POLICY SUMMARY

keyfacts®

The IoD Corporate Health Plan provides cover towards the costs associated with routine healthcare such as new prescription glasses, dental treatment and health screening. This plan also includes access to diagnostic scanning facilities and consultations for quick access to diagnosis.

It is designed to ease your daily life and support your overall wellbeing.

This Health Cash Plan is underwritten by Westfield Contributory Health Scheme Limited.

Key features of your Health Cash Plan

- **3 levels of cover to choose from**
- **A total of 8 healthcare benefits and services**
- **100% reimbursement for a range of essential healthcare expenses, up to set limits**
- **Access to MRI, CT and PET Scanning Facilities**
- **GP Telephone Consultation Service available 24 hours a day, every day for you and your resident family**
- **Freephone 24 Hour Counselling and Advice Line for you and your resident family**
- **Access for you, the policyholder, to have up to 6 face to face counselling sessions**
- **Worldwide cover is available on most benefits**
- **Employees who are eligible for corporate paid cover do not have to wait for a qualifying period before making a claim, except when choosing an upgrade option**
- **Additional value added benefits may be provided to eligible employees, at the discretion of your employer**
- **For eligible employees and any dependent children covered on your policy, pre-existing Medical Conditions are covered even when choosing an upgrade option**

Key limitations and exclusions

- **This plan is not available to purchase directly from Westfield Health. It is primarily available on a corporate paid basis** (section 1, General Terms and Conditions)
- **To be eligible for cover you must live in the UK, Channel Islands or Isle of Man for a minimum of 6 months each year** (section 1, General Terms and Conditions)
- **To be eligible to apply to upgrade your policy or to apply for cover, you must be under 66 years of age** (section 1, General Terms and Conditions)
- **Professional and semi-professional sports people are not eligible for cover** (section 1, General Terms and Conditions)
- **For partners applying for cover, pre-existing medical conditions are not covered for any benefit other than for Optical and Dental** (section 1, General Terms and Conditions)
- **There is a 3 months qualifying period on most benefits for partner cover applications** (section 4, General Terms and Conditions)
- **All policyholders choosing to upgrade their cover will have to wait a qualifying period of 3 months in order to claim at the higher level** (section 4, General Terms and Conditions)
- **Westfield Health must receive claims within 13 weeks of the date of each payment for treatment, goods or services** (section 7, General Terms and Conditions)
- **Employee upgrade options and partner cover are not available to residents of Guernsey, Alderney or Sark** (section 1, General Terms and Conditions)
- **Value-added benefits are only available when your employer decides to provide them as part of your corporate paid cover. They are not available to purchase by an employee or their partner** (section 1, General Terms and Conditions)

Duration of cover and cancellation rights

For eligible employees, cover will only continue to be provided at the corporate paid level provided your employer continues to pay the premiums for your cover to Westfield Health.

If you upgrade your cover from the company provision or are purchasing partner cover, the cover that you are paying for yourself will be renewed automatically on a monthly basis, unless your cover is cancelled or lapses. Employees have the right to cancel an upgrade option and partners with cover have the right to cancel their policy. For any cover that you are paying for yourself you have 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 can still cancel the premiums that 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 sections 1 and 2, General Terms and Conditions.

Making a claim

Detailed information on qualifying periods and how to claim are found in sections 4 and 7, General Terms and Conditions.

Westfield Health will provide you with a claim form when we welcome you as a new policyholder. Further claim forms can be ordered online at **www.westfieldhealth.com** or by calling our Customer Helpline on **0114 250 2385**.

Once completed, please send your claim form with the required supporting information to Westfield Health, Westfield House, 87 Division Street, Sheffield S1 1HT.

We will pay your claims directly into your bank account.

If you wish to complain

We are committed to providing the highest possible level of service to our customers. However, if the services provided do not meet your expectations then you may contact us at: Customer Services Department, Westfield Health, Westfield House, 87 Division Street, Sheffield S1 1HT.

In the event that you are not satisfied with our response, please ask for your complaint to be reviewed by an Executive Director. If you remain dissatisfied with our final response you can write to the Financial Ombudsman Service. The Ombudsman will only consider your complaint after you have written confirmation from us that our internal complaints procedure has been applied in full.

Compensation

Westfield Health is a member of 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, 7th Floor, Lloyds Chambers, Portsoken Street, London E1 8BN.

This Policy Summary provides only an outline of the main features of the plan and should be read in conjunction with the full Terms and Conditions and Benefit Rules featured at the back of this leaflet.

YOUR COVER: BENEFIT RULES

Full details of each benefit are listed on the following pages. At the discretion of **your** employer a range of value added benefits may also be provided to eligible employees, as part of **your** corporate paid cover. If **your** cover includes additional benefits details of these can be found in **your** Welcome Pack. Employees who have been provided with some benefits for their **dependent children** should read the For Kids leaflet in conjunction with the benefit rules, below. Cover is subject to the General Terms and Conditions specified on pages 16 to 19.

Where words or phrases appear in **bold type**, they have the special meaning for the purposes of the **plan** as detailed in the Definitions section. Information on how to claim benefits is given in section 7 and **benefit periods** in section 6 of the General Terms and Conditions.

If there is anything about these benefit rules that you don't understand please contact **our** Customer Helpline on **0114 250 2385** and **we** will be happy to help.

OPTICAL

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

When...

- **you** pay an **Optician** and
- **you** submit **your** claim in accordance with section 7, General Terms and Conditions

We will cover...

- 100% of the cost, up to the maximum for **your plan** level, see Table of Benefits – page 6
- eyesight tests
- prescription spectacles, sunglasses and/or contact lenses
- prescription lenses to an existing frame
- payments that **you** make for prescription contact lenses supplied under a monthly scheme, when **you** obtain an itemised receipt

We will not cover...

- repairs to frames
- frames purchased without prescription lenses
- non-prescription spectacles or sunglasses or contact lenses
- solutions for contact lenses
- any insurance or peace of mind guarantee
- sundry items
- missed appointment fees
- exclusions (see section 5, General Terms and Conditions)

DENTAL

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

When...

- **you** pay a **Dentist** and
- **you** submit **your** claim in accordance with section 7, General Terms and Conditions

We will cover...

- 100% of the cost, up to the maximum for **your plan** level, see Table of Benefits – page 6
- 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
- teeth whitening
- prescription charges
- sundry items
- missed appointment fees
- exclusions (see section 5, General Terms and Conditions)

THERAPY TREATMENTS

Physiotherapy, Acupuncture, Chiropractic, Homeopathy and Osteopathy

Your maximum benefit allowance is available over a one year **benefit period** and represents the total for any one or combination of 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 7, General Terms and Conditions

We will cover...

- 100% of the cost, up to the maximum for **your plan** level, see Table of Benefits – page 6
- physiotherapy, acupuncture, chiropractic, homeopathy, osteopathy treatment
- homeopathic prescriptions supplied by a **Homeopath** as part of a consultation

We will not cover...

- any treatment that is not physiotherapy, acupuncture, chiropractic, homeopathy or osteopathy

- scans e.g. MRI, ultrasound (see Scanning Facilities and/or 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**, **Osteopath** or **Homeopath**
- exclusions (see section 5, General Terms and Conditions)

CONSULTATION

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

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 7, General Terms and Conditions

We will cover...

- 100% of the cost up to the maximum for **your plan** level, see Table of Benefits – page 6
- diagnostic consultations
- you towards a payment you make for another insurer's policy excess, providing the charge is for a diagnostic consultation with a **Consultant Physician** or **Consultant Surgeon**

We will not cover...

- treatment
- the **policyholder** for MRI, CT or PET scans or the associated Radiologist's/Nuclear Medicine Consultant's report* (see Scanning Facilities)
- consultations relating to vasectomy or sterilisation (including reversal)
- consultations relating to cosmetic surgery
- medical examinations, consultations or reports for the purpose of your employment, legal, or insurance reasons
- room fees, prescription items/charges or sundry items
- missed appointment fees
- exclusions (see section 5, General Terms and Conditions)

* Except see section 8 – Worldwide Cover, General Terms and Conditions.

HEALTH SCREENING

For the **policyholder** only: **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 7, General Terms and Conditions

We will cover...

- 100% of the cost up to the maximum for **your plan** level, see Table of Benefits – page 6
- full health screening; well-woman screening; well-man screening; 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
- 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 5, General Terms and Conditions)

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

MRI, CT AND PET SCANNING FACILITIES

For the **policyholder** only.

Scanning Facilities are provided on behalf of Westfield Health by Alliance Medical Limited, Iceni Centre, Warwick Technology Park, Warwick CV34 6DA **UK** based provider of managed imaging services for MRI, CT and PET.

In order to access this facility **you** will first need to see **your** consultant in order to gain a referral for a scan. Once **you** have this referral please contact the **Scanning Helpline** on **0845 345 4556**, available Monday to Friday 8.00am-8.00pm.

For the scan to be covered by **your plan you**, the **policyholder**, must contact the Scanning Helpline and allow them to arrange the scan on **your** behalf. Costs towards scans arranged in any other way cannot be claimed (except see Worldwide cover, General Terms and Conditions).

Helpline staff will explain the process for booking **your** scan and will require written confirmation from **your** consultant confirming **your** validity in order that all necessary arrangements can be made. Under the **plan** appointments can be quickly arranged and often take place within 2 weeks of initial contact. **You** will be required to complete a full safety questionnaire prior to scanning. Following **your** scan a report will be sent to **your** consultant, usually within 10 days.

Patients will need to travel, at their own expense, to access the nearest available Alliance Medical Scanning Facility. CT and PET scans are available at selected locations only.

MRI and CT Scanning If an eligible **policyholder*** is referred by a registered **Consultant Physician/Consultant Surgeon** for an MRI or CT scan this, and the associated Radiologist's report, will be provided under the **plan** at no charge to the **policyholder**.

For all MRI scans a Consultant Radiologist will check the appropriateness of your scan before it is arranged. For MRI scans, **policyholders** who have certain conditions will not be able to be scanned e.g. cardiac pacemaker; heart valves; metallic objects in eyes and metallic implants. **Policyholders** who are pregnant or who are over 21 stone in weight will not be able to be scanned.

Certain types of complex MRI scans or scans which involve contrast or specific x-rays are excluded e.g. those requiring general anaesthetic; for an in-patient; cardiac scans interventional MRI; including MRI athrography; contrast enhanced angiography; Oncology patients; Liver imaging with ferrous contrast agents (e.g. Endorem).

For all CT scans, the regulations relating to x-rays means that a Consultant Radiologist will have to authorise the scan for additional patient safety. For CT scans, **policyholders** who have certain conditions will not be able to be scanned e.g. diabetics taking metformin. Certain types of complex CT scans are excluded e.g. those requiring general anaesthetic; for an in-patient; virtual colonoscopy or angiography which requires the on site assistance of a Radiologist. **Policyholders** who are pregnant or who are over 21 stone in weight will not be able to be scanned.

PET Scanning If an MRI or CT scan indicates that a PET scan is necessary then a maximum of one PET scan and report, during a 12 months' period, will be provided under the **plan** at no charge to the eligible **policyholder***. For all PET scans a referral will be required from a Consultant Oncologist or Surgeon. All PET Scans will also require authorisation from a Consultant Nuclear Medicine Consultant to comply with ARSAC and IRMER medical regulations, since the scan involves radiation. For PET scans, **policyholders** who have certain conditions e.g. diabetics taking metformin will not be able to be scanned. **Policyholders** who are pregnant or who are over 21 stone in weight will not be able to be scanned.

If **you** need a scan when **you** are temporarily travelling outside the **UK**, Channel Islands or Isle of Man please refer to section 8 – Worldwide cover, General Terms and Conditions and Consultation benefit in the Benefit Rules section.

* Please refer to sections 4. **Qualifying Period** and 5. Exclusions, in the General Terms and Conditions.

GP TELEPHONE CONSULTATION

For **you** and **your** resident family.

The GP Telephone Consultation service is provided on behalf of Westfield Health by Medical Solutions UK Ltd., 44 Finchampstead Road, Wokingham, Berkshire RG40 2NN.

The GP Telephone Consultation service provides **you** and family members normally resident with **you**, with access to telephone consultations with a **GP**, 24 hours a day – every day. By arrangement you will be telephoned by a qualified practising **GP**, at a time convenient to you. There is no limit to the duration of the telephone consultation or number of times that you can use the service†.

The service gives you the reassurance of speedy access to completely confidential telephone advice from a **GP** whenever you need it. Because the consultation is carried out by a fully qualified **GP**, who will take into account your personal medical history, the Doctor will in many cases be able to provide a diagnosis of your symptoms and recommend an appropriate course of action. With your consent a report of the telephone consultation can be forwarded to your **GP** within 2 working days, if required. If you wish to seek further information about a medical condition or proposed course of treatment the **GP** can discuss all areas relating to health from surgical procedures, diseases, injuries and prescription medicines to new treatments, foreign travel, exercise and nutrition.

If you would like to arrange a telephone consultation, simply call the GP Telephone Consultation service on **08456 123 861**†† from the **UK**, Channel Islands or Isle of Man, or if calling from overseas on **44 (0) 118 936 5633**††. To confirm your eligibility to use the service you will be asked for the **policyholder's** Westfield account number. An experienced healthcare operator will request some preliminary information regarding the nature of your enquiry before booking an appointment for a **GP** to call you back, even if you are temporarily outside the **UK**, Channel Islands or Isle of Man, wherever you are in the World. You will only pay the cost of the initial telephone call to book the consultation†††.

This is not an emergency service. The GP Telephone Consultation service is not intended to replace the personal care offered by your own Doctor and cannot be used to obtain a referral for treatment that can be claimed under the **plan**.

† In exceptional cases where Medical Solutions consider that there has been excessive or inappropriate use by a caller the service may be limited or withdrawn from that individual.

†† For your protection calls will be recorded. Please be assured that all consultations remain confidential.

††† Your network provider may charge for a call received to your mobile telephone while you are outside the **United Kingdom**.

24 HOUR COUNSELLING AND ADVICE LINE

Counselling, legal, health and wellbeing advice

The 24 Hour Counselling and Advice Line is provided on behalf of Westfield Health by FirstAssist Services Ltd., Wheatfield Way, Hinckley, Leicestershire LE10 1YG.

This easy to use confidential* telephone counselling and advice service gives **you**, and family members who are

usually resident with **you**, unlimited access to a team of qualified professionals 24 hours a day – 365 days a year. Even if you are temporarily away from home, simply Freephone **0800 092 0987**** if you are calling from the **UK**, Channel Islands or Isle of Man or call **44 (0) 1455 255 123***** from anywhere else in the World.

To confirm your eligibility to use this service, callers will be asked to quote the special Scheme number supplied in the **policyholder's** Welcome Pack (or that can also be obtained from the Westfield Customer Helpline). This Scheme number does not identify you as an individual and if you prefer you don't have to give your name.

* This is a confidential service and the content of your call will not be divulged unless there is a serious risk to you or someone else. Some employers may request usage statistics, however these will not include any individual's personal information.
**Call charges may apply from some networks.
***Call charges will apply.

Telephone Counselling

Counsellors are available to help day or night, for example you may be concerned with such issues as:

- Stress
- Family difficulties
- Money management
- Relationships
- Substance misuse
- Anxiety
- Bereavement
- Depression
- Problems at work

All counsellors are fully qualified and trained. Each telephone session can last up to an hour and, if you wish, you can continue to work with the same counsellor by arranging convenient appointments for future sessions.

Face to face counselling sessions: up to 6 sessions for the policyholder only

If **your** telephone counsellor considers that **you**, the **policyholder**, would benefit from face to face counselling FirstAssist will arrange the sessions, with a fully qualified counsellor, at a location† close to **your** home or work. The cost of up to 6 face to face counselling sessions for each episode, in any 12 consecutive month period starting from the first session, will automatically be paid for by **your plan**. **You** will only be covered for the counselling sessions arranged by FirstAssist and cannot purchase additional sessions with the same counsellor.

Counselling is confidential and **your** counsellor will only divulge the content of **your** session if there is a serious risk to **you** or someone else.

† **Policyholders** will need to travel at their own expense to the nearest available FirstAssist associate counsellor.

Legal Advice

You can get free telephone legal advice and information, from an experienced legal professional, on a wide range†† of issues, for example:

- Consumer disputes
- Motoring
- Debt
- Matrimonial
- Wills and probate
- Property
- Landlord/Tenancy
- Welfare benefits
- Family

The Legal Consultants will explain your legal position so that you can decide on your best course of action. For complicated ongoing issues you may find it helpful to speak at intervals to the same consultant.

†† This service cannot give advice on employment disputes.

Health and Wellbeing Advice

A sympathetic professional is always at the end of the phone to devote time for you to discuss your health and wellbeing. The team of nurses and doctors will provide you with 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
- Patient rights
- Childhood illnesses
- Baby and child development
- Disability aids
- Caring for the elderly
- Reducing alcohol consumption
- Sexual health
- Diet and exercise
- Stopping smoking
- Pre-travel advice
- Details of a range of local and national support groups

Please note, this service provides general guidance only and is not intended to replace your normal personal medical care. This is not an emergency service and will not provide diagnosis or prescribe treatments.

SURGERY CHOICES

For full details please refer to the separate Surgery Choices leaflet provided in **your** Welcome Pack.

GENERAL TERMS AND CONDITIONS

Where words or phrases appear in **bold type**, they have the special meaning for the purposes of the **plan** as detailed in the Definitions section.

If there is anything about these general terms and conditions that **you** don't understand please contact **our** Customer Helpline on **0114 250 2385** and **we** will be happy to help.

1. Who can have cover

This **plan** is not available to purchase directly from Westfield Health. It is primarily available on a corporate paid basis; therefore an employer who is a member of the Institute of Directors must pay premiums for eligible employees.

Your cover will cease if the agreement between the employer and Westfield Health comes to an end.

You must reside in the **United Kingdom**, Channel Islands or Isle of Man for a minimum of 6 months each year to be an IoD Corporate Health Plan **policyholder**.

We do not accept professional and semi-professional sports people for cover on the **plan**.

Like any responsible insurer **we** reserve the right to decline an application, for cover or to upgrade **your** policy, when **we** believe that this would be detrimental to the Scheme and/or a significant number of **our policyholders**.

If an eligible employee has previously declined to accept the cover offered by their employer, and subsequently changes their mind, **we** will only allow their cover to start on the first day of a new **benefit period**.

You can only hold one IoD Corporate Health Plan policy at one time.

Corporate Paid Cover

The employer will pay premiums for an eligible employee's cover. There is no restriction regarding the age of an eligible employee taking out cover on the **plan** at the level provided by **your** employer. **You** do not need a medical before **you** are accepted for cover. **Pre-existing medical conditions** will be covered for an employee receiving corporate paid cover (and for **your dependent children** when **you** are provided with the For Kids value-added benefit). However, if **you** have been provided with Surgery Choices **your** Welcome Letter together with the separate Surgery Choices leaflet detail the full terms that apply to **your** Surgery Choices cover, including any limitations and exclusions relating to **pre-existing medical conditions**.

Value added benefits

In addition to the IoD Corporate Health Plan an employer can, at their discretion, provide their employees with a range of value-added benefits. Details of any value added benefits that apply to **your** cover are included in **your** Welcome Pack. These benefits are only available to employees when **your** employer decides to provide them as part of **your** corporate paid cover and are not available for an employee or their **partner** to purchase.

Employee Upgrade Options and Partner Cover

If the employer has agreed to provide a facility for deducting premiums through wages/salary, employees eligible for corporate paid cover can choose to upgrade* their level of cover, where applicable, and/or pay premiums for their **partner***. Applications can only be made within one month of the employee's date of **registration** for corporate paid cover on this **plan**, or when further opportunities are offered at **our** discretion. These would usually be on or near the start of a **benefit period**. **Partners** choosing to have cover on the **plan** will hold a separate policy.

You must satisfy yourself that this **plan** and the level of cover **you** decide to apply for are right for **you**. Westfield Health will not provide any advice in this regard but **you** are of course free to seek information or advice from a professional advisor.

Employees applying for an upgrade option, **partners** applying for cover and all existing **policyholders** applying to transfer to a higher level of the **plan**, must be under 66 years of age. However, **policyholders** are not required to leave the **plan** once **you** become 66 and can transfer to a lower plan level at any age.

You do not need a medical before **you** apply for cover. **Pre-existing medical conditions** will be covered for an employee receiving corporate paid cover (and any **dependent children** covered on **your** policy) on all levels of the **plan**, including any chosen upgrade option.

Partners of eligible employees who choose to have cover will not be entitled to benefits for any illness, injury or condition that existed before the application is made to cover **you** on the **plan**, or transfer **you** to a higher level of the **plan**. This exclusion does not apply to Optical or Dental benefit.

The application form includes a declaration that must be signed by the employee when applying for an upgrade option and/or **partner** cover. If an employee's **partner** is unable to satisfy the health requirements written details must be sent with the application form, direct to **us**. The application form, together with any information that **you** give, forms part of the contract of insurance. **Partner** cover can be arranged subject to a proviso that the **pre-existing medical condition(s)** will not be covered on the policy. When the application is to increase the level of **partner** cover **pre-existing medical conditions** will not be covered from the date that **you** qualify for benefit at the higher level of the **plan**.

* Employee upgrade options and **partner** cover are not available for residents of Guernsey, Alderney or Sark.

Cooling Off Period – If you change your mind

If **you** apply for an upgrade option or **partner** cover **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 the full premium paid by **you**.

2. The contract between Westfield Health and you

Corporate Paid Cover

For eligible employees, cover will only continue to be provided at the corporate paid level on condition that **your** employer continues to pay the premiums for **your** cover to Westfield Health.

Employee Upgrade Options and Partner Cover

For employees who have chosen an upgrade option and **partners** who take out cover on the **plan**, **your** health cash **plan** policy operates on the basis that each calendar month a new contract is formed between Westfield Health and **you**. **We** do not issue monthly reminder notices. The cover that **you** are paying for yourself will be automatically renewed each month providing **you** pay **your** premium and abide by the terms and conditions of the **plan**, unless **we** receive notice from **you** that **you** do not wish to continue **your** cover, or **we** give **you** notice that **we** are not willing to accept **your** monthly renewal.

Your Cancellation Rights – Employee Upgrade Options and Partner Cover

Employees have the right to cancel an upgrade option and **partners** with cover have the right to cancel their policy.

If **we** receive notice that **you** wish to cancel before the 15th day in any month **we** will cancel **your** monthly contract for that month and refund the premium paid by **you** for that month. If **we** receive 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 not due following cancellation, will be refunded to **you**. **We** will not pay a claim for any benefit beyond the date that **you** have paid up to.

To cancel **your** policy please contact **our** Customer Helpline, email **us** or write to **our** Membership Team at **our** address, detailed on the back cover.

Re-applying for cover after you have cancelled

If **you** cancel **your** policy and then decide to re-apply for cover with **us you** will be subject to the **qualifying periods** for a new applicant to the plan **you** apply for. **You** will also need to sign a new declaration on the application form. Previous claims may be taken into account when **we** assess **your** entitlement to benefit on **your** new policy.

Terminating your cover – All Policyholders

We reserve the right to cancel **your** cover at any time, (with retrospective effect where appropriate), 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 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; verbal abuse; 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 the **plan**. In addition, **we** may also seek to recover any monies from **you** that have been paid to **you** that **you** were not due to 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 withhold 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.

The above does not affect **your** statutory rights.

3. Premiums

Corporate Paid Cover

Cover for eligible employees will continue at the level provided by **your** employer on condition that the premium due each month is paid. **We** will not pay your claim if premiums have not been paid to cover the date(s) for which you are claiming.

Employee Upgrade Options and Partner Cover

We implement stringent credit control procedures for employers operating payroll deduction facilities, however if **you** are an eligible employee with an upgrade option or an employee's **partner** with cover, it ultimately remains **your** responsibility to ensure that **your** premiums are remitted to **us**. Employees' upgraded level of cover will cease and **partners** will cease to be a **policyholder** if **your** premiums are more than 3 months in arrears.

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 a payment is made to cover the date(s) for which you are claiming. If **you** do not continue to pay **your** premiums for an upgrade option benefits will cease at the higher **plan** level, on the date that **you** have paid up to. All benefit will cease on the date **you** are paid up to, if **your** premiums for cover as a **partner** of an eligible employee are not paid.

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.

Change of employer or retirement

When an employee retires or leaves their employment they should ask their employer to notify Westfield Health and the **policyholder** should contact **us** immediately. **Policyholders**, who wish to continue to have cover with **us**, must transfer to an alternative plan and **our** Customer Helpline will be happy to arrange this for **you**.

4. Qualifying Period

Corporate Paid Cover

Eligible employees qualify for all benefits at the corporate paid level, from **your** date of **registration**, at that **plan** level. This will include For Kids cover at the corporate paid level when **your** employer has provided this.

Employee Upgrade Options and Partner Cover

Employees applying for an upgrade option, **partners** applying for cover and all existing **policyholders** transferring to a higher level of the **plan**, will have to wait a **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 months, detailed overleaf, to qualify for each benefit.

Available from the date of **registration**:
MRI, CT and PET Scanning Facilities;

GP Telephone Consultation;

24 Hour Counselling and Advice Line, including face to face counselling sessions.

3 months **qualifying period**:
Optical; Dental; Therapy Treatments; Consultation; Health Screening.

Changes to your level of cover

We will usually only accept applications to increase **your** level of cover at the start of a **benefit period**.

If **you** transfer to a higher level of the **plan** until **you** have completed the **qualifying period we** will pay benefit at the lower **plan** level, if **you** have benefit available.

If **your** level of cover is reduced during a **benefit period**, **we** will pay benefits at the lower **plan** level from the **registration** date of the transfer, if **you** have benefit available. Benefits paid at the higher **plan** level will be taken into account when assessing **your** entitlement to benefit at the lower level.

Former Policyholders

In addition to the above, if **you** were previously covered on the **plan** and **your** policy lapsed or was cancelled, **we** may take into account claims paid under **your** previous cover when assessing entitlement to benefit on **your** new policy.

This will depend upon: -

a) the **plan** level for **your** new policy

b) the level of the **plan you** were previously covered on

c) the date **your** new policy commences

d) the start date of the **benefit period**

Our Helpline staff can explain the **qualifying period** and benefit entitlement that will apply to **you**, following a lapse in **your** cover.

5. Exclusions

The list of exclusions, below, should be read in conjunction with the Benefit Rules section before receiving treatment or paying for goods and services for which **you** intend to claim.

We will not cover:

- any claim that is not submitted in accordance with section 7, General Terms and Conditions;
- any claim that arises as a result of a **pre-existing medical condition** for eligible employees' **partners** who take out cover (with the exception of Optical and Dental benefit);
- any charges that a practitioner or any other organisation makes for filling in a claim form or providing any information **we** ask for relating to a claim;
- benefit for treatment, goods or services within **your qualifying period**;
- any claim or expense of any kind arising as a direct consequence of any criminal proceedings brought against you;
- any claim or expense of 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, rebellion or revolution.

6. Benefit Period

The maximum allowance for each cash benefit is available over a 12 months **benefit period**. The **benefit period** will start on the same date each year and applies to all **policyholders** whose premiums are paid by, or through, each specific employer.

If an employee becomes eligible for corporate paid cover during a **benefit period** they, and their **partner** if they choose to have cover, can claim up to the full benefit allowances during the remainder of the **benefit period**.

During each **benefit period you** can submit more than one claim under each benefit, however **we** will not pay more than the maximum allowance for **your plan** level. Any unused benefit will not be carried forward from one **benefit period** to the next.

You must have benefit available for the date(s) on which you pay for treatment, goods or services. The date of your payment also determines the **benefit period** that each claim falls into.

7. How to claim

Claims can only be submitted on one of **our** claim forms. The claim form must be signed and dated by the **policyholder**.

We will not pay your claim unless it is received within 13 weeks of the date that you tender each payment (i.e. cash; credit/debit card; cheque) to the practitioner/supplier for treatment, goods or services.

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 (or supporting evidence) lost, delayed or damaged in the post.

You must send **us** a full receipt detailing the payment you have made. This must include the supplier's or practitioner's name and address and for Therapy Treatments and Consultation benefits your receipt must also specify the practitioner's qualification (see Definitions section). The receipt must also name the person who has received the treatment, goods or service.

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 part 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 confirms that prior to claiming you have received the treatment, goods or service. The receipt must detail the date(s) that you received the treatment, goods or service and **we** must receive your claim within 13 weeks of the payment date – see above.

* 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 purchased by the credit agreement. **We** do not cover administration/interest charges. Dental insurance or care scheme premiums/payments are not covered on the **plan**.

If you can claim part or all of your costs under another

Westfield plan, or from any other source, you are not entitled 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 dependent child we** may require proof of **your** relationship with them. It is **your** responsibility to provide complete and accurate information with the claim. For audit purposes **we** will carry out checks on the information **you** and practitioners provide to **us**. 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 we pay you

We will pay **your** claims directly into **your** bank/building society account and send **you** a remittance advice as confirmation. Alternatively **we** can pay **your** claims by cheque.

Scanning Facilities

To access Scanning Facilities please refer to the Benefit Rules section.

GP Telephone Consultation, 24 Hour Counselling and Advice Line, including face to face Counselling

For information on how to access these services please refer to the Benefit Rules section.

8. 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 dependent child**) must be resident in the **UK**, Channel Islands or Isle of Man for a minimum of 6 months each year to be eligible for cover on this **plan**. When **you** submit a receipt for money that **you** have paid, **we** will use the currency exchange sell rate, supplied by **our** bank, on the date **we** process the claim.

If **we** request it **you** must provide **us** with evidence of your travel dates. All documentation supporting your claim should be in English. Entirely at **our** discretion **we** may agree to accept an English translation accompanying the original documents, when **you** have provided this at **your** own expense.

Policyholders can use their Consultation benefit towards the cost of MRI, CT or PET Scanning outside the **UK**, Channel Islands or Isle of Man subject to pre-authorisation by Westfield Health.

The GP Telephone Consultation service is available worldwide. This **plan** is not a travel insurance policy.

9. General Conditions

Governing Law

Once **your** application to register for the **plan** has been accepted by **us**, the contract between us will be governed by the General Terms and Conditions and Benefit Rules of the **plan**. That contract will also be subject to the powers of the English Courts and those of no other jurisdiction.

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 by virtue of the Contracts (Rights of Third Parties) Act 1999 except where such rights are expressly granted in these terms and conditions but this does not affect any right or remedy of a third party which exists, or is available, apart from that Act. The rights of the parties to terminate, rescind or agree any variation, waiver or settlement under this agreement is not subject to the consent of any person that is not a party to this agreement.

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 plan.

Data Protection Act

The information **you** provide together with any further information concerning **your plan** will be used by Westfield Health to provide **you** with the benefits for which **you** apply and for maintaining **your** records. This information may be passed to selected third parties for underwriting; claims handling procedures; to provide you with the services included in the **plan**; to prevent and detect fraud.

Whenever an employer passes information about **you** to Westfield Health **we** will process the information in accordance with all applicable data protection and medical information laws and regulations. By collecting such information from the employer Westfield Health relies on the employer's compliance with all data protection legislation. The employer warrants that whenever they transfer personal data (including any medical or other sensitive personal data) to Westfield Health for the purposes set out in this policy they have full authority to do so in compliance with all consents of the respective data subject and in accordance with applicable laws and regulations.

For a small fee **you** are entitled to a copy of the details and information which **we** hold about **you** if **you** apply, in writing, to the Data Subject Rights Officer, Westfield Contributory Health Scheme Ltd., 87 Division Street, Sheffield S1 1HT. **We** may share **your** contact details with other selected organisations to send **you** information about other products and services. If **you** do not wish **us** to do so, please tick the box on the application form or advise **us** in writing to the Data Subject Rights Officer at the above address.

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

Language

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

The information contained within this leaflet is effective from 1st September 2009 and replaces all previously published information.