

Your Corporate Benefits



		Level 1	Level 2	Level 3	Level 4	Level 5				
Employee Monthly Premium			£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 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 by 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 + Savings on Holidays, Theme Parks, Retail Discounts and Attractions			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							
Face to Face Counselling Sessions Counselling Sessions provided by a third party			6 x Face to Face Counselling Sessions							
Worldwide Cover	Up 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.



CORPORATE POLICY AMENDMENT FORM



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I wish to amend my existing cover Existing policy no:													
Please indicate	cash plan l	evel:											
Payment per MOI	NTH	Level 1 Company Funded		Level2 £7.67		Level 3 £16.67	_	Level 4 £25.67		Level 5 £40.67			
Your Details (*mandatory field)													
Title			Surname	e*									
First Name (s)*													
Date of Birth*													
Address*													
								Post	code*				
Daytime Tel*							Mobile						
Email Address*													
Details of resident child (ren) to be covered (FREE OF CHARGE)													
Full name									irth				
Full name								Date of Birth					
Details of resident second adult (s) to be covered for the additional premium indicated													
Full Name								Date of B	irth				
Full Name								Date of B	irth				
		Level 1		Level2		Level 3		Level 4		Level 5			
Payment per MO	NTH	£5.50		£12.00		£21.00		£30.00		£45.00			
Pre-existing conditions													

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".

Instruction toUK Healthcare*)ebit				DIR De	EC bi	1
Name and full postal address of your bank or building society To: The Manager Bank/building society	Service L	ser numb	er				T			
To. The Manager Bank/Building Society	6	9	7	7	6	1				
Address	Referenc	e					4			
Postcode Name(s) of account holder(s)	Please pay in this inst that this in	on to your Westfield C ruction subj struction ma sed electror	Contributor ect to the s ay remain v	ry Health Sc afeguards a with Westfi	heme Ltd E assured by eld Contrib	the Direct outory Hea	Debit Guara	antee. I un	derstand	
Branch sort code	Signature	e(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 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 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