# plutushealth ensuring good health

### Corporate Plan

0808 178 1179 admin@plutushealth.co.uk

www.plutushealth.co.uk



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www.plutushealth.co.uk

Plutus Health Registered Office: 13 Cardiff Road, Newport, South Wales, NP20 2EH **Tel:** 01633 266152 / 250112 **Freephone:** 0808 178 1179 **Fax:** 01633 262456

Email: admin@plutushealth.co.ul

### About us

### Who are we?

Plutus Health is a not-for-profit health plan provider that places our customers at the very heart of everything we do.

We deliver innovative health plans, for both personal and corporate clients, supported by excellent customer service.

Everything we offer is underpinned by a heritage in the healthcare sector going back to 1839.

Plutus Health is now the trading name for Gwent Hospitals Contributory Fund.

### What do we do?

Plutus Health offers our members a selection of health plans to ensure a range of benefits for individuals, family members and corporate customers in the event of ill health and for routine health treatments.

From **just over £2 a week** we provide you with the peace of mind that money will be available in your hour of need.

With everything from dental and optical care covered, to maternity benefits and specialist medical fees, our customers have a broad spectrum of their healthcare needs covered.

Our plans are all monthly renewable contracts where members can chose to pay their contributions at a frequency that suits them, monthly, quarterly, half yearly or annually.

### What the Plutus Health Corporate Plan could do for your business:

- Improve staff productivity, motivation and morale
- Present a valuable and tangible employee benefit
- + Help to recruit and retain staff
- + Help to reduce absenteeism and the related costs





Plutus Health provides businesses with a corporate health plan that will protect your employees and promote the importance of health and well-being within your organisation.

Healthcare benefits are ranked among the most desirable and valuable perks offered to employees in the UK. Health plans provide a cost effective alternative to private healthcare and are an excellent means of incentivising and rewarding employees, as well as an effective means of reducing absenteeism.

You can decide whether cover is for your senior management, or your entire workforce, and we can help you structure your plan so that benefits only apply to those employees that you want them to.

At Plutus Health we understand that every business is different and we can tailor a package to suit your individual needs.

### Chamber Plan

In addition to all of the usual benefits associated with our Corporate Health Plan, our exclusive Plutus Health Chamber Plan offers members of the South Wales Chamber of Commerce the following incentives:

- A lower rate exclusive to South Wales Chamber of Commerce members.
- A dedicated business manager on hand to discuss all of your health plan needs and requirements

More information about the Plutus Chamber Plan can be found on our website www.plutushealth.co.uk, or the dedicated Chamber Plan brochure. Alternatively please ask one of our customer service representatives for details. Call us on 0808 178 1179.



### Employer:

- Meet with Plutus Health Business Development Manager to discuss your needs and review options available
- Agree plan and level of cover suitable for your business
- ◆ Agree implementation strategy, timescale and payment options
- Notify workforce of new employee benefit to be introduced and sign up arrangements - Plutus Health team will assist with this
- Commence cover

### Employees:

- Receive notification of new employee benefit
- Receive details of scheme via employer and/or Plutus Health
- Complete sign up forms and consider upgrade, signing up partner and children
- Commence cover
- Attend your appointment at your dentist, optician or other recognised healthcare practitioner and don't forget to get an identifiable receipt when you pay for your treatment
- Within three months of the date of payment send us your original, identifiable receipt for those claims where you have paid your practitioner
- For hospital related claims send us your completed claim form within three months of the date of treatment or discharge
- We will send you a cheque to settle your claim, subject to our normal terms and conditions, usually within 2 working days

Just call us on Freephone 0808 178 1179 if you have any questions.

If as an employer you would rather not sign up to a Plutus Health Plan for your staff but are happy for your staff to sign up as individuals, then this is an available option. Plutus Health can either work with employers to collect an employee's monthly contributions via payroll, or via direct debit.

## All the different ways we can help you:

### Dental Benefit

£60-£240 Dependent on Plan Chosen

Optical Benefit

£70-£280

Dependent on Plan Chosen

Medical Specialist Fees

£200-£400 Dependent on Plan Chosen

Reflexology Chiropody Podiatry Homeopathy

£100-£400
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 one benefit year. Benefits are not available for charges incurred under care contract schemes.

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 one benefit year. Benefits are not available for charges incurred under care contract schemes.

Benefit is payable to the contributor towards half the cost of medical consultation fees up to the maximum payable in one benefit year including fees incurred and paid for diagnostic procedures. This does not apply to treatment.

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 one benefit year. The maximum benefit shown is the total for all 4 treatment types and not per treatment. 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. Also available on our website www.plutushealth.co.uk

See page 12 for 10 good reasons to join Plutus Health

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 one benefit year. The maximum benefit shown is the total for all 4 treatments types and not per treatment. 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. Also available on our website www.plutushealth.co.uk

Benefit is payable for in-patient treatment in a registered hospital anywhere in the world. Benefit is payable to the contributor and is subject to a maximum of 50 nights In-patient benefit in any one treatment year.

Benefit is payable for 11 days maximum per treatment year to the contributor for a procedure at a registered UK hospital for minor surgery.

Benefit is payable whether the birth is at home or in hospital. Normal hospital benefit will be paid after the first 5 nights of hospitalisation. The benefit is payable per child per contributor. See general conditions.

Half the paid cost for examinations, tests and screening is payable to the contributor when provided by medically qualified staff when attending a UK screening facility, up to the maximum payable in any one benefit year.

Physiotherapy Osteopathy Chiropractic Acupuncture

£250-£1000
Dependent on Plan Chosen

Hospital In-patient Contributor Only

£18-72 per night
Dependent on Plan Chosen

Hospital Day Surgery

£15-70
Dependent on Plan Chosen

Maternity Benefit

£120-£300 Dependent on Plan Chosen

Health Screening

£50-£125
Dependent on Plan Chosen

See page 12 for **10 good reasons to join Plutus Health** 

### The figures

### Personal Accident

£5,000-£20,000 Dependent on Plan Chosen This benefit is underwritten by Royal & Sun Alliance plc (RSA). The policy contains exclusions where RSA will not pay accident benefit. A summary of the cover available is shown below. For full details of your coverage you should read the RSA policy document which can be downloaded from the Plutus Health website or obtained from the Plutus Health office.

Draws Cilver Cold

	Foundation Plus	Bronze Plus	Silver Plus	Gold Plus
Death (as a result of an accident)	£5,000	£10,000	£15,000	£20,000
<b>Disablement</b> (permanent total disablement)	£5,000	£10,000	£15,000	£20,000
Loss of eye(s)	£5,000	£10,000	£15,000	£20,000
Permanent and total loss of speech	£5,000	£10,000	£15,000	£20,000
Permanent and total loss of hearing (in both ears) (in one ear)	£5,000 £750	£10,000 £1,500	£15,000 £2,250	£20,000 £3,000
Loss by permanent physical severance or permanent total loss of use of: Loss of limb One big toe Any other toe One thumb One forefinger Any other finger	£5,000 £250 £100 £1,000 £250 £250	£10,000 £500 £200 £2,000 £500 £500	£15,000 £750 £300 £3,000 £750 £750	£20,000 £1,000 £400 £4,000 £1,000
Permanent total loss of use of: Shoulder or elbow Wrist, hip, knee or ankle	£1,250 £1,100	£2,500 £2,200	£3,750 £3,300	£5,000 £4,400
Removal by surgical operation of: Lower jaw	£1,500	£3,000	£4,500	£6,000
Established non union of fractured leg or knee cap	£500	£1,000	£1,500	£2,000
<b>Shortening of leg</b> (by at least five (5) centimetres)	£375	£750	£1,125	£1,500
Break of major bones (Arm bones - radius, ulna &/or humerus.) (Leg bones - femur, tibia &/or fibula)	£75	£150	£225	£300
Total Sum Insured  For full details of your coverage you should read the RSA policy document which can be downloaded from the Plutus Health website or obtained from the Plutus Health office.	£5,000	£10,000	£15,000	£20,000

### The figures

	Foundation Plus	Bronze Plus	Silver Plus	Gold Plus
	<b>£9.05</b> per month	<b>£13.69</b> per month	£22.98 per month	£32.24 per month
Routine benefit				
Dental	£60	£120	£180	£240
Optical	£70	£140	£210	£280
Medical benefit				
Specialist consultation	£200	£250	£300	£400
Chiropody / Podiatry / Homeopathy / Reflexology	£100	£165	£330	£400
Physiotherapy / Osteopathy / Chiropractic / Acupuncture	£250	£500	£750	£1,000
Hospital benefit				
In-patient admission (max 50 nights)	£18 per person per night	£33 per person per night	£54 per person per night	£72 per person per night
Day-patient admission (max 11 admissions)	£15 per person per day	£27 per person per day	£50 per person per day	£70 per person per day
Extra benefits	£120	£150	£225	£300
Maternity benefit (Adult member only)	per child born	per child born	per child born	per child born
Health screening (Adult member only)	£50	£75	£100	£125
Personal accident	£5,000	£10,000	£15,000	£20,000

(All benefits shown are the maximum per person per treatment year dependant on the plan chosen unless otherwise stated)



On all plans the Accidental Death benefit for enrolled, dependant children will be £2,500. For all other claim categories, dependant children, if enrolled, receive 50% of benefits.

Royal & Sun Alliance plc (No.93792) Registered in England & Wales at St. Mark's Court, Chart Way, Horsham, West Sussex RH12 IXL Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.



### FAQs

### **key**facts

#### Am I eligible to join?

All UK residents aged from 16 up to and including 65 years can join. Existing members can continue with us after their 66th birthday on their existing plan at no extra cost. For more detailed information on the benefits offered by our South Wales Chamber of Commerce scheme, please refer to our website or pick up our Chamber of Commerce brochure.

#### How do I join?

Join our health plan today by completing and returning the application and direct debit forms at the back of this brochure, or by downloading, completing and sending us the forms from our website www.plutushealth.co.uk Alternatively if your employer is enrolling you as part of a workplace scheme slightly different arrangements may apply. Please get in touch with us or speak to your employer.

If you would like to speak to one of our customer service representatives please call:

Tel: 01633 266152 / 250112 Freephone: 0808 178 1179

#### ♣ Do I have to complete a medical?

No medical examinations are required for you to join. You will need to complete and sign a health declaration when you apply. There is a qualifying period of three months before new members can make a claim and 12 months for known medical conditions at the date of joining.

#### • Is there cover for my partner or children?

Your partner can be enrolled on the same terms and conditions as you.

Dependent children under 18 years of age can be covered on any chosen family plan. Please contact us for details.

#### How do I claim?

For benefits where you have to pay for the service received, such as dental, optical, medical specialist and therapies please send your original identifiable receipt to our office and we will arrange payment to you. Receipts must be original (not copies), identifiable to you and in the case of handwritten or computer generated receipts they must also be signed, dated and stamped by the treatment provider.

For hospital related claims - in-patient and day surgery - we provide claim forms which must be completed and signed by you and signed and stamped by the hospital providing treatment.

All claims must be made within three months of discharge from hospital or date of treatment received, or payment made.

#### Where can I get a claim form?

Please contact our office for a claim form as soon as you know you are going into hospital. If your admittance is unexpected either ask a relative or friend to obtain a claim form on your behalf or contact us once you are discharged from hospital. Alternatively hospital claim forms can be downloaded from our website, www.plutushealth.co.uk

#### Where can I go for treatment?

Hospital benefit is payable for treatment received at registered UK hospitals. In-patient benefit is also available for emergency in-patient admission (including partner and children if enrolled) during temporary absence abroad (on proof of admission and discharge including the dates concerned).

Medical specialist fees are payable for consultation with a medical or surgical specialist holding consultant status in an NHS or registered private hospital in the U.K. For other benefits where you have to pay for your treatment such as dentists, opticians and therapy providers, the practitioner must be qualified and registered with the appropriate U.K. registered professional body. If in doubt please contact our office for details of the relevant professional bodies.

### + Can I upgrade my plan?

Yes, for members aged 65 or under, although requests to upgrade are subject to the approval of our management. Please contact our office to arrange this. Fresh Health Declarations will be required in every case and upgrades are not permitted once a member reaches 66 years of age. Please note hospital benefits will be paid at the original plan benefit level for the first 12 months from upgrading. All other benefits will be available at the upgrade rates three months after upgrading and after 12 months for known medical conditions.

If my company pays into your health plan, can I contribute more and upgrade my plan? Yes, usually your employer will deduct the extra contributions from your wages and pay direct to us.

### **Do contributions increase with age?**

No. Your contributions will not change with any age increase. Should there be a need to make any changes to our overall contribution and benefit rates you will be given at least one month's notice, by post, at your address as shown in our records.

### Will you recommend health services to me?

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

### Are there qualifying periods?

Normally three months from date of joining but see the following sentence and the points below. 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.

### + How is non-disclosure of existing medical conditions

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.

### FAQS (cont.)



#### How long after I join the plan can I claim for optical and dental benefits?

You can claim for dental and optical benefits three months after you join the plan, for treatment received after the initial three month period.

#### How long after I join the plan can I claim for hospital benefits?

All hospital benefits can only be claimed once you have been a plan member for three months, for treatment received after the initial three month period, unless as described above, there are known medical conditions, when the 12 months qualifying period applies. There is no qualifying period if a hospital admission or attendance is required because of an accident. Hospital benefit claim forms can be downloaded from our website.

### How long after I join the plan can I claim maternity benefits?

You can claim maternity benefits 12 months after the date you join the plan.

#### How long after I join can I claim for all other benefits? You can claim for all other health benefits three months

You can claim for all other health benefits three months after you join the plan, for treatment received and paid for after the initial three month period.

### When can I claim increased benefits after upgrading? Hospital benefit will be paid at the original plan benefit

level for all known medical conditions for the first 12 months from upgrading. All other benefits will be available at the upgrade rates three months after upgrading.

#### Do you do family membership?

Yes, your family can be covered under this plan. For further information contact our office on Freephone: 0808 178 1179.

### Claims for optical items purchased via the Internet

In all cases please contact our customer services advisors on Freephone 0808 178 1179 before making claims under this heading as different rules apply. Full details are contained in our terms and conditions, copies of which can be obtained from our office or downloaded from our website www.plutushealth.cou.k

### + How do I cancel my membership?

You have a right to change your mind and cancel your agreement with us. If you wish to exercise this right, please do so in writing to our registered office within 14 days of the date you sign your application form. Any member wishing to cancel their membership after the above initial period must give 14 days' notice in writing to our registered office.

Cancellation will take effect 14 days from the date of the notice or 14 days from receipt of the notice if undated. After this time no further claims will be paid. Any

subscriptions already paid by you will not be refunded.

### What do I do if I have a complaint?

If you wish to register a complaint, please contact us either by writing to the Chief Executive, Plutus Health, 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 9123

**Freephone:** 0800 023 4 567 **Switchboard:** 020 7964 1000

For calls from outside the UK: +44 20 7964 1000 **Email:** complaint.info@financial-ombudsman.org.uk **Web:** www.financial-ombudsman.org.uk

#### Who are we regulated by?

Plutus Health is the trading name of The Gwent Hospitals Workmen's and Contributory Fund and is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Our register number is 202166. We are required to give this information to you. Please use the information provided to decide if our services are right for you.

You can check our details on the Financial Services Register by visiting their website www.fca.org.uk/register or by contacting the FCA on 0800 111 6768.

### Financial Services Compensation Scheme (FSCS)

We are covered by the FSCS. You may be entitled to compensation from the scheme if we cannot meet our obligations. This depends on the type of business and the circumstances of the claim. Insurance advising and arranging is covered for 90% of the claim, without any upper limit. Further information about compensation scheme arrangement is available from the FSCS.

Financial Services Compensation Scheme 10th Floor, Beaufort House, 15 St Botolph Street London FC3A 7QU

Freephone: 0800 678 1100 or 020 7741 4100 Web: www.fscs.org.uk

### Plutus Health Privacy Policy

For details of our Privacy Policy please go to our website, www.plutushealth.co.uk

Newport office. Call if you would like to receive a copy, or download it from our website www.plutushealth.co.uk

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Cash back on dental check ups & treatments. Plus hygienist fees. Cash back on complementary therapies including physiotherapy, osteopathy, chiropractor & others.

medical consultation

Claims settled efficiently & normally within 2 working days.

Easy to join -Under £10 a month.

Money back for hospital stays & day surgery.

Cash back on optician visits including eye tests, prescription glasses, contact lenses & prescription sunglasses.

No medical required.



Call us free: 0808 178 1179

to talk to one of our friendly team!







### plutushealth

### Health 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.

Salutation:	Full Name:				
Date of Birth:			Telephone:		
Address:					
			Postcode:		
Email:					
(please tick the table) for credit Health Plan or contributions a	s may later apply right to give 14 days	Plan Name Foundation Bronze Silver Gold	Per Month £9.05 £13.69 £22.98 £32.24	Member	Partner
Signed:			Date:		
Place of Work:			Clock / Payroll No:		
Department:					
Your partner and dependant children under 18 may also be enrolled. Please insert their details below and we will provide you with information on benefits available for children and a quotation for membership.					
First 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 Existing Health Declaration Form(s) for you, your partner and children (if enrolled) for completion and return.

### plutushealth

### Health Plan joining form

**FOR DIRECT CONTRIBUTORS:** Please complete this side and Direct Debit mandate on page 15. If no bank account is held, please contact our office on Freephone 0808 178 1179 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).			Plan Name	Per Month	Member	Partner
		e rules and	Foundation	£9.05		
			Bronze	£13.69		
Please tick against plan and amount required. Direct debits cannot be accepted for weekly payments.			Silver	£22.98		
		oayments.	Gold	£32.24		
Salutation:	Full Name:					
Date of Birth:			Telephor	ne:		
Address:						
			Postcode	e:		
Email:						
Employer:						
Address:						
Postcode:			Telephor	ne:		
I have previously paid into Plutus Health Yes No if YES through: Direct Employer						
Details:						
You can pay your c	You can pay your contributions by direct debit. Please complete and return the enclosed mandate with your application.					
Does your partner currently contribute to Plutus Health? Yes No						
Does your partne	er currently contribute	to Plutus Health	? Yes	No 💮 🔐		
To enrol your par	er currently contribute tner and/or dependent act you with details.					
To enrol your par	tner and/or dependent					
To enrol your par We will then cont	tner and/or dependent	child under 18 ye		complete the fo		
To enrol your par We will then cont First Name(s):	tner and/or dependent	child under 18 ye		complete the fo		
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To enrol your par We will then cont First Name(s): Relationship: Date of Birth: Please provide infor	tner and/or dependent act you with details.  1  1  mation on a separate she	child under 18 ye	ears of age, please	complete the fo	ollowing infor	mation.
To enrol your par We will then cont First Name(s): Relationship: Date of Birth: Please provide infor Have you or any t	tner and/or dependent act you with details.  1  1  1  mation on a separate she member of your family If Yes please	child under 18 ye  2  2  2  et of paper if more had any hospital	ears of age, please than 3 dependants. in-patient or out-p	complete the fo	ollowing infor	mation.
To enrol your par We will then cont First Name(s): Relationship: Date of Birth: Please provide infor Have you or any t	tner and/or dependent act you with details.  1  1  1  mation on a separate she member of your family lif Yes please give details:	child under 18 ye  2  2  2  et of paper if more had any hospital	ears of age, please than 3 dependants. in-patient or out-p	complete the fo	ollowing infor	mation.
To enrol your par We will then cont First Name(s): Relationship: Date of Birth: Please provide infor Have you or any t Yes No Have you or any t Yes No I certify that m	ther and/or dependent act you with details.  1 1 1 mation on a separate she member of your family if Yes please give details: member of your family if Yes please	child under 18 ye  2  2  et of paper if more had any hospital suffered from an	e than 3 dependants. in-patient or out-p y illness in the last	complete the fo	ollowing infor	mation.
To enrol your par We will then cont First Name(s): Relationship: Date of Birth: Please provide infor Have you or any t Yes No Have you or any t Yes No I certify that m	tner and/or dependent act you with details.  1 1 1 mation on a separate she member of your family lif Yes please give details: member of your family lif Yes please give details: y partner and deper	child under 18 ye  2  2  et of paper if more had any hospital suffered from an	e than 3 dependants. in-patient or out-p y illness in the last	complete the for 3 3 3 3 3 southern treatment 12 months?	ollowing infor	mation.
To enrol your par We will then cont First Name(s): Relationship: Date of Birth: Please provide infor Have you or any I Yes No Have you or any I Yes No I certify that mare in good her	ther and/or dependent act you with details.  1  1  1  1  mation on a separate she member of your family  If Yes please give details: member of your family  If Yes please give details: y partner and deperalth (apart from any	child under 18 ye  2  2  et of paper if more had any hospital suffered from an	e than 3 dependants. in-patient or out-p y illness in the last ying for partner ove).	complete the for 3 3 3 3 3 southern treatment 12 months?	ollowing infor	mation.

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority

plutushealth



### Direct Debit mandate



### Instructions to your Bank or Building society to pay Direct Debits

Please complete this form and return to: Plutus Healt	th, 13 Cardiff Road, Newport, South Wales NP20 2EH				
1. Name and full postal address of your Bank or Building S	ociety Branch				
To the Manager:					
	Bank or Building Society				
Address:					
	Postcode:				
2. (a) Name(s) of account holder(s)	(b) Plutus Health Membership No.				
3. Please tick the appropriate box to indicate frequency of payment:					
	Monthly Quarterly 1/2 Yearly Annual				
4. Branch sort code (from the top right hand corner of your cheque)	Instruction to your Bank or Building Society Please pay Plutus Health 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:				
	Date:				

### 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 Plutus Health will notify you 14 working days in advance of your account being debited or as otherwise agreed. If you request Plutus Health to collect a payment, confirmation of the amount and date will be given to you at the time of the request.

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

- If an error is made in the payment of your Direct Debit, by Plutus 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 Plutus Health 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.





Plutus Health is the trading name of The Gwent Hospitals Contributory and Workmen's Fund, Reg. No. 534054

### **Registered Office:**

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

**Tel:** 01633 266152 / 250112

Freephone: 0808 178 1179 Fax: 01633 262456

Email: admin@plutushealth.co.uk

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www.plutushealth.co.uk

plutushealth ensuring good health

A company limited by guarantee.

The Gwent Hospitals Workmen's and Contributory Fund is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Reg. No. 202166

Corporate Scheme 8 - 6/17

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