UK Healthcare™
A Westfield Health company

EVERYDAY APPLICATION FORM

I wish to take out/amend a policy ☐ Existing policy no:

Please indicate cash plan level:

	Level 1	Level2	Level 3	Level 4
Payment per MONTH	£9.00 ☐	£14.25 ☐	£22.50 ☐	£36.00 ☐

Your Details (*mandatory field)

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 second adult (s) to be covered for the additional premium indicated

Full Name | Date of Birth

Full Name | Date of Birth

	Level 1	Level2	Level 3	Level 4
Payment per MONTH	£9.00 ☐	£14.25 ☐	£22.50 ☐	£36.00 ☐

Declaration

I declare that I and all persons covered by this application are in good health and not receiving or needing any medical treatment. I understand that no claim will be accepted in respect of any conditions existing before membership and that I may need to give consent to access my medical records only if deemed necessary by the company. I agree to abide by the terms and conditions of membership and the right of the company to vary them and the range and rates of benefits/contributions if necessary.

UK Healthcare™

Instruction to your bank or building society to pay by Direct Debit

DIRECT Debit

Name and full postal address of your bank or building society

To: The Manager — Bank/building society

Address

Postcode

Service user number

6	9	7	7	6	1

Reference

Instruction to your bank or building society

Please pay Westfield Contributory Health Scheme Ltd Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Westfield Contributory Health Scheme Ltd and, if so details will be passed electronically to my bank/building society.

Name(s) of account holder(s)

Branch sort code

Bank/building society account number

Signature(s)

Date

Banks and building societies may not accept Direct Debit Instructions for some types of account.

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Everyday plan

DIRECT Debit

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

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Everyday Benefits Table

Benefits Table	Level 1	Level 2	Level 3	Level 4
Monthly Premium	£9.00	£14.25	£22.50	£36.00

Benefit	Payback	Level 1	Level 2	Level 3	Level 4
Dental* Includes check-ups, fillings, hygienist fees, X-Rays and dentures	100%	£50	£95	£175	£260
Optical* Includes eye tests, glasses, contact lenses, repairs and laser eye surgery	100%	£80	£120	£200	£330
Health Screening Includes well man/woman screening and all screening that helps prevent an illness	100%	£50	£100	£200	£300
Specialist Consultation* Covers diagnostic consultations and tests recommended by your GP	100%	£60	£110	£200	£425
Wellbeing (Physiotherapy/Osteopathy/Chiropractic/Acupuncture)* Covers treatment by a registered practitioner up to a max of £20 per visit	100%	£110	£220	£375	£600
Complementary Therapies (Homeopathy/Reflexology/Aromatherapy) Covers treatment by a registered practitioner following GP referral	100%		£110	£200	£350
Chiropody Covers treatment by a chiropodist or podiatrist up to a max of £20 per visit	100%		£110	£200	£350
Hospital In-Patient* A nightly allowance for any NHS or private hospital admission	Up to 25 nts	£20	£30	£50	£75
Day Case A daily allowance for day case admissions	Up to 10 vsts		£30	£50	£75
Hospital Parental Stay A nightly allowance for one parent accompanying a child covered by the policy	Up to 24 nts		£30	£50	£75
Maternity/Paternity/Adoption (one adult only) Single payment per child born or adopted. 12 month qualifying period.		£100	£200	£300	£400
Prescriptions The number of standard prescription items that can be claimed (excludes annual prescriptions)			4	8	12
Accidental Death (adult only)		£2,500	£5,000	£7,500	£10,000
Confidential Counselling Helplines Helpline services provided by a 3rd party.		Any time support for legal issues, medical problems, counselling & ID theft			
Worldwide Cover (up to 28 days)		Cash Plan benefits extend to trips abroad			

Benefit levels are annual sums with exclusion of optical which is paid over a 2 year period.

*Children are covered for benefits indicated at 50% of amounts shown.