



Policyholder & Third Party Agent Form

This form is to be used if you wish to appoint an "Agent" to act on your behalf in connection with your policy.

To be completed by the Policyholder

Your Full Name:
Your Address (incl. postal code):
Your Westfield Account Number:
Your Date of Birth:
Full Name of person to be appointed as the Agent:
Agent's Address (incl. post code):
Agent's Contact Telephone Number: Agent's Email Address:
Agent's Westfield Account Number (if applicable):
Agent's Date of Birth:

You have selected the person detailed above to act as your Agent with regard to your Westfield Health policy.
In order for us to complete your request, please answer the following questions:

Do you authorise your Agent to request information? YES

Do you authorise your Agent to make changes to your policy? YES

e.g. change your address, policy cover, bank details, etc.

I, being a policyholder of Westfield Health, appoint the undersigned Agent to have authority to act on my behalf as indicated above. This agreement is to remain in place until such time that I instruct Westfield Health otherwise.

Signature of Policyholder.....Date.....

Signature of Agent.....Date.....

Note: When contacting Westfield Health you/ your Agent will be asked a series of questions, including your/their date of birth, for verification purposes. If you or your Agent want to know more about how Westfield Health process your data, please see our **Privacy Notice** on our website.
<https://www.westfieldhealth.com/about-us/trust/privacy-policy>

Once completed this form should be returned to enquiries@westfieldhealth.com
or Westfield Health, PO Box 340, Sheffield, S98 1XB