



Your guide
to voluntary
dental care



Denplan

At the heart of dental care

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You're in safe hands

Thank you for considering a Denplan dental plan. We have designed this guide to help you understand what a dental plan is and how it works.

For someone who cares about their oral health, dental plans are a great way of spreading the cost of dental care with simple monthly payments. The cost of the plans vary depending on your oral healthcare needs. And it may be a lot less than you think.

How to contact us

If you would like to speak with one of our advisers you can call us on the number below – we will be happy to answer any other questions you may have.

Email: corporate@denplan.co.uk
Phone: **01962 828 007**

Lines are open Monday to Thursday
08:00 to 17:30 and Friday 08:00 to 16:30.

The importance of good oral health

Take a moment to consider the condition of your mouth. It makes sense to do all you can to look after yourself and have quality health cover in place, as you never know what's around the corner.

Keeping yourself dentally fit really isn't that difficult or expensive and it can make a huge difference to how you feel about yourself. Your mouth is more than just a smile, it's a place where you are at risk of disease, and it must be well looked after.

Why take out a dental plan?

Dental plans offer great security giving you access to NHS and private dental treatment, with the freedom to choose any dentist, where and when you need. You can claim money back from routine check-ups to extensive procedures** meaning paying for a trip to the dentist suddenly doesn't seem so painful.

Select the cover that's right for you, with the confidence of a market leading company with 30 years experience and excellent customer service.

97%*

of employees who contacted us said they were satisfied with the service

**Average response from Service Tick customer survey between 1st January – 31st December 2015.*

***Denplan Key is designed for accident & emergency use only.*



More about the dental plans

How does Denplan work?

You pay a monthly premium (your method of payment for Denplan is decided by your employer). You will need to select the most suitable level of cover (if applicable). You can then visit the dentist and claim back for the associated costs up to your benefit limits (see page 6).

Claim in 3 easy steps

Claiming online gives you a convenient way to submit and manage claims, whenever it suits you.

01



When your treatment has finished, you pay the dentist in the usual way

02



Submit your receipt and claim either online or by post within 60 days of treatment

03



Track your claim online and wait for the money to be reimbursed directly to your bank account or via cheque

Why Denplan is so good for you

Denplan covers you for a wide range of common dental treatments, giving you the chance to spread the cost. With all of our plans, you get access to a number of features:

1

Worldwide cover available

2

Prompt reimbursement

3

Choice of any dentist – Denplan, NHS or private

4

Immediate cover* – claim for treatment from the day your cover starts

5

All pre-existing conditions covered

6

Cover for injuries and emergencies, including sporting injuries

7

24-Hour Worldwide Dental Emergency Helpline

**Except mouth cancer cover.*

Pricing guide

		Denplan Key	Denplan Elementary	Denplan Evolve 1	Denplan Evolve 2
Employee	Monthly	£5.45	£11.25	£25.40	£35.55
	Annually	£65.40	£135.00	£304.80	£426.60
Employee & Partner	Monthly	£10.15	£21.00	£50.30	£70.55
	Annually	£121.80	£252.00	£603.60	£846.60
Single Parent Family	Monthly	£8.90	£18.00	£43.75	£60.50
	Annually	£106.80	£216.00	£525.00	£726.00
Family	Monthly	£13.65	£28.00	£68.15	£94.70
	Annually	£163.80	£336.00	£817.80	£1,136.40

- Prices quoted include Insurance Premium Tax charged at the prevailing rate (excluding residents of the Channel Islands and the Isle of Man)
- These premiums are valid for 12 months for any policy commencing on or before 31st March 2017
- Single parent family consists of one adult and an unlimited number of children up to the age of 21 (or 24 if in full-time education)

- Family consists of two adults and an unlimited number of children up to the age of 21 (or 24 if in full-time education)
- Denplan Elementary may not be suitable for children under the age of 18 (or under the age of 19 if in full-time education) as they are exempt from NHS charges.

Demands and Needs

Denplan Key meets the demands and needs of those looking to cover the unexpected costs of dental treatment necessary as the result of a dental injury or dental emergency anywhere in the world and for treatment of mouth cancer. Denplan Elementary meets the additional needs of those looking for 100% reimbursement of NHS treatment in the UK.

Denplan Evolve I and Denplan Evolve II meet the needs of those who have to extend the benefits of Denplan Key to include cover towards routine and restorative treatments anywhere in the world. We can only provide you information on our own products and you will not receive any advice or a personal recommendation from us for our dental plans.

We may ask you some questions to narrow down the product option on which we provide you with information, but you will then need to make your own choice about how to proceed.

Benefit table

Please refer to the benefit table below to see the benefits of all levels of cover - the terms and conditions contains a full description of the benefits, exclusions and restrictions which relate to your chosen level of cover.

BENEFITS (per person per policy year)	Denplan Key	Denplan Elementary	Denplan Evolve I	Denplan Evolve II
Routine examinations (at home or abroad)	N/A	100% reimbursement up to NHS limits	One routine examination per policy year	Two routine examinations per policy year
Hygiene treatments (at home or abroad)	N/A	100% reimbursement up to NHS limits	One hygiene treatment per policy year	One hygiene treatment per policy year
Dental x-rays (at home or abroad)	N/A	100% reimbursement up to NHS limits	One dental x-ray per policy year	One dental x-ray per policy year
Restorative treatments (at home or abroad)	N/A	100% reimbursement up to NHS limits	50% of the cost up to £1,250 per policy year	50% of the cost up to £2,500 per policy year
100% reimbursement for NHS treatment	N/A	✓	✓	✓
Worldwide dental injury ¹	✓	✓	✓	✓
Worldwide emergency dental treatment ²	✓	✓	✓	✓
Dentist call-out fees ³	✓	✓	✓	✓
Hospital cash benefit ⁴	✓	✓	✓	✓
Mouth cancer cover ⁵	✓	✓	✓	✓
24-hour Worldwide Dental Emergency Helpline	✓	✓	✓	✓
Dentist fees for telephone consultations following injury or emergency	✓	✓	✓	✓

1. Cover for up to £2,500 of treatment per dental injury for up to four incidents per policy year.

2. In the UK: up to £200 of treatment per incident for up to four incidents per policy year. Outside the UK: up to £400 of treatment per incident for up to two incidents per policy year. There is an overall maximum of £800 per policy year for this benefits.

3. Up to £150 per incident for up to two incidents per policy year.

4. £100 for each night you stay overnight in hospital, up to £1,000 per policy year, for dental treatment under the care of a consultant specialising in dental or maxillofacial surgery in relation to a dental condition.

5. Up to £20,000 towards one course of treatment for up to 18 months following diagnosis.

Policy Terms and Conditions

Full terms and conditions and policy exclusions can be found in this policy booklet. We recommend that you familiarise yourself with these before submitting your claims.

1. Schedule of benefits

All the following benefits will be reimbursed up to the limits shown within the benefit table for **your** chosen product.

Worldwide preventive dental treatment

N.B. This section does not apply to **you** if **you** are on Denplan Elementary or Denplan Key.

Examinations	
What is covered	What is not covered
<ul style="list-style-type: none">✔ Routine examinations✔ New patient/extensive examinations	<ul style="list-style-type: none">✘ Specialist consultations. This is covered under your private restorative benefit if available. Please check your benefit table for full details✘ General Exclusions
Hygiene appointments	
What is covered	What is not covered
<ul style="list-style-type: none">✔ Routine hygiene appointments✔ Topical fluoride application✔ Hygiene instruction/advice	<ul style="list-style-type: none">✘ Periodontal treatment. This is covered under your private restorative benefit if available. Please check your benefit table for full details.✘ General Exclusions
Dental X-rays	
What is covered	What is not covered
<ul style="list-style-type: none">✔ Dental x-rays for example: pan oral x-rays, periapical x-rays and bitewing x-rays✔ CT scans	<ul style="list-style-type: none">✘ X-rays related to treatment that are not covered by your plan✘ General Exclusions



Worldwide private restorative dental treatment

N.B. This section does not apply to **you** if **you** are on Denplan Elementary or Denplan Key.

What is covered	What is not covered
<ul style="list-style-type: none"> ✔ Clinically necessary restorative dental treatment ✔ Sedation in connection with clinically necessary dental treatment <p>Some examples of restorative treatment are: fillings, bridges, crowns, dental implants, periodontal treatment, root canal treatment.</p>	<ul style="list-style-type: none"> ✘ Replacement for loss of, or damage to dentures, other than whilst in your mouth ✘ Placement of a dental implant or bridge into a pre-existing gap ✘ Orthodontic treatment (IOTN grade 1-3) ✘ General Exclusions

Additional information about this benefit

IOTN stands for Index of Orthodontic Treatment Need.

For further details visit the British Orthodontic Society: www.bos.org.uk

NHS dental treatment

N.B. This section does not apply to **you** if **you** are on Denplan Key.

What is covered	What is not covered
<ul style="list-style-type: none"> ✔ Costs for treatment carried out on the NHS by an NHS dentist will be fully reimbursed ✔ If you are on Denplan Elementary and you have private treatment, we will pay the NHS equivalent costs – the amount of money your treatment would have cost if it had been carried out and you had been charged as an NHS patient 	<ul style="list-style-type: none"> ✘ Any private treatment that took place at an NHS dental practice is not eligible for 100% reimbursement ✘ Any treatment that the NHS would not cover ✘ General Exclusions

Additional information about this benefit

- The NHS has fixed costs for treatment; the price will vary depending on whether the dentist is based in England, Scotland, Wales or Northern Ireland. **You** can find the current prices for NHS treatment on the NHS website for **your** area.
- In England and Wales, the NHS has three bands which all treatment covered falls into – Scotland, and Northern Ireland have different structures in place.
- If **you** are on Denplan Elementary and **you** have private treatment, **you** can only claim the NHS equivalent costs once for each course of treatment. A course of treatment may take place over more than one visit to the dentist, for instance if a bridge is needed, **you** may need an appointment for preparation and another appointment to fit the bridge – these appointments would be part of the same course of treatment.

Worldwide emergency dental appointment

Dental treatment provided at the initial emergency appointment urgently required for the relief of severe pain, arrest of haemorrhage, the control of acute infection or a condition which causes a severe threat to **your** general health.

What is covered	What is not covered
<ul style="list-style-type: none"> ✔ Treatment carried out at an emergency appointment which was not pre planned and is required because you are in dental pain or there is a severe threat to your overall health ✔ Prescription charges ✔ Calls to our emergency helpline can be reimbursed if you are outside the UK (+44 (0) 1962 844 751) 	<ul style="list-style-type: none"> ✘ Any treatment carried out at a follow up appointment. If your policy covers preventive and restorative treatment you may be able to claim for follow up appointments under these benefits ✘ Any phone calls made to our emergency helpline or calls made in the UK ✘ General Exclusions

Worldwide dental injury

An **injury** to the teeth or supporting structures which is suddenly and unexpectedly caused by an external impact. All treatment connected with the same **injury** will be taken from the benefit limit in force on the date of the **injury**.

What is covered	What is not covered
<ul style="list-style-type: none"> ✔ Treatment following a dental injury that occurs whilst your policy is in force. This must start within 6 months of the date of the injury, and be completed within 24 months (six years for persons under 18) ✔ Treatment for dental injuries sustained while participating in a contact sport as long as you were wearing appropriate mouth protection ✔ Dentures are covered if you were wearing them at the time of the injury ✔ Prescription charges 	<ul style="list-style-type: none"> ✘ Treatment needed as a result of a self-inflicted injury ✘ Treatment needed for a dental injury that occurred before your policy started ✘ Treatment needed following damage caused during the consumption of food (including foreign bodies contained within the food) ✘ Dental injury resulting from an elective/ planned surgical procedure with or without the administration of general anaesthesia ✘ General Exclusions



Dentist call out fees

The necessity for a dentist in the UK to reopen their practice outside the practice's normal working hours.

What is covered	What is not covered
✔ The cost of dentist's call out fees in the event of a dental injury or emergency	✘ General Exclusions

Hospital cash benefit

What is covered	What is not covered
✔ A cash amount for each night you stay overnight in hospital under the care of a consultant specialising in dental or maxillofacial surgery in relation to a head or neck condition	✘ The cost of the treatment carried out in a hospital, for example, wisdom tooth extractions ✘ General Exclusions

Mouth cancer cover

Mouth cancer is a malignant tumour which is characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Cover is only provided where the primary site is in the hard and/or soft palate, gland tissue (including accessory, salivary, lymph and other gland tissue) in the mucosal lining of the oral cavity but excluding the tonsils.

What is covered	What is not covered
✔ Charges for treatment of mouth cancer <ul style="list-style-type: none">• You are only covered for treatment received within 18 calendar months of the date of diagnosis• If you have been diagnosed with mouth cancer you are covered for charges for consultations and tests• You are only covered for treatment given by a consultant who is recognised as a specialist in cancer treatment by the NHS or the states of Guernsey and Jersey or your country of residence or treatment provided by another medical practitioner under referral from a consultant	✘ Mouth cancer diagnosed before or within 90 days of when you are first provided with mouth cancer cover by us or for which tests or consultation began within those 90 days, even if the diagnoses is not made until later ✘ No further benefits are payable in the event of a re-occurrence of this same cancer, either at the same site or at a different location ✘ Mouth cancer resulting from the chewing of tobacco products or betel nut, or from prolonged alcohol abuse ✘ General Exclusions



2. General Exclusions

This policy does not cover:

- Any treatment that is assessed by **our** dentist as not clinically necessary
- Any treatment which is noted in **your** dental records or on a treatment plan, has been recommended by or discussed with a dentist, is known by **you** or is currently taking place at the date **your** cover starts (Please note if **you** have joined Denplan as part of **your** employers transfer from another provider **we** will not apply this exclusion.)
- Reimbursement for travelling expenses or telephone calls
- Any costs for dental procedures carried out as a result of a referral to a hospital, for example wisdom tooth extractions
- Dental consumables that are taken away from the dental practice, for example toothbrushes, floss, toothpicks and any other sundries
- If **you** have received dental treatment overseas, **we** will not reimburse for credit card fees, interest or commission fees incurred whilst overseas

3. Definitions

The words, which appear in this policy in bold, have specific meanings which are explained below:

Contact sport – any sport where it is common practice to wear mouth protection, for example rugby, lacrosse, hockey, boxing, wrestling, ice hockey.

Injury – An injury to the teeth or supporting structures which is caused suddenly and unexpectedly by an external impact.

Dentist – In the UK, a dental surgeon or dental care professional who is currently registered with the General Dental Council (GDC) carrying out the treatment which they are registered to perform. If the dental professional is outside the UK, a dental professional registered with the appropriate national regulatory authority.

Policy term – The period from the date your cover starts until the renewal date stated on your welcome letter, or, if shorter your cancellation date.

Restorative dental treatment – Clinically necessary dental treatment required to maintain the oral health of a patient in the opinion of your dentist. This may include treatment such as fillings, crowns, bridges and dentures.

United Kingdom (UK) – England, Wales, Scotland, Northern Ireland, Isle of Man and the Channel Islands.

We, us, our – Denplan Limited, registered number 1981238.

You, your – Any person covered by this policy.



4. Claims General

- A. Making **your** claim
- i. **Your** claim must be notified to **us** either by using **our** online claim system or by posting a fully completed claim form. **We** will not accept claim forms notified to **us** by any other means and **we** cannot accept receipts that are not accompanied by a valid claim.
 - ii. All claims should be made to **us** within 60 days of the treatment taking place if reasonably possible. The longer the time between the date of treatment and submitting **your** claim the more difficult it may be for **us** to validate it.
 - iii. **Your** claim must be supported by proof that **you** have had the treatment – this should be in the form of a fully itemised receipt or statement of account from **your** dentist, detailing each treatment being claimed and the cost paid for that treatment.
 - iv. If **we** are not able to validate **your** claim for any reason, for example **your** health professional no longer has access to **your** records, **we** may not be able to pay **your** claim.
 - v. All claims will be assessed against the benefits in force on the date that **you** had **your** treatment.
- B. If claims are received without all of the required information **we** will notify **you** and ask **you** to resubmit the claim to **us** once all information has been obtained.
- C. In all cases **we** reserve the right to recover any incurred costs as the result of a third party's involvement. In addition, if **you** have another dental insurance policy **we** reserve the right to only pay an appropriate apportionment of the claim.
- D. Claims will be paid into the UK bank account **you** specify when **you** make **your** claim. If no bank details are provided or **we** are unable to verify that the bank details supplied are valid, **we** will post a cheque payment to the policyholder at the UK address **we** have associated with the policy. Once **we** have made payment to a bank account, **we** will be unable to reissue a payment due to an error on **your** part.
- E. If **you** are claiming for treatment that has taken place outside the **UK**
- i. please where possible supply a copy of **your** receipt in English or an English translation.
 - ii. **we** will only make payments to a **UK** bank account or post cheques to a **UK** address.
 - iii. all foreign currency claims will be converted to pounds sterling using the currency converter at **www.oanda.com** based on the exchange rate in force on the date that treatment took place – no payments will be made for credit card fees, interest or commission fees incurred.
- F. There may be instances where **we** are uncertain about whether or not a claim is covered by the policy. If this is the case **we** may ask a **dentist** (or other medical specialist) to advise **us** about the medical facts relating to a claim, or to examine **you** in connection with the claim. If **we** do this, **we** will pay the costs involved. In choosing a relevant **dentist** or specialist **we** will take into account **your** personal circumstances. If **you** do not co-operate with any **dentist** or specialist chosen by **us**, **we** will not pay **your** claim.
- G. If **we** pay any costs for dental treatment which are not covered by the terms of this policy, the amount paid will count towards the annual maximum benefit available under the policy for that person. It does not mean that **we** will be liable to pay costs for that dental treatment in the future. If **we** pay a claim which is more than **you** are entitled to under the policy, **we** can recover the overpayment. **We** will ask **you** to repay the overpayment or deduct that amount from any other claim that **you** make.
- H. If **you** are claiming for multiple treatments on one claim and do not provide **us** with an itemised statement or confirmation of the individual costs of each treatment, **we** will conduct **our** own internal breakdown to assess **your** claim. This breakdown will be conducted based on **our** knowledge and experience of the costs of dental treatments.
- I. If **you** believe that **we** have incorrectly assessed **your** claim please contact **us** on 01962 828 007 or by email to **corporate@denplan.co.uk** If **we** have made an error **we** will send **your** claim for reassessment. If however, **we** did not have the full and correct information about **your** claim **you** will need to provide **us** with this before **we** can send **your** claim for reassessment.

5. Eligibility

You can only be covered under the terms and conditions of this policy, from the date **your** cover starts if:

- a). **you** permanently live in the **UK**
- b). pay your premiums to **us** up to the last calendar day of the month in which treatment occurred.

Your insurance cover under this policy will end at the earliest of the following:

- c). the expiry of the **policy term**; or
- d). when premiums are no longer being paid for the policy; or
- e). **you** no longer live in the **UK**

6. Cancellation

You have 14 days to change your mind and cancel your policy from either the date that you receive your welcome or renewal letter or the day on which we receive payment of the first premium, whichever comes first. If you cancel within this period we will return any premium paid for the policy, as long as no claims have been made on the policy in relation to the period of cover before the cancellation.

After 14 days, your insurance cover under this policy will end at the earliest of the following:

- a). You cancel the policy by giving us one months' notice. We will not refund any premiums that have already been paid
- b). You miss paying two consecutive monthly premiums. We may reinstate cover once all outstanding premiums have been paid. We will always attempt to contact you to tell you that we have not received the payment, we do this before we cancel the policy in order to give you the opportunity to pay the unpaid premium and keep the policy active
- c). We exercise the right to cancel the policy if we make a commercial decision to stop providing this policy or an equivalent policy. We will give you at least three months' written notice of our decision
- d). We exercise our right to cancel the policy at any time (backdated where appropriate) if:
 - i. We have reason to suspect that you or anyone on the policy has submitted a fraudulent claim
 - ii. You materially breach the terms and conditions of this policy
 - iii. If you are abusive to our staff. To protect our staff we ask that you treat us in the way you wish to be treated. If you are abusive during our contact with you, we will terminate the contract. If you continue to be abusive, we reserve the right to cancel all policies that you hold with Denplan.

If you wish to cancel your policy with us you can do so by informing us on 01962 828 007 or by emailing corporate@denplan.co.uk.



7. General

- a). Where applicable, family members and dependent children may also be included in the dental scheme on the same dental plan. Dependent children are those aged up to 21 (or 24 if in full time education).
- b). Non-payment of premiums will result in **us** suspending **your** benefits or cancelling the policy.
- c). The law of England and Wales will apply to this policy.
- d). All information and communications to **you** relating to this policy will be in English.
- e). **You** must provide an up to date mailing address.
- f). If **you** (or anyone acting on **your** behalf) make a claim under this policy or obtain cover knowing it to be false or fraudulent, **we** can refuse to make benefit payments for that claim and may declare the policy void, as if it never existed. If **we** have already paid benefit **we** can recover that money from **you**. Where **we** have paid a claim which **we** later find is fraudulent (whether whole or in part) **we** will be able to recover those sums from **you** and/or take the appropriate legal action against **you**. If **your** policy forms part of an employer's scheme, **we** reserve the right to contact the administrator of the scheme to inform them of any fraudulent activity.

How is my personal data protected?

We will hold and use information relating to **you**. **We** call this information personal data. The main purpose which **we** hold and use personal data for is to enable **us** to provide insurance services to **you** in relation to this **policy**. Other purposes which **we** use personal data for are to identify, analyse and calculate insurance risks, to improve **our** services to **you** and **our** other customers, to comply with legal obligations which **we** are subject to, to protect **our** interests and for fraud detection and prevention. **We** may receive and share personal data with persons appointed by **you** or who provide a service to **you**, for example **your** healthcare providers (such as an insurance intermediary, or a hospital or specialist). **We** may provide personal data to persons appointed by **us** who assist **us** in relation to the services **we** provide to **you**, including companies operating outside the United Kingdom and to organisations responsible for fraud prevention.

Where **we** have **your** agreement **we** will use **your** personal data to provide **you** with offers of products and services from Simplyhealth. Where **you** have agreed **we** will share **your** personal data with other companies within the Simplyhealth Group and carefully selected third parties in order for them to provide **you** with offers of products and services.

We operate strict procedures to ensure that personal data is kept secure. **You** have the right to see **your** personal data which is held by **us**. There may be a charge if **you** want to do this. If **you** have any questions or concerns about the personal data **we** hold and how **we** use it please write to: The Data Protection Officer, Denplan Corporate, Denplan Court, Victoria Road, Winchester, SO23 7RG. Denplan records telephone calls for training and quality assurance purposes.

What regulatory protection do I have?

Denplan Limited is an appointed representative of Simplyhealth Access, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority (PRA). Financial services in the UK are regulated by both the PRA and FCA. Both regulators are committed to securing the appropriate degree of protection for consumers and promoting public understanding of the financial system. The PRA and FCA have set out rules which regulate the sale and administration of general insurance which Simplyhealth Access and Denplan Limited must follow when dealing with **you**. Simplyhealth Access' Financial Services Register number is 202183. You can check this on the Financial Services Register by visiting the Financial Conduct Authority's website www.register.fca.org.uk or by contacting the Financial Conduct Authority on 0800 111 6768.



The Financial Services Compensation Scheme (FSCS)

In the unlikely event that Simplyhealth Access becomes insolvent and is unable to pay the benefits under **your** group scheme, **you** may be entitled to claim compensation from the Financial Services Compensation Scheme (the FSCS). **You** will need to meet specific FSCS criteria depending on **your** particular circumstances. Further information about the operation of the scheme is available on the FSCS website: www.fscs.org.uk. To find out whether **you** would be eligible to claim under the scheme **you** should contact the FSCS on (0800 678 1100).

How to complain

It is always **our** intention to provide a first class standard of service. However, should **you** wish to raise any concern, complaint or recommendation **you** can do so in the following way:

- i. In the first instance, **you** should contact Customer Services on 01962 828 007 or write to:

Denplan Customer Service Manager
Denplan Corporate
Denplan Court
Victoria Road
Winchester
SO23 7RG
Email: Corporate@denplan.co.uk

Please quote **your** personal policy or claim number. If **we** cannot resolve **your** complaint immediately **we** will write to **you** to acknowledge **your** complaint. **We** will then investigate **your** complaint and provide **you** with a final response within 8 weeks.

- ii. If **you** are not satisfied with **our** response, or **we** have not replied to **you** within 8 weeks **you** have the right to refer **your** complaint to The Financial Ombudsman at:

Financial Ombudsman Service
Exchange Tower
London
E14 9SR

Email: complaint.info@financial-ombudsman.org.uk

The Financial Ombudsman Service will only consider **your** complaint if **you** have given **us** the opportunity to resolve the matter first.

This procedure will not prejudice **your** right to take legal proceedings. However, please note that there are some instances when the Financial Ombudsman Service cannot consider complaints.

If **your** policy forms part of an employer's scheme, **we** reserve the right to contact the administrator of the scheme to inform them of any concern, complaint or recommendation made by **you**.



How to contact us

You can log in to your online account at www.denplan.co.uk/login

You can also email us at corporate@denplan.co.uk or call **01962 828 007**.

Lines are open Monday to Thursday 08:00 to 17:30 and Friday 08:00 to 16:30.

Application form

Complete the Application form and Direct Debit and return it to; Denplan Corporate, Denplan Court, Victoria Road, Winchester, SO23 7RG. Once we receive your application, we will send you a policy handbook containing all the information you need to know.

Company name

Title	First Name	Surname	Date of birth	Denplan Key	Denplan Elementary	Denplan Evolve I	Denplan Evolve II
Policyholder	<input type="text"/>						

Dependants to be included on cover

<input type="text"/>							
<input type="text"/>							
<input type="text"/>							

Home address

Postcode

Telephone

Start date This must be the 1st day of the month*

Total monthly charge £

*If you wish the policy to commence from the 1st of the current month, please note you will be charged a full month's premium and you cannot claim for any dental injury or dental treatment prescribed, planned or taking place prior to the date we receive this application form. If no date is supplied we will assume cover from the 1st of the next available month. Where there is any discrepancy between this statement and your policy terms and conditions, this statement takes precedence.

 **Data Protection Act** – you will see this sign where we ask you to give personal information.

Denplan Limited is a member of the Simplyhealth Group. To set up and administer your policy Denplan Limited will hold and use information supplied by you and those people included in your application. By signing this form you confirm that you and all those included in your application consent to such use of your personal data. We may also disclose information about anyone included in your application when there is a legal requirement to do so, to people who provide a service to us on the understanding that they will keep the information confidential and in accordance with the Data Protection Act 1998, or in circumstances where it would help us to prevent fraud or improper claims.

Denplan Limited may contact you about its other products and services and those of our carefully selected partners.

We may also share some of your details with other companies in the Simplyhealth group and those of our carefully selected partners to enable them to contact you with details of their products and services. We may contact you by post or telephone if appropriate, if you do not wish us to do this, please tick this box

We may also notify you electronically by email/SMS (if appropriate), if you would like to be contacted in this way please tick this box

All prices quoted include insurance premium tax charged at the prevailing rate (excluding residents of the Channel Islands and the Isle of Man). This application form must be signed by the payer who is purchasing the plan.

I have read, and accept the policy terms and conditions.

Signature

Date

The Direct Debit Instruction (DDI)

Denplan



Please fill in the whole form including official use box using a ball point pen and send it to:
Denplan Ltd, Denplan Court, Victoria Road, Winchester, SO23 7RG

Name(s) of Account Holder(s)

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Bank/building society account number

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Branch sort code

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Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

Instruction to your bank or building society to pay by Direct Debit

Service User Number:

4	0	2	4	1	6
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Reference:

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Instruction to your bank or building society

Please pay Denplan Ltd Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Denplan Ltd and, if so, details will be passed electronically to my bank/building society.

Signature(s)
Date

Banks and building societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the payer.

The 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 Denplan Ltd will notify you 3 working days in advance of your account being debited or as otherwise agreed. If you request Denplan Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of your request.
- If an error is made in the payment of your Direct Debit, by Denplan 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 Denplan 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.



Denplan Limited, Denplan Court, Victoria Road, Winchester, SO23 7RG, UK.
Tel: +44 (0) 1962 828 000. Fax: +44 (0) 1962 840 846. Email: corporate@denplan.co.uk

Part of Simplyhealth, Denplan Ltd is an Appointed Representative of Simplyhealth Access for arranging and administering dental insurance. Simplyhealth Access is incorporated in England and Wales, registered no. 183035 and is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Denplan Ltd is regulated by the Jersey Financial Services Commission for General Insurance Mediation Business. Denplan Ltd only arranges insurance underwritten by Simplyhealth Access. Premiums received by Denplan Ltd are held by us as an agent of the insurer. Denplan Ltd is registered in England No. 1981238. The registered offices for these companies is Hambleden House, Waterloo Court, Andover, Hampshire SP10 1LQ.