

Your Corporate Benefits

Murray Group

	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

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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	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					
Worldwide Cover	Up to 28 days	Cash plan benefits extend to trips abroad						



CORPORATE POLICY AMENDMENT FORM

Murray Group

I wish to amend my exi	• _	Existing	policy no:							
Please indicate cash plants Payment per MONTH	an level: Level 1 Company Funded	Level2 £7.67	Level £16.67	_	Level 4 £25.67		Level 5 £40.67			
Your Details (*mandate										
Title	Surnam	e*								
First Name (s)*										
Date of Birth*										
Address*					D I.					
Dayting a Talk				D. A. a. la il a	Postc	ode*				
Daytime Tel*				Mobile	_					
Email Address*										
Details of resident ch	nild (ren) to be co	vered (FREE	OF CHARG	iE)						
Full name					Date of B					
Full name					Date of B	Birth				
Details of resident se	econd adult (s) to	be covered	for the add	litional pre	emium indic	cated				
Full Name					Date of E	Date of Birth				
Full Name					Date of E	Birth				
	Level 1	Level2	Level 3		Level 4		Level 5			
Payment per MONTH	£5.50 📙	£12.00 _	£21.00		£30.00	Ш	£45.00			
Should you decide to upgrade you conditions are covered at the incut that "any medical condition in ex	reased benefit levels reques istence prior to the upgrade	ted. For application , will only be covere nstruction	s received after to deat the original leads to your	his period our sta evel of cover". bank or	andard terms and c		vill apply, which sta	ECT		
UK Healthcare*	buildin	g society	to pay by	y Direct	Debit		De	b i ·		
Name and full postal address of To: The Manager	your bank or building soci	ety Bank/building socie	ty	ser number	-	-	1			
			<u> </u>	9 7	7 6		1			
Address			Reference	•						
			Instruction	n to your bank o	or building society	,				
	Postcode		Please pay in this instr that this in:	Westfield Contribu uction subject to th struction may remai	tory Health Scheme Lt e safeguards assured n with Westfield Cont o my bank/building so	d Direct Debit by the Direct I tributory Heal	Debit Guarantee. I ur	nderstand		
Name(s) of account holder(s)	<u> </u>		Signature	(s)						
			Joignatule							
Branch sort code										
Bank/building society account n	umber		Date							
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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