

A woman with curly hair, wearing a red top, is smiling and pointing at a whiteboard with a marker. In the foreground, the back of a person's head with blonde hair is visible, looking towards the whiteboard.

Denplan

At the heart of dental health and wellbeing

Clients of Berwick Devoil Healthcare Limited



Denplan
At the heart of dental care



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INVESTORS
IN PEOPLE



Denplan
At the heart of dental care



Welcome to Denplan

Thank you for considering a dental plan arranged by us. Information about the plans and our services are in this handbook but if you would prefer to speak with one of our advisors please call us on one of the numbers shown below - they'll be happy to answer any questions you may have.

How to contact us:

For all general enquiries, including help with finding a dentist

Call:
0800 838 951

Email:
corporate@denplan.co.uk

Web:
www.denplan.co.uk/employees

Lines are open from 8.00am to 5.30pm on Monday to Thursday and 8.00am to 4.30pm on Friday – Denplan may record and/or monitor calls. Mobile phone charges may apply.

About the dental plans

Denplan promote and encourage preventive dentistry. The dental plans we arrange could help keep you dentally fit which in turn may help keep you in good overall health. You have access to a range of dental plans which include:

- **Routine treatments** – reimbursement towards your regular dental treatments such as check-ups, hygiene appointments with no financial limits
- **Restorative dental treatments** – reimbursement towards more costly treatments such as fillings, crowns, bridges or dentures, up to £2,500 per policy year
- **Worldwide dental injury and dental emergency cover** – all the dental plans include up to £10,800 cover for eligible dental injuries and dental emergencies, both in the UK and abroad
- **Mouth cancer cover** – your dental plan will cover you for up to £12,000 per policy year (cover not immediate)

Making a claim

Our claiming process is easy and straightforward; no pre-authorisation is needed for eligible dental treatment and you can go to the dentist of your choice, whether private, NHS or Denplan.

Following your treatment all you need to do is complete a claim form, attach a receipt and send it to us – reimbursement will normally be sent within five working days from when we receive your claim.

The process for reimbursement applies even if you visit a Denplan dentist for your dental treatment.

Pricing guide

		Denplan Key	Denplan Elementary	Denplan Evolve I	Denplan Evolve II
Employee	Monthly Annually	£4.50 (£54.00)	£9.55 (£114.60)	£20.75 (£249.00)	£29.10 (£349.20)
Employee, plus partner	Monthly Annually	£8.35 (£100.20)	£17.85 (£214.20)	£41.15 (£493.80)	£57.75 (£693.00)
Single parent family	Monthly Annually	£7.25 (£87.00)	£15.35 (£184.20)	£35.80 (£429.60)	£49.50 (£594.00)
Family	Monthly Annually	£11.15 (£133.80)	£23.85 (£286.20)	£55.75 (£669.00)	£77.50 (£930.00)

- 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 2012
- 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. This policy would be set up on the understanding that no advice or recommendation has been given.

Policy Terms and Conditions

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

1. Benefit table

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

Benefits	Denplan Key	Denplan Elementary	Denplan Evolve I	Denplan Evolve II	For full details
Routine examinations	X	100% reimbursement up to NHS limits	One routine examination per policy year	Two routine examinations per policy year	Section 4.f (page 11)
Hygiene treatments	X	100% reimbursement up to NHS limits	One hygiene treatment per policy year	One hygiene treatment per policy year	Section 4.f (page 11)
Dental x-rays	X	100% reimbursement up to NHS limits	One dental x-ray per policy year	One dental x-ray per policy year	Section 4.f (page 11)
Restorative treatments	X	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	Section 4.g (page 11)
Worldwide dental injury Cover for up to £2,500 of treatment per dental injury for up to four incidents per policy year.	✓	✓	✓	✓	Section 4.a (page 9)
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.	✓	✓	✓	✓	Section 4.b (page 9)
Dentist call-out fees Up to £100 per incident for up to two incidents per policy year.	✓	✓	✓	✓	Section 4.c (page 10)
Hospital cash benefit £50 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.	✓	✓	✓	✓	Section 4.d (page 10)
Mouth cancer cover Up to £12,000 towards one course of treatment for up to 18 months following diagnosis (smokers are included).	✓	✓	✓	✓	Section 4.e (page 10)
24-Hour Worldwide Dental Emergency Helpline	✓	✓	✓	✓	

2. 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 call-out - 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.

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

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.

dental specialist - a specialist dental practitioner accredited by the General Dental Council (GDC) in the **UK** practising in one of the recognised **dental specialist** areas contained within 'The Specialist List' held by the GDC at www.gdc-uk.org

dentist - in the **UK**, a dental surgeon who is currently registered with the General Dental Council (GDC) together with any other regulatory authority. If the **dentist** is outside the **UK**, a dental surgeon who is currently registered with the appropriate national regulatory authority.

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 price bandings - the prevailing charging structure for NHS treatment carried out in England, Wales, Scotland, Northern Ireland and the Isle of Man. At the time of printing, the charge structure in England, Wales and the Isle of Man was based on three price bandings (details can be found at www.nhs.uk). In Scotland and Northern Ireland, a schedule of treatment charges apply (see www.scotland.gov.uk/dentistry for Scotland and www.centalservicesagency.com/display/dentala for Northern Ireland)

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

policy term - 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.

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

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.

specialist dental treatment - dental treatment carried out by a **dental specialist**, within their specialist area.

temporary 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.

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

we, us, our - AXA PPP healthcare Limited.

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

your chosen level of cover – the level of cover **you** have selected from the benefit table on pages 6-7, as confirmed in **your** welcome letter.

3. Eligibility

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

- a. pay **your premium** direct to Denplan and are resident in the **UK** for at least 180 days during the **policy term**; or
- b. are entitled to enter the scheme in accordance with the eligibility rules defined by **your** employer; or
- c. are related to an eligible employee who is also covered on the corporate scheme.

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.

4. Schedule of benefits

a. Worldwide dental injury

What is covered	What is not covered
<p>The costs of dental treatment received by you carried out by a dentist in connection with a dental injury which happens after the commencement date, up to the limits stated in the benefit table</p> <p>Dental prescription charges are included</p> <p>If dental implants are clinically required, benefits will be paid under the Implant Upgrade cover. If your chosen level of cover does not include the Implant Upgrade cover, we will pay up to £1,000 towards the cost of the equivalent bridgework treatment</p>	<p>General exclusions (see section 5)</p> <p>You are only covered 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.</p> <p>You are only covered for treatment received within 24 months of the date of the injury.</p> <p>Dental injury caused in the consumption of food (including foreign bodies contained within the food).</p> <p>Dental injury caused whilst training for or participating in contact sports (including training) unless appropriate mouth protection is worn.</p>

Note: If **your** treatment under this benefit 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, with benefits subject to the policy limits of the **policy term** in which the incident took place.

b. Worldwide emergency dental treatment

What is covered	What is not covered
<p>The cost of temporary emergency dental treatment carried out by a dentist within the UK and overseas, up to the limits stated in the benefit table</p> <p>Dental prescription charges are included</p> <p>Reimbursement of costs to the emergency helpline are covered, if calling from overseas</p>	<p>General exclusions (see section 5)</p> <p>Any subsequent treatment required after the initial appointment (however, you may have cover under section 4.g 'Worldwide restorative dental treatment' if your chosen level of cover includes this benefit)</p> <p>Permanent treatment (however, you may have cover under section 4.g 'Worldwide restorative dental treatment' if your chosen level of cover includes this benefit)</p>

c. Dentist call-out fees

What is covered	What is not covered
The cost of dental call-outs in the event of a dental injury or dental emergency up to the limits stated in the benefit table	General exclusions (see section 5)

d. Hospital cash benefit

What is covered	What is not covered
You can claim hospital cash payments as described in the benefit table 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 dental condition	General exclusions (see section 5)

e. Mouth cancer cover

What is covered	What is not covered
Treatment charges up to the limits stated in the benefit table for treatment of mouth cancer	<p>General exclusions (see section 5)</p> <p>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.</p> <p>You are only covered for treatment received within 18 calendar months of the date of diagnosis.</p> <p>You are only covered for one course of treatment in connection with a specific occurrence of mouth cancer. 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.</p> <p>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.</p> <p>Charges for consultations or tests for noninvasive tumours under the mouth cancer cover benefit, or tests that don't result in a diagnosis of mouth cancer.</p> <p>Mouth cancer which is related in any way to HIV infection or AIDS.</p> <p>Mouth cancer resulting from the chewing of tobacco products or betel nut, or from prolonged alcohol abuse.</p>

f. Worldwide routine dental treatment

What is covered	What is not covered
Clinically necessary routine dental examinations, hygiene treatments and dental x-rays carried out by a private dentist , up to the maximum limits stated in the benefit table	General exclusions (see section 5)

g. Worldwide restorative dental treatment

What is covered	What is not covered
<p>Clinically necessary restorative dental treatment and specialist dental treatment carried out by a private dentist to maintain your oral health</p> <p>These treatments include, but are not limited to; fillings, crowns, bridges, dentures, impressions, extractions, root canal treatment, periodontal treatment, orthodontic treatment (grades 4 – 5 on the IOTN scale), mouthguards for teeth grinding</p> <p>The overall maximum reimbursement level for this benefit is stated in the benefit table for your chosen level of cover</p>	<p>General exclusions (see section 5)</p> <p>Mouthguards for the purposes of sporting activities</p> <p>Orthodontic treatment that is not clinically necessary (grades 1 – 3 on the IOTN scale)</p> <p>Dental implants, and all costs associated with the preparation and fitting of such a device (although you may have cover under section 4.a – Dental injury if you require dental implants as the result of a dental injury)</p>

Note: Please consult the benefit table to confirm whether **your chosen level of cover** also includes cover under benefits 4.f (Worldwide routine dental treatment) and 4.g (Worldwide **restorative dental treatment**).

For information on the Index of Orthodontic Treatment Need (IOTN) scale, see www.bos.org.uk or contact Denplan.

5. General exclusions

This policy does not provide cover for:

- a. Any treatment not deemed to be clinically necessary.
- b. Any dental treatment which was prescribed, planned, diagnosed as necessary or is currently taking place at the **commencement date**.
- c. Damage caused by toothbrushing or other oral hygiene procedures.
- d. Loss of, or damage to dentures, other than whilst in the mouth.
- e. Reimbursement for travelling expenses, incidental expenses or telephone calls (unless to the emergency helpline from overseas).
- f. Treatment, care or repair to teeth, gums, mouth or tongue in connection with "mouth jewellery".
- g. Dental consumables, such as toothbrushes, mouthwash and dental floss.
- h. Dental procedures carried out by a hospital, for example, wisdom teeth extractions.

In addition, no benefit will be payable under section 4 as a result or consequence of any of the following:

- i. Self-inflicted **dental injury**.
- j. **Dental injury** caused by laparoscopic procedures.

6. 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.

- a.
 - (i) **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, if reasonably possible.
 - (ii) **Your** claim must be supported by proof of treatment detailing the dates and costs of each individual treatment. The proof must be a fully itemised receipt or an official document issued by the treating practice in English, if reasonably possible. Where a receipt or an official document is unobtainable the treating dental surgery must sign and stamp the completed claim form.
 - (iii) Please note it may be necessary to provide relevant x-rays and/or **your** dental records in support of a claim.
- b. 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:
 - (i) proof of **your** eligibility for cover on the date of treatment;
 - (ii) proof of the dental treatment, including the type of treatment received and date of treatment. This may be by way of a medical report (at **your** own expense);
 - (iii) proof of payment for the dental treatment being claimed for;
 - (iv) for claims under the worldwide **dental injury** benefit, details pertaining to the circumstances of the injury **you** have experienced.
- c. 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.

- d. Claims settlement will be made payable to the policyholder, or any other third party as specified by the policyholder on the claim form. All cheque settlements must be sent to a UK address, and all direct credit settlements must be paid into a UK clearing bank account.
- e. 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, and will be the basis of the settlement.
- f. There may be instances where **we** are uncertain about the eligibility of a claim. If this is the case **we** may at **our** own cost ask a **dentist** or other medical specialist, chosen by **us**, to advise **us** about the medical facts relating to a claim or to examine **you** in connection with the claim. In choosing a relevant **dentist** or specialist **we** will take into account **your** personal circumstances. **You** must co-operate with any **dentist** or specialist chosen by **us** or **we** will not pay **your** claim.
- g. Any benefits **we** pay for dental treatment to which **you** or any of **your** eligible dependants are not strictly entitled shall count towards **your** annual maximum benefits available under the policy, but **we** shall not, by making any such payment, be liable to pay any future benefits in respect of such dental treatment.

7. Cooling off period and cancellation rights

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:

- a. paying premiums directly to Denplan;
- b. 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.

Cancellation rights

Should **you** cancel **your** policy at any time other than the cooling off period or the end of the **policy term**, **we** reserve the right to refuse reinstatement of **your** policy. Should **you** request to reinstate **your** policy following such a cancellation, **we** will not reinstate **your** policy for a period of one calendar year following the cancellation.

8. General

- a. This contract between **you** and **us** is made up of these terms and conditions, **your** schedule of cover and any endorsement provided by **us** in **your** welcome or renewal letter.
- b. Non payment of **premium** will result in **us** suspending **your** benefits, and taking all necessary action to recover monies outstanding.
- c. **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.
- d. The policy is written in English and all other information and communications to **you** relating to the policy will also be in English.
- e. All policyholders must provide an up-to-date mailing address.
- f. If **you** pay **your premium** directly to Denplan, Denplan will write to **you** prior to the end of any **policy term** 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 term. 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.
- g. If **you** (or anyone acting on **your** behalf) make a claim under **your** 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 those from **you**. Where **we** have paid a claim later found to be fraudulent, (whether in whole, or in part), **we** will be able to recover those sums from **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** 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 (0207 892 7300).

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:

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

Corporate 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 so that **your** enquiry can be dealt with quickly.

- b. 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.



Application form and Direct Debit

Clients of Berwick Devoil Healthcare Limited



Denplan
At the heart of dental care

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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependants to be included on cover				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Home address

Postcode

Telephone

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 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 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 terms and conditions of cover.

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.

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**

Originator's Identification Number: 

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 accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit Denplan Limited will notify you three working days in advance of your account being debited or as otherwise agreed. If you request Denplan Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit by Denplan Limited 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 Limited 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.

This Guarantee should be detached and retained by the Payer.

Member of the  Group

Denplan Limited, Denplan Court, Victoria Road, Winchester, SO23 7RG, 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 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 arranges 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. We may record and/or monitor calls.