

## **Your Corporate Benefits**



A Westfield Health company  CLOSER TO LI								
		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								
Includes check-ups, fillings, hygienist fees, X-Rays and dentures	100%	£60	£110	£150	£200	£275		
Dental Accidents	100%	£200	£400	£600	£800	£1,000		
For dental injury as a direct result of accidental impact								
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	Up to	£10	£15	£20	£30	£50		
by the policy	28 nts							
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					
Worldwide Cover	Up to	Cash plan benefits extend to trips abroad						







I wish to amend my exis	sting cover [	Exist	ing poli	cy no:						
Please indicate cash pla	ın level:									
Payment per MONTH	Level 1 Company Funded	Level2 ] £7.67		Level 3 £16.67			Level 4 £25.67	_	Level 5 £40.67	_
Your Details (*mandato	ry field)									
Title	Surr	name*								
First Name (s)*										
Date of Birth*										
Address*										
							Post	code*		
Daytime Tel*				N	Mobile					
Email Address*										
Details of resident ch	ild (ren) to be	covered (FF	REE OF	CHARGE)						
Full name	ull name						Date of	Birth		
Full name							Date of	Birth		
Details of resident se	cond adult (s)	to be cover	ed for	the addit	ional p	remi	um ind	icated		
Full Name							Date of			
Full Name							Date of	Birth		
	Level 1	Level2		Level 3			Level 4		Level 5	5
Payment per MONTH	£5.50 [	£12.00		£21.00			£30.00		£45.00	
Pre-existing condition	ns									
Should you decide to upgrade you conditions are covered at the increthat "any medical condition in exist."	eased benefit levels re	quested. For applic grade, will only be co	ations rece	ived after this ne original leve	period our el of cover".	standard			ns will apply, which	ch states
<b>(†)</b> UK Healthcare*	build	Instructi ding socie					bit			RECT e b i t
Name and full postal address of y To: The Manager	our bank or building	society  Bank/building	society	Service user		_			- 1	
				6	9	7	7	5	<u>'</u>	
Address				Reference			1 1	1 1		
				Instruction t	o vour ban	nk or bui	ldina socie	etv		
	Postcode		-	Please pay We in this instructi	stfield Contr ion subject to	ributory He o the safeg	ealth Scheme guards assure	Ltd Direct ed by the Di	Debits from the acco	e. I understand
				will be passed					Health Scheme Ltd a	ind, if so details
Name(s) of account holder(s)										
				Signature(s)						
Branch sort code		1		Signature(s)	8					
Branch sort code				Signature(s)	8					
Branch sort code  Bank/building society account nu	ımber			Signature(s)						



## 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

www.ukhealthcare.org.uk/limbsandthings