

Your Corporate Benefits

minster law

		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
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 following GP referral	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		1	2	3	4	5
Discounted Gym / Spa Membership Services provided by a third party		Ad	ccess to sp	ecial meml	bership rat	es
Savings on holidays, theme parks, retail discounts and attract Services provided by a third party	ions	A	ccess to sp	oecial disco	ounted rate	es
Confidential Counselling Helplines Helpline services provided by a third party			ime suppo roblems, c	-		
Worldwide Cover	Up to 28 days	Cash	plan bene	fits extend	to trips at	proad

Immediate cover provided. Pre-existing conditions included.

Benefit levels are annual sums. Dependent children up to age 24 are covered free.

UK Healthcare Looking after every body		<u>POLI</u>	<u>CY A</u>	ME	NDM	<u>ENT FO</u>	<u>DRM</u>	າໂາ	minster law	
I wish to amend my existi	ng cover		Existi	ng pol	icy no:					
Please indicate cash plan	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 (*mandatory field)										
Title	S	urname*								
First Name (s)*										
Date of Birth*										
Address*										
							Postco	ode*		
Daytime Tel*						Mobile				
Email Address*							-			
Details of resident child	d (ren) to	be cove	red (FR	EE OF	CHARGE	E)				
Full name							Date of B	irth		
Full name							Date of B	irth		
Details of resident seco	ond adult	: / Partne	er to be	cover	ed for th	he additior	al premiu	n indi	icated	
Full Name							Date of B	irth		
Payment per MONTH	Level 1 £5.50		Level2 £12.00		Level 3 £21.00		Level 4 £30.00		Level 5 £45.00	
Pre-existing conditions										

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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".

Name and full postal address of your bank or building		rvice us	er numbe	er		0				
To: The Manager	Bank/building society	6	9	7	7	6	1			
Address	Ref	ference						4		
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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 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

www.ukhealthcare.org.uk/minsterlaw