Dental Plan

Private Level 1 Policy Wording



let's feel good

Welcome to your Boots Private Level 1 dental plan

Your dental **policy** has been designed to help **you** pay for **your** dental care. As with most insurance policies, there are terms and conditions surrounding the cover. This document, along with **your** application form, IPID and **policy** schedule contain essential information explaining what you need to know about the cover and how to make a claim and should be read as soon as possible and certainly before **you** make a visit to **your dentist**.

Your policy schedule specifies the people insured under **your policy**, the **period of insurance** and the type of **policy you** have purchased.

This document outlines the **treatments** available under **your policy**, the levels of reimbursement **you** might expect to receive for **treatment** and the annual maximum limits under the **policy**. Please refer to the Benefit Schedule on page 7 for full details.

If you are unsure about any aspect of the cover or if there is any part of our processes that you find difficult to follow or complete, please call our customer care team on:

0333 222 7910

Lines are open Monday to Friday 9.30am – 4.30pm. **We** are closed weekends and bank holidays. In the interests of improving **our** service, **your** calls may be monitored and recorded.

Or email **us** at

boots@denisglobal.com

The insurance contract

The insurance contract is based on the information **you** provided when applying for this insurance **policy**. It is a fixed 12 month contract that requires **you** to keep to the conditions of cover as explained in this **policy** wording, and maintain **your** premium payments for the full 12 month term. Failure to keep to the conditions of the **policy** may result in claims not being paid. In return for **your** premiums, **we** will provide the benefits to **you** as outlined in this **policy** wording and the benefit schedule, for the period of the contract as specified on **your policy** schedule. Prior to **your policy** ending, **we** will write to **you** explaining possible changes to **your** cover and premiums for the following 12 months. Unless **we** hear from **you** to the contrary, **we** will automatically continue **your** cover under these new terms.
If **you** wish to change **your** cover level, **you** may do so prior to **your** renewal date by notifying **us** in writing. The change will take effect from **your** renewal date.
Please ensure that **you** take out the correct plan to suit **you**. This Private Level 1 Plan will cover **you** for both NHS and private **treatment** up to the benefit schedule limits.

Unless **we** agree otherwise, English Law will apply.

Hamilton Insurance Dac
Your policy is insured by Hamilton Insurance DAC, a designated activity company registered in Ireland, number 484148, at 2 Shelbourne Buildings, Crampton Avenue, Ballsbridge, Dublin 4, D04W3V6, Ireland. Hamilton Insurance Dac is authorised by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority in connection with its UK branch.

Capacity Insights
Your policy is underwritten by Capacity Insights, a trading name of Healix Insurance Services Limited. Healix Insurance Services Limited, registered in England and Wales under No.5484199 is authorised and regulated by the Financial Conduct Authority. Financial Services Register No. 437248.

Boots UK Limited
Boots UK Limited, registered in England and Wales under No. 928555, is a subsidiary of Walgreens Boots Alliance, Inc. and an appointed representative of Healix Insurance Services Limited.

Denis UK Limited
Your dental claims are administered by Denis UK Limited registered in England and Wales under No. 06399615 at Grove House, Lutyens Close, Basingstoke Hants, RG24 8AG, Financial Services Register No. 600303. Denis UK Limited is an appointed representative of Healix Insurance Services Limited.

Meaning of words

Wherever the following words and phrases have appeared in this **policy** wording in bold, they will have the meanings listed below. Words and phrases that do not appear in this list or are not in bold will take on their usual meaning in the English language.

Accidental dental injury
A non-biting injury to the teeth or supporting structures (including damage to dentures whilst being worn) solely caused by a direct external impact which is sudden and unexpected.

Child
The son or daughter, stepson or stepdaughter or legally adopted minor of **you** or **your partner**. Children must be aged under 18, be unmarried and be permanently living with **you**, or they can be under 23 if in full time education and living with **you** outside of term time.

Commencement date
The date shown on **your policy schedule** confirming the date the **period of insurance** starts for each **insured person**.

Cosmetic treatment
Treatment not necessary to maintain dental health and used solely for the purpose of improving the appearance.

Course of treatment
Means:
(a) an examination of a patient, an assessment of the patient's oral health, and the planning of the **treatment** (if any) to be provided to that patient as a result of that examination and assessment;
(b) the provision of the planned **treatment** (if any) (including any **treatment** planned at a time other than at the time of the initial examination) to that patient up to the date on which either;
  (i) each and every component of the planned **treatment** has been provided to the patient, or the patient either voluntarily withdraws from, or is withdrawn by the provider from, **treatment**, provided by one or more providers of relevant primary dental services.

Day patient
An **insured member** who is admitted to **hospital** for any part of one day for the sole purpose or receiving **treatment**, who does not stay overnight and whose appointment is not on an outpatient basis.

No **Hospital** Cash Benefit is payable for **Day patient treatment**.

Dentist
A fully qualified dental practitioner holding a current registration with the General Dental Council and engaged in general dental practice. The **dentist** cannot be **you**, a member of **your** family or an insured person under this **policy**.

Dental implants
Titanium screws placed in the jaw to provide solid and permanent support for crowns, bridges and dentures.

Emergency dental treatment
Dental **treatment** required for the immediate relief of severe pain, trauma, swelling or bleeding provided by **your dentist** outside normal surgery hours or by any other **dentist** whilst **you** are away from home.

Hospital
An independent **hospital** registered in accordance with the Registered Homes Act 1984 or a National Health Service **hospital** in the United Kingdom with **specialist** facilities for medical and surgical **treatment**.

Inpatient
An **insured person** who is admitted to **hospital** and stays for a period of at least 24 hours for the sole purpose of receiving **treatment** on the recommendation of a **specialist**.

Insured person
Anybody shown on the schedule as insured under this **policy**.

Insurer
Hamilton Insurance Dac.

NHS
National Health Service.

NHS Patient Charge
Charges applied in Bands by the England and Wales **NHS** dependent on the **course of treatment** taken.

Oral Cancer
Cancer of the following areas only: the lips, tongue, major salivary glands, gums, mouth, or pharynx or the oral cavity from lip to pharynx.

Orthodontic treatment
Treatment undertaken by a **dentist** for the prevention and correction of irregularities of the teeth.

Partner
Your spouse or the person who permanently resides with **you** in a domestic relationship and is named on the **policy** schedule.

Period of insurance/ policy year
This is 12 months from either the **policy** commencement or renewal date.

Policy/Plan
Contract between **you** and the **insurer**.

Qualification period
The period that must be completed before the specified benefits become payable.

Routine dental treatment
Any **treatment** required which is not as a result of emergency or **accidental dental injury**:

Specialist
A registered medical or dental practitioner whose work as a result of advanced training and specialist qualification is limited to a particular type of medicine or surgery who
- holds or has held a position of consultant within that speciality in the **NHS**.
- holds a certificate of Higher Training Committee of the relevant Royal College or faculty or equivalent.

Surgical extraction
Removal of teeth that cannot be easily accessed and an incision may be required to remove the tooth.

Treatment
A dental/surgical procedure, examination or investigation, undertaken by **your dentis**t that is clinically necessary for maintenance and/or restoration of oral health, and is proved in accordance with accepted standards of dental practice.

We/us/our
Capacity Insights on behalf of Hamilton Insurance Dac.

You/Your
The **insured person(s)** named on the **policy** schedule.

Eligibility

We can insure the following people under **your policy** – **you**, **your partner** and **your children**, including stepchildren and legally adopted children, where this option is chosen.

You must be over 18 years of age at the **commencement date** of the cover. If **you** are already insured under a Boots plan when **you** turn 65, **your** premiums may increase at renewal. **You** will be advised in writing prior to this happening.

Children must be aged under 18, be unmarried and be permanently living with **you** at the **commencement date** of your **policy**, or they can be under 23, if in full time education and living with **you** outside of term time. **Children** will be taken off the **policy** at renewal when these conditions no longer apply and **we** will write to **you** prior to this happening in case the person wants to sign up to an individual plan. There is no limit to the number of **children** who can be covered, provided they meet the criteria above.

All **insured persons** must reside in the UK, Channel Islands or Isle of Man for at least 180 days in each **period of insurance**.

Benefit Schedule – Boots Private Level 1 Plan

The benefit schedule below outlines the benefits **you** can expect to receive in return for **your** premiums and abidance to the terms of this **policy**. The amounts shown on **your** benefit schedule are an 'up to' figure per **insured person**. This means that **we** will pay claims based on the **insured person's** original invoice for the **treatment** types described, up to the respective benefit level amounts. The **plan** can be used to claim for **treatment** at any **dentist** of **your** choice on the understanding that the reimbursement will be to **your plan's** limits.

If you are a new insured person, there is a 3 month qualification period for all dental treatment, except for those claims for accidental dental injury and emergency dental treatment. This means we will not pay for any dental treatment claims for a period of 3 months from the commencement date of the policy. There is also a 6 month qualification period for primary oral cancer. This means we will not pay the cash benefit for primary oral cancer unless it was diagnosed more than 6 months after the commencement date of the policy.

You will be covered for any **treatments** undertaken on a private basis up to the benefit schedule limits for private **treatment**. Any **treatment** undertaken on an NHS basis in conjunction with **your** private **treatment** will be reimbursed up to the benefit schedule limits set out for NHS **treatments**. Private **dentists** charge differing amounts for **treatments** and, as such, **we** advise that **you** seek a quote before any work is carried out so that **you** can assess the level of reimbursement that the **policy** will provide. **Your policy** has maximum annual claim limits for routine **treatment**, hospital cash benefit and accidental dental **treatments**. Your **policy** also provides a one off cash benefit for primary oral cancer diagnosed 6 months after the commencement date of the **policy** and worldwide accidental cover.

CATEGORY OF TREATMENT	TOTAL MAXIMUM CLAIM AMOUNT PER PERSON PER POLICY YEAR
Routine Treatment	£800 (Subject to the individual limits for the applicable **treatment** rendered)
Private Accidental Treatment	£1,000
Hospital Cash Benefit	£5,000 (£100 per night, per **insured person** up to a maximum of 50 nights per **policy year**) Only applicable when **you** are admitted to **hospital** for dental **treatment**.
Personal Protective Equipment	Up to £30 per **insured person** per **policy year**
Oral Cancer Benefit	£7,500 (one off single payment after 6 month qualification period)
Emergency Dental Treatment	Up to £200 (£100 per claim) plus the Private Treatment Procedure Benefit for the **treatment** undertaken per **insured person** per **policy year**

The benefits provided for the **treatments** listed below will only be provided where they are offered under the **NHS** regulations.

Reimbursement NHS: The intention of the **NHS** band system is to only pay a single fee once a **course of treatment** is complete. The **treatment** rendered will determine which Band is charged. **You** will pay **your NHS dentist** the published **NHS patient charge** for the applicable band. **You** will then claim this full cost from **your** Boots dental plan. If **you** are resident in Northern Ireland or Scotland, charges may be different to the **NHS** in England and Wales - **you** can claim up to the benefit schedule limits only. If **you** are resident in the Channel Islands or the Isle of Man, there is no applicable NHS reimbursement.

Reimbursement Private: **Your** private **dentist** will charge his/her fee for **treatment** rendered. This **policy** will refund the amount stipulated in this benefit schedule, regardless of the amount charged by the **dentist** for the specified **treatment**.

If an individual **treatment** spans **your** renewal date, **you** will be reimbursed to the individual **treatment** limits and maximum limits that were in place when **your treatment** started. If **you** are unsure of **your** plan's benefits please call **our** customer care team on **0333 222 7910**. **We** may record **your** calls to maintain **our** high standard of service.

Every time **you** make a claim in England or Wales, whether for one **treatment** or many, **your dentist** will advise **you** which Band Charge is applicable to **you**. If **you** require **treatment** across different bands, **we** shall reimburse the patient charge for the highest band only.

Every time **you** make a claim in Scotland and Northern Ireland, **we** shall pay an amount equal to the lowest of either what **you** have paid; or the banding appropriate for **your** most expensive **treatment**.

PRIVATE TREATMENT PROCEDURES, RULES AND BENEFITS

Examination	Benefit	Rules/Limits
Full case exam	£30.00	Full treatment plan required
Normal Exam	£20.00	Maximum of 2 per policy year
X rays		
Small	£5.75	Maximum of 4 per policy year
Panoral	£16.00	Maximum of 1 per policy year
Periodontal care		
Per visit	£20.00	Maximum of 2 per policy year
Fillings		
Any filling one or two surfaces	£34.50	No limit, tooth number required
Any filling three or more surfaces	£46.00	No limit, tooth number required
Advanced restorations		
Crown	£218.00	Maximum of 2 of any per policy year
Inlay/onlay	£88.00	Tooth number required
Bridge pontic	£126.00	
Post and core	£37.00	Maximum of 1 per policy year
Re-fix or re-cement existing crown or inlay	£20.00	Maximum of 1 per policy year
Re-cement bridge	£16.00	
Temporary bridge	£36.00	
Removal of crown fracture	£24.00	
Root canal treatment		
Root canal incisor/canine	£50.00	Maximum of 1 of any root canal treatment per policy year
Root canal premolar	£63.00	Tooth number required
Root canal molar	£87.00	
Root canal apicectomy (incisor and canine teeth only)	£50.00	
Extractions		
Simple	£23.00	No limit, tooth number required
Surgical	£47.00	No limit, tooth number required
Dentures (incl laboratory fees)		
Dentures-acrylic full	£275.00	
Dentures-full upper or lower	£186.00	Maximum of 1 of any denture per policy year
Dentures-acrylic partial	£150.00	Tooth number required
Dentures-chrome partial	£242.00	
Dentures-adjustments and additions	£24.00	
Other treatments		
Infected socket treatment	£12.50	
Pin/screw retention	£12.50	
Dressings	£12.50	
Incisions of abscess	£24.00	
NHS Treatment		
Band 1/2/3	100% of NHS treatment charges	

Claims conditions

These are the conditions **you** or anyone covered by the **policy** must meet to make a claim. Benefit is available for **accidental dental injury** and **emergency dental treatment** anywhere in the world, up to the limits stated in the **policy**, provided **your** trip does not exceed 28 days. Any accidental injury must occur after the **commencement date** of the **policy** and **treatment** must start within 2 weeks of the date of the accidental injury and, in the event of an emergency, by **your dentist** outside of normal surgery hours or by any other **dentist** whilst **you** are away from home.

Also, if you are a new insured person, there is a 3 month qualification period for all dental treatment, except for those claims for accidental dental injury and emergency dental treatment. This means we will not pay for any dental treatment claims for a period of 3 months from the commencement date of the policy. There is also a 6 month qualification period for primary oral cancer. This means we will not pay the cash benefit for primary oral cancer unless it was diagnosed more than 6 months after the commencement date of the policy.

Claims Conditions:

1. Comply with the terms and conditions of the **policy** to enable **us** to meet **our** liability under the **policy**.
2. Keep **your** premiums up to date.
3. You must provide us with a copy of your dental invoice relating to expenses claimed as soon as possible and, in any event, within 180 days of completion of treatment unless there is a justifiable reason for the delay. We will not be liable for any claim notified late. Ensure your dentist has provided you with the appropriate NHS or private invoice showing the type of treatment you have received, the tooth identification number of any tooth treated, the dentist's GDC number and your name and address. Then submit this invoice via your member portal, by email or by post as soon as possible.
4. Give **us**, at **your** expense, any details **we** ask for relating to any claim.
5. Give consent for **us** to get, at **our** expense, any medical reports, photographs or x-rays **we** need to assess the eligibility of a claim, from the practitioner who has treated **you** or any of the insured persons. Consent is required under the Access to Medical Reports Act 1988 and Access to Personal Files and Medical Reports (Northern Ireland Order 1991). Withholding information may delay assessment of **your** claims and may mean that **your** claim will not be paid.
6. Only receive **treatment** from a qualified **dentist** or **specialist** who is not a member of **your** family or an **insured person** under this **policy**.
7. Agree to be examined, at **our** expense, by a **dentist** or **specialist** of **our** choice, if **we** ask it of **you**.
8. Not seek to transfer this insurance **policy** to any other person.
9. Provide **us** with full details of any other insurance which may provide cover for something that **you** are claiming for under this **policy**. If **you** have multiple cover, **we** will only pay **our** share.
10. Allow **us**, at **our** expense, to act in **your** name to take over defence of a settlement or claim, or to start legal action to either recover compensation from third parties, or to get back payments **we** have already made.
11. Assist **us** to take legal action against anyone in relation to a claim if **we** ask it of **you**.

General exclusions

Before receiving dental **treatment** for which **you** plan to make a claim, please check the list below to ensure that the **treatment** is not excluded. These exclusions apply to all **plans** unless stated otherwise. If **you** are not sure whether any planned **treatment** may be covered under **your plan**, please call **our** customer care team on **0333 222 7910** and they'll be pleased to confirm **your policy** benefits.

General Exclusions **- We** will not provide cover for:

1. Any claim for costs where **treatment** is received before **you** purchased this **policy**, or after **you** cease to be eligible for cover, or the **policy** is cancelled or premium is outstanding.
2. Any dental **treatments** that were planned or that **you** were aware of at the time **you** purchased this **policy**.
3. Any dental **treatment** that is identified as being medically necessary at **your** first examination by a **dentist**, unless **you** have been continuously registered with a **dentist** in the 12 months preceding the **commencement date** of **your** cover and have had an examination during this time.
4. Any **treatment** costs once the annual maximum number of **treatments** or maximum annual limits have been reached.
5. Costs for any **treatment** not listed on **your** benefit schedule or exceeding the limits specified per **insured person** per **policy year**.
6. Any private **treatment** not listed on the benefit schedule.
7. Any **treatment** where **you** do not provide **your** original receipts detailing the cost of **treatment**, the **treatment** provided and state whether it was done on the **NHS** or privately.
8. Dental **treatment** within the 3 month qualification period, except for claims for accidental dental injury and **emergency dental treatment**. Any accidental injury/emergency **treatment** must occur after the **commencement date** of **your** cover and **treatment** must be administered within 2 weeks of the date of the accidental injury and, in the event of an emergency, by **your dentist** outside of normal surgery hours or by any other **dentist** whilst **you** are away from home.
9. Claims relating to dentures in the first 3 months unless required as a result of a dental injury.
10. Repairs to dentures for damage caused whilst not being worn.
11. Costs of cleaning dentures.
12. Claims relating to **hospital inpatient**, **day patient** or outpatient **treatment**.
13. Costs incurred for general anaesthetic, intravenous sedation, prescription charges, **cosmetic treatment**, **orthodontic treatment**, **dental implants**.
14. Charges for home visits unless for emergency **treatment**.
15. Claims relating to **treatment** for deliberate self-inflicted injury.
16. Costs of any hospitalisation.

17. Claims resulting from not wearing appropriate mouth guards or the recommended protective headwear whilst taking part in organised sporting activities.
18. Claims arising where **you** were involved directly or indirectly in a criminal act.
19. Any costs for claims arising from epidemics or pandemics.
20. Claims where there is no visible evidence of damage or trauma to otherwise healthy functional teeth.
21. Any benefit required as a result of damage caused by tooth or mouth jewellery.
22. Costs of any kind resulting directly or indirectly from the malicious use of pathogenic or poisonous biological or chemical materials.
23. Costs of any kind arising directly or indirectly by ionising radiation, contamination by any nuclear fuel, from any nuclear wastes from burning nuclear fuel, or the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part thereof.
24. Costs for any **treatment** required due to the actions of a third party, whether accidental or not, where in the capacity of their work the third party should have professional indemnity insurance to meet any costs for which they are liable.
25. More than our share of any claim covered by more than one **plan**.
26. Charges made by **your dentist** for providing any documentation in support of a claim.
27. Any costs associated with **treatment** of **cancer** including diagnostic or exploratory costs.
28. Any benefit for secondary mouth **cancer**.
29. Any cash benefit for oral **cancer** more than once to any **insured person** during their lifetime.
30. Any cash benefit for **oral cancer** unless **you** have been diagnosed by a **specialist** recognised by **us**, with primary cancer of the lips, tongue, major salivary glands, gums, mouth or pharynx or of the oral cavity from lips to pharynx after the 6 month **qualification period**. Any cash benefit for **oral cancer** paid is subject to **you** not having experienced s symptoms, had investigations, or awaiting the outcome of any tests; or having received medication, advice or **treatment** for any cancer before or during the 6 month **qualification period**.
31. Any claims arising from unauthorised, malicious or criminal acts involving access to, processing of, use of or operation of any computer or computerised systems.

What to do if you need to make a claim

(Please also refer to the claims conditions section on page 10)

PLEASE NOTE THAT ALL CLAIMS MUST BE SUBMITTED AS SOON AS POSSIBLE, AND IN ANY EVENT, WITHIN 180 DAYS OF THE COMPLETION OF TREATMENT. WE WILL NOT BE LIABLE IN RESPECT OF ANY CLAIM NOTIFIED LATE, UNLESS THERE IS A JUSTIFIABLE REASON FOR THE DELAY.

To help **us** pay **your** claim promptly, please follow the claims guidelines detailed below.

Denis UK Limited in Basingstoke is the authorised claims administrator for the Boots Dental **Plan**. Please visit **www.denisglobal.com** to review the online claims services offered.

Claims for routine dental treatment

1. When **you** have completed and paid for **your treatment**, ask **your dentist** to provide **you** with the appropriate **NHS or private invoice** showing the type of **treatment you** have received and the tooth identification number of any tooth treated. This invoice will also have the dentists GDC (General Dental Practitioner) registration number which is required to process the claim as well as your name and address.
2. All we require to process a claim is a copy of this **dental invoice**. Please note that we no longer require a "claim form".
3. If you are claiming for treatment required due to an accident we will require a description of the accident as well as a date and time and the immediate action you took following the accident.
4. There are 3 ways **you** can submit **the invoice** to **us**:
    a. Electronically at **www.denisglobal.com.** Here **you** can submit the scanned **invoice** directly to us via computer or via the snap and send feature on a mobile phone. You will receive an immediate email with **your** claim number.
    b. By email to **boots@denisglobal.com.** This takes a bit longer (usually 1-2 days after **your** email is sent) but when **your** claim is collated and entered into the system **you** will receive email confirmation of the claim number.
    c. By post to Boots Dental Plan, PO Box 6905, Basingstoke, Hampshire RG24 4TE

Claims resulting from accidental dental injuries

1. For **treatment** to be deemed to be related to an accident, said **treatment** must be received within two weeks of the date of the injury. Claims are only eligible when the injury has occurred after the **commencement date** of **your policy**.
2. Please add a neatly written or typed note with your invoice describing the accident. **We** need to know the full circumstances of the accident including what happened, when and where it happened and where **you** sought emergency **treatment**.
3. Claims made for **treatment** outside of the UK should be supported with a translation into English of the invoice (at the patient's expense) and receipt, along with the original invoice and receipt providing details of the claim.
4. The **dentist** or **specialist** providing dental **treatment** outside of the UK must be appropriately qualified by a national dentistry body and this must be evidenced in writing on the invoice or receipt.

Claims for hospital cash benefit or oral cancer benefit only

Should **you** be diagnosed with primary **oral cancer** or following a hospital admission for dental **treatment**, please contact us on 0333 222 7910 and **we** will assist **you** with the claim as it can be quite complex. **We** will require a letter from **your** consultant detailing the history of the condition and all dates relating to consultations and investigations, along with the outcome of any examinations and dates of stay in hospital.

Claim eligibility
Claims are only eligible for settlement where **treatment** occurs between the commencement and termination dates of **your policy**, subject to the three month **qualification period** for new **insured persons** and the six month **qualification period i**n respect of the **oral cancer** benefit. This **qualification period** does not apply to claims for accidental injury and **emergency dental treatment.** Accidental injury and **emergency dental treatment** claims are only eligible for settlement if an injury/emergency **treatment** occurs between the start and end dates of the **policy** and the **treatment** starts within two weeks of the date of the accidental injury and, in the event of an emergency, by **your dentist** outside normal surgery hours or by any other **dentist** whilst **you** are away from home.

Fraudulent Claims
We strongly believe that **insured persons** are honest, however, fraudulent claims are occasionally made. Where fraud, including exaggerated claims, is detected claims will not be paid. **We** may refer the matter to the police for criminal investigation, the **policy** may be rendered invalid and **we** may take action consistent with **our** legal rights.

Claim payments
If **your** claim is eligible for settlement it will be paid directly into **your** bank account. Please ensure **you** have provided **your** bank details to **us** via **your** secure online account at denisglobal.com or include them with your emailed or posted treatment invoice.

Caring for our customers - how to make a complaint

We aim to provide **you** with the highest levels of customer service and care at all times. However, if something has gone wrong, **we** want to do everything **we** can to put it right as quickly and effectively as possible. This is why **we** have put in place a simple procedure for **you** to raise any concerns or complaint **you** may have.

If **you** wish to make a complaint, in the first instance please contact:

Complaints Department,
Boots Dental Plan, PO Box 6905,
Basingstoke, Hampshire, RG24 4TE
Telephone: 0333 222 7910
Email: boots@denisuk.com

We will contact **you** within three days of receiving **your** complaint to inform **you** of what action **we** are taking. **We** will try to resolve the problem and give **you** an answer within four weeks. If it will take **us** longer than four weeks **we** will tell **you** when **you** can expect an answer.

In the event that **you** are unhappy with **our** response to **your** complaint, or **you** have not received **our** response within 8 weeks of the date **we** received **your** complaint, **you** may be eligible to refer **your** case to the Financial Ombudsman Service, **who** can review complaints from eligible complainants, but **you** must do so within 6 months of receiving **our** final response. Further information can be found at:

www.financial-ombudsman.org.uk

The Financial Ombudsman Service exists to help resolve complaints when **we** have not been able to resolve matters to **your** satisfaction and the service they provide is free and impartial. Their contact details are as follows:

Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London E14 9SR

Telephone: 0800 023 4567 (calls to this number are free on mobile phones and landline) or 0300 123 9123 (Calls to this number cost no more than calls to 01 and 02 numbers.)
Email: complaint.info@financial-ombudsman.org.uk

This complaints procedure does not affect any legal right you have to take action against us.

Financial Services Compensation Scheme

Capacity Insights, a trading name of Healix Insurance Services Limited, and Hamilton Insurance Dac are both covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the FSCS if either cannot meet their obligations under this contract. This will provide cover for 90% of the claim without any upper limit. Further details about compensation scheme arrangements are available from the FSCS at **www.fscs.org.uk** or telephone **0207 741 4100**.

How to cancel

Your insurance contract with **us** is for 12 full months. However, **you** have a 14-day 'cooling-off' period so that **you** can study **your policy** in more detail. If, within 14 days of receiving **your policy** wording, **you** decide that this **policy** is not right for **you**, **you** can simply call **us** on 0333 222 7910, email **us** at boots@denisuk.com; or write to the Customer Care Manager at the address below to arrange a full refund of any money which **you** have paid. This full refund will be paid provided that no one on the **policy** has made a claim in the **period of insurance** (that is not more than 14 days) before cancellation.

If **you** wish to cancel **your policy** outside of the 14-day 'cooling-off' period and **you** have not made a claim then **you** can do so, provided **you** give us at least 7 days' notice, by notifying **us** in writing or contacting the Customer Care Manager at the address provided below. **You** will be refunded any premiums **you** have paid in advance for the rest of the current **period of insurance** from the date of cancellation. If **you** have made a claim during the **period of insurance** then **you** will be required to pay a full year's premium.

If **you** do cancel **your policy**, **you** must inform **your** bank or building society if **you** pay by Direct Debit.

If **you** choose to cancel **your policy** and then wish to re-apply in the future, **you** will be required to complete a new application form whereby normal **policy** restrictions apply.

If **you** cancel **your policy**, **you** will no longer be covered and will not be able to make a claim.

Customer Care Manager
PO Box 6905
Basingstoke
RG24 4TE
Tel: 0333 222 7910
Email: Boots@denisuk.com

Unpaid Premiums

If a premium from **you** remains unpaid when due for more than 30 days, then **we** may defer settlement of any claims until such time as the premiums are paid in full. In addition, if the premium remains unpaid for 60 days or if **you** miss a second premium payment, **we** may cancel **your policy** by giving **you** seven days' notice in writing to **your** last known address. **You** will then no longer be covered and will not be eligible to make a claim.

If **you** cancel and then decide to take out a new **policy**, **you** will be subject to all the terms and conditions of the **policy** starting from **your** new commencement date.

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**.

Sanctions

No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provider any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose them to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Privacy and Data Protection notice

Data Protection
Hamilton Insurance Dac, the Data Controller, is committed to protecting and respecting **your** privacy in accordance with the current Data Protection Legislation ("Legislation"). Below is a summary of the main ways in which they process **your** personal data, for more information please visit **www.hamiltongroup.com**

HOW HAMILTON INSURANCE DAC USES YOUR PERSONAL DATA AND WHO THEY SHARE IT WITH
The **insurer** may use the personal data they hold about **you** for the purposes of providing insurance, handling claims and any other related purposes (this may include underwriting decisions made via automated means), for offering renewal terms, research or statistical purposes and, if they have consent to do so, to provide **you** with information, products or services that **you** request from them or which they feel may interest **you**. They will also use **your** data to safeguard against fraud and money laundering and to meet their general legal or regulatory obligations.

SENSITIVE PERSONAL DATA
Some of the personal information, such as information relating to health or criminal convictions, may be required by the **insurer** for the specific purposes of underwriting or as part of the claims handling process. The provision of such data is conditional for them to be able to provide insurance or manage a claim. Such data will only be used for the specific purposes set out in this notice.

DISCLOSURE OF YOUR PERSONAL DATA
The **insurer** may disclose **your** personal data to third parties involved in providing products or services to them, or to service providers who perform services on their behalf. These include their group companies, affinity partners, brokers, agents, third party administrators, reinsurers, other insurance intermediaries, insurance reference bureaus, credit agencies, medical service providers, fraud detection agencies, loss adjusters, external law firms, external auditors and accountants, regulatory authorities, and as may be required by law.

INTERNATIONAL TRANSFERS OF DATA
The **insurer** may transfer **your** personal data to destinations outside the European Economic Area ("EEA"). Where they transfer **your** personal data outside of the EEA, they will ensure that it is treated securely and in accordance with the Legislation.

YOUR RIGHTS
You have the right to ask the **insurer** not to process **your** data for marketing purposes, to see a copy of the personal information they hold about **you**, to have **your** data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to ask the **insurer** to provide a copy of **your** data to any controller and to lodge a complaint with the local data protection authority.

RETENTION
Your data will not be retained for longer than is necessary, and will be managed in accordance with the **insurer's** data retention **policy**. In most cases the retention period will be for a period of ten (10) years following the expiry of the insurance contract unless the **insurer** is required to retain the data for a longer period due to business, legal or regulatory requirements.

If **you** have any questions concerning the **insurer's** use of **your** personal data, please contact The Data Protection Officer, Hamilton Insurance DAC - please visit **www.hamiltongroup.com** for full address details.

CAPACITY INSIGHTS
Capacity Insights are a joint Data Controller and are equally committed to protecting and respecting **your** privacy in accordance with the current Data Protection Legislation ("Legislation"). For more information please visit www.capacityinsights.co.uk/privacy-policy/

If **you** have any concerns, a complaint or any request regarding Capacity Insights' use of **your** personal data, please contact:

The Data Protection Officer,
Capacity Insights Healix House,
Esher Green, Esher, Surrey,
KT10 8AB

Or email: **privacy@capacityinsights.co.uk**