

Your Corporate Benefits



Anytime support for legal issues, medical

problems, counselling and ID theft

Cash plan benefits extend to trips abroad

		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						2277			
Includes check-ups, fillings, hygienist fees, X-Rays and dentures	100%	£60	£110	£150	£200	£275			
Dental Accidents	100%	£200	£400	£600	£800	£1,000			
For dental injury as a direct result of accidental impact									
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	100%	£200	£260	£300	£400	£600			
Covers diagnostic consultations and tests 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	Up to								
A nightly allowance for one parent accompanying a child covered by the policy	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 attract	Access to special discounted rates								

Confidential Counselling HelplinesHelpline services provided by a third party

Worldwide Cover





CORPORATE POLICY AMENDMENT FORM

I wish to amend n	ny existii	ng cove	er [Exis	ting pol	icy no):														
Please indicate ca	sh plan l	evel:																				
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Full name	Address* ils of resident child (ren) to be covered (FREE OF CHARGE) ame Date of Birth Date of Birth ils of resident second adult (s) to be covered for the additional premium indicated lame Date of Birth Date of Birth Level 1 Level 1 Level 2 Level 3 Level 4 Level 5																					
Full name												Dat	e of B	irth								
Details of reside	nt seco	nd ad	ult (s)	to be	cove	red for	the a	ddi	tion	al p	rem	nium	indic	ated								
Full Name												Dat	e of E	Birth Birth Level 5 £45.00								
Full Name												Dat	e of E	irth								
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Pre-existing con	ditions																					
Should you decide to upg conditions are covered at that "any medical conditions are covered at the conditions are conditions and the conditions are conditional conditions.	the increase	ed benefit	levels re	quested.	For appli	cations rece	eived af	er thi	s perio	d our	standa		_				_	h stat	es			
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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 THE FOLLOWING E-MAIL ADDRESS:

corporate@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