

	Level 1	Level 2	Level 3	Level 4
Employee Monthly Premium	Company Funded	£3.00	£6.00	£10.50
Partner Monthly Premium	£12.50	£15.50	£18.50	£23

Benefit	Payback	Level 1	Level 2	Level 3	Level 4
Dental Includes check-ups, fillings, hygienist fees, X-Rays and dentures	100%	£130	£160	£190	£250
Optical Includes eye tests, glasses, contact lenses, repairs and laser eye surgery	100%	£110	£140	£170	£230
Health Screening Includes all screening that helps prevent an illness (Once every 3 years)	100%	£50	£50	£50	£50
Specialist Consultation Covers diagnostic consultations and tests as recommended via your GP	100%	£300	£400	£500	£600
Wellbeing (Physiotherapy/Osteopathy/Chiropractic/Acupuncture) Covers treatment by a registered practitioner	100%	£300	£400	£500	£600
Complementary Therapies (Homeopathy/Reflexology/Aromatherapy/Remedial Massage) Covers treatment by a registered practitioner (GP Referral Needed)	100%	£100	£150	£200	£250
Maternity/Paternity/Adoption (one adult only) Single payment per child born or adopted.	100%	£100	£150	£200	£250
Hospital In-Patient A nightly allowance for any NHS or private hospital admission	Up to 15 nts	£10	£15	£20	£25
Prescriptions The number of standard prescription items that can be claimed		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 & 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 Services Services provided by a third party	Up to 6 x Face to Face Counselling Sessions				
Worldwide Cover (up to 28 days)	Cash plan benefits extend to trips abroad				

- Dependent children up to age 24 (in Full time Education) are covered free.
- Immediate Benefit
- Pre-existing Conditions Included

POLICY AMENDMENT FORM

I wish to take out / amend a policy ☐

Existing policy no:

Please indicate cash plan level:

	Level 1	Level 2	Level 3	Level 4
Payment per MONTH	Company	£3.00	£6.00	£10.50
	Funded			

Your Details (*mandatory field)

Title Surname*

First Name (s)*

Date of Birth*

Address*

Postcode*

Daytime Tel* Mobile

Email Address*

Details of resident child (ren) to be covered (FREE OF CHARGE)

Full name	<input type="text"/>	Date of Birth	<input type="text"/>
Full name	<input type="text"/>	Date of Birth	<input type="text"/>
Full name	<input type="text"/>	Date of Birth	<input type="text"/>

Details of resident second adult (s) to be covered for the additional premium indicated

Full name	<input type="text"/>	Date of Birth	<input type="text"/>
Full name	<input type="text"/>	Date of Birth	<input type="text"/>

	Level 1	Level 2	Level 3	Level 4
Payment per MONTH	£12.50	£15.50	£18.50	£23.00

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".

Payroll Deduction Authority

Employer's name* Chess Limited

Work address* Bridgford House, Heyes Lane

Alderley Edge, Cheshire

Postcode* SK9 7JP

Department Payroll

Payroll / staff / pension number I am paid ☐ weekly ☐ monthly ☐

I hereby authorise the above deduction from my salary/wage/pension (for such future amounts as may be in force throughout my membership) and for them to be held in trust and remitted to UK Healthcare. **Payroll Department: Please ensure that the application form has been forwarded to our office and retain a copy of this section for your records. Please confirm date of 1st deduction, then scan and email to corporate@ukhealthcare.org.uk**

Date of first deduction:

Signature Date