

Worldwide Cover

Your Corporate Benefits

Cash plan benefits extend to trips abroad

	Level 1	Level 2	Level 3	Level 4	Level 5		
Employee Monthly Premium			Company Funded	Company Funded	£9.00	£24.00	
Partner Monthly Premium			£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 via 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	
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				
	Up to	0 1		C			



CORPORATE POLICY AMENDMENT FORM

I wish to amend m	y existing cover		Existi	ng poli	cy no:					
Please indicate cas	h plan level:									
Payment per MONTI	Level 1 Company Funded		Level2 Company Funded		Level 3 Company Funded		Level 4 £9.00		Level 5 £24.00	
Your Details (*ma	ndatory field)									
Title		Surname	e*							
First Name (s)*										
Date of Birth*										
Address*							Post	code*		
Daytime Tel*					r	Mobile	_			
Email Address*							_			
Details of resider	nt child (ren) t	o be cov	ered (FR	EE OF	CHARGE)					
Full name							Date of B	irth		
Full name							Date of B	irth		
Details of resider	nt second adu	It (s) to	be covere	d for t	he addit	ional p	remium ind	icated		
Full Name							Date of B	irth		
Full Name							Date of B	irth		
Payment per MONTI	Level 1 H £5.50		Level2 £12.00		Level 3 E21.00		Level 4 £30.00		Level 5 £45.00	
Pre-existing cond	litions									
Should you decide to upgrad conditions are covered at the that "any medical condition in the that "the the that "the the the that "the the the the the that "the the the the the the the the the the	e increased benefit leven n existence prior to th	els requested e upgrade, w In	l. For application	ns receive red at the	ed after this po original level	eriod our st of cover".	andard terms and o			RECT bit
Name and full postal addres To: The Manager	s of your bank or buil		ank/building soc	1	Service user r				1	
# 			No. of the Control of		6	9 7	7 7 6	I	_	
Address				ļ	Reference					
					nstruction to	your bank	or building society	,	20 10	
	Postcoo	de			in this instructio that this instruct	n subject to t ion may rema	utory Health Scheme L he safeguards assured ain with Westfield Con to my bank/building so	by the Direct tributory Hea	Debit Guarantee. I u	nderstand
Name(s) of account holder(s)				200					
					Signature(s)					
Branch sort code										-
Bank/building society accou	nt number				Date					
										- 1



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