

Your Corporate Benefits



	Level 1	Level 2	Level 3	Level 4	Level 5
Employee Monthly Premium	Company Funded	Company Funded	£9	£18	£33
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	100%	£200	£400	£600	£800	£1,000
For dental injury as a direct result of accidental impact						
Optical	100%	£60	£110	£150	£200	£275
Includes eye tests, glasses, contact lenses, repairs and laser eye surgery						
Health Screening	100%	£100	£130	£150	£200	£300
Includes well man/woman screening and all screening that helps prevent an illness	10070	1100	1130	LIJU	1200	1500
Specialist Consultation						
Covers diagnostic consultations and tests	100%	£200	£260	£300	£400	£600
Wellbeing (Physiotherapy/Osteopathy/Chiropractic/Acupuncture)	1000/	C1F0	C200	C270	CEOO	C7F0
Covers treatment by a registered practitioner	100%	£150	£280	£370	£500	£750
Complementary Therapies						
(Homeopathy/Reflexology/Aromatherapy/Remedial Massage)	100%	£50	£100	£150	£200	£250
Covers treatment by a registered practitioner following GP referral						
Chiropody	100%	£20	£50	£100	£150	£200
Covers treatment by a chiropodist or podiatrist						
Hospital In-Patient	Up to	£10	£15	£20	£30	£50
A nightly allowance for any NHS or private hospital admission	28 nts					
Day Case	Up to	£10	£15	£20	£30	£50
A daily allowance for day case admissions	10 vsts	LIU	LIJ	120	130	130
Hospital Parental Stay	Up to					
A nightly allowance for one parent accompanying a child covered	28 nts	£10	£15	£20	£30	£50
by the policy						
Prescriptions		1	2	2	4	
The number of standard prescription items that can be claimed (excludes annual prescriptions)		1	2	3	4	5
Confidential Counselling Helplines		Anvti	me suppo	rt for legal	issues. me	edical
Helpline services provided by a 3 rd party		Anytime support for legal issues, medical problems, counselling and ID theft				
	Up to	Cash plan benefits extend to trips abroad				
Worldwide Cover	28 days	Cash	plan bene	fits extend	to trips ab	oroad

Immediate cover provided. Pre-existing conditions included.
Benefit levels are annual sums. Dependent children up to age 24 are covered free.





<u>CORPORATE</u>	<u>POLICY AMI</u>	<u>ENDMENT</u>	<u>FORM</u>

Level 1	Please indicate cash pl	an level:						
Title Surname* First Name (s)* Date of Birth* Address* Details of resident child (ren) to be covered (FREE OF CHARGE) Full name Date of Birth Details of resident second adult (s) to be covered for the additional premium indicated Full name Date of Birth Details of resident second adult (s) to be covered for the additional premium indicated Full Name Date of Birth Full Name Date of Birth Level 1 Level 2 Level 3 Level 4 Level 5 Payment per MONTH E5.50 5 12.00 5 21.00 5 30.00 5 245.00 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-exists 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". First Namager Instruction to your bank or building society Instruction to your bank or building society To. The Manager Bankbuilding society to pay by Direct Debit Fostcode Fostcode Fostcode First Namager Service user number 6 9 7 7 6 1 Reference First Namager Service user number 6 9 7 7 6 1 Reference First Namager Service user number 6 9 7 7 6 1 Reference First Namager Service user number 6 9 7 7 6 1 Reference First Namager Service user number Service user number 6 9 7 7 6 1 Reference First Namager Service user number Service user number	Payment per MONTH	Company	Company		3			
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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.

PLEASE RETURN TO:

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