

## **POLICY AMENDMENT FORM**



I wish to join / amer	nd my cover	Existing po	licy no:							
Please indicate cash p										
Payment per MONTH	Level 1 Company	Level2 £7.67	Level 3 £16.67	Level 4 £25.67	Level 5 £40.67					
Your Details (*mandat	Funded tory field)									
Title	Surname	*								
First Name (s)*		_								
Date of Birth*										
Address*										
				Postcode*						
Daytime Tel*			Mobi	le						
Email Address*										
Details of resident of	child (ren) to be cov	vered (FREE O	F CHARGE)							
Full name				Date of Birth						
Full name				Date of Birth						
Full name				Date of Birth						
Full name				Date of Birth						
Details of resident s	second adult (s) to	be covered for	r the additiona	al premium indicated						
Full				Date of Birth						
name										
Full				Date of Birth						
name										
Payment per MONTH	Level 1 £5.50	Level2 £12.00	Level 3 £21.00	Level 4 £30.00	Level 5 £45.00					
Pre-existing condition										
Should you decide to up guarantee that any pre-	grade your level of cov existing conditions are I terms and conditions v	covered at the in will apply, which	creased benefit le	is application form within evels requested. For appl nedical condition in existe	ications received after					
Payroll Deduction A	uthority									
Employer's name*	SolutionsPT Ltd (Gr	oup 10528)								
Work address*	Unit 1, Oakfield Road									
	Cheadle Royal Business Park, Cheadle									
Postcode*	SK8 3GX		Department	Payroll						
Payroll / staff / pensio		any/waga/nansian	I am paid	weekly	monthly					
•	· ·			ounts as may be in force thr p <mark>artment: Please ensure tha</mark>						
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 corporate@ukhealthcare.org.uk Date of first deduction:										
Signature				Date						



## Your Corporate Benefits Plan Solutions Pt



Looking after every body								
		Level 1	Level 2	Level 3	Level 4	Level 5		
Employee Monthly Premium			£7.67	£16.67	£25.67	£40.67		
Partner Monthly Premium			£12.00	£21.00	£30.00	£45.00		
Benefit	Payback	Level 1	Level 2	Level 3	Level 4	Level 5		
Dental	100%	£60	£110	£150	£200	£275		
Includes check-ups, fillings, hygienist fees, X-Rays and dentures								
Dental Accidents  For dental injury as a direct result of accidental impact	100%	£200	£400	£600	£800	£1,000		
Optical	1000/	660	6110	6450	6200	6275		
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	100%	£100	£130	£150	£200	£300		
an illness								
Specialist Consultation  Covers diagnostic consultations and tests recommended by your GP	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)	100%	£50	£100	£150	£200	£250		
Covers treatment by a registered practitioner following GP referral								
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		
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			Anytime support for legal issues, medical problems, counselling and ID theft					
Worldwide Cover	Up to	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.

www.ukhealthcare.org.uk/solutions