

Your Corporate Benefits



Looking after every body

		Level 1	Level 2	Level 3	Level 4	Level 5
Employee Monthly Premium		Council Funded	£10	£20	£30	£40
Partner Monthly Premium		£6.00	£15	£25	£35	£45
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	100%	£200	£260	£300	£400	£600
Wellbeing (Physiotherapy/Osteopathy/Chiropractic/Acupuncture) Covers treatment by a registered practitioner	100%	£150	£200	£250	£300	£350
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 rd party				-	issues, me and ID the	
Worldwide Cover	Up to 28 days	Cash	plan bene	fits extend	l to trips al	proad

Immediate cover provided. Pre-existing conditions included.

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



POLICY AMENDMENT FORM



I wish to amend my existing cover

Existing policy no:

I WISH to amenu my	y existing cove		EXISU	ing po	iicy no.					
Please indicate cas	h plan level:									
Payment per MONTH	Level 1 H Council Funded		Level2 £10		Level 3 £20		Level 4 £30		Level 5 £40	
Your Details (*mar	ndatory field)									
Title		Surname	*							
First Name (s)*										
Date of Birth*										
Address*										
							Post	code*		
Daytime Tel*						Mobile	_			
Email Address*						mobile	- 11			
						_				
Details of resider	nt child (ren)	to be cov	ered (FF	REE OI	F CHARG	E)				
Full name							Date of B	irth		
Full name							Date of B	irth		
Details of resider	nt second adu	ılt / Partı	ner to be	e cove	red for t	he additio	nal premi	um ind	licated	
Full Name							Date of B	lirth		
	Level 1		Level2		Level 3		Level 4		Level 5	
Payment per MONTH	H £6.00		£15.00		£25.00		£35.00		£45.00	
Pre-existing cond	litions									
Should you decide to	upgrade vour le	evel of cove	er, please	comple	ete and ret	turn this appl	ication form	n within	the next 30 d	avs.

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".

UK Healthcare" Name and full postal address of your bank or t To: The Manager	building society Bank/building society	Service us		er		-		1			
	Built Built Built Built Built	6	9	7	7	6					
Address		Reference	1					4			
	tcode	Please pa Instruction understar will be pa	n subject f id that this ssed elect	to the se Instruc	feguards tion may	assured remain w	by the E /ith UK F	irect Deb lealthcare	oit Guar	antee	
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Banks and building societies may not accept Direct Debit Instructions for some types of account.



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 UK Healthcare will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request UK Healthcare 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 UK Healthcare 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 UK Healthcare 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, WHILST OUR POSTAL SERVICE IS TEMPORAILY SLOWER DUE TO COVID-19, PLEASE COMPLETE THE FORM ABOVE AND E-MAIL IT 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

www.ukhealthcare.org.uk/

winchestercitycouncil