

CORPORATE POLICY AMENDMENT FORM



I wish to amend r	my existing co	over	Exist	ting poli	cy no:					
Please indicate ca	ash plan leve	:								
Payment per MON		rel 1 npany 🔲 ded	Level2 £7.67		Level 3 £16.67	_	Level 4 £25.67		Level 5 £40.67	
Your Details (*m	nandatory field)									
Title		Surnan	ne*							
First Name (s)*										
Date of Birth*										
Address*										
							Posto	code*		
Daytime Tel*						Mobile				
Email Address*										
Details of reside	ent child (re	n) to be co	overed (FI	REE OF	CHARG	E)				
Full name							Date of Bi	rth		
Full name							Date of Bi	rth		
Details of reside	ent second a	adult (s) to	be cover	ed for	the add	itional pre	mium indi	cated		
Full Name							Date of Bi	rth		
Full Name							Date of Bi	rth		
	Leve	el 1	Level2		Level 3		Level 4		Level 5	
Payment per MON	TH £5.5	0	£12.00		£21.00		£30.00		£45.00	
Pre-existing cor	nditions									

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".

InstructUK Healthcare*	tion to your l ety to pay by			ebit				DIR De	E	CT it
Name and full postal address of your bank or building society To: The Manager Bank/building	Service us	er numbe	er				1			
	6	9	7	7	6	1				
Address	Reference						J			
Postcode Name(s) of account holder(s)	Instruction Please pay in this instru- that this ins will be pass	Vestfield Co Iction subje truction may	ontributor ct to the s y remain v	y Health Sc afeguards a vith Westfi	heme Ltd E assured by eld Contrib	the Direct outory Hea	Debit Guar	antee. I u	ndersta	and
Branch sort code	Signature	(s)								
Bank/building society account number										
	Date									



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 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/ageukoxfordshire



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			£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		£200	£400	£600	£800	£1,000		
For dental injury as a direct result of accidental impact	100%					,		
Optical	100%	£60	£110	£150	£200	£275		
Includes eye tests, glasses, contact lenses, repairs and laser eye surgery 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	100%	£200	£260	£300	£400	£600		
Wellbeing (Physiotherapy/Osteopathy/Chiropractic/Acupuncture) Covers treatment by a registered practitioner	100%	£150	£175	£200	£225	£250		
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							
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.