



Introducing Denplan

A guide to our services.

Contents

- 3 The importance of good oral health
- 4 More about the dental plans
- 5 Five reasons to choose Denplan
- 6-7 Benefit table
- 8-15 Policy Terms and Conditions



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.*



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.*

A dental plan with more

Every Denplan member can take advantage of the extra services during your time with us:

Online claiming

You will have access to our online claiming service where you can submit, view and track all of your claims.

Find out more about claiming at www.denplan.co.uk/corporateclaims

Find a Dentist search

Our find a dentist service helps you to locate your nearest Denplan dentist to home or work. It also details additional information about the practice such as disability access and extended hours

Find your nearest Denplan dentist at www.denplan.co.uk/findadentist

Denplan Discount Network

An exclusive network of around 2,000 Denplan dentists dedicated to offering dentistry at a discount. This enables your cover limits to go further, making your dental care even more affordable.

Find out which dentists offer discounts at www.denplan.co.uk/ddn



Dental advice at your fingertips

In between visiting your dentist have a look at our dedicated oral health website, where you can find oral health tips and latest news.

Find out more at www.denplan.co.uk/myteeth

Check your oral score

My Dental Score is a free assessment tool for people to find out the state of their oral health. You will be provided a personalised summary, highlighting any potential risks.

Check your oral health score at www.denplan.co.uk/mydentalscore



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.

		1	2	3	4	5	6
NHS	NHS Treatment	100% NHS	100% NHS	100% NHS	100% NHS	100% NHS	100% NHS
Examinations	Normal Examination		£20	£25	£30	£40	£50
	Extensive/New Patient/Specialist Consultation	100% NHS	£40	£50	£65	£70	£75
X rays	Small or bitewing x ray (per x ray)	100% NHS	£6	£7	£8	£10	£12
	Other x rays or CT Scan		£15	£20	£25	£30	£35
Cleaning	Scale & Polish	100% NHS	£40	£50	£60	£65	£70
Fillings	Silver filling	100% NHS	£35	£45	£55	£65	£75
	White (tooth coloured) filling		£45	£60	£75	£90	£105
Major treatments¹	Crown per tooth		£190	£230	£300	£390	£470
	Post		£40	£50	£60	£70	£80
	Root canal treatment		£100	£145	£180	£225	£330
	Bridge - any number of teeth		£400	£550	£700	£850	£1,000
	Dental implants (implant & abutment) ²		£200	£225	£250	£275	£300
	Orthodontic treatment	100% NHS	£400	£475	£550	£625	£700
	Upper or Lower denture (partial or full)		£360	£480	£600	£680	£760
	Inlay / Onlay - Per inlay or onlay		£140	£200	£250	£300	£350
	Veneer – per veneer		£125	£160	£200	£295	£390
Repair of major treatments		£35	£40	£45	£55	£65	
Extractions	Simple extraction – per tooth	100% NHS	£25	£32	£40	£52	£65
	Surgical extraction – per tooth		£55	£60	£65	£100	£130
Other treatments	Fissure Sealant		£20	£30	£40	£50	£60
	Topical Fluoride Application		£18	£24	£32	£35	£38
	Sedation		£70	£75	£80	£85	£90
	Periodontal treatment ¹	100% NHS	£85	£90	£100	£110	£120
	Mouthguard (exc. for Sports)		£50	£55	£60	£65	£70
	Other clinically necessary restorative treatment not listed		£65	£75	£85	£100	£115

1. Reimbursement for these items include all visits relating to a full course of treatment including preparation, supply and fit.

2. This reimbursement includes the implant and abutment. The cost of the crown is additionally covered up to the crown per tooth limit.

What else is covered?

In addition to the core benefits, you are also covered for:

		1	2	3	4	5	6
Worldwide emergency dental treatment	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	£800	£800	£800	£800	£800	£800
Worldwide dental injury	Cover for up to £2,500 of treatment per dental injury up to 4 incidents per year	£10,000	£10,000	£10,000	£10,000	£10,000	£10,000
Mouth Cancer	Up to £20,000 towards one course of treatment for up to 18 months following diagnosis	£20,000	£20,000	£20,000	£20,000	£20,000	£20,000
Hospital Cash Benefit	£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 head or neck condition.	£1,000	£1,000	£1,000	£1,000	£1,000	£1,000
Dentist Call-out Fees	Up to £150 per incident for up to two incidents per policy year.	£300	£300	£300	£300	£300	£300
Telephone Consultation	Dentist fees for telephone consultations following injury or emergency (when referred by Denplan)	100%	100%	100%	100%	100%	100%



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

You are covered for the items shown in **your** benefit table up to the amounts shown in the table per course of treatment.

For all items of treatment where 100% NHS is shown in the benefit table, the following applies:

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	<ul style="list-style-type: none">✘ Any treatment that you have paid for privately will not be eligible for 100% reimbursement under this benefit even if it took place at an NHS dental practice✘ 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 which part of the **UK you** are in. **You** can find the current prices for NHS treatment on the NHS website for **your** area
- In England, the NHS have 3 bands which all treatment covered falls into – Scotland, Wales and Northern Ireland all have different structures in place
 - Band 1 – Includes examinations, cleaning with a Hygienist, X-rays and emergency appointments
 - Band 2 – Includes root canal treatment, extractions and fillings
 - Band 3 – Includes crowns, bridges and mouth guards
- If **you** have selected a level of cover that only includes reimbursement for NHS treatment, 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 charged by the NHS
- If **you** have selected a level of cover that only includes reimbursement for NHS treatment, 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, there will likely be an appointment for preparation and an appointment to fit the bridge – this would be part of the same course of treatment



For all items of treatment that have a monetary amount shown in your benefit table the below applies:

What is covered	What is not covered
<ul style="list-style-type: none"> ✔ Clinically necessary dental treatment up to the amounts shown in your benefit table ✔ Orthodontic treatment (IOTN grade 4-5) ✔ Sedation in connection with clinically necessary dental treatment 	<ul style="list-style-type: none"> ✘ Consultations for treatment that is not covered on your plan (e.g. cosmetic treatment) ✘ X-rays related to treatment that is not covered by your plan ✘ 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

Please note: The reimbursement amounts stated on **your** benefit table are per course of treatment unless otherwise stated; **we** define a course of treatment as:

X ray or Scan – a single x-ray or scan

Filling and fissure sealant – treatment to a single tooth

Root canal – full root canal treatment on a single tooth (can be multiple visits)

Crown, inlay, onlay, veneer, implants – a full course of treatment to a single tooth including preparation, supply and fit

Bridge and denture – a full course of treatment including preparation, supply and fit of a bridge or denture

Extraction – extraction of a single tooth

Orthodontic and periodontal treatment – a full course of treatment prescribed by **your dentist** that forms part of a single treatment plan

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. You will be able to claim for follow up appointments under your preventive and restorative 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
<ul style="list-style-type: none">✔ The cost of dentist's call out fees in the event of a dental injury or emergency	<ul style="list-style-type: none">✘ General Exclusions

Hospital cash benefit

What is covered	What is not covered
<ul style="list-style-type: none">✔ 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	<ul style="list-style-type: none">✘ 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
<ul style="list-style-type: none">✔ 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	<ul style="list-style-type: none">✘ 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 diagnosis 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.

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). **you** are entitled to enter the scheme in accordance with the eligibility rules defined by **your** employer; and
- c). premiums are paid on **your** behalf by **your** company.

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

- d). the expiry of the **policy term**; or
- e). when **you** are no longer eligible to remain in the scheme according to the eligibility rules defined by **your** employer; or
- f). in the case of a company funded scheme, the last day of the month in which **your** employment ceases, unless **we** have agreed otherwise with **your** employer; or
- g). if **your** employer's group policy is cancelled; or
- h). **you** no longer live in the **UK**

6. Cancellation

The Financial Conduct Authority rules allow certain policyholders to cancel their policy and to have their premium returned. This will only apply to **you** if **you** are an unincorporated business (a sole trader or a partnership which is not a limited liability partnership) and **you** are purchasing cover for yourself as well as **your** employees.

If this applies to **you**, **you** have 14 days from receiving **your** welcome or renewal letter to change **your** mind and cancel **your** policy. If **you** cancel within this period, **we** will then return any premium paid for the policy as long as no claims have been made on the policy in relation to the period before cancellation.

If **you** are not an unincorporated business purchasing cover for yourself and **your** employees, **we** can only accept cancellation requests from **your** company administrator.



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.



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.