

Your Corporate Benefits

QUALITEST

		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	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

I wish to amend my exi	_	Existing	policy no:							
Please indicate cash plants Payment per MONTH	Level 1 Company Funded	Level2 £7.67	Leve	_]	_	vel 4 25.67		Level 5 £40.67	
Your Details (*mandate										
Title	Surnan	ne*								
First Name (s)* Date of Birth*										
Address*										
7 dai ess							Postc	ode*		
Daytime Tel*				Mob	ile	_				
Email Address*				•		_				
Details of resident ch	nild (ren) to be co	overed (FREE	OF CHAR	GE)						
Full name						Date	of Bir	th		
Full name						Date	of Bir	th		
Details of resident se	econd adult (s) to	be covered	for the ac	ditiona	al pre	mium	indi	ated		
Full Name						Date	of Bir	th		
Full Name						Date	of Bir	th		
	Level 1	Level2	Level 3			Leve			Level 5	
Pre-existing condition	£5.50	£12.00	£21.00	Ш		£30.	.00	Ш	£45.00	
Should you decide to upgrade your conditions are covered at the incre that "any medical condition in exist that "the increase of the condition in exist that "the	ased benefit levels request tence prior to the upgrade,	ed. For applications	received after t at the original I	nis period of evel of cove	our stander".	dard term	-			RECT
lame and full postal address of yo	100	ty Bank/building society		ser numbe	er			T _	1	
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Address			Referenc	•		i i		Ť	1 1 1 1	
			Instruction	n to your l	oank or	building :	society			
	Postcode		in this insti that this in	uction subje	ct to the s remain v	afeguards a with Westfi	assured by ield Contri	the Direct butory Hea	its from the accour Debit Guarantee. Ith Scheme Ltd and	I understand
Name(s) of account holder(s)			Signature	e(s)						
Branch sort code										
Bank/building society account nu	mber		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 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 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