

CORPORATE POLICY AMENDMENT FORM



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I wish to amend my e	xisting cover	Existing po	blicy no:		
Please indicate cash p	lan level:				
Payment per MONTH	Level 1 Company 🔲 Funded	Level2 £7.67	Level 3 £16.67	Level 4 £25.67	Level 5 £40.67
Your Details (*manda	tory field)				
Title	Surnam	e*			
First Name (s)*					
Date of Birth*					
Address*					
				Postcode*	
Daytime Tel*			Mobile		
Email Address*					
Details of resident	child (ren) to be co	vered (FREE O	F CHARGE)		
Full name				Date of Birth	
Full name				Date of Birth	
Details of resident s	second adult (s) to	be covered fo	r the additional pr	emium indicated	
Full Name				Date of Birth	
Full Name				Date of Birth	
Payment per MONTH	Level 1 £5.50	Level2 £12.00	Level 3 £21.00	Level 4 £30.00	Level 5 £45.00
Pre-existing conditi	ons				

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 [®] build	Instruction to ding society to				ebit				DII De	RE e b	
Name and full postal address of your bank or building To: The Manager	society Bank/building society	Service us	-	er —		~	-	1			
		6	9		1	6					
Address		Reference						•			
Postcode Name(s) of account holder(s)		Instruction Please pay V in this instru- that this inst will be passe	/estfield Co ction subje ruction ma	ontributor ect to the s y remain v	y Health Scl afeguards a vith Westfie	heme Ltd D issured by 1 eld Contrib	the Direct utory Hea	Debit Guar	antee. I	under	stand
Branch sort code	~	Signature(s)								
Bank/building society account number		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 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, PLEASE COMPLETE THE FORM ABOVE AND E-MAIL IT BACK THE FOLLOWING E-MAIL ADDRESS:

corporate@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



Your Corporate Benefits



		Level 1	Level 2	Level 3	Level 4	Level 5		
Employee Monthly Premium			£7.67	£16.67	£25.67	£40.67		
Partner Monthly Premium		£5.50	£12	£21	£30	£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 as 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		
Discounted Gym / Spa Membership 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					
Face to Face Counselling Counselling Sessions provided by a third party			6 x Face to Face Counselling Sessions					
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.