

POLICY AMENDMENT FORM

I wish to amend my existing cover ☐

Existing policy no:

Please indicate cash plan level:

	Level 1		Level 2		Level 3	
Payment per MONTH	Company Paid	<input type="checkbox"/>	£7.67	<input type="checkbox"/>	£16.67	<input type="checkbox"/>

Your Details (*mandatory field)

Title	<input type="text"/>		Surname*	<input type="text"/>	
First Name (s)*	<input type="text"/>				
Date of Birth*	<input type="text"/>				
Address*	<input type="text"/>				
	<input type="text"/>				Postcode* <input type="text"/>
Daytime Tel*	<input type="text"/>		Mobile	<input type="text"/>	
Email Address*	<input type="text"/>				

Details of resident child (ren) to be covered (FREE OF CHARGE)

Full name	<input type="text"/>	Date of Birth	<input type="text"/>
Full name	<input type="text"/>	Date of Birth	<input type="text"/>
Full name	<input type="text"/>	Date of Birth	<input type="text"/>
Full name	<input type="text"/>	Date of Birth	<input type="text"/>

Details of resident second adult (s) to be covered for the additional premium indicated

Full name	<input type="text"/>	Date of Birth	<input type="text"/>
Full name	<input type="text"/>	Date of Birth	<input type="text"/>

	Level 1		Level 2		Level 3	
Payment per MONTH	£5.50	<input type="checkbox"/>	£12.00	<input type="checkbox"/>	£21.00	<input type="checkbox"/>

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".

Payroll Deduction Authority

Employer's name*	<input type="text"/>		
Work address*	<input type="text"/>		
	<input type="text"/>		
Postcode*	<input type="text"/>	Department	<input type="text"/>
Payroll / staff / pension number	<input type="text"/>	I am paid	weekly <input type="checkbox"/> monthly <input type="checkbox"/>

I hereby authorise the above deduction from my salary/wage/pension (for such future amounts as may be in force throughout my membership) and for them to be held in trust and remitted to UK Healthcare via email to corporate@ukhealthcare.org.uk **Payroll**

Department: Please ensure that the application form has been forwarded to our office and retain a copy of this section for your records.

Signature	<input type="text"/>	Date	<input type="text"/>
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*Dental Includes check-ups, fillings, hygienist fees, x-rays and dentures	100%	Adult/Child	£60	£120	£180
Dental Accidents For dental injury as a direct result of accidental impact	100%	Adult	£200	£400	£600
*Optical Includes eye test, glasses, contact lenses, repairs, laser eye surgery	100%	Adult/Child	£60	£120	£180
Wellbeing (Physiotherapy/Osteopathy/Chiropractic/Acupuncture) Covers treatment by a registered practitioner	100%	Adult	£150	£300	£450
Specialist Consultation Covers diagnostic consultations and tests recommended by your GP. Included PMI excess payments	100%	Adult	£500	£600	£700
Chiropody Covers treatment provided by a chiropodist/podiatrist	100%	Adult	£20	£50	£100
Complementary Therapies (Homeopathy/Reflexology/Aromatherapy) Covers treatment by a registered practitioner following GP referral	100%	Adult	£100	£150	£200
Health Screening Includes well man/woman screening that helps prevent an illness	100%	Adult	£100	£200	£300
Prescriptions The number of standard prescriptions that can be claimed for (excludes annual prescriptions).	No. of Items		1	2	3
Confidential Telephone Helpline 0800 107 6585 – Quote scheme no 72740		Anytime support for legal issues, medical problems, counselling and ID theft. Helpline services are provided by a third party			
Discounted Gym Membership Access to special membership rates. Services provided by a third party		Use company reference 'UKH' when accessing online under Members Offers			
Savings on spas, gyms, holidays, theme parks and attractions Services provided by a third party		Use company reference 'UKH' when accessing online under Members Offers			
Worldwide Cover Cash plan benefits apply to trips abroad	Up to 28 days	Adult/Child	✓		
*Children are covered for dental & optical benefits					