UK Healthcare™
A Westfield Health company

Your Corporate Benefits Plan

LOVE BUSINESS

	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	£5.50	£12.00	£21.00	£36.00	£45.00

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 recommended by your GP	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 and Spa Membership Services provided by a third party		Access to special discounted rates				
Savings on Holidays, Theme Parks, Retail Services and Attractions Services provided by a third party		Access to special membership rates				
Confidential Counselling Helplines 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.

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CORPORATE POLICY AMENDMENT FORM

LOVE BUSINESS

I wish to amend my existing cover ☐ Existing policy no:

Please indicate cash plan level:

	Level 1	Level2	Level 3	Level 4	Level 5
Payment per MONTH	Company Funded ☐	£7.67 ☐	£16.67 ☐	£25.67 ☐	£40.67 ☐

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

Full name | Date of Birth

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

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* Love Business Group Limited

Work address* Unit 2, Springfield Court

Summerfield Road, Bolton

Postcode* BL3 2NT | 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