

**Worldwide Cover** 

## **Your Corporate Benefits**



Cash plan benefits extend to trips abroad

A Westfield Health company							
		Level 1	Level 2	Level 3	Level 4	Level 5	
Employee Monthly Premium			Company Funded	£9.00	£18.00	£33.00	
Partner Monthly Premium			£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	10070	100	1110		1200	12/3	
<b>Dental Accidents</b> For dental injury as a direct result of accidental impact	100%	£200	£400	£600	£800	£1,000	
Optical	100%	£60	£110	£150	£200	£275	
Includes eye tests, glasses, contact lenses, repairs and laser eye surgery	100%	100	EIIU	1130	1200	EZ/3	
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	
<b>Day Case</b> 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					



## **CORPORATE POLICY AMENDMENT FORM**



I wish to amend m		Existing p	olicy no:					
Please indicate cas Payment per MONTI	Н (	Level2 Company [ Funded	Level 3 £9.00		Level 4 £18.00		Level 5 £33.00	
Your Details (*ma								
Title	Surname <sup>3</sup>	*						
First Name (s)*								
Date of Birth*								
Address*					Postco	vdo*		
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Full Name	nt second adult (s) to b	e covered id	or the addi	tional pro	Date of Birt	_		
Full Name					Date of Bird			
Tuli Name	Level 1	_evel2	Level 3		Level 4		Level 5	
Payment per MONTI	_	£12.00	£21.00		£30.00	_	£45.00	
Pre-existing cond	ditions							
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	s of your bank or building society	1-71	Service user	number				
To: The Manager	Dali	k/building society	6	9 7	7 6	1		
Address			Reference	4 4 7				
			Instruction to	o your bank or	building society	a do ol	- to to	
	Postcode		Please pay Wes in this instruction that this instruc	stfield Contributo on subject to the ction may remain	ory Health Scheme Ltd D safeguards assured by with Westfield Contrib my bank/building socie	he Direct Deb utory Health S	it Guarantee. I un	nderstand
Name(s) of account holder(s	3)		Signature(s)					
			J Gignature(s)					
Branch sort code								
Bank/building society accou								



## 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 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

www.ukhealthcare.org.uk