

Worldwide Cover

Your Corporate Benefits



Cash plan benefits extend to trips abroad

A Westfield Health company	ASSOCIATES						
		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			£110				
Includes check-ups, fillings, hygienist fees, X-Rays and dentures	100%	£60	EIIU	£150	£200	£275	
Dental Accidents For dental injury as a direct result of accidental impact	100%	£200	£400	£600	£800	£1,000	
Optical	1000/	660	6110	6450	6200	6275	
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	
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 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				



CORPORATE POLICY AMENDMENT FORM



I wish to amend my exi		Existi	ing poli	cy no:							
Please indicate cash pla Payment per MONTH	Level 1 Company □ Funded	Level2 £7.67		Level 3 £16.67		Level 4 £25.67		Level 5 £40.67			
Your Details (*mandato		ame*									
Title First Name (s)*	Surna	ame"									
Date of Birth*											
Address*											
						Post	code*				
Daytime Tel*					Mobile	_	-				
Email Address*											
Details of resident ch	nild (ren) to be	covered (FR	EE OF	CHARGE							
Full name						Date of Bi	Date of Birth				
Full name						Date of Bi	rth				
Details of resident se	cond adult (s)	to be covere	ed for t	the addit	ional p	remium indi	cated				
Full Name						Date of Bi	rth				
Full Name						Date of Bi	rth				
	Level 1	Level2	_	Level 3		Level 4		Level 5			
Payment per MONTH	£5.50	£12.00	±	£21.00	Ш	£30.00	Ш	£45.00			
conditions are covered at the increating that "any medical condition in exist that "a	ence prior to the upgrad	Instructiong society	on to y	your ba	of cover". ank or Direct		onditions w	DIR	EC b i		
lame and full postal address of yo To: The Manager	our bank or building so	Bank/building so		Service user	9 7	7 6	1	ľ			
Address				0	,	, ,		l,			
				Reference							
					and the second	or building society tory Health Scheme Lt	l Direct Debit	s from the account de	etailed		
	Postcode			in this instruction that this instruct	n subject to th ion may rema	e safeguards assured b in with Westfield Cont o my bank/building soo	y the Direct [ributory Heal	Debit Guarantee. I un	derstand		
lame(s) of account holder(s)				Signature(s)							
Branch sort code	1 1 1										
Bank/building society account nur	mber			Data							
				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 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/johnsassociates