Intermediary company application document.

Westfield Health
Harder working health cover

Company No.

Section 1 – Company details

Intermediary Name: HEALTHWISE LIMITED - DY1 4RD
Intermediary Ref no: 500472
Full company name
Address
Postcode
Phone
Fax
Email
Website
No. of employees
Nature of business

Primary contact

Title
Forename
Surname
Job title
Phone
Email

Invoice/Payroll contact (if different to address above)

Title
Forename
Surname
Job title
Phone
Email

Invoice/Payroll address (if different to address above)

Is the company currently insured? ☐ Yes ● No
Claims history requested? ☐ Yes ● No

Welcome packs to be sent to:
● Home address ☐ Company ☐ Intermediary

Section 2 – Product selection

Product name FORESIGHT
Start date January 2016
Level of cover (please select) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Please complete the following if applicable

Concession date (Advantage Voluntary)
Mosaic quote number NA

Additional modules:

FOR KIDS Purchased for: ☐ All employees ☐ Selected employees
(Please note: For Kids cover is only available with select plans as advised by your Business Development Consultant)

DOCTORLINE™ ☐
(Please note: DoctorLine™ must be purchased for the whole workforce)

PHRA upgrade options:

Biometric Tests Corporate subsidy: ☐ 100% ☐ 75% ☐ 50% ☐ 25%
Biometric Consultations Corporate subsidy: ☐ 100% ☐ 75% ☐ 50% ☐ 25%
Healthconsultant ☐

Section 3 – Flex payment options

Please select one payment option:

☐ Voluntary (level chosen by employee / salary sacrifice / company funded pot)

☐ Company paid (level of cover selected by employer)

Section 4 – Voluntary upgrade & additional policyholder payment

Please select one payment option:

☐ Employees will be allowed to pay additional premiums **via Direct Debit**

☐ Employees will be allowed to pay additional premiums **via payroll deduction**

Section 5 – Hospital treatment insurance

☐ **Surgery Choices 1** ☐ **Surgery Choices 2**

Purchased for: ☐ All employees ☐ Selected employees

Please note – Hospital treatment insurance is only available with selected plans as advised by your Business Development Consultant and must be purchased for a minimum of 5 people.

Underwriting option ☐ Moratorium ☐ CPME* ☐ MHD ☐ MHD with evidence*

*Excluding planned and ongoing inpatient/daycare treatment being received at the time of the transfer

Please confirm: NHS benefit, if applicable, should be paid to **you the employer** ☐ **your employees** ☐

Your choice, once made, **will remain in force for 12 months**, but can be changed annually at the anniversary of the plan.

Section 6 – Declaration

Must be signed on behalf of the company by the primary contact
Please check that all information contained in this document is correct before signing.

We confirm that the details provided are correct and that we will operate the Westfield Plan in accordance with the current Administration Guide and Group Terms and Conditions and note that this application form is subject to acceptance at the discretion of Westfield Health. The Administration Guide and the Policy Summary & Group Terms and Conditions (corporate paid cover) will have been provided by your Intermediary Healthcare Consultant - additional copies will be provided with your welcome email.

TO BE COMPLETED IN BLOCK CAPITALS

Name		Position held	
Signature		Date	

Section 7 – Payment methods

The payment methods are detailed in your Administration Guide. Please let us know how you wish to pay.

● **Direct Debit:** please complete the attached Direct Debit mandate

☐ **BACS:** please refer to the administration guide for BACS details

☐ **Cheque:** please refer to the administration guide for payment details

OFFICE USE ONLY

IHC		Date	Registered by	Date
☐ Bespoke (P.A.M.)	SCMS No.	RIT No.	Checked by	Date

Westfield Health

Harder working health cover

THIS IS NOT PART OF THE INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY

Name and full address

Company name:		Company a/c no:	
Company address			
		Postcode	

Westfield Health

Harder working health cover

Please fill in the whole form including official use box and return to:
Westfield Contributory Health Scheme Ltd.
REGISTERED OFFICE: Westfield House,
87 Division Street, Sheffield, South Yorkshire, S1 1HT

DIRECT Debit

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

Name(s) of account holder(s)

Service user number

9	4	1	1	1	0

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.

Signature(s):

Date:

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

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

THE DIRECT DEBIT GUARANTEE

DIRECT Debit

- This Guarantee is offered by Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amount to be paid or the payment dates change, Westfield Contributory Health Scheme Limited will notify you 10 working days in advance of your account being debited as otherwise agreed.
- If an error is made by Westfield Contributory Health Scheme Limited or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

Our friendly Customer Care Team is here to help

Online
westfieldhealth.com

Email
businessenquiries@westfieldhealth.com

Phone
0845 602 1629

Registered Office:
Westfield Health, Westfield House, 87 Division Street,
Sheffield, South Yorkshire S1 1HT