

Worldwide Cover

Your Corporate Benefits



Cash plan benefits extend to trips abroad

A Westpeld Health company									
		Level 1	Level 2	Level 3	Level 4	Level 5			
Employee Monthly Premium	Company Funded	£7.67	£16.67	£25.67	£40.67				
Partner Monthly Premium	£5.50	£12	£21	£30	£45				
Benefit	Payback	Level 1	Level 2	Level 3	Level 4	Level 5			
Dental Company of the	100%	£60	£110	£150	£200	£275			
Includes check-ups, fillings, hygienist fees, X-Rays and dentures									
Dental Accidents For dental injury as a direct result of accidental impact	100%	£200	£400	£600	£800	£1,000			
Optical Includes eye tests, glasses, contact lenses, repairs and laser eye surgery	100%	£60	£110	£150	£200	£275			
Health Screening									
Includes well man/woman screening and all screening that helps prevent an illness	100%	£100	£130	£150	£200	£300			
Specialist Consultation Covers diagnostic consultations and tests	100%	£200	£260	£300	£400	£600			
Wellbeing (Physiotherapy/Osteopathy/Chiropractic/Acupuncture) Covers treatment by a registered practitioner	100%	£150	£280	£370	£500	£750			
Complementary Therapies (Homeopathy/Reflexology/Aromatherapy/Remedial Massage) Covers treatment by a registered practitioner following GP referral	100%	£50	£100	£150	£200	£250			
Chiropody Covers treatment by a chiropodist or podiatrist	100%	£20	£50	£100	£150	£200			
Hospital In-Patient A nightly allowance for any NHS or private hospital admission	Up to 28 nts	£10	£15	£20	£30	£50			
Day Case A daily allowance for day case admissions	Up to 10 vsts	£10	£15	£20	£30	£50			
Hospital Parental Stay A nightly allowance for one parent accompanying a child covered by the policy	Up to 28 nts	£10	£15	£20	£30	£50			
Prescriptions						_			
The number of standard prescription items that can be claimed (excludes annual prescriptions)	1	2	3	4	5				
Discounted Gym / Spa Membership Services provided by a third party			Access to special membership rates						
Savings on holidays, theme parks, retail discounts and attractions Services provided by a third party			Access to special discounted rates						
Confidential Counselling Helplines Helpline services provided by a third party			Anytime support for legal issues, medical problems, counselling and ID theft						



CORPORATE POLICY AMENDMENT FORM



First Name (s)* Date of Birth* Address* Postcode* Daytime Tel* Mobile Email Address* Details of resident child (ren) to be covered (FREE OF CHARGE) Full name Date of Birth Payment per MoNTH		existing cover			ng polic	.y 110.							
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Payment per MONTH £5.50 £12.00 £21.00 £30.00 £45.00 Pre-existing conditions Should you decide to upgrade your level of cover, please complete and return this application form within the next 30 days, to guarantee that any pre-existing conditions are covered at the increased benefit levels requested. For applications received after this period our standard terms and conditions will apply, which states that "any medical condition in existence prior to the upgrade, will only be covered at the original level of cover". Instruction to your bank or building society to pay by Direct Debit WHealthcare Name and full postal address of your bank or building society To. The Manager Bank/building society Postcode Instruction to your bank or building society Reference Instruction to your bank or building society Please psy Westfield Contributory Health Scheme Ltd Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction subject to the safeguards assured by the Direct Debit Scheme Ltd and, if so details will be passed electromally to my bank/building society. Signature(s) Signature(s) Bank/building society account number	Full Name								Date	of Bir	th		
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Corporate plan





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 Contributory Health Scheme Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Westfield Contributory Health Scheme Ltd 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 Westfield Contributory Health Scheme Ltd 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 Contributory Health Scheme Ltd 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.

IN ORDER TO UPGRADE, ADD A PARTNER OR INCLUDE YOUR CHILDREN, PLEASE COMPLETE THE FORM ABOVE AND E-MAIL IT BACK TO THE FOLLOWING E-MAIL ADDRESS:

corporate@ukhealthcare.org.uk

PICTURE COPIES WILL ALSO BE ACCEPTED AND CAN BE DONE BY TAKING A PHOTOGRAPH OF THE COMPLETED

AMENDMENT FORM VIA YOUR MOBILE