

Worldwide Cover

Your Corporate Benefits MITCHELL PRICKINSON



Cash plan benefits extend to trips abroad

A Westfield Health company MITCHELL DICKINSON MAKING PERIOD WARMER								
		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			£12	£21	£30	£45		
Benefit	Payback	Level 1	Level 2	Level 3	Level 4	Level 5		
Dental	100%	£60	£110	£150	£200	£275		
Includes check-ups, fillings, hygienist fees, X-Rays and dentures 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	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 + 6 x F2F Counselling Sessions Helpline services provided by a third party			Anytime support for legal issues, medical problems, counselling and ID theft 6 x Face 2 Face Counselling sessions					



CORPORATE POLICY AMENDMENT FORM MITCHELL MAKING PERIOD



I wish to amend n	ny existing cover	Exis	ting poli	cy no:					
Please indicate ca	ish plan level:								
Payment per MON	Level 1 TH Company Funded	Level2		Level 3 £16.67		Level 4 £25.67		Level 5 £40.67	
Your Details (*m	andatory field)								
Title	S	urname*							
First Name (s)*									
Date of Birth*									
Address*									
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Daytime Tel*					Лobile	1 03100	Juc		
Email Address*					viobile	_			
Details of reside	ent child (ren) to	be covered (F	REE OF	CHARGE)					
Full name						Date of B	irth		
Full name						Date of B	irth		
Details of secon	d adult (s) to be	covered for th	o addit	ional nre	mium ind	dicated			
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Full Name						Date of B			
Full Name						Date of B	irth		
Payment per MON	Level 1 TH £5.50	Level2 £12.00		Level 3 £21.00		Level 4 £30.00		Level 5 £45.00	
Pre-existing con	ditions								
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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 THE FOLLOWING E-MAIL ADDRESS:

corporate@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