

Everyday Cash Plan Scheme



		Level 1	Level 2	Level 3	Level 4	
Monthly Premium		£9.00	£14.25	£22.50	£36	
Benefit	Payback	Level 1	Level 2	Level 3	Level 4	
Dental*	100%	£50	£95	£175	£260	
Includes check-ups, fillings, hygienist fees, X-Rays and dentures	10070	130	L <i>JJ</i>		1200	
Optical* Includes eye tests, glasses, contact lenses, repairs and laser eye surgery	100%	£80	£120	£200	£330	
Health Screening Includes well man/woman screening and all screening that helps prevent an illness	100%	£50	£100	£200	£300	
Specialist Consultation* Covers diagnostic consultations and tests recommended by your GP	100%	£60	£110	£200	£425	
Wellbeing (Physiotherapy/Osteopathy/Chiropractic/Acupuncture)* Covers treatment by a registered practitioner up to a max of £20 per visit	100%	£110	£220	£375	£600	
Complementary Therapies (Homeopathy/Reflexology/Aromatherapy/Remedial Massage) Covers treatment by a registered practitioner following GP referral	100%		£110	£200	£350	
Chiropody Covers treatment by a chiropodist or podiatrist up to a max of £20 per visit	100%		£110	£200	£350	
Hospital In-Patient* A nightly allowance for any NHS or private hospital admission	Up to 25 nts	£20	£30	£50	£75	
Day Case A daily allowance for day case admissions	Up to 10 vsts		£30	£50	£75	
Hospital Parental Stay A nightly allowance for one parent accompanying a child covered by the policy	Up to 24 nts		£30	£50	£75	
Maternity/Paternity/Adoption (one adult only) Single payment per child born or adopted. 12 month qualifying period.		£100	£200	£300	£400	
Prescriptions The number of standard prescription items that can be claimed (excludes annual prescriptions)			4	8	12	
Accidental Death (adult only)		£2,500	£5,000	£7,500	£10,000	
Savings on spas, gyms, holidays, theme parks and attractions Services provided by Incorpore Ltd		Access to special membership rates				
Confidential Counselling Helplines Helpline services provided by Health Assured Limited.		Any time support for legal issues, medical problems, counselling & ID theft				
Worldwide Cover (up to 28 days)		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.



Bank/building society account number

APPLICATION FORM



I wish to take out a poli	су	Existing po	ng policy no: FAO: Andrew Clegg			
Please indicate cash pla Payment per MONTH	n level: Level 1 £9.00	Level2 £14.25	Level 3 £22.50	_	Level 4 £36.00	
Your Details (*mandator	ry field)					
Title	Surname	2*				
First Name (s)*						
Date of Birth*						
Address*					Desteeds*	
Dautima Tal*			N/	lobile	Postcode*	
Daytime Tel*				IODIIE	_	
Details of resident ch	ild (ren) to be co	vered (FREE O	F CHARGE)	Da	to of Diath	
Full name					te of Birth	
Full name					ite of Birth	
Details of resident se	cond adult (s) to	be covered fo	r the additi			
Full Name					ate of Birth	
Full Name					ate of Birth	
Payment per MONTH	Level 1 £9.00	Level2 £14.25	Level 3 £22.50		evel 4 36.00	
Declaration	19:00	L14.25	122.30 [50.00	
I declare that I and all person understand that no claim will access my medical records or right of the company to vary	I be accepted in respect nly if deemed necessary them and the range an	t of any conditions y by the company.	existing before I agree to abide /contributions i YOUR bank	membership ar by the terms ar f necessary. Or	nd that I may need	to give consent to
ne and full postal address of your b The Manager		building society	6 9	er 7 7	6 1	
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ne(s) of account holder(s)	Postcode		nstruction to your Please pay UK Her Inderstand that thi	althcare Direct Deb to the safeguards s Instruction may r	its from the account assured by the Direc remain with UK Heal	t Debit Guarantee. I

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

Date



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.

PLEASE RETURN TO:

UK Healthcare

Andrew Clegg -

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