



Look after your teeth and your pocket with Denplan

The company benefit that'll make you smile



Denplan

Member of the Global  Group



Contents



Why choose a dental plan?

- 3 Welcome to Denplan
- 4 Why choose a dental plan?
- 5 Why Denplan?
- 6 Top 5 reasons for going to your dentist



Plan details and pricing

- 7 What the plans cover
- 8 Pricing guide



About the plans

- 9 About the plans
- 10-13 Policy summary
- 14-22 Terms and conditions
- 23 How to apply - Application form and Direct Debit



Welcome to Denplan

With Denplan, you have a great opportunity to get the care and protection your teeth deserve. This booklet explains all you need to know about the range of products available which allows you to choose the option that best suits your needs.

The products are designed to provide you cover when you need it most and can give you cover for any dentist - regardless of whether they are NHS, private or Denplan. Take a moment to choose the level of cover that is right for you - then you can let Denplan help you with the cost of your dental care.

About us

Denplan has over 1.8 million registered patients, over 6,500 member dentists and more than 1,700 company schemes. You benefit from our specialist and in-depth knowledge of dentistry combined with the financial strength and experience of the global AXA group.



INVESTOR IN PEOPLE



10% of private patients delay necessary dental treatment due to cost.*

Why choose a dental plan?

Oral health isn't just about your mouth

Good oral health isn't just about avoiding fillings and toothache - it is integral to general health and essential for your wellbeing.

Poor oral health can have knock-on effects in all areas of your life as it is linked to an increased risk of heart disease and strokes from bacteria in the mouth getting into the bloodstream through cavities and gums. **So what's the best way to protect yourself and try to avoid this happening?** By visiting the dentist regularly.

Prevention is better than cure

It's always better to stop problems before they start and regular dental attendance can help reduce the need for future treatment like fillings. The earlier you start looking after your teeth the better. As we age our teeth and gums naturally deteriorate, so looking after them now is the best way to keep them healthy for the future.

Got great teeth now?

Great news - let Denplan help you keep them that way.

Preventive care needn't cost the earth

Paying for your dental cover with Denplan helps you spread the cost of your regular trips to the dentist, and can really help you maintain excellent oral health. If you do need unexpected treatment, you can rest assured that we will be there to help with the cost.

*Source: TNS OnLineBus Survey, 1000 adults were surveyed: 12-16 June 2008



93% of employees
are happy with
Denplan's service.*

Why Denplan?

Think dentistry, think Denplan

Denplan has been at the heart of dental care since it was formed by two dentists over 20 years ago. Since then we have grown to over 6,500 member dentists in the UK. We have always tried to provide new ways of helping patients to fund their dental treatment and encourage them to make regular visits to their dentist.

We're not just about paying your claim. Denplan provides the largest amount of support for dentists and the dental profession using our expertise, knowledge and significant dental network.

Unique range of services

Being a Denplan member gives you access to a unique range of services, specifically focused on helping you keep your teeth in top shape.

Not registered with a dentist? No problem - with a network of over 6,500 member dentists in the UK we can help you find a dentist near to you.

In dental pain? No problem - give our 24 hour worldwide emergency helpline a call and we'll help find a dentist for emergency treatment.

Easy to understand, easy to claim

Simple benefits and clear limits make it easy for you to know how you can use your policy. You don't need to change your dentist to use the policies. You can choose from plans that cover NHS, private or Denplan dentists and our '4 easy steps to claim' process makes it easy for you to get reimbursed.

*Source: BDRC research Q3 2008 - 162 adults questioned who recently received a claims payment from Denplan



Someone dies from mouth cancer every 5 hours in the UK.*

Top 5 reasons for going to your dentist

1 Prevent gum disease

Gum disease can lead to loss of teeth but it can be treated if detected early. Dentists recommend regular check-ups, as well as daily flossing and brushing, to reduce this risk.

2 Prevent mouth cancer

Mouth cancer kills more people in the UK than cervical or testicular cancer*, but is largely preventable - chances of survival increase from 50% to 90% if you detect problems early**. Regular trips to your dentist are the best way of monitoring your dental health and catching problems early.

3 Avoid losing your teeth

Having regular check-ups means that dental problems, can be detected early and dealt with immediately, which could prevent loss of teeth.

4 Dental emergencies can be prevented

By taking a preventive approach, your dentist can help keep your teeth in the best condition. This can avoid dental emergencies like abscesses, infections or broken teeth.

5 Help maintain good overall health

If your oral health is good this can help your overall health and wellbeing. Gum disease has been linked with heart disease, strokes and pancreatic cancer. By visiting the dentist regularly you can help keep your teeth in the best condition and minimise these risks.

*Source: CRUK - September 2008 - Deaths from mouth cancer in the UK in 2006.

**National Dental Survey 2008 - May 2008, British Dental Health Foundation.



95% of employees received what they expected from their claim.*

What the plans cover

With Denplan, you have the choice of six plans which will suit you regardless of how you receive your dental treatment. The plans include:

Dental Injury and Emergency cover

The products include worldwide dental injury and emergency cover up to £12,000 giving you the peace of mind of cover in an emergency.

100% NHS Cover

Having treatment with an NHS dentist in the UK? You can choose a plan which includes 100% NHS cover, so you don't have to worry about the cost or the number of claims you make.

Routine & Restorative Treatment

You can also choose a plan which includes routine and restorative private treatment, to allow you to claim money back towards common dental treatments such as check-ups, hygiene visits and more substantial treatment with a private dentist.



Pricing guide

		Denplan Key	Denplan Elementary	Denplan Essential	Denplan Essential Plus	Denplan Extensive	Denplan Extensive Plus
Employee	Monthly Annually	£4.20 (£50.40)	£8.50 (£102.00)	£14.05 (£168.60)	£17.45 (£209.40)	£23.45 (£281.40)	£29.10 (£349.20)
Employee, plus partner	Monthly Annually	£7.80 (£93.60)	£15.70 (£188.40)	£25.95 (£311.40)	£32.30 (£387.60)	£43.20 (£518.40)	£54.00 (£648.00)
Single parent family	Monthly Annually	£6.75 (£81.00)	£13.55 (£162.60)	£22.45 (£269.40)	£27.90 (£334.80)	£37.35 (£448.20)	£46.65 (£559.80)
Family	Monthly Annually	£10.40 (£124.80)	£21.00 (£252.00)	£34.70 (£416.40)	£43.25 (£519.00)	£57.85 (£694.20)	£72.35 (£868.20)

- Prices quoted include Insurance Premium Tax charged at a rate of 5% (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 2010
- 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 is not available to 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 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 Essential, Essential Plus, Extensive and Extensive Plus meets the needs of those who need to extend these benefits to routine and restorative treatments or dental injury and emergency treatment anywhere in the world. This policy would be set up on the understanding that no advice or recommendation has been given.



Policy summary

keyfacts[®]

Denplan Key, Elementary, Essential, Essential Plus, Extensive and Extensive Plus.

This policy summary provides a brief description of this dental insurance which is underwritten by AXA PPP healthcare. In conjunction with this policy summary, the following forms the full terms and conditions; the policy terms and conditions found on pages 14-22, your schedule of cover and any endorsement provided to you.

What is Denplan Key?

This plan provides you with cover for treatment necessary as a result of a dental injury or emergency anywhere in the world and for treatment of mouth cancer.

What is Denplan Elementary?

This plan provides you with all the benefits of Denplan Key in addition to 100% reimbursement for NHS treatment.

What are Denplan Essential, Essential Plus, Extensive and Extensive Plus?

These plans provide you with all the benefits of Denplan Key and Denplan Elementary in addition to varying levels of reimbursement towards routine and restorative dental treatment anywhere in the world.

Benefits	Denplan Key	Denplan Elementary	Denplan Essential	Denplan Essential Plus	Denplan Extensive	Denplan Extensive Plus
100% reimbursement For NHS treatment.	X	✓	✓	✓	✓	✓
Routine examinations	X	100% reimbursement for NHS treatment	Up to £50 per policy year	Up to £50 per policy year	Up to £100 per policy year	Up to £100 per policy year
Hygiene treatments	X	100% reimbursement for NHS treatment	Up to £60 per policy year	Up to £60 per policy year	Up to £120 per policy year	Up to £120 per policy year
Dental x-rays	X	100% reimbursement for NHS treatment	Up to £40 per policy year	Up to £40 per policy year	Up to £80 per policy year	Up to £80 per policy year
Restorative treatments	X	100% reimbursement for NHS treatment	80% of the cost up to £200 per policy year	80% of the cost up to £1000 per policy year	80% of the cost up to £400 per policy year	80% of the cost up to £2000 per policy year
Worldwide dental injury Cover for up to £2,500 of treatment per dental injury for up to four incidents per policy year.	✓	✓	✓	✓	✓	✓
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. There is an overall maximum of £800 per policy year for this benefit.	✓	✓	✓	✓	✓	✓
Hospital cash benefit £50 for each night you stay overnight in hospital, up to £1000 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.	✓	✓	✓	✓	✓	✓
Dentist call-out fees Up to £100 per incident for up to two incidents per policy year.	✓	✓	✓	✓	✓	✓
Mouth cancer cover Up to £12,000 towards one course of treatment for up to eighteen months following diagnosis (smokers are included).	✓	✓	✓	✓	✓	✓
24 hour worldwide emergency helpline	✓	✓	✓	✓	✓	✓

What are the main exclusions and limitations of Denplan Key, Elementary, Essential, Essential Plus, Extensive and Extensive Plus?

As with all insurance policies, general exclusions and limitations apply. The following is a summary of the main exclusions and limitations of the policies.

Exclusions	For further information
Treatment prescribed, planned, advised or taking place on or before the commencement date of the policy or for claims under the injury or emergency benefit for treatment required as a result of an incident that occurred prior to the commencement date of the policy.	For full information please see section 4. Exclusions in the terms and conditions.
Treatments in connection with dental injuries must commence within a period of 6 months and must be completed within 24 months of the date of the original incident.	For full information please see section 3. Schedule of benefits in the terms and conditions.
Any treatment relating to damage or injury caused whilst participating in contact sports (including training) unless the appropriate mouth protection is worn.	For full information please see section 4. Exclusions in the terms and conditions.
Any treatment not deemed to be clinically necessary.	For full information please see section 4. Exclusions in the terms and conditions.
Implants and all costs associated with the preparation and fitting of such a device.	For full information please see section 4. Exclusions in the terms and conditions.
Treatment for mouth cancer diagnosed before or within 90 days after you joined Denplan or for which tests or consultations began within those 90 days, even if the diagnosis is not made until later.	For full information please see section 4. Exclusions in the terms and conditions.
If you pay your premium directly to Denplan you can only be covered under the terms and conditions of the policy from the commencement date if you are a resident in the UK, Isle of Man or the Channel Islands.	For full information please see sections 2. Eligibility and 4. Exclusions in the terms and conditions.

How long will my cover last?

This policy is for one year unless we have agreed something different. In these circumstances, this will be confirmed in your welcome letter.

Claims

If you need advice about making a claim simply call 0800 838951. Full details of how to make a claim are included in the terms and conditions on pages 14-22.

Claims should be made within 60 days of treatment.

Where treatment costs apply, you must pay for treatment and submit original receipts in order to make a claim for benefit.

How do I complain?

We aim to provide you with the highest possible standards of service but accept there may be occasions when you feel that things have gone wrong for you and you are unhappy with us. If you have a complaint about any matter please contact us and we will do our best to address your concerns. Your feedback is vital to helping us improve.

If you are dissatisfied with the outcome of our investigation, you can ask the Financial Ombudsman Service (the FOS) to consider your complaint. However, you should contact the FOS (0845 080 1800) to find out whether you will be eligible to have your complaint considered by the FOS if you have purchased a group scheme as you will need to meet specific criteria depending on your particular circumstances.

Further details on how to complain can be found in the terms and conditions on pages 14-22.

If you have a claim against AXA PPP healthcare

In the unlikely event that AXA PPP healthcare becomes insolvent and is unable to pay the benefits under your policy, you are protected by the Financial Services Compensation Scheme (the FSCS). The first £2,000 of any claim is protected in full. For amounts above this FSCS will ensure that policyholders are compensated to 90% of the value that their policy would have paid. Further information about the operation of the scheme is available on the FSCS website: www.fscs.org.uk.

What if I change my mind?

You have a 14 day cooling off period if you are:

- paying premiums directly to Denplan
- an unincorporated business (a sole trader or a partnership which is not a Limited Liability Partnership) and are purchasing the cover for yourself as well as your employees.

During this period you have the right to cancel your policy and have your premium returned. The cooling off period begins on the day your contract is agreed or the day you receive your full policy terms and conditions if this is later and will also apply from each renewal date.



Terms and conditions

Terms and conditions

This document constitutes the full terms and conditions of **your** dental policy, which is for one **year**.

1. Definitions

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

appropriate mouth protection - a sports mouthguard.

commencement date - the cover start date as shown in **your** welcome letter or other notices issued by Denplan Limited.

contact sport - rugby, lacrosse, hockey, boxing, wrestling, ice hockey and any sport where it is common practice to wear mouth protection.

country of residence - the country in which **you** are resident on a limited or unlimited secondment in agreement with **your** employer.

dental injury - an injury to the teeth or supporting structures (including damage to dentures whilst being worn) which is directly caused suddenly and unexpectedly by means of a direct external impact.

emergency dental treatment - temporary 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. For the avoidance of doubt any subsequent treatment required after the initial emergency appointment is specifically excluded.

implant - a titanium root-shaped fixture designed to integrate with the bone, to replace the root of a tooth and support the replacement teeth.

mouth cancer - a malignant tumour, with its primary site being in the hard and soft palate, gland tissue (including accessory, salivary, lymph and other gland tissue) in the mucosal lining of the oral cavity but excluding the tonsils, which is characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This excludes non-invasive cancer in situ and HIV related tumours.

NHS treatment - treatment provided and charged in accordance with current and prevailing NHS charging structure in the **UK**.

permanent treatment - definitive treatment that is clinically necessary to secure and maintain oral health.

premium - the money due to **us** with regard to the provision of this policy.

temporary dental treatment - such care and treatment that is immediately and necessarily required to stabilise the oral condition pending further definitive treatment.

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

we, us, our - AXA PPP healthcare Limited.

year - the twelve month period immediately following the **commencement date** or, if shorter, the period of time between the **commencement date** and the renewal date. In the case of a renewed policy the twelve month period immediately following the renewal date. This may also refer to a non twelve month period as agreed by **your** employer and confirmed in **your** joining details.

you, your - a person who has been accepted for cover under this policy.

2. Eligibility

You can only be covered under the terms and conditions of this policy, from the **commencement date**, if **you**:

- i. pay **your** premium direct to Denplan and are resident in the **UK** for at least 180 days during the **year**; or
- ii. are entitled to enter the scheme in accordance with the eligibility rules defined by **your** employer; or
- iii. are related to an eligible employee of the corporate scheme.

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

- i. the expiry of the **year**; or
- ii. when **you** are no longer eligible to remain in the scheme according to the eligibility rules defined by **your** employer; or
- iii. 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.

3. Schedule of benefits

We will pay the benefits shown below to **you** provided that **you** comply with the terms and conditions of this policy:

Below are the benefits of Denplan Key:

- i. Worldwide **dental injury**
For the costs of dental treatment (including prescription charges) received by **you** in connection with a **dental injury** which happens after the **commencement date** up to a limit of £2,500 per **dental injury** subject to an overall limit of four **dental injuries** per **year**. Benefit will only be payable for treatments in connection with **dental injuries** that commence within a period of 6 months of the date of the original incident and/or notification

of an intention to claim, and while **your** policy is in force. If this spans a renewal period **we** will treat the claim as a continuing claim and **we** will continue to cover **your** treatment after the renewal date. However, in no event will benefit be payable for treatment received more than 24 months after the date of the injury.

- ii. Worldwide **emergency dental treatment**
For the cost of **emergency dental treatment** within the **UK** **we** will pay for **temporary dental treatment** (including prescription charges) up to £200 per incident subject to a maximum of four incidents per **year** or for the cost of **emergency dental treatment** overseas **we** will pay for **temporary dental treatment** (including prescription charges) up to £400 per incident, subject to a maximum of two incidents per **year**. There is an overall maximum of £800 per **year** for this benefit. For the avoidance of doubt any subsequent treatment required after the initial appointment is specifically excluded.
- iii. Dentist call-out fees
For the cost of emergency dental call-out up to £100 per call-out subject to a maximum of two incidents per **year**. By call-out **we** mean the necessity for a dentist in the **UK** to re open the practice between the hours of 6.00pm and 8.00am on weekdays or weekend and bank holidays or outside the **UK**, outside the practice's normal working hours to provide **emergency dental treatment** or treatment in the event of a **dental injury**.
- iv. Hospital cash benefit
If **you** are admitted overnight as an in-patient to a licensed medical or surgical hospital for dental treatment under the care of a consultant specialising in dental or maxillofacial surgery in relation to a head or neck condition, £50 per night subject to a maximum of £1,000 per **year**.

v. **Mouth cancer** cover

This benefit covers the insured for treatment charges up to £12,000 for treatment of **mouth cancer**.

Conditions:

- The benefits will be paid only for treatment received within 18 calendar months of the date of diagnosis.
 - Benefits will be paid only for one course of treatment in connection with a specific occurrence of **mouth cancer**. No further benefits are payable in the event of a recurrence of this same cancer, either at the same site or at a different location.
 - Benefit will be paid only 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.
- vi. 24 hour worldwide emergency helpline
In the event of **you** experiencing a dental incident, all reasonable assistance will be given in locating a dentist.
- vii. If **you** do not have Implant Upgrade Cover and **implants** are clinically required as the result of a **dental injury**, **we** will pay towards the cost of **implants** up to the value of the equivalent bridgework within the specified benefit limits. The maximum equivalent bridgework value is £1,000 per **implant**, with all claims subject to the limits specified in section i above.

Denplan Elementary:

All the benefits listed in 3(i - vii) above, plus;
viii. 100% reimbursement of routine and restorative **NHS treatment*** in the **UK**.

Denplan Essential:

All the benefits listed in 3(i - vii) above, plus;
ix. Routine and restorative dental treatment in the **UK** and abroad:

- 100% reimbursement of routine and restorative **NHS treatment.***

The following benefits apply to treatment carried out on a private basis (not under the NHS charge structure)

- Routine consultations or reports provided by a dentist - Up to £50 per **year**.
- Routine scaling and polishing provided by a dentist or hygienist - Up to £60 per **year**.
- Clinically necessary radiographs of the teeth and jaws - Up to £40 per **year**.
- Clinically necessary restorative dental treatment, including, but not limited to, fillings, crowns, bridges, dentures and specialist treatment - 80% of the cost up to £200 per **year**.

Denplan Essential Plus:

- x. All the benefits of Denplan Essential, with an increased limit of 80% of the cost up to £1000 per **year** towards clinically necessary restorative dental treatment, including, but not limited to, fillings, crowns, bridges, dentures and specialist treatment.

Denplan Extensive:

All the benefits listed in 3(i - vii) above, plus;
xi. Routine and restorative dental treatment in the **UK** and abroad:

- 100% reimbursement of routine and restorative **NHS treatment.***

The following benefits apply to treatment carried out on a private basis (not under the NHS charge structure)

- Routine consultations or reports provided by a dentist - Up to £100 per **year**.
- Routine scaling and polishing provided by a dentist or hygienist - Up to £120 per **year**.
- Clinically necessary radiographs of the teeth and jaws - Up to £80 per **year**.
- Clinically necessary restorative dental treatment, including, but not limited to, fillings, crowns, bridges, dentures and specialist treatment - 80% of the cost up to £400 per **year**.

Denplan Extensive Plus:

- xii. All the benefits of Denplan Extensive, with an increased limit of 80% of the cost up to £2000 per **year** towards clinically necessary restorative dental treatment, including, but not limited to, fillings, crowns, bridges, dentures and specialist treatment.

***NHS Treatment**

- xiii. **You** must supply a clear, itemised NHS receipt to claim reimbursement under the NHS benefit.
- xiv. Should **you** submit a claim for **NHS treatment**, with no clear evidence that the treatment has been carried out under the NHS, then **your** claim will be assessed as described above, within the private routine and restorative treatment limits.

4. Exclusions

This policy does not provide cover for:

- i. **permanent treatment** in the case of an emergency under the **emergency dental treatment** benefit.
- ii. Injury caused in the consumption of food (including foreign bodies contained within the food).

- iii. Damage caused by toothbrushing or other oral hygiene procedures.
- iv. Injury caused whilst training for or participating in **contact sports** unless **appropriate mouth protection** is worn.
- v. Loss of, or damage to dentures, other than whilst being worn.
- vi. **Mouth cancer** diagnosed before or within 90 days of when **you** were 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.
- vii. Charges for consultations or tests for non-invasive tumours under the **mouth cancer** cover benefit.
- viii. Orthodontic treatment which is not clinically necessary. Only orthodontic work classified as scale 4 or 5 on the Community Periodontal Index of Treatment Needs (CPITN) classification will be considered for reimbursement, up to the relevant benefit limits as stated in section 3 (Schedule of benefits), section viii above.

In addition, no benefit will be payable under section 3 (Schedule of benefits) as a result or consequence of any of the following:

- viii. **Mouth cancer** which is related in any way to HIV infection or AIDS.
- ix. **Mouth cancer** resulting from the chewing of tobacco products or betel nut, or from prolonged alcohol abuse.
- x. Any dental treatment which was prescribed, planned, diagnosed as necessary or is currently taking place at the **commencement date**.
- xi. Costs recovered from any other insurance policies.

- xii. Any treatment not deemed to be clinically necessary.
- xiii. Reimbursement for travelling expenses or telephone calls (unless to the emergency helpline from overseas).
- xiv. Treatment, care or repair to teeth, gums, mouth or tongue in connection with “mouth jewellery”.
- xv. Self-inflicted injuries.
- xvi. Mouthguards, gum shields or any dental appliances.
- xvii. **Implants** and all costs associated with the preparation and fitting of such a device, except as stated in section 3 (vii) within these terms and conditions, unless otherwise stated in **your** welcome letter.
- xviii. Wisdom teeth extraction, other than those extracted at the dentist’s surgery.

5. Claims general

When determining claims Denplan act on behalf of the underwriter, AXA PPP healthcare Limited. Denplan have the delegated authority to do so, and in this instance are not acting as **your** intermediary, but as the agent of AXA PPP healthcare Limited.

- i. (a) **Your** claim must be notified to Denplan by **you** fully completing and signing the official claim form. Incomplete claim forms will be returned and may cause a delay in **your** claim being assessed. In any event claim forms must be completed at **your** own expense and should be received by Denplan within 60 days of receiving **your** dental treatment.

- (b) **Your** claim must be supported by proof of treatment detailing the dates and costs of each individual treatment. The proof must be a receipt or an official document issued by the treating practice. Where a receipt or an official document is unobtainable the treating dental surgery must sign and stamp the completed claim form.
- (c) Please note it may be necessary to provide relevant x-rays and/or **your** dental records in support of a **dental injury** claim.

- ii. No benefit will be payable if Denplan have not received proof of all facts relevant to **your** claim.

This shall include but not be limited to:

- (a) proof of **your** eligibility for cover on the date of treatment;
- (b) proof of the dental treatment, this may be by way of a medical report (at **your** own expense);
- (c) for claims under the worldwide **dental injury** benefit, details pertaining to the circumstances of the injury **you** have experienced. In all cases **we** reserve the right to recover any incurred costs as a result of a third party’s involvement. In addition if **you** have another dental insurance policy **we** reserve the right to pay an appropriate apportionment of the claim.
- iii. Claims settlement will only be made payable to the policyholder or other persons covered by this policy. Claims will not be settled directly with any dentist or any other third party.

- iv. If the treatment is received abroad then **we** will pay benefits in pounds sterling. This means **we** will need to convert the expenditure into sterling using FXConverter at www.oanda.com. The exchange rate will be calculated at the rate in force at the date of the receipt.
- v. **We** may require **you** to be examined by a dentist or other medical specialist (at **our** expense). If **you** refuse or fail to keep **your** appointments **we** may refuse to consider **your** claim.

6. Cooling off period

The Financial Services Authority rules allow certain policyholders to cancel their policy and have their **premium** returned. If the policyholder exercises their right to cancel within the 14 day cooling off period **we** will then return any **premium** paid for the policy. The 14 day cooling off period commences on the day that the contract is concluded or the day that full policy terms and conditions are received, whichever is the later. However, if the policyholder does not cancel the policy during the cancellation period the policy will continue on the terms described in this document. The 14 day cooling off period will also apply from each renewal date of the policy. The cooling off period will only apply to **you** if **you** are:

- i. paying **premiums** directly to Denplan;
- ii. an unincorporated business (a sole trader or a partnership which is not a Limited Liability Partnership) and are purchasing the cover for yourself as well as **your** employees.

Should **you** wish to cancel **your** policy with **us** and the cooling off period applies, **you** can do so by informing Denplan directly via telephone, or sending a letter, fax or email.

7. General

- i. This contract between **you** and **us** is made up of these terms and conditions, **your** schedule of cover and any endorsement provided by **us**.
- ii. Non payment of **premium** will result in **us** suspending **your** benefits, and taking all necessary action to recover monies outstanding.
- iii. **You** and **we** are free to choose the law that applies to this policy. In the absence of an agreement to the contrary, the law of England and Wales will apply.
- iv. The policy is written in English and all other information and communications to **you** relating to the policy will also be in English.
- v. All policyholders must provide an up to date mailing address.
- vi. If **you** pay **your premium** directly to Denplan, Denplan will write to **you** prior to the end of any policy **year** to let **you** know that **we** wish to renew **your** policy and on what terms. If Denplan do not hear from **you** in response, then **we** may at **our** option assume that **you** wish to renew **your** current policy on those new terms. Where **you** have opted to pay the **premium** by Direct Debit, Denplan may continue to collect **premiums** by such method for the new policy **year**. Please note that if Denplan do not receive **your premium**, this may affect **your** cover. **We** reserve the right to refuse renewal of the policy.
- vii. In the event that **you** obtain cover via fraudulent means, or make a fraudulent claim, **we** reserve the right to cancel **your** policy, demand that any such claim settlements are repaid by **you**, and/or take the appropriate legal action against **you**.

How is my personal data protected?

Please ensure that **you** show the following information to others covered under **your** policy, or make them aware of its contents.

Denplan will deal with all personal information supplied in the strictest confidence as required by the Data Protection Act 1998. Denplan may send personal and sensitive personal information in confidence for processing by other companies and intermediaries and to AXA PPP healthcare as the underwriter of this policy. Denplan will extend the same duty of confidentiality to any third parties to whom it may subcontract the administration of **your** policy, including those based outside the European Economic Area.

Denplan will hold and use information about **you** and any family members covered by **your** policy, supplied by **you**, any family members and **your** employer (if applicable) to provide the services set out under the terms of this policy, administer **your** policy and develop customer relationships and services. In certain circumstances Denplan may ask medical service providers (or others) to supply Denplan with further information.

When **you** give Denplan information about family members Denplan will take this as confirmation that **you** have their consent to do so. As the policyholder is acting on behalf of any family member covered by this policy, Denplan will send all correspondence about the policy, including any claims correspondence, to the policyholder unless advised to do otherwise.

Denplan are required by law, in certain circumstances, to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crime.

Denplan will disclose information to third parties including other insurers for the purposes of prevention or investigation of crime including reasonable suspicion about fraud or otherwise improper claims.

If **you** have agreed, Denplan may use the information **you** have provided to Denplan to contact **you** by post, telephone or electronically with details of other products and services. With **your** agreement Denplan may also share some of **your** details with other AXA Group companies and other carefully selected companies based in the European Economic Area to enable them to contact **you** about their products and services. If **you** change **your** mind please contact Denplan on **0800 838 951** otherwise Denplan will assume that, for the time being, **you** are happy to be contacted in this way.

What regulatory protection do I have?

Denplan Limited is an appointed representative of AXA PPP healthcare Limited, which is authorised and regulated by the Financial Services Authority (FSA). The FSA was established by government to provide a single statutory regulator for financial services. The FSA is committed to securing the appropriate degree of protection for consumers and promoting public understanding of the financial system. The FSA have set out rules which regulate the sale and administration of general insurance which AXA PPP healthcare and Denplan must follow when dealing with **you**. AXA PPP healthcare's registration number is 202947. This information can be accessed by visiting the FSA register which is on their website: www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234.

In the unlikely event that AXA PPP healthcare becomes insolvent and is unable to pay the benefits under **your** policy, **you** are protected by the Financial Services Compensation Scheme (the FSCS). The first £2,000 of any claim is protected in full. For amounts above this the FSCS will ensure that policyholders are compensated to 90% of the value that their policy would have paid. Further information about the operation of the scheme is available on the FSCS website: www.fscs.org.uk

How to complain

It is always the intention of AXA PPP healthcare and Denplan to provide a first class standard of service. However, should **you** have reason to complain **you** can do so in the following way:

- i. In the first instance, **you** should document **your** complaint and send it to Denplan at:

Corporate Customer Services Manager,
Denplan Corporate,
Denplan Court,
Victoria Road,
Winchester SO23 7RG

Email: corporate@denplan.co.uk

Please quote **your** personal policy or claim number so that **your** enquiry can be dealt with quickly.

- ii. Should the matter still not be resolved to **your** satisfaction, **you** have the right to refer **your** complaint to:

Financial Ombudsman Service
South Quay Plaza,
183 Marsh Wall,
London E14 9SR

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

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.

How to apply

24 Hour Emergency Helpline

To assist you in locating a dentist anywhere in the world in the event of a dental injury or emergency.

Call: 0800 7315 052
(in the UK)

+44 (0)1962 844571
(outside the UK)

Continuing with your plan

If your company ceases to offer dental cover as a company benefit, or if you leave your current company, please do not hesitate to contact us to discuss how you can continue to benefit from our services.

Call: 0800 838 951
Email: corporate@denplan.co.uk

General enquiries

If you have any queries at all, please do not hesitate to contact one of our advisors.

Call: 0800 838 951
Email: corporate@denplan.co.uk

Need help finding a dentist?

Denplan is only too happy to help you find a Denplan dentist in your area through our telephone and online Find-a-Dentist service.

Call: 0800 838 951
Visit: www.denplan.co.uk

Lines are open 8.00am to 5.30pm Monday to Thursday and 8.00am to 4.30pm Friday.
Calls may be recorded for subsequent query.

How to apply



**Application form
and Direct Debit**



Denplan

Member of the Global  Group

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.

[illegible]

Home address	
	Postcode
Telephone	

Start date 0 1 M M Y Y 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. 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 AXA Group. To set up and administer your policy we will hold and use information about you, and any family members covered by your policy, supplied by you or those family members and by medical providers. We may send it in confidence for processing to other companies in the AXA Group (or companies acting on our instructions) including those located outside the European Economic Area. By signing this form you and any family members covered by your policy consent to such use of this personal data.

You may be contacted by post, telephone, or electronically if appropriate. If you do not wish us to do this please tick the appropriate box(es).

Denplan Limited may send you details of our other products and services ☐. To enable them to send you details of their services we may also share some of your details with other AXA Group companies based within the European Economic Area ☐ and with other carefully selected companies based within the European Economic Area ☐.

I apply for cover and confirm that I have read and understood the Policy Summary and Demands and Needs in this booklet. I understand that this is an annual policy payable by Direct Debit. All prices quoted include insurance premium tax charged at 5% (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, understood and accept the terms and conditions of cover.

Signature	Date

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

Denplan Limited, Denplan Court, Victoria Road, Winchester, SO23 7RG, UK.

Name and full postal address of your bank or building society	
To the Manager	Bank/Building Society
Address	
Postcode	
Name(s) of Account Holder(s)	
Branch Sort Code	Bank/Building Society Account Number
<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>

Originator's Identification Number: 4 0 2 4 1 6

Originator's Reference (to be completed by Denplan)

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 from some types of accounts



DIRECT DEBIT GUARANTEE

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, Denplan Ltd will notify you three working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Denplan Ltd or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to Denplan for groups at Denplan Ltd.

**This Guarantee
should be detached
and retained by
the Payer.**



Denplan

Member of the Global Group

Denplan Limited, Denplan Court, Victoria Road, Winchester, SO23 7RG, UK.

Tel: +44 (0) 1962 828000. Fax: +44 (0) 1962 840846. Email: denplan@denplan.co.uk

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Denplan Limited is an Appointed Representative of AXA PPP healthcare Limited which is authorised and regulated by the Financial Services Authority. This information can be checked by visiting the FSA register which is on their website: www.fsa.gov.uk/ register or by contacting the FSA on 0845 606 1234. Denplan Limited is regulated by the Jersey Financial Services Commission. This policy is underwritten by AXA PPP healthcare Limited. Denplan Limited only offers dental insurance from AXA PPP healthcare Limited and is a member of the AXA UK plc group of companies of which AXA PPP healthcare is a member. Telephone calls may be recorded for security, regulatory and training reasons as well as monitored under our quality control procedures.