

POLICY AMENDMENT FORM



Pease indicate cash plan level: Level 1	I wish to take out / ar	nend a policy		Existing	policy no:					
Payment per MONTH	Please indicate cash p									
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Payment per MONTH Level 1	name									
Level 1	Full						Date of B	irth		
Pre-existing conditions Should you decide to upgrade your level of cover, please complete and return this application form within the next 30 days, to guarantee that any pre-existing conditions are covered at the increased benefit levels requested. For applications received after this period our standard terms and conditions will apply, which states that "any medical condition in existence prior to the upgrade, will only be covered at the original level of cover". Payroll Deduction Authority Employer's name* Reabrook Ltd Work address* Rawdon Road, Moira, Swadlincote Derbyshire Postcode* DE12 6DA Department Payroll 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	name									
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Corporate Benefits Plan



Looking after every body									
		Level 1	Level 2	Level 3	Level 4	Level 5			
Employee Monthly Premium	£2.17	£9.84	£18.84	£27.84	£42.84				
Partner Monthly Premium	£5.50	£12.00	£21.00	£30.00	£45.00				
D	B. 11								
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	1000/	£60	£110	£150	C200	C27F			
Includes eye tests, glasses, contact lenses, repairs and laser eye surgery	100%	EOU	FIIO	£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 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/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			
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	Cash plan benefits extend to trips abroad						

Immediate cover provided. Pre-existing conditions included.

Benefit levels are annual sums. Dependant children up to age 24 are covered free.