

CORPORATE POLICY AMENDMENT FORM



I wish to amend my ex	sisting cover	Existing	policy no:				
Please indicate cash pl	lan level:						
Dournant nor MONTH	Level 1 Company	Level2 £7.67	Level 3 £16.67	_	evel 4	Level 5 £40.67	
Payment per MONTH	Funded	17.07 [E10.07	L I.	25.67	£40.07	
Your Details (*mandat	tory field)						
Title	Surnam	e*					
First Name (s)*							
Date of Birth*							
Address*							
					Postcode*		
Daytime Tel*			N	lobile			
Email Address*							
Details of resident of	hild (ren) to be c	overed (FREE	OF CHARGE)			
Full name				Date	e of Birth		
Full name				Date	e of Birth		
Details of resident s	econd adult (s) to	be covered	for the addit	tional premiu	m indicated		
Full Name				Date	e of Birth		
Full Name				Date	e of Birth		
	Level 1	Level2	Level 3	Leve	el 4	Level 5	
Payment per MONTH	£5.50	£12.00	£21.00	£30	0.00	£45.00	
Pre-existing condition	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 [™]	o your bank or pay by Direct Debit				DIREC					
Name and full postal address of your bank or	<u> </u>	Service us	er numbe	er				1		
To: The Manager	Bank/building society	6	9	7	7	6	1			
Address		Reference				-				
Pos Name(s) of account holder(s)	stcode	in this instru	Vestfield Co Iction subje ruction ma	ontributor ect to the s ly remain v	y Health Sch afeguards a vith Westfie	neme Ltd D ssured by eld Contrib	the Direct utory Hea	ts from the ac Debit Guaran Ith Scheme Lt	ee. I und	erstand
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 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 Direct Debit, by Westfield Contributory Health Scheme Ltd or 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 TO EITHER OF THE FOLLOWING E-MAIL ADDRESSES:

S.LEATHLEY@UKHEALTHCARE.ORG.UK

D.GRIMSHAW@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/thorntonjones



Your Corporate Benefits



Employee Monthly Premium Contrastry £7,67 £16,67 £25,67 £40,6 Partner Monthly Premium £5,50 £12 £21 £30 £40 Benefit Payback Level 1 Level 2 Level 3 Level 4 Level 4 Dental 100% £60 £110 £150 £200 £275 Dental Accidents 100% £200 £400 £600 £110 £150 £200 £200 £275 Dental Accidents 100% £200 £400 £600 £110 £150 £200 </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>									
PartnerP			Level 1	Level 2	Level 3	Level 4	Level 5		
Benefit Payback Level 1 Level 2 Level 3 Level 4	Employee Monthly Premium			£7.67	£16.67	£25.67	£40.67		
Dental Includes check-ups, fillings, hygienist fees, X-Rays and dentures 100% £60 £110 £150 £200 £275 Dental Accidents For dmail injury as a direct result of accidental impact 100% £200 £400 £600 £800 £1,00 Optical Includes eye tests, glasses, contact lenses, repairs and laser eye surgery 100% £600 £110 £150 £200 £2	Partner Monthly Premium		£5.50	£12	£21	£30	£45		
Includes check-ups, fillings, hygienist fees, X-Rays and dentures 100% £60 £110 £150 £200 £275 Dental Accidents 100% £200 £400 £600 £800 £1,000 For dental injury as a direct esuit of accidental impact 100% £00 £100 £130 £150 £200 £275 Includes explexits, glasses, contact lenses, repairs and laser eve surgery 100% £100 £130 £150 £200 £300 Specialist Consultation Covers diagnostic consultations and tests as recommended by your GP 100% £100 £130 £150 £200 £200 £275 Wellbeing (Physiotherapy/Osteopathy/Chiropractic/Acupuncture) 100% £100 £150 £280 £370 £500 £750 Covers treatment by a registered practitioner 100% £100 £150 £200 £230 <t< th=""><th>Benefit</th><th>Payback</th><th>Level 1</th><th>Level 2</th><th>Level 3</th><th>Level 4</th><th>Level 5</th></t<>	Benefit	Payback	Level 1	Level 2	Level 3	Level 4	Level 5		
For dental injury as a direct result of accidental impact 100% £200 £800 £800 £100 Optical Includes yet tests, glasses, contact lenses, repairs and laser eye surgery 100% £600 £110 £150 £200 £275 Health Screening Includes well many woman screening and all screening that helps prevent an illness 100% £100 £130 £150 £200 £300 £400 £600 £400 £600 £400 £600 £400 £600 £400 £600 £300 £400 £600 £300 £400 £600 £500 £750 £200	Dental Includes check-ups, fillings, hygienist fees, X-Rays and dentures	100%	£60	£110	£150	£200	£275		
Includes eye tests, glasses, contact lenses, repairs and laser eye surgery100%E10E110E150E200E220Health Screening Includes well man/woman screening and all screening that helps prevent an illness100%£100£130£150£200£300Specialist Consultation Covers dignostic consultations and tests as recommended by your GP100%£200£260£300£400£600Wellbeing (Physiotherapy/Osteopathy/Chiropractic/Acupuncture) Covers treatment by a registered practitioner100%£150£280£370£500£750Complementary Therapies (homeopathy/Keflexology/Aromatherapy/Remedial Massage) Covers treatment by a registered practitioner following GP referral100%£20£50£100£150£200£250Covers treatment by a chiropodistor podiatrist100%£20£50£100£150£200£50Hospital In-Patient A nightly allowance for any NHS or private hospital admission10£10£15£20£30£50Day Case A daily allowance for one parent accompanying a child covered by the policyUp to 28 nts£10£15£20£30£50Prescriptions The number of standard prescription items that can be claimed (excludes annual prescriptions)£112345Discounted Gym / Spa Membership Services provided by a third partySecses to special membership ratesAccess to special discounts and attractions Services provided by a third partyConselling and ID theftFace to Face Counselling Sessions pr	Dental Accidents For dental injury as a direct result of accidental impact	100%	£200	£400	£600	£800	£1,000		
Includes well man/woman screening and all screening that helps prevent an illness100%£130£130£130£200£200Specialist Consultation Covers diagnostic consultations and tests as recommended by your GP100%£200£260£300£400£600Wellbeing (Physiotherapy/Oscopathy/Chiropractic/Acupuncture) Covers treatment by a registered practitioner100%£150£280£370£500£750Covers treatment by a registered practitioner100%£50£100£150£200£250Covers treatment by a registered practitioner following GP referral100%£20£50£100£150£200£250Covers treatment by a registered practitioner following GP referral00%£10£15£20£30£50Hospital In-Patient A nightly allowance for any NHS or private hospital admission28 mts£10£15£20£30£50Day Case 	Optical Includes eye tests, glasses, contact lenses, repairs and laser eye surgery	100%	£60	£110	£150	£200	£275		
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Covers treatment by a chiropodist or podiatrist100%E20E100E100E100E200Hospital In-Patient A nightly allowance for any NHS or private hospital admissionUp to 28 nts£10£15£20£30£50Day Case A daily allowance for day case admissionsUp to 	Complementary Therapies (Homeopathy/Reflexology/Aromatherapy/Remedial Massage) Covers treatment by a registered practitioner following GP referral	100%	£50	£100	£150	£200	£250		
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A daily allowance for day case admissions10 vsts£10£15£20£30£50Hospital Parental Stay A nightly allowance for one parent accompanying a child covered by the policyUp to 28 nts£10£15£20£30£50Prescriptions The number of standard prescription items that can be claimed (excludes annual prescriptions)12345Discounted Gym / Spa Membership Services provided by a third partyAccess to special membership ratesSavings on holidays, theme parks, retail discounts and attractors Services provided by a third partyAccess to special discounted ratesConfidential Counselling Helplines Helpline services provided by a third partyOutput6 x Face to Face Counselling and ID theftFace to Face Counselling Sessions provided by a third partyUp toCash plan benefits extend to trips abroad	Hospital In-Patient A nightly allowance for any NHS or private hospital admission		£10	£15	£20	£30	£50		
A nightly allowance for one parent accompanying a child covered by the policy 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 Access to special discounted rates Savings on holidays, theme parks, retail discounts and attractions Access to special discounted rates Anytime support for legal issues, medical problems, counselling and ID theft Helpline services provided by a third party Confidential Counselling Helplines Anytime support for legal issues, medical problems, counselling and ID theft Face to Face Counselling Services provided by a third party Or the support for legal issues, medical problems, counselling sessions Worldwide Cover Up to Cash plan benefits extend to trips abroad	Day Case A daily allowance for day case admissions		£10	£15	£20	£30	£50		
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Sessions provided by a third party Up to Up to Cash plan benefits extend to trips abroad	Confidential Counselling Helplines Helpline services provided by a third party								
Worldwide Cover Cash plan benefits extend to trips abroad	Face to Face Counselling Sessions provided by a third party			6 x Face to Face Counselling Sessions					
	Worldwide Cover	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.