

## Voluntary Cash Plan Scheme

		Level 1	Level 2	Level 3	Level 4
Monthly Premium (per person)		£9.00	£14.25	£22.50	£36
Benefit	Payback	Level 1	Level 2	Level 3	Level 4
<b>Dental*</b> Includes check-ups, fillings, hygienist fees, X-Rays and dentures	100%	£50	£95	£175	£260
<b>Optical*</b> Includes eye tests, glasses, contact lenses, repairs and laser eye surgery	100%	£80	£120	£200	£330
<b>Health Screening</b> Includes well man/woman screening and all screening that helps prevent an illness	100%	£50	£100	£200	£300
<b>Specialist Consultation*</b> Covers diagnostic consultations and tests recommended by your GP	100%	£60	£110	£200	£425
<b>Wellbeing (Physiotherapy/Osteopathy/Chiropractic/Acupuncture)*</b> Covers treatment by a registered practitioner up to a max of £20 per visit	100%	£110	£220	£375	£600
<b>Complementary Therapies</b> (Homeopathy/Reflexology/Aromatherapy/Remedial Massage) Covers treatment by a registered practitioner following GP referral	100%		£110	£200	£350
<b>Chiropody</b> Covers treatment by a chiropodist or podiatrist up to a max of £20 per visit	100%		£110	£200	£350
<b>Hospital In-Patient*</b> A nightly allowance for any NHS or private hospital admission	Up to 25 nts	£20	£30	£50	£75
<b>Day Case</b> A daily allowance for day case admissions	Up to 10 vsts		£30	£50	£75
<b>Hospital Parental Stay</b> A nightly allowance for one parent accompanying a child covered by the policy	Up to 24 nts		£30	£50	£75
<b>Maternity/Paternity/Adoption (one adult only)</b> Single payment per child born or adopted. 12 month qualifying period.		£100	£200	£300	£400
<b>Prescriptions</b> The number of standard prescription items that can be claimed (excludes annual prescriptions)			4	8	12
<b>Accidental Death (adult only)</b>		£2,500	£5,000	£7,500	£10,000
<b>Savings on spas, gyms, holidays, theme parks and attractions</b> Services provided by Incorporate Ltd		Access to special membership rates			
<b>Confidential Counselling Helplines</b> Helpline services provided by Health Assured Limited.		Any time support for legal issues, medical problems, counselling & ID theft			
<b>Worldwide Cover (up to 28 days)</b>		Cash Plan benefits extend to trips abroad			

Benefit levels are annual sums with exclusion of optical which is paid over a 2 year period.

\*Children are covered for benefits indicated at 50% of amounts shown.

# APPLICATION FORM

I wish to take out a policy ☐

Existing policy no:

FAO: Andrew Clegg

Please indicate cash plan level:

	Level 1	Level 2	Level 3	Level 4
Payment per MONTH	£9.00 <input type="checkbox"/>	£14.25 <input type="checkbox"/>	£22.50 <input type="checkbox"/>	£36.00 <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"/>

## 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	Level 4
Payment per MONTH	£9.00 <input type="checkbox"/>	£14.25 <input type="checkbox"/>	£22.50 <input type="checkbox"/>	£36.00 <input type="checkbox"/>

## Declaration

I declare that I and all persons covered by this application are in good health and not receiving or needing any medical treatment. I understand that no claim will be accepted in respect of any conditions existing before membership and that I may need to give consent to access my medical records only if deemed necessary by the company. I agree to abide by the terms and conditions of membership and the right of the company to vary them and the range and rates of benefits/contributions if necessary.

### Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
<input type="text"/>	
<input type="text"/>	
Postcode	
<input type="text"/>	

### Name(s) of account holder(s)

<input type="text"/>
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### Branch sort code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Bank/building society account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Service user number

6	9	7	7	6	1
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### Reference

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Instruction to your bank or building society

Please pay UK Healthcare 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 UK Healthcare and, if so, details will be passed electronically to my bank/building society.

Signature(s)
<input type="text"/>
Date
<input type="text"/>



**UK Healthcare™**

*Looking after every body*

# Everyday 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.

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**IN ORDER TO APPLY PLEASE COMPLETE THE FORM ABOVE AND E-MAIL IT BACK TO  
EITHER OF THE FOLLOWING E-MAIL ADDRESSES:**

**[S.LEATHLEY@UKHEALTHCARE.ORG.UK](mailto:S.LEATHLEY@UKHEALTHCARE.ORG.UK)**

**[D.GRIMSHAW@UKHEALTHCARE.ORG.UK](mailto: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**