



people are surprised

by how much

more we offer

cashback

for everyday healthcare

Healthcare Cash Plan - Direct Plus Scheme Membership Plan 2008

direct plus

healthcare cash plan scheme



100% cashback

there's a Health Shield plan for everyone

Welcome to Health Shield

Each year the cost of everyday healthcare is rising fast. Just think of the cost of dental care fees alone, and glasses or contact lenses if you wear them. Then there's the cost of physiotherapy, chiropody and other therapies with limited or no availability on the NHS. Thousands of Health Shield members receive cashback on all these bills - so why miss out?

As a Health Shield member, everyday healthcare will cost you less....

Convert to the Direct Plus Scheme

Members who reach the age of 65 can apply to convert to Direct Plus. Dependent children are covered under both Cover for You and Cover for You and Your Partner.

100% cashback

We pay the full amount of all your healthcare bills (up to the limit of your level of cover and subject to annual review).

Cashback for hospital stays

Even in an NHS hospital, stays can be costly particularly if family have the expense of travelling to visit you every day. Health Shield members could receive a cash benefit of up to £110 per night while they, their partner or a dependant child are in hospital.

Quick cash

Send us your completed claim form and you'll normally have your cashback within 48 hours, either as a cheque or as a credit into your bank account.

Customer service – claims online and direct credit notification by email

All members can use www.healthshield.co.uk to check their benefit allowances online. Simply visit the members' area of www.healthshield.co.uk and key in your unique Health Shield reference number. This will then take you through a step by step process to enable you to create your own secure password and allow you to access and check your benefit allowances and claims information online.

Many of our members already use the direct credit facility that enables Health Shield to refund claims directly to the member's chosen bank account. We now offer direct credit notification by email. All you need to do is register for direct credit and make sure that we have your current email address. This helps improve communications with members and also helps towards environmental considerations by saving on print costs.

Telephone 01270 588555

www.healthshield.co.uk

DIRECT PLUS HEALTHCARE MEMBERSHIP PLAN - TABLE OF CONTRIBUTIONS AND BENEFITS 2008

LEVEL OF COVER	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	PRESTIGE LEVEL
MONTHLY PAYMENTS FOR YOU (Includes benefits for dependent children)	£9.55	£19.65	£31.75	£39.85	£57.10
MONTHLY PAYMENTS FOR YOU AND YOUR PARTNER (Includes benefits for dependent children)	£18.50	£38.70	£62.90	£79.30	£113.60
ALL CONTRIBUTIONS AND BENEFITS ARE SUBJECT TO AN ANNUAL REVIEW					
DENTAL MAXIMUM FOR EACH PERSON 100% CASHBACK REFUND	£60	£120	£160	£205	£270
DENTAL ACCIDENT MAXIMUM FOR EACH PERSON 100% CASHBACK REFUND	£200	£400	£600	£800	£1000
OPTICAL MAXIMUM FOR EACH PERSON 100% CASHBACK REFUND	£60	£120	£160	£205	£270
HOSPITAL BENEFITS: ADULT & CHILD RATES - HOSPITAL INPATIENT (PER NIGHT) - HOSPITAL DAY-CASE (PER DAY) UP TO A MAXIMUM OF 25 NIGHTS/DAYS PER YEAR, PLUS ANY ADDITIONAL COSTS FOR COMPLETION OF CLAIM FORMS ARE COVERED	£20	£45	£65	£85	£110
PHYSIOTHERAPY, CHIROPRACTIC, OSTEOPATHY, ACUPUNCTURE AND HOMOEOPATHY MAXIMUM FOR EACH PERSON 100% CASHBACK REFUND	£120	£280	£370	£500	£640
SPECIALIST CONSULTATION, ECG, X-RAY, AND PATHOLOGY FEES MAXIMUM FOR EACH PERSON 100% CASHBACK REFUND	£120	£210	£315	£420	£520
CHIROPODY MAXIMUM FOR EACH PERSON 100% CASHBACK REFUND	£60	£120	£160	£205	£270
HEARING AIDS & SURGICAL APPLIANCES MAXIMUM FOR EACH PERSON 100% CASHBACK REFUND	£60	£120	£160	£205	£270
HOME HELP & HOME NURSING MAXIMUM FOR EACH PERSON 100% CASHBACK REFUND	£60	£120	£160	£205	£270
HEALTH & WELLBEING: COMPLEMENTARY THERAPIES, ALLERGY TESTING, STRESS RELIEF, WEIGHT MANAGEMENT AND STOP SMOKING MAXIMUM FOR EACH PERSON 100% CASHBACK REFUND	£60	£120	£160	£205	£270
HEALTH SCREENING MAXIMUM FOR EACH PERSON 100% CASHBACK REFUND	£60	£120	£160	£205	£270
PERSONAL ACCIDENT PROTECTION	£5000	£10000	£15000	£20000	£25000
FITNESS BENEFIT	ACCESS TO SPECIAL RATES				PLUS £100
WORLDWIDE COVER	HEALTH SHIELD COVERS YOU FOR ALL BENEFITS ANYWHERE IN THE WORLD				
24 HOUR FREEPHONE TELEPHONE HELPLINE - COUNSELLING & LIFESTYLE, HEALTH & MEDICAL AND LEGAL ADVICE	24 HOURS A DAY, 7 DAYS A WEEK ACCESS TO TELEPHONE HELPLINES FOR ALL MEMBERS				

The above benefits are the maximum levels which apply for 2008. For later years, both the type of benefit, benefit levels and contribution rates may change in future. (Please see your membership plan for more details).

Health Shield Direct Plus Scheme Membership Plan (the "Plan") Terms and Conditions

Age limits and decreasing your level of cover

The Plan is for members who reach the age of 65. Membership is restricted to the appropriate level of cover that you were paying at age 64 within your previous corporate or direct scheme. You cannot increase your level of cover, but you can decrease your level of cover. Dependent children will be covered up to age 18.

When you decrease your level of cover, previous claims that you have made will be taken into account when working out your maximum entitlement for the benefit year.

Qualifying periods

You will become eligible to make claims for treatment that you receive after we have received your first contribution.

Your membership

The terms of your new Plan, including the benefit and contribution levels, completely replace those of any previous Health Shield membership.

If you apply to convert to the Plan, you will not be entitled to receive benefit for any pre-existing condition. However, we will not exclude benefits for any pre-existing condition already covered under your membership. You will have been told about any conditions that are not covered.

Exclusions for pre-existing conditions may apply to the following benefits only:

- Hospital inpatient
- Hospital day-case
- Physiotherapy, chiropractic, osteopathy, acupuncture and homoeopathy
- Specialist consultation fees, electrocardiogram (ECG), X-ray and pathology fees

You will be entitled to receive the maximum benefit if your contributions are up to date and you do not have a pre-existing condition that we cannot cover.

To make claims for a partner you must be contributing to the Plan at the rate that covers you and your partner. You must have filled in the appropriate forms so we can officially register your partner (if covered) and dependent children. You, and where applicable, your partner and any dependent children may only be covered or be included in one Membership Plan.

We will write to you to tell you about any changes to your membership plan terms and conditions. You can get a copy of the memorandum and rules from our Chief Executive or from the members' area of Health Shield's web site. To make sure that we can provide high levels of customer service, we may monitor or record telephone calls.

Contributions and benefits – annual review

The maximum benefits are shown in the table on pages 3 and 4.

For 2008, we will refund 100% of each valid claim up to your annual benefit limit. This is also our objective for future years although this will depend on future business performance and claims experience.

Consequently, all benefits and contributions are subject to annual review and may change. Should a reduction in benefits payable be necessary in future, you will be advised but the proportion of each claim refunded is guaranteed to be 70% of the rates published for the relevant year. This percentage reduction will also be applied to the maximum amount payable in the benefit table.

During the lifetime of this contract, it is important you understand that if Health Shield's overall claims experience, position in the marketplace or surplus are worse than expected then:

- Membership contribution rates could be increased and/or
- Benefits could be reduced or changed or removed

However, if Health Shield's overall claims experience, position in the marketplace or surplus are better than expected it may be possible to improve your terms.

General exclusions

We cannot pay benefit for all claims directly related to:

- Emigration, legal, insurance or similar matters
- GP fees for private treatment
- Examinations at medical centres
- Drugs and medicines
- Vasectomy, sterilisation, IVF, fertility treatment and examinations
- Pregnancy terminations, contraceptives and sex-change operations or cosmetic surgery

We cannot pay benefit for claims made as a result of:

- Drug, alcohol or solvent abuse, or the taking of drugs except under the direction of a registered medical practitioner

For members in the Republic of Ireland, we do not cover the first €5 a year for receipt based claims. We can only pay claims for these benefits once a year.

Claims

We will deal with claims on the day we receive them, but please note that we cannot accept photocopied or faxed receipts and claim forms. You should include the following details on the original receipts:

- Date of treatment
- Full name and title (Mr, Mrs, Ms or Miss) of the person who has received the treatment
- Official stamp and qualifications of the dentist, optician, chiropodist, physiotherapist, consultant and so on

Health Shield Direct Plus Scheme Membership Plan (the "Plan") Terms and Conditions

We cannot accept altered receipts. Receipts must only apply to the amount paid for the person who received treatment. We need separate receipts for each person covered. We will not pay claims directly to the provider; we will pay claims directly to you.

As a member you will not receive more than the maximum benefit amount under any of the benefit rules for yourself, your partner (if covered) or dependent children in each case for any one calendar year, that is, January to December. We treat claims arising in a calendar year according to the dates of hospitalisation or treatment received, whichever applies.

As a member, you agree to our processing personal and sensitive data. The member must also sign all claim forms to declare that the details provided on and in support of this form are true, and to authorise us to get independent confirmation of the details from the healthcare provider who the claim relates to.

We will not accept applications for benefit that are more than 12 months old at the time they are received by Health Shield.

Benefit rules

Dental

We will pay benefit, at the appropriate rate, for dental treatment up to the appropriate maximum in any one calendar year.

You must send us an original, fully-itemised receipt, showing separate dates of treatment, with the claim form.

What is covered:

- Anaesthetic fees, including intravenous sedation
- Check-up charges
- Dental brace or gum shield provided by the dentist
- Dental practice plan premiums and joining fees e.g. Denplan
- Dental crowns, bridges and white fillings
- Dental veneers
- Dentures or their repair at dental laboratories
- Hygienist fees
- Orthodontic and periodontic treatment
- Tooth whitening treatment provided by the dentist
- X-rays

What is not covered:

- Cancellation charges made by dentist e.g. missed appointments
- Dental consumables, e.g. toothbrushes, mouthwash, floss
- Dental prescription charges. We cover these charges under the Prescriptions benefit.

Dental Accident

We will pay benefit, at the appropriate rate, for dental treatment up to the appropriate maximum in any one calendar year, when the treatment received has been as a result of accidental injury to the teeth. The injury must have been caused by a direct external impact to the head.

You must send us an original, fully-itemised receipt, showing separate dates of treatment, with the claim form. Full details of the accident must also be supplied by you before benefit may be considered. Your dentist must also confirm on the receipt that treatment has been received as a result of an accident.

What is covered:

Dental treatment directly related to an accident e.g. sports injury or fall including:

- Anaesthetic fees, including intravenous sedation
- Dental crowns, bridges and white fillings
- Dental veneers
- Replacement dentures or their repair

What is not covered:

- Cancellation charges made by dentist e.g. missed appointments
- Dental consumables, e.g. toothbrushes, mouthwash, floss
- Dental prescription charges. We cover these charges under the Prescriptions benefit.
- Dental practice plan premiums and joining fees e.g. Denplan
- Any treatment received 12 months after the date of the accident
- Dental treatment received in relation to an accident which occurred before joining

Optical

We will pay benefit, at the appropriate rate, for optical treatment up to the appropriate maximum in any one calendar year.

You must send us an original, fully-itemised receipt with the claim form.

What is covered:

- Contact lenses, permanent or disposable
- Contact lenses, permanent or disposable when purchased by monthly direct debit
- Contact lens check-ups
- Contact lens solutions, including where purchased separately
- Eye laser surgery to correct long and short sightedness
- Eyesight tests
- Frames purchased separately
- Lenses purchased separately for addition to existing frame
- Lenses supplied under an optical insurance plan
- Prescribed glasses
- Prescribed magnifying glasses
- Repairs to glasses
- Sunglasses, safety glasses and swimming goggles; providing they have prescribed lenses

Health Shield Direct Plus Scheme Membership Plan (the "Plan") Terms and Conditions

What is not covered:

- Insurance premiums
- Non-prescribed glasses and contact lenses e.g. ready made readers and coloured lenses
- Optical consumables e.g. contact lens and glasses cases

Hospital benefits

We combine hospital inpatient and hospital day-case benefit payments. The maximum period payable for combined daily or nightly rates of benefit is 25 nights in any one calendar year for each person entitled to benefit.

Hospital inpatient

We will pay benefit at the appropriate nightly rate for the period a person entitled to benefit is admitted for inpatient treatment in a recognised hospital or hospice.

You must fill in your claim form yourself, and then the hospital must check it and stamp it with its official stamp.

What is covered:

- Any period of overnight stay in a hospice, NHS, private hospital or registered treatment centre, from one to twenty-five nights, for treatment or investigation of a medical condition
- Fees for filling in claim forms or certificates, providing an official hospital receipt is submitted with your claim

What is not covered:

- Accident and Emergency attendance
- Accommodation for the elderly infirm arranged for domestic reasons
- Child inpatient benefit for the first 10 nights following birth
- Clinics, medical centres, or nursing homes
- Maternity cases - we will only pay benefit after the first 10 overnight stays as an inpatient
- Maternity-related admissions for dependent children
- Out patient treatment
- Permanent-stay patients
- Treatment or investigation of a pre-existing medical condition

Hospital day-case admission

We will pay benefit at the appropriate day-case rate for the period a person entitled to benefit is admitted for day-case treatment in a recognised hospital without an overnight stay.

You must fill in your claim form yourself, and then the hospital must check it and stamp it with its official stamp.

What is covered:

- Any day-case admission in a NHS, private hospital or registered treatment centre, from one to twenty-five days, for treatment or investigation of a medical condition under anaesthetic

- Cancelled operations after admittance
- Invasive investigative procedures e.g. colonoscopy
- Fees for filling in claim forms or certificates, providing an official hospital receipt is submitted with your claim
- Outpatient treatment carried out under anaesthetic
- Out patient treatment for chemotherapy
- Out patient treatment for kidney dialysis
- Out patient treatment for oncology
- Out patient treatment for radiotherapy

What is not covered:

- Accident and Emergency attendance
- Clinics
- Elderly care
- Hospice daycare
- Maternity admissions
- Out patient appointments or treatments that are not covered above
- Pre-admission appointments
- Medical centres
- Nursing homes
- Psychiatric treatment
- Treatment or investigation of a pre-existing medical condition

Physiotherapy, chiropractic, osteopathy, acupuncture and homoeopathy

We will pay benefit, at the appropriate rate, when a person entitled to benefit receives treatment related to the relief and prevention of illness or pain, from a practitioner who is a member of an approved professional organisation, up to the appropriate maximum in any one calendar year.

You must send us an original, fully-itemised receipt, showing separate dates of treatment, with the claim form. The claim form must include the reason(s) for and type of treatment received.

What is covered:

- Acupuncture
- Chiropractic
- Homoeopathy
- Osteopathy
- Physiotherapy
- Sports massage
- Remedial massage
- X-ray when required as part of your treatment

What is not covered:

- Any treatment supplied by a practitioner recognised by Health Shield which is not one of the treatments listed above
- Treatment or investigation of a pre-existing medical condition

Health Shield Direct Plus Scheme Membership Plan (the "Plan") Terms and Conditions

Specialist consultation fees, electrocardiogram (ECG), X-ray, and pathology fees

We will pay benefit, at the appropriate rate, for specialist consultation when a person entitled to benefit has a diagnostic consultation or treatment from a qualified physician or surgeon of hospital status, up to the appropriate maximum in any one calendar year. This benefit also covers a refund of costs you would have to pay for ECG, X-ray, and pathology fees received at the appropriate department of a hospital or as part of a consultation.

You must send us an original, receipted account, showing the hospital the physician or surgeon is attached to. You must fill in the reason for the consultation, treatment or tests on the claim form.

What is covered:

- Counselling fees
- Investigative procedures e.g. colonoscopy, sigmoidoscopy
- Medical tests, including ECG, EEC and lung function tests
- Pathology and biopsy fees
- Physician or surgeon's operation fees
- Speech therapy, dyslexia and dyspraxia treatment
- X-ray including mammograms, CT scans, ultrasounds and MRI scans

What is not covered:

- Anaesthetist fees
- Medical examinations and reports
- Private hospital charges e.g. theatre room fees
- Treatment or investigation of a pre-existing medical condition

Chiroprody

We will pay benefit, at the appropriate rate, for chiroprody treatment from a practitioner who is a member of an approved professional organisation, up to the appropriate maximum in any one calendar year.

You must send us an original, fully-itemised receipt, showing separate dates of treatment, with the claim form.

What is covered:

- Assessments e.g. gait analysis
- Chiroprody treatment
- Podiatry treatment

What is not covered:

- Consumables e.g. corn plasters or insoles. We cover these items under the surgical appliances benefit
- Surgical footwear and orthotics. We cover these items under the surgical appliances benefit
- X-rays

Hearing aids & surgical appliances

We will pay benefit, at the appropriate rate, for hearing aids and surgical appliances up to the appropriate maximum in any one calendar year.

You must send us an original, dated and fully-itemised receipt with the claim form.

What is covered:

- New hearing aids supplied by a registered hearing aid dispenser
- Repairs to hearing aids
- Surgical appliances which are medically prescribed by your G.P.

Please contact the claims department to check what surgical appliances we cover before making a claim.

What is not covered:

- Batteries for hearing aids
- Contract schemes for hearing aids

Home help & home nursing

We will pay benefit, at the appropriate rate, for home help and home nursing services, up to the appropriate maximum in any one calendar year.

You must send us an original, dated and fully-itemised receipt with the claim form.

What is covered:

- Home help services provided by a local authority
- Home help services provided by an agency contracted directly by a local authority
- Home nursing provided by a state registered nurse arranged with an agency, on the recommendation of your G.P.

What is not covered:

- Home help services provided for maternity cases

Health and Wellbeing (including complementary therapies, allergy testing, stress relief, weight management and stop smoking treatments)

We will pay benefit, at the appropriate rate, when a person receives treatment related to health and wellbeing care, or the relief and prevention of illness or pain, from a practitioner who is a member of an approved professional organisation, up to the appropriate maximum in any one calendar year.

You must send us an original, fully-itemised receipt, showing separate dates of treatment, with the claim form. The claim form must include the reason(s) for and type of treatment received.

What is covered:

- Acupressure
- Allergy testing including food intolerance/nutrition tests
- Aromatherapy
- Bowen/Alexander technique
- Chair massage
- Colonic hydrotherapy

Health Shield Direct Plus Scheme Membership Plan (the "Plan") Terms and Conditions

- Hopi ear candles
- Hypnotherapy
- Indian head massage
- Kinesiology
- Naturopathy
- Nutritional therapy
- Reflexology
- Reiki
- Shiatsu
- Stop smoking treatments
- Stress relief
- Weight management

What is not covered:

- Vega testing
- Laboratory testing not referred by a doctor
- Hair analysis
- Home testing kits
- Any treatment supplied by a practitioner recognised by Health Shield which is not one of the therapies listed above
- Appliances e.g. lumbar rolls and back supports
- Stop smoking patches, gum etc

Health screening

We will pay benefit, at the appropriate rate, for a full health screen up to the appropriate maximum in any one calendar year. The health screening service must be for preventative purposes.

You must send us an original, dated and fully-itemised receipt with the claim form.

What is covered:

- A full health screen carried out by medically qualified staff at a hospital, registered health screening clinic or service
- Well Man/Woman clinic

What is not covered:

- Home testing kits
- Screening for employment services
- Tests not included within the full health screen e.g. X-rays and blood tests

Personal accident protection

Please contact the claims department for a separate personal accident claim form. Under the following conditions, we will only consider the amount of benefit we will pay under this section if bodily injury results in death or permanent total disablement within one year of an accident. We will pay the sum insured in line with the level of contribution you have paid. Protection will end on the 70th birthday. You must write to us within six months of an accident to let us know about the accident.

We will not pay more than £25,000 as a result of any one accident.

'Bodily injury' means injury caused only by an accident and not by any sickness, disease or gradual cause. 'Bodily injury' does not cover post-traumatic stress disorder.

'Permanent total disablement' means permanent disablement that entirely prevents the insured person from carrying out an occupation.

We will decide, based on medical advice, if we will pay benefit.

Exclusions to personal accident protection cover are death or disablement caused by:

- Radioactive contamination
- Taking part in professional sports, flying as a pilot or crew member (that is, aircraft, gliders, hang-gliders, microlights, parachuting, paragliding, ballooning)
- Suicide or intentional self-injury
- War, hostilities, invasion or civil war, and full-time active military service
- Drug, alcohol or solvent abuse, or taking drugs except under the direction of a registered medical practitioner

Fitness benefit

Incorpore's Corporate Fitness Network will give you and your family access to preferential rates for a network of health clubs and hotels. You can join a health club at the lowest corporate rate available and enjoy special discounts and take advantage of preferred rates on leisure, relaxation and pamper breaks at hotels around the world.

Visit www.incorpore.co.uk or phone Incorpore's Customer Support Line on 0845 6024601 (quoting reference HEA).

Also, if you are a Prestige level member we will contribute up to £100 towards the cost of your yearly health club membership. You must send us an original, dated receipt with the claim form.

Worldwide cover

All benefits apply worldwide during business visits and holidays abroad that last up to 28 days. Any claims you send in will be under the benefit rules and you must send the details translated into English, if necessary. We will use the currency exchange sell rate, supplied by our bank, on the date we process your claim to convert your receipt to sterling.

Family care counselling helpline

We will give you and your immediate family access to a professional telephone service, 24 hours a day, seven days a week. This provides counselling, support and guidance on a whole range of lifestyle, health and medical and legal problems. Advice and counselling is available from specialist teams of counsellors, lawyers and medical staff. (This service is underwritten by First Assist Services Ltd).

If you want to speak to a family care counsellor, lawyer or medical advisor, freephone 0800 1079042 and quote scheme number 70840. (This call is free).

Definitions

Membership Plan ("the Plan"):

The Health Shield Direct Plus Scheme Membership Plan, the long-term insurance cash benefit plan described in these terms and conditions. The Plan is registered in a single name only (that of the member) although cover may also be provided for your partner and dependent children where applicable.

Partner:

A husband, wife or other person, who lives with the member on a permanent basis as if married, regardless of their gender.

Dependent Children:

Natural or legally adopted children of you or your partner who are under the age of 18, providing they are in full-time education and living at home.

Pre-existing condition:

Any disease, illness or injury for which:

- You have received medication, advice or treatment
- You have experienced symptoms

whether the condition has been diagnosed or not before the start of your cover.

We/us/Health Shield:

Health Shield Friendly Society Limited, Electra Way, Crewe Business Park, Crewe, Cheshire, CW1 6HS

You/person:

The member, and where applicable, any partner and dependants covered within this Membership Plan.

The Direct Debit Guarantee

- This Guarantee is offered by all 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 amounts to be paid or the payment dates change, Health Shield will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Health Shield 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.



The Crystal Mark does not apply to the design and layout of this leaflet.

questions and answers

Who are Health Shield?

Health Shield is a Friendly Society that has been helping its members with the cost of everyday healthcare for over 130 years.

How can Health Shield afford to make such generous cashback refunds?

We are a non-profit making Friendly Society, which means that all our income is used for the benefit of our members.

Can I increase my level of cover?

No. Members of the Direct Plus Membership Plan cannot opt to increase their level of cover once they have converted from either their corporate or direct scheme. This is so that Health Shield can continue to meet the claims made by all of our members. However, members can decrease their level of cover by opting to pay lower contribution rates.

Is the healthcare cash plan scheme the same as private medical insurance?

No. Health Shield protects members from the increasing costs of 'everyday' healthcare. It can be used on its own or as a complementary addition to PMI.

HEALTH SHIELD DIRECT PLUS APPLICATION
PLEASE FILL IN AND SIGN BOTH PARTS OF THIS APPLICATION FORM
PART ONE (PLEASE USE BLOCK CAPITALS)

1 YOUR DETAILS

I WANT TO CONVERT MY MEMBERSHIP TO THE DIRECT PLUS PLAN I WANT TO DECREASE MY LEVEL OF CONTRIBUTION

PLEASE CIRCLE MR, MRS, MS, MISS

SURNAME

FORENAME(S)

DATE OF BIRTH

FULL POSTAL ADDRESS

 POSTCODE

NATIONAL INSURANCE NUMBER (This will be your reference number for the Part Two Direct Debit Form below)

TELEPHONE NUMBER

EMAIL ADDRESS

2 (Only fill in section 2 if you want Cover for You and Your Partner) YOUR PARTNER'S DETAILS

PLEASE CIRCLE MR, MRS, MS, MISS

SURNAME

FORENAME(S)

DATE OF BIRTH

3 DEPENDENT CHILDREN UNDER THE AGE OF 18 LIVING AT YOUR ADDRESS

SURNAME FORENAME(S)

DATE OF BIRTH MALE FEMALE

SURNAME FORENAME(S)

DATE OF BIRTH MALE FEMALE

SURNAME FORENAME(S)

DATE OF BIRTH MALE FEMALE

SURNAME FORENAME(S)

DATE OF BIRTH MALE FEMALE

4 PLEASE TICK THE LEVEL YOU HAVE CHOSEN AND INDICATE WHETHER YOU REQUIRE COVER FOR YOU OR YOU AND YOUR PARTNER

LEVEL 1 LEVEL 2 LEVEL 3 LEVEL 4 PRESTIGE YOU YOU & PARTNER

The Direct Plus Plan does not allow you to increase your present level of cover but you may decrease if you wish.

5 I agree to abide by Health Shield's membership and benefit regulations and accept Health Shield's right to vary them if it considers it necessary. I give my consent to all processing of personal and sensitive data. I declare that all the information included is accurate, true and complete to the best of my knowledge and belief.

SIGNATURE DATE

I agree that Health Shield can use my details to inform me about new products and services that are available. Please tick box if you do not require further information.

PART TWO DIRECT DEBIT (PLEASE USE BLOCK CAPITALS)

INSTRUCTIONS TO YOUR BANK/BUILDING SOCIETY TO PAY BY DIRECT DEBIT.

Please complete to instruct your branch to make payments direct from your account. Then return this form to: **Health Shield Friendly Society, Electra Way, Crewe Business Park, Crewe, Cheshire, CW1 6HS**

REFERENCE NUMBER

1 BANK/BUILDING SOCIETY NAME

BANK/BUILDING SOCIETY ADDRESS

 POSTCODE

ORIGINATORS I/D NUMBER



NAME OF ACCOUNT HOLDER

2

SORT CODE NUMBER

3

4 ACCOUNT NUMBER

5 YOUR INSTRUCTIONS TO THE BANK/BUILDING SOCIETY AND SIGNATURE

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

BANK/BUILDING SOCIETIES MAY REFUSE TO ACCEPT INSTRUCTIONS TO PAY DIRECT DEBITS FROM SOME TYPES OF ACCOUNT.

SIGNATURE DATE

FOR BRANCH USE ONLY - NO ACKNOWLEDGEMENT REQUIRED



cashback
for everyday healthcare

We believe that Health Shield offers an excellent package of benefits.

Take a look at what we can offer:

- '100% refund' towards dental, dental accident, optical, physiotherapy, specialist consultation and chiropody treatment costs – subject to an annual review and up to your chosen limits
- Cash maximums that are refreshed every year
- Physiotherapy benefit also covers Acupuncture, Chiropractic, Osteopathy, Homoeopathy, Remedial massage and Sports massage
- Health & Wellbeing benefit also covers Acupressure, Allergy testing, Aromatherapy, Bowen/Alexander technique, Chair massage, Colonic hydrotherapy, Hopi ear candles, Hypnotherapy, Indian head massage, Kinesiology, Naturopathy, Nutritional therapy, Reflexology, Reiki, Shiatsu, Stop smoking treatments, Stress relief and Weight management
- Cover available for you or you and your partner
- Cover provides separate annual maximums for yourself, your partner (if covered) and all dependent children up to the age of 18
- Quick payment of claims – by cheque or direct credit
- Worldwide Cover
- 24 hour FREEPHONE telephone helpline – Counselling & Lifestyle, Health & Medical and Legal Advice available
- Access to preferential rates for a network of health clubs
- Authorised and regulated by the Financial Services Authority
- Dependent children covered on both Cover for You and Cover for You and Your Partner

Health Shield Friendly Society Ltd., Electra Way, Crewe Business Park, Crewe, Cheshire, CW1 6HS.
Telephone: 01270 588555 Fax: 01270 251366 Telephone hours: 8.00am to 6.00pm, Monday to Friday
Email: info@healthshield.co.uk Website: www.healthshield.co.uk

Established in 1877 • Authorised and regulated by the Financial Services Authority.

As part of our on-going quality control programme, calls may be monitored or recorded.

The paper in this literature is made from sustainable certified forests.

