

CORPORATE POLICY AMENDMENT FORM



I wish to amend my existing cover	Existing po	olicy no:		
Please indicate cash plan level:				
Payment per MONTH Company Funded	Level2 □ £7.67 □	Level 3] £16.67 [Level 4 £25.67	Level 5 £40.67
Your Details (*mandatory field)				
Title	Surname*			
First Name (s)*				
Date of Birth*				
Address*				
			Postcode*	
Daytime Tel*		Mobile		
Email Address*				
Details of resident child (ren) t	o be covered (FREE O	F CHARGE)		
Full name			Date of Birth	
Full name			Date of Birth	
Details of resident second adul	t (s) to be covered fo	r the additional pro	omium indicated	
Full Name	it (s) to be covered to	i tile additional pre	Date of Birth	
Full Name			Date of Birth	
	Level2	Level 3		Level 5
Level 1 Payment per MONTH £5.50	f12.00	£21.00	Level 4 £30.00	£45.00
Pre-existing conditions				
Should you decide to upgrade your level of cover, p conditions are covered at the increased benefit leve that "any medical condition in existence prior to the	els requested. For applications rec e upgrade, will only be covered at t	eived after this period our stan	· -	
UK Healthcare*	uilding society to	pay by Direct D	Debit	Debi
Name and full postal address of your bank or buil To: The Manager	ding society Bank/building society	Service user number 6 9 7	7 6 1	1
Address		0 0 7	7 0 1	J
		Reference		
		Instruction to your bank or	building society	
Postcoc	le	Please pay Westfield Contributo in this instruction subject to the that this instruction may remain will be passed electronically to n	safeguards assured by the Direct with Westfield Contributory Hea	Debit Guarantee. I understand
Name(s) of account holder(s)				
		Signature(s)		
Branch sort code				
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 TO EITHER OF THE FOLLOWING E-MAIL ADDRESSES:

S.LEATHLEY@UKHEALTHCARE.ORG.UK

D.GRIMSHAW@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			_		LOIC	7
		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	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				

Immediate cover provided. Pre-existing conditions included.
Benefit levels are annual sums. Dependent children up to age 24 are covered free.