Health policy number ready when you call.

Our Care After Hospital benefit is arranged and administered by Grace Consulting and underwritten by Astrenska Insurance Limited (AIL). AIL is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, reference number: 202846.

Westfield Health collects and holds insurance premiums (including return premiums) as an agent of AIL.
You must contact the Westfield Health care advisory team at Grace Consulting so that they can find the Home Care for you. The allowance of 18 hours Home Care is available for you to share with one relative aged 65 or over who must be either your Partner or your Parent. The first home visit must occur within 14 days of discharge from Hospital, and Home Care must be delivered within 28 days of that first home visit.

<table>
<thead>
<tr>
<th>What's covered</th>
<th>What's not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Unlimited telephone care advice from the Westfield Health care advisory team at Grace Consulting.</td>
<td>X Any Home Care that hasn’t been arranged in conjunction with and with the approval of the Westfield Health care advisory team at Grace Consulting.</td>
</tr>
<tr>
<td>✓ Rapid research into appropriate care providers, and a written report for you to make an informed choice.</td>
<td>X Home Care for your partner or parent if they are aged under 65, or for anyone else other than you.</td>
</tr>
<tr>
<td>✓ Up to 18 hours of Home Care services in any 12 consecutive months.</td>
<td>X Home Care that does not follow a Hospital In-patient admission.</td>
</tr>
<tr>
<td>Payments for the first 18 hours of Home Care, at the money back rate that applies to your level of cover, paid on your behalf. Please see the table of benefits on pages 8-9 for the money back rate.</td>
<td>X Home Care that commenced more than 14 days after discharge from hospital, or Home Care delivered more than 28 days after the first home visit.</td>
</tr>
<tr>
<td>X Home Care that follows a Hospital In-patient admission due to a pre-existing medical condition.</td>
<td>X Home Care that follows a Hospital In-patient admission during your qualifying period.</td>
</tr>
<tr>
<td>X Home Care that exceeds 18 hours in any consecutive 12 month period.</td>
<td>X Home Care provided by a care provider who is not registered with the Care Quality Commission or an equivalent national body.</td>
</tr>
<tr>
<td>X Care that is not domestic or personal care. For example nursing or medical care are excluded.</td>
<td>X Discharge expenses such as medical equipment, assisted living aids, medicines, and transport from Hospital to home.</td>
</tr>
<tr>
<td>X Exclusions (see section 6, General Terms and Conditions)</td>
<td></td>
</tr>
</tbody>
</table>

How do I access Care After Hospital?
Care After Hospital is not a cash benefit; you must follow these simple steps so that the care advisory team can find the Home Care for you.

Step 1
Ring the care advisory helpline. You’ll need your Westfield Health policy number. The care advisory team will explain how the service works and they’ll email you a claim form for the Hospital to complete.

Step 2
Before they can arrange a Home Care package the care advisory team will discuss your, or (with their permission) your partner’s or your parent’s needs with you. Our Home Care package is not intended to replace any discharge arrangements such as Intermediate Care made by the Hospital, NHS community team, or Local Authority, but to complement them. Our care advisory team will provide advice about your statutory entitlements and carry out rapid research into appropriate care providers, and provide a written report for you to make the final choice.

Step 3
The care provider that you select will visit you, or your partner or parent, to agree with you care with you and carry out an assessment.

Step 4
You will advise the care advisory team of the agreed Home Care to be delivered, the commencement date, and home visit timings. The care advisory team will confirm this with the care provider.

Step 5
The care advisory team will pay the care provider for the first 18 hours of Home Care, at the money back rate that applies to your level of cover. If your cover level means you are liable for part of the cost, then the care provider will invoice you direct for this part. Let the care advisory team know if you, or your partner or parent, need any further help.

DoctorLine™
Round the clock advice from a GP.

Phone
0345 612 3861 or 0203 858 9094 24 hours a day, every day. Call charges may apply.
Webcam appointments are available between 8.30am-6.30pm UK time; Monday to Friday, except on public holidays. All consultations are confidential, but calls and any visual images will be recorded for your protection.
Please have the Westfield Health policy number ready when you call to arrange a telephone or webcam consultation.

Our DoctorLine™ service is provided by Medical Solutions UK Ltd.
You and your resident family can call DoctorLine™ from anywhere in the world, 24/7. An experienced healthcare operator will take your details and arrange a call back at a time that suits you. During surgery hours you can choose to have a virtual consultation, if you’ve access to a webcam and broadband.
It’s reassuring to know that your consultation will be with a qualified practising GP, who’ll give you advice and in most cases a diagnosis. You can discuss anything that you’d usually ask your own GP about, from common ailments to sensitive or confidential concerns. You might want to talk about travel inoculations, side effects from your medication, or a health story you’ve seen in the news. DoctorLine™ is the closest thing to a surgery appointment, but without the wait.
If the DoctorLine™ GP thinks that prescription medicine would be appropriate, they may offer to send a private prescription electronically to a registered online pharmacy service from where the medication will be sent directly to you. When the prescription is issued before 4pm it is usually delivered the next working day. The online pharmacy service will call you to take your payment by credit or debit card. Simply confirm your payment details and delivery address and they’ll arrange delivery of the medication to your home or place of work.

<table>
<thead>
<tr>
<th>What's covered</th>
<th>What's not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Telephone consultations with a qualified practising GP.</td>
<td>X Emergencies or urgent consultations; DoctorLine™ isn’t intended to replace your own GP or the emergency services.</td>
</tr>
<tr>
<td>X A call back at the time of your appointment. You don’t pay for the call whether you’re at home, work, or travelling anywhere in the world.</td>
<td>X Any charges for receiving a call to your mobile e.g. while you’re outside the UK.</td>
</tr>
<tr>
<td>X Virtual consultations using state of the art webcam technology so that you can show the GP your symptoms to help with a diagnosis. The GP can use 3D medical images of the body to explain your medical condition.</td>
<td>X Face to face consultations at a doctor’s surgery.</td>
</tr>
<tr>
<td>X An electronic private prescription service, that delivers the medication that you buy to your home or place of work.</td>
<td>X Private prescriptions can’t be sent directly to you, or your own pharmacy.</td>
</tr>
<tr>
<td>X DoctorLine™ may offer to update your own GP about your consultation; this is particularly important if you’ve been prescribed medicine.</td>
<td>X The cost of the private prescription medication and delivery charges.</td>
</tr>
<tr>
<td>X DoctorLine™ can’t prescribe controlled drugs.</td>
<td>X You can’t use a recommendation from a DoctorLine™ GP to claim any other plan benefits.</td>
</tr>
<tr>
<td>X You can’t use a recommendation from a DoctorLine™ GP to claim any other plan benefits.</td>
<td>X Exclusions (see section 6, General Terms and Conditions)</td>
</tr>
</tbody>
</table>
**Health Club Concession**

Helping you to get fit for less.

- Online
  - [www.westfieldhealth.com](http://www.westfieldhealth.com) to log onto your account, or to register for My Westfield access; then choose Health Club Concession to link through to the Health Club Locator.
- Phone
  - 0345 123 5327 or 0115 850 7442 9am-5pm, Monday to Friday except public holidays. (Calls may be recorded).

Our Health Club Concession is provided by roadtohealth Ltd.

To register you’ll need your Westfield Health policy number. Full instructions are on the roadtohealth website.

Your cover has been designed to help keep you in the best possible health. With access to discounted membership at local gyms you can start improving your health right away. Simply use the online Health Club Locator to find your best deal.

### What’s covered

- Easy online access to concessionary membership deals from a national network of health clubs.
- Seasonal offers that are regularly updated.
- Online vouchers that you print and take to your chosen health club.
- A telephone helpline if you can’t register online or have any questions.

### What’s not covered

- Some deals aren’t available to existing health club members.
- Exclusions (see section 6, General Terms and Conditions).

**Westfield Rewards**

Helping your money go further.

Visit [www.westfieldrewards.co.uk](http://www.westfieldrewards.co.uk) to register for Westfield Rewards.

Helpdesk 0345 299 4194 or 0203 583 7020 Available 24 hours a day, 7 days a week, 365 days a year. Calls may be monitored or recorded to confirm that your instructions have been carried out and to help improve the quality of service.

To activate your Westfield Rewards registration you’ll need your Westfield Health policy number and your email address.

Westfield Rewards is provided by Reward Gateway.

You’ll get a discount when you buy Reloadable Cards to spend in some high street stores and supermarkets. Please allow time for the card to be sent to you and be activated if you want to use it by a specific date. You can top-up your card’s balance at any time online, or by calling the helpdesk. If you change your mind within 14 days you can ask Westfield Rewards for a refund if you haven’t activated the card. Top-ups aren’t refundable. Reloadable Cards are just like cash, so keep them safe and if your card is lost or stolen tell the Westfield Rewards helpdesk straightaway.

Cashback is another easy way to save you money. Simply check out the Cashback rate for a participating retailer and then connect to their online store via the Westfield Rewards link. Cashback is credited to your Cashback account when your purchase has been confirmed. Cashback isn’t payable if you cancel, return the goods or don’t use the Westfield Rewards link. When you want to withdraw your Cashback just follow the online instructions. If your Westfield Health cover ends you must claim your Cashback within 30 days.

You simply manage your Westfield Rewards account online. Full terms of use are on the Westfield Rewards website. Westfield Rewards are always happy to help if you have any questions.

### What’s covered

- Offers on a wide range of goods and services.
- Discounts when you buy Reloadable Cards to spend in participating high street stores and supermarkets.
- Instant vouchers are a quick and easy way to save.

### What’s not covered

- Cashback won’t be paid if you get a refund for anything that you’ve bought.
- Cashback won’t be paid if you don’t complete your purchase online through the link on the Westfield Rewards website.
- Any money spent on a Reloadable Card that’s been lost or stolen: report your loss to Westfield Rewards as soon as possible so that they can cancel the card.

### Personal Accident

Just for you.

Chubb European Group Limited (Chubb) underwrites your personal accident cover. Chubb European Group Limited is registered in England and Wales registered number 01112892. Their registered office is at 100 Leadenhall Street, London, EC3A 3BP. Chubb European Group Limited is authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority, reference number 202803. Full details can be found online at the PRA/FCA websites or by contacting the PRA on 020 7660 4878 or the FCA on 0800 111 6786. Westfield Health acts as an agent for Chubb.

Please read this summary together with the full terms and conditions of your personal accident cover.

- If you suffer bodily injury as a direct result of an accident which within 24 months of the accident results in death or disablement, benefit will be paid in accordance with the scale outlined on page 32.
- You are not covered for any accident that happened before your personal accident cover started, or after your personal accident cover finished.
- You must be under 75 years old at the time of the accident to qualify for permanent total disablement benefit. If you are 75 or over Chubb will assess your claim based on the degree of your permanent disability instead.
- The maximum amount of benefit that Chubb will pay for one accident is equivalent to the amount for permanent total disablement, item 2 in the scale on page 32.
- If Chubb pays the benefit for loss of limb they won’t also pay for parts of that limb.
- If you already had a disability or condition before your accident Chubb will take this into account and it may reduce the amount of permanent disability benefit that you get.
- Please submit your personal accident claim within 60 days, or as soon as reasonably possible, after the time of the accident.
- Chubb will not pay any claims which would result in Chubb being in breach of United Nations resolutions or trade or economic sanctions or other laws of the European Union, United Kingdom, or United States of America.

<table>
<thead>
<tr>
<th>What's covered</th>
<th>What's not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Offers on a wide range of goods and services.</td>
<td>✗ Cashback won’t be paid if you get a refund for anything that you’ve bought.</td>
</tr>
<tr>
<td>✓ Discounts when you buy Reloadable Cards to spend in participating high street stores and supermarkets.</td>
<td>✗ Cashback won’t be paid if you don’t complete your purchase online through the link on the Westfield Rewards website.</td>
</tr>
<tr>
<td>✓ Instant vouchers are a quick and easy way to save.</td>
<td>✗ Any money spent on a Reloadable Card that’s been lost or stolen: report your loss to Westfield Rewards as soon as possible so that they can cancel the card.</td>
</tr>
</tbody>
</table>
### Personal Accident

<table>
<thead>
<tr>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>£10,000</td>
<td>£20,000</td>
<td>£30,000</td>
</tr>
</tbody>
</table>

**Level 3**
- Loss of sight - both eyes
- Loss of speech
- Loss of limb - one or more limbs

**Level 4**
- Permanent total disablement
- Loss of sight - one eye
- Loss of hearing - both ears
- Loss of hearing - one ear

**Level 5**
- Bodily injury caused or contributed to by your suicide, attempted suicide or deliberate self-inflicted injury, regardless of the state of your mental health.
- Permanent total disablement
- Loss of sight
- Loss of limb
- Loss of hearing
- Post traumatic stress disorder or related syndromes, or any psychological or psychiatric condition.
- Loss of speech
- Loss of ear

When will my personal accident cover start?

Your personal accident cover always starts on the date we receive the application for your cover. This is regardless of your Good4you Health Cash Plan registration date.

Chubb won't pay any benefit if the time of the accident was before we received your application for a policy.

If your plan level changes your personal accident cover changes on the date that we receive the application, not on the registration date for your new plan level.

When will my personal accident cover end?

Your personal accident cover will end on the date that your Good4you Health Cash Plan cover finishes.

**Personal accident premiums.**

Personal accident cover is just one of a range of benefits included in the Good4you Health Cash Plan. We're allowed to collect and hold the personal accident premiums as an agent for Chubb. Paying Westfield Health is the same as paying your personal accident premium directly to Chubb.

**How do I make a claim?**

We understand that it's likely to be a difficult time if you've had an accident. You, or someone acting on your behalf, should contact the Westfield Health Customer Care Team within 60 days or as soon as reasonably possible after the accident. We'll send out a personal accident claim form for you to fill in and return to us.

We'll then forward the completed claim form onto Chubb and they'll contact you to explain what happens next.

If there's any delay in you notifying a claim to us it could be detrimental to Chubb investigating and assessing the claim: this may impact the claim being paid at all, or the amount of the claim that's paid.

Sometimes it may be necessary for Chubb to wait up to 24 months to establish the full extent of your injury and whether a permanent total disablement or permanent disability claim is payable. Chubb cannot carry out a medical assessment while you are still having treatment for that injury.

**Could my claim be affected by sanctions?**

Chubb will not pay any claims which would result in Chubb being in breach of United Nations resolutions or trade or economic sanctions or other laws of the European Union, United Kingdom, or United States of America.

Chubb will clearly explain the reasons to you, or the person acting on your behalf, if your claim is affected.
Personal Accident Definitions

We've put some words or phrases in 'bold type' like this, so that you'll know that Chubb has given them these special meanings for your personal accident cover. The definitions of other words and phrases in 'bold type' are in the General Terms and Conditions section on pages 35 to 36.

Loss of limb
With reference to:
- an arm – amputation or complete and permanent loss of all functional use – at or above the wrist joint
- a leg – amputation or complete and permanent loss of all functional use – at or above the ankle (talo-tibia joint)

Permanent total disablement
If you were in gainful employment at the date of the accident:
A permanent disability which stops you from carrying out gainful employment for which you are fitted by way of training, education or experience.

Loss of hearing
Amputation or permanent loss of all functional use.

Loss of sight - both eyes
Permanent blindness, which based on medical evidence you will never recover from, and which results in your name being added (on the authority of a qualified ophthalmic specialist) to the Register of Blind Persons maintained by the government.

Loss of sight - one eye
Permanent blindness, which based on medical evidence you will never recover from, in an eye to the degree that, after correction using spectacles, lenses or surgery, objects that should be clear from 60 feet away can only be seen from 3 feet away or less.

Loss of speech
Permanent and total loss of speech as confirmed by a GP or Consultant Physician.

Permanent disability
Any form of functional disability which has lasted for at least 12 months and from which, based on medical evidence, you will never recover.

Bodily injury
- Injury to you which happens whilst the personal accident cover is in force and
- which is caused only by an accident and
- on its own, within 24 months of the accident leads to permanent disability or death and results in a claim covered under this policy.

Loss of hearing
Permanent profound deafness, which means the quietest sound you can hear is louder than 90 decibels when you're tested by a qualified audiologist.

Permanent total disablement
If you were in gainful employment at the date of the accident:
A permanent disability which stops you from carrying out gainful employment for which you are fitted by way of training, education or experience.

Or if you were not in gainful employment at the date of the accident:
A form of permanent disability calculated on a medical assessment by Chubb or an independent medical expert appointed by Chubb, which results in your inability to perform, without assistance from another person, at least two of the following activities of daily living:
- eating
- getting in and out of bed
- dressing and undressing
- toileting
- walking 200 metres on level ground

Time
The Standard Local Time where you permanently live.

War
Armed conflict between nations, invasion, act of foreign enemy, civil war or taking power by organised military force.

General Terms and Conditions

Definitions.

So that you'll know that we've given them these special meanings we've put some words or phrases in 'bold type' like this in the Benefit Rules and General Terms and Conditions.

E
United Kingdom pounds sterling.

Acupuncturist
A fully qualified practitioner who is a Member of the British Acupuncture Council or Fully Accredited Member of the British Medical Acupuncture Society. The Acupuncturist must not be you, your partner or a member of your family.

Agreement
The contract between Westfield Health and you for the provision of the plan governed by the terms and conditions set out in this guide.

Bed
A bed, or similar facility e.g. a reclining chair, a hospital/treatment centre calls a bed.

Benefit Period
The period of time over which each separate benefit is available to claim. See section 7, General Terms and Conditions.

Chiroprapist/Podiatrist
A fully qualified practitioner who is registered with the Health and Care Professions Council (HCP). The Chiroprist/Podiatrist must not be you, your partner or a member of your family.

Chiropractor
A fully qualified practitioner who is registered with the General Chiropractic Council. The Chiropractor must not be you, your partner or a member of your family.

Dependent Child
A child who is:
- your child, your partner’s child, a child that you or your partner have legally adopted or have legal guardianship of and
- under 18 years old and
- not married/not in a civil partnership and
- living with you or is financially dependent on you and lives in the UK, Channel Islands or Isle of Man.

We may ask you for proof of your relationship with the child. A dependent child that’s included on your policy won’t be covered for dependent child benefits once they’re 18.

Elderly Relative
Any relative aged 65 or over, including your Partner, Parents, aunts, uncles, etc. but excludes friends and neighbours.

GP
A General Practitioner who’s registered with the General Medical Council and who works in general practice.

Hearing Aid
An electronic device usually worn in or behind the ear of a hearing-impaired person for amplifying sound.

Home Care
Domestic and personal care such as help with dressing, washing, bathing or shaving, toileting, getting in or out of bed, eating, drinking, taking medication, communicating, preparing meals, cleaning, laundry and ironing, shopping, and companionship.

Homeopath
A fully qualified Homeopath who is a member of one of the following professional bodies:
- Member of the Faculty of Homeopathy
- Licensed or Registered Member of the Society of Homeopaths
- Registered Member of the UKHMA
- Member of the Alliance of Registered Homeopaths
Your natural or lawful father or admitted as an in-patient in a hospital/treatment centre but is not, or was not, a fully qualified practitioner who is registered with the General Medical Council (or an equivalent register if the hospital/treatment centre is outside the UK, Channel Islands or Isle of Man) and is not a nursing home; hospice, convalescent home; residential care home; prison; health spa/hydro.

In-patient Admission to a hospital/treatment centre or hospice for a full night stay, or longer. To qualify as a full night you must not be in hospital/treatment for any other purpose. A patient that attends a health spa/hydro. must not be permanently live with as if you're married to them/in a civil partnership.

Your partner

Partner A person who: • you live with that you’re married to/in a civil partnership with or • you permanently live with as if you’re married to them in a civil partnership.

We may ask you for proof of your relationship with that person.

Physiotherapist A fully qualified practitioner who is registered with the Health and Care Professions Council (HCPC). The physiotherapist must not be you, your partner or a member of your family.

Place/Placement When a child comes to live with you permanently so that you can formally adopt the child in the future.

Plan The Good4you Health Cash Plan.

Policyholder The person in whose name the plan is held (sometimes called the lead name on a policy). The policyholder is held (sometimes called the lead name on a policy). The person in whose name the plan is held (sometimes called the lead name on a policy).

Pre-existing medical conditions This plan is only intended to cover new medical conditions.

1. Who can have cover You must reside in the United Kingdom, Jersey or Isle of Man for a minimum of 180 days each year to be a Good4you Plan policyholder.

You must be at least 16 years old and younger than 66 years of age to qualify for this plan. Existing policyholders applying to transfer to a higher level of cover must be under 66 years of age. However, policyholders are not required to leave the plan once they become 66 and can transfer to a lower plan level at any age.

Professional and semi-professional sports people are not eligible for the plan.

You must satisfy yourself that this plan and the level of cover you decide to apply for are right for you. Neither Westfield Health, Chubb nor Astrarena Insurance Limited will provide any advice in this regard but you are of course free to seek information or advice from a professional advisor.

We, like any responsible insurer, and to the extent permitted by all applicable laws, reserve the right to decline an application for a policy or a request to upgrade your policy level if we believe that you have not accepted we will refund any premium that you have paid for the cover that we have declined to offer (providing that we have not paid a claim under that cover).

You can only hold one Good4you Health Cash Plan policy at any one time.

Cooling Off Period - If you change your mind Your policy contains a 14-day cooling off period for any policy that you have paid for in the current month if you have paid for it by the 15th of the month. We will refund any premium that you have paid for the cover that we have declined to offer (providing that we have not paid a claim under that cover).

When you apply for a new policy, or ask us to increase your level of cover, it is your responsibility as the policyholder to send us written details of any pre-existing medical conditions. If you are providing information about another person you should ensure that you have their consent to do so.

If your application form was completed and signed by someone else on your behalf you must provide this information to Westfield Health within 7 days of welcoming you as a policyholder.

3. The contract between Westfield Health and you

Your Cancellation Rights You have the right to cancel your policy. If we receive notice that you wish to cancel before the 15th day in any month we will refund the full monthly contract for that month and refund the premium paid by you for that month. If we receive a notice of cancellation on or after the 15th day of the month, then we will not refund your premium for that month but any further premiums will not be payable.

Any premium that you have paid, in advance or that is due following cancellation will be refunded to you. We will not pay a claim for any benefit beyond the date that you have paid on condition that any pre-existing medical conditions are not covered on your policy. If you are applying to increase your level of cover you will not be entitled to claim for any pre-existing medical conditions from the date that you qualify for benefit at the higher level of the plan.

When you apply for a new policy, or ask us to increase your level of cover, it is your responsibility as the policyholder to send us written details of any pre-existing medical conditions. If you are providing information about another person you should ensure that you have their consent to do so.

If your application form was completed and signed by someone else on your behalf you must provide this information to Westfield Health within 7 days of welcoming you as a policyholder.
Re-applying for cover after you have cancelled
If you cancel your policy and then decide to re-apply for cover with us at any time, we will subject you to the qualifying periods for a new applicant to the plan and you will need to apply to us through our published application form. Previous claims may not be taken into account when we assess your entitlement to benefit on your new policy.

Terminating your cover
We reserve the right to cancel your cover at any time (with or without notice) if:

• Under the terms and conditions of the plan you are not eligible for cover
• You provided false information and/or failed to disclose all the relevant required information when you applied to increase your plan level, or submitted a claim
• You, or anyone covered on your policy, fails to comply with our request for information related to a claim or an application for cover
• You submit a claim that is fraudulent or that we reasonably believe to be intentionally false and/or misleading and/or exaggerated
• You (or anyone covered on your policy) act in a threatening or abusive manner, e.g. violent behaviour or abuse; fraudulent or sexual or racial harassment, towards a member of our organisation, or one of our suppliers
• You fail to abide by any of the terms and conditions of this plan

Should we cancel your cover you will not have any right to make any further claim on us. In addition, we may also seek to recover any monies from you that you have paid to us, to the extent that you were not due under the Terms and Conditions of this plan. If premiums for your cover have been paid in advance we may refund premiums paid beyond the date for which you have had the benefit of cover. However, we retain the right to hold such premiums if you owe us money. We will notify you in writing our reason for cancelling your cover and you have the right to appeal to us through our published Complaints Procedure, which is available on request.

If your policy is terminated we will not accept you for cover with us again on any plan.

4. Premiums
Premiums are payable by monthly Direct Debit to Westfield Health. When you take out a policy, or upgrade your cover, we will notify you when your first payment will be collected. To bring your premiums up to date, it may be necessary to take payment for 2 or more months’ premiums at the first collection. We will not process any claims until we have received a payment that covers the dates for which you are claiming. For more information please refer to Section 7, How to claim. Your policy will lapse if you do not keep your premiums up to date. If you owe more than one month’s premium on levels 3, 4 or 5 or three months’ premiums on levels 1 or 2 you will not be entitled to remain in the plan.

You will not be entitled to use any of the services included in the plan and we will not pay your claim if premiums have not been paid to cover the dates(s) for which you are claiming. If when we receive your claim your premiums are not paid up to date for any reason, we will not process your claim at that time. If you remain in the plan, claims will be held until you have made a payment that covers the date(s) for which you are claiming. If you do not continue to pay your premiums all benefit under the plan will cease on the date that you have paid up to.

We will not accept payment for more than 13 months cover in advance.

Premiums include Insurance Premium Tax at the current rate and are subject to review in respect of any changes in taxation. Where a benefit included in the plan is underwritten by another insurer, our agency agreements with insurers allow us to hold the premiums you pay in respect of those elements of the product as agent of the insurer and therefore payment to us means the same as if you have paid that insurer direct. This does not affect elements that we underwrite.

5. Qualifying Periods
New policyholders or those who transfer to a higher level of cover will have to wait the relevant qualifying period before they are eligible for most benefits. The qualifying period starts from your date of registration, at that plan level. Following your date of registration you must renew your monthly contract with us for the required minimum number of consecutive months, detailed below, to qualify for each benefit.

Available from the date of registration:

24 Hour Helpline; DoctorLine®; Health Club Concession; Personal Accident cover; Telephone Care Advisory Service; Westfield Rewards.

10 months qualifying period – all plan levels

Maternity/Paternity/adoption benefit

3 months qualifying period – levels 1 and 2.

All other benefits

6 months qualifying period – levels 3, 4 and 5:

All other benefits

Changes to your level of cover

If you transfer to a higher plan level qualifying periods for benefit at the higher level are as shown above. During the qualifying period we will pay benefit at the lower plan level, if you have benefit available.

If you transfer to a lower level of cover we will pay benefits at the lower plan level from the registration date of the transfer, providing you had already completed the required qualifying period during the time you were at the higher plan level and you have benefit available. Benefit periods and benefits paid into the higher plan level will be taken into account when assessing entitlement to benefit at the lower level.

Former Policyholders
In addition to the above, if you have been a former policyholder with Westfield Health and your policy has lapsed, we will take into account claims paid under your previous cover when assessing entitlement to benefit on your new policy.

The date that each benefit will be available to claim will depend upon:

a) the Good4You Plan level that you are applying for
b) the plan and plan level that you were previously covered on
c) claims previously paid and the benefit periods relating to those claims

Transferring Plans
For policyholders who transfer to the Good4You Plan from another Westfield Health plan previous claims that you have made may be taken into account when assessing your entitlement to benefit.

Our Customer Care Team can explain the qualifying periods and benefits available directly to you, following a lapse in your cover or transfer from another Westfield Health plan. The list of exclusions, below, detailed in the Benefit Rules section.

6. Exclusions
The exclusions are, subject to any exceptions detailed in the Benefit Rules section.

You must have benefit available for the date(s) on which you paid for treatment, goods or services for which you intend to claim. We will not cover:

• any claim that is not substantiated in accordance with section 8, General Terms and Conditions
• any claim that is submitted where you, or anyone covered on your policy, are in breach of the plan and/or General Terms and Conditions
• claims that arise as a result of a pre-existing medical condition
• any claim or any kind caused directly or indirectly by ionising radiation or contamination by any nuclear fuel, or the radioactive, toxic explosive or other dangerous properties of any explosive nuclear machinery or part of it
• any claim or expense of any kind directly or indirectly arising as a result of war, invasion, terrorism, rebellion or revolution

7. Benefit Period
A separate benefit period applies to each benefit and these are detailed in the Benefit Rules section.

You must have benefit available for the date(s) on which you paid for treatment, goods or services. For Hospital Benefit and Maternity/Paternity/adoption benefit you must have benefit available, for the date(s) that you are claiming.

When you have FULL BENEFIT available the benefit period will start on the following dates:

For Hospital Benefit the benefit period begins on the first day or night that we pay benefit for

• The Maternity/Paternity/ Adoption benefit period begins on the date of birth of the child or the date a child is placed with you for adoption.

For Care After Hospital the benefit period begins on the first day we pay benefit for

• For all other benefits the benefit period begins on the date that you paid for the treatment, goods or service.

During each benefit period you can submit more than one claim per benefit, however we will not pay more than the maximum allowance for your plan level.

The benefit period that each claim falls into is determined by:

• the date of birth/adoption placement for Maternity/ Paternity/adoption benefit for Hospital Benefit the date that you are an in-patient or held in hospital on the date that you attend for day surgery

• the date that home care was provided for Care After Hospital benefit

• the date of your payment for treatment goods or services

When a benefit period ends full benefit is not available to you. Any unused benefit will not be carried forward from one benefit period to the next. The new period for that benefit will not begin until you submit the next benefit claim and it starts according to the criteria set out above.

8. How to claim
The quickest way to claim is online. Submit your optical, dental, chiropractic and therapy treatment claims online and you’ll get the money back even quicker. Visit My Westfield, register your details and follow the instructions on screen.

If you are claiming for any other benefit or if your claim is for your dependent child (you can claim online for their optical and dental claims), you’ll need to complete a paper claim form and post it to us with your original receipt. Claim forms can be downloaded from My Westfield, or ordered by calling our Customer Care Team on 0114 250 2000.

More information about all the different ways to claim, including via our Claims App, can be found on the My Westfield area of our website at www.westfieldhealth.com.
We do not accept the following:

- photocopies of receipts, invoices without a supporting receipt or credit/debit card receipts without an accompanying itemised receipt
- receipts where only a partial payment or deposit has been paid, including receipts showing a balance outstanding for payment
- claims for payment(s) made in advance for a course of treatment, a service or goods: except when the receipt also confirms that prior to claiming you have received the treatment, goods or service. The receipt must detail the date(s) you received the treatment, goods or service and we must receive your claim within 13 weeks of the payment date – see below

• The only exception to this is when you provide us with written evidence that you have entered into a payment arrangement/credit agreement for treatment, goods or services that you have received. The date that you pay the first instalment determines the benefit period that your claim falls into and we will pay you up to the benefit balance available on that date. ONLY towards the full cost of the treatment, goods or service purchase funded by the credit agreement. We will not cover administration/interest charges. Dental insurance or care schemes or premiums/payments are not covered on the plan.

For Maternity/Paternity benefit
We need your baby’s full birth certificate with your claim. To claim for Adoption you must send us proof of your child’s name and age, together with confirmation from an adoption agency of the date that the child was placed with you for adoption.

To claim Hospital Benefit your Westfield Health claim form must be completed, signed and stamped by the hospital/treatment centre or hospice. We do not accept photocopies of completed claim forms. We will not pay your claim unless it is received within 13 weeks of the following:

- the date that you tender each payment (i.e. cash; credit/debit card; cheque) to the practitioner/supplier for goods or services
- the date on which you were discharged as an in-patient for Hospital Benefits
- the date of each attendance for Day Surgery for Hospital Benefit
- the child’s date of birth; the date child is placed with you for adoption
- the date that home care was provided for Care After Hospital

It is your responsibility to ensure that you allow sufficient time for the claim to reach us within the 13 weeks deadline. We will not accept any responsibility for claims (supporting evidence) lost, delayed or damaged in the post.

If you can claim part or all of your costs under another Westfield Health plan, or from any other source you must attempt to receive more than the total amount that you have paid. If you are claiming from another insurer, we will pay our proportionate share of the cost, subject to benefit being available and the terms and conditions of your plan.

You should only submit a claim if the person who has received the treatment, goods or service is eligible to claim under that specific benefit. If the claim is for your partner or dependent child we may require proof of your relationship with them. It is your responsibility to provide complete and accurate information with the claim.

When you submit a claim, for audit purposes we will carry out checks on the information you and the practitioner provide in your claim. We will not process that claim, or any further claims on your policy, until we have successfully completed our audit checks. If we make a reasonable request for additional information this can be provided at your own expense.

In order for us to verify a claim it may be necessary for us to request a medical report from

• your GP, Consultant Physician or Consultant Surgeon at any time. We will only request a report when it is reasonably necessary and, under the Access to Medical Reports Acts 1988, if a medical report is required it will be sent to you first to tell you why. If you, or where applicable another person covered on your policy, do not give us your consent we will withhold payment of all claims and may terminate your policy.

Pre-existing medical conditions are not covered on the plan for some benefits. If we discover that you have paid any claims relating to a pre-existing medical condition we will not pay any monies from that you have been paid to you that were not due to under the terms and conditions of the plan. We may terminate your policy and we may seek to recover from you any costs we have incurred. If you are providing information about another person you should ensure that you have their consent to do so.

If you submit a claim that is false we will terminate your policy and your benefits as a policyholder will end immediately. We will not refund premiums paid for the plan and always take legal action for fraudulent claims.

How do we check claims and prevent fraud?
We check all claims. We may need to ask you for further proof before we can process a claim; you must provide this at your own expense. We may contact the practitioner for verification. If the claim is for your dependent we may ask you for proof of your relationship with them. While we are waiting for information we won’t pay any claims on your policy. We do these routine checks to make sure that we’re paying claims correctly; it doesn’t mean that we think you’re being dishonest.

It’s your responsibility to make sure that all the information that you give us with a claim is truthful and complete. We take fraud prevention very seriously. False claims can cause premiums to go up. To protect our customers, we’ve many systems and procedures that detect false claims. We also share information with other insurance companies, fraud prevention agencies, the police and other enforcement agencies.

You must always act honestly. For example you, or anyone covered on your policy, must not:

• alter or forge a receipt
• supply us with any evidence with a claim that you know is misleading or untrue
• give dishonest answers to our questions
• refuse to give us any information that we need, or withdraw a claim to avoid investigation.

We will deal with all claims fairly. If we are paying claims correctly; it doesn’t mean that we think you’re being dishonest.

If you’re being dishonest we will refer the matter to our reports team and, under the Access to Medical Reports Acts 1988, if a medical report is required it will be sent to you first to tell you why. If you, or where applicable another person covered on your policy, do not give us your consent we will withhold payment of all claims and may terminate your policy.

Please contact the Westfield Health Customer Care Team and we will arrange for a formal process to be sent to you or the person acting on your behalf. Once a claim has been submitted you will deal directly with Chubb in connection with that claim. Any document or evidence reasonably required by Chubb to verify the claim shall be provided by you or on your behalf at your own expense. Any medical examination required by Chubb to verify the claim will be at Chubb’s expense. Any receipt which you or anyone acting on your behalf have given to Chubb for benefits payable shall be deemed a final and complete discharge of any indebtedness of Chubb in respect of such benefit.

9. Worldwide cover
If a claim arises when you are temporarily travelling away from home anywhere in the World, on business or for pleasure, you can still make a claim. You (and if the claim relates to them your partner or dependent child) must not:

• be temporarily away from the UK
• be temporarily travelling in another country
• be temporarily travelling away from the UK
• be temporarily travelling away from the country in which you reside
• be temporarily travelling away from the country in which you work

If you submit a claim that relates to travel outside the UK, we will instruct you to contact our partner travel insurance company for a final decision on whether we will pay any claims on your policy. We will instruct you to contact our partner travel insurance company for a final decision on whether we will pay any claims on your policy.

We will always pay claims for travel within the terms of this policy, subject to our terms and conditions.
10. General Conditions

Governing Law

Once your application to register for the plan has been accepted by us, this agreement shall be governed by and construed in accordance with the laws of England and the parties irrevocably and unconditionally submit to the exclusive jurisdiction of the courts of England in respect of any dispute or difference between them arising out of this agreement.

Changes to this Contract

From time to time upon renewal it may be necessary for us to increase the amount of the premium for the plan, alter the benefits payable under the terms of the plan or amend the rules relating to the plan. If we decide to make any such changes we will give you reasonable notice to enable you to decide if you do not wish to continue your policy, except when it is not possible for us to do this, for example changes required by law. Any revisions will not extend the benefit period relating to each separate benefit.

A person who is not a party to this agreement shall not have any rights under or in connection with it.

The Maternity/Paternity/Adoption benefit will remain in place if you continue to be a Good4you Health Cash Plan policyholder unless we give you 12 months’ notice that it is to be withdrawn.

We reserve the right to cancel the plan. If we intend to completely withdraw the plan, we shall provide you with reasonable notice. Where possible, we will try to offer you an alternative Westfield Health plan.

Data Protection/Fair Processing Notice

Information provided to us or collected concerning your plan in the future will be used by Westfield Health, or selected third parties to:

- provide the benefits for which you have applied
- maintain your records
- manage the underwriting and/or claims handling procedures (including your dependants’ claims)
- prevent and detect fraud

This will include the recording and monitoring of Sensitive Personal Data such as health and medical conditions for all claims processed under your plan.

This information may be shared with:

- other insurance providers
- police and enforcement agencies

In the interests of continuously improving our services to customers and for training purposes telephone calls to Westfield Health will be recorded and monitored. This will include the recording and monitoring of Sensitive Personal Data such as data relating to health and medical conditions.

Where you have provided information about another person you should ensure that you have their consent to do so. For a small fee you are entitled to a copy of the information which we hold about you by writing to the Data Subject Rights Officer, Westfield Contributory Health Scheme Limited, 60 Charter Row, Sheffield S1 3FZ, telephone 0114 250 2000.

Marketing Preferences

We may occasionally use your contact information to contact you by post, email, text or phone with marketing offers and details of our other products and services. To opt out please tick the box on the application form or contact us at the above address. We may also share all contact details with other selected organisations who may contact you by post or phone about other products and services. To opt out please tick the box on the application form or contact us at the above address.

If you are also happy to receive emails/texts from these other selected organisations please tick the box on the application form or contact us at the above address.

Language

In accordance with regulatory guidance we confirm the language we will use for communication purposes. It is: English.

Additional Information

We are required to notify you that there may also be other taxes or costs which are not paid through, or imposed by, the insurance underwriter.

The information contained within this guide is effective from 1st November 2017 and replaces all previously published information.
The following information will help you complete this application form. Please could we ask that you complete the application form using block capitals and a black pen.

**Section A: Applicant 1**
This section is for you to apply for cover, or to upgrade existing cover. Please complete all the information in this section.

**Section B: Applicant 2**
Your partner can fill in this section if they would like to take out cover too. They will hold a separate policy.

**Section C: Dependent Children Details**
If you have dependent children, they are included for key benefits as part of your cover, at no additional cost. Please provide their details on this form.

**Section D: Declaration**
Please read the declaration carefully before signing.

**Pre-existing medical conditions**
This policy covers new conditions only. Please read carefully section 1, General Terms and Conditions together with the definition of pre-existing medical conditions on page 36 before completing the application form. If anyone who is intended to be covered on the plan has any pre-existing medical conditions to declare, you must include written details with your application.

**Direct Debit instruction**
Please don’t forget to fill in the Direct Debit instruction.

We need the bank or building society details for each applicant so that premiums can be paid by Direct Debit.

**Payment of claims**
We will reimburse your claims by crediting your bank or building society account directly. It must be your own bank or building society account. Once your claim has been processed, confirmation of the payment will be forwarded to you.

---

**Important information**
To apply for cover, applicants must be aged 65 years or under (i.e. not yet 66).
Introducing your cover.

Congratulations. Like thousands of others, you’re about to discover why so many of our customers are happy with their cover.

Taking better care of you.
No one knows what’s around the corner where our health is concerned. It’s reassuring to know that, for a small monthly amount, you have award winning health cover for you and your family.

Money back and cash payouts.
We aim to ensure that as many of your health costs are covered as possible. From dental care to prescriptions, we will pay thousands of pounds towards your bills. You will also receive fixed cash payouts for hospital stays and day surgery. And you will also receive a sum of money if you have a baby or adopt a child.

Diagnosis and peace of mind.
We want you to stay at your fit and healthy best and, to help you do that, we’ve included all kinds of additional benefits. As well as providing cash towards diagnostic consultations, your cover includes a 24 hour DoctorLine™ service, because we know that illness doesn’t just strike during surgery hours.
Remember, our friendly Customer Care Team is here to help.

-----------------------------

**Online**
westfieldhealth.com

-----------------------------

**Email**
enquiries@westfieldhealth.com

-----------------------------

**Phone**
0114 250 2000
8am-6pm, Mon-Fri
(except Christmas Eve and public holidays)

---

Westfield Health is a trading name of Westfield Contributory Health Scheme Ltd and is registered in England & Wales company number 303523. We are authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the PRA. Details of this registration can be found by accessing the Financial Services Register online at either the PRA or the FCA websites or by contacting the PRA on 020 7601 4878 or the FCA on 0800 111 6768. Our financial services registration number is 202609.

Westfield Health is a registered trademark.