

POLICY AMENDMENT FORM

I wish to join / amend my cover Existing policy no:

Please indicate cash plan level:

	Level 1		Level2		Level 3	
Payment per MONTH	Company	<input type="checkbox"/>	£7.67	<input type="checkbox"/>	£16.67	<input type="checkbox"/>
	Funded					

Your Details (*mandatory field)

Title Surname*

First Name (s)*

Date of Birth*

Address*

Postcode*

Daytime Tel* Mobile

Email Address*

Details of resident child (ren) to be covered (FREE OF CHARGE)

Full name	<input type="text"/>	Date of Birth	<input type="text"/>
Full name	<input type="text"/>	Date of Birth	<input type="text"/>
Full name	<input type="text"/>	Date of Birth	<input type="text"/>
Full name	<input type="text"/>	Date of Birth	<input type="text"/>

Details of resident second adult (s) to be covered for the additional premium indicated

Full name	<input type="text"/>	Date of Birth	<input type="text"/>
Full name	<input type="text"/>	Date of Birth	<input type="text"/>

	Level 1		Level2		Level 3	
Payment per MONTH	£5.50	<input type="checkbox"/>	£12.00	<input type="checkbox"/>	£21.00	<input type="checkbox"/>

Pre-existing conditions

Should you decide to upgrade your level of cover, please complete and return this application form within the next 30 days, to guarantee that any pre-existing conditions are covered at the increased benefit levels requested. For applications received after this period our standard terms and conditions will apply, which states that "any medical condition in existence prior to the upgrade, will only be covered at the original level of cover".

Payroll Deduction Authority

Employer's name* Bolton Hospice (Group 10364)

Work address* Queens Park Street, Off Chorley New Road

Bolton, Lancashire

Postcode* BL1 4QT Department Payroll

Payroll / staff / pension number I am paid weekly monthly

I hereby authorise the above deduction from my salary/wage/pension (for such future amounts as may be in force throughout my membership) and for them to be held in trust and remitted to UK Healthcare. **Payroll Department: Please ensure that the application form has been forwarded to our office and retain a copy of this section for your records. Please confirm date of 1st deduction, then scan and email to corporate@ukhealthcare.org.uk**

Signature Date



UK Healthcare™

Looking after every body



Bolton Hospice

caring from the heart

Employee Healthcare Cash Plan

Monthly Premium	Level 1	Level 2	Level 3
Employee	PAID	£7.67	£16.67
Partner	£5.50	£12.00	£21.00

Benefits		Level 1	Level 2	Level 3
Dental* Includes check-ups, fillings, hygienist fees, x-rays and dentures		£60	£120	£180
Dental Accidents Treatment as a result of accidental impact		£165	£400	£600
Optical* Includes eye test, glasses, contact lenses, repairs, laser eye surgery		£60	£120	£180
Wellbeing Physiotherapy/Osteopathy/Chiropractic/Acupuncture - Treatment by a registered practitioner Homeopathy/Reflexology/Aromatherapy - requires GP referral Chiroprody/Podiatry - Treatment by a registered practitioner		£150	£280	£370
Specialist Consultation Covers diagnostic consultations, scans and tests recommended by your GP		£500	£500	£500
Health Screening Includes well man/woman screening and all screening that helps prevent an illness		£100	£200	£300
Prescriptions The number of standard prescription items that can be claimed (excludes annual prescriptions)		1	2	3
Hospital In-Patient A nightly allowance for any NHS or private hospital admission	Up to 28 nights	-	£15	£20
Hospital Parental Stay A nightly allowance for one parent accompanying a child covered	Up to 12 nights	-	£15	£20
Day Case A daily allowance for day case admissions	Up to 5 visits	-	£15	£20
Confidential Helpline Helpline services are provided by a third party		Anytime support for legal issues, medical problems, counselling and ID theft		
Discounted Gym Membership Services provided by a third party		Access to special membership rates		
Discounted Retail Voucher Services provided by a third party		Access to special rates		
Worldwide Cover	Up to 28 days	Cash plan benefits extend to trips abroad		

*Children are covered for benefits indicated at 50% of amounts shown. Benefits are within any 12-month period.

