



**Look after your teeth and
your pocket with Denplan.**

The company benefit that'll make you smile.



Denplan

Member of the Global  Group



Think dentistry. Think Denplan.

Since its launch in 1986, Denplan has influenced the way that people in the UK fund their dental care. Now an established name among the dental profession, Denplan has become the UK's leading dental plan specialist.

Denplan has over 1.8 million registered patients, 6,000 member dentists and more than 1,300 company schemes.

With Denplan, 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

Contents.

- 2-3** **Enjoy the benefits of Denplan.**

- 4-9** **Policy Summary.**
 - What is covered?
 - Benefit table.
 - What are the main exclusions and limitations?
 - How to claim.
 - How do I complain?
 - What if I change my mind?

- 10-16** **Terms and conditions.**

- 17** **Choose the dental plan specialists. Choose Denplan.**



Enjoy the benefits of Denplan.



Denplan gives you the perfect opportunity to get the care and protection your teeth deserve. You can relax about the costs of both routine and unexpected dental treatment – and also be assured that we're here to help if you suffer from any dental injuries or emergencies.

Ease the pain of paying

Depending on the plan you choose, you can claim money back towards routine and restorative dental treatment anywhere in the world - **up to £2,300 with Extensive Plus Dental Cover**. This allows you to relax about the unpredictable cost of visiting the dentist – whether you receive private or NHS treatment.

Make the most of your money

With many insurance-type products, you only feel the benefit in exceptional circumstances. With Denplan, however, if you choose a plan that provides reimbursement towards routine and restorative dental treatment, all you need to do is receive treatment from a dentist and you can get money back for eligible treatment – money that you can then spend on something a lot more enjoyable.

Plan for injuries and emergencies

If you want treatment fast, then seeing a private dentist may be your only option. There's no longer any need to worry about how to afford treatment if you chip a tooth, lose a crown or suffer terrible toothache. All plans provide over £10,000 of worldwide injury and emergency cover, with a choice of any dentist.

Access a dental emergency helpline anywhere in the world

All plans provide you with a 24-hour dental emergency helpline to help you find a dentist anywhere in the world if you need one as a result of an injury or emergency.

Receive treatment from all types of dentists

You can enjoy the benefits of the dental plans whether you are treated by a Denplan, private or NHS dentist (excluding non-injury and emergency treatment with Elementary Dental Cover).

Get help finding a dentist

If you don't have a dentist but don't want to miss out on this great company benefit, then don't worry. Denplan is only too happy to help you find a Denplan dentist in your area through our telephone and online find-a-dentist service.

Support for mouth cancer patients

Mouth cancer is more common than you may think. In 2004, over 4,300 new cases were diagnosed in the UK*. All plans include mouth cancer cover, allowing you to claim back up to £12,000 towards eligible treatment given within 18 months of diagnosis (smokers are included).

Experience excellent customer service

Denplan's experienced, friendly advisors are on hand to deal with any queries you may have – from a question about your policy, to changing your details, to claiming. 91% of employees covered are satisfied with the service they receive.^

Claiming couldn't be simpler

Claiming is easy as you are not required to gain authorisation from us prior to receiving treatment. You receive immediate cover (excluding mouth cancer cover) and do not need an initial mouth health check. 94% of employees covered find the claims process straight forward.^

This is a summary of policy benefits. Full details of the benefits, exclusions and limitations can be found in the Terms and Conditions on pages 10-16.

*Source: Office for National Statistics. Cancer statistics registrations: Registrations of cancer diagnosed in 2004, England.

93% of employees covered would recommend Denplan to a colleague and 91% are satisfied with their plan.^

^Denplan customer satisfaction survey September 2006. Employees questioned (159) had all received a claims payment from Denplan between July 2006 and September 2006.





Policy Summary.

Key, Elementary, Essential, Essential Plus, Extensive and Extensive Plus Dental Cover.

Policy Summary.

Key, Elementary, Essential, Essential Plus, Extensive and Extensive Plus Dental Cover.

This policy summary provides a brief description of this dental insurance which is underwritten by AXA PPP healthcare. It does not contain the full terms and conditions which can be found in the policy terms and conditions on pages 10-16, your schedule of cover and any endorsement provided to you.

What is Key Dental Cover?

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 Elementary Dental Cover?

This plan provides you with all the benefits of Key Dental Cover in addition to 100% reimbursement for routine, remedial and restorative dental treatment provided under the NHS in England and Wales.

What are Essential, Essential Plus, Extensive and Extensive Plus Dental Cover?

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

Benefits	Key Dental Cover	Elementary Dental Cover	Essential Dental Cover	Essential Plus Dental Cover	Extensive Dental Cover	Extensive Plus Dental Cover
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	✓	✓	✓	✓	✓	✓
Routine examinations (and NHS band 1 treatment)	✗	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 (and NHS band 1 treatment)	✗	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 (and NHS band 1 treatment)	✗	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
Remedial or restorative treatments (and NHS band 2 & 3 treatment) Including, but not limited to, fillings, crowns, bridges and dentures.	✗	100% reimbursement for NHS treatment	75% of the cost up to £200 per policy year	75% of the cost up to £1000 per policy year	75% of the cost up to £400 per policy year	75% of the cost up to £2000 per policy year

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

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 recommended 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, including but not limited to, cosmetic treatment, tooth whitening and orthodontics unless performed as NHS treatment.	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. Elementary Dental Cover provides reimbursement for routine and restorative treatment under the NHS in England and Wales only.	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 10-16.

Claims should be made within 30 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 10-16.

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.

For more information on the Keyfacts logo please go to: www.fsa.gov.uk/consumer/keyfacts/index.html



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:

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

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 – 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 **oral cavity** 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.

oral cavity – the hard and soft palate; accessory, salivary, lymph and other gland tissue in the mucosal lining of the **oral cavity** as defined but excluding the tonsils.

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

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 and are a permanent resident of the employee's household.

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
- ii. 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 Key Dental Cover:

- i. **Worldwide dental injury**
For the costs of dental treatment 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 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 accident.
- ii. **Worldwide emergency dental treatment**
For the cost of **emergency dental treatment** within the **UK** up to £200 per incident subject to a maximum of four incidents per **year** or for the cost of **emergency dental treatment** overseas; 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 re occurrence of this same cancer, either at the same site or at a different location within the **oral cavity**.
 - 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.

Elementary Dental Cover:

All the benefits of Key Dental Cover plus;
vii. 100% reimbursement for costs of non accident or emergency **NHS treatment** in England and Wales.

Essential Dental Cover:

All the benefits of Key Dental Cover plus
viii. Regular and preventive dental care in the **UK** and abroad:

- Routine consultations or reports provided by a dentist (and NHS Band 1 treatment*) - Up to £50 per **year**

- Routine scaling and polishing provided by a dentist or hygienist (and NHS Band 1 treatment*) - Up to £60 per **year**.
- Clinically necessary radiographs of the teeth and jaws (and NHS Band 1 treatment*) - Up to £40 per **year**
- Clinically necessary, routine, remedial or restorative dental treatment, including, but not limited to fillings, crowns and dentures (and NHS Band 2 and 3 treatment*) - 75% of the cost up to £200 per **year**

Essential Plus Dental Cover:

ix. All the benefits of Essential Dental Cover, with an increased limit of 75% of the cost up to £1000 per **year** towards clinically necessary, routine, remedial or restorative dental treatment, including, but not limited to fillings, crowns and dentures (and NHS Band 2 and 3 treatment*).

Extensive Dental Cover:

All the benefits of Key Dental Cover plus
x. Regular and preventive dental care in the **UK** and abroad:

- Routine consultations or reports provided by a dentist (and NHS Band 1 treatment*) -Up to £100 per **year**
- Routine scaling and polishing provided by a dentist or hygienist (and NHS Band 1 treatment*) - Up to £120 per **year**
- Clinically necessary radiographs of the teeth and jaws (and NHS Band 1 treatment*) -Up to £80 per **year**
- Clinically necessary, routine, remedial or restorative dental treatment, including, but not limited to fillings, crowns and dentures (and NHS Band 2 and 3 treatment*) -75% of the cost up to £400 per **year**

Extensive Plus Dental Cover:

xi. All the benefits of Extensive Dental Cover, with an increased limit of 75% of the cost up to £2000 per **year** towards clinically necessary, routine, remedial or restorative dental treatment, including, but not limited to fillings, crowns and dentures (and NHS Band 2 and 3 treatment*).

*NHS Treatment

- xii. Where **you** receive NHS Band 1 treatment eligible claims will be paid in the following way:
 - (a) Paid within the routine consultations or reports benefit, up to the limit shown above for **your** plan; and when no further benefit is available
 - (b) Paid within the routine scaling and polishing benefit, up to the limit shown above for **your** plan; and when no further benefit is available
 - (c) Paid within the radiograph benefit, up to the limit shown above for **your** plan.
- xiii. Where **you** receive NHS Band 2 or 3 treatment eligible claims will be paid in the following way:
 - (a) An amount equal to the charge made for NHS Band 1 treatment will be paid in accordance with xii (a-c) above;
 - (b) The remaining balance will be paid within the routine remedial or restorative dental treatment benefit, up to the limit shown above for **your** plan.

The maximum benefits payable, within the policy **year** as stated in the schedule of benefits, is the maximum benefit payable for all claims regardless of the number of policies **you** may have with **us**.

4. Exclusions

This policy does not provide cover for:

- i. Any dental treatment which was prescribed, planned (by **you** or a dentist) advised or is currently taking place at the **commencement date**.
- ii. Elementary Dental Cover provides reimbursement for routine and restorative treatment under the NHS in England and Wales only.
- iii. Injury caused by food stuff (including foreign bodies there in) under the dental injury benefit.
- iv. Payments in excess of the maximum benefits for each **year** as stated above.
- v. Costs recovered from any other insurance policies.

- vi. Laboratory fees associated with excluded treatment.
- vii. Prescription charges unless related to claims paid under the worldwide **dental injury** or worldwide **emergency dental treatment** benefits.
- viii. Mouthguards, gum shields or any dental appliances.
- ix. **Implants** and all costs associated with the preparation and fitting of such a device, unless otherwise stated in **your** welcome letter.
- x. Bleaching or other tooth whitening and orthodontics, unless the treatment is specifically related to a **dental injury** covered by this policy.
- xi. Cosmetic treatment, meaning dental treatment not necessary for the establishment or maintenance of oral health.
- xii. Reimbursement for travelling expenses or telephone calls.
- xiii. Wisdom teeth extraction, other than those extracted at the dentist's surgery.
- xiv. Treatment, care, repair to, or in connection with "tooth jewellery".
- xv. **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.
- xvi. Charges for consultations or tests for non-invasive tumours under the **mouth cancer** cover benefit.

In addition, no benefit will be payable under section 3 (Schedule of benefits) as a result or consequence of any of the following:
- xvii. Damage or injury caused whilst training for or participating in contact sports (including training) unless recommended mouth protection is worn.

- xviii. Self-inflicted injuries.
- xix. Loss of, or damage to dentures, other than whilst being worn.
- xx. **Mouth cancer** which is related in any way to HIV infection or AIDS.
- xxi. **Mouth cancer** resulting from the chewing of tobacco products or betel nut, or from prolonged alcohol abuse.

5. Claims general

When determining claims Denplan act on behalf of the underwriter, AXA PPP healthcare. 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.

- i. (a) **Your** claim must be notified to Denplan by **you** completing the official claim form.

(b) All claim forms must be fully completed and signed by the policyholder. Incomplete claim forms will be returned.

(c) Incomplete claim forms 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 30 days of each dental appointment.

(d) **Your** claim must be supported by proof of treatment detailing the dates and costs of each individual treatment. The proof must be an official document issued by the treating practice.
- 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 an internet based exchange rate website. 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 a current and up to date mailing address.
- vi. All correspondence including claims settlement will be directed to the policyholder using the address currently held by Denplan.
- vii. 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, continuous credit card payments or other payment method, 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.

- viii. 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**.

Denplan will deal with all personal information **you** supply to **us** in the strictest confidence as required by the Data Protection Act (1998).

Denplan will use **your** information to provide the services set out under the terms of this policy and to administer **your** policy. 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. In certain circumstances Denplan may ask medical service providers (or others) to supply **us** with further information.

Denplan may contact **you** by post, telephone, or electronically with details of our other products and services and **we** may share some of **your** details with other AXA Group companies or other carefully selected companies based within the European Economic Area to enable them to contact **you** with details of and, if appropriate administer their products and services. If **you** do not wish **us** to do this please contact Denplan on 0800 838 951.

Denplan may disclose information about anyone under this policy when there is a legal requirement to do so or in circumstances when it would help to prevent or investigate fraud or improper claims.

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:

Denplan Corporate,
Denplan Court,
Victoria Road,
Winchester SO23 7RG
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

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.

Choose the dental plan specialists. Choose Denplan.

Dental plans that'll make you smile

Depending on the plan you choose, you can receive money back towards routine and restorative dental treatment anywhere in the world - **up to £2,300 with Extensive Plus Dental Cover**. All plans allow a choice of any dentist (excluding non-injury and emergency treatment with Elementary Dental Cover) and include over £10,000 of worldwide injury and emergency cover and £12,000 of mouth cancer cover.

Plans are easy to understand and easy to claim on as they do not specify limits for individual treatments but instead cluster individual treatments into broad benefit categories. You are not required to gain authorisation from us prior to receiving treatment. You also receive immediate cover (excluding mouth cancer cover) and do not need an initial mouth health check.

All you need to do is choose the plan that suits you best – depending on the type of care and protection you desire and how much of your budget you want to allocate to your dental health.

Apply now.

Any questions?

Call: 0800 838951

Email: corporate@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.



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

Registered in England No. 1981238. Registered address 5 Old Broad Street, London EC2N 1AD, UK.
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. 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.