

## **Your Corporate Benefits**



	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

Partner Monthly Premium		£5.50	±12	£21	±30	£45	
Benefit	Payback	Level 1	Level 2	Level 3	Level 4	Level 5	
<b>Dental</b> Includes check-ups, fillings, hygienist fees, X-Rays and dentures	100%	£60	£110	£150	£200	£275	
<b>Dental Accidents</b> 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	
Confidential Counselling Helplines Helpline services provided by a 3 <sup>rd</sup> 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					

Immediate cover provided. Pre-existing conditions included.
Benefit levels are annual sums. Dependent children up to age 24 are covered free.



### CORPORATE POLICY AMENDMENT FORM



I wish to amend my existing	ng cover	Existing p	olicy no:					
Please indicate cash plan	Level 1 Company 🔲 Funded	Level2 £7.67	Level 3 ] £16.67		Level 4 £25.67		Level 5 £40.67	
Title First Name (s)*	ield) Surname	*						
Date of Birth* Address*					Postco	ode*		
Daytime Tel* Email Address*			ſ	Mobile	-			
Pull name Full name	l (ren) to be cov	ered (FREE C	F CHARGE		Date of B			
Details of resident second Full Name Full Name				ional pre	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  Should you decide to upgrade your let conditions are covered at the increase that "any medical condition in existential".	ed benefit levels requeste	d. For applications r	eceived after this	period our star	,	•		etes
<b>⇔</b> UK Healthcare™	building	struction to society to	pay by	Direct [	Debit		) De	ECT b i t
Name and full postal address of your To: The Manager	100 100 100 100 100 100 100 100 100 100	y sank/building society	Service user	9 7	7 6	1	p	
Address			Reference					
	Postcode		Please pay We in this instruct that this instru	stfield Contribute ion subject to the action may remain	r building society ory Health Scheme Ltd safeguards assured b with Westfield Cont my bank/building soc	oy the Direct D ributory Healt	ebit Guarantee. I un	derstand
Name(s) of account holder(s)			Signature(s)	14 60				
Branch sort code								
Bank/building society account numb	er		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 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.

### **PLEASE RETURN TO:**

IN ORDER TO UPGRADE, ADD A PARTNER OR INCLUDE YOUR CHILDREN, WHILST OUR POSTAL SERVICE IS TEMPORAILY DELAYED DUE TO COVID-19, PLEASE COMPLETE THE FORM ABOVE AND E-MAIL BACK TO THE FOLLOWING E-MAIL ADDRESSES:

D.GRIMSHAW@UKHEALTHCARE.ORG.UK

S.LEATHLEY@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