

# POLICY AMENDMENT FORM

I wish to amend my cover ☐

Existing policy no:

Please indicate cash plan level:

	Level 1	Level 2	Level 3
Payment per MONTH	Company Funded <input type="checkbox"/>	£4.34 <input type="checkbox"/>	£8.67 <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 ON LEVEL 3 ONLY)

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
Payment per MONTH	£8.66 <input type="checkbox"/>	£13.00 <input type="checkbox"/>	£17.33 <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\*  Fords of Winsford (Group 10244)

Work address\*  Weaver Valley Road

Cheshire

Postcode\*  CW7 3AL 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 1<sup>st</sup> deduction, then scan and email to [d.grimshaw@ukhealthcare.org.uk](mailto:d.grimshaw@ukhealthcare.org.uk) or [s.leathley@ukhealthcare.org.uk](mailto:s.leathley@ukhealthcare.org.uk)** Date of first deduction:

Signature  Date

## Fords of Winsford Employee Healthcare Cash Plan

Monthly Premium	Level 1	Level 2	Level 3*
Employee Premium	FREE	£4.34	£8.67
Additional Adult Premium	£8.66	£13.00	£17.33

Benefits	Level 1	Level 2	Level 3*
<b>Optical</b> Includes eye tests, glasses, contact lenses, repairs and laser eye surgery	£100	£150	£200
<b>Dental</b> Includes check-ups, fillings, hygienist fees, X-Rays and dentures and dental injury as a direct result of accidental impact	£100	£150	£200
<b>Day Case</b> A daily allowance for day case admissions	£20 5 visits	£30 7 visits	£40 10 visits
<b>Complementary Therapies</b> (Homeopathy/Reflexology/Aromatherapy) Covers treatment by a registered practitioner following GP referral	£300	£450	£600
<b>Wellbeing</b> (Physiotherapy/Osteopathy/Chiropractic/Chiropody) Covers treatment by a registered practitioner			
<b>Specialist Consultation</b> Covers diagnostic consultations and tests recommended by your GP	£400	£600	£800
<b>X-Rays/Scans</b> Includes X-Rays, MRI, CAT, CT, PET scans related to a medical condition	£150	£225	£300
<b>Maternity/Paternity/Adoption</b> Single payment per child born or adopted. 12-months qualifying period.	£100	£150	£200
<b>Confidential Counselling Helplines</b> Helpline services provided by a third party	Anytime support for legal issues, medical problems, counselling & ID theft		
<b>Discounted Gym Membership</b> Services provided by a third party	Access to special membership rates		
Benefits are within a 12-month period and are paid at 100% up to the maximum shown for the level of cover			
Dependent children up to age 24 are covered for the benefits indicated at 50% of amounts shown.			