

# Your Denplan Policy handbook



## Perform well everyday

By joining Simplyhealth you've taken the first step towards maintaining your oral health.

Your welcome letter, this policy handbook and your table of cover together form the basis of your cover with Simplyhealth. This policy handbook contains full terms and conditions for your plan including any exclusions and limitations which may be applied.

Manage your plan from your online account at [www.denplan.co.uk/employeeonline](http://www.denplan.co.uk/employeeonline)

Customer Services  
**01962 828 007**  
[corporatedental@simplyhealth.co.uk](mailto:corporatedental@simplyhealth.co.uk)

## Looking after your dental health starts here

Let's get started. Register your account online

Go to: [denplan.co.uk/employeeonline](http://denplan.co.uk/employeeonline) and have your policy number ready.

You'll be able to:

- Make and track your claims
- Check what your policy covers
- Use your Smile Centre services

Money back faster

Have your claims paid directly into your bank account by claiming online.

- Over 90% of claims are submitted online
- Claim anywhere in the world via your online account
- It takes roughly five minutes



## How the plan works

You can see any dentist, of your choice, anywhere in the world, whether private or NHS.

1. Attend your dental appointment, pay for it, and keep hold of your fully itemised receipt.
2. Log in to your online account. Submit your receipt and claim online within 60 days of treatment.
3. We'll process your claim and you can track it online.

## Get help with your oral health when you need it with our Smile Centre

### Dental advice at your fingertips

In between visiting your dentist have a look at our dedicated oral health information, where you can find oral health tips, latest news and offers.

### Check your oral score

My Dental Score is a free assessment tool for people to find out the state of their oral health. You'll be provided with a personalised summary, highlighting any potential risks.

### Dental emergency helpline

A 24-hour worldwide dental emergency helpline is available when you need it most.

These services can be accessed via your online account at [www.denplan.co.uk/employeeonline](http://www.denplan.co.uk/employeeonline)



### 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.

## Dental emergencies

Dental emergencies can be extremely stressful and cause a lot of pain, if you are **in the UK** and need to see a dentist outside of normal opening hours we recommend that you take the following steps:



1. Contact your regular dental practice. Most dental practices will have instructions on their answer phone telling you how you can access an out of hours service.
2. If your dentist is unavailable and you would like some advice on what to do, or if you need to see a dentist, you can contact our emergency helpline team.

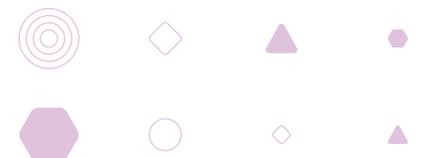
If you're **overseas** and need to see a dentist urgently we recommend that you take the following steps:



1. Speak to your hotel concierge, travel operator or any friends and family that may know the area and could recommend a dentist for you to visit.
2. If you do have emergency treatment overseas where the first language is not English, please where possible obtain a fully itemised receipt in English or a translation before submitting your claim to us.
3. If you are unable to see a dentist you can contact our emergency helpline and they will be able to provide advice on what you can do in a dental emergency.

### Our emergency helpline

Available 24 hours a day,  
7 days a week, 365 days a year:  
**+44(0) 1962 844 999**



# Frequently asked questions

## Can I see any dentist?

With our policy you can see any dentist of your choice, anywhere in the world.

## What does my plan cover me for?

To find out what you are covered for, please refer to your benefit table, which is available to be downloaded at [www.denplan.co.uk/employeeonline](http://www.denplan.co.uk/employeeonline).

## When can I start claiming?

There is no waiting period to claim, except for the mouth cancer benefit which cannot be claimed in the first 90 days of your policy and our implant upgrade cover, if you have it, cannot be claimed in the first 28 days.

## What information do I need to send with my claim?

In order for us to assess your claim promptly and correctly we require a fully itemised receipt which confirms you have paid for the treatment you are claiming for and the treatment has been carried out. If we do not receive this information it could lead to a delay in us processing your claim as we may need to contact you or your dental practice for more information.

## How long will it take for my claim to be reimbursed?

If your claim contains all of the information we need; we will usually be able to fully assess your claim within five working days. If you do not supply all of the information we need, your claim may take longer as we may need to contact you or your dental practice. Please note, if your claim is marked as paid online your direct credit payment leaves our account instantly but can take an additional 3-5 working days to reach your account.

## How can I monitor how much of my cover I have used?

You can view your available benefits by logging into our online services at [www.denplan.co.uk/employeeonline](http://www.denplan.co.uk/employeeonline). If you do not have access to your online account you can contact us on 01962 828007.

## Is cosmetic treatment covered?

No, your policy only covers you for clinically necessary dental treatment. Examples of cosmetic treatment include tooth whitening, orthodontic treatment where your orthodontic grading on the IOTN Scale is 1-3 or placement of veneers to improve the appearance of your teeth.

# Policy Terms and Conditions

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

## 1. Schedule of benefits

**You** are covered for the items shown in **your** table of cover up to the amounts shown in the table for each course of treatment.

For all items of treatment where 'Up to NHS limits' is shown in the table of cover, the following applies:

What is covered	What is not covered
<ul style="list-style-type: none"> <li>✔ Costs for treatment carried out on the NHS by an NHS <b>dentist</b> will be fully reimbursed</li> <li>✔ If <b>you</b> have selected a level of cover that only includes reimbursement for NHS treatment, and <b>you</b> have private treatment <b>we</b> will pay the NHS Equivalent costs – the amount of money <b>your</b> treatment would have cost if it had been carried out and charged by the NHS</li> </ul>	<ul style="list-style-type: none"> <li>✘ Any treatment that <b>you</b> have paid for privately will not be eligible for 100% reimbursement under this benefit even if it took place at an NHS dental practice</li> <li>✘ Any treatment that the NHS would not cover</li> <li>✘ General exclusions</li> </ul>

### 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 all 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

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.

For all items of treatment that have a monetary amount shown in **your** table of cover the below applies:

What is covered	What is not covered
<ul style="list-style-type: none"> <li>✔ Clinically necessary dental treatment up to the amounts shown in <b>your</b> table of cover</li> <li>✔ Sedation in connection with clinically necessary dental treatment, up to <b>your</b> benefit limits</li> </ul>	<ul style="list-style-type: none"> <li>✘ Consultations for treatment that is not covered on <b>your</b> plan (E.g. cosmetic treatment)</li> <li>✘ X-rays related to treatment that is not covered by <b>your</b> plan</li> <li>✘ Replacement for loss of, or damage to dentures, other than whilst in <b>your</b> mouth</li> <li>✘ Placement of a dental implant or bridge into a pre-existing gap</li> <li>✘ Orthodontic treatment (IOTN 1-3)*</li> <li>✘ General exclusions</li> </ul>

Please note: The reimbursement amounts stated on **your** table of cover are for each course of treatment unless otherwise stated; **we** define a course of treatment as:

- X ray or Scan – a single x-ray or scan
- Filling and fissure sealant – treatment to a single tooth
- Root canal – full root canal treatment on a single tooth (can be multiple visits)
- Crown, inlay, onlay, veneer, implants – a full course of treatment to a single tooth including preparation, supply and fit
- Bridge and denture – a full course of treatment including preparation, supply and fit of a bridge or denture
- Extraction – extraction of a single tooth
- Orthodontic and periodontal treatment – a full course of treatment prescribed by **your dentist** that forms part of a single treatment plan

\*IOTN stands for Index of Orthodontic Treatment Need. For further details visit the British Orthodontic Society: [www.bos.org.uk](http://www.bos.org.uk)

### Worldwide 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.

What is covered	What is not covered
<ul style="list-style-type: none"> <li>✔ Treatment carried out at an emergency appointment which was not pre-planned and is required because <b>you</b> are in dental pain or there is a severe threat to <b>your</b> overall health</li> <li>✔ Prescription charges</li> <li>✔ Calls to <b>our</b> emergency helpline can be reimbursed if <b>you</b> are outside the <b>UK</b> (+44 (0) 1962 844 999)</li> </ul>	<ul style="list-style-type: none"> <li>✘ Any treatment carried out at a follow up appointment. If <b>your</b> policy covers preventive and restorative treatment <b>you</b> may be able to claim for follow up appointments under these benefits</li> <li>✘ Any phone calls made to <b>our</b> emergency helpline or calls made in the <b>UK</b></li> <li>✘ General exclusions</li> </ul>

### 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"> <li>✔ Treatment following a dental <b>injury</b> that occurs whilst <b>your</b> policy is in force. This must start within 6 months of the date of the <b>injury</b>, and be completed within 24 months (six years for persons under 18)</li> <li>✔ Treatment for dental injuries sustained while participating in a <b>contact sport</b> as long as <b>you</b> were wearing appropriate mouth protection</li> <li>✔ Dentures are covered if <b>you</b> were wearing them at the time of the <b>injury</b></li> <li>✔ Prescription charges</li> </ul>	<ul style="list-style-type: none"> <li>✘ Treatment needed as a result of a self-inflicted <b>injury</b></li> <li>✘ Treatment needed for a dental <b>injury</b> that occurred before <b>your</b> policy started</li> <li>✘ Treatment needed following damage caused during the consumption of food (including foreign bodies contained within the food)</li> <li>✘ Dental <b>injury</b> resulting from an elective/ planned surgical procedure with or without the administration of general anaesthesia</li> <li>✘ General exclusions</li> </ul>

### Dentist call out fees (UK only)

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"> <li>✔ The cost of <b>dentist's</b> call out fees in the event of a dental <b>injury</b> or <b>emergency dental treatment</b></li> </ul>	<ul style="list-style-type: none"> <li>✘ Non <b>UK dentist</b> call out fees</li> <li>✘ General exclusions</li> </ul>

## Worldwide telephone consultations for dental emergency or dental injury

What is covered	What is not covered
<ul style="list-style-type: none"> <li>✔ <b>Dentist</b> fees following a referral by Denplan to a <b>dentist</b>, to provide a telephone consultation in the event of a dental <b>injury</b> or dental emergency</li> </ul>	<ul style="list-style-type: none"> <li>✘ General exclusions</li> </ul>

## Worldwide hospital cash benefit

What is covered	What is not covered
<ul style="list-style-type: none"> <li>✔ A cash amount for each night <b>you</b> stay overnight in hospital under the care of a consultant specialising in dental or maxillofacial surgery in relation to a head or neck condition</li> </ul>	<ul style="list-style-type: none"> <li>✘ The cost of the treatment carried out in a hospital, for example, wisdom tooth extractions</li> <li>✘ General exclusions</li> </ul>

## 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"> <li>✔ Charges for treatment of mouth cancer <ul style="list-style-type: none"> <li>• If <b>you</b> have been diagnosed with mouth cancer <b>you</b> are covered for charges for consultations and tests</li> <li>• <b>You</b> are only covered for treatment received within 18 calendar months of the date of diagnosis</li> <li>• <b>You</b> 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 <b>your</b> country of residence or treatment provided by another medical practitioner under referral from a consultant</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>✘ Mouth cancer diagnosed before or within 90 days of when <b>you</b> are first provided with mouth cancer cover by <b>us</b>, or for which tests or consultation began within those 90 days, even if the diagnosis is not made until later</li> <li>✘ 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</li> <li>✘ Mouth cancer resulting from the chewing of tobacco products or betel nut, or from prolonged alcohol abuse</li> <li>✘ General exclusions</li> </ul>

## 2. General exclusions

This policy does not cover:

- Any treatment that is assessed by **our dentist** as not clinically necessary
- Reimbursement for travelling expenses or telephone calls. Unless in relation to telephone calls made under the 'Worldwide telephone consultations for dental emergency or dental **injury**' benefit
- 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, gels 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, as well as fees incurred for the translation of dental treatment or receipts

## 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

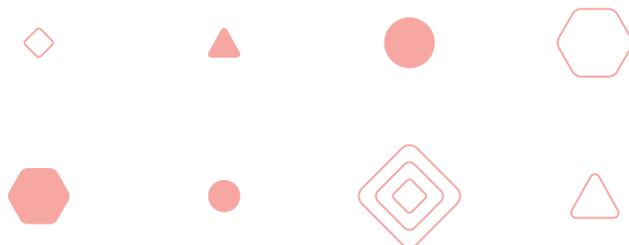
### A. Making **your** claim

- 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.
- 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.
- 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.
- 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**.
- All claims will be assessed against the benefits in force on the date that **you** had **your** treatment.
- 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 **you** 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**:
- please where possible supply a copy of **your** receipt in English or an English translation.
  - we** will only make payments to a **UK** bank account or post cheques to a **UK** address.
  - all foreign currency claims will be converted to pounds sterling using the currency converter [www.oanda.com](http://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 at [corporatedental@simplyhealth.co.uk](mailto: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

- A. **You** can only be covered under the terms and conditions of this policy, from the date **your** cover starts if:
- you** permanently live in the **UK**.
  - you** are entitled to cover under the policy in accordance with the eligibility rules defined by **your** employer.
  - premiums are paid on **your** behalf by **your** employer as required under the policy.
- B. **Your** insurance cover under this policy will end at the earliest of the following:
- the expiry of the **policy term**; or
  - when **you** are no longer eligible for cover according to the eligibility rules defined by **your** employer; or
  - you** cease employment with **your** employer; or
  - you** no longer live in the **UK** permanently; or
  - if **we** make a commercial decision to no longer offer the product included in the policy; or
  - if **we** decide at the renewal date not to continue to offer the policy to **your** employer; or
  - if the number of members on the policy falls below the minimum number required for the policy (**we** would do this at the renewal date); or
  - our** cancellation of the policy due to **your** employer's failure to pay premiums.
- C. **We** exercise the right to cancel the policy at any time (backdated where appropriate) if:
- we** have reason to suspect that **you** or anyone on the policy has submitted a fraudulent claim.
  - you** materially breach the terms and conditions of this policy.
  - if **you** are abusive to **our** staff. To protect **our** staff **we** ask that **you** treat **us** in the way **you** wish to be treated. If **you** are abusive during **our** contact with **you**, **we** will terminate the contract. If **you** continue to be abusive, **we** reserve the right to cancel all policies that **you** hold with Simplyhealth.

## 6. Changing cover

Changes to the level of cover can only be made:

- at the renewal date, whether this is **your** employer changing **your** level of cover or **you** upgrading **your** own cover; or
- at a different time if the rules of the scheme allow **you** to do so, for example following a lifestyle event (such as getting married).

## 7. Cancellation

The Financial Conduct Authority rules allow certain policyholders to cancel their policy and have their premiums 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 all 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.

## 8. General

- 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 letter.
- 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 24.
- Non-payment of premiums will result in **us** suspending **your** benefits or cancelling **your** policy.
- The law of England and Wales will apply to this policy.
- All information and communications to **you** relating to this policy will be in English.
- All policyholders must provide an up to date mailing address.
- 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 whole or in part) **we** will be able to recover those sums from **you** and/or take the appropriate legal action against **you**.

- H. If **you** pay **your** premium directly to **us**, **we** will write to **you** before the end of any **policy term** to let **you** know that **we** wish to renew **your** policy and on what terms. If **we** 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, **we** may continue to collect premiums by Direct Debit for the new **policy term**. Please note that if **we** do not receive **your** premium, this may affect **your** policy cover. **We** reserve the right to refuse renewal of the policy.

### How we use your personal data

**We** respect **your** privacy and are committed to protecting **your** personal data. This privacy notice sets out the way in which any personal data **you** provide to **us** is used and kept safe by **us**. For a more detailed explanation of how **we** use **your** data please take the time to read our full privacy policy online at the bottom of **our** website or alternatively request a copy from **our** Data Protection Officer.

### 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

Sometimes **we** may use automation and profiling to evaluate information about **you**, which may include to determine whether an application for a product is accepted by **us**, to tailor **our** marketing material to **your** needs, to identify and investigate fraudulent activity, to understand claiming behaviour and patterns or to tailor **our** services to provide **you** with a more efficient, consistent and fair customer experience. If **you** want to know more please contact **us**.

### Who will use my personal data?

**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.

### Who holds my personal data?

Denplan Limited, an appointed representative of Simplyhealth Access. Simplyhealth Access are part of the Simplyhealth group of companies.

### What personal data will we need to know?

If **you** have a policy, **we** need to know, for example, **your** name, address and 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.

### How do you protect my personal data?

By law **we** must have measures in place to protect data. To do this **we** have strict rules to protect the storage and use of all personal data. These rules apply to anyone who uses the data, even if they are not part of the Simplyhealth Group – all **our** partners are contracted to protect data to the same standard as **us**. **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 ensure these measures work, **we** perform checks (including physically visiting premises) 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 your employer 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 personal data that is incorrect. **You** can ask **us** to delete personal 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 to do this.

### 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.

### Who can I contact to talk about my personal data?

If **you** have any questions or comments regarding any aspect of **your** personal data, please contact **our** Data Protection Officer either by email: [thedataprotectionofficer@simplyhealth.co.uk](mailto:thedataprotectionofficer@simplyhealth.co.uk), or by post, at:

The Data Protection Officer  
Denplan Limited  
Hambleton House  
Waterloo Court  
Andover  
Hampshire  
SP10 1LQ

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

If you're not happy with the way **we** use **your** personal data, **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](mailto:casework@ico.org.uk)

Denplan Limited is registered as the Data Controller with the ICO, number Z6736201.

### 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](http://register.fca.org.uk) or by contacting the Financial Conduct Authority on 0800 111 6768.

### 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:

- In the first instance, **you** should contact Customer Services on 01962 828 007 or write to:  
Customer Service Manager  
Denplan Limited  
Simplyhealth House  
Victoria Road  
Winchester  
SO23 7RG  
Email: [corporatedental@simplyhealth.co.uk](mailto: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.
- If **you** are not satisfied with **our** final 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](mailto:complaint.info@financial-ombudsman.org.uk)

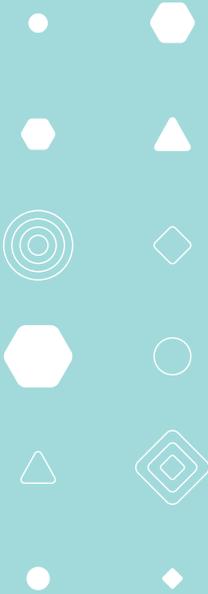
The Financial Ombudsman Service will only consider **your** complaint if **you** have given **us** the opportunity to resolve the matter first.

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.

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Financial Ombudsman Service  
Exchange Tower  
London  
E14 9SR  
Email:  
[complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

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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](http://www.denplan.co.uk/employeeonline)**

You can also email us at  
**[corporatedental@simplyhealth.co.uk](mailto:corporatedental@simplyhealth.co.uk)**  
or call **01962 828 007**

Lines are open Monday to Friday  
8am till 5pm

Part of these services are provided by a Third Party Supplier

Denplan Limited trading as Simplyhealth is an Appointed Representative of Simplyhealth Access for arranging and administering dental insurance. Simplyhealth Access is incorporated in England and Wales, registered no. 183035 and is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Denplan Ltd is regulated by the Jersey Financial Services Commission for General Insurance Mediation Business. Denplan Ltd only arranges insurance underwritten by Simplyhealth Access. Denplan Ltd is registered in England and Wales No. 1981238. The registered offices for these companies is Hambleton House, Waterloo Court, Andover, Hampshire SP10 1LQ.