

POLICY SUMMARY



The IoD Personal 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 well-being.

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

Key features of your Health Cash Plan

- **A total of 8 healthcare benefits and services**
- **No age limit for members of the IoD who wish to join**
- **100% reimbursement for a range of routine healthcare expenses, up to set limits**
- **Access to MRI, CT and PET Scanning Facilities**
- **Worldwide GP telephone consultation service available 24 hours a day, every day for you and your resident family**
- **Concessionary deals for you on health and fitness club annual membership**
- **Access for you and your resident family to our comprehensive online A-Z Health Site**
- **Worldwide cover is available on most benefits**

Key limitations and exclusions

- **To be eligible for cover you must live in the UK, Jersey or Isle of Man for a minimum of 6 months each year** (Section 1, General Terms and Conditions)
- **To be eligible to apply for cover partners must be aged 16-65** (Section 1, General Terms and Conditions)
- **Professional and semi-professional sports people are not eligible for cover** (Section 1, General Terms and Conditions)
- **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 6 month qualifying period on some benefits** (Section 4, General Terms and Conditions)

Duration of cover and cancellation rights

Your policy will be renewed automatically on a monthly basis unless your cover is cancelled or you allow it to lapse. 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 your full premium. After expiry of the cooling off period you can still cancel your cover 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. Most insurance contracts are covered for 100% of the first £2,000 and 90% of the remainder of any claim. Further information is available from the Financial Services Compensation Scheme, 7th Floor, Lloyds Chambers, Portsooken 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. Cover is subject to the General Terms and Conditions specified on pages 14 to 16.

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

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 allowance, see Table of Benefits – page 5
- 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

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 allowance, see Table of Benefits – page 5
- dental treatment, full or partial dentures and dental check-ups

We will not cover...

- insurance or dental care scheme premiums, registration or administration fees
- teeth whitening
- prescription charges
- sundry items
- missed appointment fees
- exclusions (see section 5, General Terms and Conditions)

CONSULTATION

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 allowance, see Table of Benefits – page 5
- 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
- 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

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 allowance, see Table of Benefits – page 5
- 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

Scanning Facilities are provided on behalf of Westfield by Alliance Medical, Home Farm Drive, Upton, Banbury, Oxfordshire OX15 6HU a **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 8.30am-6.00pm.

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.

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**, Jersey 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

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**, Jersey 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**, Jersey 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**.

* 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**.

HEALTH CLUB CONCESSION

This service is provided on behalf of Westfield Health by roadtohealth Ltd., PO Box 2877, Eastbourne, East Sussex BN22 0WD.

We believe in the importance of promoting good health and well-being. This service provides access to a national network of health clubs who will offer **you** membership at a concessionary rate. By constantly updating the offers available the service aims to find **you** the very best health club membership deal in **your** area. Even if there are presently no health clubs within 15 miles of **your** home or workplace able to offer **you** a concession, the service will endeavour to locate a club willing to participate in the scheme.

For information on the range of health club deals currently available to **you** log on to **www.westfieldhealth.com** and go to the Policyholders' section then simply follow the instructions on the screen. Alternatively **you** can telephone **0845 123 5327***.

Once **you** have selected **your** preferred deal a voucher, that contains all the necessary information for **you** to present to the health club of **your** choice, will be emailed to **you** immediately. If **you** choose to register by telephone the voucher will be posted to **you**.

* Available Monday to Friday 9.00am-5.30pm (except public holidays).

A-Z HEALTH SITE

The A-Z Health Site is provided on behalf of Westfield Health by FirstAssist Services Ltd., Wheatfield Way, Hinckley, Leicestershire LE10 1YG.

You and **your** family normally resident with **you**, can access a wide range of health information at our A-Z Health Site by logging onto **www.westfieldhealth.com** First go to the Policyholders' section and simply click on A-Z Health Site, **you** will be asked to enter **your** name and Westfield Health account number. You can then browse through our essential guide to everything you need to know about your health; topics include an A-Z of medical conditions, first aid, diet and nutrition, health while travelling abroad and much more. We even publish the latest health news to keep you up to date on any health warnings and developments.

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

Cover on this **plan** is only available to members of the Institute of Directors and their **partners**; it is a condition of **your** policy to notify Westfield Health if **you** no longer meet this criteria.

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

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

There is no age restriction regarding the age of an Institute of Directors member taking out cover on the **plan**. **Partners** of IoD members must be at least **16** years old and younger than **66** years of age to apply for the **plan**, however **you** are not required to leave the **plan** once **you** become **66**.

You must satisfy yourself that this **plan** is 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.

You do not need a medical before **you** apply for cover. **You** will not be entitled to benefits for any illness, injury or condition which existed before **you** applied for the **plan**. This exclusion does not apply to Optical or Dental Benefit.

The Application Form includes a declaration that must be signed by **you** or on **your** behalf before **we** will accept **your** application. If **you** are unable to satisfy the health requirements **you** must send written details with **your** Application Form. This Application Form, together with any information that **you** give, forms part of the contract of insurance. Applications can be accepted subject to a proviso that these **pre-existing medical condition(s)** will not be covered on **your** policy.

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

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

Cooling Off Period – if you change your mind

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 **your** full premium.

2. The contract between Westfield Health and you

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. **Your** policy 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

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 cancel **your** monthly contract for that month and refund **your** premium 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 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.

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.

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.

Terminating your cover

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 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 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.

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

3. Premiums

Premiums are payable on a monthly basis, by Direct Debit.

Your policy will lapse if **you** do not keep **your** premiums up to date; **you** 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 all benefit will cease on the date **you** are 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.

4. Qualifying Period

You will have to wait a **qualifying period** before **you** are eligible for some benefits. 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**: -
MRI, CT and PET Scanning Facilities; GP Telephone Consultation; Health Club Concession; A-Z Health Site.

6 months qualifying period: -
Optical; Dental; Consultation; Health Screening.

Former Policyholders

In addition to the above, if a **policyholder's** cover has ceased and it is then re-instated within the same **benefit period**, benefits already paid during that **benefit period** will be taken into account when **we** assess entitlement to benefit.

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 arises as a result of a **pre-existing medical condition** (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 first one year **benefit period** will start on **your** date of **registration** for the **plan**. Subsequent **benefit periods** will start each year on the anniversary of **your registration** date.

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 that benefit. **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 must be submitted on one of **our** claim forms.

We will not pay **your** claim unless it is received within 13 weeks of the date of **each** payment made for treatment, goods or services.

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 Consultation benefit **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, unless the receipt also confirms that the treatment, goods or service has been received, and on what date(s).
(**We** must receive **your** claim within 13 weeks of the **payment** date – see above).

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**.

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 by Direct Credit into **your** bank 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, Health Club Concession and A-Z Health Site

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** must be resident in the **UK**, Jersey or Isle of Man for a minimum of 6 months each year to be eligible for cover. 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.

Policyholders can use their Consultation benefit towards the cost of MRI, CT or PET Scanning outside the **UK**, Jersey 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

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.

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 and claims handling procedures and to prevent and detect fraud. 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** 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.

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 state.

Language

We will always communicate with **you** using the English language.

The information contained within this leaflet is effective from 1st February 2008.

DEFINITIONS

Wherever the following words or phrases appear in this document in **bold type**, they have the special meaning for the purposes of the **plan**, as detailed below.

Benefit Period	The period of time over which each separate benefit is available to claim. See section 6, General Terms and Conditions.
Consultant Physician/ Consultant Surgeon	A registered Consultant Physician or Consultant Surgeon , including any individual holding an appropriate consultant position within a private or registered hospital , or registered treatment centre . The Consultant must not be you , your partner or a member of your family.
Dentist	A fully qualified dental practitioner holding current registration with the General Dental Council, who works in a general dental practice. The Dentist must not be you , your partner or a member of your family.
GP	General Practitioner i.e. a physician registered with the General Medical Council, who is currently in general practice. The GP must not be you , your partner or a member of your family.
Optician	A fully qualified Optician who is registered with the General Optical Council. The Optician must not be you , your partner or a member of your family.
Partner	<ul style="list-style-type: none">• A person you live with that you are married to, or a person that you permanently live with as if you are married to them. or <ul style="list-style-type: none">• A person you live with in a civil partnership, or a person that you permanently live with as if you are in a civil partnership.
Plan	The IoD Personal Health Plan.
Policyholder	The person in whose name the plan is held.
Pre-existing Medical Condition	Any medical condition, whether fully diagnosed or not, that you should declare if you are unable to satisfy the Application Form declaration. See section 1, General Terms and Conditions.
Qualifying period	The period that you must wait when you register for the plan before you can claim benefits. The qualifying periods are detailed in section 4, General Terms and Conditions.
Registration	We will take your date of registration as: - <ul style="list-style-type: none">• The first day of the current month for Application Forms we receive before the 15th of that month.• The first day of the following month for Application Forms we receive on or after the 15th of the month.
UK/United Kingdom	The United Kingdom of Great Britain and Northern Ireland i.e. England, Scotland, Wales and Northern Ireland.
We/us/our	Westfield Contributory Health Scheme Ltd. or something belonging to us .
You/your	The named Westfield policyholder or something belonging to you .