

Your Corporate Benefits



	Level 1	Level 2	Level 3	Level 4	Level 5
Employee Monthly Premium	Company Funded	£7.89	£16.89	£25.89	£40.89
Partner Monthly Premium	£5.50	£12	£21	£30	£45

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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	£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
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.



CORPORATE POLICY AMENDMENT FORM



I wish to amend my ex	isting cover	Existing	policy no:				
Please indicate cash pl	an level:						
Payment per MONTH	Level 1 Company Funded	Level2 £7.89	Level 3 £16.89		Level 4 £25.89	Level 5 £40.89	
Your Details (*mandate	ory field)						
Title First Name (s)* Date of Birth* Address*	Surnam	e*					
Daytime Tel* Email Address*			1	Mobile	Postcode	*	
Details of resident cl	nild (ren) to be co	vered (FREE	OF CHARGE		Date of Birth		
Full name					Date of Birth		
Details of resident so Full Name Full Name	econd adult (s) to	be covered	f <mark>or the addit</mark>	ional pre	mium indicate Date of Birth Date of Birth	ed .	
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 upgrade your conditions are covered at the increation that "any medical condition in existing the "any medical condition in existing that "any medical condition	level of cover, please comp ased benefit levels requeste	d. For applications	received after this p	eriod our stand			tes
♥ UK Healthcare Name and full postal address of y	building	society t	to your ba o pay by [Direct D	ebit	DIR	ECT b i t
To: The Manager	В	ank/building society	6	9 7	7 6	1	
Address			Reference				
	Postcode		Please pay West in this instructio that this instruct	field Contributor n subject to the sation may remain w	afeguards assured by the D	Debits from the account de Direct Debit Guarantee. Tun Y Health Scheme Ltd and, if	derstand
Name(s) of account holder(s)			Signature(s)				· ·
Branch sort code							1
Bank/building society account nu	mber		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, WHILST OUR POSTAL SERVICE IS TEMPORAILY DELAYED DUE TO COVID-19, PLEASE COMPLETE THE FORM ABOVE AND E-MAIL 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/theauroragroup