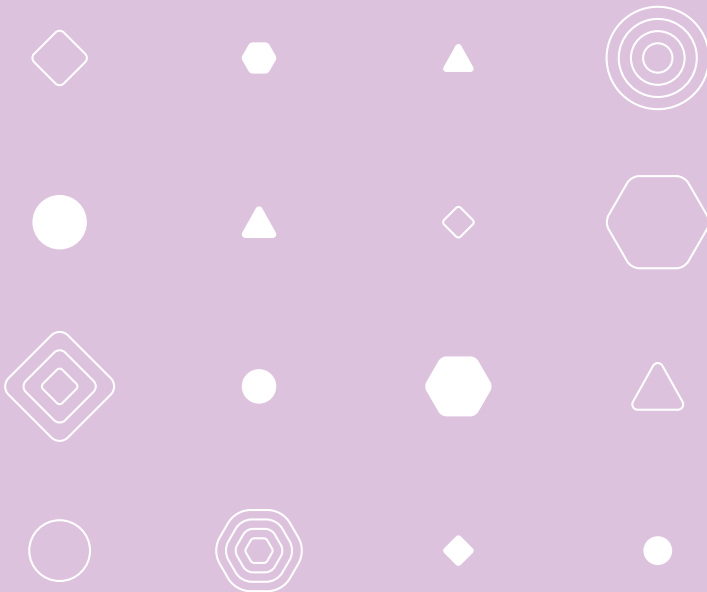


Introducing Denplan

A guide to our services



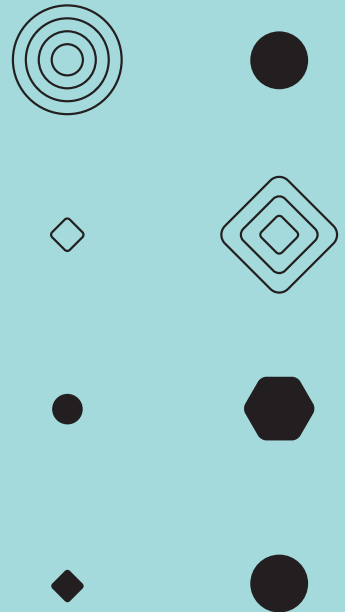
—Contents

- 3 The importance of good oral health
- 4 More about the dental plans
- 5 A dental plan with more
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- 7-15 Policy Terms and Conditions

Thank you for considering a Simplyhealth 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.

You're in safe hands



—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 questions you may have.

Email: corporatedental@simplyhealth.co.uk

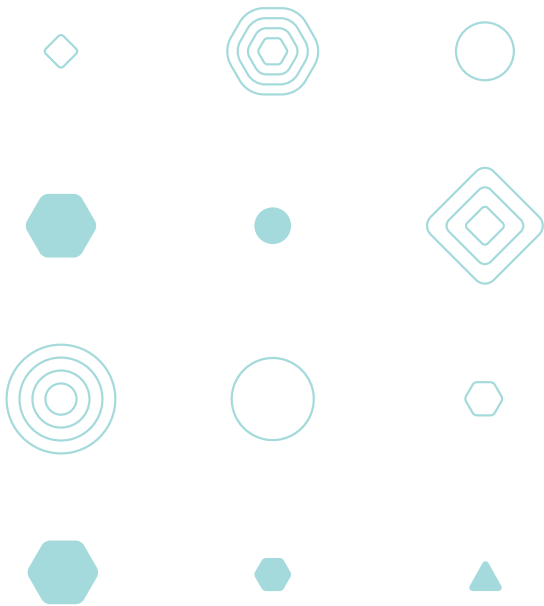
Phone: 01962 828 007

Lines are open Monday to Friday 08:00 to 17:00.

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 dental plan 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 anywhere in the world, 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.

More about the dental plans

How does the dental plan 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.

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



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



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

Why a dental plan 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:

Worldwide cover

Prompt reimbursement

Choice of any dentist – Denplan, NHS or private

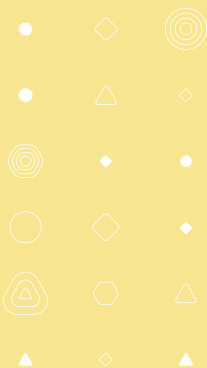
Immediate cover* – claim for treatment from the day your cover starts

All pre-existing conditions covered

Cover for injuries and emergencies, including sporting injuries

24-Hour Worldwide Dental Emergency Helpline

*Except mouth cancer cover.



A dental plan with more

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

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

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

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

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

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 which relate to your chosen level of cover.

BENEFITS (per person per policy year)	Denplan Elementary	Denplan Essential	Denplan Essential Plus	Denplan Extensive	Denplan Extensive Plus
Routine examinations (at home or abroad)	100% reimbursement up to NHS limits	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 (at home or abroad)	100% reimbursement up to NHS limits	Up to £70 per policy year	Up to £70 per policy year	Up to £140 per policy year	Up to £140 per policy year
Dental x-rays (at home or abroad)	100% reimbursement up to NHS limits	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 (at home or abroad)	100% reimbursement up to NHS limits	80% of the cost up to £200 per policy year	80% of the cost up to £1,000 per policy year	80% of the cost up to £400 per policy year	80% of the cost up to £2,000 per policy year
100% reimbursement for NHS treatment	✓	✓	✓	✓	✓
Worldwide dental injury¹	✓	✓	✓	✓	✓
Worldwide emergency dental treatment²	✓	✓	✓	✓	✓
Dentist call-out fees³	✓	✓	✓	✓	✓
Hospital cash benefit⁴	✓	✓	✓	✓	✓
Mouth cancer cover⁵	✓	✓	✓	✓	✓
24-hour Worldwide Dental Emergency Helpline	✓	✓	✓	✓	✓
Dentist fees for telephone consultations following injury or emergency	✓	✓	✓	✓	✓

- Cover for up to £2,500 of treatment per dental injury for up to four incidents per policy year.
- In the UK: up to £200 of treatment per incident for up to four incidents per policy year. Outside the UK: up to £400 of treatment per incident for up to two incidents per policy year. There is an overall maximum of £800 per policy year for this benefits.
- Up to £150 per incident for up to two incidents per policy year.
- £100 for each night you stay overnight in hospital, up to £1,000 per policy year, for dental treatment under the care of a consultant specialising in dental or maxillofacial surgery in relation to a dental condition.
- Up to £20,000 towards one course of treatment for up to 18 months following diagnosis.

Policy Terms and Conditions

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

1. Schedule of benefits

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

Worldwide preventive dental treatment

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

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

Worldwide private restorative dental treatment

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

What is covered	What is not covered
<ul style="list-style-type: none"> ✔ Clinically necessary restorative dental treatment ✔ Sedation in connection with clinically necessary dental treatment <p>Some examples of restorative treatment are: fillings, bridges, crowns, dental implants, periodontal treatment, root canal treatment.</p>	<ul style="list-style-type: none"> ✘ Treatment which is noted in your dental records or on a treatment plan, has been recommended by or discussed with your dentist, is known by you or is currently taking place at the date your cover starts ✘ Replacement for loss of, or damage to dentures, other than whilst in your mouth ✘ Placement of a dental implant or bridge into a pre-existing gap ✘ Orthodontic treatment (IOTN grade 1-3) ✘ General exclusions

Additional information about this benefit

IOTN stands for Index of Orthodontic Treatment Need. For further details visit the British Orthodontic Society: www.bos.org.uk

NHS dental treatment

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

Additional information about this benefit

The NHS has fixed costs for treatment; the price will vary depending on 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 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 are on Denplan Elementary and you have private treatment:

- we will pay the NHS Equivalent costs – the amount of money your treatment would have cost if it had been carried out and charged by the NHS
- 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

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 844 999)	<ul style="list-style-type: none">✘ Any treatment carried out at a follow up appointment. If your policy covers preventive and restorative treatment you may be able to claim for follow up appointments under these benefits✘ Any phone calls made to our emergency helpline or calls made in the UK✘ General exclusions

Worldwide dental injury

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

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

Dentist call out fees

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

What is covered	What is not covered
<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

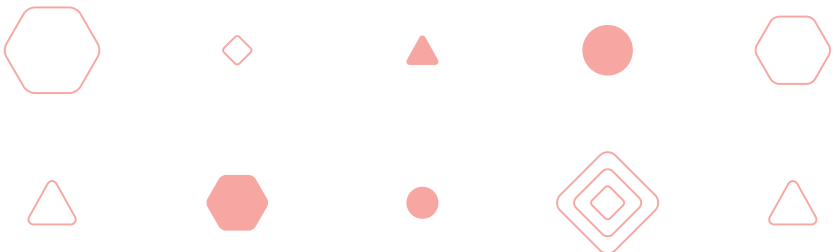
Hospital cash benefit

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"> • If you have been diagnosed with mouth cancer you are covered for charges for consultations and tests • You are only covered for treatment received within 18 calendar months of the date of diagnosis • 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 teeth 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.

Emergency dental treatment – 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.

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

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

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

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

You, your – Any person covered by this policy.



4. Claims general

A. Making your claim

- i. **Your** claim must be notified to **us** either by using **our** online claim system or by posting a fully completed claim form. **We** will not accept claim forms notified to **us** by any other means and **we** cannot accept receipts that are not accompanied by a valid claim.
 - ii. All claims should be made to **us** within 60 days of the treatment taking place if reasonably possible. The longer the time between the date of treatment and submitting **your** claim the more difficult it may be for **us** to validate it.
 - iii. **Your** claim must be supported by proof that **you** have had the treatment – this should be in the form of a fully itemised receipt or statement of account from **your dentist**, detailing each treatment being claimed and the cost paid for that treatment.
 - iv. **You** may need to supply additional documentation to help **us** validate **your** claim, for instance x-rays, dental records or details relating to the circumstances of an injury.
 - v. All claims will be assessed against the benefits in force on the date that **you** had **your** treatment.
 - vi. 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.
- 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 by email to corporatedental@simplyhealth.co.uk or on 01962 828 007. 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:

- A. the expiry of the **policy term**; or
- B. when **you** are no longer eligible to remain in the scheme according to the eligibility rules defined by **your** employer; or
- C. 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
- D. if **your** employers group policy is cancelled; or
- E. **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 applied 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 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 still in full time education).
- B. Non-payment of premiums will result in **us** suspending **your** benefit or cancelling **your** 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 cancel **your** policy with immediate effect. 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 in 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 we use your data

Why do you need my personal data and what do you use it for?

We need and use your data to:

- service the policy / contract that you have
- identify, analyse and calculate insurance risks
- improve our services to our customers
- comply with legal obligations which we are subject to
- protect our interests
- detect and prevent fraud.

We and other companies within the Simplyhealth group may use your information to keep you informed about products and services that may be of interest to you, including from carefully selected third parties.

In order to provide our services under this policy, we need to know, for example, your name, address, date of birth. We may also take your phone number and email address. In order to take payments and to pay claims, we will need your bank account details. For members with policies arranged by a company, we will know who your employer is and we might hold your payroll details. When you make a claim, you consent to us processing personal medical details about you for that claim.

We may record and monitor both inbound and outbound calls for training and monitoring.

Who holds my personal data?

Simplyhealth Access. If you have any questions about the personal data that we hold and how we use it, please write to:

The Data Protection Officer
Simplyhealth Corporate Dental,
Simplyhealth House,
Victoria Road,
Winchester,
SO23 7RG.

How do you protect my personal data?

By law we must have measures in place to protect data. As a result we have strict rules to protect the storage and use of all data. These rules apply to anyone who uses the data, even if they are not part of the Simplyhealth Group (we make sure that our contracts include clauses to protect data). We may send your personal data outside the European Economic Area. If we do this, we put contracts in place to ensure that the data will be kept confidential. Our processes also include protection for our buildings and IT systems. To check that these measures work we run independent audits on a regular basis.

Who can see my personal data?

We can give your personal data:

- to persons who provide a service to us or act as our agents
- to anyone to whom we may transfer rights and duties under this policy
- to persons who may record, use and give personal data to other insurers (such as agencies whose role is to prevent fraud)
- to persons that the policyholder appoints (such as a broker) in order to service the policy
- where we have a duty to provide that personal data (such as to regulatory bodies), or if the law allows us to do so, or if the person who asks for the personal data has a lawful interest in seeing the data.
- In these situations, we may send your personal data outside the European Economic Area.

How long do you keep my personal data for?

We keep your personal data for seven years after the policy has been cancelled.

What rights do I have around the use of my personal data?

You have the right to see your personal data that we hold. You also have the right to ask us to amend data that is incorrect. You can ask us to delete data, or not use it in certain ways. You have the right to move, copy or transfer your personal data. We will agree to any reasonable request unless it means that we cannot service your policy. You'll need to contact the Data Protection Officer, Simplyhealth Corporate Dental, Simplyhealth House, Victoria Road, Winchester, SO23 7RG.

If I have given you my consent to use my personal data for a reason, can I change my mind?

Yes. You can change your mind at any time. But if this means that we cannot service the policy, we may have to cancel it.

If I am not happy with the way you use my data, who can I talk to?

You can contact our Data Protection Officer, or the Information Commissioner's Office (ICO). You can call the ICO on 0303 123 1113 or 01625 545 745, or email the ICO at casework@ico.org.uk

Simplyhealth Access is registered as the Data Controller with the ICO, number Z9564932.

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 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

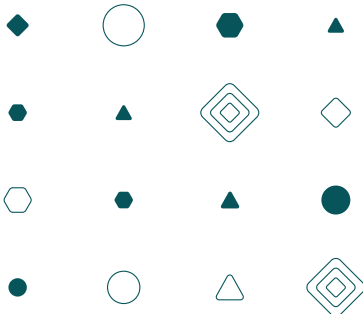
It is always **our** intention to provide a first class standard of service. However, should **you** wish to raise any concern, complaint or recommendation **you** can do so in the following way:

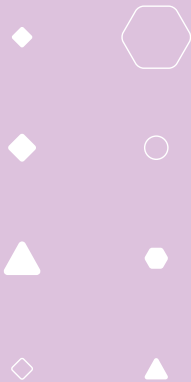
- i. In the first instance, you should contact Customer Services on 01962 828 007 or write to:
Denplan Customer Service Manager
Denplan Corporate
Denplan Court
Victoria Road
Winchester
SO23 7RG
Email: corporatedental@simplyhealth.co.uk

Please quote **your** personal policy or claim number. **We** will aim to provide a resolution to **your** complaint within 3 working days of receipt. If **we** are unable to provide a resolution to **your** complaint within this time, **we** will write to **you** to acknowledge **your** complaint. **We** will then continue to 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:
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.





How to contact us

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

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

Lines are open Monday to Friday 08:00 to 17:00

Is this product right for you?

This product meets the needs of someone who would benefit from support with everyday dental healthcare costs.

- Denplan Key provides cover for unforeseen events like dental accidents, emergencies and mouth cancer.
- All other levels provide cover towards everyday dental healthcare costs like NHS and private dental check-ups, treatment and the reassurance of unforeseen events like a dental accident, emergency and mouth cancer cover.

Please use this needs questionnaire to determine if this product is suitable for your needs.

Do you have regular dental examinations and treatment?

Yes No

Would you like an annual amount for dental examinations and treatment that you can claim?

Yes No

Would you like to claim for unforeseen events like a dental accident, emergency and mouth cancer cover?

Yes No

If you have answered 'No' to all of these questions above this product may not be suitable for your needs. If you've answered 'Yes' to all of these questions above the Wellbeing plan may not meet all of your needs. Please check the full policy documentation to make sure this product will meet your needs before completing your application. We do not provide advice or recommendations.

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