

POLICY AMENDMENT FORM



I wish to amend my existing cover Existing policy no:									
Please indicate ca	sh plan level:								
Payment per MON	Level 1 TH Compar Funded	_	Level2 £10.00	Level 3 £20.00		Level 4 £30.00		Level 5 £40.00	
Your Details (*m	andatory field)								
Title		Surname	2*						
First Name (s)*									
Date of Birth*									
Address*									
						Postco	ode*		
Daytime Tel*					Mobile				
Email Address*									
Details of reside	ent child (ren)	to be cov	vered (FREE O	F CHARGE					
Full name						Date of B	irth		
Full name						Date of B	irth		
Details of reside	ent second ad	ult (s) to l	be covered fo	r the addit	tional pren	nium indic	ated		
Full Name						Date of B			
Full Name						Date of B	irth		
Payment per MON ⁻	Level 1 TH £5.50		Level2 £15.00	Level 3 £25.00		Level 4 £35.00		Level 5 £45.00	
Pre-existing con	ditions								

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".

E	3ank/building society	6	9	-7	-					
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		Reference)					-		
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Banks and building societies may not accept Direct Debit Instructions for some types of account.



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 UK Healthcare will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request UK Healthcare 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 UK Healthcare 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 UK Healthcare 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/serc



Your Corporate Benefits



			Level 2	Level 3	Level 4	Level 5			
Employee Monthly Premium			£10	£20	£30	£40			
Partner Monthly Premium			£15	£25	£35	£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%	£50	£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%	£50	£110	£150	£200	£275			
Health Screening Includes well man/woman screening and all screening that helps prevent an illness	100%	£150	£175	£200	£225	£250			
Specialist Consultation Covers diagnostic consultations and tests	100%	£210	£250	£300	£350	£400			
Wellbeing (Physiotherapy/Osteopathy/Chiropractic/Acupuncture) Covers treatment by a registered practitioner	100%	£110	£150	£200	£250	£300			
Complementary Therapies (Homeopathy/Reflexology/Aromatherapy/Remedial Massage) Covers treatment by a registered practitioner following GP referral	100%	£110	£150	£200	£250	£300			
Chiropody Covers treatment by a chiropodist or podiatrist	100%	£25	£50	£100	£150	£200			
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 CoverUp 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.