

## **Everyday Cash Plan Scheme**



		Level 1	Level 2	Level 3	Level 4			
Monthly Premium (per person)		£9.00	£14.25	£22.50	£36			
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/Remedial Massage) Covers treatment by a registered practitioner following GP referral	100%		£110	£200	£350			
<b>Chiropody</b> 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 prescription).	criptions)		4	8	12			
Accidental Death (adult only)		£2,500	£5,000	£7,500	£10,000			
Savings on spas, gyms, holidays, theme parks and attractions Services provided by Incorpore Ltd		Access to special membership rates						
Confidential Counselling Helplines Helpline services provided by Health Assured Limited.				· legal issue selling & ID				
Worldwide Cover (up to 28 days)		Cash Plan	benefits ex	ktend to tri	os abroad			

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

<sup>\*</sup>Children are covered for benefits indicated at 50% of amounts shown.



## **APPLICATION FORM**



I wish to take out a policy			Existing policy no:				FAO: Andrew Clegg									
Please indicate cash pla																
Payment per MONTH	Level 1 £9.00		Level2 £14.25		Leve £22.					Level £36.0		$\neg$				
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First Name (s)*																
Date of Birth*																
Address*																
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Daytime Tel*						N	Mobil	e								
Email Address*																
Details of resident ch	ild (ren) to	o be co	vered (FR	EE O	F CHA	RGE										
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Payment per MONTH	£9.00	П	£14.25	П	£22.5					36.00	Г					
Declaration																
understand that no claim will access my medical records or right of the company to vary  UK Healthcare*	nly if deemed them and the build	Instiding so	by the comp d rates of be ruction ociety to	to yo	agree to contribu	abid utions ank Dir	e by the if necession	ne terr essary	ns an		-		embe		p an	d the
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## Everyday 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 UK Healthcare will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request UK Healthcare 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 UK Healthcare 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 UK Healthcare 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 APPLY 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