

Your Corporate Benefits



Anytime support for legal issues, medical

problems, counselling and ID theft

Cash plan benefits extend to trips abroad

A Westfield Health company			•		& ACC	OUNTANTS	
		Level 1	Level 2	Level 3	Level 4	Level 5	
Employee Monthly Premium Partner Monthly Premium			£7.67	£16.67	£25.67	£40.67	
			£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	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

Worldwide Cover



CORPORATE POLICY AMENDMENT FORM



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*									
7.00.00						Postco	nde*		
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 reside	ent second adult	(s) to be cover	red for t	he addit	ional nre	amium indic	ated		
	siit secolia addit	(3) to be cover	icu ioi	ine addit	ional pre	Date of B			
Full Name						_			
Full Name						Date of B	irth		
Payment per MON	Level 1 TH £5.50	Level2 <u>£12.00</u>		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