



Accident & Emergency Dental Cover
Policy Wording

Lloyd &
Whyte



This is your Accident & Emergency Dental Policy. Please read it now and then keep it somewhere safe. The Policy and your application should be read together and form the contract of insurance. For any help or assistance please contact Lloyd & Whyte Ltd on 01823 250709. Your policy is administered by Lloyd & Whyte Ltd, arranged by Icen International Ltd and underwritten by Healix Insurance Services Ltd on behalf of the insurer, Hamilton Insurance DAC.

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Provision of Insurance Services & Benefits

There are different parties involved in providing the insurance services and benefits under this policy:

■ **Iceni International Limited**

Your Accident and Emergency Dental Policy is arranged by Iceni International Limited, registered in England and Wales under No. 04893269 at 2, Station Road, Brundall, Norwich, Norfolk, NR13 5LA, Financial Services Register No. 418441.

Iceni International Limited is an appointed representative of Bespoke International Limited. Bespoke International Limited, registered in England and Wales, No. 04520834, is authorised and regulated by the Financial Conduct Authority. Financial Services Register No. 314872.

■ **Lloyd & Whyte Limited**

Your Accident and Emergency Dental Policy is administered by Lloyd & Whyte Limited, registered in England and Wales under No. 03686765 at Affinity House, Bindon Road, Taunton, Somerset, TA2 6AA, Financial Services Register No. 306077.

■ **Denis UK**

Your Accident and Emergency 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.

■ **Healix Insurance Services Limited**

Your Accident and Emergency Dental Policy is underwritten by Healix Insurance Services Ltd on behalf of the insurer, Hamilton Insurance DAC. Healix Insurance Services Ltd is registered in England and Wales under No. 5484190, is an approved coverholder at Lloyd's and is authorised and regulated by the Financial Conduct Authority. Financial Services Register No. 437248.

■ **Hamilton Insurance DAC**

Your Accident and Emergency Dental 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.

All of these details can be checked on the Financial Services Register by visiting www.fca.org.uk.

Definition of Terms

We have defined below words or phrases used throughout this Policy document. To avoid repeating these definitions, please note these words or phrases appear with a first capital letter and have the precise meaning described below unless otherwise stated. Where words or phrases are not listed within this section, they will take on their usual meaning within the English language.

Accident	An injury caused by an identifiable direct impact outside of the oral cavity to a Plan Member's teeth and gums or an internal violent oral impact that happens by chance and which could not have been anticipated (this includes damage to dentures whilst being worn).
Claims Administrator	Denis UK Limited, PO Box 6833, Basingstoke, Hampshire, RG24 4PR.
Commencement Date	The date when cover under this Policy commenced, or the date when the Plan Member joined the Policyholder's dental plan, whichever is the later.
Cosmetic Treatment/ Cosmetic	Treatment not necessary to maintain dental health and which is solely for the purpose of improving the Plan Member's appearance.
Cover	The provision of the benefits detailed under Sections 1 to 5 of this Policy document for Treatment and/or Emergency Treatment subject to the terms and conditions of the Policy.
Date of Entry	The date when a Plan Member was included under this Policy.
Dental Services	The Dental Services described in this Policy.
Dentist	A fully qualified dental practitioner registered with the General Dental Council or any other person properly qualified and authorised to perform the required Treatment.
Emergency Treatment	Dental Services or supplies provided to a Plan Member for the immediate relief of severe pain, trauma, swelling or bleeding.
In-Patient	A Plan Member 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.
Oral Cancer	Cancer in the following areas only: the lips, tongue, major salivary glands, gums, mouth or pharynx or the oral cavity from lips to pharynx.
Orthodontics Treatment	Treatment undertaken by a Dentist for the prevention and correction of irregularities of the teeth.

Period of Cover	For each Plan Member registered under the Policy on or after the Commencement Date, the period commencing on the Date of Entry and ending on the date the Policyholder notifies Us of their removal from the Policy, or the Review Date, whichever occurs first.
Permanent Facial Disfigurement	Permanent facial scarring to part of the neck, face or head normally exposed to view which has lasted for at least 12 months and is without prospect of recovery.
Plan Member	A person who is a registered patient of the Policyholder, resident in the United Kingdom and for whom the appropriate premium has been paid and whose name has been forwarded to Lloyd & Whyte Ltd in accordance with the terms of this Policy.
Policy	This contract being Our contract with the Policyholder providing the Cover as detailed in this document.
Policyholder/You/Your	The dental practice from whom premium is received. In the event of a claim, it is understood that settlement can be made to the Plan Member.
Registered Practice	The dental practice at which the Plan Member is registered under the Policyholder's dental Policy.
Review Date	1st January 2024.
Specialist	A registered medical or dental practitioner who holds or has held a position in the NHS and is registered on the appropriate Specialist list of the General Medical Council or the General Dental Council.
Treatment	Dental Services or supplies described in this document which are clinically necessary for the restoration of the oral health of a Plan Member provided that such services are: <ul style="list-style-type: none"> a. provided by a Dentist; b. provided in accordance with accepted standards of dental practice; c. received by a Plan Member during a Period of Cover.
We/Our/Us/Insurer	Healix Insurance Services Ltd on behalf of the insurer, Hamilton Insurance DAC.
United Kingdom (UK)	This comprises England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man.

Benefits

The purpose of this Policy is to provide a Plan Member with Dental Services as described in Sections 1 to 5 of this Policy document during the Period of Cover for Treatment by a Dentist. We will pay benefits to the maximum value shown provided that such Treatment is clinically necessary and received by the Plan Member during the Period of Cover.

The relative date for determining the benefits available for Treatment shall be the actual date of that Treatment.

All expenditure for which benefit is claimed must be reasonable, clinically necessary and incurred wholly and exclusively for the purpose of Treatment.

Section 1 - Emergency Treatment Benefits

We will pay for Emergency Treatment up to the maximum value of £500 per incident worldwide, with an annual aggregate limit of £2,000, provided that such Treatment is received by the Plan Member during the Period of Cover. An excess of £10 is applicable to each and every incident.

Treatment will be covered where the Plan Member requires Treatment away from their Registered Practice (after making all reasonable efforts to attend their Registered Practice), or at their Registered Practice outside of their published opening hours.

As part of the overall benefit limits above, the plan also extends to cover a phone triage consultation up to £50 a call, up to a maximum of 2 calls per Plan Member during the Period of Cover. This service is only available if the dental practice already offers this service.

All charges for Treatment must be reasonable, fair, clinically necessary and in line with the normal published Treatment charges of the treating dental practice.

Section 2 - Treatment Following Accident

If a Plan Member requires Treatment following an Accident occurring during the Period of Cover, benefit will be paid for the cost of such Treatment up to the limits specified below, up to a maximum annual aggregate of £12,000.

Treatment must be carried out by the Plan Member's Registered Practice unless in an emergency.

If Treatment costs are likely to exceed £400, the Plan Member must call Lloyd & Whyte Ltd on 01823 250709 to obtain prior approval.

Item	Treatment Description		Maximum Reimbursement
a.	(i) Porcelain jacket crown	Per unit	£500
	(ii) Ceramic bonded crown		£500
b.	Examination and report to include all necessary smoothing, polishing and vitality testing	Per incident	£50
c.	X-rays	Per incident	£40
d.	Post/core construction	Per tooth	£110
e.	Zirconia Crown	Per unit	£540
f.	Zirconia Bridge unit	Per unit	£540
g.	Metal bonded porcelain crown	Per unit	£475
		Per retainer	£470
h.	Bonded metal/porcelain bridge work	Per pontic	£435
		Per unit	£450
i.	Full metal crown	Per retainer	£470
		Per pontic	£435
j.	All metal bridge work	Per retainer	£285
		Per pontic	£300
k.	Laboratory constructed adhesive bridge	Per retainer	£445
		Per pontic	£445
l.	Laboratory constructed adhesive facing or veneer	Per unit	£500
		Per denture	£775
m.	(i) Permanent denture acrylic (ii) Permanent denture metal	Per denture	£500
		Per denture	£775
n.	Temporary denture following tooth loss where required	Per incident	£305
o.	(i) Laboratory made temporary bridge following tooth loss (where required) (ii) Additional units	Up to 3 units	£185
		Per unit	£60
p.	Emergency and other Treatment following dental injury not otherwise specified	Per incident	£620
q.	(i) Root canal Treatment incisor	Per incisor	£320
	(ii) Root canal Treatment canine	Per canine	£320
	(iii) Root canal Treatment premolar	Per premolar	£320
	(iv) Root canal Treatment molar	Per molar	£500
r.	Implant	Per tooth	£2,100

Conditions to Section 2

Where Treatment involves replacing any crown, bridge facing, veneer or denture, benefit shall be paid according to the cost of a replacement of similar quality within the limits of the Policy.

All charges for Treatment must be reasonable, fair, clinically necessary and in line with the normal published Treatment charges of the treating dental practice.

Exclusions to Section 2

1. We will not be liable for Treatment directly or indirectly consequent upon:
 - (i) intra-oral injury caused by foodstuffs in the course of consumption.
 - (ii) normal wear and tear.
 - (iii) injury whilst participating in boxing, martial arts, rugby and shinty (other than school rugby/shinty) unless appropriate mouth protection is worn.
 - (iv) injury caused otherwise than by direct extra-oral impact.
 - (v) damage which is not apparent within seven days of the date of impact resulting in dental injury.
 - (vi) damage to dentures occurring other than whilst being worn.
2. We will not pay for any costs incurred by the Plan Member more than 18 months after the date of the Accident.
3. We shall not be responsible for the first £10 of each and every incident.

Section 3 - Hospital Benefit

If a Plan Member is admitted to hospital as an In-Patient, as a direct result of a dental Accident or for emergency dental Treatment, We will pay £150 for each complete 24 hours the Plan Member remains in hospital under the care of a Specialist.

Exclusions to Section 3

1. No payment will be made under this section if a payment is made under section 4 - Oral Cancer.
2. We will not pay for more than 365 days of hospital benefit during any Period of Cover.

Section 4 - Oral Cancer

If a Plan Member is diagnosed with Oral Cancer, We will pay the Plan Member up to £3,000 cash benefit. We will only pay this sum for Oral Cancer once the Plan Member has been referred to a Specialist by their general practitioner or Dentist.

Conditions to Section 4

1. Benefit under this section will only be paid once per Plan Member and thereafter Cover under the Policy will cease and no refund of premium will be payable by Us.
2. Benefit under this section in respect of the Plan Member will only be paid when Oral Cancer is diagnosed by a Specialist in cancer Treatment by the NHS.

Exclusions to Section 4

This section does not cover:

1. Oral Cancer diagnosed before the Commencement Date.
2. Cancer or tumours of the throat or any other cancers.
3. Oral Cancer which is related in any way to an HIV infection or AIDS.
4. Oral Cancer resulting from chewing tobacco products (including betel nut juice).
5. Reimbursement for any charges or fees including charges for consultation or tests for invasive/ non-invasive tumours.
6. Any Oral Cancer resulting from failure to follow medical advice.

Section 5 - Permanent Facial Disfigurement

If a Plan Member suffers Permanent Facial Disfigurement as a result of an Accident during the Period of Cover We will pay the Plan Member the appropriate benefit according to the severity of the scarring as follows:

- (i) Scarring up to 5 cms long in total length - £55
- (ii) Scarring more than 5 cms but less than 8 cms in total length - £110
- (iii) Scarring 8 cms or more in total length - £550

General Exclusions

In respect of all sections, benefits will not be available for:

1. Treatment which a Dentist is unable to provide due to circumstances beyond the control of such Dentist.
2. Dental Services or supplies which are not described in this Policy.
3. Cosmetic Treatment.
4. Dental Services, supplies or drugs which are experimental in nature, or not normally supplied by a dental practice.
5. Dispensing and providing prescription drugs (unless they are antibiotics needed for Emergency Treatment).
6. Orthodontics.
7. Any Treatment resulting from self-inflicted injury.
8. Any charges for the completion of the claim form or the submission of a claim.
9. Any costs associated with the administration of general anaesthetics.
10. Charges incurred by the Plan Member resulting from broken appointments.
11. Injuries sustained while engaged in illegal or unlawful activities.
12. Any claims arising from unauthorised, malicious or criminal acts involving access to, processing of, use of or operation of any computer or computerised systems.

General Conditions

The following conditions apply:

Compliance with Policy Terms

Our liability under this Policy will be conditional upon each Plan Member complying with the terms and conditions of this Policy.

1. Change of Risk

The Policyholder must inform Us as soon as reasonably possible of any changes related to the Plan Members (such as address or other personal details) which affect information given in connection with the application for Cover under this Policy.

2. Policy Duration and Payment

- a. This insurance Policy is an annual Policy running from the Commencement Date until the subsequent Review Date and for annual periods thereafter.
- b. If the Date of Entry of a Plan Member falls after the Commencement Date or a subsequent Review Date, their Period of Cover shall be for the period from their Date of Entry until the following Review Date and annually renewable thereafter.
- c. The premium payable shall be that prevailing generally at the Commencement Date or if later, the appropriate Review Date.
- d. The premium payable may be changed by Us from time to time. However, this Policy will not be subject to any alteration in payment rates generally introduced until the next Review Date. Premiums may however be subject to changes mid-Policy Period required in response to changes in the prevailing rate of Insurance Premium Tax or any other applicable state or regional taxes.

3. Cancellation

- a. If You wish to cancel Your Policy You must do so within the first 14 days of receiving Your Policy documents.
- b. If You do cancel Your Policy within 14 days of receiving Your Policy documents Your Cover and that of any Plan Members covered under Your Policy will cease and You will receive a full refund of any premiums that have been paid during the 14 days, provided no claim has been made or is pending. There will be no refund of premiums if You choose to cancel Your Policy after the first 14 days.
- c. You have decided to accept this insurance cover and, in setting the terms and premium, We have relied on the information You have given Us. You must take care when answering any questions We ask by ensuring that all information provided is accurate and complete.

If We establish that You deliberately or recklessly provided Us with false or misleading information We will treat this Policy as if it never existed and decline all claims.

If We establish that You carelessly provided Us with false or misleading information it could adversely affect the Policy and any claim. For example, We may:

- i. Treat this Policy as if it had never existed and refuse to pay all claims and return the premium paid. We will only do this if We provided You with insurance cover which We would not otherwise have offered;
- ii. Amend the terms of Your insurance. We may apply these amended terms as if they were already in place if a claim has been adversely impacted by Your carelessness;
- iii. Reduce the amount We pay on a claim in the proportion the premium that has been paid bears to the premium We would have charged You; or
- iv. Cancel the Policy in accordance with Our cancellation rights.

If You become aware that information You have given Us is inaccurate, You must inform Us as soon as practicable.

- d. If We cancel the Policy, We shall give You 30 days-notice sent by first class post to Your last known address and e-mail address.

5. Claims Procedure

- a. Claims must be submitted using the Accident and Emergency Dental Policy claim form;
- b. The Plan Member should pay for the Treatment provided and on the claim form he/she should ask the Dentist to detail the Treatment, indicate the fee charged and ask the Dentist to sign the form. Then attach the receipts to the form and return it to Lloyd & Whyte Ltd, Affinity House, Bindon Road, Taunton, Somerset, TA2 6AA.
- c. Reimbursement is available only if the Treatment is provided by a Dentist.
- d. If any benefit is provided or any payment is made under this Policy as a result of an action by a third party then the Plan Member must:
 - i. give Us full details of the potential claim against a third party;
 - ii. allow Us to pursue any loss under this Policy at Our expense;
 - iii. help Us to take legal action if We ask the Plan Member to.

6. Claims Notification

All claims must be notified (and supporting documentation supplied) as soon as possible and, in any event, within 180 days of the date of completion of the item of Treatment. We will not be liable in respect of any claim notified late unless there is a justifiable reason for the delay.

7. Hospital Benefit

The Plan Member must obtain, at their own expense, from the hospital, their general practitioner or their Dentist, confirmation of the period of hospitalisation and, if requested, any further information to confirm the validity of the claim.

8. Overseas Dental Emergencies - Claims Procedure

If a Plan Member requires Emergency Treatment when abroad simply obtain the Treatment required and request the invoice to be written in English and, on return, pass it to their Registered Practice who will forward it to Lloyd & Whyte Ltd, Affinity House, Bindon Road, Taunton, Somerset, TA2 6AA. Reimbursement will be in Pound Sterling at the equivalent benefit scale using the exchange rate in force at the date of the claim settlement. The Plan Member shall be responsible for paying for the translation of receipts, claim forms or supporting documents not completed in English and this charge shall be deducted from the value of the claim reimbursement.

9. Accidents - Claims Procedure

In the event of needing Treatment following an Accident, the Plan Member must inform Lloyd & Whyte within 7 days of the Accident or as soon as reasonably possible. We may require confirmation of the Accident and Treatment before agreeing to any reimbursements necessary.

10. Arbitration

When there is a dispute over the amount to be paid for a claim under this Policy, the dispute must be referred to any arbitrator to be agreed between You and Us in accordance with the law at the time. When this happens, a decision must be made before You can take any legal action against Us.

11. Alteration

We may alter any of the terms of this Policy at any Review Date. Details of the change will be advised to You at such time.

12. Fraudulent or Unfounded Claims

If any claim under this Policy is in any respect fraudulent or unfounded all benefit paid and/or payable in relation to that claim shall be forfeited and (if appropriate) recoverable.

13. Other Insurance

Without prejudice to any other right or remedy, We may have against any third party, if there is any other insurance covering any of the same benefits, You must disclose or procure that the relevant Plan Member discloses the same to Us. We shall not be liable to pay or contribute more than Our rateable proportion. Any payment or contribution over and above such liability shall be at Our absolute discretion and shall be without prejudice to this condition.

14. Waiver

Waiver by Us of any term or condition of this Policy will not prevent Us from relying on such terms or conditions afterwards.

15. Settlement of Claims

All settlements will be made by bank transfer to the nominated bank account of the Plan Member or to the Policyholder where applicable.

Your Right to Complain

We aim to provide the Plan Member 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 the Plan Member to raise any concerns or complaint they may have.

If they have a query or complaint regarding the administration of the policy, please contact Lloyd and Whyte. If they wish to make a complaint about anything else, in the first instance please contact:

Complaints Department,
Denis UK Ltd, PO Box 6833,
Basingstoke, Hampshire, RG24 4PR

Telephone: 0800 633 5037 or +44 (0) 203 6996 581 from outside the UK.

Email: assistance@denisuk.com

We will contact them within three days of receiving their complaint to inform them of what action We are taking. We will try to resolve the problem and give them an answer within four weeks. If it will take Us longer than four weeks We will tell them when they can expect an answer.

In the event that they are unhappy with our response to their complaint, or they have not received our response within 8 weeks of the date we received their complaint, they may be eligible to refer their case to the Financial Ombudsman Service, who can review complaints from eligible complainants, but they 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 their 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
E-mail: complaint.info@financial-ombudsman.org.uk
Tel: 0800 023 4567 or 0300 123 9123

This complaints procedure does not affect their legal rights.

Financial Services Compensation Scheme

Healix Insurance Services Ltd and Hamilton Insurance DAC are both covered by the Financial Services Compensation Scheme (FSCS). This means that the Plan Member may be entitled to compensation from the scheme if either cannot meet their obligations to them under this contract. This would provide cover for 90% of the claim without any upper limit. Further information about compensation is available from the FSCS at www.fscs.org.uk or telephone 0207 741 4100.

Statement of Demands & Needs

We have not provided You with a personal recommendation or advice as to whether this Policy is suitable for Your specific needs. This product meets the demands and needs of an individual who seeks protection against the costs of Accident and Emergency Treatment.

Applicable Law

This contract shall be governed by and construed in accordance with English Law unless:

- i. You and the Insurer agree otherwise; or
- ii. at the Date of Entry You are resident of (or, in the case of a business, the registered office or principal place of business is situated in) Scotland, Northern Ireland, Channel Islands or the Isle of Man, in which case (in the absence of agreement to the contrary) the law of that country will apply.

Sanctions

The Insurer shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Insurer 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.

Data Protection

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

How the Insurer uses your/the plan members' personal data and who they share it with

The Insurer may use the personal data they hold about You/the Plan Member 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/the Plan Member's 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 their notice.

Disclosure of your/the plan/the plan member's personal data

The Insurer may disclose Your/the Plan Member's 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/the Plan Member's personal data to destinations outside the European Economic Area ("EEA"). Where they transfer Your/the Plan Member's personal data outside of the EEA, they will ensure that it is treated securely and in accordance with the Legislation.

Your/the plan member's rights

You/the Plan Member has the right to ask the Insurer not to process Your/their data for marketing purposes, to see a copy of the personal information they hold about You/them, to have Your/their data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to ask them to provide a copy of Your/their data to any controller and to lodge a complaint with the local data protection authority.

Retention

Your/the Plan Member's 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 they are required to retain the data for a longer period due to business, legal or regulatory requirements.

If You/the Plan Member has any questions concerning the Insurer's use of Your/their personal data, please contact The Data Protection Officer, Hamilton Insurance DAC please visit www.hamiltongroup.com for full address details.

Healix Insurance Services Ltd

Healix Insurance Services Ltd are a joint Data Controller and are equally committed to protecting and respecting Your/the Plan Member's privacy in accordance with the current Data Protection Legislation ("Legislation"). For more information please visit www.healix.com/insurance-capacity-management/

If You/they have any concerns, a complaint or any request regarding Heal ix Insurance Services Ltd use of Your/their personal data, please contact: The Data Protection Officer, Heal ix Insurance Services Ltd, Heal ix House, Esher Green, Esher, Surrey, KT10 8AB. Or by email: HISprivacy@healix.com

Denis UK Limited

Denis UK Limited are Data Processors and are committed to protecting and respecting Your/the Plan Member's privacy in accordance with the current Data Protection Legislation ("Legislation"). For more information please visit: www.denisglobal.com

If You/they have any concerns, a complaint regarding how Denis UK Limited administer Your/ their personal data, please contact: Head of Legal, Denis UK Limited, Grove House, Lutyens Close, Chineham Court. Basingstoke, Hants, RG2Li 8AG. Or by email: legal@denisuk.com

Lloyd & Whyte Limited

Lloyd & Whyte Limited are Data Processors and are committed to protecting and respecting Your/the Plan Member's privacy in accordance with the current Data Protection Legislation ("Legislation").

If You/they have any concerns or a complaint regarding how Lloyd & Whyte Ltd administer Your/their personal data, please contact: Lloyd & Whyte Ltd, Affinity House, Bindon Road, Taunton, TA2 6AA. Or by email: info@lloydwhyte.com

Your Right to Change Your Mind

You have 14 days from receiving Your Policy documents in which to change Your mind.

Here are some questions to help You decide.

Do You understand what Your Policy will do for You?

- Before You complete the application process, You must read the Insurance Product Information Document provided.

If there is anything which is still unclear please contact Lloyd & Whyte Limited.

If You wish to cancel what should You do?

- If You wish to cancel Your Cover, please contact Lloyd & Whyte Limited.
- You must cancel Your Cover on or before the 14th day following receipt of Your Policy documents or at the Review Date.

How to Contact Us

General & Claims Enquiries

If You have any queries at all, please do not hesitate to contact Lloyd & Whyte Ltd on **01823 250709** or by e-mail at dpp@lloydwhyte.com

Administered by Lloyd & Whyte Ltd

Affinity House, Bindon Road, Taunton, Somerset, TA2 6AA

Tel: 01823 250700

Visit: www.lloydwhyte.com

Lloyd & Whyte Ltd is authorised and regulated by the Financial Conduct Authority. Calls may be recorded for use in quality management, training and customer support.

This insurance is underwritten by Healix Insurance Services Ltd on behalf of the insurer, Hamilton Insurance DAC. Healix Insurance Services Limited, registered in England and Wales under No.5484190, is authorised and regulated by the Financial Conduct Authority. Financial Services Register No. 437248.

What matters to you, matters to us

**Lloyd &
Whyte**