

YOUR GUIDE TO YOUR NOTTINGHAMSHIRE COUNTY COUNCIL HEALTH CASH PLAN

making a healthy difference



WELCOME TO WESTFIELD HEALTH

Welcome to the Nottinghamshire County Council Health Cash Plan!

You know how important your health is, however making sure you and your family receive the healthcare treatment you need can prove increasingly expensive – like paying for visits to the dentist or for a new pair of glasses. The Nottinghamshire County Council Health Cash Plan is an easy way to help you budget for these costs by offering you lots of valuable benefits and services.

There's a choice of Single and Family cover available so you can take control of getting the routine healthcare and advice you and your family need.

If you have any questions please don't hesitate to contact our friendly Customer Service Department on **0114 250 2000**.

We look forward to a healthy future together.

This guide has been designed to help you get the most out of your cover and includes information on how your plan works, what you can claim for and how to make a claim.

AN INTRODUCTION TO YOUR PLAN

Money back towards your essential healthcare costs

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

Access to valuable health services

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

Cover for your loved ones

Your dependent children* are covered on most benefits, helping to cover the cost of their essential healthcare too! And with Family cover, your partner is covered on the same benefits as you!**

What's more, your family and friends can take out cover. These additional premiums will be collected through your wages or salary.

*Dependent children share their Optical and Dental benefit allowances on Single plan levels.

**Except for Maternity/Paternity/Adoption and Health Club Concession.



IMPORTANT INFORMATION

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

1. 13 week rule – you have up to 13 weeks to submit your claim to us. The 13 weeks start from the date you make each payment for treatment, goods or services, the date you were discharged as an in-patient from hospital, the date you attended for day surgery, or the date of birth or adoption placement for Maternity/Paternity/Adoption benefit.

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

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

3. Benefit period – the time you have to use the maximum benefit allowances for your cash benefits is called a benefit period. A benefit period will not start until you send us the first claim for that benefit. You can keep sending in claims for a benefit until you reach your maximum allowance, or your benefit period expires. When the benefit period expires the full allowance will renew, but remember your next benefit period will not start until you submit your next claim.

Please refer to Section 6, General Terms and Conditions for full details of how your benefit periods work.

- For benefits where you are **claiming money back from us**, your benefit period will start on the date that you paid for the treatment, goods or services. This rule applies for each cash benefit individually.
- **EXAMPLE** – if the first claim you make under your Dental benefit has a receipt date of the 3rd December 2011, your full Dental benefit amount will renew again on the 3rd December 2012. However, the next Dental benefit period will not start until you submit your next dental receipt.
- For In-patient and Day Surgery your benefit period begins on the first day or night that we pay benefit for.
- For Maternity/Paternity/Adoption your benefit period begins on the date of birth or the date the child is placed with you for adoption.

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

There are three easy ways to check your balance:

- 1. Text message (Optical, Dental and Chiropody benefits only)**
- 2. Phone**
- 3. iPhone**

Details of how to access these services can be found in the Customer Service section of this booklet.

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

NEED TO CHANGE COVER?

You have the opportunity to enhance your cover with the following options:

- **upgrade your plan level (to any Single or Family level)**
- **arrange cover for your family and friends**

Simply complete the **application form** at the back of this leaflet and give it to your Payroll Services. Additional premiums will be paid by payroll deduction. The table of benefits (pages 8-11) shows you how much you can claim back under each level of the plan.

HOW TO USE YOUR PLAN

Please refer to the **Benefit Rules, page 17** for details of what is and what isn't covered under each of your benefits.

There are four different types of claims

1. Receipt-based claims (for claiming money back)
2. Hospital claims
3. Maternity/Paternity/Adoption claims
4. Personal Accident claims

For all claims

- We aim to process 100% of correctly presented claims within five working days of receipt (with the exception of Personal Accident cover).
- We will pay your money directly into your bank or building society account.

Receipt-based claims (for claiming your money back)

- Simply receive and pay for your healthcare treatment as normal.
- Complete a claim form and send it to us, together with your receipt.
- All receipts for treatments must be dated and include the patient's name. For receipts for therapy treatments we also require details of your practitioner's name, address and qualifications (see Definitions section).

Hospital claims

- Your Westfield claim form must be completed, signed and stamped by the hospital, registered treatment centre or hospice where you were admitted.
- Complete your personal details on the claim form and send it back to us.
- For Day Surgery claims we require the name of the procedure you have received. Please refer to the full Terms and Conditions on pages 19 and 25.

Maternity/Paternity/Adoption claims

- Complete a claim form and send it to us together with your child's full birth certificate or confirmation that the child has been placed with you for adoption.

Personal Accident claims

- Simply contact us and we will send you a claim form for Personal Accident.
- Complete your claim form and send it to ACE (the insurance provider we use for Personal Accident claims).
- Once your claim form has been submitted to ACE you will deal directly with them.



Accessing your Counselling Services

To access this confidential service from within the UK, Channel Islands or Isle of Man simply call **0800 092 0987**, alternatively from anywhere else in the world call **44 (0) 1455 255 123**.

Where can I order more claim forms?

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

Remittance advice

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

Treatment while abroad

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

SINGLE COVER

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

BENEFITS	AVAILABLE FOR...	Bronze	Silver	Gold
		£1.89 per week	£3.95 per week	£6.17 per week
		£8.19 per month	£17.10 per month	£26.75 per month
Optical (2 year benefit period)	Just for you Dependent Children	Up to £77 Up to £77	Up to £160 Up to £160	Up to £248 Up to £248
Dental (1 year benefit period)	Just for you Dependent Children	Up to £75 Up to £75	Up to £155 Up to £155	Up to £242 Up to £242
Consultation (1 year benefit period)	You/Partner/ Dependent Children	Up to £110	Up to £330	Up to £505
Therapy Treatments* – Physiotherapy, Acupuncture, Chiropractic, Homeopathy & Osteopathy (1 year benefit period)	Just for you	Up to £120	Up to £250	Up to £380
Chiropody (1 year benefit period)	Just for you	Up to £50	Up to £105	Up to £160
In-patient (allowance per night**)	Just for you each Dependent Child	£25 £12.50	£50 £25	£75 £37.50
Day Surgery (allowance per day**)	Just for you each Dependent Child	£25 £12.50	£50 £25	£75 £37.50
Maternity/Paternity/Adoption (Per child)	Just for you	£85	£180	£270
DoctorLine™***	For you & your family	✓	✓	✓
Health Club Concession***	Just for you	✓	✓	✓
24hr Counselling and Advice Line***	For you & your family	✓	✓	✓
Personal Accident Accidental Death Permanent Disability	Just for you Just for you	£5,000 Up to £5,000	£10,000 Up to £10,000	£15,000 Up to £15,000

*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.

**See Benefit Rules for maximum days or nights per benefit period.

***More information on how to access these services can be found within the Benefit Rules section.

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

More information on each healthcare benefit, including details of limitations and exclusions, can be found in the Benefit Rules section. The qualifying periods for each healthcare benefit are stated in Section 4, General Terms and Conditions.

FAMILY COVER

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

BENEFITS	AVAILABLE FOR...	Bronze	Silver	Gold
		£3.59 per week	£7.51 per week	£11.73 per week
		£15.56 per month	£32.53 per month	£50.82 per month
Optical (2 year benefit period)	Just for you Partner each Dependent Child	Up to £77 Up to £77 Up to £77	Up to £160 Up to £160 Up to £160	Up to £248 Up to £248 Up to £248
Dental (1 year benefit period)	Just for you Partner each Dependent Child	Up to £75 Up to £75 Up to £75	Up to £155 Up to £155 Up to £155	Up to £242 Up to £242 Up to £242
Consultation (1 year benefit period)	Just for you Partner each Dependent Child	Up to £110 Up to £110 Up to £110	Up to £330 Up to £330 Up to £330	Up to £505 Up to £505 Up to £505
Therapy Treatments* – Physiotherapy, Acupuncture, Chiropractic, Homeopathy & Osteopathy (1 year benefit period)	Just for you Partner	Up to £120 Up to £120	Up to £250 Up to £250	Up to £380 Up to £380
Chiropody (1 year benefit period)	Just for you Partner	Up to £50 Up to £50	Up to £105 Up to £105	Up to £160 Up to £160
In-patient (allowance per night**)	Just for you Partner each Dependent Child	£25 £25 £12.50	£50 £50 £25	£75 £75 £37.50
Day Surgery (allowance per day**)	Just for you Partner each Dependent Child	£25 £25 £12.50	£50 £50 £25	£75 £75 £37.50
Maternity/Paternity/Adoption (Per child)	Just for you	£170	£360	£540
DoctorLine™***	For you & your family	✓	✓	✓
Health Club Concession***	Just for you	✓	✓	✓
24hr Counselling and Advice Line***	For you & your family	✓	✓	✓
Personal Accident Accidental Death	Just for you Partner	£5,000 £5,000	£10,000 £10,000	£15,000 £15,000
Permanent Disability	Just for you Partner	Up to £5,000 Up to £5,000	Up to £10,000 Up to £10,000	Up to £15,000 Up to £15,000

*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.

**See Benefit Rules for maximum days or nights per benefit period.

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ABOUT WESTFIELD HEALTH

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

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

Outstanding Customer Service

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

*The Leadership Factor Customer Satisfaction Survey 2009

A-Z Health Website

We take great pride in helping our policyholders stay healthy everyday, not just through the cash benefits of their plan, but by making sure they can access the health services and information they need, when they need it. That is why we give all Westfield Health policyholders access to a comprehensive online health resource. The A-Z Health Website contains information supplied by the NHS on a wide range of health and wellbeing related topics, including:

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

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

Phone

Call our Customer Service Department on **0114 250 2000** – our lines are open from 8am to 6pm, Monday to Friday (except for Christmas Eve and public holidays). Customers with hearing or speech difficulties can contact us by textphone – **0114 250 2020** (opening hours as above).

In the interest of continuously improving our service to customers and for training purposes your call will be recorded and monitored. This will include the recording and monitoring of Sensitive Personal Data such as data relating to health and medical conditions.

Text messaging service

Order more claim forms and receive up to date balances on Optical, Dental and Chiropody benefits direct to your mobile phone. To register for this service simply text your **Westfield account number, surname** and the word **register** to **07781 472 000** (texts to this number will be charged at your normal tariff rate). You will receive a welcome message confirming the service has been activated.

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

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

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

iPhone app

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

Confidentiality assured

In line with the Data Protection Act 1998, we will not discuss policy details with anyone other than the policyholder, unless you have given us written consent for a relative or friend to obtain account information on your behalf.

POLICY SUMMARY



The Nottinghamshire County Council Health Cash Plan provides cover towards the costs associated with routine healthcare such as new prescription glasses, dental treatment, physiotherapy, in-patient stays and consultations for quick access to diagnosis. This plan also includes a range of complementary services designed to ease your daily life and support your overall wellbeing.

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

The Personal Accident cover provided by the plan is underwritten by ACE European Group Limited (ACE).

Key features of your Health Cash Plan

- **3 levels of Single and 3 levels of Family cover to choose from**
- **12 healthcare benefits and services**
- **100% reimbursement for a wide range of routine healthcare expenses, up to set limits**
- **Set lump sum payments following an in-patient stay, day surgery or the birth or adoption of a child**
- **DoctorLine™ available 24hrs a day, every day, for you and your resident family**
- **Concessionary deals for you on health and fitness club annual membership**
- **Freephone 24 Hour Counselling and Advice Line for you and your resident family**
- **Personal Accident cover**
- **Access for you and your resident family to our comprehensive online A-Z Health Website**
- **Worldwide cover is available on most benefits**

Key limitations and exclusions

- **This plan is not available to purchase directly from Westfield Health. Payment must be made through the Nottinghamshire County Council payroll deduction facility** (section 1, General Terms and Conditions)
- **To be eligible for cover you must live in the UK for a minimum of 6 months each year** (section 1, General Terms and Conditions)
- **To be eligible to apply for cover or to upgrade your level of cover you and where applicable your partner, must be under 66 years of age** (section 1, General Terms and Conditions)
- **Qualifying periods apply to most benefits** (section 4, General Terms and Conditions)

- **Westfield Health must receive claims within 13 weeks of the date of each payment for treatment, goods or services** (section 7, General Terms and Conditions)
- **Claims for In-patient and Day Surgery must reach Westfield Health within 13 weeks of the date the patient is discharged as an in-patient or attends for day surgery. Maternity/Paternity/Adoption must be claimed within 13 weeks of the child's birth or adoption** (section 7, General Terms and Conditions)
- **Pre existing medical conditions are not covered for any benefit other than for Optical and Dental** (section 1, General Terms and Conditions; Benefit Rules – Personal Accident)

Duration of cover and cancellation rights

Your policy will be renewed automatically on a monthly basis unless your cover is cancelled or you allow it to lapse. Your policy contains a 14 day cooling off period from the date we accept your application. If you decide to change your mind during this cooling off period you should contact us. Providing that you have not made, or intend to make a claim, we will refund your full premium. After the expiry of the cooling off period you can still cancel cover you have chosen at any time. However, you will not be entitled to a refund, except for any premiums paid beyond the date your cover ceased. Please refer to sections 1 and 2, General Terms and Conditions.

Making a claim

Detailed information on qualifying periods and how to claim are found in sections 4 and 7, General Terms and Conditions.

Westfield Health will provide you with a claim form when we welcome you as a new policyholder. Further claim forms can be ordered online at www.westfieldhealth.com or by calling our Customer Helpline on **0114 250 2000**.

Once completed, please send your claim form with the required supporting information to Westfield Health, Westfield House, 87 Division Street, Sheffield S1 1HT.

We will pay your claims directly into your bank account.

Westfield Health will arrange for a Personal Accident claim form to be sent to you if required. After completion, this should be sent to Westfield Health at the above address.

BENEFIT RULES

If you wish to complain

We are committed to providing the highest possible level of service to our customers. However, if the services provided do not meet your expectations then you may contact us at: Customer Service Department, Westfield Health, Westfield House, 87 Division Street, Sheffield S1 1HT.

In the event that you are not satisfied with our response, please ask for your complaint to be reviewed by an Executive Director. If you remain dissatisfied with our final response you can write to the Financial Ombudsman Service. The Ombudsman will only consider your complaint after you have written confirmation from us that our internal complaints procedure has been applied in full.

Compensation

Westfield Health and ACE are members of the Financial Services Compensation Scheme. In the unlikely event that we are unable to meet our obligations you may be able to claim compensation. Further information is available from the Financial Services Compensation Scheme, 7th Floor, Lloyds Chambers, Portsofen Street, London E1 8BN.

This Policy Summary provides only an outline of the main features of the plan and should be read in conjunction with the full Terms and Conditions and Benefit Rules featured at the back of this leaflet.

Full details of each benefit are listed on the following pages. Cover is subject to the General Terms and Conditions specified on pages 22 to 27.

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

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

OPTICAL

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

Family Cover: Your maximum benefit is available over a two year **benefit period**. Your partner and each of **your dependent children** have separate allowances – available over a two year **benefit period**.

When...

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

We will cover...

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

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

DENTAL

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

Family Cover: Your maximum benefit is available over a one year **benefit period**. Your partner and each of **your dependent children** have separate allowances – available over a one year **benefit period**.

When...

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

We will cover...

- 100% of the cost, up to the maximum for **your plan** level, see table of benefits – pages 8 to 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
- teeth whitening
- prescription charges
- sundry items
- missed appointment fees
- exclusions (see section 5, General Terms and Conditions)

CONSULTATION

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

Family Cover: Your maximum benefit is available over a one year **benefit period**. Your partner and each of **your dependent children** have separate allowances – available over a one year **benefit period**.

When...

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

We will cover...

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

For...

- diagnostic consultations on all levels of the **plan**
- treatment from a **Consultant Physician** or **Consultant Surgeon** on Single/Family Silver and Gold **plan** levels

We will not cover...

- treatment on Single/Family Bronze **plan** levels
- 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)

THERAPY TREATMENTS

Physiotherapy, Acupuncture, Chiropractic, Homeopathy and Osteopathy

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

Family Cover: Your maximum benefit is available over a one year **benefit period**. **Your partner** has a separate allowance – available over a one year **benefit period**.

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

When...

- your **GP** or **Consultant Physician/Consultant Surgeon** recommends that you receive treatment. If requested at any time, **you** must provide **us** with written evidence of this recommendation at **your** own expense **and**
- you receive and pay for treatment from a registered **Physiotherapist, Chiropractor** or **Osteopath**, or an **Acupuncturist** or **Homeopath** who is a member of an approved professional organisation. Registration/membership must be relevant to the treatment that they are providing (see Definitions section) **and**
- **you** submit **your** claim in accordance with section 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 to 11

For...

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

We will not cover...

- any treatment that is not physiotherapy, acupuncture, chiropractic, homeopathy or osteopathy
- scans e.g. MRI (see 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)

CHIROPODY

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

Family Cover: Your maximum benefit is available over a one year **benefit period**. **Your partner** has a separate allowance – available over a one year **benefit period**.

When...

- you receive and pay for treatment from a registered **Chiropracist/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 to 11

For...

- chiroprody and podiatry consultations, assessments and treatment

We will not cover...

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

IN-PATIENT

Single Cover: Your benefit is payable for a maximum of 20 nights in a one year **benefit period**. Each of **your dependent children** has a maximum allowance of 20 nights in a one year **benefit period**.

Family Cover: Your benefit is payable for a maximum of 20 nights in a one year **benefit period**. **Your partner** and each of **your dependent children** have maximum allowances of 20 nights in a one year **benefit period**.

When...

- you are admitted as an **in-patient** to an **NHS** or private **hospital, registered treatment centre** or **hospice** **and**
- **you** submit **your** claim in accordance with section 7, General Terms and Conditions

We will cover...

- you at the nightly rate for **your plan** level, see table of benefits – pages 8 to 11

For...

- overnight **in-patient** admissions for treatment, tests or investigations
- maternity related **in-patient** admissions, from the 11th night that you have been an **in-patient**. **You** must give **us** evidence of the first 10 nights that you have spent in **hospital** (these nights do not have to be consecutive)
- a **dependent child** required to remain in **hospital** following its birth, from the date that the mother is discharged
- claims submitted when the patient is discharged as an **in-patient**

We will not cover...

- maternity related admissions for the first 10 nights
- any type of **in-patient** admission where the **hospital** could be regarded as your permanent residence
- admissions for rehabilitation, domestic reasons or respite care
- exclusions (see section 5, General Terms and Conditions)

DAY SURGERY

Single Cover: Your benefit is payable for a maximum of 10 days in a one year **benefit period**. Each of **your dependent children** has a maximum allowance of 10 days in a one year **benefit period**.

Family Cover: Your benefit is payable for a maximum of 10 days in a one year **benefit period**. **Your partner** and each of **your dependent children** have a maximum allowance of 10 days in a one year **benefit period**.

When...

- you are admitted to an **NHS** or private **hospital**, or **registered treatment centre** as a day case patient **and**
- you are required to sign a consent form and are allocated a **bed** – the use of which is normally for a period of supervised recovery **and**
- **you** submit **your** claim in accordance with section 7, General Terms and Conditions

We will cover...

- you at the daily rate for **your plan** level, see table of benefits – pages 8 to 11

For...

- a **surgical procedure** involving the use of theatre facilities

We will not cover...

- **out-patient** attendances, including procedures carried out in an **out-patient** setting
- tests or investigations e.g. biopsies and endoscopies carried out for investigative purposes only
- treatment and/or pain relief administered by injection
- cardioversion
- attendances at a GP or Dental surgery
- attendances immediately prior to or following an overnight stay (for which a claim is payable under In-patient benefit)
- exclusions (see section 5, General Terms and Conditions)

MATERNITY/PATERNITY/ADOPTION

Single/Family cover: Benefit(s) are payable once in a one year **benefit period**.

When...

- **you** are named as mother or father on the child's full birth certificate, or **you** are named as the child's adopter **and**
- **you** submit **your** claim in accordance with section 7, General Terms and Conditions

We will cover...

- **you** at the rate for **your plan** level, see table of benefits – pages 8 to 11

For...

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

We will not cover...

- exclusions (see section 5, General Terms and Conditions)

DOCTORLINE™

Single/Family cover: For **you** and **your** resident family. The DoctorLine™ service is provided on behalf of Westfield Health by Medical Solutions UK Ltd., 44 Finchampstead Road, Wokingham, Berkshire RG40 2NN.

The DoctorLine™ service provides **you** and family members normally resident with **you**, with access to telephone consultations with a **GP**, 24 hours a day – every day. By arrangement you will be telephoned by a qualified practising **GP**, at a time convenient to you. There is no limit to the duration of the telephone consultation or number of times that you can use the service*.

The service gives you the reassurance of speedy access to completely confidential telephone advice from a **GP** whenever you need it. Because the consultation is carried out by a fully qualified **GP**, who will take into account your personal medical history, the Doctor will in many cases be able to provide a diagnosis of your symptoms and recommend an appropriate course of action. With your consent a report of the telephone consultation can be forwarded to your **GP** within 2 working days, if required. If you wish to seek further information about a medical condition or proposed course of treatment the **GP** can discuss all areas relating to health from surgical procedures, diseases, injuries and prescription medicines to new treatments, foreign travel, exercise and nutrition.

If you would like to arrange a telephone consultation, simply call the DoctorLine™ service on **08456 123 861**** from the **UK**, Channel Islands or Isle of Man, or if calling from overseas on **44 (0) 118 936 5633****. To confirm your eligibility to use the service you will be asked for the **policyholder's** Westfield account number. An experienced healthcare operator will request some preliminary information regarding the nature of your enquiry before booking an appointment for a **GP** to call you back, even if you are temporarily outside the **UK**. You will only pay the cost of the initial telephone call to book the consultation***.

This is not an emergency service. The DoctorLine™ service is not intended to replace the personal care offered by your own Doctor and cannot be used to obtain a referral for treatment that can be claimed under the **plan**.

*In exceptional cases where Medical Solutions consider that there has been excessive or inappropriate use by a caller the service may be limited or withdrawn from that individual.

**For your protection calls will be recorded. Please be assured that all consultations remain confidential.

***Your network provider may charge for a call received to your mobile telephone while you are outside the **UK**.

HEALTH CLUB CONCESSION

Single/Family cover: Just for **you**.

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

We believe in the importance of promoting good health and wellbeing. This service provides access to a national network of health clubs who will offer **you** membership at a concessionary rate†. By constantly updating the offers available the service aims to find **you** the very best

health club membership deal in **your** area. Even if there are presently no health clubs within 15 miles of **your** home or workplace able to offer **you** a concession, the service will endeavour to locate a club, that meets the standards required by roadtohealth, willing to participate in the scheme.

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

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

†A health club may decline to offer a concession to their existing club members.

††Available Monday to Friday 9.00am–5.00pm (except public holidays).

24 HOUR COUNSELLING AND ADVICE LINE

Counselling, legal, health and wellbeing advice

Single/Family cover: For **you** and **your** resident family.

The 24 Hour Counselling and Advice Line is provided on behalf of Westfield Health by FirstAssist Services Ltd., Wheatfield Way, Hinckley, Leicestershire LE10 1YG.

This easy to use confidential* telephone counselling and advice service gives **you**, and family members who are usually resident with **you**, unlimited access to a team of qualified professionals 24 hours a day – 365 days a year. Even if you are temporarily away from home, simply Freephone **0800 092 0987**** if you are calling from the **UK**, Channel Islands or Isle of Man or call **44 (0) 1455 255 123***** from anywhere else in the World.

To confirm your eligibility to use this service, callers will be asked to quote the special Scheme number supplied in the **policyholder's** Welcome Pack (or that can also be obtained from the Westfield Customer Helpline). This Scheme number does not identify you as an individual and if you prefer you don't have to give your name.

*This is a confidential service and the content of your call will not be divulged unless there is a serious risk to you or someone else.

**Call charges may apply from some networks.

***Call charges will apply.

Telephone Counselling

Counsellors are available to help day or night, for example you may be concerned with such issues as:

- Stress
- Family difficulties
- Money management
- Relationships
- Substance misuse
- Anxiety
- Bereavement
- Depression
- Problems at work

All counsellors are fully qualified and trained. Each telephone session can last up to an hour and, if you wish, you can continue to work with the same counsellor by arranging convenient appointments for future sessions.

Legal Advice and Information

You can get free telephone legal advice and information, from an experienced legal professional, on a wide range of issues, for example:

- Consumer disputes
- Motoring
- Debt
- Matrimonial
- Wills and probate
- Property
- Landlord/Tenancy
- Welfare benefits
- Family

The Legal Consultants will explain your legal position so that you can decide on your best course of action. For complicated ongoing issues you may find it helpful to speak at intervals to the same consultant.

Health and Wellbeing Advice

A sympathetic professional is always at the end of the phone to devote time for you to discuss your health and wellbeing. The team of nurses and doctors will provide you with easy to understand expert advice and information on a wide range of health and lifestyle issues including:

- Medical symptoms and conditions
- Medical and surgical treatments
- Hospital tests and procedures
- Patient rights
- Childhood illnesses
- Baby and child development
- Disability aids
- Caring for the elderly
- Reducing alcohol consumption
- Sexual health
- Diet and exercise
- Stopping smoking
- Pre-travel advice
- Details of a range of local and national support groups

Please note, this service provides general guidance only and is not intended to replace your normal personal medical care. This is not an emergency service and will not provide diagnosis or prescribe treatments.

PERSONAL ACCIDENT COVER

Single Cover: Just for **you**.

Family Cover: For **you** and **your partner**.

For the Personal Accident cover, Westfield Contributory Health Scheme Ltd., Westfield House, 87 Division Street, Sheffield S1 1HT is an agent acting on behalf of ACE European Group Limited (ACE) – a provider of Accident and Health insurance, whose registered office is at ACE Building, 100 Leadenhall Street, London EC3A 3BP.

Authorised and regulated by the Financial Services Authority (FSA). Registration number FRN202803. Full details can be found on the FSA's Register by visiting www.fsa.gov.uk/pages/register or by contacting the FSA on 0300 500 5000.

If **you** suffer **Bodily Injury** as a direct result of an **Accident** which within twenty four months of the **Accident** results in death or disablement, benefit will be paid in accordance with the scale outlined on page 21.

Note

1. The maximum ACE will pay you for any one **Accident** is the amount shown in Item 2 of the scale – **Permanent Total Disablement**. If you are paid the benefit for **Permanent Total Disablement** you will not be paid a benefit for any other **Permanent Disability** arising from the same **Accident**.
2. If ACE pays you a benefit for permanent total **Loss** of use of a whole limb, then you cannot claim for parts of that limb.
3. ACE will not pay the **Permanent Total Disablement** benefit if you are 75 or over.
4. ACE will take account of any disability or condition you already had when they assess the amount of disablement benefit they will pay as a result of a subsequent **Accident**.
5. ACE will only pay the Personal Accident Benefit if at the **Time** of the **Accident** you were registered as a current **policyholder** with Personal Accident cover (this must include Family cover if the claim is for **your partner**) on the Nottinghamshire County Council Health Cash Plan.
6. This benefit does not apply to **dependent children**.

Exclusions

ACE shall not be liable in respect of **Bodily Injury** resulting directly or indirectly from or contributed to by:

1. War, whether declared or not, between any of the following countries – France, **United Kingdom**, Peoples Republic of China, Former Constituents of the Union of Soviet Socialist Republics, and the

PERSONAL ACCIDENT

	BRONZE Policyholder or Partner*	SILVER Policyholder or Partner*	GOLD Policyholder or Partner*
1 Death as a result of an Accident	£5,000	£10,000	£15,000
2 Permanent Total Disablement	£5,000	£10,000	£15,000
3 Loss of Sight – both eyes	£5,000	£10,000	£15,000
4 Loss of Speech	£5,000	£10,000	£15,000
5 Loss of Limb – one or more limbs	£5,000	£10,000	£15,000
6 Loss of Sight – one eye	£2,500	£5,000	£7,500
7 Loss of Hearing – both ears	£2,500	£5,000	£7,500
8 Loss of Hearing – one ear	£750	£1,500	£2,250
9 Loss of:			
a foot below the level of the ankle (talo-tibial joint)	£2,500	£5,000	£7,500
a hip, knee, ankle or thumb	£1,000	£2,000	£3,000
a forefinger or big toe	£750	£1,500	£2,250
any other finger	£500	£1,000	£1,500
any other toe	£250	£500	£750
10 Permanent and total loss of use of:			
the back or spine below the neck, with no damage to the spinal cord	£2,000	£4,000	£6,000
the neck or cervical spine, with no damage to the spinal cord	£1,500	£3,000	£4,500
a shoulder, elbow or wrist	£1,250	£2,500	£3,750

Payment for any **Permanent Disability** not listed above will be based on a medical assessment of **your** disability in relation to this table and not in relation to **your** ability to work.

***Partner** covered on Family Levels ONLY.

United States of America, or war in Europe, whether declared or not (other than civil war, but including any enforcement action by or on behalf of the United Nations), in which any of those countries or armed forces thereof are engaged. This exclusion shall be inoperative in the event of war being declared whilst you are actually engaged on a journey outside your country of residence. ACE may cancel insurance hereunder in respect of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, insurrection, military or usurped power by sending 48 hours' notice to Westfield at their last known address. Insurance in respect of a journey involving travel outside your country of residence which had been commenced before the expiry of such notice shall not be affected thereby.

2. Intentional self-injury, suicide or any attempt thereat.
3. Your engaging in any form of aerial flight other than as a passenger.
4. Your suffering from sickness or disease not resulting from **Bodily Injury**.

Termination of Cover

The Personal Accident Cover shall terminate immediately on the earliest of the following dates:

- a) the date payment of benefit is made to you or your personal representative under any one of injuries 1 to 5 of the scale of benefits outlined below.
- b) the date **you** cease to be a current **policyholder** with Personal Accident cover on the Nottinghamshire County Council Health Cash Plan.

GENERAL TERMS AND CONDITIONS

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

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

1. Who can have cover

This **plan** is not available to purchase directly from Westfield Health. Premiums must be collected by payroll deduction from the wages/salary of a Nottinghamshire County Council employee.

You must reside in the **United Kingdom** for a minimum of six months each year to be a Nottinghamshire County Council Health Cash Plan **policyholder**.

You must be younger than **66** years of age when **you**:

- apply for Single cover
- apply to increase **your** Single cover level

You and **your partner** must be younger than **66** years of age when **you**:

- apply for Family cover
- apply to increase your Family cover level
- apply to transfer from Single to Family cover

However, **you** are not required to leave the **plan** once **you** (or where applicable **your partner**) become **66** and can transfer to a lower level of Single or Family cover, or from Family to Single Cover, at any age.

You must satisfy yourself that this **plan** and the level of cover **you** decide to apply for are right for **you**. Neither Westfield Health nor ACE will provide any advice in this regard but **you** are of course free to seek information or advice from a professional advisor.

We like any responsible insurer, and to the extent permitted by all applicable laws, reserve the right to decline an application for a policy or a request to upgrade **your** cover. If **your** application is not accepted **we** will refund any premium that **you** have paid for the cover that **we** have declined to offer (providing that **we** have not paid a claim under that cover).

You can only hold one Nottinghamshire County Council Health Cash Plan policy at any one time.

Pre-existing medical conditions

This **plan** is only intended to cover **new** medical conditions: **you**, **your partner** and **your dependent children** will not be entitled to claim for any **pre-existing medical conditions**.

Please read the definition of a **pre-existing medical condition** on page 30 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, 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**, or where applicable **your partner** or **dependent child**, 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**. Any **pre-existing medical condition** that may have arisen after **you** took out the **plan**, which **you** were previously covered for, will not be covered.

When **you** apply for a new policy, or ask **us** to increase **your** level of cover, it is **your** responsibility as the **policyholder** to give **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 by someone else on **your** behalf **you** must provide this information to Westfield Health within 7 days of **us** welcoming **you** as a **policyholder**.

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

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

Cooling Off Period – If you change your mind

Your policy contains a 14 day cooling off period from the date **we** accept **your** application. If **you** change **your**

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

2. The contract between Westfield Health and you

This health cash **plan** policy operates on the basis that each calendar month a new contract is formed between Westfield Health and **you**. **We** do not issue monthly reminder notices. **Your** policy will be automatically renewed each month providing **you** pay **your** premium and abide by the terms and conditions of the **plan**, unless **we** receive notice from **you** that **you** do not wish to continue **your** cover, or **we** give **you** notice that **we** are not willing to accept **your** monthly renewal.

Your Cancellation Rights

You have the right to cancel **your** policy.

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

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

Re-applying for cover after you have cancelled.

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

Terminating your cover

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

- Under the terms and conditions of the **plan** **you** are not eligible for cover
- **You** provided false information and/or failed to disclose all the relevant required information when **you** applied for cover, applied to increase **your plan** level, or submitted a claim
- **You**, or anyone covered on **your** policy, fails to comply with our request for information relating to a claim or an application for cover

- **You** submit a claim that is fraudulent or that **we** reasonably believe to be intentionally false, and/or misleading, and/or exaggerated
- **You** (or anyone covered on **your** policy) act in a threatening or abusive manner, e.g. violent behaviour; verbal abuse; sexual or racial harassment, towards a member of our organisation, or one of our suppliers
- **You** fail to abide by any of the terms and conditions of this **plan**

Should **we** cancel **your** cover **you** will not have any right to make any further claim on the **plan**. In addition, **we** may also seek to recover any monies from **you** that have been paid to **you** that **you** were not due to under the Terms and Conditions of this **plan**.

If premiums for **your** cover have been paid in advance **we** may refund premiums paid beyond the date for which **you** have had the benefit of cover. However, **we** retain the right to withhold such premiums if **you** owe **us** money.

We will notify **you** in writing our reason for cancelling **your** cover and **you** have the right to appeal to **us** through our published Complaints Procedure, which is available on request.

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

3. Premiums

Your policy will lapse if **you** do not keep **your** premiums up to date. You will not be entitled to use any of the services included in the **plan** and **we** will not pay **your** claim if premiums have not been paid to cover the date(s) for which **you** are claiming. If **you** owe more than three months premiums **you** will not be entitled to remain in the **plan**.

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

If when **we** receive **your** claim **your** premiums are not paid up to date for any reason, **we** will not process **your** claim at that time. If **you** remain in the **plan**, claims will be held until **you** have made a payment that covers the date(s) for which **you** are claiming. If **you** do not continue to pay **your** premiums all benefit under the **plan** will cease on the date that **you** have paid up to.

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

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

Where a benefit included in the **plan** is underwritten by another insurer, our agency agreements with insurers

allow **us** to hold the premiums **you** pay in respect of these elements of the product as agent of the insurer and therefore payment to **us** means the same as if **you** have paid that insurer direct. This does not affect elements that **we** underwrite.

Temporary cessation of deductions

If an employee is temporarily not in receipt of wages/salary from which premiums can be deducted e.g. unpaid sickness absence, they should ask their employer to notify Westfield Health. **We** will allow **you** to pay premiums direct to **us** monthly for a maximum of 6 months, after which time **you** must transfer to an alternative plan if **you** wish to have cover with Westfield Health.

Change of employer or retirement

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

If **you** wish to have cover with Westfield Health you must transfer to an alternative plan and **our** Customer Helpline will be happy to arrange this for you.

4. Qualifying Period

You will have to wait the relevant **qualifying period** before you are eligible for most benefits if **you**:

- are a new **policyholder**
- apply to increase **your** Single or Family cover level
- apply to upgrade from Single to Family cover

The **qualifying period** starts from **your** date of **registration**, at that **plan** level. Following **your** date of **registration** **you** must renew **your** monthly contract with **us** for the required minimum number of consecutive months, detailed below, to qualify for each benefit.

Available from the date of **registration** – all Single/Family **plan** levels:

DoctorLine™;
Health Club Concession;
24 Hour Counselling and Advice Line;
In-patient - but only as a consequence of an accident;
Personal Accident cover

10 months **qualifying period** – all Single/Family **plan** levels:

Maternity/Paternity/Adoption benefit

6 months **qualifying period** – Single/Family Silver and Gold levels:

All other benefits

3 months **qualifying period** – Single/Family Bronze level:

All other benefits

If **you** transfer to a higher Single or Family cover level; or from Single to Family cover, **qualifying periods** for benefit at **your** new **plan** level are as shown above. During the **qualifying period** **we** will pay benefit at **your** previous **plan** level, if **you** have benefit available.

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

Former Policyholders

In addition to the above, if **you** 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:

- a) the **plan** level for **your** new policy
- b) the level of the **plan** that **you** were previously covered on
- c) claims previously paid and the **benefit periods** relating to those claims

Our Helpline staff can explain the **qualifying periods** and 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 arises as a result of a **pre-existing medical condition** (with the exception of Optical benefit and Dental benefit);
- any charges that a **hospital**, practitioner or any other organisation makes for filling in a claim form or providing any information **we** ask for relating to a claim;
- benefit for treatment, goods or services within **your** **qualifying period**. If **you** increase **your** cover a new **qualifying period** will apply. Until **you** have completed the new **qualifying period** **we** will pay you benefit at **your** previous **plan** level, provided that **you** have entitlement to that benefit;
- any claim that is submitted where **you**, **your partner** or **your dependent child**, are in breach of the **plan** and/or General Terms and Conditions
- any claim or expense of any kind arising as a direct consequence of any criminal proceedings brought against you;
- any claim or expense of any kind caused directly or indirectly by ionising radiation or contamination by any nuclear fuel, or the radioactive, toxic explosive or other dangerous properties of any explosive nuclear machinery or part of it;
- any claim or expense of any kind directly or indirectly arising as a result of war, invasion, rebellion or revolution.

6. Benefit Period

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

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

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

- For In-patient and Day Surgery benefits the **benefit period** begins on the first day or night that **we** pay benefit for

- The Maternity/Paternity/Adoption **benefit period** begins on the date of birth or the date a child is **placed** with **you** for adoption
- For all other benefits the **benefit period** begins on the date that you paid for the treatment, goods or service

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

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

- the date of birth/adoption **placement** for Maternity/Paternity/Adoption
- the date that you are an **in-patient**
- the date that you attend for day surgery
- the date of your payment for treatment, goods or services

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

7. How to claim

Claims must 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** policy must be paid up to and including:

- the date on which you made each payment for treatment, goods or services
- the child's date of birth/adoption **placement** for Maternity/Paternity/Adoption
- the nights you were an **in-patient**
- the date you attended for day surgery
- the date of your **Accident**, for Personal Accident

For all benefits where **you** (or a person eligible to claim on **your** policy) have paid for treatment, goods or services **you** must send **us** a full receipt detailing the payment you have made. This must include the supplier's or practitioner's name and address and, when **you** are claiming for treatment, the practitioner's qualification (see Definitions section). The receipt must also name the person who has received the treatment, goods or service.

We do not accept the following:

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

*The only exception to this is when **you** provide **us** with written evidence that you have entered into a payment arrangement/credit agreement for treatment, goods or services that you have received. The date that you pay the first instalment determines the **benefit period**

that **your** claim falls into and **we** will pay **you** up to the benefit balance available on that date ONLY towards the full cost of the treatment, goods or service purchased by the credit agreement. **We** do not cover administration/interest charges. Dental insurance or care scheme premiums/payments are not covered on the **plan**.

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

To claim In-patient or Day Surgery benefits the claim form must be completed, signed and stamped by the **hospital, registered treatment centre or hospice**. **We** do not accept photocopies of completed claim forms.

We will not pay **your** claim unless it is received within **13 weeks** of the following:

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

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.

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

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

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

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

In order for **us** to verify a claim it may be necessary for **us** to request a medical report from your **GP, Consultant Physician or Consultant Surgeon** at any time. **We** will only request a report when it is reasonable 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**, or where applicable **your partner** or **dependent child**, do not give **us** your consent **we** will withhold payment of **all** claims and may terminate **your** policy.

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

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.

DoctorLine™; Health Club Concession; 24 Hour Counselling and Advice Line

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

How to claim Personal Accident

Please contact the Westfield Health Customer Helpline and **we** will arrange for a claim form to be sent to you or the person acting on your behalf. Once a claim has been submitted you will deal directly with ACE in connection with that claim. Any document or evidence reasonably required by ACE to verify the claim shall be provided by you or on your behalf at your own expense. Any medical examination required by ACE to verify the claim will be at ACE's expense. Any receipt which you or anyone acting on your behalf may give to ACE for benefits payable shall be deemed a final and complete discharge of all liability of ACE in respect of such benefit.

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 partner** or **dependent child**] must be resident in the **UK** for a minimum of six months each year to be eligible for cover. When **you** submit a receipt for money that you have paid, **we** will use the currency exchange sell rate supplied by **our** bank, on the date **we** process the claim.

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.

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

9. General Conditions Governing Law

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

Changes to this Contract

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

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

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

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

Data Protection/Fair Processing Notice

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

- provide the benefits for which **you** have applied
- maintain **your** records
- manage the underwriting and/or claims handling procedures (including **your** dependants' claims)
- prevent and detect fraud

This will include the recording and monitoring of Sensitive Personal Data such as health and medical conditions for all claims processed under **your plan**.

This information may be shared with:

- other insurance providers
- police and enforcement agencies

In the interests of continuously improving **our** services to customers and for training purposes telephone calls to Westfield Health will be recorded and monitored. This will include the recording and monitoring of Sensitive Personal Data such as data relating to health and medical conditions.

Where you have provided information about another person you should ensure that you have their consent to do so. For a small fee you are entitled to a copy of the information which **we** hold about you by writing to the Data Subject Rights Officer, Westfield Contributory Health Scheme Limited, 87 Division Street, Sheffield S1 1HT, telephone **0114 250 2000**.

Marketing Preferences

We may occasionally use your contact information to contact you by post, email, text or phone with marketing offers and details of **our** other products and services. To opt out please tick the box on the application form or contact **us** at the above address. **We** may also share all contact details with other selected organisations who may contact you by post or phone about other products and services. To opt out please tick the box on the application form or contact **us** at the above address. If you are also happy to receive emails/texts from these other selected organisations please tick the box on the application form or contact **us** at the above address.

Language

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

Additional Information

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

The information contained within this leaflet is effective from 1st June 2011 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.
Accident (Personal Accident cover)	A sudden unforeseen and fortuitous identifiable event and the word Accidental shall be construed accordingly.
Acupuncturist	A fully qualified practitioner who is a Member of the British Acupuncture Council or Fully Accredited Member of the British Medical Acupuncture Society. The Acupuncturist must not be you, your partner or a member of your family.
Agreement	The contract between Westfield Health and you for the provision of the plan governed by the terms and conditions set out in this leaflet.
Bed	A bed , or similar facility e.g. a reclining chair that the treatment provider classes as a bed .
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.
Bodily Injury (Personal Accident cover)	Injury which is caused (solely and independently of any other cause) by Accidental means and which, within 24 calendar months from the date of the Accident , results in your death or disablement. Bodily Injury does not include any condition that results due to any gradually operating cause or degenerative process.
Chiropodist/Podiatrist	A fully qualified practitioner who is registered with the Health Professions Council (HPC). 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 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: <ul style="list-style-type: none"> • your child, your partner's child, a child that you/your partner have legally adopted or have legal guardianship of and • is under 18 years old and unmarried and • lives with you or is financially dependent on you A dependent child already included on your policy will cease to be eligible for all benefits when they become 18 years old.

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 who is a member of one of the following professional bodies: <ul style="list-style-type: none"> • Member of the Faculty of Homeopathy • Licensed or Registered Member of the Society of Homeopaths • Registered Member of the UKHMA • Member of the Alliance of Registered Homeopaths The Homeopath must not be you, your partner or a member of your family.
Hospice	An institution that provides palliative care for the terminally ill.
Hospital	An institute which: <ul style="list-style-type: none"> has permanent facilities for caring for patients; and has facilities for medical practitioners to diagnose and treat injured or sick people and provides nursing services supervised by Registered General Nurses or nurses with similar qualifications and is not intended to be a nursing home, hospice, convalescent home or a residential care home.
In-patient	Admission to a hospital, hospice or registered treatment centre for a full night stay, or longer. An in-patient stay will only be classed as a full night stay if the patient is admitted before 12, midnight.
Loss used with reference to hand, foot, thumb, finger or toe (Personal Accident cover)	The loss by physical severance or the total and permanent loss of use of said member.
Loss of Hearing (Personal Accident cover)	Total and irrecoverable deafness confirmed by audiometer and sound threshold tests.
Loss of Limb (Personal Accident cover)	An arm – amputation or complete and permanent loss of use – at or above the wrist; A leg – amputation or complete and permanent loss of use – at or above the ankle (talo-tibial joint).
Loss of Sight (Personal Accident cover)	Shall be deemed to have occurred: <ol style="list-style-type: none"> 1. in both eyes when your name has been added to the register of Blind Persons on the authority of a qualified ophthalmic specialist; or <ol style="list-style-type: none"> 2. in one eye when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale (which means you are only able to see at 3 feet that which you should normally be able to see at 60 feet) and ACE is satisfied that the condition is permanent and without expectation of recovery.
Loss of Speech (Personal Accident cover)	Permanent and total loss of speech.

NHS	National Health Service.
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.
Out-patient	A person attending a hospital or registered treatment centre for advice, consultation and/or treatment, but who does not receive admitted patient care.
Partner	<ul style="list-style-type: none"> • A person you live with that you are married to, or a person that you permanently live with as if you are married to them or <ul style="list-style-type: none"> • A person you live with in a civil partnership, or a person that you permanently live with as if you are in a civil partnership
Permanent Disability (Personal Accident cover)	Disablement that has lasted for at least 12 months and from which it is believed you will never recover.
Permanent Total Disablement (Personal Accident cover)	Permanent Disability which will in all probability entirely prevent you from engaging in or giving attention to gainful occupation of any and every kind for the remainder of your life.
Physiotherapist	A fully qualified practitioner who is registered with the Health Professions Council (HPC). The Physiotherapist must not be you, your partner or a member of your family.
Placed/Placement	When a child comes to live with you permanently with a view to being formally adopted by you in the future.
Plan	The Nottinghamshire County Council Health Cash Plan.
Policyholder	The person in whose name the plan is held.
Pre-existing Medical Condition	<p>This plan is only intended to cover <u>new</u> medical conditions.</p> <p>This exclusion does not apply to claims for Optical benefit and Dental benefit.</p> <p>You must tell us in writing if you, your partner or dependent children have any pre-existing medical conditions when you:</p> <ul style="list-style-type: none"> • apply for a Single or Family plan policy (including applications following a lapse in your cover) • apply to transfer to a higher level of Single or Family cover • apply to transfer from a Single plan level to a higher than equivalent Family level (i.e. Single Bronze to Family Silver/Gold; Single Silver to Family Gold) <p>You must tell us in writing if your partner or dependent children have any pre-existing medical conditions when you:</p> <ul style="list-style-type: none"> • apply to transfer from a Single plan level to the equivalent Family plan level (e.g. Single Bronze to Family Bronze)

	<p>Please give details of the condition/symptoms; dates; GP's name, address and telephone number if you, your partner or dependent child:</p> <ul style="list-style-type: none"> • 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, Chiropodist, Podiatrist or <u>any other</u> 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. <p>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.</p>
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 more information please refer to section 4, General Terms and Conditions.
Registered Treatment Centre	A treatment centre that is registered with the Department of Health and appears on the National Administrative Code Service Register.
Registration	We will take your date of registration as the start of the pay period covered by your first/revised premium deduction.
Surgical Procedure	A surgical procedure requiring the use of local, regional or general anaesthetic, for the purpose of treating disease, injury or abnormality by operating directly on or removing the affected part, or removing a foreign body.
Time (Personal Accident cover)	Local Standard Time at the address of the policyholder .
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	The named Westfield Health policyholder .

APPLY FOR OR ENHANCING YOUR COVER

You can apply for cover or enhance your plan level at any time.

Simply follow the steps below.

STEP 1 Choose a level of cover to suit your needs, both Family or Single cover are available

STEP 2 Decide if you are also applying for a separate policy for your partner, or your family and friends if they want to take out cover too

STEP 3 Return your completed application form to your Payroll Services.

We will send you all the information you need to start enjoying your cover.

IMPORTANT INFORMATION: PLEASE READ BEFORE COMPLETING YOUR APPLICATION FORM

All applicants must be aged 65 years or under (i.e. not yet 66), if you are applying for Family cover your partner must also be under 66. Please complete all relevant sections of the application form using BLOCK CAPITALS.

SECTION A: COVER FOR YOU THE EMPLOYEE

This section asks for information about you, the employee. Please complete all information in this section and tick the appropriate box to inform us of the level of cover you wish to apply for.

All premiums will be taken directly from your salary.

SECTION B: COVER FOR YOUR PARTNER AND DEPENDENT CHILDREN

Please provide details of your partner if you are applying for Family cover and dependent children under the age of 16 (Single and Family cover). If there isn't space on the application form for details of all your dependent children please continue on a separate sheet.

SECTION C: COVER FOR YOUR FAMILY AND FRIENDS

Your family and friends can enjoy their own cover by having their premiums deducted from your wages or salary. Please complete their details on this application form.

SECTION D: DECLARATION

Please read your declaration carefully before signing.

Pre-existing Medical Conditions

This plan is intended to cover new medical conditions only.

Please read carefully section 1. General Terms and Conditions together with the definition of a pre-existing medical condition, before completing the application form. If you, or any of your family and friends applying for cover (section C), have any pre-existing medical conditions to declare you must include written details with the application form and send it direct to Westfield Health.

PAYMENT OF CLAIMS

We will reimburse your claims by crediting your bank or building society directly. You will need to provide us with your account number and sort code. You can do this by completing the Direct Credit instruction that you will receive in your Welcome Pack and returning it to Westfield Health.

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

Claims for your partner, family and friends who have a separate policy can only be paid into your account if they are also a named bank account holder. If claims for your partner, family and friends should be credited to a different account, please ask them to request a Direct Credit instruction by emailing enquiries@westfieldhealth.com or telephoning **0114 250 2000**.

APPLICATION FORM

COMPLETE YOUR FORM TODAY

IT COULDN'T BE **EASIER TO APPLY OR UPGRADE**. JUST:

- **Choose the level of cover that's right for you and your family**
- **Fill in all your details on the application form**
- **Return the completed application form to your Payroll Services**

YOUR APPLICATION WILL THEN BE PROCESSED BY YOUR PAYROLL AND FORWARDED TO US.

WE WILL SEND NEW POLICYHOLDERS A WELCOME PACK.

www.westfieldhealth.com

AFTER YOU HAVE COMPLETED SECTIONS A, B, C, D, F, G AND H PLEASE PASS THE FORM TO YOUR PAYROLL SERVICES TO COMPLETE SECTIONS E AND I. NOTE TO PAYROLL: PLEASE RETAIN THE PAYROLL DEDUCTION AUTHORITY FORM AND FORWARD THE APPLICATION FORM TO WESTFIELD HEALTH, AS THE APPLICATION WILL CONTAIN BANK OR BUILDING SOCIETY DETAILS PLEASE SEND THIS TO US IN A SECURE MANNER.

NOTTINGHAMSHIRE COUNTY COUNCIL PAYROLL DEDUCTION AUTHORITY FORM



SECTION F – TO BE COMPLETED BY THE EMPLOYEE

Title (Mr/Mrs/Miss/Ms/Other) _____

Surname _____

Forename(s) _____

Date of birth _____

Payroll number _____

National Insurance number _____

Your current Westfield account number (if applicable) _____

PLEASE TICK AS APPLICABLE

I wish to: Join Change my level of cover Remain on

Please indicate which level

- | | | |
|---|---|--|
| <input type="checkbox"/> Single Bronze
£1.89 per week
£8.19 per month | <input type="checkbox"/> Single Silver
£3.95 per week
£17.10 per month | <input type="checkbox"/> Single Gold
£6.17 per week
£26.75 per month |
| <input type="checkbox"/> Family Bronze
£3.59 per week
£15.56 per month | <input type="checkbox"/> Family Silver
£7.51 per week
£32.53 per month | <input type="checkbox"/> Family Gold
£11.73 per week
£50.82 per month |

SECTION G – COVER FOR FAMILY AND FRIENDS

Please detail **everyone** to be covered by **additional** premiums collected from your wages or salary and select a level of cover. The person(s) named below wish(es) to **Join (J)/Change their level of cover (C)/Remain on (R)***

J/C/R*	Title	Surname	Forename(s)	Date of Birth	House No. & Postcode	Single Bronze	Single Silver	Single Gold	Family Bronze	Family Silver	Family Gold

SECTION H – AUTHORITY FOR DEDUCTION FROM PAYROLL

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby authorise to have the premiums as shown above, or any increased premiums as may be notified from time to time to secure plan benefits, deducted from my wages or salary for myself and the above named persons. Please remit the total premium to Westfield Health on my behalf at the agreed intervals until further notice.

Signature _____ Date _____

SECTION I – TO BE COMPLETED BY YOUR EMPLOYER

Date deductions commence _____

CHANGE OF CIRCUMSTANCE?

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

Simply call our Customer Service Department today:
0114 250 2000

WESTFIELD HEALTH

REGISTERED OFFICE. Westfield House 87 Division Street Sheffield South Yorkshire S1 1HT
CUSTOMER HELPLINE. 0114 250 2000

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

EMAIL. enquiries@westfieldhealth.com

westfieldhealth.com

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