UK Healthcare
Looking after every body

# POLICY AMENDMENT FORM

LEXTOX

I wish to take out / amend a policy ☐ Existing policy no:

## Please indicate cash plan level:

| | Level 1 | Level2 | Level 3 | Level 4 | Level 5 |
|---|---|---|---|---|---|
| Payment per MONTH | Company Funded ☐ | £6.69 ☐ | £14.79 ☐ | £22.89 ☐ | £36.39 ☐ |

## 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 | Date of Birth

Full name | Date of Birth

Full name | Date of Birth

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

Full name | Date of Birth

Full name | Date of Birth

| | Level 1 | Level2 | Level 3 | Level 4 | Level 5 |
|---|---|---|---|---|---|
| Payment per MONTH | £5.50 ☐ | £12.00 ☐ | £21.00 ☐ | £30.00 ☐ | £45.00 ☐ |

## 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*

Work address*

Postcode* | 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 **Date of first deduction**

Signature | Date

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# Your Corporate Benefits

LEXTOX

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|---|---|---|---|
| Employee Monthly Premium | Company Funded | £6.69 | £14.79 | £22.89 | £36.39 |
| Partner Monthly Premium | £5.50 | £12 | £21 | £30 | £45 |

| Benefit | Payback | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|---|---|---|---|---|
| **Dental**<br>Includes check-ups, fillings, hygienist fees, X-Rays and dentures | 100% | £60 | £110 | £150 | £200 | £275 |
| **Dental Accidents**<br>For dental injury as a direct result of accidental impact | 100% | £200 | £400 | £600 | £800 | £1,000 |
| **Optical**<br>Includes eye tests, glasses, contact lenses, repairs and laser eye surgery | 100% | £60 | £110 | £150 | £200 | £275 |
| **Health Screening**<br>Includes well man/woman screening and all screening that helps prevent an illness | 100% | £100 | £130 | £150 | £200 | £300 |
| **Specialist Consultation**<br>Covers diagnostic consultations and tests following GP Referral | 100% | £200 | £260 | £300 | £400 | £600 |
| **Wellbeing (Physiotherapy/Osteopathy/Chiropractic/Acupuncture)**<br>Covers treatment by a registered practitioner | 100% | £150 | £200 | £250 | £300 | £350 |
| **Complementary Therapies (Homeopathy/Reflexology/Aromatherapy/Remedial Massage)**<br>Covers treatment by a registered practitioner following GP referral | 100% | £50 | £100 | £150 | £200 | £250 |
| **Chiropody**<br>Covers treatment by a chiropodist or podiatrist | 100% | £20 | £50 | £100 | £150 | £200 |
| **Hospital In-Patient**<br>A nightly allowance for any NHS or private hospital admission | Up to 28 nts | £10 | £15 | £20 | £30 | £50 |
| **Day Case**<br>A daily allowance for day case admissions | Up to 10 vsts | £10 | £15 | £20 | £30 | £50 |
| **Hospital Parental Stay**<br>A nightly allowance for one parent accompanying a child covered by the policy | Up to 28 nts | £10 | £15 | £20 | £30 | £50 |
| **Prescriptions**<br>The number of standard prescription items that can be claimed | | 1 | 2 | 3 | 4 | 5 |
| **Discounted Gym / Spa Membership**<br>Services provided by a third party | | Access to special membership rates | | | | |
| **Savings on holidays, theme parks, retail discounts and attractions**<br>Services provided by a third party | | Access to special discounted rates | | | | |
| **Confidential Counselling Helplines + Interactive Counselling App**<br>Helpline services provided by a third party | | Anytime support for legal issues, medical problems, counselling and ID theft | | | | |
| **Worldwide Cover** | Up to 28 days | Cash plan benefits extend to trips abroad | | | | |

Immediate cover provided. Pre-existing conditions included.

Benefit levels are annual sums. Dependent children up to age 24 are covered free.