

# Dental Plan

## Insurance Product Information Document



Insurer: Simplyhealth Access, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Financial Services Register number 202183. Simplyhealth is registered and incorporated in England and Wales.

Product: Simply Dental Plan

This document provides a summary of the key information relating to this policy but it is not personalised to you. The other documents you receive from us, before and after the policy starts, will tell you what you need to know about the policy.

### What is this type of insurance?

This policy is a dental plan. It gives you money back towards a selection of health benefits that you pay for and claim back from us, up to an annual limit. You can add your partner and up to four of your children to the policy.



#### What is insured?

This dental plan has three levels of cover - Core, Extra and Plus. Depending on the level you select, each benefit has an annual limit we will pay up to, for each person covered. The table of cover will provide you with more information.

- ✓ **Maintenance** - the annual limits payable for this benefit range from £30 for Core to £100 for Plus. We pay 100% of your receipt up to the annual limit.
- ✓ **Treatment** - the annual limit payable for Core is £200. Extra has an annual limit of £500 of which £350 is the maximum that can be claimed for crowns, bridges, inlays and onlays. Plus has an annual limit of £1000 of which £500 is the maximum that can be claimed for crowns, bridges, inlays and onlays. We pay 75% of your receipt for Core and Extra and 50% of your receipt for Plus, up to the annual limit.
- ✓ **Accident** - the annual limits payable for this benefit ranges from £1,000 for Core to £5,000 for Plus. We pay 100% of your receipt up to the annual limit.
- ✓ **Emergency visit** - the annual limits payable for this benefit range from £500 for Core to £1,000 for Plus. We pay 100% of your receipt up to the annual limit.
- ✓ **Call out fee** - the annual limits payable for this benefit range from £150 for Core to £250 for Plus. We pay 100% of your receipt up to the annual limit.
- ✓ **Mouth cancer** - a single payment ranging from £4,000 for Core to £10,000 for Plus, payable once for each person for the lifetime of their membership.



#### What is not insured?

- ✗ People living outside the United Kingdom.
- ✗ People aged 70 and over are not able to join the policy, and if you have a policy you won't be able to increase the level of cover once you are aged 70 or over.



#### Are there any restrictions on cover?

- ! There is an annual limit for each benefit on this policy.
- ! For some benefits, we only pay part of each receipt that you claim for. For example 50%, 75%.
- ! Each benefit has a number of exclusions, please read the full policy documentation to find out what these are.
- ! A partner covered by this policy must live with the policyholder.
- ! A child covered by this policy must be under 18 or up to the age of 24 if in full time education.
- ! Treatment, Accident, Emergency visit and call out fee benefits are not payable for the first three months of cover.
- ! Mouth cancer benefit is not payable for the first six months of cover.
- ! Pre-existing conditions, treatment identified in a qualifying period and cosmetic procedures are not covered.
- ! If you have not seen a dentist in the two years before you join this policy, we will not pay for any treatment identified as necessary, planned or received during the first dental examination you have after you join this policy.
- ! To make a claim under the Accident benefit, medical or dental treatment must be received within 30 days of the accident.



### Where am I covered?

- ✓ You are covered in the UK only. However, you are covered worldwide for any trip with a duration of up to and including 28 days, under Accident and Emergency benefits.



### What are my obligations:

- **at the start of the contract?** Give us honest, accurate and complete information when buying the policy, check your policy documentation when you receive it to make sure you have the cover you need and expect.
- **during the term of the contract?** Pay the premium on time, let us know of changes to your address.
- **when making a claim?** Give us the information that we need to assess the claim properly.



### When and how do I pay?

We accept payment by monthly Direct Debit.



### When does the cover start and end?

The cover starts from the date we include you on the policy and lasts for one year. It will renew automatically if it is not cancelled. If you buy or renew this product, your summary of cover will show these dates.



### How do I cancel the contract?

You can cancel your policy by writing to us or calling us.

If you cancel within 14 days of receiving your policy documentation or within 14 days of the renewal date, we will refund the premium, unless you have made a claim. After that you can end the contract by giving us one month's notice. We can end the contract from a renewal date.

### We want to provide you with a product that meets your needs;

- Do you have or intend to have any dental appointments or treatments now or in the future? Yes  No
- Do you pay for some or all of these appointments or treatments? Yes  No

If you answered no to one or both of these questions, we'd like you to consider whether or not this plan meets your needs. However, the plan could provide peace of mind for unexpected dental costs in the future.

The plan meets the needs of someone who could benefit from the support with costs of their dental appointments and treatments.

Simplyhealth pays its sales staff a percentage of the 1st year's premium. These staff may also receive further payments, and entry into monthly and quarterly draws, if they achieve sales and quality targets.

### Customer Services

If you have any queries, please call Simplyhealth Customer Services on **0370 908 3481** who will be pleased to help you.

Opening hours are: 8am - 8pm  
Monday to Friday and 9am - 5pm  
on Saturday

### 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 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



### About us and our insurance services

We can only provide you with information on our own products and you will not receive any advice or a personal recommendation from us for our health plans. We may ask you some questions to narrow down the product option on which we provide you with information, but you will then need to make your own choice about how to proceed.

# Here's your Application / Change Form

Please fill in the whole form using a ball point pen and CAPITAL LETTERS.

## A Your details

|         |  |
|---------|--|
| BC code |  |
|---------|--|

|   |  |   |
|---|--|---|
| Surname: <span style="float: right;">MANDATORY</span>     | Title:   | Date of birth: <span style="float: right;">MANDATORY</span> |
| Forename(s): <span style="float: right;">MANDATORY</span> | Employer: <span style="float: right;">MANDATORY</span>             |   |
| Address: <span style="float: right;">MANDATORY</span>     | Primary phone number: <span style="float: right;">MANDATORY</span> |   |
|   | Alternative phone number:  |   |
|   | Postcode:  | E-mail:   |

## B Policy details

|                         |  |
|-------------------------|--|
| Level of cover chosen*: |  |
|-------------------------|--|

\* Please insert your chosen level of cover from the table of cover at the beginning of this brochure.

|                  |  |
|------------------|--|
| Monthly premium: |  |
|------------------|--|

Please tick ✓ who you'd like cover for

- You
- You and your partner
- You, your partner and up to four of your children
- You and up to four of your children

### Reason for application / change

Please delete and tick as appropriate

|   |                          |
|---|--------------------------|
| New Application                             | <input type="checkbox"/> |
| Change to level of cover                    | <input type="checkbox"/> |
| Addition / removal of a partner / dependent | <input type="checkbox"/> |
| Transfer my existing policy to this plan    | <input type="checkbox"/> |

Details of your partner and up to four of your children (under 18) to be covered.

| Title | Surname | Forename(s) | Relationship | Date of birth |
|-------|---------|-------------|--------------|---------------|
|       |         |             |              |               |
|       |         |             |              |               |
|       |         |             |              |               |
|       |         |             |              |               |
|       |         |             |              |               |

|                    |
|--------------------|
| Policy start date: |
|--------------------|

The enclosed terms and conditions form the basis of the contract for this policy. By signing this declaration you agree to these terms and conditions, so if you do not understand any point, please contact us for further information before signing. We rely on the information you tell us to help us review your application; if any information you tell us is incorrect we may cancel your policy.

Simplyhealth processes the personal data supplied on this form in the strictest confidence, in accordance with the law in the United Kingdom and in particular with current data protection legislation. For full details of how we hold and use your information please refer to the terms and conditions.

I apply to join the plan with Simplyhealth. Having assessed my needs I am satisfied that the plan meets my requirements.

### Marketing Preferences

By listening to our customers, Simplyhealth Group will continue making improvements and introducing new products and services to help you and your loved ones stay as healthy as you can. We'd love to share this sort of information with you. We'll always treat your personal details with the utmost care and we'll never pass them on to other companies. Please let us know how you'd like to hear from us:

POST  PHONE  EMAIL  SMS

If you change your mind just let us know by emailing [unsubscribe@simplyhealth.co.uk](mailto:unsubscribe@simplyhealth.co.uk)

|              |                  |
|--------------|------------------|
| Signature: X | Date: X DD/MM/YY |
|--------------|------------------|

# C Payment details

## Direct Debit Instruction

|   |  |                        |  |
|---|--|------------------------|--|
|   |  |                        |  |
| <b>Instruction to your Bank or Building Society to pay by Direct Debit</b>  |  |                        |  |
| Please fill in the whole form and send it to:<br>Simplyhealth, Hambleden House, Waterloo<br>Court, Andover, Hants SP10 1LQ  |  | Service user number    |  |
|   |  | 6 9 5 4 9 1            |  |
| 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)  |  |                        |  |
|   |  |                        |  |
| Bank/Building Society account number  |  | Branch sort code       |  |
|   |  |                        |  |
| Reference   |  |                        |  |
|   |  |                        |  |
| <b>Instruction to your Bank or Building Society</b>   |  |                        |  |
| 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): <i>X</i>   |  | Date: <i>X</i>         |  |
| Banks and Building Societies may not accept Direct Debit Instructions for some types of account.  |  |                        |  |
| <b>For Simplyhealth official use only</b>   |  |                        |  |
| This is not part of the instruction to your Bank or Building Society.   |  |                        |  |

|   |
|---|
| <b>If premiums are to be paid by someone other than the policyholder please complete the boxes below so we can arrange payment.</b> |
| Name:   |
| Address:  |
| Telephone no:   |

