

POLICY AMENDMENT FORM

I wish to amend my existing cover ☐

Existing policy no:

Please indicate cash plan level:

| | | | | | | | | |
|-------------------|-------------------|-------------------|-------------------|--------------------------|---------|--------------------------|---------|--------------------------|
| | Level 1 | Level 2 | Level 3 | | Level 4 | | Level 5 | |
| Payment per MONTH | Company Funded | Company Funded | Company Funded | <input type="checkbox"/> | £9.00 | <input type="checkbox"/> | £24.00 | <input type="checkbox"/> |

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 | <input type="text"/> | Date of Birth | <input type="text"/> |
| Full name | <input type="text"/> | Date of Birth | <input type="text"/> |
| Full name | <input type="text"/> | Date of Birth | <input type="text"/> |
| Full name | <input type="text"/> | Date of Birth | <input type="text"/> |

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

| | | | |
|-----------|----------------------|---------------|----------------------|
| Full name | <input type="text"/> | Date of Birth | <input type="text"/> |
| Full name | <input type="text"/> | Date of Birth | <input type="text"/> |

| | | | | | | | | |
|-------------------|---------|--------------------------|---------|--------------------------|---------|--------------------------|---------|--------------------------|
| | Level 1 | Level 2 | Level 3 | | Level 4 | | Level 5 | |
| Payment per MONTH | £5.50 | <input type="checkbox"/> | £12.00 | <input type="checkbox"/> | £21.00 | <input type="checkbox"/> | £30.00 | <input type="checkbox"/> |
| | | | | | | | £45.00 | <input type="checkbox"/> |

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* Stephensons (Group 10587)

Work address* Wigan Investment Centre

Waterside Drive, Wigan

Postcode* WN3 5BA Department Payroll

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 corporate@ukhealthcare.org.uk**

Date of first deduction:

Signature Date

Your Corporate Benefits Plan

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--------------------------|----------------|----------------|----------------|---------|---------|
| Employee Monthly Premium | Company Funded | Company Funded | Company Funded | £9.00 | £24.00 |
| Partner Monthly Premium | £5.50 | £12.00 | £21.00 | £30.00 | £45.00 |

| 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 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 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) 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 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.