

Applying to upgrade your cover and/or join an additional adult.

Health Cash Plan

When applying for cover, please read the Insurance Product Information Document and the full terms and conditions at the back of your plan guide. These are available to view and download online in My Westfield.

Simply visit www.westfieldhealth.com and register/log in to the My Westfield area.

Your upgrade and additional adult premiums can be found in your welcome/renewal letter. You can only apply for cover for one additional adult, subject to Terms & Conditions.

Simply complete and print out the application form, including the Direct Debit mandate, and use a pen to sign your signature. We accept a scan of the completed forms or a photograph taken on a smartphone. Please send them to membership@westfieldhealth.com.

Upgrade and additional adult application form: Direct Debit

Please ensure you also complete the Direct Debit instruction and return this to Westfield Health together with the application form.

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

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

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

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

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

I declare that the information I have given on this form is true and complete and that I have received full details of the policy, which I have read or have had read to me and agree to be bound by the General Terms and Conditions and Benefit Rules of the plan.

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

Marketing preferences:

We'd love to keep you up to date with all things health and wellbeing.

Please tell us what you'd like to hear about:

Employee

Health & Wellbeing Information Special Offers
 Westfield Insiders Products

Please tell us how you would like us to communicate with you for the above purposes:

Email Text Telephone Post
 Social Media Web

Additional adult

Health & Wellbeing Information Special Offers
 Westfield Insiders Products

Please tell us how you would like us to communicate with you for the above purposes:

Email Text Telephone Post
 Social Media Web

You're always in control. You can update your choices at any time. Simply visit westfieldhealth.com and register or log in to My Westfield.

We'd like to bring to your attention our Privacy Promise in your plan guide which details how your data is used, stored, and how to exercise your privacy rights.

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

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

Name(s) of account holder(s)

Service user number

9	4	1	1	1	0
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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

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

Section G – Employee 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

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

Section H – Additional Adult Direct Debit

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



Online

westfieldhealth.com



Email

enquiries@westfieldhealth.com



Phone

0114 250 2000

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

Westfield Health
PO Box 340
Sheffield
S98 1XB

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

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

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