



Your little guide to health cover with big benefits

Advantage Health Cash Plan - Payroll Deduction



Hello

A warm welcome to your health cover from Westfield Health. We've been dedicated to making a healthy difference to the quality of life of our customers and the communities in which they live and work.



A little bit about us

We are Westfield Health. From humble beginnings, we've evolved to become a leading health and wellbeing provider.

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

Through our charitable donations, we support the NHS and medically related charities to help our customers and the community to lead healthier lives.

Getting started

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

Don't forget to read the full Terms and Conditions at the back of this guide.

A century on and we still have the same beliefs, vision and values we've always had – to support you throughout your life with innovative, best in class health cover.



Introducing your cover

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



Taking better care of you.

No one knows what's around the corner where our health is concerned. With your cover, you can be sure that we will work harder on your behalf to help you pay for those essential health bills.

Money back and cash payouts.

We aim to ensure that as many of your health costs are covered as possible. From dental appointments to optical check ups, therapy treatments and more, you can rest assured that your cover will help with your bills.

You can claim back a percentage reimbursement and, in some cases, 100% of the money you spend straight away, up to the maximum allowance provided by your cover. You can also receive fixed cash payouts for hospital stays and day surgery. And you will also receive a sum of money if you have a baby or adopt a child.

Diagnosis and peace of mind.

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



Customer Testimonial

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





Caring for your loved ones.

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

Health and wellbeing.

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

Personal Accident cover too.

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



Working harder for you.

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



DoctorLine.

From anywhere in the world, 24 hours a day, you can pick up the phone and arrange a call back from a practising UK GP, to discuss any health issues and receive advice or a diagnosis. You can even choose to have a webcam consultation so you can see and speak to a doctor while you're at home or at work. It's the closest thing to a surgery appointment, but without the wait. Over 70% of DoctorLine consultations result in the patient being recommended a course of action, without the need for referral to another medical professional.

If the doctor believes that your treatment requires medication, they can offer you a private prescription. You can choose for the medicine to be sent directly to you at an address of your choice or a local pharmacy, or you could be sent a digitally secure electronic prescription to show at a nominated local pharmacy.

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



Telephone Care Advisory Services.

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

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



24 Hour Advice and Information Line.

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

You also have access to an app and wellbeing portal; an online dedicated resource, designed to support your health and wellbeing. It provides you with confidential access to wellbeing fact sheets, videos, self-help programmes, interactive tools and educational resources to help with life's challenges.

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



Westfield Rewards.

Helping your money go further. You have access to our exclusive rewards website.

It provides access to special offers on all your favourite goods and services from hundreds of leading online and high street retailers. Make use of discount codes or purchase reloadable cards. The savings are often on top of sale prices, money off vouchers and online promotions, so their money goes even further. It's retail therapy at its best.

Pick up exclusive discounts by purchasing reloadable cards for high street stores and supermarkets or receive Cashback from participating retailers by connecting to them online via the Westfield Rewards website.

Instant vouchers are a quick and easy way to save. Order the amount you want and then download the voucher from your account to use in store or online for an instant discount. Instant vouchers can be downloaded to the SmartSpending app whilst in a shop.

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

Visit www.westfieldrewards.co.uk to register. You can then use the SmartSpending app to make savings while on the move.



Customer Testimonial

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



It feels good to be covered.

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

Important information.
The featured premiums include Insurance Premium Tax at the current rate and are subject to review in respect of any changes in taxation. In the case of Therapy Treatments, the amount shown represents a combined total for all the treatments. This amount can be used for any one or combination of treatments.
To access the Health and Wellbeing Services please refer to the full Terms and Conditions within this guide, and see page 17. More information on each benefit and service, including details of limitations, exclusions and any qualifying periods, can be found in the Terms and Conditions within this guide.

Level Price per month		Level 1 £6.52	Level 2 £13.04	Level 3 £19.05	Level 4 £26.46	Level 5 £39.77
Money back on everyday health and retail discounts						
Optical For you.	100 2yr	Up to £45	Up to £90	Up to £145	Up to £205	Up to £295
Dental For you.	100 1yr	Up to £33	Up to £75	Up to £120	Up to £165	Up to £245
Dental Accident For you.	100 1yr	Up to £75	Up to £165	Up to £265	Up to £350	Up to £500
Chiropody For you.	75 1yr	Up to £35	Up to £75	Up to £115	Up to £155	Up to £225
Therapy Treatments For you. Physiotherapy, Acupuncture, Chiropractic, Osteopathy, Homeopathy.	75 1yr	Up to £200	Up to £425	Up to £625	Up to £850	Up to £1,250
Prescription Charges For you. Number of items.	1yr	—	—	1	2	3
Surgical Appliance For you.	75 1yr	Up to £55	Up to £125	Up to £175	Up to £230	Up to £335
Maternity/Paternity/Adoption For you, per child.	1yr	£55	£115	£195	£265	£385
Health Screening/Assessment For you.	50 1yr	—	—	—	Up to £200	Up to £300
Gym Discounts For you.		✓	✓	✓	✓	✓
Westfield Rewards For you.		✓	✓	✓	✓	✓
Diagnosis and treatment for body and mind						
DoctorLine For you, your partner and your children.		✓	✓	✓	✓	✓
Specialist Consultation and Diagnostics Shared between you, your partner and dependent children.	75 1yr	Up to £70	Up to £135	Up to £290	Up to £390	Up to £575
24 Hour Advice and Information Line For you, your partner and your children. - Legal, Debt, speak to a Counsellor and online resources.		✓	✓	✓	✓	✓
Help if you require hospital treatment						
Hospital Benefit For you. Per day/night up to 14 days/nights per year.	1yr	£13	£24	£42	£61	£85
Care After Hospital Shared between you and one relative aged 65 or over (your partner or your parent). - 18 hours of home care following an overnight hospital stay. On Levels 1 and 2, Westfield Health will contribute 50% towards the cost. On Level 3, Westfield Health will contribute 75% towards the cost.	1yr	18 hours	18 hours	18 hours	18 hours	18 hours
Personal Accident - Accidental Death For you.		—	—	£10,000	£20,000	£30,000
Personal Accident - Permanent Disability For you.		—	—	Up to £10,000	Up to £20,000	Up to £30,000
Caring for your loved ones						
Telephone Care Advisory Services For you and your/your partner's elderly relatives aged 65 or over. - Understand your rights, navigate NHS/private residential and home care choices, resolve care issues. - Have the most appropriate care providers researched for you to make an informed choice. - Get practical and emotional support for your caring responsibilities.		✓	✓	✓	✓	✓

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

Cover for your children too.

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

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

And you have the reassurance of having access to valuable health services including DoctorLine, a 24 Hour Advice and Information Line and access to an online wellbeing app and website.

Please refer to page 32 for the definition of a dependent child and age limits.

Level		Level 1	Level 2	Level 3	Level 4	Level 5
Money Back - Shared between dependent children						
Optical	100 2yr	Up to £45	Up to £90	Up to £145	Up to £205	Up to £295
Dental	100 1yr	Up to £33	Up to £75	Up to £120	Up to £165	Up to £245
Dental Accident	100 1yr	Up to £75	Up to £165	Up to £265	Up to £350	Up to £500
Cash payout - for each dependent child						
Hospital Benefit Per day/night up to 14 days/nights per year.	1yr	£6	£10	£18	£23	£36

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

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Customer Testimonial

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

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Your cover: a few useful pointers

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



Making the most of your benefit periods.

Every benefit has its own benefit period.

The majority of your money back benefit allowances have a one year benefit period. Each benefit period will be activated when you submit your first claim, and will start from the date you paid your practitioner.

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

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

For Maternity/Paternity/Adoption, your benefit period begins on the date of birth or the date the child is placed with you for adoption.

You can keep sending in claims for a benefit until you reach your maximum allowance, or your benefit period expires. When your benefit period expires, the full allowance will renew, but your next benefit period will not be activated until you submit your next claim.

Example:

If the first claim you make on your Dental benefit has a receipt date of the 6th April 2022 your Dental benefit period activates on this date, giving you one year to use your Dental allowance, before it expires on the 5th April 2023. Once your benefit period expires your next Dental benefit period will not be activated until you submit your next Dental receipt.

Please refer to our [Terms and Conditions](#) for full details.

You have 26 weeks to make a claim.

Please submit your claim within 26 weeks. Those 26 weeks start from the date you make each payment for treatment, goods or services, the date you were discharged as an in-patient, or the date you attended for day surgery. In the case of the Maternity/Paternity/Adoption Benefit, it is 26 weeks from the date of birth or adoption placement.

Full details can be found in the [Terms and Conditions](#) at the back of this guide.

It's easy to check your benefit balance



0114 250 2000

8:30am-5:30pm, Mon-Fri (except public holidays)



[westfieldhealth.com](https://www.westfieldhealth.com)



Make sure you use a qualified practitioner.

One simple rule. Your practitioner must be registered with, or a member of an approved professional organisation. Just click on the 'Find an approved practitioner' link on the **My Westfield** area of our website or refer to the Benefit Rules and Definitions sections of this guide to locate the required qualifications for each practitioner.

Did you know you're covered emergencies worldwide?

You can even use your cover for emergencies when abroad. For example, if you damage your glasses whilst overseas, you can still claim towards the optician's costs, up to the limits of your plan. We ask that all relevant documentation relating to your claim is in English.

Get your claims paid directly into your bank account.

Direct Credit is the easiest and fastest way to reclaim your payments. We recommend that you register for a My Westfield account at westfieldhealth.com where you can add your bank details. Alternatively, you can contact us on 0114 250 2000 to set this up.



When submitting your claim, make sure your receipt has all the right details.

including your name, full practitioner details, date and payment amounts, details of treatment, goods or services and a list of any sundry items purchased.

Cover that puts you in control

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



Making life simple.

For money back and cash payout benefits, we aim to process correctly presented claims within four working days and pay the money directly into your bank or building society account. If we hold your email address, we'll also send confirmation straight to your inbox.

For our fastest service, you can submit claims for all benefits on our My Westfield mobile app (available on Apple App Store & Google Play for Android), or online at www.westfieldhealth.com/my-westfield. Alternatively, you can use a claim form, this is available on your My Westfield account or contact us for a paper claim form.

Personal Accident claims.

We understand that it is likely to be in difficult circumstances that you or a family member will be considering making a Personal Accident claim. You or the person acting on your behalf should contact us on **0114 250 2000**. We will send out a Personal Accident claim form, which should be completed and returned to us. We will then start to assess your claim and contact you to discuss it.

Claim money back in three easy steps

1. Receive and pay for your healthcare treatment as normal
 2. Submit your claim online, through our mobile app or by using a claim form and sending it to us by post, which is available on your My Westfield account or contact us for a paper claim form. You must submit your claim with your receipt, within 26 weeks of the date of each payment
 3. Receive payment directly into your bank or building society account
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My Westfield

It's all about you.

We want you to make the most of your cover. That's why **My Westfield** makes life simple. Think of it as your personal online account manager – a secure area on our website that's totally devoted to you as a customer, where you can either manage or view your account online. Just visit westfieldhealth.com/my-westfield and you can view your plan guide, claim online for all benefits, change your details, check benefit balances and access your wellbeing services.



Your Benefits

We're here for you

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



Managing your account

We are here to make things easy for you.

My Westfield

We want you to make the most of your cover. That's why My Westfield makes life simple. Think of it as your personal online account manager - a secure area on our website that's totally devoted to you as a customer, where you can view and manage your account online. Just visit westfieldhealth.com/my-westfield and you can register and log in to change your details, view your plan guide, check benefit balances and make a claim.

Email

You can email us at enquiries@westfieldhealth.com – we're only a click away.

Phone

An easy and convenient way to access your account details. Simply call our Customer Care Team on **0114 250 2000**.

Contact us



enquiries@westfieldhealth.com



westfieldhealth.com



0114 250 2000

8:30am-5:30pm, Mon-Fri (except public holidays)



Accessing your services:

DoctorLine

0345 612 3861 or **0203 858 9094**

(Available 24 hours a day. Calls will be recorded but remain confidential)

Telephone Care Advisory Services

0114 303 1060

(Available 8.30am-5.30pm, Mon-Fri, except public holidays)

Care After Hospital

0114 303 1060

(Available 8.30am-5.30pm, Mon-Fri, except public holidays)

24 Hour Advice and Information Line

0800 092 0987

(Available 24 hours a day. Call charges will apply)

Wisdom app

Download: Wisdom, available on Apple App Store for iOS and Google Play Store for Android

Westfield Rewards

Register/log in www.westfieldrewards.co.uk

Helpdesk 0203 583 7020

(Available 24 hours a day)

Gym Discounts

via the My Westfield area

Helpdesk 0345 123 5327

(Available 9am-5pm, Mon-Fri, except public holidays)

Change of circumstance?

If your circumstances change and you are no longer eligible for cover under this plan, don't worry – your cover with Westfield Health can continue on an alternative plan.

Monitoring and confidentiality.

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

We will not discuss policy details with anyone other than the policyholder, unless you have given us specific approval for a relative or friend to obtain account information on your behalf. If you need to access our service in this way, we can explain how you need to provide this authority.

Our Privacy Promise

We are committed to protecting the privacy of our users and customers whilst improving people's quality of life by enabling them to make healthier choices.

We believe in being open and up front with users and customers and have developed our Privacy Promise, a quick and simple summary explaining how we manage, share and look after your personal data.



We promise to collect, process, store and share your data safely and securely.

- **You're always in control:** Your privacy will be respected at all times and we will put you in control of your privacy with easy-to-use tools and clear choices.
- **We work transparently:** We will be transparent about the data we collect and how we use that data so that you can make fully informed choices and decisions.
- **We operate securely:** We have achieved ISO27001 certification and we will protect the data that you entrust to us via appropriate security measures and controls. We'll also ensure through the contracts we have in place, that other businesses we work with are just as careful with your data.
- **For your benefit:** When we do process your data, we will use it to benefit you and to make your experience better and to improve our products and services.

If you'd like to know more, please read our detailed Privacy Policy available on our website and **page 39** in this plan guide.

If you need to speak to us in relation to how your personal data is processed please feel free to contact our Data Protection Officer, whose details are provided below:

Email: dpo@westfieldhealth.com

Post: Data Protection Officer
Westfield Health
PO Box 340
Sheffield
S98 1XB



Everything you need to know

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

Important Information

Benefit Rules.

General Terms and Conditions.

Pages 20 to 21

Pages 22 to 31

Pages 32 to 39

Definitions

Pages 32 to 33

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

Apply Now.

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Important information

The Financial Conduct Authority (FCA) is an independent body that regulates the general insurance industry. It requires us to give you certain information so that you can decide if our products and services are right for you.



Statement of Demands and Needs.

This plan meets the demands and needs of someone who is looking for help towards the cost of a selected range of everyday healthcare expenses. Exclusions and restrictions apply, more information can be found in the Terms and Conditions.

The services you will receive

We will only provide you with information about our plans so that you can make an informed choice. We will not provide you with any advice or personal recommendation about the plan or range of options available from Westfield Health. You will need to make your own decision as to the suitability of the product for your own circumstances.

Who are we?

This plan is sold, underwritten and managed by Westfield Health. Westfield Health is a trading name of Westfield Contributory Health Scheme Ltd and is registered in England and Wales, company number 303523. We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, our registration number is 202609. Our registered address is Westfield House, 60 Charter Row, Sheffield, S1 3FZ.

Commission

For direct sales, our Health and Wellbeing Consultants receive a salary and a monthly bonus which is calculated as a percentage of sales.

If you are introduced, to us by an Introducer Appointed Representative (IAR) we pay them a percentage commission.

For sales via an Intermediary/Broker, we pay them a percentage commission.



Cooling Off Period

If you are not completely satisfied with the plan, simply notify us within 14 days of the date that we accept your application and we will cancel it. Provided a claim has not been paid, we will refund any premium collected. Please refer to full terms and conditions in your plan guide.

Complaints

You can contact us with your concerns by phone, email or post. If you're not satisfied with our response, you may be able to refer your complaint to the Financial Ombudsman Service (FOS). You will have 6 months from the date of our response letter to do this, or you may lose your right to have the complaint investigated. More information is available on the FOS website www.financial-ombudsman.org.uk.

The Financial Services Compensation Scheme

Westfield Health are covered by the Financial Services Compensation Scheme (FSCS). If we are unable to meet our obligations, you may be entitled to compensation from the scheme. For more information please visit www.fscs.org.uk

Multiple policies

If you have multiple plans with Westfield Health, or from any other source, you are not entitled to receive more than the total amount that you have paid for treatment. If you are claiming from another insurer we will pay our proportionate share of the cost, subject to the benefit being available and the terms and conditions of your plan.

Benefit Rules

So you'll know that we've given them a special meaning, we've put some words or phrases in 'bold type' like this in the Benefit Rules and General Terms and Conditions. Our definitions of these words and phrases are on pages 31 to 33.

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



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

For each fixed cash payout, the tables tell you the benefit period, the set benefit amount and where applicable how many days/ nights are covered.

Benefits are listed in alphabetical order except for Personal Accident as it appears last..

24 Hour Advice and Information Line

including access to the Wisdom app

Policyholder: For **you**

The 24 Hour Advice and Information Line and the Wisdom progressive app are provided by Health Assured Ltd.

The telephone service can be used by **you**, **your partner** and **dependent children** who are 16 to 24 years old, in full-time education and living with you, this includes children living away from home during term time. There is a scheme number in **your** welcome pack that you and your family must use when you call the 24 Hour Advice and Information Line. The scheme number doesn't identify individual users and any usage statistics given to an employer don't include any personal information.

To access the 24 Hour Advice and Information Line:

Phone 0800 092 0987

Available 24 hours a day, 365 days a year. Call charges may apply. Calls are not recorded. This is a confidential service; the only time Health Assured would breach confidentiality is if you or someone else is at risk of serious

harm.

Please have your scheme number ready when you call.

Wisdom app

You, the **policyholder** has access to online tools including a progressive app – Wisdom. With the Wisdom app **you** are able to specify preferences and topics to populate a personalised newsfeed and account with tailored resources, tools and learning materials. These include weekly mood trackers, four week plans that can be worked through by **you** using the app, mini health checks and webinars. In addition, **you** are also able to dial through to the helpline, request a call back or Live Agent instant chat function with one of the team.

To access Wisdom: Only the **policyholder** can register to use this service. It is available as a progressive app, which means as well as a mobile app you are able to login on your mobile phone app, tablet or computer using an internet browser. There is a unique code that you will need when registering. Please use WHVOL. **You** create **your** own username and password. Once registered you can access Wisdom through an app or

through an internet browser using the same username and password. **Download: Wisdom** available on Apple App Store for iOS and Google Play Store for Android. You can also access on the website <https://wisdom.healthassured.org/login>

What's covered...

- Unlimited access to **our** 24/7/365 confidential telephone service, giving **you** and **your** family support from a team of qualified counsellors and legal advisors.
- Telephone support from a qualified counsellor on a wide range of issues e.g., stress; anxiety; family problems; bereavement; money management; depression; relationships; problems at work; substance misuse.
- Free telephone legal information from an qualified legal professional on a wide range of issues e.g., consumer disputes; property; motoring; landlord/tenancy; debt; welfare benefits; matrimonial; family; wills and probate.
- Access to medical information provided by Health Assured's Occupational Health nurses, available Monday to Friday 9am to 5pm. Health Assured's qualified



nurses can provide easy to understand expert information, guidance and signposting on a wide range of health and lifestyle issues including: medical symptoms and conditions, medical and surgical treatments; hospital tests and procedures; childhood illnesses; caring for the elderly; diet and exercise; reducing alcohol consumption; stopping smoking. Please note, this is not a diagnostic service.

- For **you**, the **policyholder** access to online resources via Wisdom to help overcome life's mental and financial wellbeing challenges with a large library of wellbeing resources, giving you access to podcasts, videos, guides, webinars, factsheets, self-help programmes, interactive tools and educational resources and articles. Wisdom users are able to specify preferences and topics to populate a personalised newsfeed and account with tailored resources, tools and learning materials. The features of Wisdom include weekly mood trackers, four week plans that can be worked through by the user using the app, mini health checks, webinars. Track your activity, steps, sleep and mood. Guided breathing exercises and meditation sessions.

What's not covered...

- Structured Counselling Sessions and CBT programmes.
- Crisis care: this is not an emergency service. At busy times, it may be necessary to take your details and arrange a convenient time for the most appropriate

counsellor, legal advisor or health professional to call you back

- Access for **your** family to the online tools: only the **policyholder** can use Wisdom
- Diagnosis of a medical condition or issuing a prescription: the service gives general guidance only and isn't intended to replace your normal personal medical care.
- Legal information about employment disputes
- Exclusions (see section 6, General Terms and Conditions)

Care after Hospital

18 hours of home care services following an overnight stay in hospital.

Phone 0114 303 1060

Available 8.30am-5.30pm, Monday to Friday except public holidays.

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

Our Care After Hospital benefit is arranged and administered by Grace Consulting. Eligibility will be verified with Westfield Health.

You must contact the Westfield Health care advisory team at Grace Consulting so that they can find the **Home Care** for **you**.

The allowance of 18 hours **Home Care** is available for **you** to share with one relative aged 65 or over who must be either **your Partner** or **your Parent**.

The first home visit must occur within 14 days of discharge from **Hospital** or **Hospice**, and **Home Care** must be delivered within 28 days of that first home visit.

What's covered...

- Unlimited telephone care advice from the Westfield Health care advisory team at Grace Consulting.
- Rapid research into appropriate care providers, and a written report for you to make an informed choice.
- Up to 18 hours of **Home Care** services in any 12 consecutive months for **you**. The allowance of 18 hours **Home Care** is available for **you** to share with one relative aged 65 or over who must be either **your Partner** or **your Parent**. The 65 year old age limit does not apply to **you** as the **policyholder**.
- Payments for the first 18 hours of **Home Care**, at the money back rate that applies to **your** level of cover, will be paid on **your** behalf. Please see the table of benefits for the money back rate.

What's not covered...

- Any **Home Care** that hasn't been arranged in conjunction with and with the approval of the Westfield Health care advisory team at Grace Consulting.
- **Home Care** for **your partner** or **parent** if they are aged under 65, or for anyone else other than **you**.
- **Home Care** that does not follow a **Hospital In-patient** admission.
- **Home Care** that commenced more than 14 days after discharge from hospital, or **Home Care** delivered more than 28 days after the first home visit.
- **Home Care** that follows a **Hospital In-patient** admission due to a **pre-existing medical condition**.
- **Home Care** that follows a **Hospital In-patient** admission during **your qualifying period**.
- **Home Care** that exceeds 18 hours in any consecutive 12 month period.
- **Home Care** provided by a care provider who is not registered with the Care Quality Commission or an equivalent national body.
- Care that is not domestic or personal care. For example, nursing or medical care are excluded. If only cleaning is required, this isn't classed as personal care.
- Discharge expenses such as medical equipment, assisted living aids, medicines, and transport from **Hospital** to home.
- Exclusions (see section 6, General Terms and Conditions)

How do I access Care After Hospital?

Care After Hospital is not a cash benefit: you must follow these simple steps so that the care advisory team can find the **Home Care** for **you**.

Step 1

Ring the care advisory helpline. **You'll** need **your** Westfield Health policy number. The care advisory team will explain how the service works. The care advisory team will verify **your** entitlement with Westfield Health before arranging care.

Step 2

Before they can arrange a **Home Care** package the care advisory team will discuss **your**, or (with their permission) **your partner's** or **your parent's** needs with **you**. Our **Home Care** package is not intended to replace any discharge arrangements such as Intermediate Care made by the **Hospital**, NHS community team, or Local Authority, but to complement them. Our care advisory

team will provide advice about your statutory entitlements and carry out rapid research into appropriate care providers, and provide a written report for **you** to make the final choice.

Step 3

The care provider that **you** select will visit **you**, or **your partner** or **parent**, to agree a package of care with **you** and carry out an assessment.

Step 4

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

Step 5

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

Chiroprody

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

When...

- **you** receive and pay for treatment from a registered Chiroprodist/ Podiatrist, who must be a fully qualified practitioner who is registered with the Health and Care Professions Council (HCPC) **and**
- **you** submit **your** claim in accordance with section 8, General Terms and Conditions

We will cover...

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

For...

- chiroprody and podiatry consultations, assessments and treatment

We will not cover...

- any treatment that is not chiroprody or podiatry
- pedicures or cosmetic treatments
- surgical footwear or appliances (e.g. corrective footwear)
- exclusions (see section 6, General Terms and Conditions)

Dental

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

Dependent children: You have a separate allowance for **your dependent children** - the maximum

benefit is available over a one year **benefit period** and is shared between **all your dependent children**.

When...

- **you** pay a Dentist, who must be a fully qualified dental practitioner holding current registration with the General Dental Council, who works in a general dental practice, **and**
- **you** submit **your** claim in accordance with section 8, General Terms and Conditions

We will cover...

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

For...

- dental treatment, full* or partial dentures and dental check-ups
- hygienist
- x-rays
- braces and implants

We will not cover...

- insurance or dental care scheme premiums/payments, registration or administration fees
- dental treatment as a result of an accident (see Dental Accident benefit)
- teeth whitening
- prescription charges
- non-prescribed gum shields
- exclusions (see section 6, General Terms and Conditions)

*Full Dentures

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

Dental Accident

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

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

When...

- **you** pay a Dentist, who must be a fully qualified dental practitioner holding current registration with the General Dental Council, who works in a general dental practice, 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**
- if there has been a dental emergency appointment within 30 days of the accident or injury **and**
- **you** give **us** details of the accident, which must have occurred after **you** applied for the **plan** **and**
- **you** submit **your** claim in accordance with section 8, General Terms and Conditions

We will cover...

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

For...

- dental treatment directly related to the accidental injury

We will not cover...

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

DoctorLine

Policyholder: For **you**, **your partner** and **your dependent children** under the age of 18.

Round the clock advice from a GP.

Phone **0345 612 3861** or **0203 858 9094**

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

The DoctorLine web app can be used to book appointments. The web address is <https://doctorline.onlinegp.co>

Webcam appointments are available between 8am-10pm UK time; 7 days

a week, except on Christmas Day. All consultations are confidential but calls and any visual images will be recorded for your protection.

Please have the Westfield Health policy number ready when you call to arrange a telephone or webcam consultation or when using the app.

Our DoctorLine service is provided by an experienced external provider. DoctorLine is a registered trademark of Westfield Health.

You and your partner can call DoctorLine from anywhere in the world, 24/7. An experienced healthcare operator will take your details and arrange a call back with a **GP** at a time that suits you. During surgery hours you can choose to have a virtual consultation, if you've access to a webcam and broadband. **You and your partner** can call on behalf of **dependent children** under the age of 18.

It's reassuring to know that your consultation will be with a qualified practising **GP**, who'll give you advice and in most cases a diagnosis. You can discuss anything that you'd usually ask your own **GP** about, from common ailments to sensitive or confidential concerns. You might want to talk about travel inoculations, side effects from your medication, or a health story you've seen in the news. DoctorLine is the closest thing to a surgery appointment, but without the wait.

If you need to consult with a medical professional regarding a long-term medical condition including managing your symptoms and medication, then you have the option to speak to an experienced Clinical Pharmacist. They can support you with a wide range of medication queries including:

- Reviewing your medication if you have multiple prescriptions; you may have been given new medications separately and require an expert Clinical Pharmacist to ensure your medications are working effectively
- Reassuring you that you are taking your medication correctly
- Side effects from existing medication
- Over the counter medication that works with your existing medication
- Alternative medication options

Private Prescription service

If the DoctorLine **GP** thinks that prescription medicine would be appropriate, you may choose from the following options:

- The DoctorLine **GP** may offer

to send a private prescription electronically to a registered online pharmacy service from where the medication will be sent directly to you. When the prescription is issued before 4pm during weekdays, it is usually delivered the next working day. They will not charge you for processing your prescription, but you will be charged for the cost of the medication and delivery. The online pharmacy service will call you to take your payment by credit card or debit card. Simply confirm your payment details and delivery address and they'll arrange delivery of the medication to your home or place of work

- You can also collect your medication from a nominated local pharmacy. The DoctorLine **GP** will send your prescription directly to the pharmacy and you will be contacted when your medication is ready to be collected
- You may be offered a digitally secure electronic prescription to present at a nominated local pharmacy. An email will be sent to you with your prescription and instructions on how to collect your medication. You must present this to your nominated pharmacy at collection. This service is unable to prescribe any controlled medications outside of the **UK** electronically

DoctorLine web app

You can save the website as an icon on your mobile phones home page. You can access the service through a computer. After you have created an account, booking future appointments is easier as it uses the stored information.

The web app also includes access to articles on health:

- Information on medicines, treatments and conditions
- Health & Wellbeing articles, tips and information to help you make the best choices for your body and mind
- Search your local area for clinic services including GPs, dentists, pharmacies and more

What's covered...

- Telephone consultations with a qualified practising **GP** or Clinical Pharmacist
- A call back at the time of your appointment. You don't pay for the call whether you're at home, work, or travelling anywhere in the world
- Virtual consultations using state of the art webcam technology

so that you can show the **GP** your symptoms to help with a diagnosis.

- An electronic private prescription service, that delivers the medication that you buy to your home or place of work, or a local nominated pharmacy
- DoctorLine may offer to update your own **GP** about your consultation; this is particularly important if you've been prescribed medicine

What's not covered...

- Emergencies or urgent consultations; DoctorLine isn't intended to replace your own **GP** or the emergency services
- Any charges for receiving a call to your mobile e.g. while you're outside the **UK**
- Face to face consultations at a doctor's surgery
- Private prescriptions can't be sent directly to you via post
- Electronic prescriptions are not available to send outside the **UK**
- DoctorLine can't prescribe controlled drugs
- You can't use a recommendation from a DoctorLine **GP** to claim any other **plan** benefits.
- Exclusions (see section 6, General Terms and Conditions)

Gym Discounts

Just for **you**, the **policyholder** only

Helping you to get fit and keep active, for less.

Go to www.westfieldhealth.com to log onto **your** account, or to register for My Westfield access; then choose Gym Discounts from there you gain access to the gym discount offers.

Your cover has been designed to help keep **you** in the best possible shape. We believe in well beings and are therefore pleased to provide you with access to discounted gym and digital fitness memberships, along with active lifestyle discounts in order to support your journey to your best health.

What's covered...

You can save up to 30% on a membership at **your** chosen health club, closest to wherever **you** live or work. Choose from a wide range of options at over 3,700 gyms, leisure centres, yoga or Pilates studios and bootcamps across the **UK**.

If the gym isn't for **you** – don't worry! There are also discounted subscriptions to online workout programmes so **you** can kickstart **your** fitness regime from the comfort of **your** home.

Alternatively, if **you** enjoy getting out and about then why not select a multi-

activity membership meaning **you** can pick and choose from thousands of activities and classes at your leisure. Frequently Asked Questions are within My Westfield and within the gym discount website

If you have any queries on the offers **you** can call **0345 123 5327**

Available 9am-5pm, Monday to Friday except public holidays. Calls may be recorded.

What's not covered...

- Some deals aren't available to existing health club members.
- Whilst the gym network is hugely extensive there are some gyms who do not wish to participate, you can however recommend gyms for inclusion via the gym discounts website
- Only available online through My Westfield, no post copies of vouchers
- Exclusions (see section 6, General Terms and Conditions)

Health Screening/Assessment

This benefit is to help towards the costs of a detailed assessment of **your** health.

Plan levels 4 and 5 ONLY.

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

When...

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

We will cover...

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

For...

- tests which you have to assess **your** general health. The tests must be carried out within one appointment:
 - by a registered doctor, nurse or pharmacist at a registered establishment
 - as a minimum the health assessment must include all of the following:
 - body composition measurement including height, weight (BMI) and body fat percentage
 - blood pressure measurement
 - cholesterol or diabetes check and
 - kidney or liver function test

Please note: Health assessments must be carried out:

- by a doctor registered with the General Medical Council (GMC) or
- by a nurse registered with the Nursing and Midwifery Council (NMC) or
- by a pharmacist registered with the General Pharmaceutical Council (GPhC)
- and in each case at an establishment registered with the General Pharmaceutical Council (GPhC) or Care Quality Commission (CQC), or the equivalent regulatory body where the assessment is carried out. These could include, for example, a hospital, GP practice, pharmacy or health screening unit.

We will not cover...

- any other screening check or test not carried out as part of one of those listed above
- exclusions (see section 6, General Terms and Conditions)

Hospital Benefit

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

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

When...

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

Or on a day when...

- **you** are admitted to an NHS or private **hospital/treatment centre** as a day case patient **and**
- **you** are required to sign a consent form and are allocated a bed – the use of which is normally for a period of supervised recovery **and**
- **you** submit **your** claim in accordance with section 8, General Terms and Conditions

We will cover...

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

For...

- a **surgical procedure** involving the use of theatre facilities when **you're** admitted as a **day patient**, **you** sign a consent form and **you** have a local, regional or general anaesthetic. The surgical procedure is one that aims to treat disease, injury or abnormality by operating directly on or removing the affected body

part, or removing a foreign body. When **you** submit **your** claim, we need a copy of **your** discharge letter as evidence of **your** admission. If **you** do not have **your** discharge letter, **you** will need to get written confirmation of **your** hospital stay (e.g. a headed letter from the hospital)

- overnight **in-patient** admissions for treatment, tests or investigations
- maternity related **in-patient** admissions, from the 11th night that **you** have been an **in-patient**. **You** must give **us** evidence of the first 10 nights that **you** have spent in the **hospital/treatment centre** (these nights do not have to be consecutive)
- a **dependent child** required to remain in the **hospital/treatment centre** following its birth, from the date that the mother is discharged
- claims submitted when the patient is discharged as an **in-patient**. When **you** submit **your** claim, **we** need a copy of **your** discharge letter as evidence of **your** admission. If **you** do not have **your** discharge letter, **you** will need to get written confirmation of **your** hospital stay (e.g. a headed letter from the hospital).

We will not cover...

- **out-patient** attendances, including procedures carried out in an **out-patient** setting. An out-patient is a person attending a **hospital/treatment centre** for advice, consultation and/or treatment, but who does not receive admitted patient care.
- tests or investigations e.g. biopsies and endoscopies carried out for investigative purposes as a **day patient**
- treatment and/or pain relief administered by injection as a **day patient**
- cardioversion as a **day patient**
- **out-patient** visits for chemotherapy, radiotherapy or kidney dialysis
- admissions for rehabilitation, domestic reasons or respite care
- attendances at a GP or Dental surgery
- maternity related admissions for the first 10 nights
- any type of **in-patient** admission where the **hospital/treatment centre** could be regarded as **your** permanent residence
- if **you** had a day surgery procedure and are admitted as an **in-patient** on the same day this counts as one event not two

so only one day/night can be claimed.

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

Maternity/Paternity/Adoption

Policyholder: Benefit(s) are payable once in a one year **benefit period**.

When...

- **you** are named as mother or father on the child's full birth certificate, or **you** are named as the child's adopter **and**
- **you** submit **your** claim in accordance with section 8, General Terms and Conditions

We will cover...

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

For...

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

We will not cover...

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

Optical

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

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

When...

- **you** pay an **Optician** who must be a fully qualified Optical practitioner holding current registration with the General Optical Council, who works in a general optical practice **and**
- **you** submit **your** claim in accordance with section 8, General Terms and Conditions

We will cover...

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

For...

- eyesight tests
- prescription spectacles, sunglasses and/or contact lenses
- solutions for use with your prescribed contact lenses
- prescription lenses to an existing frame
- repairs to prescription spectacles

- prescription goggles/safety goggles
- payments that **you** make for prescription contact lenses supplied under a monthly scheme, when **you** obtain an itemised receipt

We will not cover...

- frames purchased without prescription lenses
- non-prescription spectacles or sunglasses or contact lenses
- any insurance or peace of mind guarantee
- exclusions (see section 6, General Terms and Conditions)

Prescription Charges

Plan levels 3, 4 and 5 ONLY.

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

When...

- **you** are not exempt from paying NHS prescription charges **and**
- **you** receive and pay a charge for an NHS prescription item or private prescription item, or **you** provide **us** with evidence that **you** have purchased an NHS prescription pre-payment certificate to pay for **your** prescription charges **and**
- **you** submit **your** claim in accordance with section 8, General Terms and Conditions

We will cover...

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

For...

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

We will not cover...

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

Specialist Consultation and Diagnostics

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

When...

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

We will cover...

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

For...

- diagnostic consultations from a **Consultant Physician** or **Consultant Surgeon** on all levels of the **plan**
- diagnostic and investigative tests and scans carried out in a **hospital/treatment centre**, including but not limited to x-rays, scans, endoscopies, tests on body tissue samples, blood tests, ECGs, required to aid the diagnosis under the management of a **Consultant Physician** or **Consultant Surgeon**
- diagnostic and investigative tests and scans carried out in a **hospital/treatment centre**, including but not limited to x-rays, scans, endoscopy, test on body tissue samples, blood tests, ECGs required to aid the diagnosis under the management of a **GP**
- payments **you** make to a **Consultant Physician** or **Consultant Surgeon** for treatment on levels 3, 4 or 5 of the **plan**

We will not cover...

- treatment on levels 1 or 2 of the **plan**
- room fees, nursing charges, prescription items/charges or sundry items
- exclusions (see section 6, General Terms and Conditions)

Surgical Appliance

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

When...

- **you** pay for an appliance prescribed by **your GP**, **Consultant Physician/Consultant Surgeon**, **Chiropodist/Podiatrist**, **Physiotherapist**, **Acupuncturist**, **Chiropractor** or **Osteopath** **and**
- If requested **you** provide **us** with evidence that the appliance was prescribed for **your use** **and**
- **you** submit **your** claim in

accordance with section 8, General Terms and Conditions

We will cover...

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

For...

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

We will not cover...

- any item not specifically listed above
- hearing aid batteries
- tens machines
- wheelchairs/crutches/walking frames
- exclusions (see section 6, General Terms and Conditions)

Telephone Care Advisory Service

Make informed care choices for yourself and elderly relatives.

Phone **0114 303 1060**

Available 8.30am-5.30pm, Monday to Friday except public holidays.

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

Our Telephone Care Advisory Service benefit is arranged and administered by Grace Consulting. Eligibility will be verified with Westfield Health.

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

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

What's covered...

- Unlimited telephone care advice from the Westfield Health care advisory team at Grace Consulting.
- Practical advice and emotional support for your caring responsibilities.
- Advice on how to resolve all care issues including: navigating the care system; appropriate care options; how to find ideal care providers; state benefits and state funding of care; statutory

services; guarding against potential future crises; relevant assistive devices, or monitoring devices that reassure about a loved one's wellbeing.

- An intensive research service to identify the most appropriate care providers for each personal situation, whether it be for care homes, home care agencies, day centres, or lunch clubs.
- A written report on appropriate care providers for **you** to make an informed and final choice.
- Continued help and assistance until **your** care issue is resolved.

What's not covered...

- Care advice relating to the needs of anyone aged under 65, with the exception of you the Policyholder.
- Legal, financial or medical advice, although our team may signpost you to appropriate advisors and practitioners for these needs.
- Face to face advisory services or site visits to potential care providers.
- Exclusions (see section 6, General Terms and Conditions)

Therapy Treatments

Physiotherapy, Acupuncture, Chiropractic, Homeopathy and Osteopathy

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

When...

- **your GP or Consultant Physician/Consultant Surgeon** recommends that you receive treatment. If requested at any time, **you** must provide us with written evidence of this recommendation at **your own expense** **and**
- **you** receive and pay for treatment from a registered **Physiotherapist, Chiropractor or Osteopath**, or an **Acupuncturist or Homeopath** who is a member of an approved professional organisation. Registration/ membership must be relevant to the treatment that they are providing (see Definitions section) **and**
- **you** submit **your** claim in accordance with section 8, General Terms and Conditions

We will cover...

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

For...

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

We will not cover...

- any treatment that is not physiotherapy, acupuncture, chiropractic, osteopathy or homeopathy
- group sessions or classes
- separate scans e.g. MRI, ultrasound, x-rays unless they are diagnostic scans or x-rays when they are performed by the therapist at the same time as their therapeutic assessment
- herbs, herbal remedies, supplements or vitamins even if these have been recommended or supplied by your **Physiotherapist, Acupuncturist, Chiropractor, Homeopath or Osteopath**
- exclusions (see section 6, General Terms and Conditions)

Westfield Rewards

Policyholder: Just for **you**.

Westfield Rewards is provided by Reward Gateway.

Website www.westfieldrewards.co.uk to register for Westfield Rewards.

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

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

Once you have registered you can download the SmartSpending app from the iOS App Store or Google Play for Android. You cannot register for Westfield Rewards on the app, you must first register via the website, then use the same details to login to the app.

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

helpdesk straightaway.

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

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

What's covered...

- Offers on a wide range of goods and services.
- Cashback when **you** buy online through a link on the Westfield Rewards website.
- Discounts when **you** buy Reloadable Cards to spend in participating high street stores and supermarkets.
- Instant vouchers are a quick and easy way to save. Order the amount **you** want and then download the voucher from **your** account to use in store or online for an instant discount. Instant vouchers can be downloaded to the SmartSpending app whilst in a shop.

What's not covered...

- Cashback won't be paid if **you** get a refund for anything that **you've** bought.
- Cashback won't be paid if **you** don't complete **your** purchase online through the link on the Westfield Rewards website.
- Any money spent on a Reloadable Card that's been lost or stolen: report **your** loss to Westfield Rewards as soon as possible so that they can cancel the card.
- Exclusions (see section 6, General Terms and Conditions)

Personal Accident Cover

Just for **you**, the **policyholder**

We underwrite and administer the Personal Accident cover provided by **your** plan.

Conditions of your cover

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

- If **you** suffer **bodily injury** as a direct result of an **accident** which within 24 months of the **accident** results in **death** or disablement, benefit will be paid in accordance with the Scale of Benefits outlined on page 30
- The maximum amount of benefit that will be paid for one **accident** is equivalent to the amount for **permanent total disablement**, item 2 in the Scale of Benefits on page 30
- If **we** pay the benefit for **loss** of limb **we** won't also pay for parts of that limb
- If **you** already had a disability or condition before **your accident** **we** will take this into account and it may reduce the amount of permanent disability benefit that **you** get
- Please submit **your** personal accident claim within 60 days, or as soon as reasonably possible, after the **time** of the **accident**

What's covered...

- **Accidental bodily injury** that causes **your** death within 24 months of the **time** of **your** **accident**
- **Accidental bodily injury** that causes **your permanent total disablement** within 24 months of the **time** of **your** **accident**
- **Accidental bodily injury** that causes **your permanent disability** within 24 months of the **time** of **your** **accident**

What's not covered...

- Any **accident** that happened before **your** personal **accident** cover started or after **your** personal **accident** cover ended
- **Permanent total disablement** benefit if **you** are 75 or older at the date of accident: we will assess **your** claim based on the degree of **your permanent disability** instead
- **Bodily injury** caused or contributed to in any way
 - by **you** committing an illegal act
 - while **you** were under the influence of drugs or excessive alcohol
 - by a deliberate or reckless exposure to danger
 - by participation in dangerous activities and sports – this includes but is not limited to canyoning, gorge walking, high diving, horse jumping, micro-lighting, mountain boarding, parasailing, rock climbing or riding/driving in any kind of race
- by **you** engaging in any form of

air sports or taking part in air travel, unless travelling as a fare paying passenger in an aircraft which is provided and operated by an airline or air charter company that is licensed for this

- by **war**: except when **war** is declared in the country that **you** are travelling to after **you've** already left the country where **you** live
- because **you** are: a full time member of the armed forces of any nation or international authority; **you** are on active service as a member of any reserved forces
- by **your** suicide, attempted suicide or deliberate self-inflicted injury, regardless of the state of **your** mental health
- Illness or disease not directly caused by **bodily injury**, including but not limited to a medical or surgical procedure or childbirth
- Repetitive stress (strain) injury or syndrome, or any gradually operating cause
- Post-traumatic stress disorder or related syndromes, or any psychological or psychiatric condition
- Bacterial or viral infection, except where it is the direct result of **accidental bodily injury**
- This benefit does not provide cover in the event of death caused by illness or disease

Personal Accident		Percentage of Accidental Death amount in table of benefits on pages 8-9
1	Death as a result of an accident	100%
2	Permanent total disablement	100%
Permanent disability benefits		
3	Loss of sight - both eyes	100%
4	Loss of speech	100%
5	Loss of sight - one eye	50%
6	Loss of hearing - both ears	50%
7	Loss of hearing - one ear	15%
8	Loss or loss of use of:	
	a foot below the level of the ankle	50%
	a hip, knee, or ankle	20%
	one or more limbs	100%
	a thumb	20%
	a forefinger or big toe	15%
	any other finger	10%
	any other toe	5%
9	Permanent and total loss of use of:	
	the back or spine below the neck, with no damage to the spinal cord	40%
	the back neck or cervical spine, with no damage to the spinal cord	30%
	a shoulder elbow or wrist	25%
10	To ensure you are provided with a payment for a permanent disability that is not listed above, we will assess medical evidence to calculate the degree of disablement relative to this scale. No account shall be taken of your occupation. For example if bodily injury results in 25% of the loss of sight in one of your eyes, we will pay you 25% of the loss of sight – one eye, item 5 on this scale.	

When will my personal accident cover start?

Your personal accident cover always starts on the date **we** receive the application for **your** cover. This is regardless of **your plan's registration** date.

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

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

When will my personal accident cover end?

Your personal accident cover will end on the date that **your plan** cover finishes.

How do I make a claim?

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

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

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

Personal Accident Definitions

We've put some words or phrases in '**bold type**' like this, so that **you'll** know **we** have given them these special meanings for **your** personal accident cover. The definitions of other words and phrases in '**bold type**' are in the General Terms and Conditions section on pages 32 to 33.

Accident/Accidental

A sudden, identifiable violent external event that happens by chance and which could not be expected; or unavoidable exposure to severe weather.

Air sports

Airborne leisure activities, for example:

- ballooning
- bungee-jumping
- gliding
- hang-gliding
- micro lighting
- parachuting
- paragliding
- parascending

Bodily injury

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

Loss of hearing

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

Loss or loss of use

Amputation or permanent loss of all functional use.

Loss of sight - both eyes

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

Loss of sight - one eye

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

Loss of speech

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

Permanent disability

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

Permanent total disablement

If you were in gainful employment at the date of the accident:

A **permanent disability** which stops **you** from carrying out gainful employment for which **you** are fitted by way of training, education or experience.

Or

If you were not in gainful employment at the date of the accident:

A form of **permanent disability** calculated on a medical assessment by **us** or an independent medical expert appointed by **us**, which results in **your** inability to perform, without assistance from another person, at least two of the following activities of daily living:

- eating
- getting in and out of bed
- dressing and undressing
- toileting
- walking 200 metres on level ground

Time

The Standard Local Time where you permanently live.

War

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

General Terms and Conditions.

Definitions.

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

Acupuncturist

A fully qualified Acupuncturist who is a:

- Member of the British Acupuncture Council (BAcC)
- Fully Accredited Member of the British Medical Acupuncture Society (BMAS)
- Fully Accredited Member of an association under British Acupuncture Federation (BAF)

Agreement

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

Benefit Period

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

Chiroprapist/Podiatrist

A fully qualified practitioner who is registered with the Health and Care Professions Council (HCPC).

Chiropractor

A fully qualified practitioner who is registered with the General Chiropractic Council.

Consultant Physician/

Consultant Surgeon

A registered **Consultant Physician** or **Consultant Surgeon**, including any individual holding an appropriate **Consultant Physician** or **Consultant Surgeon** position within a private or registered **hospital/treatment centre**.

Day patient

A patient that:

- Is admitted to a **hospital/treatment centre** as a day case **and**
- Is allocated a bed, or similar facility e.g. a reclining chair

that the treatment provider classes as a bed – the use of which is normally for a period of supervised recovery **and**

- Doesn't stay overnight.

Dependent Child

A child who is:

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

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

Elderly Relative

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

GP

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

Hearing Aid

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

Home Care

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

Homeopath

A fully qualified **Homeopath** who is a member of one of the following professional bodies:

- Member of the Faculty of Homeopathy
- Licensed or Registered Member of the Society of Homeopaths
- Registered Member of the UKHMA
- Member of the Alliance of Registered Homeopaths

Hospice

A facility that provides **in-patient** palliative care for patients with a life limiting or terminal illness.

Hospital/Treatment Centre

A medical facility that:

- has permanent facilities for caring for patients as an **in-patient** and/ or a **day patient** **and**
- has facilities for medical practitioners to diagnose and treat injured or sick people **and**
- provides nursing services from qualified nurses/midwives who are on the Nursing and Midwifery Council (NMC) register (or an equivalent register if the **hospital/treatment centre** is outside the **UK**, Channel Islands or Isle of Man) **and**
- is not a nursing home; **hospice**, convalescent home; residential care home; prison; health spa/ hydro.

In-patient

Admission to a **hospital/treatment centre** or **hospice** for a full night stay, or longer. To qualify as a full night you must be admitted before midnight.

Medical Professional

This could be **your GP** or could be an Optician, Dentist, Physiotherapist, Chiropractor, Osteopath, Chiroprapist, whose qualifications are already

defined in the applicable benefit rules or within definitions section.

Osteopath

A fully qualified practitioner who is registered with the General Osteopathic Council.

Outpatient

A patient that attends a **hospital/treatment centre**, consulting room or outpatient clinic but is not admitted as an **in-patient** or **day patient**.

Parents

Your natural or lawful father or mother, including adoptive parents. A step parent married to your natural parent is also covered. **We** may ask **you** for proof of **your** relationship with that person.

Partner

A person who:

- **you** live with that **you're** married to/in a civil partnership with **or**
- **you** permanently live with as if **you're** married to them/in a civil partnership.

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

Physiotherapist

A fully qualified practitioner who is registered with the Health and Care Professions Council (HCPC).

Placed/Placement

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

Plan

The Advantage Health Cash Plan - payroll deduction.

Policyholder

The person in whose name the **plan** is held (sometimes called the lead name on a policy). **We** send all communications to the **policyholder**.

Pre-existing medical condition

This plan is only intended to cover new medical conditions.

You, your partner and your dependent children will not be entitled to claim the following benefits for any **pre-existing medical conditions**:

Care After Hospital; Chiropractic; Specialist Consultation and Diagnostics; Dental Accident; Health Screening /Assessment; Hospital Benefit; Prescription Charges; Surgical Appliance; Therapy Treatments.

When **you** submit a claim we may ask you to give details of the condition/ symptoms; dates; **GP's** name, address and telephone number if **you, your partner or your dependent child**:

- Were taking any prescribed medication, or had taken

prescribed medication in the last 12 months before the application;

- Had consulted a **GP or Consultant Physician/Consultant Surgeon** during the 12 months before the application;
- Had received advice or treatment from a qualified practitioner or therapist i.e. **Physiotherapist, Acupuncturist, Chiropractor, Homeopath, Osteopath, Chiropodist, Podiatrist** or any other complementary medicine practitioner, during the 12 months before the application;
- Had attended a **hospital/treatment centre** during the 12 months before the application;
- At point of application were awaiting any medical tests, investigations or treatment, or were awaiting the results of any medical tests or investigations, whether or not the condition has been diagnosed;
- Attended your **GP, Consultant Physician/Consultant Surgeon** or hospital for monitoring or check-ups;
- Have an illness, injury or condition that is permanent, or has ever previously recurred or that is likely to recur.

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.

Qualifying period

The period of time that **you**, or **your** dependants, have to wait before you can use a benefit. **You** can read a full explanation of how **qualifying periods** work on page 35.

Registration

The first day of the current month if **we** accept **your** application on the 1st of the month. Cover will start that month.

The first day of the next month if **we** accept **your** application after the 1st of the month. Cover will start the 1st of the following 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 Limited.

You/your/yourself

The Westfield Health **policyholder**.

1. Who can have cover

This **plan** is not available to purchase directly from Westfield Health. Payment must be made through an employer offering a payroll facility for the deduction of Advantage Plan premiums.

The employer has chosen this **plan** from the range of products offered by Westfield Health. If the employer decides to change the cover available to **you** we will notify **you** as soon as reasonably practicable. **Your** cover will cease if the agreement between the employer and Westfield Health comes to an end. **We** will try to offer all **policyholders** an alternative Westfield Health **plan**, however this may not be on the same terms as **your** current cover.

You must reside in the **United Kingdom**, Jersey or Isle of Man for a minimum of 180 days each year to be a **Advantage Plan policyholder**.

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

Professional sports people are not eligible for the **plan**.

You must satisfy **yourself** that this **plan** and the level of cover **you** decide to apply for are right for **you**. **We** 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).

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 change your mind during this cooling off period you should contact us. Providing that you have not made or intend to make a claim, we will refund the full premium paid by you.

2. Pre-existing medical conditions

This **plan** is only intended to cover new

medical conditions.

You, your partner and your dependent children will not be entitled to claim or use the following benefits and services for **any pre-existing medical conditions**:

Care After Hospital; Chiropody; Specialist Consultation and Diagnostics; Inpatient Accident; Health Screening/Assessment; Hospital Benefit; Prescription Charges; Surgical Appliance; Therapy Treatments.

For Personal Accident cover we will take into account any disability or condition that **you** already had when we assess the amount of disablement benefit **we** will pay as a result of a subsequent accident.

Please read the definition of a **pre-existing medical condition** on page 33 carefully. **We** may ask for information from your **GP** to confirm any details 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 and Personal Files and Medical Reports (Northern Ireland) Order 1991, if a medical report is required **we** will write to **you** first to tell **you** why. If **you**, or where applicable another person covered on **your** policy, do not give **us** your consent **we** may terminate **your** policy.

We will usually agree to continue **your** policy 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 any **pre-existing medical conditions** are not covered.

3. The contract between Westfield Health and you

This 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 the premium paid by **you** for that month. If **we** receive notice of cancellation on or after the 15th day of the month, then **we** will not refund **your** premium for that month but any further premiums will not be payable. Any premium that **you** have paid, in advance or that is not due following cancellation will be refunded to **you**. **We** will not pay a claim for any benefit beyond the date that **you** have paid up to.

To cancel your policy please contact our Customer Care Team on **0114 250 2000**, email **enquiries@westfieldhealth.com** or write to us at **Westfield Health, PO Box 340, Sheffield S98 1XB**.

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**, or anyone covered on your policy, fails to comply with our request for information relating to a claim or an application for cover

- **You** submit a claim that is fraudulent or that **we** reasonably believe to be intentionally false and/or misleading and/or exaggerated
- **You** (or anyone covered on your policy) act in a threatening or abusive manner, e.g. violent behaviour; 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.

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

4. Premiums

Your policy will lapse if **you** do not keep **your** premiums up to date. If **you** owe more than one month's premium on levels 3, 4 or 5 or three month's premiums on levels 1 or 2 **you** will not be entitled to remain in the **plan**.

We implement stringent credit control procedures for employers operating payroll deduction facilities, however it ultimately remains **your** responsibility to ensure that **your** premiums are remitted to **us**.

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

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

Where a benefit included in the **plan** is underwritten by another insurer, **our** agency agreements with insurers allow **us** to hold the premiums **you** pay in respect of these elements of the product as agent of the insurer and therefore payment to **us** means the same as if **you** have paid that insurer direct. This does not affect elements that **we** underwrite.

Temporary cessation of deductions

If an employee or pensioner is temporarily not in receipt of wages/salary or a pension payment from which premiums can be deducted e.g. unpaid sickness absence, they should ask their employer/pension administrator to notify Westfield Health. **We** will allow **you** to pay premiums direct to **us** monthly for a maximum of six months, after which time **you** must transfer to an alternative plan if **you** wish to have cover with Westfield Health.

Change of employer, retirement or cessation of pension payments

When an employee retires or leaves their employment they should ask their employer to notify Westfield Health and the **policyholder** should contact **us** immediately.

Payment can continue through another employer, providing they offer payroll deduction facilities for the Plan, by the employee completing a new application form authorising the deduction of premiums. If there is no break in premiums **your** benefits as a **policyholder** will be continuous.

If the pension through which **your** premiums are paid ceases, **our** Customer Care Team can give **you** information if **you** wish to continue **your** cover.

If **you** wish to have cover with Westfield Health but cannot pay premiums through a payroll **our** Customer Care Team will be happy to arrange for **your** Westfield Health cover to continue on an alternative plan.

5. Qualifying Periods

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

Available from the date of registration:

24 Hour Advice and Information Line; DoctorLine; Gym Discounts; Personal Accident cover; Telephone Care Advisory Service; Westfield Rewards.

10 months qualifying period – all plan levels:

Maternity/Paternity/Adoption benefit

3 months qualifying period – levels 1 and 2:

All other benefits

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

All other benefits

Changes to your level of cover

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

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

Former Policyholders

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

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

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

Transferring Plans

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

Our Customer Care Team can explain the **qualifying periods** and benefit entitlement that will apply to **you**, following a lapse in **your** cover or transfer from another Westfield Health plan.

6. 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.

Continued overleaf

We will not cover:

- any claim that is not submitted in accordance with section 8, General Terms and Conditions
- any claim that is submitted where **you**, or anyone covered on **your** policy, are in breach of the **plan** and/or General Terms and Conditions
- claims that arise as a result of a **pre-existing medical condition**. See section 2, General Terms and Conditions for details of the policies and the benefits that exclude cover for **pre-existing medical conditions**
- any charges that a **hospital/treatment centre**, 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 directly or indirectly arising as a result of war, invasion, rebellion, revolution or terrorism including chemical or biological terrorism
- claims arising directly or indirectly from, or as a consequence of:
 - professional sports injuries – this is any injury sustained whilst training for, or participating in, sport for which **you** receive payment or non-charitable sponsorship
 - you** participating in a criminal act
 - an accident while **you** were under the influence of alcohol or drugs
 - drug, alcohol or solvent abuse, or taking drugs (unless told to do by a registered medical practitioner)
 - suicide or deliberate self-inflicted injury
 - participation of dangerous activities and sports - this includes but is not limited to canyoning, gorge walking, hang-gliding, high diving, horse jumping, micro-lighting, mountain boarding, parasailing, rock climbing or riding/driving in any kind of

race.

- flying as a pilot or crew member (that is, aircraft, gliders, hang-gliders, microlights, parachuting, paragliding and ballooning)
- a pandemic illness
- 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 treatment or service that **you** receive from a:
 - member of **your** immediate family – a parent, child, brother or sister, or **your** **partner**
 - business that **you** own

We cannot pay benefits for any claims directly related to the following

- any health-screening checks, medical examinations, consultations or reports for employment, emigration, legal or insurance reasons
- contraceptives
- cosmetic reasons
- vasectomies or sterilisation
- GP** fees for private treatment

This policy does not cover fees or charges for:

- missing an appointment
- completing a claim form or providing a medical report
- providing further information in support of a claim
- administration or referral costs, joining fees or registration fees
- postage and packing costs

7. Benefit Period

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

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

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

- For Hospital Benefit the **benefit period** begins on the first day or night that **we** pay benefit for
- The Maternity/Paternity/Adoption **benefit period** begins on the date of birth or the date a child is

placed with **you** for adoption

- For Care After Hospital the **benefit period** begins on the first day **we** pay benefit for
- For all other benefits the **benefit period** begins on the date that **you** paid for the treatment, goods or service

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

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

- the date of birth/adoption placement for Maternity/Paternity/Adoption benefit
- for Hospital Benefit the date that **you** are an **in-patient** or the date that **you** attend for day surgery
- the date that **home care** was provided for Care After Hospital benefit
- the date of **your** payment for treatment goods or services

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

8. How to claim

For **our** fastest service, **you** can submit claims for all benefits on **our** My Westfield mobile app (available on Apple & Android), or online at www.westfieldhealth.com/my-Westfield. Alternatively, **you** can use a Health Cash Plan claim form, this is available on **your** My Westfield account. The claim form must be signed and dated by the **policyholder**.

We won't pay a claim until **you** or **your** dependant has received and paid for the treatment, goods or service.

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 nights **you** were an **in-patient** for Hospital Benefit
- the date **you** attended for day surgery for Hospital Benefit
- the child's date of birth/adoption placement for Maternity/Paternity/Adoption
- the date that **home care** was provided for Care After Hospital
- the date of **your** accident, for

Personal Accident

For all benefits where **you** (or a person covered on **your** policy) have paid for treatment, goods or services **you** must get a full receipt detailing the payment you have made. **You** must send **us** the receipt if **you** are submitting **your** claim on a paper claim form. **We** may ask **you** to send the receipt to **us** within six months if **you** submit a claim online.

The receipt must include:

- the name of the person who has received the treatment, goods or service
- the date and amount of each payment
- the supplier or practitioner's name, address and daytime contact details
- details of the qualifications/ professional organisation that the practitioner is registered with/ a member of (see Benefit Rule or Definitions section)
- details of the type of treatment/ service
- the date that **you** (or a person eligible to claim on **your** policy) received each separate treatment or service
- separately itemised details of any additional sundry items purchased

We do not accept the following:

- 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 26 weeks of the payment date – see below

* The only exception to this is when **you** provide **us** with written evidence that you have entered into a payment arrangement/ credit agreement for treatment, goods or services that **you** have received. The date that **you** pay the first instalment determines the **benefit period** that **your** claim falls into and **we** will pay **you** up to the benefit balance available on that date **ONLY** towards the full cost of the treatment, goods or service 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**.

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

To claim Hospital Benefit **your** Westfield Health claim form must be completed, signed and stamped by the **hospital/ treatment centre** or **hospice**. **We** do not accept photocopies of completed claim forms.

We will not pay your claim unless it is received within 26 weeks of the following:

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

It is **your** responsibility to ensure that **you** allow sufficient time for the claim to reach **us** within the 26 weeks deadline. **We** will not accept any responsibility for claims (or supporting evidence) lost, delayed or damaged in the post.

If you can claim part or all of your costs under another Westfield Health plan, or from any other source, you are not entitled to receive more than the total amount that you have paid. If you are claiming from another insurer **we** will pay **our** proportionate share of the cost, subject to benefit being available and the terms and conditions of **your** **plan**.

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

When **you** submit a claim, for audit purposes **we** will carry out checks on the information **you** and practitioners provide to **us** and **we** will not process

that claim, or any further claims on **your** policy, until **we** have successfully completed **our** audit checks. If **we** make a reasonable request for additional information, this must be provided at **your** own expense.

In order for **us** to verify a claim it may be necessary for **us** to request a medical report from your **GP, Consultant Physician** or **Consultant Surgeon** at any time. **We** will only request a report when it is reasonably necessary in accordance with the Access to Medical Reports Act 1988 and Personal Files and Medical Reports (Northern Ireland) Order 1991, if a medical report is required **we** will write to you first to tell **you** why. If **you**, or where applicable another person covered on **your** policy, do not give **us** **your** consent **we** will withhold payment of all claims and may terminate **your** policy.

Pre-existing medical conditions are not covered on the **plan** for some benefits. When a claim is submitted **we** will check if there is a **pre-existing medical condition**. 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.

If you are providing information about another person you should ensure that you have their consent to do so.

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

How do we check claims and prevent fraud?

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

It's **your** responsibility to make sure that all the information that **you** give **us** with a claim is truthful and complete. **We** take fraud prevention very seriously. False claims can cause premiums to go up. To protect **our** honest customers, **we've** many

systems and procedures that detect false claims. **We** also share information with other insurance companies, fraud prevention agencies, the police and other enforcement agencies.

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

- Alter or forge a receipt/claim form.
- Send **us** any evidence with a claim that you know is misleading or untrue.
- Give dishonest answers to **our** questions.
- Refuse to give **us** any information that **we** need, or withdraw a claim to avoid investigation.
- Refuse permission for **us** to contact a healthcare provider.
- Deliberately claim for anything, or anyone, that's not covered.
- Claim reimbursement from more than one policy with the intention of getting back more than you've paid out (this is called betterment).
- Fail to tell **us** if the claim could be covered on another policy.
- Claim for a **pre-existing medical condition** that isn't covered on **your** policy, or a medical condition that **you** should've told **us** about when **you** made a claim.

If **we** reasonably believe that a claim is false or fraudulent, even if **we** haven't proved that **you've** acted dishonestly, **we** won't pay that claim. **We** may terminate **your** policy and all **your** benefits will stop immediately. **We** won't refund any premiums for a terminated policy. **We'll** charge **you** any other costs that **we've** incurred.

Insurance fraud is a criminal offence. **We** always pass details of suspected fraudulent claims to the police or Crown Prosecution Service for them to investigate and prosecute through the criminal courts. Anyone convicted of fraud may have to declare it when they apply for any type of insurance in the future.

How we pay you

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

24 Hour Advice and Information Line; Care After Hospital; DoctorLine; Gym Discounts; Telephone Care Advisory Services; Westfield Rewards

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

How to claim Personal Accident

Once a claim has been submitted by **you** **we** will contact **you** to explain what happens next. Any document or evidence reasonably required by **us** to verify the claim shall be provided by **you** or on **your** behalf at **your** own expense. Any medical examination required by **us** to verify the claim will be at **our** expense. Any receipt which **you** or anyone acting on your behalf may give to **us** for benefits payable shall be deemed a final and complete discharge of all liability in respect of such benefit.

9. Worldwide cover

If, as a result of an emergency, a claim arises when you are temporarily travelling away from home anywhere in the World, on business or for pleasure, you can still make a claim. **You** (and if the claim relates to them **your partner** or **dependent child**) must 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, these must be for a period of less than 28 days. 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.

What benefits are covered (if included on your policy)

- Dental Accident
- Emergency Dental treatment
- Optical – replacement eyewear (glasses or contact lenses)
- Emergency admissions for Inpatient or Day Surgery
- DoctorLine
- 24 Hour Advice and Information Line.

All other benefits and services are not available.

10. Making a complaint

We're dedicated to making a healthy difference to the quality of life of **our** customers and the communities in which they live and work. **We're** proud of the service **we** provide but know **we** might not get it right all the time. When something goes wrong, **we'd** like to know so **we** can try to put it right for **you**.

How to complain

You can contact **us** with **your** concerns by **Phone 0114 250 2000**

Email enquiries@westfieldhealth.com

Post Westfield Health, PO Box 340,

Sheffield S98 1XB.

Directly contact **your** sales consultant

We'll try to resolve them straight away.

Sometimes **we** might need a little more time, but **we'll** keep **you** updated along the way. When **we** receive **your** concerns **we'll**:

- Promptly acknowledge **your** complaint
- Assign **your** complaint to a case handler to review and investigate
- Keep **you** updated throughout
- Provide **you** with a written response within 8 weeks of receiving **your** complaint

If you're not satisfied with our response

If **you're** not satisfied, **you** may be able to refer **your** complaint to the Financial Ombudsman Service. **You** will have 6 months from the date of **our** response letter to refer **your** complaint to the Ombudsman or **you** may lose **your** right to have the complaint investigated.

The Financial Ombudsman Service may not be able to consider a complaint if **you** have not provided **us** with the opportunity to resolve it first.

We would point out that the Ombudsman will only review complaints from 'eligible complainants', for which specific definitions apply. **You** should refer to the FOS for further guidance on this subject.

What is the Financial Ombudsman Service?

The Financial Ombudsman Service (FOS) is an independent complaint resolution scheme. The FOS website recommends that **you** follow the process above before referring **your** complaint on to them, although **you** are able to ask them general questions regarding complaints at any time.

The FOS service is free of charge. The Financial Ombudsman Service can be contacted as follows:

Post: Financial Ombudsman Service
Exchange Tower, London, E14 9SR.

Telephone: 0800 023 4567 (free from a UK landline) or 0300 123 9123 (calls to this number cost no more than calls to 01 and 02 numbers). Please call +44 (0) 207 964 0500 if calling from outside the UK.

Email: complaint.info@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

11. 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, PO Box 300, Mitcheldean, GL17 1DY and by visiting www.fscs.org.uk.

12. General Conditions

Governing Law

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

Changes to this Contract

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

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

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

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

Marketing Preferences

At Westfield Health, **we** help people to lead healthier lives and feel their best. **We** occasionally send out communications with ideas and information on health and wellbeing, plus special offers that **we** think are of value to **you**, invitations to take part in **our** research panel Westfield Insiders, and on the products **we've** designed to help keep **you** and **your** loved ones healthy and happy.

We'll never make **your** data available to anyone outside Westfield Health for them to use for their own marketing purposes, **we'll** treat **your** data with respect and will keep **your** details safe and secure.

You can let **us** know what **you** want to hear about and how **you** want to hear about it using the attached application form or by visiting westfieldhealth.com

to register or log in to My Westfield where **you** can also update **your** details.

We'd like to bring to **your** attention **our** Privacy Policy which details how **your** data is used and stored, and how to exercise **your** privacy rights. Visit www.westfieldhealth.com/about-us/legal/privacy-policy.

Westfield Contributory Health Scheme Ltd (company number 0303523), Westfield Health & Wellbeing Ltd (company number 9871093) are collectively referred to as Westfield Health and are registered in England & Wales.

Language

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

Additional Information

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

The information contained within this guide is effective from 1st June 2024 and replaces all previously published information.

Our Privacy Policy

Who we are:

"Westfield Health" (referred to as "we", "us" or "our") is a trading name of: Westfield Contributory Health Scheme Ltd, Westfield House, 60 Charter Row, Sheffield, S1 3FZ. Company Registration Number: 0303523. ICO registration number: Z5678949.

We have a Data Protection Officer who can be contacted in the following ways should you have any questions, complaints or feedback about your privacy. Please email: dpo@westfieldhealth.com or write to them via the above address.

What information we collect:

In relation to **your** plan, **you** may provide **us** with **your** personal details including:

- **Your** title, full name, postal and billing addresses, email address, phone number and date of birth;
- **Your** payment details;
- Information in relation to **your** health, including any pre-existing medical conditions;
- Details in relation to **your** partner, friends or dependents for the purposes of adding them to **your** plan/ policy or in order to create their own. Where **you** have provided information about another person **you** should ensure that **you** have their approval to do so.

How we use it:

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

- Fulfil **your** order;
- Provide the benefits for which **you** have applied;
- Manage and maintain **your** records;
- Manage the underwriting and/or claims handling procedures (including **your** dependants' claims);
- Handle complaints and improve customer service;
- Administer marketing on behalf of Westfield Health. (**You** can change **your** details and preferences at anytime by logging in and using **your** My Westfield account or by calling **our** friendly Customer Helpline on **0114 250 2000**);
- Prevent and detect fraud;
- Understand **our** customers better in order to provide tailored communications, a better experience and to improve **our** services.

We will record, and monitor telephone calls made to and from Westfield Health's sales and customer service teams. **We** do this in order to continuously improve **our** service to customers and for training purposes. This will also include the recording and monitoring of data relating to health and medical conditions. **We** do not record the element of telephone

calls where any form of payment is being made.

We may share information, including **your** health and medical information, with third parties or individuals. These may include:

- Other insurance providers in order to process **your** claims;
- For purposes of national security; taxation; criminal investigations or when **we** are obliged to do so by law;
- To prevent and detect fraud. This will include the recording and monitoring of Special Category data, such as health and medical conditions for all claims processed under **your plan**;
- **Your employer** (if they are paying some or all of the premium for **your** cover) where **we** have a reasonable belief that the claims activity is in serious breach of **our terms** and conditions and/or may be fraudulent;
- Marketing agencies or mailing houses acting on **our** behalf.

We'll never make **your** personal data available to anyone outside Westfield Health for them to use for their own marketing purposes without your prior consent.

How we look after your data:

We have achieved ISO27001 certification and **we** will protect the data that **you** entrust to **us** at all times via appropriate security measures and controls. We'll also ensure through the contracts **we** have in place, that other businesses **we** work with are just as careful with **your** data.

All the personal data **we** process is processed by **our** staff in the UK and stored on servers located inside the European Economic Area (EEA).

How long we keep your data:

We will keep **your** personal data for a number of purposes, as necessary to allow **us** to carry out **our** business. **Your** information will be kept securely for up to 6 years following the date **you** cease to remain an active customer, after which time it will be archived, deleted or anonymised. In some cases for the purposes of processing **your** existing or future claims and for underwriting purposes, **we** may keep personal information for longer. Where **we**, at present, cannot technically erase the data **we** will ensure this is securely archived with restricted access.

Your Rights:

- **Right to be Informed:** We will always be transparent in the way **we** use **your** personal data. **You** will be fully informed about the processing through relevant privacy notices.
- **Right to Access:** **You** have a right to request access to the personal data that **we** hold about **you** and this

should be provided to **you**. If **you** would like to request a copy of **your** personal data, please contact **our** Data Protection Officer.

- **Right to Rectification:** We want to make sure that the personal data **we** hold about **you** is accurate and up to date. If any of **your** details are incorrect, please let **us** know and **we** will amend them. **You** can also visit the My Westfield section of the website and update **your** details at any time.
- **Right to Erasure:** **You** have the right to have **your** data 'erased' in the following situations:
 - Where the personal data is no longer necessary in relation to the purpose for which it was originally collected or processed.
 - When **you** withdraw consent.
 - When **you** object to the processing and there is no overriding legitimate interest for continuing the processing.
 - When the personal data was unlawfully processed.
 - When the personal data has to be erased in order to comply with a legal obligation.

If **you** would like to request erasure of **your** personal data, please contact **our** Data Protection Officer. Please note that each request will be reviewed on a case by case basis and where **we** have a lawful reason to retain the data or where exceptions exist within **our** retention policy, then it may not be erased.

- **Right to Restrict Processing:** **You** have the right to restrict processing in certain situations such as:
 - Where **you** contest the accuracy of **your** personal data, **we** will restrict the processing until **you** have verified the accuracy of **your** personal data.
 - Where **you** have objected to processing and **we** are considering whether Westfield Health's legitimate grounds override **your** legitimate grounds.
 - When processing is unlawful and **you** oppose erasure and request restriction instead.
 - Where Westfield Health no longer need the personal data but **you** require the data to establish, exercise or defend a legal claim.
- **Right to Data Portability:** **You** have the right to data portability in certain situations. **You** have the right to obtain and reuse your personal data for **your** own purposes via a machine-readable format, such as a .CSV file. If **you** would like to request portability of **your** personal data, please contact **our** Data Protection Officer, this only applies:
 - To personal data that **you** have

provided to **us**;

- Where the processing is based on **your** consent or for the performance of a contract; and
- When processing is carried out by automated means.
- **Right to Object:** **You** have the right to object to the processing of **your** personal data in the following circumstances:
 - Direct marketing (including profiling). Remember **you** can opt out at any time from marketing communications via our Marketing Preferences, available in My Westfield; and
 - Where the processing is based on legitimate interests.
- **Rights in Relation to Automated Decisions Making Including Profiling:** **You** have the right to not be subject to a decision when it is based on automated processing. If **you** have any questions in relation to how **your** information is processed in this way, then please contact **our** Data Protection Officer.

Not Happy?

If **you** feel that Westfield Health has not upheld **your** rights, **we** ask that **you** contact **our** Data Protection Officer so that **we** can try and help.

If **you** are not satisfied with how Westfield Health processes **your** data, or believe **we** are not processing **your** data in accordance with the law **you** have the right to lodge a complaint with the Information Commissioner's Office (ICO). Please visit: www.ico.org.uk.



Notes

A series of horizontal dotted lines for writing notes.



Notes

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Notes

[illegible]

Apply now

The following information will help you complete this application form. Please could we ask that you complete the application form using block capitals and a black pen.

Section A: Employee Details

This section is for information about you, the employee. Please complete all information in this section, even if you are applying for cover for your partner.

Section B: Employee Cover

This section enables you to take out a policy or change your level of cover. If you are only using this form to apply for partner, family or friend cover, please tick the box stating that you are remaining on your existing level of cover.

Section C: Dependent Children Details

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

Section D: Partner, Family and Friends Cover

To arrange partner, family or friends cover please complete their details here. They will hold a separate policy.

Section E: Payment of Claims

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

If your partner takes out a policy they can have their claims paid into this account too, providing they are a named account holder. Family and friends can request a direct credit instruction form by emailing enquiries@westfieldhealth.com or telephoning **0114 250 2000** so that we can pay their claims directly into their bank account

Section F: Declaration

Please read the declaration carefully before signing.

Pre-existing medical conditions

This policy covers new conditions only. Please read carefully section 1 and 2, General Terms and Conditions together with the definition of pre-existing medical conditions on page 33 before completing the application form.

How to apply

To take out a policy, upgrade existing cover, or apply for cover for your partner family, friend or friends – simply follow the steps below:

Step 1

Choose a level of cover.

Step 2

Complete the application form and attached to this guide.

Step 3

Return your completed application form to your HR/payroll department.

We will send you information about your cover.

Important information

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



Advantage Health Cash Plan: Application Form

Advantage Health Cash Plan: Application Form

Section A – Employee Details		Please complete this form in block capitals using black ink
Title (Mr/Mrs/Miss/Ms/Other)	Tel work	
Forename(s)	Tel home	
Surname	Tel mobile	
Date of birth (DD/MM/YY)	Email	
Address	Westfield policy number (if applicable)	
	National insurance number	
	Westfield Health policy number (if applicable)	
Postcode		

Section B – Employee Cover						Please tick as applicable	Employment Details	
Level	Per Week	Per Month	Join	Change to	Remain on	Name of employer		
L1	£1.50	£6.52				Department		
L2	£3.01	£13.04				Payroll Number		
L3	£4.40	£19.05				Pay frequency		
L4	£6.11	£26.46				<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other		
L5	£9.18	£39.77				Other – Please specify		

Section C – Dependent Children Details – Covered for no additional cost							
Forename(s)	Surname	M/F	Date of birth (DD/MM/YY)	Forename(s)	Surname	M/F	Date of birth (DD/MM/YY)

Section D – Partner, Family and Friends Cover									
Title	Forename(s)	Surname	Date of birth (DD/MM/YY)	House Number	Postcode	Apply Change Remain			Level of cover L1 L2 L3 L4 L5
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Section E – Payment of Claims – For Employee and Partner Cover only	
Name of Account Holder	Bank/Building Society Name)
Sort Code	Account Number
Claims can be paid into my Bank/Building Society account: Employee <input type="checkbox"/> Partner <input type="checkbox"/> (please tick as applicable)	

Section F – Declaration		This section must be completed and signed by the employee
<p>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 and 2, General Terms and Conditions and I understand that the Advantage Plan covers new medical conditions only: Pre-existing medical conditions are not covered.</p>		<p>Marketing preferences: We'd love to keep you up to date with all things health and wellbeing. Please tell us what you'd like to hear about:</p> <p><input type="checkbox"/> Health & Wellbeing Information <input type="checkbox"/> Special Offers <input type="checkbox"/> Westfield Insiders <input type="checkbox"/> Products</p> <p>Please tell us how you would like us to communicate with you for the above purposes:</p> <p><input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Telephone <input type="checkbox"/> Post <input type="checkbox"/> Social Media <input type="checkbox"/> Web</p> <p>You're always in control. You can update your choices at any time. Simply visit westfieldhealth.com and register or log in to My Westfield.</p> <p>We'd like to bring to your attention our Privacy Policy on pages 38 to 39 which details how your data is used, stored, and how to exercise your privacy rights.</p>

Employee/Member signature	Date
---------------------------	------

Section G – Westfield Health Office use only	
Date deductions commence	Policy number
Westfield company registration number	Event ID

Payroll deduction authority

Please complete using block capitals and black ink

Employer please detach and retain for your records

Section H – To be completed by you		This section must be completed
Title (Mr/Mrs/Miss/Ms/Other)	Tel work	
Forename(s)	Tel home	
Surname	Tel mobile	
Date of birth (DD/MM/YY)	Email	
Payroll number	National insurance number	
Westfield Health policy number (if applicable)		
Name of employer		
Department		

Please tick box as applicable					
Level	Per Week	Per Month	Join	Change to	Remain on
L1	£1.50	£6.52			
L2	£3.01	£13.04			
L3	£4.40	£19.05			
L4	£6.11	£26.46			
L5	£9.18	£39.77			

Section I – Partner, Family and Friends Cover							
Title	Forename(s)	Surname	Date of birth (DD/MM/YY)	House Number	Postcode	Apply Change Remain	Level of cover L1 L2 L3 L4 L5
						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Section J – Authority for deduction from payroll		Must be completed and signed by the employee
Please read carefully before signing. I hereby authorise to have the premiums as shown above, or any increased premiums as may be notified from time to time to secure plan benefits, deducted from my wages or salary for myself or the above named persons. Please remit the total premium to Westfield Health on my behalf at the agreed intervals until further notice.		
Signature	Date	

Section K – Westfield Health Office use only	
Date deductions commence	
Westfield company registration number	
Total deductions £	
Per week/month*	*Delete as applicable
Payroll ID	
Westfield account number	

Employee:

After you have completed sections A,B,C,D,E,F,H,I and J please pass the form to your employer to complete sections G and K.

Payroll:

Please retain the payroll deduction authority form and forward the application form to Westfield Health. As the application form will contain bank or building society details please send this to us in a secure way.



Remember, our friendly Customer Care Team is here to help.

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Online

[westfieldhealth.com](https://www.westfieldhealth.com)

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Email

enquiries@westfieldhealth.com

.....



Phone

0114 250 2000

8:30am-5:30pm, Mon-Fri
(except public holidays)

W Westfield
Health

Postal address
Westfield Health
PO Box 340
Sheffield
S9B 1XB

Westfield Health is a trading name of Westfield Contributory Health Scheme and is registered in England & Wales Company Number 303523. We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our financial services registration number is 202609.

Registered Office is Westfield House, 60 Charter Row, Sheffield, South Yorkshire S1 3FZ

Westfield Health is a registered trademark.