



**Your little
guide to health
cover with
big benefits.**

**Foresight Health Cash Plan -
Direct Debit**

Hello.

A warm welcome to your health cover from Westfield Health. We've been dedicated to supporting the health of the nation since 1919.

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

And we've got some good news. If your employer has paid for your Foresight Health Plan, you can start to enjoy the benefits of your cover straight away.

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.

As a not for profit company, we reinvest our surplus in products and services that directly benefit our customers. 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.



We're not satisfied unless you are.

At Westfield Health, we're renowned for our customer care and we continue to be recognised as offering 'world class service' by the Institute of Customer Service. Year after year, we pick up awards for being the UK's best cash plan provider, so when you talk to us, you know we'll be fully committed to working harder for you.

Introducing your cover.

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

To enjoy even more from your Foresight Health Plan, you can upgrade your level of cover by completing the application form at the back of your plan guide. You can even arrange cover for an additional adult.

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.

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 100% of the money you spend straight away, up to the maximum allowance provided by your cover.

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 access to a 24 hour DoctorLine™ service, because we know that illness doesn't just strike during surgery hours.

On Levels 2, 3 and 4 you'll also have access to a Scanning Service and Best Doctors®, which can give you an independent and confidential second medical opinion if you need it.

With the Scanning Service, we will arrange your scan for you, usually within 2 weeks, so you don't have to worry about the wait or the cost.

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.

And with your Health Club Concession, you can enjoy discounted membership at local gyms, so you can actively start improving your health right away.



“I've been through a lot medically, but having my Westfield cover to help has been fantastic. From run of the mill things like eye checks and visits to the dentist, to more serious issues, I have always had excellent service.”

Customer testimonial

Working harder for you.

As you start to use your health cover, the advantages really add up. It works harder for you by providing money back for treatment – and this is just part of your cover.

It also provides access to many valuable services to help keep you at your fit and healthy best.



Scanning Service - MRI, CT and PET scans.

Available on Levels 2, 3 and 4 (and Level 1 if this is stated in your welcome letter). In order to access this facility you will first need to see your Consultant to gain a referral for a scan. Once you have this referral please contact the Scanning Helpline on **0345 345 4556**, available Monday to Friday, 8am to 6pm.

Helpline staff will explain the process for booking your scan and will require written confirmation from your Consultant before arranging your scan for you. Only scans arranged through the Scanning Helpline will be covered (except see Worldwide Cover, General Terms and Conditions).



Best Doctors®.

Available on Levels 2, 3 and 4. If you, your partner or your dependent child are diagnosed with a serious or worrying medical condition, you can use Best Doctors®, the expert second medical opinion service, to request an alternative assessment from a world leading medical specialist. The end result will be a report from an expert that can be shared with your treating physician to determine the most effective treatment.



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. It's all part of the service. Your cover also provides access to up to 6 face to face counselling or CBT sessions, when recommended by your telephone counsellor.



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. Reassuring, isn't it?

If the doctor believes that your treatment requires medication, they can offer you a private prescription. Your medicine will be sent directly to you and is usually dispensed the next working day. Our private prescription service is ideal if you are unable to get an appointment with your regular GP or are away from home and you require prescribed medication.

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.

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

Giving something back with Westfield Rewards.

Helping your money go further.

As part of your cover, we are giving you access to our exclusive rewards website. It provides access to special offers on all your favourite goods and services from over 1000 leading online and high street retailers. 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.

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.



“Being a Westfield customer not only means I can save money and claim back all 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.

I'm so glad that my employer chose a benefit that works for everyone in the company, no matter what their age or interests.”

Customer testimonial

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.



Enjoy even more cover.

For just a little extra, you can choose to upgrade your cover and arrange separate cover for an additional adult. Just fill in the form at the back of this guide. This table shows what's available at each level.

Additional adult and employee upgrade premium rates are detailed in your welcome or renewal letter, or by calling us on 0114 250 2000.

Key

- 1yr 1 year benefit period
- 100 100% money back

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.

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		Level 1	Level 2	Level 3	Level 4
Money back on everyday health plus fitness and retail discounts					
Optical For you.	100 1yr	Up to £65	Up to £115	Up to £190	Up to £230
Dental For you.	100 1yr	Up to £60	Up to £105	Up to £180	Up to £220
Dental Accident For you.	100 1yr	Up to £200	Up to £350	Up to £500	Up to £750
Chiropody For you.	100 1yr	Up to £25	Up to £50	Up to £75	Up to £100
Therapy Treatments For you. Physiotherapy, Acupuncture, Chiropractic, Homeopathy, Osteopathy.	100 1yr	Up to £150	Up to £250	Up to £400	Up to £650
Health Club Concession For you.		✓	✓	✓	✓
Westfield Rewards For you.		✓	✓	✓	✓
Fast access to diagnosis and treatment for body and mind					
DoctorLine™ For you and your family.		✓	✓	✓	✓
Consultation For you.	100 1yr	Up to £200	Up to £300	Up to £500	Up to £700
Scanning Service - MRI, CT and PET scans For you. Following a referral from a Consultant, you must call our Scanning Helpline on 0345 345 4556 and they will arrange your scan. Please see Benefit Rules for more information.		X	✓	✓	✓
Best Doctors® For you, your partner and your children.		X	✓	✓	✓
24 Hour Advice and Information Line For you and your family. Counselling, legal, health and wellbeing advice.		✓	✓	✓	✓
Including up to 6 sessions of face to face counselling/ Cognitive Behavioural Therapy (CBT) For you.		✓	✓	✓	✓

Cover for your children too.

If you have dependent children, it's nice to know that they'll be covered on certain key benefits, 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 any optical and dental expenses, therapy treatments, chiropody and diagnostic consultations.

And you have the reassurance of having 24 hour access to valuable health services including DoctorLine™ and the Advice and Information Line.



"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."

Customer testimonial



Key

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1 year benefit period

100% money back

Level		Level 1	Level 2	Level 3	Level 4
Money Back – Shared between your dependent children					
Optical		Up to £32.50	Up to £57.50	Up to £95	Up to £115
Dental		Up to £30	Up to £52.50	Up to £90	Up to £110
Dental Accident		Up to £100	Up to £175	Up to £250	Up to £375
Chiropody		Up to £12.50	Up to £25	Up to £37.50	Up to £50
Therapy Treatments Physiotherapy, Acupuncture, Chiropractic, Homeopathy, Osteopathy.		Up to £75	Up to £125	Up to £200	Up to £325
Consultation		Up to £100	Up to £150	Up to £250	Up to £350

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.

Your money back benefits have a one year benefit period, which starts on your company's anniversary date.

You can keep sending in claims for a benefit until you reach the maximum allowance for that benefit.

Your maximum benefit allowances will renew on your company's anniversary date every year, but remember, any unused balance will not be carried forward from one year to the next.

You have 13 weeks to make a claim.

Please submit your claim within 13 weeks. Those 13 weeks start from the date you make each payment for treatment, goods or services.

Full details on how to claim and benefit periods can be found in the Terms and Conditions at the back of this guide.



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.

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 Definitions section of this guide to locate the required qualifications for each practitioner.

Did you know you're covered worldwide?

You can even use your cover when abroad. For example, if you're overseas and you need to visit the dentist, you can still claim for the treatment you pay for. 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. Simply contact us on **0114 250 2000** to set this up.

There are three easy ways to check your benefit balance:

 Phone

0114 250 2000
8am-6pm, Mon-Fri
(except Christmas Eve
and public holidays)

 Online

westfieldhealth.com

 Text message

07781 472 000
(Optical, dental and
chiroprody benefits)

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.

Claim money back in three easy steps:

1. Receive and pay for your healthcare treatment as normal
2. Complete a claim form and send it to us, together with your receipt, within 13 weeks of the date of each payment
3. Receive payment directly into your bank or building society account

Making life simple.

For money back benefits, we aim to process 100% of correctly presented claims within four working days and will then pay the money directly into your bank or building society account. You will then receive payment confirmation showing what you've claimed and any remaining benefit balance.

Once you've made your claim, you may need more claim forms ready for your next healthcare treatment. You can phone, text us, come in and see us or simply visit **My Westfield**, our dedicated online customer area.

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 and you can register or log in to change your details, check benefit balances and order claim forms.



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.

Contact us:

Online

westfieldhealth.com

Email

enquiries@westfieldhealth.com

Phone

0114 250 2000
8am-6pm, Mon-Fri
(except Christmas Eve and public holidays)

Managing your account:

We are here to make things easy for you.

Online.

An easy and convenient way to access your account details around the clock. Simply log on to westfieldhealth.com and go to the **My Westfield** area. Here you can download more claim forms, check your benefit balance, update your address details and more. You can email us too at enquiries@westfieldhealth.com – we're only a click away.

Text message service.

Receive your benefit balances by text. Simply register for this service by texting your policy number, surname and the word 'register' to **07781 472 000** (texts charged at your normal tariff rate). Once registered, text your policy number and keyword from the table below.

Request	Keywords
Optical benefit balance	Opt
Dental benefit balance	Den
Chiropody benefit balance	Chiro
Claim form request	Claim
Change of mobile phone number	NEWNUMBER

Accessing your services:

DoctorLine™

0345 612 3861 or **0203 858 9094**

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

Best Doctors®

0800 085 2088 or **0203 608 9377**

(Available 24 hours a day)

Westfield Rewards

Register/log in www.westfieldrewards.co.uk

Helpdesk **0345 299 4194** or **0203 583 7020**

(Available 24 hours a day, 7 days a week, 365 days a year)

24 Hour Advice and Information Line

0800 092 0987 or **0145 525 5123**

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

Health Club Concession

via the **My Westfield** area

or call **0345 123 5327** or **0115 850 7442**

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

Scanning Service

0345 345 4556

(Available 8am-6pm, Mon-Fri)

Change of circumstance?

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

Simply call our Customer Care Team today:
0114 250 2000

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. This may be verbal or written.

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 32** 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
Westfield House
60 Charter Row
Sheffield
S1 3FZ

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.

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Benefit Rules

Full details of each benefit are listed on the following pages. Cover is subject to the General Terms and Conditions specified on pages 26 to 32.

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



If there is anything about these benefit rules that you don't understand please contact our Customer Care Team on 0114 250 2000 and we will be happy to help.

Benefits are listed in alphabetical order.

24 Hour Advice and Information Line with Face to Face Counselling

Counselling, legal, health and wellbeing advice

Policyholder: For **you**.

The service is provided by Health Assured Ltd.

The telephone service can be used by **you, your partner** and adult dependent children who are 18 to 24 years old, in fulltime education and living with **you**, this includes children living away from home during term time. There's a scheme number in **your** welcome pack that **you** and **your** family must use when **you** call. The scheme number doesn't identify individual callers and any usage statistics given to an employer don't include any personal information. The service includes up to six sessions of face to face counselling, structured telephone counselling or CBT for the policyholder.

Phone 0800 092 0987 or 0145 525 5123.

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

Calls are not recorded. This is a confidential service; the content of your call will only be divulged if you or someone else is at risk of serious harm.

Please have your scheme number ready when you call.

What's covered...

- Unlimited use of **our** confidential telephone service, giving you and your family support from a team of qualified professionals
- Telephone support from a fully trained counsellor on issues such as: stress; anxiety; family problems; bereavement; money management; depression; relationships; problems at work; substance misuse
- For **you**, the **policyholder**, up to six face to face sessions, structured telephone counselling sessions or six CBT sessions in any 12 consecutive months, starting from the first session. **Your** telephone counsellor will arrange counselling, or Cognitive Behavioural Therapy (CBT), if they think that it would benefit **you**
- Free telephone legal information from an experienced legal professional on a wide range of issues e.g. consumer disputes;

property; motoring; landlord/tenancy; debt; welfare benefits; matrimonial; family; wills and probate

- A sympathetic professional at the end of the phone giving you the time you need to talk about your health and wellbeing. The team of medical professionals will give you easy to understand expert advice and information on a wide range of health and lifestyle issues including: medical symptoms and conditions, medical and surgical treatments; hospital tests and procedures; childhood illnesses; caring for the elderly; diet and exercise; reducing alcohol consumption; stopping smoking

What's not covered...

- 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
- Sessions for **your** family: only the **policyholder** is covered for face to face, structured telephone counselling or CBT sessions. **Your** family can speak to a counsellor on the telephone but it is a new call each time so they won't be able to speak to the same counsellor. There is no element of ongoing counselling
- Counselling won't be offered if it's clinically inappropriate for the service to take your case e.g. if it would be more beneficial for you to seek long-term counselling or medical care
- The cost of travelling to **your** face to face/ CBT sessions. **You'll** need to travel to the nearest available Health Assured associate counsellor/therapist. **You** may have to go further to get CBT or counselling for any special requirements
- 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 advice or information about employment disputes
- Exclusions (see section 5, General Terms and Conditions)

Best Doctors®

Plan Levels 2, 3 and 4 ONLY.

Policyholder: For **you, your partner** and **your dependent children**.

Phone 0800 085 2088 or 0203 608 9377.

24 hours a day, every day. Call charges may apply. Calls may be recorded.

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

Our expert medical opinion service is provided by Best Doctors UK Limited. Best Doctors is a registered trademark of Best Doctors, Inc. in the United States and other countries.

If you have a serious or worrying medical condition you may have questions about your diagnosis or treatment. If you want a second medical opinion, Best Doctors has a unique worldwide database of around 53,000 doctors who've all been chosen because their colleagues think they are the top experts in their medical speciality. Best Doctors will arrange a review of your case and send you a full report. Having a second opinion from a world-renowned expert can help the doctor who's treating you, so you may want to show them the report. Any tests or treatment recommended in the report can usually be provided by the NHS. You can use the Best Doctors service as often as you need to.

What's covered...

- Any illness or condition that's been diagnosed or investigated by your **GP** or hospital specialist and: is serious; goes on for a long time; is getting worse; affects your daily life
- A case coordinator to support you, guide you through the process and gather all your relevant medical information. They'll also keep you up to date with how your case is progressing
- A free review of your case by one of Best Doctors leading medical specialists
- Re-testing of biological samples, if required
- A confidential report from the specialist, sent directly to you
- Help from the Best Doctors team to go through your report, so that you understand the diagnosis and

any treatment recommendations

What's not covered...

- An illness that only lasts for a very short time
- A condition that hasn't already been investigated. Best Doctors will need your case notes and test results so that they can get you a second opinion
- Urgent cases. It can take a few weeks to get your medical information and for the report to be done, so please don't postpone urgent or necessary treatment
- Psychiatric conditions; dental problems; a second opinion while you're an inpatient
- Face to face consultations; new tests and investigations; treatment
- A second opinion to support a complaint or legal action
- Exclusions (see section 5, General Terms and Conditions)

Chiropody

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** receive and pay for treatment from a registered **Chiroprapist/ Podiatrist** (see Definitions section) **and**
- **you** submit **your** claim in accordance with section 7, General Terms and Conditions

We will cover...

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

For...

- chiropody and podiatry consultations, assessments and treatment

We will not cover...

- any treatment that is not chiropody or podiatry
- sundry items
- missed appointment fees
- exclusions (see section 5, General Terms and Conditions)

Consultation

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...

- your **GP** recommends referral to a **Consultant Physician** or **Consultant Surgeon** **and**
- **you** pay a registered **Consultant Physician** or **Consultant Surgeon**, who holds an appropriate qualification (see Definitions section) **and**
- **you** submit **your** claim in accordance with section 7, General Terms and Conditions

We will cover...

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

For...

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

We will not cover...

- treatment (except for any treatment charges that **you** pay as part of a private medical insurance policy excess)
- the **policyholder** for MRI, CT or PET scans or the associated Radiologist's/Nuclear Medicine Consultant's report†, please refer to Scanning Services (this exclusion does not apply to **your dependent children** if the **policyholder** has the Scanning Services)
- consultations or treatment relating to vasectomy or sterilisation (including reversal)
- consultation or treatment relating to cosmetic surgery
- medical examinations, consultations or reports for the purpose of your employment, legal, or insurance reasons
- room fees, nursing charges, prescription items/charges or sundry items
- missed appointment fees
- exclusions (see section 5, General Terms and Conditions)

†Except see section 8 – Worldwide

cover, General Terms and Conditions.

Dental

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

We will cover...

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

For...

- dental treatment, full or partial dentures and dental check-ups

We will not cover...

- insurance or dental care scheme premiums/payments, registration or administration fees
- dental treatment as a result of an accident (see Dental Accident benefit)
- teeth whitening
- prescription charges
- sundry items
- missed appointment fees
- exclusions (see section 5, General Terms and Conditions)

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** for treatment carried out as a result of accidental injury to teeth, caused by direct external impact to the head e.g. sports injuries, falls, or other accidents that cause injury by external force **and**
- the **Dentist's** receipt specifically confirms treatment is a consequence of an accidental injury **and**
- you give us details of the accident (for **additional adult** cover policies that exclude **pre-existing medical**

conditions the accident must have occurred after you applied for the **plan**) **and**

- you submit your claim in accordance with section 7, General Terms and Conditions

We will cover...

- 100% of the cost, up to the maximum for **your plan** level, see table of benefits – 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/payments
- prescription charges
- sundry items
- missed appointment fees
- exclusions (see section 5, General Terms and Conditions)

DoctorLine™

Policyholder: For you, your partner and your dependent children.

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.

Webcam appointments are available between 8.30am-6.30pm **UK** time; Monday to Friday, except on public holidays. 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.

Our DoctorLine™ service is provided by Medical Solutions UK Ltd.

You and your resident family can call DoctorLine™ from anywhere in the world, 24/7. An experienced healthcare operator will take your details and arrange a call back 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.

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 the DoctorLine™ **GP** thinks that prescription medicine would be appropriate, they 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 it is usually delivered the next working day. The online pharmacy service will call you to take your payment by credit 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.

What's covered...

- Telephone consultations with a qualified practising **GP**
- 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. The **GP** can use 3D medical images of the body to explain your medical condition
- An electronic private prescription service, that delivers the medication that you buy to your home or place of work
- 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, or your own pharmacy
- 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 5, General Terms and Conditions)

Health Club Concession

Policyholder: For you.

Helping you to get fit for less.

Online www.westfieldhealth.com to log onto your account, or to register for My Westfield access; then choose Health Club Concession to link through to the Health Club Locator.

Phone 0345 123 5327 or **0115 850 7442**

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

Our Health Club Concession is provided by roadtohealth Ltd.

To register you'll need your Westfield Health policy number. Full instructions are on the [roadtohealth website](http://roadtohealth.com).

Your cover has been designed to help keep you in the best possible shape. With access to discounted membership at local gyms you can start improving your health right away. Simply use the online Health Club Locator to find your best deal.

What's covered...

- Easy online access to concessionary membership deals from a national network of health clubs
- Seasonal offers that are regularly updated
- Online vouchers that you print and take to your chosen health club
- A telephone helpline if you can't register online or have any questions

What's not covered...

- Some deals aren't available to existing health club members
- Exclusions (see section 5, General Terms and Conditions)

Optical

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

We will cover...

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

For...

- eyesight tests
- prescription spectacles, sunglasses and/or contact lenses
- prescription lenses to an existing frame
- payments that you make for prescription contact lenses supplied under a monthly scheme, when you obtain an itemised receipt

We will not cover...

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

Scanning Service MRI, CT and PET scans Plan Levels 2, 3 and 4. Level 1 but only if this is stated in your letter / welcome pack.

Policyholder: Just for you.

Phone 0345 345 4556

8am-6pm, Monday to Friday except public holidays. (Calls may be recorded).

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

Our Scanning Service is provided by Alliance Medical Limited. You must contact the Westfield Health scanning team at Alliance Medical so that they can arrange the scan for you. You will need to forward a detailed referral from your consultant physician or consultant surgeon before they can book your scan appointment. You must travel to one of the Alliance Medical scanning sites. You may need to travel further for a CT, PET or specialised scan because of site variations. The scanning service doesn't cover all types of MRI, CT and PET scans.

What's covered...

- Unlimited MRI scans, at any Alliance Medical scanning site

- Unlimited CT scans, at selected Alliance Medical scanning sites
- One combined PET/CT scan in any consecutive 12 months, at selected Alliance Medical sites
- A copy of your PET scan images on a disc and a written report from a nuclear medicine consultant appointed by Alliance Medical, sent directly to your consultant

What's not covered...

- Any scan that is arranged outside of Alliance Medical, even if at one of the Alliance Medical sites: the scan must not be booked by you or your consultant. Any bookings not pre-authorised by Alliance Medical's National Accounts team will result in you paying the cost of the scan and you being unable to claim this cost from your policy
- Out of pocket expenses e.g. travel costs, meals or accommodation
- Urgent scans: this isn't an emergency service
- MRI scans if you have a metal object anywhere in your body e.g. a heart pacemaker; surgical clip; metal heart valve; cochlear implant; metal fragments in your eyes
- Heart scans; dental scans; virtual colonoscopy; interventional MRI scans; arthroscopy; CT calcium score; liver imaging with ferrous contrast agents e.g. Ferumoxides or Endorem
- Oncology scans, but you can be scanned if you have symptoms and cancer is suspected but hasn't been diagnosed
- Scans that need sedation or a general anaesthetic
- Scans if you're pregnant
- Scans if you weigh more than 133kg/21 stones, please advise before booking as alternative arrangements can be made
- A CT scan if you take Metformin (for diabetes)
- Scans while you're an in-patient or day case patient
- Complex scans. Scans that aren't covered by the scanning service include: arthrograms; scans that require the injection of a contrast medium; scans that need specialised scanning equipment; scans that need the assistance of an on-site radiologist for the scan or scan report. Although complex scans aren't included on your policy, if a suitable facility can be sourced, Alliance Medical may agree to offer you free use

Continued overleaf

of one of their scanners. This isn't guaranteed; they'll tell **you** if they've a suitable scanner that **you** can use. **You** must travel to the scanning site offered and pay Alliance Medical any extra costs e.g. the charge for the contrast medium and/or an on-site radiologist. Alliance Medical will explain how much **you'll** need to pay

- Health screening; monitoring of a medical condition
- X-rays; ultrasound scans
- Scans outside the **UK**, Channel Islands or Isle of Man
- Exclusions (see section 5, General Terms and Conditions)

How do I ask for a scan?
Our scanning service is not a cash benefit: you must follow these simple steps so that the scanning team can arrange your scan.

Step 1
 Ring the scanning helpline. **You'll** need **your** Westfield Health policy number. The scanning team will explain how the scanning service works and they'll email **you** a request form for **your** consultant to complete.

Step 2
You'll need to see a consultant so that they can decide whether **you** need a scan.

Before they can arrange **your** scan the scanning team need all the necessary details from **your** consultant. The request form is the easiest way for **your** consultant to provide all the information needed to arrange **your** scan quickly.

Instead of using the request form, **your** consultant can send the scanning team a referral letter.

To avoid any delays the letter must include all of these:

- The consultant's General Medical Council registration number
- The consultant's full address so that Alliance Medical can send them **your** scan images and report
- **Your** name, address and date of birth
- All **your** relevant clinical history.
- Full details of the scan that **you** need
- The consultant must date and sign the referral

Failure to comply with any of the above may result in a delay or refusal of **your** scan.

Step 3
Your consultant sends the scanning team the request form (or referral letter).
 Email: nawestfield@alliance.co.uk (to ensure that a valid practitioner has made the request, referrals by email must be sent from the consultant's business email address).
 Fax: **0207 535 1984**.
 Post: Alliance Medical National Accounts Bookings Team, 10-11 Bulstrode Place, London W1U 2HX.

What happens next?

- When the scanning team receive the request form (or referral letter) from **your** consultant they check it to make sure that they have all the required information they need to book an appointment for **you** at one of their scanning sites. Sometimes they need to contact **you** or **your** consultant for more details
- Next, they'll give **you** a call and ask **you** some questions to make sure it's safe for **you** to have the scan. They'll also discuss the location and date of **your** appointment
- **You'll** usually be able to have **your** scan within two weeks of Alliance Medical receiving a complete and valid referral from **your** consultant.
- Once the scanning team has booked **your** scan they'll send **you** an email or letter confirming **your** appointment, with directions to the scanning site. **You** must fill in the full safety questionnaire and take it with **you** when **you** go for **your** scan

Your scan images and report.

- The images from **your** MRI or CT scan will be reviewed by a radiologist appointed by Alliance Medical. PET scans are reviewed by a nuclear medicine consultant
- **Your** consultant is sent a written report and a copy of **your** scan images on a disc, usually within 10 working days of **your** scan appointment. To safeguard confidential information the disc can only be opened with a password. **Your** consultant must contact Alliance Medical to get the password on 0845 345 4556; full instructions and the Alliance Medical opening times are supplied with the disc.
- Before **you** make any follow up appointment with **your** consultant please check that they've received

the report and opened the disc. Let the scanning team know if **you**, or **your** consultant, need any further help

Therapy Treatments Physiotherapy, Acupuncture, Chiropractic, Homeopathy and Osteopathy

The maximum benefit allowance represents the total for any one or combination of treatment types.

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 receive and pay for treatment* from a registered **Physiotherapist, Chiropractor or Osteopath**, or an **Acupuncturist or Homeopath** who is a member of an approved professional organisation. Registration/membership must be relevant to the treatment that they are providing (see Definitions section) and
- **you** submit **your** claim in accordance with section 7, General Terms and Conditions

We will cover...

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

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
- scans e.g. MRI, ultrasound (see Scanning Service and/or Consultation benefit)
- sundry items
- missed appointment fees
- herbs, herbal remedies, supplements or vitamins even if these have been recommended or supplied by your **Physiotherapist, Acupuncturist, Chiropractor, Homeopath or Osteopath**
- exclusions (see section 5, General

Terms and Conditions)

*To ensure that you choose the most appropriate treatment **we** strongly recommend that you take advice from your **GP or Consultant Physician/Consultant Surgeon**. For any ongoing treatment **we** may ask **you** to provide **us** with written confirmation from your **GP or Consultant Physician/Consultant Surgeon** that they recommend a continued course of treatment for your medical condition.

Westfield Rewards

Policyholder: Just for you.

Westfield Rewards is provided by Reward Gateway.

Website
www.westfieldrewards.co.uk to register for Westfield Rewards.
Helpdesk 0345 299 4194 or **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.

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. Westfield Rewards 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

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 5, General Terms and Conditions)

General Terms and Conditions

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



If there is anything about these general terms and conditions that you don't understand please contact our Customer Care Team on 0114 250 2000 and we will be happy to help.

1. Who can have cover

This **plan** is not available to purchase directly from Westfield Health. It is primarily available on a corporate paid basis; therefore an employer must pay premiums for an eligible employee – for one level of the **plan**.

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**, Channel Islands or Isle of Man for a minimum of six months each year to be a Foresight Health Cash Plan **policyholder**.

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

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).

Corporate Paid Cover

If **you** are eligible, **your** employer will pay premiums for **you** on one level of the **plan**.

There is no restriction regarding the age of an eligible employee taking out cover on the **plan** at the level provided by **your** employer.

You do not need a medical before **you** are accepted for cover.

Pre-existing medical conditions are covered for **you** and **your dependent children**: subject to the terms and conditions and benefit rules of the Foresight Health Cash Plan. However, if **your** employer is also providing **you** with Private Health Insurance please refer to your welcome letter and Private Health Insurance plan guide for full details of the terms and conditions, including any exclusions relating to **pre-existing medical conditions** that apply to **your** Private Health Insurance cover.

Value added benefits

In addition to the Foresight Health Cash Plan an employer can, at their discretion, provide their employees with a range of value added benefits. Details of any value added benefits provided as part of **your** corporate paid cover are included in **your** Welcome Pack. Some value added benefits are only available to employees when **your** employer decides to provide them as part of **your** corporate paid cover; they are not available for **you** or for an **additional adult** to purchase.

Employee Upgrade Options and Additional Adult Cover

If **you** are eligible for corporate paid cover **you** can pay an additional premium (where applicable) to upgrade **your** corporate paid **plan** level.

An **additional adult** can apply for cover on any level of the **plan**. An **additional adult** choosing to have cover on the **plan** will hold a separate policy. There can only be one **additional adult** policy for each corporate paid policy. The **additional adult** cannot hold a policy on this **plan** if the employee is not currently in receipt of corporate paid cover: it is a condition of **your additional adult** cover that **you** notify **us** immediately if for any reason **you** are no longer eligible. Please also refer to section 3, Premiums – Change of employer or retirement.

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

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.

Pre-existing medical conditions – Employee Upgrades

Pre-existing medical conditions will be covered for **you** and any **dependent children** covered on **your** policy if **you** are receiving corporate paid cover, even if **you** choose to

upgrade **your plan** level.

Pre-existing medical conditions – Additional Adult Cover
Additional adult cover policies are only intended to cover new medical conditions and you will not be entitled to claim for any pre-existing medical conditions.

You, and any dependent children included in your additional adult cover policy, will not be entitled to claim the following benefits for any pre-existing medical conditions: 24 Hour Advice and Information Line including face to face/CBT; Chiropody; Consultation; Dental Accident; Scanning Service; Therapy Treatments.

Please read the definition of a **pre-existing medical condition** on page 32 carefully, if **you** are not sure whether a fact needs to be declared **you** should tell **us** so that **we** can decide whether it is relevant or not. Failure to tell **us** about a **pre-existing medical condition** may invalidate **your** policy. **We** may ask for information from **your GP** to confirm any details that **you** have given regarding **pre-existing medical conditions**. The application form, together with any information that **you** give, forms part of the contract of insurance.

If **we** discover that **we** have paid any claims relating to a **pre-existing medical condition**, **we** will seek to recover any monies from **you** that have been paid to **you** that **you** were not due to under the terms and conditions of the **plan**. **We** may terminate **your** policy and **we** may seek to recover from **you** any costs that **we** have incurred.

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

We will usually agree to accept **your** application on condition that any **pre-existing medical conditions** are not covered on **your** policy: if **you** are applying to increase **your** level of cover **you** will not be entitled to claim for **pre-existing medical conditions** from the date that **you** qualify for

benefit at the higher level of the **plan**.

When **you** apply for a new policy, or ask **us** to increase **your** level of cover, it is **your** responsibility as the **policyholder** to send **us** written details of any **pre-existing medical conditions**. If **you** are providing information about another person **you** should ensure that **you** have their consent to do so.

If **your** application form was completed and signed by someone else on **your** behalf **you** must provide this information to Westfield Health within 7 days of **us** welcoming **you** as a **policyholder**.

Cooling Off Period – If you change your mind

If **you** apply for an upgrade option or **additional adult** cover **your** policy contains a 14 day cooling off period from the date **we** accept **your** application. If **you** decide to change **your** mind during this cooling off period the **policyholder** should contact **us**. Providing that **you** have not made, or intend to make a claim, **we** will refund the full premium paid by **you**.

2. The contract between Westfield Health and you

Corporate Paid Cover

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

Employee Upgrade Options and Additional Adult Cover

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

Your Cancellation Rights – Employee Upgrade Options and Additional Adult Cover

Employees have the right to cancel an upgrade option and **additional**

adults with cover have the right to cancel their policy.

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

To cancel **your** policy please contact **our** Customer Care Team on **0114 250 2000**, email **us** or write to **our** Membership Team at **our** address, detailed on the back cover.

Re-applying for cover after you have cancelled

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

Terminating your cover – All Policyholders

We reserve the right to cancel **your** cover at any time (with retrospective effect where appropriate), if:

- Under the terms and conditions of the **plan** **you** are not eligible for cover
- **You** provided false information and/or failed to disclose all the relevant required information when **you** applied for cover, 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

Continued overleaf

- 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.

3. Premiums

Corporate Paid Cover

Your cover will continue on condition that the premium due each month is paid and **you** abide by the terms and conditions of the **plan**.

You will not be entitled to use any of the services included in the **plan** and **we** will not pay **you** claim if premiums have not been paid to cover the date(s) for which **you** are claiming. If when **we** receive **your** claim **your** employer has not paid the premiums for **your** cover for any reason, **we** will not process **your** claim at that time. If **you** remain in the **plan**, claims will be held until a payment is made to cover the date(s) for which **you** are claiming. If **you** leave **your** employment, or lose entitlement to corporate paid cover, **we** will not pay **you** any benefit, and **you** will not be entitled to use any of the services included in the **plan**, beyond the date that **your** premiums are paid up to.

If **you** have chosen an employee upgrade option please see below.

Employee Upgrade Options and Additional Adult Cover

Premiums are payable by monthly Direct Debit to Westfield Health. When **you** take out a policy, or upgrade **your** cover, **we** will notify

you when **your** first payment will be collected. To bring **your** premiums up to date, it may be necessary to take payment for 2 or more months' premiums at the first collection. **We** will not process any claims until **we** have received a payment that covers the date for which **you** are claiming. For more information please refer to Section 7, How to Claim.

Your employee upgrade option or **additional adult** cover policy will lapse if **you** do not keep **your** premiums up to date. Employees' upgraded level of cover will cease and **your** cover will revert to the corporate paid level when **your** upgrade premiums are more than three months in arrears. **Additional adults** with a policy will cease to be **policyholders** when their premiums are more than three months in arrears.

If when **we** receive **your** claim the premiums that **you** pay **yourself** are not paid up to date for any reason, **we** will not process **your** claim at that time. If **you** remain in the **plan**, claims will be held until a payment is made to cover the date(s) for which **you** are claiming.

If **you** do not continue to pay **your** premiums for an upgrade option benefits will cease at the higher **plan** level, on the date that **you** have paid up to. All benefit will cease on the date **you** are paid up to, if **your** premiums for cover as a **additional adult** of an eligible employee are not paid.

If the employer's payment is in arrears and they fail to bring their corporate paid premiums up to date, **your** employee upgrade option or **additional adult** cover policy will cease: **we** will notify **you** of the date that **your** policy ends.

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

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

Change of employer or retirement

An employee's **additional adult** cannot hold a policy on this **plan** if the employee is not currently in receipt of corporate paid cover: it is a condition of **your** **additional adult** cover that **you** notify **us** immediately if for any reason **you** are no longer eligible.

When an employee retires or leaves

their employment they should ask their employer to notify Westfield Health and each **policyholder** should contact **us** immediately.

Policyholders, who wish to continue to have cover with **us**, must transfer to an alternative plan and **our** Customer Care Team will be happy to arrange this for **you**.

4. Qualifying Period and Benefit Availability

Corporate Paid Cover

Eligible employees qualify for all benefits at the corporate paid level, from **your** date of **registration**, at that **plan** level.

However, if **you** have been provided with Private Health Insurance please refer to **your** plan guide for the full terms of **your** cover as qualifying periods may apply.

Employee Upgrade Options and Additional Adult Cover

Employees applying for an upgrade option (or to increase their upgrade option) and **additional adults** applying for cover or to transfer to a higher **plan** level, will have to wait a **qualifying period** before they are eligible for most benefits. The **qualifying period** starts from **your** date of **registration**, at that **plan** level. Following **your** date of **registration** you must renew **your** monthly contract with **us** for the required minimum number of consecutive months, detailed below, to qualify for each benefit.

Available from the date of registration:

24 Hour Advice and Information Line including face to face counselling/CBT sessions; Best Doctors[®]; DoctorLine[™]; Health Club Concession; Scanning Service; Westfield Rewards.

3 months qualifying period:

Chiropody; Consultation; Dental; Dental Accident; Optical; Therapy Treatments

Changes to your level of cover

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

If **your** level of cover is reduced during a **benefit period**, **we** will pay benefits at the lower **plan** level from the **registration** date of the transfer, if **you** have benefit available. Benefits

paid at the higher **plan** level will be taken into account when assessing **your** entitlement to benefit at the lower level.

Former Policyholders

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

This will depend upon:

- the **plan** level for **your** new policy
- the level of the **plan** you were previously covered on
- the date **your** new policy commences
- the start date of the **benefit period**

Our Customer Care Team can explain the **benefit** entitlement that will apply to **you**, following a lapse in **your** cover.

5. Exclusions

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

We will not cover:

- any claim that is not submitted in accordance with section 7, General Terms and Conditions
- any claim that 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** for eligible employees' **additional adults** who take out cover. See section 1, General Terms and Conditions for details of the benefits that exclude cover for **pre-existing medical conditions**
- 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 charges that a practitioner or any other organisation makes for filling in a claim form or providing any information **we** ask for relating to a claim
- any claim or expense connected with a criminal act that you've committed
- any claim or expense of any

kind caused directly or indirectly by ionising radiation or contamination by any nuclear fuel, or the radioactive, toxic explosive or other dangerous properties of any explosive nuclear machinery or part of it

- any claim or expense of any kind directly or indirectly arising as a result of war, invasion, terrorism, rebellion or revolution
- any claim or expense directly or indirectly arising from, or as a consequence of, a pandemic illness

6. Benefit Period

The maximum allowance for each cash benefit is available over a 12 months **benefit period**. The **benefit period** will start on the same date each year and applies to all **policyholders** whose premiums are paid by or through each specific employer: for Private Health Insurance claims please refer to **your** plan guide.

If **you** become eligible for corporate paid cover during a **benefit period** **you**, and **your** **additional adult** if they choose to have cover, can claim up to the full benefit allowances during the remainder of the **benefit period**.

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

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

7. How to claim

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

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

- the date on which you made each payment for treatment, goods or services
- the date of **your** scan for MRI, CT and PET Scanning Services
- the date of **your** first session, for face to face/CBT counselling

We will not pay **your** claim unless it is

received within **13 weeks** of the date that you tender **each** payment (i.e. cash; credit/debit card; cheque) to the practitioner/supplier for treatment, goods or services.

It is **your** responsibility to ensure that **you** allow sufficient time for the claim to reach **us** within the **13 weeks'** deadline. **We** will not accept any responsibility for claims (or supporting evidence) lost, delayed or damaged in the post.

For all benefits where **you** (or **your** **dependent child**) have paid for treatment, goods or services **you** must send **us** a full receipt detailing the payment you have made.

The receipt must include:

- the name of the person who has received the treatment, goods or services
- 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 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:

- photocopies of receipts, invoices without a supporting receipt or credit/debit card receipts without an accompanying itemised receipt
- receipts where only a part payment or deposit* has been paid, including receipts showing a balance outstanding for payment
- claims for payment(s) made in advance for a course of treatment, a service or goods: except when the receipt confirms that prior to claiming you have received the treatment, goods or service. The receipt must detail the date(s) that you received the treatment, goods or service and **we** must receive **your** claim within 13 weeks of the **payment** date – see above

*The only exception to this is when **you** provide **us** with written evidence

Continued overleaf

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

If you can claim part or all of your costs under another Westfield 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 services is eligible to claim under that specific benefit. If the claim is for **your dependent child** **we** may require proof of **your** relationship with them. It is **your** responsibility to provide complete and accurate information with the claim. 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 and, under the Access to Medical Reports Act 1988, if a medical report is required **we** will write to **you** first to tell **you** why. If **you** do not give **us** **your** consent **we** will withhold payment of **all** claims and may terminate **your** policy.

If you have an **additional adult** cover policy **pre-existing medical conditions** are not covered on the **plan** for some benefits. 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.

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

24 Hour Advice and Information Line, including face to face counselling/CBT; Best Doctors®; DoctorLine™; Health Club Concession; Scanning Service; Westfield Rewards

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

Private Health Insurance
Please refer to **your** individual Private Health Insurance plan guide.

8. Worldwide cover

If a claim arises when you are temporarily travelling away from home anywhere in the World, on business or for pleasure, **you** can still make a claim. **You** (and if the claim relates to them **your dependent child**) must be resident in the **UK**, Channel Islands or Isle of Man for a minimum of 6 months each year to be eligible for cover on this **plan**. When **you** submit a receipt for money that **you** have paid, **we** will use the currency exchange sell rate, supplied by **our** bank, on the date **we** process the claim.

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

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

Isle of Man, if the Scanning Service is on their policy, subject to pre-authorisation by Westfield Health.

The DoctorLine™ service is available worldwide. This **plan** is not a travel insurance policy.

9. Making a complaint

We are committed to providing the highest possible level of service to **our** customers.

However, if the services provided do not meet **your** expectations please contact **our** Customer Care Team at Westfield Health, Westfield House, 60 Charter Row, Sheffield, S1 3FZ or call them on **0114 250 2000**.

Our complaints procedure will be sent to **you** on request. If **you** remain dissatisfied with **our** final response **you** can refer **your** complaint to the Financial Ombudsman Service by visiting www.financial-ombudsman.org.uk or writing to Insurance Enquiries Division, Exchange Tower, London E14 9SR. The Ombudsman will only consider **your** complaint after **you** have written confirmation that **our** internal complaints procedure has been applied in full or if it takes **us** longer than eight weeks to resolve **your** complaint.

10. 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, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU and by visiting www.fscs.org.uk.

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

We reserve the right to cancel the **plan**. If **we** intend to completely withdraw the **plan** **we** shall provide **you** with reasonable notice. Where possible, **we** will try to offer **you** an alternative Westfield 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 plan guide is effective from 1st December 2018 and replaces all previously published information.

Definitions

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

£

United Kingdom pounds sterling.

Acupuncturist

A fully qualified practitioner who is a:

- Member of the British Acupuncture Council (BAcC)
- Fully Accredited Member of the British Medical Acupuncture Society (BMAS)
- Fully Accredited Member of the British Academy of Western Medical Acupuncture (BAWMA)

Additional Adult

This could be **your partner**, an adult child or any other adult.

Agreement

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

Benefit Period

The period of time over which the maximum allowance for each separate benefit is available to claim. See section 6, General Terms and Conditions.

Chiropodist/Podiatrist

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

The **Chiropodist/Podiatrist** must not be **you**, **your partner** or a member of **your** family.

Chiropractor

A fully qualified practitioner who

is registered with the General Chiropractic Council.

The **Chiropractor** must not be **you**, **your partner** or a member of **your** family.

Consultant Physician/ Consultant Surgeon

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

The **Consultant** must not be **you**, **your partner** or a member of **your** family.

Dentist

A fully qualified dental practitioner holding current registration with the General Dental Council, who works in a general dental practice.

The **Dentist** must not be **you**, **your partner** or a member of **your** family.

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 22 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 22.

GP

General Practitioner i.e. a physician registered with the General Medical Council, who is currently in general practice.

The **GP** must not be **you**, **your partner** or a member of **your** family.

Homeopath

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

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

The **Homeopath** must not be **you**, **your partner** or a member of **your** family.

Optician

A fully qualified **Optician** who is registered with the General Optical Council.

The **Optician** must not be **you, your partner** or a member of **your** family.

Osteopath

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

The **Osteopath** must not be **you, your partner** or a member of **your** family.

Partner

- A person **you** live with that **you** are married to, or a person that **you** permanently live with as if **you** are married to them or
- A person **you** live with in a civil partnership, or a person that **you** permanently live with as if you are in a civil partnership

Physiotherapist

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

The **Physiotherapist** must not be **you, your partner** or a member of **your** family.

Plan

The Foresight Health Cash Plan.

Policyholder

The person in whose name the **plan** is held.

Pre-existing Medical Condition

Additional adult cover policies are only intended to cover **new** medical conditions.

You will not be entitled to claim the following benefits for any pre-existing medical conditions: 24 Hour Advice and Information Line including face to face/CBT; Chiropody; Consultation; Dental Accident; Scanning Service; Therapy Treatments

When **you** apply for an **additional adult** cover policy, or apply to increase **your** level of **additional adult** cover, **you** must tell **us** in writing about any **pre-existing medical conditions**.

Please give details of the condition/ symptoms; dates; **GP's** name, address and telephone number if **you**:

- Are currently taking any prescribed medication, or have taken prescribed medication in the last 12 months;
- Have consulted a **GP** or

Consultant Physician/Consultant Surgeon during the last 12 months;

- Have received advice or treatment from a qualified practitioner or therapist i.e. **Physiotherapist, Acupuncturist, Chiropractor, Homeopath, Osteopath, Chiroprapist, Podiatrist** or **any other** complementary medicine practitioner, during the last 12 months;
- Have attended a hospital or registered treatment centre during the last 12 months;
- Are awaiting any medical tests, investigations or treatment, or are awaiting the results of any medical tests or investigations, whether or not the condition has been diagnosed;
- Attend **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 that **you** must wait when **you** register for the **plan**, or **register** for a higher level of cover, before **you** can claim benefits. For further information please refer to section 4, General Terms and Conditions.

Registration

For corporate paid cover - **your** date of **registration** is the date that **your** employer elects to pay premiums from, for **your** cover.

For upgrade options/**additional adult** cover - **your registration** date is the first day of the current month for application forms accepted by **us** before the 15th of that month. For application forms accepted by **us** on or after the 15th of the month, it is the first day 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 Ltd.

You/your/yourself

The named Westfield Health **policyholder**.

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:

- Fulfill 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 into 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

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Apply now.

How to apply

To upgrade your corporate paid cover, or apply for cover for an additional adult – simply follow the steps below:

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Step 1

Choose a level of cover.

.....

Step 2

Complete the application form attached to this guide.

.....

Step 3

Return your completed application form to us at:

FREEPOST SF30
Westfield Health
60 Charter Row
Sheffield S1 3FZ

No stamp required.

We will send you information about your cover.

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 an additional adult. If you are applying to upgrade your level of corporate paid cover the upgrade premium rates are detailed in your welcome or renewal letter.

Section B: Employee cover

This section enables you to make changes to your policy i.e. upgrade or remain on your current level of cover and purchase cover for an additional adult. If you are only using this form to apply for additional adult 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: Additional Adult Cover

To arrange additional adult cover please complete their details here. They will hold their own separate policy. An additional adult taking out cover needs to sign here too.

Section E: Declaration

Please read the declaration carefully before signing.

Pre-existing medical conditions – Additional adult cover applications

Additional adult cover policies are intended to cover new medical conditions only. Please read carefully section 1, General Terms and Conditions together with the definition of a pre-existing medical condition, before completing an application for additional adult cover. If there are any pre-existing medical conditions to declare you must include written details with the application form.

Sections G and H: Direct Debit instruction

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

Payment of claims

We will reimburse your claims by crediting your bank or building society account directly. Once your claim has been processed a payment confirmation will be forwarded to you.

Important information

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

**Foresight Health Cash Plan – Direct Debit:
Application form**

Foresight Health Cash Plan – Direct Debit: Application Form

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

Section B – Employee Cover			Please tick as applicable		Employment Details	
I wish to:	Remain on level	Change level to	Name of employer			
Level 1	<input type="checkbox"/>		Payroll number			
Level 2	<input type="checkbox"/>	<input type="checkbox"/>	My Employer provides Level 1/2/3/4* *Delete as applicable			
Level 3	<input type="checkbox"/>	<input type="checkbox"/>				
Level 4	<input type="checkbox"/>	<input type="checkbox"/>				

Section C – Dependent Children Details							
Forename(s)	Surname	M/F	Date of birth (DD/MM/YY)	Forename(s)	Surname	M/F	Date of birth (DD/MM/YY)

Section D – Additional Adult									
Title	Forename(s)	Surname	Date of birth (DD/MM/YY)	House number	Postcode	Apply	Change	Remain	Level of cover L1 L2 L3 L4
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Section E – Declaration: Please read carefully before signing – this part MUST be completed

I declare that the information I have given on this form is true and complete and that I have read 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.

If I am applying for, or to upgrade, a **Partner Cover** policy I have carefully read section 1, General Terms and Conditions and I understand that the **Partner Cover** policy covers new medical conditions only and I must inform Westfield Health of any pre-existing medical conditions.

I confirm that I have enclosed written details of any **pre-existing medical conditions** OR

I confirm that I do not have any **pre-existing medical conditions** to declare.

I understand that all future benefit claims will be reimbursed to the bank/building society account as detailed in the attached Direct Debit form, until Westfield Health is notified to cancel the instruction. I can confirm that I am one of the account holders. (If you wish us to credit a different account please contact us to request a Direct Credit Instruction Form by emailing enquiries@westfieldhealth.com or by calling 0114 250 2000. Once your claim has been processed a remittance advice will be forwarded to you advising of the amount we will be crediting).

I agree that, if I become ineligible for cover on the Foresight Health Cash Plan, Westfield Health can automatically transfer my cover to an alternative plan (Westfield Health will send me advance notice of my new premium and cover to enable me to decide if I do not wish to proceed).

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:
Employee
 Health & Wellbeing Information Special Offers
 Westfield Insiders Products
Please tell us how you would like us to communicate with you for the above purposes:
 Email Text Telephone Post
 Social Media Web
Additional Adult
 Health & Wellbeing Information Special Offers
 Westfield Insiders Products
Please tell us how you would like us to communicate with you for the above purposes:
 Email Text Telephone Post
 Social Media Web

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.

We'd like to bring to your attention our Privacy Policy on pages 32 and 33 which details how your data is used, stored, and how to exercise your privacy rights.

Employee signature	Date	Additional Adult signature	Date
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Section F – Westfield office use only	
Policy number	Promotion code
Event ID	Media code



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

Name(s) of account holder(s)	Service user number
	9 4 1 1 1 0
	Reference
Bank/Building Society account number	Branch sort code
Name and full postal address of your Bank or Building Society	
To: The Manager	Bank/Building Society
Address	
Postcode	

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

For (Westfield Health) official use only:
 This is not part of the instruction to your Bank or Building Society
 Please indicate your chosen payment collection date:
 Originator's Reference Number

Signature(s):

Date:

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



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

Name(s) of account holder(s)	Service user number
	9 4 1 1 1 0
	Reference
Bank/Building Society account number	Branch sort code
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To: The Manager	Bank/Building Society
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 Please indicate your chosen payment collection date:
 Originator's Reference Number

Signature(s):

Date:

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

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



Online

westfieldhealth.com



Email

enquiries@westfieldhealth.com



Phone

0114 250 2000
8am-6pm, Mon-Fri
(except Christmas Eve
and public holidays)



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

Westfield Health is a trading name of Westfield Contributory Health Scheme Ltd and is registered in England & Wales company number 303523. We are authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the PRA. Details of this registration can be found by accessing the Financial Services Register online at either the PRA or the FCA websites or by contacting the PRA on 020 7601 4878 or the FCA on 0800 111 6768. Our financial services registration number is 202609.

Westfield Health is a registered trademark.