



CORPORATE POLICY AMENDMENT FORM

I wish to amend my exis	sting cover	EXISTI	ng policy	no:					
Please indicate cash pla	n level:								
	Level 1	Level2		Level 3		Level 4		Level 5	
Payment per MONTH	Company \square Funded	£7.67	Ш	£16.67		£25.67	Ш	£40.67	
Your Details (*mandato	ry field)								
Title	Surnan	ne*							
First Name (s)*									
Date of Birth*									
Address*									
						Postc	ode*		
Daytime Tel*				N	Лobile				
Email Address*									
Details of resident ch	ild (ren) to be o	overed (FR	EE OF C	HARGE					
Full name						Date of Bir	th		
Full name						Date of Bir	th		
Details of resident se	cond adult (s) t	o he covere	d for th	he addi	tional n	remium ind	icate	4	
	cond addit (s) t	o be covere	u ioi ti	ile auui	tional pi	Date of Bir		4	
Full Name	Full Name					Date of Bir			
ruii Naiile	Level 1	Level2	Lo	vel 3		Level 4	ui	Level 5	
Payment per MONTH	£5.50	£12.00 [1.00		£30.00		£45.00	
Pre-existing condition	ns								
Pre-existing condition		pploto and roturn t		ion form wit	hin the next 2	20 days to guarant	oo that a	nynro ovisting	
Should you decide to upgrade your	level of cover, please com	•	his applicati						tates
Pre-existing condition Should you decide to upgrade your conditions are covered at the increathat "any medical condition in exist."	level of cover, please com ased benefit levels reques	ted. For applicatio	his applicati	after this pe	eriod our star				tates
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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

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/pspa



Your Corporate Benefits



A Westfield Health company								
		Level 1	Level 2	Level 3	Level 4	Level 5		
Employee Monthly Premium			£7.67	£16.67	£25.67	£40.67		
Partner Monthly Premium			£12	£21	£30	£45		
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 directresult 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 as recommended by your GP	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					
Face to Face Counselling Counselling sessions provided by a third party			6 x Face to Face Counselling Sessions					
Worldwide Cover		Cash plan benefits extend to trips abroad						