



# Gwent Hospitals Contributory Fund

*Established since 1839*

## Health Cash Plan

From as little as £1.90 per week  
No medical required

## The healthcare plan that pays

### Cash Benefits include:

- Dental Treatment
- Optical Treatment
- Hospital Out-patient
- Hospital In-patient
- Hospital In-patient - Partner/Child
- Hospital Day Surgery
- Physiotherapy & Osteopathy
- Chiropractic & Acupuncture
- Medical Specialist Fees
- Personal Accident
- Maternity Benefit
- Home Carer

### Also includes:

- Helpline & Homecall
- Identity Theft Assistance  
and, much, much more

Freephone us for more information

**0800 479 8003**

**www.ghcf.co.uk**



# Gwent Hospitals Contributory Fund



## ■ Why choose our Health Cash Plan?

Since 1839 Gwent Hospitals Contributory Fund has been providing cash assistance to people in their time of need - such as when an accident, ill health or other qualifying health related problem has occurred.

We pride ourselves on our efficiency of service and, as a non-profit making organisation, you can be assured of outstanding value for money.

## ■ Here's how it works

You provide us with a small amount of money (currently from as little as £1.90 per week) and we provide you with peace of mind in the knowledge that cash will be available in your hour of need. Cash will be provided for such things as hospitalisation, maternity benefit, dental and optical treatment and many other health related areas. Indeed, we provide cash benefits in fourteen different areas plus Personal Accident Cover. In addition, we provide a useful Helpline and Homecall Service and Identity Theft Assistance.

We only offer our own products with the exceptions of Personal Accident cover which is underwritten by Chubb and Helpline and Homecall Service and Identity Theft Assistance which is provided by Europ Assistance.

## ■ What services will we provide for you?

You will not receive advice or a recommendation from us for our Health Cash Plans. You will need to make your own choice about how to proceed.

## ■ Who regulates us?

Gwent Hospitals Contributory Fund is authorised and regulated by the Financial Services Authority. Our FSA register number is 202166. We are required to give this document to you. Use this information to decide if our services are right for you.

You can check our details on the FSA Register by visiting their website [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) or by contacting the FSA on 0845 606 1234.

## ■ What to do if you have a complaint.

If you wish to register a complaint, please contact us either by writing to the Chief Executive, Gwent Hospitals Contributory Fund, 13 Cardiff Road, Newport NP20 2EH or by telephoning 01633 266152.

If you cannot settle your complaint with us, you may be entitled to refer it to the Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR,

Tel: 0300 123 9 123 / 0800 0 234 567 Switchboard: 020 7964 1000 From outside the UK: +44 20 7964 1000

# Why Choose our Health Cash Plan?

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**Think of the cost of keeping you and your family healthy, then ask yourself the following questions:-**

**1. Am I really prepared?**

**2. Is my present arrangement as good as it should be?**

**3. Am I getting the best value for money?**

**Why not choose our Health Cash Plan which provides great value by giving you cash back for a variety of everyday health care treatments and much more.**

**See the rest of this booklet for detailed information on how joining GWENT HOSPITALS CONTRIBUTORY FUND can help you with the cost of staying healthy.**

**JOIN OUR HEALTH CASH PLAN NOW!**

**Complete and return the Application and Direct Debit Forms on pages 12 and 14 or the Application Form on page 13 if paying by payroll.**

# Many Good Reasons for Joining our Health Cash Plan

## Hospital In-patient

Member Only

**£20-£100 per night**

Dependent on Plan Chosen

**Benefit** is payable for in-patient treatment in a registered hospital anywhere in the world. Benefit is payable to the contributor only and is subject to a maximum of ten weeks in-patient benefit in any five consecutive treatment years. Subject to the **Maximum Rule\***.

## Hospital In-patient

Member's Partner

**£8-£50 per night**

Dependent on Plan Chosen

**Benefit** is payable for in-patient treatment in a registered hospital anywhere in the world. Benefit is payable to the contributor only and is subject to a maximum of ten weeks in-patient benefit in any five consecutive treatment years. Subject to the **Maximum Rule Member's Partner\***.

## Hospital In-patient

Member's Child

**£5-£20 per night**

Dependent on Plan Chosen

**Benefit** is payable for in-patient treatment in a registered hospital anywhere in the world. Benefit is payable to the contributor only and is subject to a maximum of ten weeks in-patient benefit in any five consecutive treatment years. Subject to the **Maximum Rule Member's Child\***.

## Hospital Out-patient

**Local £6-£25**

**Distant £25-£150**

(over 50 miles from our office)

Dependent on Plan Chosen

**Benefit** is payable to the contributor only for attendance at a registered UK hospital only. The benefit paid **per day** is shown in the Plan. The maximum number of days covered by the Plan is 30 at Local Rate (max) in any one treatment year i.e. £180 - £750 dependent upon plan chosen and subject to the **Maximum Rule\***. This benefit is for consultation and/or treatment only. Maternity cases are not eligible for this benefit.

## Hospital Day Surgery

**£15 - £75**

Dependent on Plan Chosen

**Benefit** for minor surgery is payable twice per treatment year to the contributor only for a procedure at a registered UK hospital. Subject to the **Maximum Rule \***

## Maternity Benefit

**£150 - £1000**

Dependent on Plan Chosen

**Benefit** is payable to the contributor only whether the birth is at home or in hospital. Normal hospital benefit will only be paid after the first five nights of hospitalisation. The benefit is payable per child per contributor. See General Conditions on page 11.

## Medical Specialist Fees

**£70 - £220**

Dependent on Plan Chosen

**Benefit** is payable to the contributor only towards **half** the cost of medical consultation fees **up to** the maximum payable in one treatment year. This is not available for treatment. Subject to the **Maximum Rule\***.

\* See Page 11, General Conditions for explanations of the **Maximum Rule** and **Maximum Rule Member's Partner/Member's Child**.

# Many Good Reasons for Joining our Health Cash Plan

## Dental Benefit

**£100 - £750**

Dependent on Plan Chosen

**Half** the paid cost of treatment incurred from a qualified and registered practitioner\* is payable to the contributor only **up to** the appropriate maximum in any two consecutive benefit years. Benefits are not available for charges incurred under care contract schemes.

## Optical Benefit

**£75 - £400**

Dependent on Plan Chosen

**Half** the paid cost of treatment incurred from a qualified and registered practitioner\* for eye tests, new prescribed spectacles or lenses and repairs is payable to the contributor only **up to** the appropriate maximum in any two consecutive benefit years. Benefits are not available for charges incurred under care contract schemes.

## Physiotherapy

**£120-£500**

Dependent on Plan Chosen

**Half** the paid cost of treatment incurred from a qualified and registered practitioner\* is payable to the contributor only **up to** the appropriate maximum in any two consecutive benefit years.

## Osteopathy

**£100 - £350**

Dependent on Plan Chosen

**Half** the paid cost of treatment incurred from a qualified and registered practitioner\* is payable to the contributor only **up to** the appropriate maximum in any two consecutive benefit years.

## Chiropractic

**£100 - £350**

Dependent on Plan Chosen

**Half** the paid cost of treatment incurred from a qualified and registered practitioner\* is payable to the contributor only **up to** the appropriate maximum in any two consecutive benefit years.

## Acupuncture

**£80 - £200**

Dependent on Plan Chosen

**Half** the paid cost of treatment incurred from a qualified and registered practitioner\* is payable to the contributor only **up to** the appropriate maximum in any two consecutive benefit years.

## Home Carer

**£100 - £200**

Dependent on Plan Chosen

**Half** the paid cost of the provision of a Social Services referred Home Carer for care provided to the contributor is payable to the contributor only in any two consecutive benefit years.

## Helpline & Homecall

Please see benefit details on pages 7 and 8.

## Identity Theft Assistance

Please see benefit details on pages 7 and 8.

\* For details of the required practitioners qualifications and registrations, please see our full schedule of benefits, terms and conditions, available from our office on request.

# Many Good Reasons for Joining our Health Cash Plan

## Personal Accident

**£5000-£25000**

Dependent on Plan Chosen

This benefit is underwritten by Chubb. The main rules applicable to this benefit are available from the Fund's office, but in summary include:

	Foundation	Bronze	Silver	Gold	Executive
<b>Death</b> (as a result of an accident)	£5,000	£10,000	£15,000	£20,000	£25,000
<b>Disablement</b> (permanent & total)	£5,000	£10,000	£15,000	£20,000	£25,000
<b>Paralysis</b> (permanent & incurable paralysis of all limbs)	£5,000	£10,000	£15,000	£20,000	£25,000
<b>Insanity</b> (permanent & incurable)	£5,000	£10,000	£15,000	£20,000	£25,000
<b>Loss of sight</b>					
(entire sight in both eyes)	£5,000	£10,000	£15,000	£20,000	£25,000
(entire sight of one eye)	£2,500	£5,000	£7,500	£10,000	£12,500
(permanent total loss of the lens in one eye)	£1,250	£2,500	£3,750	£5,000	£6,250
<b>Loss of hearing</b>					
(permanent total loss in both ears)	£2,500	£5,000	£7,500	£10,000	£12,500
(permanent total loss in one ear)	£750	£1,500	£2,250	£3,000	£3,750
<b>Loss of limbs</b>					
-permanent and total loss of:					
(a) both hands and feet	£5,000	£10,000	£15,000	£20,000	£25,000
(b) one hand or one foot	£2,500	£5,000	£7,500	£10,000	£12,500
(c) four fingers and thumb on either hand	£2,000	£4,000	£6,000	£8,000	£10,000
(d) four fingers on either hand	£1,000	£2,000	£3,000	£4,000	£5,000
(e) thumb on either hand					
- both joints	£1,000	£2,000	£3,000	£4,000	£5,000
- one joint	£500	£1,000	£1,500	£2,000	£2,500
(f) fingers on either hand					
- three joints	£250	£500	£750	£1,000	£1,250
- two joints	£175	£350	£525	£1,700	£875
- one joint	£100	£200	£300	£400	£500
<b>Loss of Toes</b> - all on one foot	£750	£1,500	£2,250	£3,000	£3,750
- big, both joints	£250	£500	£750	£1,000	£1,250
- big, one joint	£100	£200	£300	£400	£500
- other than big toe	£100	£200	£300	£400	£500
<b>Established non union of fractured leg or knee cap</b>	£500	£1000	£1,500	£2,000	£2,500
<b>Shortening of leg</b> (by at least 5cm)	£375	£750	£1,125	£1,500	£1,875
<b>Fracture of major bones</b>	£75	£150	£225	£300	£375
<b>Total Sum Insured</b>	<b>£5,000</b>	<b>£10,000</b>	<b>£15,000</b>	<b>£20,000</b>	<b>£25,000</b>

# The Health Cash Plan

Foundation	Bronze	Silver	Gold	Executive
£1.90 per week £8.23 per month	£2.90 per week £12.56 per month	£4.90 per week £21.23 per month	£6.90 per week £29.90 per month	£8.90 per week £38.56 per month

Hospital In-patient (Contributor)	£20	£35	£60	£80	£100
Hospital In-patient (Partner)	£8	£14	£25	£35	£50
Hospital In-patient (Child)	£5	£8	£10	£15	£20
Hospital Out-patient					
a. (local)	£6	£10	£15	£20	£25
b. (distant)	£25	£50	£75	£100	£150
Hospital Day Surgery	£15	£25	£45	£60	£75
Maternity Benefit	£150	£300	£500	£750	£1,000
Personal Accident	£5000	£10,000	£15,000	£20,000	£25,000
Medical Specialist Fees	£70	£95	£120	£170	£220
Dental Benefit	£100	£200	£350	£500	£750
Optical Benefit	£75	£100	£200	£250	£400
Physiotherapy	£120	£180	£300	£375	£500
Osteopathy	£100	£150	£200	£250	£350
Chiropractic	£100	£150	£200	£250	£350
Acupuncture	£80	£100	£120	£150	£200
Home Carer	£100	£125	£150	£175	£200

All benefits shown are the maximum per person dependent on the plan chosen and the terms of each category of benefit (see pages 3 & 4), unless otherwise stated.

# Helpline & Homecall Assistance

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Every Fund member and their immediate family members residing at the same address will have 24 hour access (see below for access times for Identity Theft Assistance) to a dedicated telephone helpline provided by Europ Assistance. This is permanently staffed by qualified legal advisors and counsellors.

Please see below for types of help available and attached policy wordings for full details.

## Helpline Assistance

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### Telephone Advice

- Legal
- Relationship
- Tax
- Employment
- Benefits/Welfare
- Identity Theft Assistance
- Medical Information

### Counselling Support

- Stress
- Debt
- Crisis
- Addiction
- Bereavement
- Domestic Relationship Breakdown

## Homecall Assistance

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Whilst your home insurance will cover damage to carpets, furniture and other items caused by plumbing or drainage emergency, finding reliable tradesmen quickly may be difficult. Europ Assistance will arrange for a repairer to render assistance. You remain responsible for paying all the charges arising in connection with the call-out, labour and parts or materials used.

## Identity Theft Assistance

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This service is linked to the Helpline & Homecall Service provided in partnership with Europ Assistance. They will provide telephone access to a dedicated specialist, who will be able to give advice and guidance to the contributor in respect of concerns about being or becoming a victim of identity theft.

The Identity Theft Assistance service is available Monday to Friday 8am to 6pm.

# Helpline Service

This added service is available to members and their immediate family members residing at the same address only. For first class assistance in an emergency, simply telephone the HELPLINE number which is provided when you become a member. Helpline services include:

## **Stress Counselling**

### **Europ Assistance will provide you with:**

- Telephone help on how to identify and recognise emotional or stressful personal problems.
- Advice on the physiological changes which can occur in your body.
- Practical help on how to manage stressful situations and counselling to support you through this process.
- Advice on how to contact appropriate practitioners specialising in relaxation techniques. Any form of therapy we may suggest must be approved by your own medical practitioner.

### **What is not covered:**

- Advice on existing or impending medical treatments.

## **Debt Counselling**

### **Europ Assistance will provide you with practical advice on:**

- Financial planning to meet obligations by assessing resources and advising how these should be used to meet the demands of creditors, and how to negotiate revised terms of repayment.
- Mortgage commitments and the course of repossession proceedings, and how to handle threatened or actual court proceedings in connection with your debt.

### **What is not covered:**

- Advice on the choice of an individual body or organisation for refinancing debt.

## **Bereavement Counselling**

### **If there is a bereavement during the period of cover Europ Assistance will provide the following administrative help and advice to the family of the bereaved. For up to 90 days following the bereavement they will provide.**

- Immediate advice on how to register death, explanation and advice on duties of the coroner together with information on documents required by the registrar.
- Referral to local funeral directors, if necessary, and advice on practical details.
- Advice on locating wills, obtaining grant of probate or letters of administration, or the need to consult a solicitor.
- Advice on benefits available, notifying insurers and budget planning for the future.

## **Medical Information**

### **Europ Assistance will provide:**

- Information on how to access details of the length of hospital waiting lists for the major medical areas.
- Details of facilities generally available through social services.
- Details of additional sources of information including societies who specifically deal with particular disabilities or ailments.
- General medical advice which can reasonably be provided by telephone.
- The medical information service is staffed by counsellors and trained nurses who will provide information in a sympathetic manner, with no restriction on the frequency of calling. Should an answer not be readily available, the service will undertake research and then call you back. The aim of the service is not to interfere with the relationship between doctor and patient but to provide support and information.

### **The service will not:**

- Provide diagnostic or prescriptive advice.
- Comment with regard to treatment being provided by your own doctor.
- Suggest any course of medical treatment.

## **Addiction**

### **Europ Assistance will provide:**

- Europ Assistance will provide help and support on alcohol and drug related problems.

### **What is not covered:**

- Europ Assistance are not able to provide help or advice which cannot reasonably be provided by telephone

## **Crisis Counselling**

### **Europ Assistance will provide:**

- Europ Assistance will provide help and support on terminal and serious illness and relationship break downs.

### **What is not covered:**

- Europ Assistance are not able to provide help or advice which cannot reasonably be provided by telephone.

## **Identity Theft Assistance**

### **Europ Assistance will provide:**

- Telephone access to a dedicated specialist, who will be able to give advice and guidance to the contributor in respect of concerns about being or becoming a victim of identity theft.

### **What is not covered:**

- Europ Assistance are not able to provide help or advice which cannot reasonably be provided by telephone.

The Helpline service is run by Europ Assistance on behalf of Gwent Hospitals Contributory Fund

# The Health Cash Plan

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## **Qualifying Periods**

For known medical conditions, hospital benefits will not be paid in the first 12 months. You cannot claim for treatment received during the qualifying periods set out below.

## **Non-Disclosure**

It is vitally important that you declare any pre-existing condition that you are aware of before joining. Future claims could be refused payment if the claim is found to be from a non-disclosed pre-existing condition.

## **Optical and Dental Benefits**

You can claim for Optical and Dental treatment 3 months after the date you join the plan.

## **Medical Cash Benefits**

You can claim for all Health Cash Benefits 3 months after the date you join the plan.

## **Family Membership**

How about family membership?

No problem, We have plans that will allow you to cover your family too.

## **Hospital Cash Benefits**

All Hospital Cash Benefits can only be claimed once you have been a plan member for 3 months, unless there are known medical conditions, when the 12 month qualifying period applies. There is no qualifying period if a hospital admission or attendance is required because of an accident.

## **Extra Cash Benefits**

You can claim Maternity Benefit 12 months after the date you join the plan.

## **Upgrading**

Hospital benefit will be paid at the original plan benefit level for all known medical conditions for the first twelve months from upgrading. All other benefits will be available at the upgrade rates 3 months after upgrading.

**We offer family packages at competitive prices.**

**For further information please contact the Fund's office on Freephone 0800 479 8003.**

# Some Questions Answered

## How to Join

Complete and return the Application and Direct Debit Forms on pages 12 and 14 or the Application Form on page 13 if paying by payroll. Alternatively, please call Freephone 0800 479 8003 and we will send out an application pack promptly. If you are employed we can also check to see if your employer will make payroll deductions for you. For corporate membership please contact our office

## Who is Eligible to Join?

All UK residents aged from 16 to 65 years inclusive may join our Health Cash Plan (existing members may continue their plans up to any age)

## No Medical Requirement

A medical examination is not required as a condition of joining our Health Cash Plan. You only need to complete and sign a health declaration when you apply. There is, however, a qualifying period of three months before claims can be made against a new plan and 12 months for known medical conditions.

## Transfer of Employment

If you pay through an employer scheme and you leave your present employer, just notify us of your new circumstances and we will offer alternative payment options to ensure your plan continues unaffected. Please include your original membership number in all communications.

## Dependants

Partners and dependant children under 16 years of age residing at the same address are covered for Hospital In-patient benefit at no extra cost.

## How to Claim

To claim your benefits; send an original receipt to the Fund's office e.g. a prescribed optical or dental receipt, or hospital claim form. With the exception of Out-patient claims, for which we allow 12 months from the date of attendance, all claims must be made within three months of the date of payment or within three months of discharge from hospital or date of treatment received. Receipts must be signed, original, identifiable, dated and stamped by the treatment provider.

Altered receipts/hospital claim forms or copies of receipts/hospital claim forms are **NOT** accepted. If treatment has been obtained by both contributor and partner, the amounts for each must be clearly stated. Hospital claim forms can be obtained from the Fund's office. If enrolment/payment is through an employer's scheme, your name, address and payroll and/or works number must be quoted.

### Claims for optical items purchased via the Internet:

In all cases we will require original, paid, identifiable receipts provided by the supplier. In addition, we will require sight of the original prescription provided by a qualified practitioner registered with the General Optical Council of the United Kingdom. It is understood that such prescriptions can be used for 2 years so we will take a copy of the original document and keep it on file for reference if needed within the 2 years. The original will be returned to the member.

## Our Commitment to You

We know that the speed, the quality of response and the simplicity of the application process are important factors in the consideration of Health Cash Plans.

The objective of the Gwent Hospitals Contributory Fund team is to make everything as easy as possible. We are not only committed to providing value for money plans, we are dedicated to giving you excellent service - from the initial application to simple and quick turnaround of qualifying cash benefit payments and long term management of your plan, all at no extra charge to you.

## How do we calculate Treatment and Benefit Years?

### Treatment periods

This relates to the treatment periods mentioned in the descriptions on page 3.

#### 1. Hospital In-patient (Member), (Member's Partner), (Member's Child)

The five consecutive treatment years period commences on the date of a claim or first claim in a series of claims.

#### 2. Hospital Out-patient

The one year treatment period commences on the 1st October in any year and ends on the 30th September in the next year.

#### 3. Hospital Day Surgery and Medical Specialist Fees

The treatment year commences on the date of a claim or first claim in a series of claims.

### Benefit periods

This relates to the benefit periods mentioned in the descriptions on page 4.

1. The two consecutive benefit years period commences on the date of a claim or first claim in a series of claims.

### Additional points

1. In each case the period ends at midnight on the day immediately before the final anniversary of the initial claim for each treatment or benefit type.

2. In a series of claims for the same benefit, on expiry of the relevant period after the first claim, the member will once again be eligible for the benefit paid for the first claim. The same principle will apply for subsequent claims.

3. All claims remain subject to other conditions or limitations for each benefit type.

# General Conditions

1. All UK residents aged from 16 to 65 years inclusive may join our Health Cash Plan (existing members may continue their plans up to any age)
  2. Persons wishing to re-join the fund will be subject to a review of past claims prior to re-admittance. Re-joining less than 12 months from cancelling is not permitted, unless payment of back dues is made.
  3. We reserve the right to decline applications for membership. We also reserve the right to terminate membership by giving one month's notice.
  4. Other than for known medical conditions at the time of joining, there is no qualifying period before claims can be made for hospital admissions and/or treatment. There is a qualifying period of 3 months before any other claim can be made with the exception of claims for known medical conditions on joining, where no hospital claims will be paid for the first 12 months of membership. Hospital benefits will be paid at the original rate for all known medical conditions for the first 12 months from upgrading. There is no qualifying period if a hospital admission or attendance is required because of an accident.
  5. Maternity benefits are neither payable within 12 months of joining the Fund nor at the increased rate within 12 months of upgrading from an existing scheme. In the case of upgrading, the benefit will be paid at the previous scheme benefit level.
  6. We do not pay for any amounts that a hospital or doctor or other persons may charge for completing your claim form and/or for medical information requested by us in support of your claim. These charges will be your responsibility.
  7. **Benefits:-**
    - a. Will only be paid when contributions are paid up to date at the date of a claim.
    - b. Will only be paid to UK residents.
    - c. Are reviewed periodically by the Fund's Directors.
    - d. Will not be paid where the amount payable is less than £1.00.
  8. All claimants will need to satisfy the Fund with validity of their membership and claims. Personal and/or employment details may be requested.
  9. To claim Hospital In-Patient (partner)/(child) benefit, the contributor and legitimate spouse/partner/child must reside at the same address. The contributor cannot claim this benefit for any other member of their family residing at the same address.
  10. Hospital In-patient – Member's Child Benefit will cease on the child's 16th birthday at which time they can apply for membership in their own right.
  11. It is your responsibility to ensure that your contributions are paid at the correct rate and frequency (not applicable to corporate members).
  12. We reserve the right to recover any overpayment of benefits paid to you.
  13. **Upgrades:-**  
Requests to upgrade will be considered at the discretion of the Board of Directors whose decision will be final. Fresh Health Declarations will be required in every case. Upgrades will not be permitted once a member reaches 66 years of age.
  14. **Maximum Rule:**  
For In-patient (Member), Out-patient, Hospital Day Surgery and Medical Specialist Fees, the maximum amount of benefit payable, dependent on the plan chosen, is the equivalent of ten weeks In-patient benefit in any five year treatment period. The same limitation applies to the maximum amount of benefit payable for In-patient (Partner) and In-patient (Member's Child).
  15. **Changing your mind:-**  
You have 14 days from receipt of your welcome pack in which to change your mind and cancel your membership. This is provided no claims have been made within this period. After this period standard cancellation rights apply.
  16. Should you subsequently wish to cancel, we require one month's notice of cancellation in writing to the Fund's office at 13 Cardiff Road, Newport NP20 2EH.
  17. We will give you one month's notice by post, at the address shown in our records, of any increase in contributions or any changes made to your benefits and conditions.
  18. To protect all members, if we feel it is appropriate we will take legal action against anyone who makes a dishonest or fraudulent claim.
  19. **Complaints:-**  
Gwent Hospitals Contributory Fund strives to provide all members with the highest levels of customer service. We hope you never have reason to complain about our service, but if you do, in the first instance please make your complaint, preferably in writing, to our Chief Executive at 13 Cardiff Road, Newport NP20 2EH. If you are not happy with our Chief Executive's response you may have the right to refer your complaint to the Financial Ombudsman Service:-  
Telephone: 0300 123 9 123  
0800 0 234 567  
Switchboard 020 7964 1000  
From outside the UK +44 20 7964 1000  
E-mail: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)  
Letter: Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR  
For further information, website:  
[www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)
- All benefits are subject to the rules and conditions in this brochure and other notices issued by the Fund.
  - Insurance Premium Tax is included.
  - All information in this booklet is correct at the time of print

Authorised and regulated by the Financial Services Authority.

Please contact the Fund's office if you require a full schedule of the Fund's Rules and Conditions. These rules supersede all previously published rules.



# Health Cash Plan Joining Form

**FOR DIRECT CONTRIBUTORS:** Please complete this side and Direct Debit mandate on page 14. If no bank account held, please contact our office on Freephone 0800 470 8003 to discuss the payment methods available.  
**FOR PAYROLL DEDUCTION:** Complete page 13 ONLY and return the form to our office – see below for details.

Please complete in BLOCK CAPITALS

I apply to join the Health Cash Plan and, if accepted, agree to the rules and regulations and other such conditions as may apply later (subject to my right to give 14 days notice of withdrawal).  
*Please tick against plan and amount required.*

Plan name	Per week	Cont.	Ptner	Per Month	Cont.	Ptner
Foundation	@£1.90	<input type="checkbox"/>	<input type="checkbox"/>	£8.23	<input type="checkbox"/>	<input type="checkbox"/>
Bronze	@£2.90	<input type="checkbox"/>	<input type="checkbox"/>	£12.56	<input type="checkbox"/>	<input type="checkbox"/>
Silver	@£4.90	<input type="checkbox"/>	<input type="checkbox"/>	£21.23	<input type="checkbox"/>	<input type="checkbox"/>
Gold	@£6.90	<input type="checkbox"/>	<input type="checkbox"/>	£29.90	<input type="checkbox"/>	<input type="checkbox"/>
Executive	@£8.90	<input type="checkbox"/>	<input type="checkbox"/>	£38.56	<input type="checkbox"/>	<input type="checkbox"/>

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Employer name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone number: \_\_\_\_\_

I have previously paid into Gwent Hospitals Contributory Fund YES  / NO  if YES through :-

(a) Direct  (b) Employer  *Details please*

You can pay your contributions by direct debit. Please complete and return the enclosed mandate with your application.

Does your partner currently contribute to the Fund? YES  / NO

To enrol your partner or to ensure we have the details of your partner and/or dependant children for In-patient Partner/Child claims, please complete the following information.

Full name(s): 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Relationship: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Date of birth: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Please provide information on a separate sheet of paper if more than 3 dependants.

**We also offer Family Membership which can include children. If interested please contact our office for details.**

**On acceptance of your membership application(s) we will provide you with an Existing Health Condition Declaration Form(s) for completion and return.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of partner (if joining): \_\_\_\_\_ Date: \_\_\_\_\_

Gwent Hospitals Contributory Fund, 13 Cardiff Road, Newport, South Wales, NP20 2EH

Tel: 01633 266152 / 250112 Fax: 01633 262456

www.ghcf.co.uk

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# Health Cash Plan Joining Form

FOR PAYROLL DEDUCTION: Please complete in BLOCK CAPITALS and RETURN THIS FORM TO OUR OFFICE – see below for details.

A COPY OF THIS WILL BE SENT TO YOUR EMPLOYER

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

I authorise my employer to deduct (please tick the plan amount from the table) for credit to my Gwent Hospitals Contributory Fund, Health Cash Plan or other such contributions as may later apply (subject to my right to give 14 days notice of withdrawal).

Plan name	Per week	Cont.	Ptner	Per Month	Cont.	Ptner
Foundation	@£1.90	<input type="checkbox"/>	<input type="checkbox"/>	£8.23	<input type="checkbox"/>	<input type="checkbox"/>
Bronze	@£2.90	<input type="checkbox"/>	<input type="checkbox"/>	£12.56	<input type="checkbox"/>	<input type="checkbox"/>
Silver	@£4.90	<input type="checkbox"/>	<input type="checkbox"/>	£21.23	<input type="checkbox"/>	<input type="checkbox"/>
Gold	@£6.90	<input type="checkbox"/>	<input type="checkbox"/>	£29.90	<input type="checkbox"/>	<input type="checkbox"/>
Executive	@£8.90	<input type="checkbox"/>	<input type="checkbox"/>	£38.56	<input type="checkbox"/>	<input type="checkbox"/>

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Clock/Payroll Number: \_\_\_\_\_

Department: \_\_\_\_\_

To enrol your partner or to ensure we have the details of your partner and/or dependant children for In-patient Partner/Child claims, please complete the following information.

Full name(s): 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Relationship: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Date of birth: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Please provide information on a separate sheet of paper if more than 3 dependants.

**On receipt of your membership application(s) we will provide you with an Existing Health Condition Declaration Form(s) for completion and return.**

**We also offer Family Membership which can include children.  
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# Instructions to your Bank or Building Society to pay Direct Debits



Originator's Identification Number

8 3 0 9 0 2

Please complete this form and return to:

**Gwent Hospitals Contributory Fund, 13 Cardiff Road, Newport, South Wales NP20 2EH**

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

To: The Manager \_\_\_\_\_  
 \_\_\_\_\_ Bank or Building Society  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_

2. (a) Name(s) of account holder(s)

\_\_\_\_\_

(b) Gwent Hospitals Contributory Fund Membership No.

\_\_\_\_\_

3. Please tick the appropriate box to indicate frequency of payment

Monthly	Quarterly	½ Yearly	Annually
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Branch sort code (from the top right hand corner of your cheque)

\_\_\_\_ — \_\_\_\_ — \_\_\_\_

Instruction to your Bank or Building Society

Please pay Gwent Hospitals Contributory Fund Direct Debits from the account detailed on this Instruction subject to the safeguards assured by The Direct Debit Guarantee.

5. Bank or Building Society account number

\_\_\_\_

Signature(s) \_\_\_\_\_  
 Date \_\_\_\_\_

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

This guarantee should be detached and retained by the Payer



## 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 Gwent Hospitals Contributory Fund will notify you 14 working days in advance of your account being debited or as otherwise agreed. If you request Gwent Hospitals Contributory Fund to collect a 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 Gwent Hospitals Contributory Fund 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 Gwent Hospitals Contributory Fund asks 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.



**Registered Office:**

13 Cardiff Road,  
Newport, South Wales,  
NP20 2EH

Tel: 01633 266152 / 250112

Fax: 01633 262456

Email: [admin@ghcf.co.uk](mailto:admin@ghcf.co.uk)

Website: [www.ghcf.co.uk](http://www.ghcf.co.uk)

A company limited by Guarantee

Company No. 534054 England

Authorised and regulated by the Financial Services Authority

Standard Scheme 7 – 1/2012