

CORPORATE POLICY AMENDMENT FORM



I wish to amend n	ny existing cover	☐ Ex	isting poli	icy no:					
Please indicate ca	Level 1 H Company Funded	Level2	_	Level 3 £16.67		Level 4 £25.67		Level 5 £40.67	
Your Details (*ma									
Title		Surname*							
First Name (s)*									
Date of Birth* Address*				-					
Address						Postco	nde*		
Daytime Tel*					Mobile	1 Ostec	ouc _		
Email Address*						_			
Details of reside	nt child (ren) to	he covered (FRFF OF	CHARGE	١				
Full name	int cima (ren) to	J DC COVC.CU	TREE OF	CHARGE		Date of Birt	th		
Full name						Date of Birt			
Details of reside	nt second adul	t (s) to be cov	ered for	the addit	ional nr	amium indic	ated		
Full Name	iit second addi	t (3) to be cov	crea for	tile addit	ional pro	Date of Bir	_		
Full Name						Date of Bir			
	Level 1	Level2		Level 3		Level 4	_	Level 5	
Payment per MONT	TH £5.50	£12.00) [£21.00		£30.00		£45.00	
Pre-existing con	ditions								
Should you decide to upgra conditions are covered at th that "any medical condition	ne increased benefit leve	ls requested. For appl	ications receiv	ed after this p	eriod our star				ates
UK Healthcar	e -	Instructuilding socie	ety to p	ay by [Direct [Debit) De	ECT b i t
Name and full postal addre To: The Manager	ss of your bank or build	Bank/building	manufacture and the second	Service user	9 7	7 6	1		
Address				Reference					
			a 8	Instruction to	your bank or	building society			
	Postcod	е		Please pay West in this instruction that this instruction	tfield Contributo in subject to the tion may remain	ry Health Scheme Ltd [safeguards assured by with Westfield Contrib	the Direct Doutory Healt	ebit Guarantee. I ur	nderstand
Name(s) of account holder	9435199655038624699	е		Please pay West in this instruction that this instruction	tfield Contributo in subject to the tion may remain	ry Health Scheme Ltd [safeguards assured by	the Direct Doutory Healt	ebit Guarantee. I ur	nderstand
Name(s) of account holder	9435199655038624699	e		Please pay West in this instruction that this instruction	tfield Contributo in subject to the tion may remain	ry Health Scheme Ltd [safeguards assured by with Westfield Contrib	the Direct Doutory Healt	ebit Guarantee. I ur	nderstand
Name(s) of account holder Branch sort code	9435199655038624699	e		Please pay West in this instruction that this instruction will be passed e	tfield Contributo in subject to the tion may remain	ry Health Scheme Ltd [safeguards assured by with Westfield Contrib	the Direct Doutory Healt	ebit Guarantee. I ur	nderstand
	9435199655038624699	e		Please pay West in this instruction that this instruction will be passed e	tfield Contributo in subject to the tion may remain	ry Health Scheme Ltd [safeguards assured by with Westfield Contrib	the Direct Doutory Healt	ebit Guarantee. I ur	nderstand



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



Worldwide Cover

Your Corporate Benefits



Cash plan benefits extend to trips abroad

A Westfield Health company					Y (BYC	,	
		Level 1	Level 2	Level 3	Level 4	Level 5	
Employee Monthly Premium			£7.67	£16.67	£25.67	£40.67	
Partner Monthly Premium		£5.50	£12	£21	£30	£45	
Benefit	Payback	Level 1	Level 2	Level 3	Level 4	Level 5	
Dental	100%	£60	£110	£150	£200	£275	
Includes check-ups, fillings, hygienist fees, X-Rays and dentures							
Dental Accidents For dental injury as a direct result of accidental impact	100%	£200	£400	£600	£800	£1,000	
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	£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 Incorpore Ltd			Access to special membership rates				
Savings on holidays, theme parks, retail discounts and attractions Services provided by Incorpore Ltd		Access to special discounted rates					
Confidential Counselling Helplines Helpline services provided by Health Assured Limited			Anytime support for legal issues, medical problems, counselling and ID theft				
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