

Application form

Complete the Application form and Direct Debit information and return it to: Simplyhealth Corporate, Simplyhealth House, 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							
Dependants to be included on cover							

Home address

Postcode

Telephone

Start date*

Total monthly charge

£

*This must be the 1st day of the month.

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.

Customer Declaration

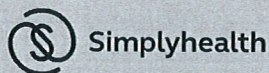
For your own benefit and protection you should read the terms and conditions carefully before signing this declaration. By signing this declaration you are agreeing that:

- You've used the needs questionnaire and confirm that this product is suitable for you.
- You accept the terms and conditions of this policy.
- You're a UK resident and understand that the standard cancellation period detailed within the terms and conditions will apply to your application to join or upgrade.

We rely on the information you declare within this application in making our decision on whether or not to accept your application to join or upgrade your existing cover. If any information you declare is found to be false we may cancel your policy. Therefore please contact us, should you not understand any point or require a further information before signing.

Signature

Date



Please fill in the whole form using a ball point pen and send it to:

Denplan Ltd,
Simplyhealth House,
Victoria Road,
Winchester,
SO23 7RG

Name(s) of Account Holder(s)

Bank/Building Society account number

Branch Sort Code

Name and full postal address of your Bank or Building Society

To: The Manager Bank/building society

Address

Postcode

Reference

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

DDI 1 5/15

This guarantee should be detached and retained by the payer.

Instruction to your Bank or Building Society to pay by Direct Debit

Service user number

4	0	2	4	1	6
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For Simplyhealth official use only
This is not part of the instruction to
your bank or building society.

Instruction to your Bank or Building Society Please pay
Simplyhealth 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 Simplyhealth and, if so, details will be passed
electronically to my Bank/Building Society.

Signature(s)

Date

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit Simplyhealth will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Simplyhealth 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 Simplyhealth 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 Simplyhealth 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.