

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

Partner Monthly Premium		£5.50	£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	
MRI, CT and PET Scans Covers MRI, CT and PET Scanning	100%	£300	£350	£400	£450	£500	
Wellbeing (Physiotherapy/Osteopathy/Chiropractic/Acupuncture) Covers treatment by a registered practitioner	100%	£150	£280	£370	£500	£750	
Complementary Therapies & Chiropody Homeopathy / Reflexology / Aromatherapy / Remedial Massage - Covers treatment by a registered practitioner following GP referral Chiropody - Covers treatment by a chiropodist or podiatrist	100%	£50	£100	£150	£200	£250	
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)			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				
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 (In Full Time Education)



CORPORATE POLICY AMENDMENT FORM



I wish to amend my exi	sting cover	Exi	sting poli	icy no:					
Please indicate cash pla	ın level:								
Payment per MONTH	Level 1 Company Funded	Level2 D £7.67		Level 3 £16.67		Leve £25.	_	Level 5 £40.67	
Your Details (*mandato	ry field)								
Title	Su	rname*							
First Name (s)*									
Date of Birth*									
Address*									
						Po	stcode*		
Daytime Tel*					Mobile				
Email Address*									
Details of resident ch	ild (ren) to k	e covered (FREE OF	CHARGE					
Full name						Date of	Birth		
Full name						Date of	Birth		
Details of resident se	cond adult (s) to be cove	ered for	the addi	tional p	remium ir	ndicated		
Full Name		,				Date of			
Full Name						Date of	f Birth		
	Level 1	Level2		Level 3		Level 4		Level 5	
Payment per MONTH	£5.50	£12.00		£21.00		£30.00		£45.00	
Pre-existing conditio	ns								
Should you decide to upgrade your conditions are covered at the increa that "any medical condition in exist	ased benefit levels re	equested. For applic grade, will only be c	cations receiv	ved after this pe original level	period our sta of cover".				itates
UK Healthcare		Instruct ding socie		ay by I	Direct	Debit		DIF	RECT
Name and full postal address of you To: The Manager	our bank or building	Bank/building	society	Service user	9 7	7	6 1	1	
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	Postcode			in this instruction that this instruc	on subject to th tion may rema	e safeguards assu in with Westfield	red by the Direc Contributory He	oits from the account It Debit Guarantee. I I alth Scheme Ltd and,	understand
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Branch sort code		1		Signature(s)					
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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 UK Healthcare will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request UK Healthcare 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 UK Healthcare 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 UK Healthcare 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

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 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

www.ukhealthcare.org.uk/JRF