

CORPORATE POLICY AMENDMENT FORM



I wish to amend my exis		Existing	policy no:				_
Please indicate cash pla Payment per MONTH	Level 1 Company □ Funded	Level2 Company [Funded	Level 3 £9.00		Level 4 £18	Level 5	
Your Details (*mandato		*					
Title First Name (s)*	Surnan	ne*					
Date of Birth*							
Address*							
					Postcoo	de*	
Daytime Tel*				Mobile	_		
Email Address*							
Details of resident ch	ild (ren) to be o	overed (FREE	OF CHARG	E)			
Full name					Date of Birth		
Full name					Date of Birth		
Details of resident se	cond adult (s) t	o be covered	for the add	itional pr	remium indic	ated	
Full Name					Date of Birth		
Full Name					Date of Birth		
	Level 1	Level2	Level 3		Level 4	Level 5	
Payment per MONTH	£5.50	£12.00 📙	£21.00	Ш	£30.00 _	£45.00	
Should you decide to upgrade your conditions are covered at the increathat "any medical condition in exist that "any medical condition in exist UK Healthcare™	ased benefit levels reques ence prior to the upgrade	ted. For applications r	at the original leve	periodour star I of cover". ank or	ndard terms and cond	itions will apply, which	states RECT
Name and full postal address of yo To: The Manager	ur bank or building socie	ety Bank/building society	Service user				
2 2000-200		g oodety	6	9 7	7 6	1	
Address			Reference			<u> </u>	
			Instruction to	your bank or	building society	70. 701 110 111 111	
	Postcode		in this instruction that this instruc	on subject to the tion may remain	safeguards assured by the	ect Debits from the account e Direct Debit Guarantee. I ory Health Scheme Ltd and	understand
Name(s) of account holder(s)			Signature(s)				×
Bronch and and]				
Branch sort code							
Bank/building society account num	ber						
Justin Hull			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



Your Corporate Benefits



	Level 1	Level 2	Level 3	Level 4	Level 5
Employee Monthly Premium	Company Funded	Company Funded	£9	£18	£33
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				oroad		

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.