

CORPORATE POLICY AMENDMENT FORM

RWARMSTRONG

I wish to amend my exi		Exist	ting poli	cy no:					
Please indicate cash pla Payment per MONTH	an level: Level 1 Company Funded	Level2] <u>£</u> 7.67		Level 3 £16.67		Level 4 £25.67		Level 5 £40.67	
Your Details (*mandato	ry field)								
Title	Surr	name*							
First Name (s)*									
Date of Birth*									
Address*							. 4		
Dayting a Talk					N 4 = l= :l =	Postco	ode*		
Daytime Tel* Email Address*					Mobile	_			
Details of resident ch	ild (ren) to be	covered (FI	REE OF	CHARGE)	Date of Bir			
Full name									
Full name						Date of Bir			
Details of resident se	cond adult (s)	to be cover	ed for	the addit	tional pr				
Full Name						Date of Bir	th		
Full Name						Date of Bir	th		
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	ns								
inhould you decide to upgrade your onditions are covered at the increa hat "any medical condition in exist the following the work of the following the work of the following the followi	ased benefit levels requence prior to the upgra	uested. For applica	tions receivered at the	your ba	eriod our star of cover".	ndard terms and cor		-	
ame and full postal address of yo o: The Manager	our bank or building s	ociety Bank/building so	-	Service user	9 7	7 6	1	ľ	
Address				U	9 1	7 0			
			(6	Reference					
				Instruction to	your bank o	r building society			
	Postcode			in this instruction that this instruction	n subject to the	ory Health Scheme Ltd I safeguards assured by n with Westfield Contril my bank/building socie	the Direct Doutory Healt	ebit Guarantee. I ur	derstand
ame(s) of account holder(s)				Signature(s)					
				3					
ranch sort code									
ank/building society account nur	nber			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 IT BACK TO EITHER OF THE FOLLOWING E-MAIL ADDRESSES:

S.LEATHLEY@UKHEALTHCARE.ORG.UK

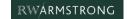
D.GRIMSHAW@UKHEALTHCARE.ORG.UK

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/armstrong



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			
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	Cash plan benefits extend to trips abroad								