

# If you need more than a plaster...



Police Healthcare Scheme, Guardians House, 2111 Coventry Road, Sheldon, Birmingham B26 3EA  
Phone: 0121 700 1112 Fax: 0121 700 1111 [www.policehealthcare.co.uk](http://www.policehealthcare.co.uk)

*We aim to be the first choice provider of medical cover for members of The Police Service and their families, by providing comprehensive cover at affordable prices*

## Agreement

- I acknowledge that the terms of membership of the Scheme are governed by the rules of the Scheme from time to time ("the Rules") which I agree to accept and adhere to if I am successful in my membership application and I agree to pay any subscriptions from time to time levied on me in accordance with the Rules. The Rules can be found on our website.
- I have read and understood or been given the opportunity to read and understand the Rules.
- I understand that all benefits under the Scheme are provided in accordance with the Rules and granted at the absolute discretion of The Police Healthcare Scheme Limited.
- I understand that no person participating in the Scheme is entitled for a claim to be considered for a benefit under the Scheme for any medical condition which existed at any time during the period of two years prior to the commencement of their participation in the Scheme until that person has completed 24 months continuous participation in the Scheme and has gone 12 months without seeking medical attention for that condition.
- If I am employed by a police force, The Serious Organised Crime Agency, or The WMP Benevolent Fund, I hereby authorise my employer until further notice, to make deductions from my pay at the appropriate rate in respect of my subscriptions to the Scheme and to account to the Scheme for such deductions and I agree from time to time to sign any further documents necessary to effect this arrangement.

Signature

Date:



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# Notes on benefits

1. You must always contact the Healthcare Office on 0121 700 1112 for a claim form and confirmation that your proposed treatment is covered by the scheme BEFORE arranging private treatment. Failure to follow this important procedure may result in you incurring expenditure which is not eligible for benefit.
2. Always use the NHS when you can. By waiting until in-patient treatment is available in your NHS Hospital, you will benefit from the generous Cash Benefit and also help keep down future subscriptions by reducing the cost of claims. To claim your NHS Cash Benefit, ask the Healthcare Office for a separate form, which must be completed by the NHS Hospital.
3. Benefit in excess of £30,000 aggregate annual maximum per member may be agreed by the Healthcare Scheme Management committee in special cases.
4. **It is important that you contact the Healthcare Office before arranging treatment.** For authorisation of in-patient treatment there is currently a 2 day wait following receipt by the office of a completed claim form. This waiting period does not apply to non-emergency day case treatment which will be authorised immediately on receipt of the completed claim form. Full cover is provided for in-patient and day case treatment at Nuffield & Capio Hospitals. Special terms have been negotiated with Nuffield & Capio so every effort must be made to use these hospitals. By doing so you will be helping to moderate costs, and keeping future subscription increases to a minimum. If treatment is **not** readily available at Nuffield or Capio Hospitals, or if these hospitals are a considerable distance from your home, the use of an alternative hospital **must** be authorised by the Healthcare Office; it may be possible to negotiate a special rate with the other hospital on your behalf.
5. MRI Scans Tests & Treatment must be arranged through Nuffield Hospitals, except where permission has been obtained from Healthcare Office for those procedures to be obtained elsewhere.
6. Cover for physiotherapy, osteopathy, chiropractic is limited when arranged through a General Practitioner, otherwise treatment must be arranged by a Specialist.

## Application for Membership of the Police Healthcare Scheme

Please complete this form using a black or blue pen. Please read the agreement at the end of this form and sign and date the form where indicated. Incomplete or unsigned forms cannot be processed and will be returned.

**I hereby apply to join the Police Healthcare Scheme ("the Scheme") or (as the case may be) to update my membership details.**

The following persons are to be covered (Please complete as applicable).



<i>Full Name:</i>	<i>Date of Birth:</i>	<i>Children under 18:</i>	<i>Date of Birth:</i>
<i>Address:</i>		<i>1. Full Name:</i>	<i>Date of Birth:</i>
		<i>2. Full Name:</i>	<i>Date of Birth:</i>
<i>Postcode:</i>		<i>3. Full Name:</i>	<i>Date of Birth:</i>
<i>Force:</i>		<i>4. Full Name:</i>	<i>Date of Birth:</i>
<i>Date of Joining:</i>			
<i>Personal Number:</i>			
<i>Telephone No:</i>	<i>Mobile No:</i>		
<i>Spouse/Partner:</i>	<i>Date of Birth:</i>		<i>Date of Birth:</i>
<i>Full Name:</i>			