

YOUR GUIDE TO YOUR IoD PERSONAL HEALTH PLAN

making a healthy difference



WELCOME TO WESTFIELD HEALTH

Welcome to your IoD Personal Health Plan!

We are confident that when you start using your plan, you'll see just how valuable your cover is.

Please refer to the **Benefit Rules and General Terms and Conditions Sections**, pages 14 to 22 for full details on how to make a claim.

If you have any questions please do not hesitate to contact our friendly Customer Service Department on **0114 250 2385**.

We look forward to a healthy future together.

The information included in this booklet is designed as a guide to help you get the most out of your cover.

AN INTRODUCTION TO YOUR PLAN

Money back towards your essential healthcare costs

You can claim back up to 100% of your essential healthcare costs including dental and optical bills, therapy treatments and consultations (up to your maximum benefit allowance). The money that you claim back from us can help you to budget for the healthcare that you really can't afford to go without.

Access to valuable health services

Your plan gives you so much more than just cash benefits, it also provides you with access to valuable **health services** including **DoctorLine™**. This confidential telephone consultation service provides access to a team of qualified practicing GPs 24hrs a day, 7 days a week, from anywhere in the world.

What's more, you have quick and unlimited access to **MRI and CT Scanning Facilities**. We will arrange your scan for you, usually within 2 weeks, so you won't have to worry about the wait or the cost.



IMPORTANT INFORMATION

To help you get the most out of your cover, we have identified a few key points that you need to be aware of:

1. 13 week rule – you have up to 13 weeks to submit your claim to us. The 13 weeks start from the date you make each payment for treatment, goods or services.

2. Therapy Treatments – for all your Therapy Treatments please obtain a recommendation from your GP/Consultant before submitting a claim. We may ask for written evidence* of the recommendation at any time.

* Your plan does not cover any charges that a practitioner makes for providing any information we ask for relating to a claim.

3. Accessing the Scanning Facilities – to access an MRI, CT or PET scan, following a referral from a Consultant, please contact the Scanning Helpline on **0845 345 4556 – you will not be charged for your scan**. Please note that your plan does not provide reimbursements for scans that are arranged outside of this scanning facility or for out of pocket expenses, such as travel and meals.

4. Benefit period – the time you have to use the maximum benefit allowances for your cash benefits is called a benefit period. Your benefit period starts on your date of registration for the plan. Your maximum benefit allowances will renew on the anniversary of your registration date. There is no limit to the number of claims you can make within your benefit period, simply keep sending us your claims until you reach your maximum allowance. Please refer to section 6, General Terms and Conditions for full details.

5. Checking your balance – to ensure we can process your claim, please check that you have benefit allowance remaining before arranging any healthcare appointments or treatments. Even if you don't have enough benefit left to cover the full amount you can still claim whatever you have left to help towards the cost (subject to the Terms and Conditions of the plan).

There are three easy ways to check your balance:

1. **Text message** (Optical and Dental benefits only) see page 11
2. **Phone**
3. **iPhone App**

Details of how to access these services can be found in the Customer

Service section of this booklet.

Please refer to the Benefit Rules section for full details of what is and what isn't covered by your policy.

NEED TO CHANGE COVER?

You can apply to change your level of cover by either upgrading or downgrading on the anniversary of your registration date. The table of benefits shows you how much you can claim back under each level. Please refer to the Terms and Conditions, section 4, for a full explanation of how your cover will be affected.



HOW TO MAKE A CLAIM

Please refer to the **Benefit Rules** section, page 14 for details of what is and what isn't covered under each of your benefits.

Claiming your money back...

- Simply receive and pay for your healthcare treatment as normal
- Complete a claim form and send it to us, together with the receipt
- All receipts for treatments must be dated and include the patient's name
- We also require details of your practitioner's name, address and qualifications (please refer to the Definitions Section on pages 23 and 24)

We aim to process 100% of correctly presented claims within 5 working days of receipt. We will pay your money directly into your bank or building society account.

To access the health and wellbeing services:

- **MRI, CT and PET Scanning Facilities:** Following a referral from a Consultant, call our Scanning Helpline on **0845 345 4556**, available Monday to Friday, 8am to 8pm. The Helpline Staff will explain the process to you and arrange for your scan to take place as quickly as possible, often within 2 weeks. For further information please see the Benefit Rules section, page 15.
- **24 Hour Counselling & Advice Line:** To access this confidential service from within the UK, Channel Islands or Isle of Man simply call **0800 092 0987**, alternatively from anywhere else in the world call **44 (0) 1455 255 123**.
- **DoctorLine™:** Simply call the DoctorLine™ service on **0845 123 861*** from the UK, Channel Islands or Isle of Man or if calling from overseas on **44 (0) 118 936 5633***. An experienced healthcare operator will ask for your Westfield Account number and the nature of your enquiry.

They will then arrange a time, convenient to you, for the GP to call you back. You will only pay the initial cost of the call to book the consultation**. **Please note:** this is not an emergency service and is not intended to replace the personal care offered by your GP.

*For your protection all 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 UK.

Where can I order more claim forms?

You will have received a claim form in your Welcome Pack. You can order additional claim forms via our **text messaging service** or you can contact our Customer Service Department over the **phone**.

Remittance advice

Once we have processed your claim we will send you a remittance advice, detailing the amount you have been paid and the amount remaining for that benefit. Because we take our environmental responsibilities very seriously we like to communicate via email wherever possible. If you would like to receive your remittance advice by email simply register your details on the **My Westfield** section of our website.

Treatment while abroad

We are committed to helping you receive the healthcare treatment you need, when you need it most, which is why our cash benefits offer worldwide cover. Please remember that all documentation supporting your claim should be in English (see General Terms and Conditions for details).



YOUR COVER

All cash benefits are 100% reimbursement, up to your set limit, per one year benefit period

BENEFITS	AVAILABLE...	LEVEL 1	LEVEL 2	LEVEL 3
		£10.40 per month	£20.80 per month	£39.43 per month
Dental	Just for you	Up to £60	Up to £120	Up to £225
Dental Trauma	Just for you	Up to £180	Up to £360	Up to £675
Optical	Just for you	Up to £60	Up to £120	Up to £225
Therapy Treatments* – Physiotherapy, Acupuncture, Chiropractic, Homeopathy & Osteopathy	Just for you	Up to £150	Up to £300	Up to £550
Consultation	Just for you	Up to £200	Up to £400	Up to £750
Health Screening	Just for you	Up to £100	Up to £200	Up to £350
MRI, CT & PET Scanning Facilities	Just for you	Following a referral from a Consultant, you <u>must</u> call our Scanning Helpline on 0845 345 4556 and they will arrange the scan. Please see the Benefit Rules for further information		
DoctorLine™**	For you & your family	✓	✓	✓
24hr Counselling and Advice Line**	For you & your family	✓	✓	✓

* 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.

** Full details on how to access these services can be found within the Benefit Rules.

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

More information on each healthcare benefit, including details of limitations and exclusions, can be found in the Benefit Rules.

The Benefit year is a 12 month period from the date you register with Westfield Health for the plan.

ABOUT WESTFIELD HEALTH

With over 90 years experience, we are one of the UK's most successful and secure health insurance providers.

We always put our customers first. Being a not for profit organisation means that we can invest more in our policyholders and the community. We make regular donations to the NHS and medically related charities and use environmentally friendly practices. We're proud to have won awards for our excellent customer service and dedicate ourselves to offering exceptional value for money products.

Outstanding Customer Service

Our friendly Customer Service Department is on hand to help whether you have an enquiry about your account, or need advice with your claim. The standard of the service we deliver to our customers has been recognised as outstanding in an independent survey – placing us in the top 5% of companies surveyed for the third consecutive year*. We are also proud to have maintained the accreditation of the Servicemark Award for Customer Service. In addition, we have been voted Best Healthcare Cash Plan Provider 2010 (Health Insurance Awards) for the fifth time in seven years.

A-Z Health Website

We take great pride in helping our policyholders stay healthy everyday, not just through the cash benefits of their plan, but by making sure they can access the health services and information they need, when they need it. That is why we give all Westfield Health policyholders access to a comprehensive online health resource.

The A-Z Health Website contains information supplied by the NHS on a wide range of health and wellbeing related topics, including:

- A-Z of medical conditions
- First aid
- Diet and nutrition
- Child health
- Mental health

The A-Z Health Website is accessible through the dedicated policyholder area of our website, **My Westfield**.

Contacting us

Our friendly Customer Service Department is on hand to help whether you have an enquiry about your account, or need advice regarding your claim.

Phone

Call our Customer Service Department on **0114 250 2385** – our lines are open from 8am to 6pm, Monday to Friday (except for Christmas Eve and public holidays). Customers with hearing or speech difficulties can contact us by **textphone – 0114 250 2020** (opening hours as above).

*The Leadership Factor Customer Satisfaction Survey 2009

In the interest of continuously improving our service to customers and for training purposes your call 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.

Text messaging service

Order more claim forms and receive up to date balances on Optical and Dental benefits direct to your mobile phone.

To register for this service simply text your **Westfield account number, surname** and the word **register** to **07781 472 000** (texts to this number will be charged at your normal tariff rate).

You will receive a welcome message confirming the service has been activated.

To use this service simply text your **Westfield account number** along with the relevant **keyword** from the table below to **07781 472 000**.

REQUEST	KEY WORDS
Optical benefit balance	Opt
Dental benefit balance	Den
Claim form request	Claim
Change of mobile phone number	NEUNUMBER

You can send us multiple requests in one text – simply separate the keywords with a space i.e. Den Opt Claim.

iPhone App

Our free iPhone App gives you instant access to your benefit balances whilst you are out and about.

Confidentiality assured

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 written consent for a relative or friend to obtain account information on your behalf.

POLICY SUMMARY

keyfacts®

The IoD Personal Health Plan provides cover towards the costs associated with routine healthcare such as new prescription glasses, dental treatment, therapy treatments and health screening. This plan also includes access to diagnostic scanning facilities and consultation for quick access to diagnosis. It is designed to ease your daily life and support your overall wellbeing.

Key features and benefits of your Health Cash Plan

- **3 levels of cover to choose from**
- **A total of 9 healthcare benefits and services**
- **No age limit for members of the IoD who wish to join or upgrade their cover**
- **100% reimbursement for a range of routine healthcare expenses, up to set limits**
- **MRI, CT and PET scans, when a scan is arranged by you telephoning our Scanning Facilities service**
- **DoctorLine™ available 24hrs a day, every day, for you and your resident family**
- **Freephone 24 Hour Counselling and Advice Line for you and your resident family**
- **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)
- **Partners of IoD members who wish to apply for the plan or to upgrade their cover 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)
- **Applications to change your level of cover will only be applied to your policy at the start of the benefit period** (section 4, General Terms and Conditions)
- **Pre-existing medical conditions are not covered for any benefit other than for Optical benefit and Dental benefit** (section 1, General Terms and Conditions)
- **There is a 3 month qualifying period on most benefits when you join or increase your level of cover** (section 4, General Terms and Conditions)
- **MRI, CT and PET Scanning Facilities is not a cash benefit, your scan must be arranged through our scanning service** (see Benefit Rules – MRI, CT and PET Scanning Facilities)
- **Westfield Health must receive claims within 13 weeks of the date of each payment made for treatment, goods or services** (see section 7, 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 the 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 how to claim can be found in section 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 by calling our Customer Helpline on **0114 250 2385** or via our Text Messaging Service, see page 11 for further details.

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 Service 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 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, 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.

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 18 to 22.

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.

DENTAL

Your maximum 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 8

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 Trauma benefit)
- teeth whitening
- prescription charges
- sundry items
- missed appointment fees
- exclusions (see section 5, General Terms and Conditions)

DENTAL TRAUMA

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

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 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 8

For...

- dental treatment directly related to the accidental injury

We will not cover...

- any payment made more than 24 months after the date of the accident
- any insurance or dental care scheme premiums/ payments
- prescription charges
- sundry items
- missed appointment fees
- exclusions (see section 5, General Terms and Conditions)

OPTICAL

Your maximum benefit 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 8

For...

- 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)

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 8

For...

- physiotherapy, acupuncture, chiropractic, homeopathy, osteopathy, treatment
- homeopathy 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 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 8

For...

- diagnostic consultations
- treatment from a **Consultant Physician** or **Consultant Surgeon**, but only towards payment that **you** have made for a private medical insurance policy excess

We will cover...

- treatment (except for any treatment charges that **you** pay as part of a private medical insurance policy excess)
- 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

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 8

For...

- 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 Health by Alliance Medical Limited, Icenii Centre, Warwick Technology Park, Warwick CV34 6DA 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 8.00am to 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**, 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 section 5. Exclusions, in the General Terms and Conditions.

DOCTORLINE™

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

The DoctorLine™ service provides **you** and family members normally resident with **you**, with access to telephone consultations with a **GP**, 24hrs a day – every day. By arrangement you will be telephoned by a qualified practicing **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 service¹.

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 DoctorLine™ 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**, 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 DoctorLine™ 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 24hrs 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 255123**^{***} 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.

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.

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.

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 that **you** 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** or applying to increase **your** level of cover.

Partners of IoD members must be at least 16 years old and younger than 66 years of age to apply for the **plan** or apply to increase **your** level of cover; however **you** are not required to leave the **plan** once **you** become 66.

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.

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** cover. If **your** application is 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 IoD Personal Health Plan policy at one time.

Pre-existing medical conditions

Your policy is only intended to cover [new](#) medical

conditions and **you** will not be entitled to claim for any **pre-existing medical conditions**. Please read the definition of a **pre-existing medical condition** on page 24 carefully, if **you** are not sure whether a fact needs to be declared **you** should tell **us** so that **we** can decide whether it is relevant or not. Failure to tell **us** about a **pre-existing medical condition** may invalidate **your** policy. **We** may ask for information from **your GP** to confirm any details that **you** have given regarding **pre-existing medical conditions**. The application form, together with any information that **you** give, forms part of the contract of insurance.

If **we** discover that **we** have paid any claims relating to a **pre-existing medical condition**, **we** will 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 the **plan**. **We** may terminate **your** policy and **we** may seek to recover from **you** any costs that **we** have incurred.

It may be necessary for **us** to request a medical report from **your GP**, **Consultant Physician** or **Consultant Surgeon**. **We** will only request a report when it is reasonably necessary and, under the Access to Medical Reports Act 1988, if a medical report is required **we** will write to **you** first to tell **you** why. If **you** do not give **us** **your** consent **we** may decline **your** application for cover, or terminate **your** policy.

We will usually agree to accept **your** application 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 **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 **your** application form was completed and signed by someone else on **your** behalf **you** must provide this information to Westfield within 7 days of **us** welcoming **you** as a **policyholder**, or 7 days of **us** acknowledging **your** request to move to a higher **plan** level.

This exclusion does not apply to claims for Optical benefit and Dental benefit.

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.

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

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, applied to increase **your** **plan** level or submitted a claim
- **You** submit a claim that is fraudulent or that **we** reasonably believe to be intentionally false, and/or misleading, and/or exaggerated
- **You** fail to comply with **our** request for information relating to a claim or an application for cover
- **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.

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 when **you** take out a new policy or **you** transfer to a higher level of cover. 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:-

MRI, CT and PET Scanning Facilities; DoctorLine™ 24 Hour Counselling and Advice Line.

3 months qualifying period:-

Optical; Dental; Dental Trauma; Therapy Treatments; Consultation; Health Screening.

Changes to your level of cover

Applications to change **your** level of cover will only be applied to **your** policy with effect from the start of the next new **benefit period**. However, this does not affect **your** right to cancel **your** policy: please refer to sections 1 and 2, General Terms and Conditions.

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

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 is not submitted in accordance with section 7, General Terms and Conditions;
- any claim that is submitted where **you** are in breach of the **plan** and/or General Terms and Conditions;
- any claim that arises as a result of a **pre-existing medical condition** (with the exception of Optical benefit 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**. If **you** transfer to a higher level of the **plan** a new **qualifying period** will apply. Until **you** have completed the new **qualifying period** **we** will pay **you** benefit at **your** previous **plan** level, provided that **you** have entitlement to that benefit;
- 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.

Any unused benefit will not be carried forward from one **benefit period** to the next.

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**.

To be entitled to claim, the premiums for **your** cover must be paid up to and including:

- the date on which **you** made each payment for treatment, goods or services
- the date of **your** scan for MRI, CT and PET Scanning Facilities

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 Treatment 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 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 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.

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 practitioners provide to **us** and **we** will not process that claim, or any further claims on **your** policy, until we have successfully completed our internal audit checks. If **we** make a reasonable request for additional information this must be provided at **your** own expense.

Pre-existing medical conditions are not covered on the **plan** (except for Optical benefit and Dental benefit).

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 Act 1988, if a medical report is required **we** will write to **you** first to tell **you** why. If **you** do not give **us** your consent **we** will withhold payment of all claims and may terminate **your** policy.

If **we** discover that **we** have paid any claims relating to a **pre-existing medical condition** **we** will 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 the **plan**. **We** may terminate **your** policy and **we** may seek to recover from **you** any costs we have incurred.

When **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 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.

DoctorLine™; 24 Hour Counselling and Advice Line

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 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**, Jersey or Isle of Man subject to pre-authorisation by Westfield Health.

The DoctorLine™ 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**, 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.

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.

DEFINITIONS

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
- 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, 87 Division Street, Sheffield S1 1HT, telephone **0114 250 2385**.

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 FSA 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 leaflet is effective from 1st April 2011 and replaces all previously published information.

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.

£	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 leaflet.
Benefit Period	The period of time over which each separate benefit is available to claim. See section 6, General Terms and Conditions.
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.
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.
Homeopath	A fully qualified Homeopath is a member of one of the following professional bodies: - <ul style="list-style-type: none">• 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 The Homeopath 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.
Osteopath	A fully qualified practitioner who is registered with the General Osteopathic Council. The Osteopath 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.

APPLYING FOR COVER IS EASY

STEP 1 Choose a level of cover to meet your needs

STEP 2 Complete the **application form** attached to this booklet

STEP 3 Return your completed **application form** to:

FREEPOST

Westfield Health
87 Division Street
Sheffield
S1 1HT

You will be sent all the information you need to start enjoying your new cover.

IMPORTANT INFORMATION: PLEASE READ BEFORE COMPLETING YOUR APPLICATION FORM

If you wish to change your level of cover you may only do so at the start of a benefit period.

Please complete all relevant sections of the application form using **BLOCK CAPITALS**.

SECTION B: DECLARATION

Please read your declaration carefully before signing.

Pre-existing medical conditions

Your policy is intended to cover new medical conditions only. Please read carefully section 1, General Terms and Conditions together with the definition of a pre-existing medical condition, before completing your application form. If you have any pre-existing medical conditions to declare you must include written details with your application and send it directly to Westfield Health.

DIRECT DEBIT INSTRUCTION

We need your bank or building society account details so that you can pay your premiums by Direct Debit. Please ensure you complete the Direct Debit instruction on the application form.

Payment of claims

We will reimburse your claims by crediting your bank or building society account directly. Please note we can only make payments into a bank or building society account of which you are one of the named account holders. Once your claim has been processed a remittance advice will be forwarded to you.

IoD PERSONAL HEALTH PLAN APPLICATION FORM

WESTFIELD HEALTH REGISTERED OFFICE.

Westfield House, 87 Division Street, Sheffield, South Yorkshire S1 1HT

CUSTOMER HELPLINE. 0114 250 2385 **TEXTPHONE.** 0114 250 2020

Available 8am-6pm, Mon-Fri (except Christmas Eve and Public Holidays)

F. 0114 272 4950 **E.** enquiries@westfieldhealth.com **westfieldhealth.com**

Authorised and regulated by the Financial Services Authority

IoD PERSONAL HEALTH PLAN APPLICATION FORM

Please complete this form to apply for Cover. Your partner can apply on this form too.

EMPLOYEE DETAILS Please complete in block capitals using black ink

Title Forename Surname

Address

Town County Postcode

Date of Birth Email

Telephone (Work) (Home) (Mobile)

IoD Member Number Westfield Company Reference Number **15898**

I wish to join/change to: Level 1 Level 2 Level 3
 (Please tick ONE box only) £10.40 per month £20.80 per month £39.43 per month

PARTNER DETAILS Please complete in block capitals using black ink

Title Forename Surname

Date of Birth Email

Telephone (Work) (Home) (Mobile)

My partner wishes to join/change to: Level 1 Level 2 Level 3
 (Please tick ONE box only) £10.40 per month £20.80 per month £39.43 per month

WESTFIELD OFFICE USE ONLY Account Number Event ID

DECLARATION Please read carefully before signing - this part must be completed

I declare that the information I have given on this form is true and complete and that I have received full details of the policy which I have read or have had read to me and agree to be bound by the General Terms and Conditions and Benefit Rules of the Plan.

I have carefully read section 1, General Terms and Conditions and I understand that the policy covers new medical conditions only and I must inform Westfield Health of any **pre-existing medical conditions**.

I confirm that I have enclosed written details of any pre-existing medical conditions Employee Partner Cover
 or
 I confirm that I do not have any pre-existing medical conditions to declare

EMPLOYEE Signature: Date:

PARTNER Signature: Date:


DATA PROTECTION/FAIR PROCESSING NOTICE - Information you provide on, or with, this form or information 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; 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. 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, 87 Division Street, Sheffield, S1 1HT, telephone 0114 250 2385.

MARKETING PREFERENCES - By signing this form, you are agreeing to us occasionally using the contact information you have provided, whether provided now or in the future, to contact you or other persons named here by post, email, text or phone with marketing offers and details of our other products and services. To opt out please tick here or contact us at the above address.

We may also share all contact details with other selected organisations who may contact you or other persons by post or phone about other products and services. To opt out please tick here or contact us at the above address. Please tick here if you are happy to receive emails/texts from these other selected organisations.

EMPLOYEE

westfield health  Please return this form to: **Westfield Contributory Health Scheme Ltd.** REGISTERED OFFICE: Westfield House, 87 Division Street, Sheffield, South Yorkshire, S1 1HT

DIRECT Debit 

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT

Name(s) of account holder(s)

Service user number

9	4	1	1	1	0
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Reference

Bank/Building Society account number

Branch sort code

Name and full postal address of your Bank or Building Society

To: The Manager Bank/Building Society

Address

Postcode

Instruction to your Bank or Building Society
 Please pay Westfield Health Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Westfield Health and if so, details will be passed electronically to my Bank/Building Society.

For (Westfield Health) official use only:
 This is not part of the instruction to your Bank or Building Society

Indicate the payment collection date:

Originator's Reference Number

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Signature(s):

Date:

Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

PARTNER

westfield health  Please return this form to: **Westfield Contributory Health Scheme Ltd.** REGISTERED OFFICE: Westfield House, 87 Division Street, Sheffield, South Yorkshire, S1 1HT

DIRECT Debit 

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT

Name(s) of account holder(s)

Service user number

9	4	1	1	1	0
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Reference

Bank/Building Society account number

Branch sort code

Name and full postal address of your Bank or Building Society

To: The Manager Bank/Building Society

Address

Postcode

Instruction to your Bank or Building Society
 Please pay Westfield Health Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Westfield Health and if so, details will be passed electronically to my Bank/Building Society.

For (Westfield Health) official use only:
 This is not part of the instruction to your Bank or Building Society

Indicate the payment collection date:

Originator's Reference Number

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Signature(s):

Date:

Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

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 Service Department today:
0114 250 2385

WESTFIELD HEALTH

REGISTERED OFFICE. Westfield House 87 Division Street Sheffield South Yorkshire S1 1HT

CUSTOMER HELPLINE. 0114 250 2385

Available 8am-6pm, Mon-Fri (except Christmas Eve and Public Holidays)

EMAIL. enquiries@westfieldhealth.com

westfieldhealth.com

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WINNER - BEST HEALTHCARE CASH PLAN PROVIDER
Health Insurance Awards 2006, 2005, 2004, 2007 & 2010



Servicemark is a featured
Certification trademark

