

I wish to take out a policy Existing policy no:

Please indicate cash plan level:

Payment per MONTH Level 2 Level 3 Level 4
 Company £8.00 £20.50
 Funded

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 Date of Birth
 Full name Date of Birth

Details of resident second adult (s) to be covered for the additional premium indicated

Full Name Date of Birth
 Full Name Date of Birth
 Payment per MONTH Level 1 Level 2 Level 3 Level 4
 £8.50 £13.50 £21.50 £34.00

Declaration

I declare that I and all persons covered by this application are in good health and not receiving or needing any medical treatment. I understand that no claim will be accepted in respect of any conditions existing before membership and that I may need to give consent to access my medical records only if deemed necessary by the company. I agree to abide by the terms and conditions of membership and the right of the company to vary them and the range and rates of benefits/contributions if necessary.

Payroll Deduction Authority

Employer's name*
 Work address*

 Postcode* Department
 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. **Payroll Department: Please ensure that the application form has been forwarded to our office and retain a copy of this section for your records. Please confirm date of 1st deduction, then scan and email to d.grimshaw@ukhealthcare.org.uk or s.leathley@ukhealthcare.org.uk Date of first deduction:**

Signature Date



Benefits Table

	Level 1	Level 2	Level 3	Level 4
Employee Monthly Premium	—	Company Funded	£8	£20.50
Partner Monthly Premium	£8.50	£13.50	£21.50	£34.00

Benefit	Payback	Level 1	Level 2	Level 3	Level 4
Dental* Includes check-ups, fillings, hygienist fees, X-Rays and dentures	100%	£50	£95	£175	£260
Optical* Includes eye tests, glasses, contact lenses, repairs and laser eye surgery	100%	£80	£120	£200	£330
Health Screening Includes well man/woman screening and all screening that helps prevent an illness	100%	£50	£100	£200	£300
Specialist Consultation* Covers diagnostic consultations and tests recommended by your GP	100%	£60	£110	£200	£425
Wellbeing (Physiotherapy/Osteopathy/Chiropractic/Acupuncture)* Covers treatment by a registered practitioner up to a max of £20 per visit	100%	£110	£220	£375	£600
Complementary Therapies (Homeopathy/Reflexology/Aromatherapy) Covers treatment by a registered practitioner following GP referral	100%		£110	£200	£350
Chiropody Covers treatment by a chiropodist or podiatrist up to a max of £20 per visit	100%		£110	£200	£350
Hospital In-Patient* A nightly allowance for any NHS or private hospital admission	Up to 25 nts	£20	£30	£50	£75
Day Case A daily allowance for day case admissions	Up to 10 vsts		£30	£50	£75
Hospital Parental Stay A nightly allowance for one parent accompanying a child covered by the policy	Up to 24 nts		£30	£50	£75
Maternity/Paternity/Adoption (one adult only) Single payment per child born or adopted. 12 month qualifying period.		£100	£200	£300	£400
Prescriptions The number of standard prescription items that can be claimed (excludes annual prescriptions)			4	8	12
Accidental Death (adult only)		£2,500	£5,000	£7,500	£10,000
Savings on spas, gyms, holidays, theme parks and attractions Services provided by a third party		Access to special membership rates			
Confidential Counselling Helplines Helpline services provided by a third party		Any time support for legal issues, medical problems, counselling & ID theft			
Worldwide Cover (up to 28 days)		Cash Plan benefits extend to trips abroad			

Benefit levels are annual sums with exclusion of optical which is paid over a 2 year period.

*Children are covered for benefits indicated at 50% of amounts shown.