

Your Corporate Benefits



	Level 1	Level 2	Level 3	Level 4	Level 5
Employee Monthly Premium	Company Funded	Company Funded	£9.00	£18.00	£33.00
Partner Monthly Premium	£5.50	£12	£21	£30	£45

Partner Monthly Premium		£5.50	£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 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 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					
Worldwide Cover	Up to 28 days	Cash plan benefits extend to trips abroad					



CORPORATE POLICY AMENDMENT FORM



I wish to amend my existing	g cover	olicy no:		
Please indicate cash plan le	vel:			
Payment per MONTH	Level2 Company Funded	Level 3 £9.00	Level 4 £18.00 🗌	Level 5 £33.00
Your Details (*mandatory fie	eld)			
Title	Surname*			
First Name (s)*				
Date of Birth*				
Address*				
			Postcode*	
Daytime Tel*		Mobile		
Email Address*				
Details of resident child	(ren) to be covered (FREE	OF CHARGE)		
Full name			Date of Birth	
Full name			Date of Birth	
Details of resident secon	nd adult (s) to be covered f	or the additional p	remium indicated	
Full Name			Date of Birth	
Full Name			Date of Birth	
L	evel 1 Level2	Level 3	Level 4	Level 5
Payment per MONTH £	5.50	£21.00	£30.00	£45.00
Pre-existing conditions				
conditions are covered at the increased b	of cover, please complete and return this appened in the upgrade, will only be covered a prior to the upgrade, will only be covered a linstruction to building society to	eceived after this periodour star t the original level of cover".	ndard terms and conditions v	
Name and full postal address of your ba To: The Manager	nk or building society Bank/building society	Service user number	7 6 1	1
Address		6 9 7	7 6 1	1
ridaless		Reference		
		Instruction to your bank or	building society	
	Postcode	in this instruction subject to the	ory Health Scheme Ltd Direct Debit safeguards assured by the Direct with Westfield Contributory Heal my bank/building society.	Debit Guarantee. I understand
Name(s) of account holder(s)		Signature(s)		
Branch sort code				
Bank/building society account number		Date		
	 	Duice		



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