

Foresight Health Cash Plan: Application form

Please complete using
block capitals and black ink

Section A – Employee Details		This section must be completed	
Title (Mr/Mrs/Miss/Ms/Other)		Tel work	
Forename(s)		Tel home	
Surname		Tel mobile	
Date of birth (DD/MM/YY)		Email	
Address			
		Postcode	
Westfield Health policy number (if applicable)			

Section B – Employee Cover			Please tick as applicable		Employment Details	
	I wish to:	Remain on level	Change level to	Name of employer		
Level 1		<input type="checkbox"/>		Payroll number		
Level 2		<input type="checkbox"/>	<input type="checkbox"/>	Pay frequency		
Level 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other		
Level 4		<input type="checkbox"/>	<input type="checkbox"/>	Other – Please specify		

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 Cover										
Title	Forename(s)	Surname	Date of birth (DD/MM/YY)	House number	Postcode	Apply	Remain	Change	Level of cover	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Section F – Declaration		This section must be completed and signed by the employee	
<p>I declare that the information I have given on this form is true and complete and that I have received full details of the policy, which I have read or have had read to me and agree to be bound by the Terms and Conditions and Benefit Rules of the plan.</p> <p>If I am applying for, or to upgrade, an Additional adult policy I have carefully read section 1, General Terms and Conditions and I understand that the Additional adult policy covers <u>new medical conditions only</u> and I must inform Westfield Health of any pre-existing medical conditions.</p> <p>I confirm that I have enclosed written details of any pre-existing medical conditions <input type="checkbox"/></p> <p>OR</p> <p>I confirm that I do not have any pre-existing medical conditions to declare. <input type="checkbox"/></p> <p>I understand that all future benefit claims will be reimbursed to the above bank/building society account until Westfield Health is notified to cancel the instruction. See Payment of Claims (page 36) if your Additional adult wishes to receive money paid into a separate account.</p>		<p>Marketing Preferences:</p> <p>We'd love to keep you up to date with all things health and wellbeing.</p> <p>Please tell us what you'd like to hear about: <input type="checkbox"/> Health & Wellbeing Information <input type="checkbox"/> Special Offers <input type="checkbox"/> Westfield Insiders <input type="checkbox"/> Products</p> <p>Please tell us how you would like us to communicate with you for the above purposes: <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Telephone <input type="checkbox"/> Post <input type="checkbox"/> Social Media <input type="checkbox"/> Web</p> <p>You're always in control. You can update your choices at any time. Simply visit westfieldhealth.com and register or log in to My Westfield.</p> <p>We'd like to bring to your attention our Privacy Policy on pages 32 and 33 which details how your data is used, stored, and how to exercise your privacy rights.</p>	

Employee Signature	Date		
Section G – To be completed by your employer		Westfield Health Office use only	
Date deductions commence		Policy number	
Westfield Health company registration number		Event ID	
Level provided by company (if applicable) L1 <input type="checkbox"/> L2 <input type="checkbox"/> L3 <input type="checkbox"/> L4 <input type="checkbox"/>			

Foresight Health Cash Plan

Payroll deduction authority

Please complete using block capitals and black ink

Employer please detach and retain for your records

Section H – To be completed by you		This section must be completed	
Title (Mr/Mrs/Miss/Ms/Other)		Tel work	
Forename(s)		Tel home	
Surname		Tel mobile	
Date of birth (DD/MM/YY)		Email	
Payroll number			
Westfield Health policy number (if applicable)			
Please tick box as applicable			
I wish to:		Remain on level	Change level to
Level 1		<input type="checkbox"/>	
Level 2		<input type="checkbox"/>	<input type="checkbox"/>
Level 3		<input type="checkbox"/>	<input type="checkbox"/>
Level 4		<input type="checkbox"/>	<input type="checkbox"/>

For upgrade and additional adult premiums please refer to your welcome or renewal letter, or call us on **0114 250 2000**.

Section I – Additional Adult Cover												
Title	Forename(s)	Surname	Date of birth (DD/MM/YY)	House number	Postcode	Apply	Remain	Change	Level of cover			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 J – Authority for deduction from payroll		Must be completed and signed by the employee	
Please read carefully before signing			
I hereby authorise to have the premiums as shown above, or any increased premiums as may be notified from time to time to secure plan benefits, deducted from my wages or salary for myself or the above named person. Please remit the total premium to Westfield Health on my behalf at the agreed intervals until further notice.			
Signature		Date	

Section K – To be completed by your employer
Date deductions commence
Westfield Health company registration number

Employee:

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

Payroll:

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

PLEASE DETACH