

# 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		£5.50	£12	£21	£30	£45		
Benefit	Payback	Level 1	Level 2	Level 3	Level 4	Level 5		
<b>Dental</b> 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		
<b>Optical</b> 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	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		
<b>Chiropody</b> 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		
<b>Prescriptions</b> 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						
Face to Face Counselling Sessions Counselling Sessions provided by a third party			Up to 6 Face to Face Counselling Sessions					
Worldwide Cover	Up to 28 davs	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.

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UK Healthcare ~ A Westfield Health company	CORPOR	ATE POLICY	AMENDMEN		unedau i fod yn falch ohonynt communities to be proud of	
I wish to amend my existing cover Existing policy no:						
Please indicate cash p	lan level:					
Payment per MONTH	Level 1 Company 🔲 Funded	Level2 £7.67	Level 3 £16.67	Level 4 £25.67	Level 5 £40.67	
Your Details (*mandat						
Title	Surnam	e*				
First Name (s)*						
Date of Birth*						
Address*				Destendo*	_	
Daytime Tel*			Mobile	Postcode*		
Email Address*			Wobile	_		
	hild (ven) to be es	wared (EDEE O				
Details of resident o	nild (ren) to be co	vered (FREE O	F CHARGE)	Date of Birth		
Full name				Date of Birth		
Full name						
Details of resident s	econd adult (s) to	be covered for	r the additional p			
Full Name				Date of Birth	_	
Full Name		Laural 2	Laural 2	Date of Birth	Laural E	
Payment per MONTH	Level 1 £5.50	Level2 £12.00	Level 3 £21.00	Level 4 £30.00	Level 5 £45.00	
Pre-existing condition	ons					
Should you decide to upgrade yo conditions are covered at the ind that "any medical condition in e	creased benefit levels reques	ted. For applications re	ceived after this period our	standard terms and condition		
63	j	nstruction to	o your bank o	r 🖉	DIRE	СТ

Ö	building society to pay by Direct Debit						DIRECT				
UK Healthcare <sup>*</sup>	building society	to pay by	y Dire	ect L	Pebit				ebit		
Name and full postal address of your ban	k or building society	Service u	ser numb	er		_		-			
To: The Manager	Bank/building socie	<sup>ety</sup> 6	9	7	7	6	1				
Address		Reference	)		· · · · ·			4			
Postcode Name(s) of account holder(s)			Instruction to your bank or building society Please pay Westfield Contributory Health Scheme Ltd Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Westfield Contributory Health Scheme Ltd and, if so details will be passed electronically to my bank/building society.								
Branch sort code		Signature	(S)								
Bank/building society account number		Date									

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



# **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