

POLICY AMENDMENT FORM



I wish to amend my existing cover Existing policy no:							
Please indicate cash plan level:							
	Level 1	Level 2	Lev	el 3			
Payment per MONTH	Company Paid	£7.67	£16	5.67			
Your Details (*mandatory field)							
Title	Surname*						
First Name (s)*							
Date of Birth*							
Address*							
				Postcode*			
Daytime Tel*			Mobile				
Email Address*							
Details of resident child (ren) to be covered (FREE OF CHARGE)							
Full name			C	ate of Birth			
Full name				ate of Birth			
Full name			C	ate of Birth			
Full name			C	ate of Birth			
Details of resident second adult (s) to be covered for the additional premium indicated							
Full name			D	ate of Birth			
Full name			D	ate of Birth			
	Level 1	Level 2	Lev	el 3			
Payment per MONTH	£5.50	£12.00	£21	.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*	AAK UK Ltd (Group 10501)							
Work address*	King George Dock							
	Hull							
Postcode*	HU9 5PX		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 via email to <u>s.leathley@ukhealthcare.org.uk</u> or <u>d.grimshaw@ukhealthcare.org.uk</u> Payroll Department : Please ensure that the application form has been forwarded to our office and retain a copy of this section for your records.								
Signature				Date				

Signature

UK Healthcare

Cash Plan Policy

Level 1 Level 2

Company Funded **£7.67 £16.67** Per Per Month Month

Level 3

*Dental							
Includes check-ups, fillings, hygienist fees, x-rays and dentures	100%	Adult/Child		£60	£120	£180	
Dental Accidents 100%		Adult		£200	£400	£600	
For dental injury as a direct result of accidental impact	100 /6	Adult		£200	£400	£000	
*Optical							
Includes eye test, glasses, contact lenses, repairs, laser eye surgery	100%	Adult/Child		£60	£120	£180	
Wellbeing		Adult		£150	£300	£450	
(Physiotherapy/Osteopathy/Chiropractic/Acupuncture)	100%						
Covers treatment by a registered practitioner							
Specialist Consultation		Adult			£600	£700	
Covers diagnostic consultations and tests recommended by your GP. Included PMI excess payments	100%			£500			
Chiropody	4000/				050	0400	
Covers treatment provided by a chiropodist/podiatrist	100%	Adu	ult	£20	£50	£100	
Complementary Therapies		Adult		£100	£150	£200	
(Homeopathy/Reflexology/Aromatherapy)	100%						
Covers treatment by a registered practitioner following GP referral							
Health Screening							
Includes well man/woman screening that helps	100%	100% Adult		£100	£200	£300	
prevent an illness							
Prescriptions		No. of Items			•	<u> </u>	
The number of standard prescriptions that can be claimed for (excludes annual prescriptions).				1	2	3	
Confidential Telephone Helpline	Anytime support for legal issues, medical problems, counselling and ID theft.						
0800 107 6585 – Quote scheme no 72740	Helpline services are provided by a third party						
Discounted Gym Membership							
Access to special membership rates. Services provided	Use company reference 'UKH' when accessing online under Members Offers						
party							
Savings on spas, gyms, holidays, theme parks		Use company reference 'UKH' when accessing online under Members Offers					
and attractions							
Services provided by a third party							
Worldwide Cover	Up to 28	Adult/Child		\checkmark			
Cash plan benefits apply to trips abroad	days						
*Children are covered for dental & optical benefits							

www.ukhealthcare.org.uk/aak