CORPORATE POLICY AMENDMENT FORM

I wish to amend my existing cover ☐   Existing policy no: ▢

Please indicate cash plan level:

	Level 1 Company Funded	Level2 £7.67	Level 3 £16.67	Level 4 £25.67	Level 5 £40.67
Payment per MONTH	☐	☐	☐	☐	☐

Your Details (*mandatory field)

Title		Surname*	
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	
Full name		Date of Birth	

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

Full Name		Date of Birth	
Full Name		Date of Birth	

	Level 1 £5.50	Level2 £12.00	Level 3 £21.00	Level 4 £30.00	Level 5 £45.00
Payment per MONTH	☐	☐	☐	☐	☐

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

Name and full postal address of your bank or building society

To: The Manager   Bank/building society

Address

Postcode

Name(s) of account holder(s)

Branch sort code

Bank/building society account number

Service user number

6	9	7	7	6	1

Reference

Instruction to your bank or building society

Please pay 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 may remain with Westfield Contributory Health Scheme Ltd and, if so details will be passed electronically to my bank/building society.

Signature(s)

Date

Banks and building societies may not accept Direct Debit Instructions for some types of account.

Corporate plan

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

S.LEATHLEY@UKHEALTHCARE.ORG.UK

D.GRIMSHAW@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

Your Corporate Benefits

	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 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 as recommended by your GP	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
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 28 days	Cash plan benefits extend to trips abroad				

Immediate cover provided. Pre-existing conditions included.

Benefit levels are annual sums. Dependent children up to age 24 are covered free.