Introducing Denplan
A guide to our services.
You’re in safe hands

Thank you for considering a Denplan 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 then you think.

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 other questions you may have.

Email: corporate@denplan.co.uk
Phone: 01962 828 007

Lines are open Monday to Thursday 08:00 to 17:30 and Friday 08:00 to 16:30.
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 health cover 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, 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.

Select the cover that’s right for you, with the confidence of a market leading company with 30 years experience and excellent customer service.

97%* of employees who contacted us said they were satisfied with the service

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**Denplan Key is designed for accident & emergency use only.
More about the dental plans

**How does Denplan 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.

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>When your treatment has finished, you pay the dentist in the usual way.</td>
</tr>
<tr>
<td>02</td>
<td>Submit your receipt and claim either online or by post within 60 days of treatment.</td>
</tr>
<tr>
<td>03</td>
<td>Track your claim online and wait for the money to be reimbursed directly to your bank account or via cheque.</td>
</tr>
</tbody>
</table>

**Why Denplan 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:

<table>
<thead>
<tr>
<th>Feature</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Worldwide cover available</td>
</tr>
<tr>
<td>2</td>
<td>Prompt reimbursement</td>
</tr>
<tr>
<td>3</td>
<td>Choice of any dentist – Denplan, NHS or private</td>
</tr>
<tr>
<td>4</td>
<td>Immediate cover* – claim for treatment from the day your cover starts</td>
</tr>
<tr>
<td>5</td>
<td>All pre-existing conditions covered</td>
</tr>
<tr>
<td>6</td>
<td>Cover for injuries and emergencies, including sporting injuries</td>
</tr>
<tr>
<td>7</td>
<td>24-Hour Worldwide Dental Emergency Helpline</td>
</tr>
</tbody>
</table>

*Except mouth cancer cover.*
A dental plan with more

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

**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

**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

**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/mydентalscore

**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

For further information visit www.denplan.co.uk
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.

<table>
<thead>
<tr>
<th>BENEFITS (per person per policy year)</th>
<th>Denplan Key</th>
<th>Denplan Elementary</th>
<th>Denplan Essential Plus</th>
<th>Denplan Extensive Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine examinations (at home or abroad)</td>
<td>N/A</td>
<td>100% reimbursement up to NHS limits</td>
<td>Up to £50 per policy year</td>
<td>Up to £100 per policy year</td>
</tr>
<tr>
<td>Hygiene treatments (at home or abroad)</td>
<td>N/A</td>
<td>100% reimbursement up to NHS limits</td>
<td>Up to £70 per policy year</td>
<td>Up to £140 per policy year</td>
</tr>
<tr>
<td>Dental x-rays (at home or abroad)</td>
<td>N/A</td>
<td>100% reimbursement up to NHS limits</td>
<td>Up to £40 per policy year</td>
<td>Up to £80 per policy year</td>
</tr>
<tr>
<td>Restorative treatments (at home or abroad)</td>
<td>N/A</td>
<td>100% reimbursement up to NHS limits</td>
<td>80% of the cost up to £1,000 per policy year</td>
<td>80% of the cost up to £2,000 per policy year</td>
</tr>
<tr>
<td>100% reimbursement for NHS treatment</td>
<td>N/A</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Worldwide dental injury¹</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Worldwide emergency dental treatment²</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Dentist call-out fees³</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Hospital cash benefit⁴</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Mouth cancer cover⁵</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>24-hour Worldwide Dental Emergency Helpline</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Dentist fees for telephone consultations following injury or emergency</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

1. Cover for up to £2,500 of treatment per dental injury for up to four incidents per policy year.
2. 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.
3. Up to £150 per incident for up to two incidents per policy year.
4. £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.
5. 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 or Denplan Key.

<table>
<thead>
<tr>
<th>Examinations</th>
<th>What is covered</th>
<th>What is not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☑ Routine examinations</td>
<td>☑ Specialist consultations. This is covered under your private restorative benefit if available. Please check your benefit table for full details</td>
</tr>
<tr>
<td></td>
<td>☑ New patient/extensive examinations</td>
<td>☑ General Exclusions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hygiene appointments</th>
<th>What is covered</th>
<th>What is not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☑ Routine hygiene appointments</td>
<td>☑ Periodontal treatment. This is covered under your private restorative benefit if available. Please check your benefit table for full details</td>
</tr>
<tr>
<td></td>
<td>☑ Topical fluoride application</td>
<td>☑ General Exclusions</td>
</tr>
<tr>
<td></td>
<td>☑ Hygiene instruction/advice</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dental X-rays</th>
<th>What is covered</th>
<th>What is not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☑ Dental x-rays for example: pan oral x-rays, periapical x-rays and bitewing x-rays</td>
<td>☑ X-rays related to treatment that are not covered by your plan</td>
</tr>
<tr>
<td></td>
<td>☑ CT scans</td>
<td>☑ General Exclusions</td>
</tr>
</tbody>
</table>

For further information visit www.denplan.co.uk
Worldwide private restorative dental treatment

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

<table>
<thead>
<tr>
<th>What is covered</th>
<th>What is not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Clinically necessary restorative dental treatment</td>
<td>☑ Replacement for loss of, or damage to dentures, other than whilst in your mouth</td>
</tr>
<tr>
<td>☑ Sedation in connection with clinically necessary dental treatment</td>
<td>☑ Placement of a dental implant or bridge into a pre-existing gap</td>
</tr>
<tr>
<td>Some examples of restorative treatment are: fillings, bridges, crowns, dental</td>
<td>☑ Orthodontic treatment (IOTN grade 1-3)</td>
</tr>
<tr>
<td>implants, periodontal treatment, root canal treatment.</td>
<td>☑ General Exclusions</td>
</tr>
</tbody>
</table>

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](http://www.bos.org.uk)

NHS dental treatment

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

<table>
<thead>
<tr>
<th>What is covered</th>
<th>What is not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Costs for treatment carried out on the NHS by an NHS dentist will be fully reimbursed</td>
<td>☑ Any private treatment that took place at an NHS dental practice is not eligible for 100% reimbursement</td>
</tr>
<tr>
<td>☑ 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</td>
<td>☑ Any treatment that the NHS would not cover</td>
</tr>
<tr>
<td></td>
<td>☑ General Exclusions</td>
</tr>
</tbody>
</table>

Additional information about this benefit

- The NHS has fixed costs for treatment; the price will vary depending on whether the dentist is based in England, Scotland, Wales or Northern Ireland. You can find the current prices for NHS treatment on the NHS website for your area.
- In England and Wales, the NHS has three bands which all treatment covered falls into – Scotland, and Northern Ireland have different structures in place.
- If you are on Denplan Elementary and you have private treatment, 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, you may need an appointment for preparation and another appointment to fit the bridge – these appointments 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.

<table>
<thead>
<tr>
<th>What is covered</th>
<th>What is not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>✅ 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</td>
<td>✅ 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</td>
</tr>
<tr>
<td>✅ Prescription charges</td>
<td>✅ Any phone calls made to our emergency helpline or calls made in the UK</td>
</tr>
<tr>
<td>✅ Calls to our emergency helpline can be reimbursed if you are outside the UK (+44 (0) 1962 844 751)</td>
<td>✅ General Exclusions</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>What is covered</th>
<th>What is not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>✅ 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)</td>
<td>✅ Treatment needed as a result of a self-inflicted injury</td>
</tr>
<tr>
<td>✅ Treatment for dental injuries sustained while participating in a contact sport as long as you were wearing appropriate mouth protection</td>
<td>✅ Treatment needed for a dental injury that occurred before your policy started</td>
</tr>
<tr>
<td>✅ Dentures are covered if you were wearing them at the time of the injury</td>
<td>✅ Treatment needed following damage caused during the consumption of food (including foreign bodies contained within the food)</td>
</tr>
<tr>
<td>✅ Prescription charges</td>
<td>✅ Dental injury resulting from an elective/planned surgical procedure with or without the administration of general anaesthesia</td>
</tr>
<tr>
<td></td>
<td>✅ General Exclusions</td>
</tr>
</tbody>
</table>
**Dentist call out fees**

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

<table>
<thead>
<tr>
<th>What is covered</th>
<th>What is not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑️ The cost of dentist’s call out fees in the event of a dental injury or emergency</td>
<td>☑️ General Exclusions</td>
</tr>
</tbody>
</table>

**Hospital cash benefit**

<table>
<thead>
<tr>
<th>What is covered</th>
<th>What is not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑️ 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</td>
<td>☑️ The cost of the treatment carried out in a hospital, for example, wisdom tooth extractions</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>What is covered</th>
<th>What is not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑️ Charges for treatment of mouth cancer</td>
<td>☑️ 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 diagnoses is not made until later</td>
</tr>
<tr>
<td>- You are only covered for treatment received within 18 calendar months of the date of diagnosis</td>
<td>- 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</td>
</tr>
<tr>
<td>- If you have been diagnosed with mouth cancer you are covered for charges for consultations and tests</td>
<td>- Mouth cancer resulting from the chewing of tobacco products or betel nut, or from prolonged alcohol abuse</td>
</tr>
<tr>
<td>- 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</td>
<td>☑️ General Exclusions</td>
</tr>
</tbody>
</table>
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 tooth 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.

**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.

For further information visit www.denplan.co.uk
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. 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.

v. All claims will be assessed against the benefits in force on the date that you had your treatment.

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 on 01962 828 007 or by email to corporate@denplan.co.uk 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:

d). the expiry of the policy term; or
e). when you are no longer eligible to remain in the scheme according to the eligibility rules defined by your employer; or
f). 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
g). if your employer’s group policy is cancelled; or
h). 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 applies 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 then 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 in full time education).

b). Non-payment of premiums will result in us suspending your benefits or cancelling the 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 declare the policy void, as if it never existed. 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. 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 is my personal data protected?

We will hold and use information relating to you. We call this information personal data. The main purpose which we hold and use personal data for is to enable us to provide insurance services to you in relation to this policy. Other purposes which we use personal data for are to identify, analyse and calculate insurance risks, to improve our services to you and our other customers, to comply with legal obligations which we are subject to, to protect our interests and for fraud detection and prevention. We may receive and share personal data with persons appointed by you or who provide a service to you, for example your healthcare providers (such as an insurance intermediary, or a hospital or specialist). We may provide personal data to persons appointed by us who assist us in relation to the services we provide to you, including companies operating outside the United Kingdom and to organisations responsible for fraud prevention.

Where we have your agreement we will use your personal data to provide you with offers of products and services from Simplyhealth. Where you have agreed we will share your personal data with other companies within the Simplyhealth Group and carefully selected third parties in order for them to provide you with offers of products and services.

We operate strict procedures to ensure that personal data is kept secure. You have the right to see your personal data which is held by us. There may be a charge if you want to do this. If you have any questions or concerns about the personal data we hold and how we use it please write to: The Data Protection Officer, Denplan Corporate, Denplan Court, Victoria Road, Winchester, SO23 7RG. Denplan records telephone calls for training and quality assurance purposes.

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 www.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: Corporate@denplan.co.uk

Please quote your personal policy or claim number. If we cannot resolve your complaint immediately we will write to you to acknowledge your complaint. We will then 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 at:

   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.

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 concern, complaint or recommendation made by you.

How to contact us

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

You can also email us at corporate@denplan.co.uk or call 01962 828 007.

Lines are open Monday to Thursday 08:00 to 17:30 and Friday 08:00 to 16:30.