

Your Corporate Benefits



		Level 1	Level 2	Level 3	Level 4	Level 5
Employee Monthly Premium		Company Funded	£7.67	£16.67	£25.67	£40.67
Partner Monthly Premium		£5.50	£12	£21	£30	£45
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Partner Monthly Premium		£5.50	£12	£21	£30	£45		
Benefit	Payback	Level 1	Level 2	Level 3	Level 4	Level 5		
Dental	100%	£60	£110	£150	£200	£275		
Includes check-ups, fillings, hygienist fees, X-Rays and dentures								
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		
Discounted Gym / Spa Membership Services provided by a third party		Access to special membership rates						
Savings on holidays, theme parks, retail discounts and attractions Services provided by a third party		Access to special discounted 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						





UK Healthcare™ A Westfield Health company	CORPORA	TE POLICY	AMEND	MENT	FORM	K &	M GLOBAL	
I wish to amend my exist	ing cover	Existing p	olicy no:					
Please indicate cash plan	level:							
Payment per MONTH	Level 1 Company	Level2 £7.67	Level 3 £16.67		Level 4 £25.67		Level 5 £40.67	
	Funded	17.07	_ E10.07		125.07		140.07	
Your Details (*mandatory		. *						
Title	Surnam	e*						
First Name (s)* Date of Birth*								
Address*					Doote	- d - *		
Daytima Tal*				Mobile	Posto	ode"		
Daytime Tel* Email Address*			_	Mobile	_			
Details of resident child	d (ren) to be co	vered (FREE C	F CHARGE	()	_			
Full name					Date of E			
Full name					Date of E	Birth		
Details of resident second	ond adult (s) to	be covered for	r the addi	tional pro	emium indi	cated		
Full Name	ull Name				Date of E	Birth		
Full Name					Date of E	Birth		
	Level 1	Level2	Level 3		Level 4		Level 5	
Payment per MONTH	£5.50	£12.00 📙	£21.00	Ш	£30.00	Ш	£45.00	
Pre-existing conditions								
Should you decide to upgrade your le	•	-					-	
conditions are covered at the increase that "any medical condition in existe	•	• • •		•	andard terms and (conditions w	ill apply, which sta	ates
		notruction t		ank ar				34 - 52-7-2(B2) - 78-7-2
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UK Healthcare*			b pay by	Direct	DODIL		JDE	DIL
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Address			Reference			i i		
			Instruction	to your bank	or building society	,		
	Postcode		in this instruc	tion subject to th	itory Health Scheme L ne safeguards assured	by the Direct [Debit Guarantee. I ur	nderstand
					in with Westfield Con o my bank/building so		th Scheme Ltd and, if	so details
Name(s) of account holder(s)			Signature(s	3)				Ĭ
Branch sort code	79 29		1					
Bank/building society account num	han a							



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 Westfield Contributory Health Scheme Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Westfield Contributory Health Scheme Ltd 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 Westfield Contributory Health Scheme Ltd 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 Westfield Contributory Health Scheme Ltd 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