

Employee Healthcare from B&CE Application Form

Employee Healthcare from B&CE and Westfield Surgery Choices are underwritten and administered by Westfield Contributory Health Scheme Ltd. By completing this application form you will enter into a contract directly with Westfield Contributory Health Scheme Ltd.

Please read *The Group Policy Terms and Conditions* carefully prior to completion.

Simply complete the application form and Direct Debit instruction. If you have any questions or problems please call 01293 586666 and B&CE will be pleased to help you. To help improve our service, we may record your call.

SECTION 1 – COMPANY DETAILS

Full Company Name _____

Address _____

_____ Postcode _____

Tel No _____ Fax No _____

Email _____ Website _____

No of employees _____

Nature of business _____

Primary contact full name (inc. title)

Name _____ Job title _____

Tel No _____ Email _____

Accounts/Payroll contact full name (inc. title)

Name _____ Job title _____

Accounts/Payroll address (if different to address above) _____

Tel No _____ Email _____

Human Resources contact full name (inc. title)

Name _____ Job title _____

Human Resources address (if different to address above) _____

Tel No _____ Email _____

Employee Healthcare from B&CE

SECTION 2 – PLAN DETAILS

START DATE

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(month in words) (year)

SECTION 3 – CORPORATE PAID COVER

CORPORATE PAID LEVEL OF COVER

Please indicate number of employees to be covered on each level

EMPLOYEE HEALTHCARE FROM B&CE Level 1 _____ Level 2 _____ Level 3 _____ Level 4 _____

ADDITIONAL MODULES

WESTFIELD SURGERY CHOICES

per employee, per week

Moratorium (5-499 employees)	£1.24	<input type="checkbox"/> (Please tick)
MHD with evidence (5-499 employees)	£1.61	<input type="checkbox"/> (Please tick)
CPME (5-499 employees)	£1.61	<input type="checkbox"/> (Please tick)
Moratorium (500-999 employees)	£1.24	<input type="checkbox"/> (Please tick)
MHD (500-999 employees)	£1.49	<input type="checkbox"/> (Please tick)
MHD (1000-5000 employees)	£1.15	<input type="checkbox"/> (Please tick)

Please note: This module must be purchased for a minimum of 5 people

DOCTORLINE™ Incorporating Health Club Concession

Additional premium of 15p per employee, per week

(Please tick)

Please note: DoctorLine™ cover must be purchased for the whole workforce

FOR KIDS

On a selection basis, additional premium of 15p per employee, per week

(Please tick)

Additional premium of 7p per employee, per week (for entire workforce)

(Please tick)

Will the company operate upgrades and partner cover via: (Please tick)

Payroll deduction or

Employee Direct Debit

Name of your payroll software _____

Employee Healthcare from B&CE

SECTION 4 – POLICYHOLDER INFORMATION

Details of policyholders are required immediately to ensure correct cover.

How will this be provided? (Please tick)

Email

Disc

The membership schedule should include the following core details:

- Title
- First Name
- Surname
- Address 1
- Address 2
- Town
- County
- Postcode
- Date of Birth
- Email Address
- Home Telephone Number
- Mobile Telephone Number
- Level of Cover (i.e. 1, 2, 3 or 4)
- Cover Start Date
- National Insurance Number
- Payroll Number
- Occupation
- Salary

Please note extra details may be required for additional modules for new employees.
Please see the Administration Guide.

SECTION 5 – DECLARATION

(MUST BE SIGNED ON BEHALF OF THE COMPANY BY THE PRIMARY CONTACT)

I confirm that we will operate the Employee Healthcare from B&CE plan in accordance with the current Group Terms and Conditions and Administration Guide.

(TO BE COMPLETED IN BLOCK CAPITALS)

Name _____ Job title _____

Signature _____ Date _____

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SECTION 6 – PAYMENT

IF PAYING BY DIRECT DEBIT – PLEASE COMPLETE THE ATTACHED DIRECT DEBIT INSTRUCTION.

IF YOU WOULD PREFER TO PAY BY BACS PLEASE TICK HERE AND WESTFIELD HEALTH WILL CONTACT YOU DIRECT.

WESTFIELD HEALTH USE ONLY

Company registration no. _____

DD form received? Yes No Date _____

SIC code _____

B&CE USE ONLY

Customer Account Number _____

Account Manager _____

Campaign Code _____

Employee Healthcare from B&CE

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:

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

Originator's
Identification
Number



9 4 1 1 1 0

1. Name and full postal address of your Bank or Building Society

To the Manager of:

Bank or Building Society

Address:

Postcode:

2. Name(s) of Account Holder(s)

3. Branch Sort Code (from the top right hand corner of your cheque)

4. Bank/Building Society Account Number

5. Originator's Reference Number (for office use only)

Instructions to your Bank/Building society

Please pay Westfield Contributory Health Scheme Limited Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Westfield Contributory Health Scheme Limited and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

BANK/BUILDING SOCIETIES MAY NOT ACCEPT DIRECT DEBIT INSTRUCTIONS FOR SOME TYPE OF ACCOUNTS

THE DIRECT DEBIT GUARANTEE

This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.

- If there are any changes to the amount, date or frequency of your Direct Debit Westfield Health will notify you 10 working days in advance of your account being debited or as otherwise agreed, If you request Westfield Health to collect payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by Westfield Health or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society
 - If you receive a refund you are not entitled to, you must pay it back when Westfield Health ask you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



Employee Healthcare from B&CE

PLEASE USE THE CHECKLIST BELOW TO ENSURE WE HAVE ALL THE REQUIRED DETAILS TO SET UP YOUR ACCOUNT.

- Your company details (including telephone number and postcode)**
- The membership schedule has been completed for all employees, in the order shown in Section 4**
- Completed Direct Debit or have indicated BACS option**
- Signed Declaration**

PLEASE RETURN TO:

**B&CE FINANCIAL SERVICES LIMITED,
MANOR ROYAL, CRAWLEY, RH10 9QP**

for more information:

tel 01293 586666

email healthcare@bandce.co.uk

To help improve our service, we may record your call.

Since 1942, B&CE has provided financial welfare benefits to those working within the construction industry and their dependants. Today it manages assets of over £1.8 billion and provides financial benefits to more than 205,000 operatives on behalf of over 6,300 construction employers.

B&CE's current product offering includes a workplace pension, employee accident cover, employee life cover, employee healthcare and holiday pay. B&CE's workplace pension EasyBuild is a Group Stakeholder Pensions Scheme. Designed for the construction industry it is the largest in the UK with over 500,000 members and £690 million under management.

Westfield Health have provided specialised healthcare products in the UK for over 90 years and B&CE are pleased to be working so closely with such a recognised market leader in the provision of these important employee benefits.

The above information is correct as at end March 2011.

for more information:

tel 01293 586666

email healthcare@bandce.co.uk

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B & C E Financial Services Limited

Manor Royal, Crawley
West Sussex, RH10 9QP

www.bandce.co.uk

The Employee Healthcare from B&CE is offered by B & C E Financial Services Ltd, and provided by Westfield Contributory Health Scheme Ltd, which are authorised and regulated by the Financial Services Authority. Registration details of each company can be found at www.fsa.gov.uk/pages/register or by calling 0300 500 5000.