

Your Corporate Benefits



	Level 1	Level 2	Level 3	Level 4	Level 5
Employee Monthly Premium	Company Funded	£7.67	£16.67	£25.67	£40.67
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		
Confidential Counselling Helplines Helpline services provided by a 3 rd 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						

Immediate cover provided.

 $\label{pre-existing} \textit{Pre-existing conditions included}.$

Benefit levels are annual sums.

Dependent children up to age 24 are covered free.



CORPORATE POLICY AMENDMENT FORM



I wish to amend my exi		Existing	policy no:					
Please indicate cash pla	an level: Level 1 Company □ Funded	Level2 £7.67 [Level		Level 4 £25.67		Level 5 £40.67	
Your Details (*mandato	ry field)							
Title	Surname	*						
First Name (s)*								
Date of Birth*								
Address*					Postco	de*		
Daytime Tel*				Mobile				
Email Address*					_			
Details of resident ch	nild (ren) to be co	vered (FRFF	OF CHARG	iF)				
Full name	ind (ren) to be co	TOTOG (TINEL	JI CHAIN		Date of Birt	h		
Full name					Date of Birt			
	1 1 1 () .							
Details of resident se	econd adult (s) to	be covered	for the ad	ditional p	_			
Full Name					Date of Birt			
Full Name	Laval 4	Laval2	Laval 2		Date of Birt		Laval E	
Payment per MONTH	Level 1 £5.50	Level2 £12.00	Level 3 £21.00		Level 4 £30.00	_	Level 5 £45.00	
Pre-existing conditio						_		
Should you decide to upgrade your conditions are covered at the incre that "any medical condition in exist When the state of the condition in exist	eased benefit levels requested tence prior to the upgrade, w	d. For applications	received after this at the original level to your b	s periodour sta rel of cover".	ndard terms and cond		_	ECT
Name and full postal address of yo To: The Manager		ink/building society	Service use			- 1		
			6	9 7	7 6			
Address			Reference	1 1 1		4 1		
			Instruction	to vour bank o	r building society	- do - 14	- b - b	**
	Postcode		Please pay We in this instruc that this instru	estfield Contribute tion subject to the action may remain	ory Health Scheme Ltd Di safeguards assured by th with Westfield Contribu my bank/building society	ne Direct Deb itory Health S	it Guarantee. I ur	nderstand
Name(s) of account holder(s)			will be passed	refectionically to	my bank, bunding society	/-		
			Signature(s)		<u> </u>		
Branch sort code								
Bank/building society account nur	nber	4						
		 	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 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 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