

Your Simply Dental Plan

Policy Handbook



1. Policy Summary

This document provides information to help **you** get the most out of **your policy**. It includes details on what is covered, what is not covered, how to claim and use the benefits and services included in **your policy**.

What is covered and not covered – your quick guide

You are covered from **your policy start date** to **your renewal date**. The total value of claims **we** pay cannot exceed the annual limits set in **your table of cover** for each **claiming year**. **Your policy** has been selected for **you** by **your employer**. To be successful, claims must be for eligible **clinically necessary** dental treatment as prescribed by a **dental clinician**. Please ensure that **you** read the full document to understand the exclusions for each benefit.

Preventative Dental Services	This benefit helps towards the cost of clinically necessary preventative dental services that help you maintain your oral health, such as routine dental examinations, x-rays and scale and polish.
Essential Dental Treatments	This benefit helps toward the cost of clinically necessary essential dental treatment like extractions, fillings, root canal treatment and root end surgery, treatment for gum disease, periodontal treatment, fissure sealants to help prevent decay, topical fluoride and dental prescriptions.
Complex Dental Treatments	This benefit helps toward the cost of clinically necessary courses of treatment like crowns, bridges, implants, dentures (including repairs), veneers, orthodontic treatment and local anaesthetic fees.
Dental Accident and Emergency Cover	This benefit is to help towards the costs of clinically necessary urgent dental treatment required following either accidental injury or an unplanned event which is a severe threat to your oral health or you are in dental pain.
Mouth Cancer Cover	This benefit is to help towards one course of treatment when you have been diagnosed with mouth cancer (following a 3-month qualifying period).

How to claim

The easiest way to make a claim, is through **your** online account or using the SimplyPlan app.

1. Attend **your** dental appointment, pay for the service, and ask for an itemised receipt which shows the name of the patient, the details of the practitioner or establishment, the service or treatment provided, the date of the service or treatment, and the amount paid.
2. To submit **your** claim and upload **your** itemised receipt, log into **your** online account or the app and follow the simple instructions provided.
3. **We** will process **your** claim, and **you** can track its progress on **your** account or on the app. Once **your** claim shows as paid, it can take an additional 3 working days for the Direct Credit to arrive in **your** account.

If **you** haven't registered online, please visit www.simplyhealth.co.uk/register and follow the simple registration process. If **you** are unsure how to make a claim online, **you** can call Customer Services on 0300 100 1020, or visit <https://www.simplyhealth.co.uk/help-and-support/claiming>.

Your policy also gives you access to Simply Extras to help with your dental needs*

Dental Advice at your fingertips

We offer oral health information, oral health tips, and the latest news and offers.

Dental emergency helpline

A 24-hour worldwide dental emergency helpline is available.

24-hour dental anxiety helpline

Access to 24/7 telephone counselling service to support **members** with dental related anxiety, worry and stress. Up to 6 structured telephone counselling sessions for each issue, if deemed clinically appropriate, in every rolling 12 months.

*Information on how to access these services is available via **your** online account or the app. Some of these services are provided by third party suppliers and may be subject to change.

2. Your policy explained in detail

This section describes in detail the benefits provided in this **policy**.

Preventative Treatment

This benefit helps towards the cost of preventative dental services that help **you** maintain **your** oral health, provided by a private or NHS **dental clinician**.

What is covered	What is not covered?
<ul style="list-style-type: none">• One new patient examination fee each claiming year if you have joined a new practice• Up to two routine dental examinations each claiming year• Up to two hygienist appointments each claiming year, including scale and polish• X-rays and scans• Mouth guards prescribed by a dental clinician	<ul style="list-style-type: none">• Specialist dental consultations• General exclusions (see section 3)

Essential Care

This benefit helps toward the cost of **clinically necessary** dental treatment provided by a **dental clinician**. Please be aware that there is an inner limit for what **we** will pay towards periodontal treatment each claiming year. **Your table of cover** will provide further information.

What is covered	What is not covered?
<ul style="list-style-type: none">• Extractions• Fillings• Root canal treatment• Root end surgery• Periodontal treatment• Fissure sealants• Topical fluoride• Prescriptions provided by a dental clinician	<ul style="list-style-type: none">• Treatment that is not clinically necessary• Specialist dental consultations• Cosmetic treatments• General exclusions (see section 3)

Complex Care

This benefit helps toward the cost of courses of treatment which are **clinically necessary**, provided by a **dental clinician**. Please be aware that there is an inner limit for what **we** will pay towards orthodontic treatment (including repairs to orthodontic retainers and appliances) each **claiming year**. **Your Table of cover** will provide further information.

What is covered	What is not covered?
<ul style="list-style-type: none">• Crowns, bridges and dental implants• Inlays and Onlays• Dentures (including repairs)• Orthodontic treatment• Repairs to orthodontic retainers and appliances• Local anaesthetic fees• Veneers• Fees for laboratory and dental technician services referred by a dental clinician or specialist	<ul style="list-style-type: none">• Treatment that is not clinically necessary• Treatments requiring general anaesthetic• Specialist dental consultations• Mouth guards (this is covered under the Preventative Treatment benefit)• Cosmetic treatments• General exclusions (see section 3)

Dental Accident

This benefit helps toward the cost when **you** see a **dental clinician** in the event of an **accident**. All treatment connected with the same **accident** will be taken from the benefit limit in force when the **accident** occurred. Treatment must start within 6 months from the date of the **accident**, and be completed within 24 months for an adult, or within 6 years for persons under the age of 18.

What is covered	What is not covered?
<ul style="list-style-type: none">• Treatment carried out following a dental accident that occurs while your policy is in force• Treatment for a dental accident sustained while participating in a contact sport as long as you were wearing appropriate mouth protection at the time of the accident• Dentures are covered if you were wearing them at the time of the accident• Prescriptions issued by a dental clinician in relation to the accident	<ul style="list-style-type: none">• Treatment needed for a dental accident that occurred before your policy start date• Treatment needed as a result of a self-inflicted injury• Treatment needed due to an accident caused by the consumption of food or drink (including foreign bodies contained within the food or drink)• Treatment needed due to an accident caused by foreign bodies in the mouth, including jewellery• Dental accident resulting from an elective or planned surgical procedure, with or without the administration of general anaesthesia• General exclusions (see section 3)

Dental Emergency

This the benefit helps towards the cost when **you** see a **dental clinician** in the event of an **emergency**, and treatment provided during the initial appointment.

What is covered	What is not covered?
<ul style="list-style-type: none">• Treatment carried out at an emergency appointment that was not preplanned and was required because you are in dental pain or there is a severe threat to your overall health• Prescriptions issued by a dental clinician in relation to the emergency	<ul style="list-style-type: none">• Treatment carried out at follow-up appointments (these can be covered under the Essential or Complex care benefits, depending on the treatment provided)• Treatment needed as a result of a self-inflicted injury• General exclusions (see section 3)

Dentist call out fees

This benefit is to help towards the costs when charged for a qualified **dental clinician** in the **UK** to reopen their practice outside of the practice's normal working hours to see **you**.

Note: this benefit is covered in the UK only, worldwide cover does not apply.

What is covered	What is not covered?
<ul style="list-style-type: none">• The cost of dentist's call out fees in the event of a dental accident or emergency dental treatment	<ul style="list-style-type: none">• Non UK dental clinician call out fees• General exclusions (see section 3)

Telephone consultations for dental accident or emergency

This benefit is to help towards the costs when **you** speak to a qualified **dental clinician** about a dental **accident** or a dental **emergency**.

What is covered	What is not covered?
<ul style="list-style-type: none">• Dental clinician fees following a referral by us to a dentist, to provide a telephone consultation in the event of a dental accident or dental emergency	<ul style="list-style-type: none">• General exclusions (see section 3)

Hospital cash benefit

This benefit is to help towards the incidental costs involved with being admitted overnight to hospital (for a maximum of 10 nights each **claiming year**) for dental or maxillofacial surgery,

What is covered	What is not covered?
<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• The cost of the treatment carried out in a hospital (for example, wisdom tooth extractions)• General exclusions (see section 3)

Mouth Cancer

This benefit helps toward the cost of one course of treatment when **you** have been diagnosed with **mouth cancer**, following a three month **qualifying period**. **Mouth cancer** cover is considered where the primary cancer site is in the hard and/or soft palate, gland tissue, (including accessory, salivary, lymph and other gland tissue) or in the mucosal lining of the oral cavity.

Note: this benefit is covered in the UK or UK territories only, worldwide cover does not apply.

What is covered	What is not covered?
<ul style="list-style-type: none">• Charges for consultations or tests when you see a qualified consultant who is recognised as a specialist in cancer treatment by the NHS (or equivalent body in a UK territory state)• Treatment given by a qualified consultant who is recognised as a specialist in cancer treatment by the NHS (or equivalent body in a UK territory state) within 18 months of diagnosis	<ul style="list-style-type: none">• Mouth cancer diagnosed before or within the first 3 months of the cover start date, or where consultations or tests begin within that time and the diagnosis is made after• Treatment for the reoccurrence of cancer in the same or secondary location• Secondary mouth cancer• Cancer of the tonsils• Cancer treatment received after 18 months of diagnosis• General exclusions (see section 3)

Simply Extras

Available through **your** online account or the app, **you** can access a wealth of dental services. Some of these services are provided by third party suppliers and may be subject to change.

What is covered	What is not covered?
<ul style="list-style-type: none">• 24/7 dental emergency helpline, wherever you are in the world• 'In the moment' counselling support and guidance for dental related anxiety and stress• Up to six structured telephone counselling sessions for dental related anxiety and stress if deemed clinically appropriate, for each issue, every rolling 12 months	<ul style="list-style-type: none">• Non dental related or clinically appropriate counselling as defined by our service provider• Long term counselling• Counselling for children under the age of 16• General exclusions (see section 3)

3. General exclusions

- 3.1. Any treatment that is not **clinically necessary**
- 3.2. Claims for treatment that occurred, or was identified before **your policy start date**
- 3.3. Claims for treatment for an **accident** that occurred before **your policy start date**
- 3.4. Fees or charges for:
 - Missing an appointment
 - Completing a claim form or providing a medical report
 - Providing further information in support of a claim
- 3.5. Claims where **you** have paid the costs with:
 - Discount vouchers or coupons
 - Any type of retail points scheme or loyalty scheme

We will consider the claim based on the amount paid after the discount has been applied

- 3.6. Dental consumables, for example toothbrushes, mouthwash and dental floss
- 3.7. Dental practice plan payments and joining fees, and dental insurance premiums
- 3.8. Fees for laboratory and dental technician services not referred by a **dental clinician** or specialist
- 3.9. Any costs for treatment undertaken in a hospital
- 3.10. Hypnosis
- 3.11. Cosmetic treatment (treatment that **you** have chosen to have where the primary purpose is to improve **your** appearance), for example tooth whitening
- 3.12. Dental work required as a result of damage caused by tooth or mouth jewellery
- 3.13. Dental treatment caused by the consumption of food or drink (including foreign bodies contained within the food or drink)
- 3.14. Dental treatment required as a result of a hospital surgical procedure with or without the administration of general anaesthetic
- 3.15. Claims relating to treatment arising directly or indirectly from:
 - **Your** participation in a criminal act
 - **Your** abuse of alcohol or drugs
 - An **accident** while **you** were under the influence of alcohol or drugs
 - Deliberate self-inflicted injury
- 3.16. Damage to dentures that happens whilst **you** are not wearing them
- 3.17. Any claim that takes place after **you** no longer live permanently in the **UK** or a **UK Territory**, or when **you** no longer meet the **eligibility criteria**
- 3.18. Any claim for treatment that **you** receive from:
 - A member of **your** immediate family (including **your partner**)
 - A business that **you** own
 - A person who is not a qualified **dental clinician**

4. Definitions

Term	Meaning
Accident	Damage to the teeth or supporting structures which is caused suddenly and unexpectedly by an external impact.
Child(ren)	Dependent child(ren) of you or your partner , as defined by the employer eligibility rules, who are under the age of 24.
Claiming year	The period of time during which you can claim the benefit for your chosen level of cover. Your first claiming year begins on your start date and runs until the renewal date . Subsequent claiming years run from one renewal date to the next.
Clinically necessary	Service or treatment from a dental care professional who decides it is needed to diagnose, treat or manage an oral health condition.
Date of treatment	The date that the treatment or service was supplied or the dates when you were admitted and discharged from hospital.
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.
Dental clinician	A dental clinician is a healthcare professional who provides direct patient care in the field of dentistry. This role includes a variety of tasks such as diagnosing and treating dental conditions, performing dental procedures, and educating patients on oral health. Dental clinicians can include dentists , dental hygienists, and dental therapists.
Eligibility criteria	Criteria set by your employer that you must meet in order to be eligible for cover under this policy .
Emergency	Dental treatment provided at the initial 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.
Employee	A person who is employed by the employer and fulfils the eligibility criteria . This can include: someone who is employed by the employer on a PAYE basis, a salaried partner or equity partner in the employer's firm, a registered director of the employer , or any other person who is currently employed under an employment contract with the employer .
Employer	The legal entity (for example, a company or partnership) with which we have agreed to provide this policy to their employees .
Member	Anyone who is covered by this policy .
Mouth cancer	Where the primary cancer site is in the hard and/or soft palate, gland tissue, (including accessory, salivary, lymph and other gland tissue) or in the mucosal lining of the oral cavity.
Partner	Anyone in a relationship with, and who lives with, an employee . This could be their husband, wife, civil partner or unmarried partner.
Policy	The insurance contract between us and the employee .
Qualifying period	A set period of time in which we will not pay claims for any treatment or service that you receive. This could be from the date that you join the policy or the date of any increase in cover. You will find this on your Table of cover .
Renewal date	The date the contract between us and the employee is renewed.
Start date	The date that your cover under the policy starts.
Table of cover	The table provided separately to this document that details the benefit amounts available on your policy .
UK	England, Wales, Scotland and Northern Ireland.
UK territory	Jersey, Guernsey and the Isle of Man.
UK territory resident	Someone who has their main home in a UK Territory and spends at least 183 days a year there; and holds a National Insurance number, Social Security Number or pays Social Insurance (whichever is applicable).
We/our/us	Simplyhealth Access trading as Simplyhealth, a company incorporated in England and Wales.
You/your	Anyone who is a member on the policy including the employee , as the context requires.

5. Making claims on this policy

The easiest way to make a claim, is through **your** online account or using **our** app. If **you** haven't registered online, please visit www.simplyhealth.co.uk/register and follow the simple registration process. If **you** are unsure how to make a claim online, **you** can call Customer Services on 0300 100 1020.

- 5.1. To submit a claim, **you** must use the app or **your** online account. **We** do not accept claims submitted through any other means. If **you** are unable to access **your** online account please call Customer Services on 0300 100 1020 to discuss **your** options.
- 5.2. Claims must be made to **us** as soon as 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 and pay the claim.
- 5.3. To support **your** claim, **you** must provide proof of having received the treatment. This should take the form of a fully itemised receipt or statement of account from **your dental clinician** or practice. The receipt or statement should detail:
 - the name of the patient
 - the details of the practitioner or establishment
 - the service or treatment provided
 - the date of the service or treatment
 - the amount paid for that service or treatment
- 5.4. **You** may need to supply additional documentation to help **us** validate **your** claim, for example x-rays, dental records or any other details to evidence the claim was **clinically necessary**.
- 5.5. **We** will pay claims using the entitlements available on the **date of treatment** for each **claiming year**.
- 5.6. If **we** are not able to validate **your** claim for any reason (for example **your** dental health professional no longer has access to **your** records) **we** may not be able to pay **your** claim.
- 5.7. If claims are received without all of the required information, **we** will notify **you** and ask **you** to obtain the missing information and update **your** claim accordingly.
- 5.8. Please inform **us** if **you** have another dental insurance policy. In all cases, **we** reserve the right to recover any incurred costs resulting from third-party involvement. Furthermore, if **you** have another dental insurance policy, **we** reserve the right to pay only a proportionate share of the claim.
- 5.9. If **you** have more than one Simplyhealth **policy**, **you** can only submit a claim under one **policy**. **You** will need to choose which **policy you** would like the claim paid under.
- 5.10. **We** will only pay claims into a **UK** bank account. It is **your** responsibility to give **us** the correct details **you** would like your claims to be paid into. Please note that once payment has been made to a bank account, **we** will be unable to reissue it due to any errors on **your** part.
- 5.11. **We** will contact **you** using the contact details provided when submitting your claim.
- 5.12. There may be situations where **we** are unsure whether a claim is covered by the **policy**. In these cases, **we** may request that a **dentist** or medical specialist provide advice regarding the medical facts of the claim or examine **you** in relation to the claim. **We** will cover the associated costs of this process. **We** will select a relevant **dentist** or specialist based on **your** personal circumstances. If **you** refuse to cooperate with the chosen **dentist** or specialist, **we** will not cover **your** claim.
- 5.13. 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 **member**. It does not mean that **we** will be liable to pay costs for that dental treatment in the future.
- 5.14. If **you** are claiming for treatment that has taken place outside the **UK**:
 - supply a copy of **your** original fully itemised receipt with an English translation, containing **your** full name, date of treatment and cost breakdown
 - **we** will require proof that **your** treatment overseas has taken place, and that it was **clinically necessary** – **we** will not pay claims for cosmetic treatment
 - **we** will only make payments to a **UK** bank account belonging to **you**
 - **you** may need to supply additional documentation to help **us** validate **your** claim, for example x-rays, dental records, tooth notations, or any other details to evidence the claim was **clinically necessary**
 - all foreign currency claims will be converted to pounds sterling 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.

- 5.15. 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.
- 5.16. If **you** are claiming reimbursement for multiple treatments on a single 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 based on **our** knowledge and experience of the costs of dental treatments.
- 5.17. If **you** believe that **we** have incorrectly assessed **your** claim please contact **us**.

6. Eligibility

- 6.1. **Your** cover has been chosen by either **you** or the **employer**, and determines the benefits that are available to **you**. The **Table of Cover** displays the levels of cover and the corresponding benefits for each level. **Your policy** documentation will indicate which level applies to **you**.
- 6.2. **You** will only be covered under the **policy** if:
 - **you** permanently live in the **UK**, or a **UK territory**
 - **you** are entitled to cover under the **policy** in accordance with the **eligibility criteria** defined by the **employer**
 - premiums are paid on **your** behalf by the **employer** as required under the **policy**
- 6.3. **Partners** can join if:
 - they are in a relationship with and live permanently with the **employee**
 - premiums are paid on their behalf by the **employer**; and the **partner** must have the same level of cover as the **employee**
- 6.4. **Child(ren)** can join if:
 - they are **your child(ren)** or the **child(ren)** of any covered **partner** on the **policy**, and are under 24 years old. **We** may ask to see proof that a **child** is eligible to join the **policy** (for example, a birth certificate or adoption certificate).
 - At the first renewal date after the **child's** 24th birthday, **we** will cancel their cover.
 - **Child(ren)** must have the same level of cover as the **employee**,
 - **Child(ren)** can only be covered under one **policy** with **us**. **We** will not cover a **child** on

this **policy** if that **child** is already covered under another **policy** with **us**.

- 6.5. **Partner** and **child** cover through a flexible benefits scheme: If permitted by the rules of the flexible benefits scheme, **you** can apply to include **your partner** and/or **child(ren)** in the **policy**. **Your partner** and **child(ren)** must have the same level of cover as the **you**. **You** can add a **partner** or **child** either:
 - when **you** choose **your** flexible benefits. The change will take effect from the **renewal date**, or;
 - at a different time if the rules of **your** flexible benefits scheme allow **you** to do so.
- 6.6. If the **employer** has chosen to include cover for adult dependents, the dependents may enrol in accordance with the **employer's** eligibility rules. Adult dependents must have the same level of cover as **you**.
- 6.7. Changes to the level of cover can be made at the **renewal date** or at a different time in line with the **employer's** scheme rules, this may be when
 - the **employer** changing **your** level of cover; or
 - **you** upgrading **your** cover.

7. Ending your policy

- 7.1. **Your** cover under this **policy** will end at the earliest of the following:
 - the expiry of the **policy**; or
 - when **you** are no longer eligible for cover according to the **eligibility criteria** defined by the **employer**; or
 - **you** are no longer employed by the **employer**; or
 - **you** no longer live in the **UK** (or **UK territory**) permanently; or
 - if **we** make a commercial decision to no longer offer the **policy**; or
 - if **we** decide at the **renewal date** not to continue to offer the **policy** to the **employer**; or
 - if **your employer** decides at the **renewal date** not to continue to offer the **policy**; or
 - our cancellation of the **policy** due to the **employer's** failure to pay premiums.
 - If **you** are abusive to or subject **our** staff to any threatening behaviour in any way, including any staff of **our** third party suppliers.

8. Fraud

8.1. What is Fraud?

We would consider someone (which includes the treating professional or practitioner) to be committing fraud by:

- making a claim,
- submitting a statement in support of a claim, or
- sending us a document in support of a claim,

knowing that it was false, misleading, or exaggerated in any way, with the intention of deceiving **us** into paying them more than they are entitled to.

8.2. How do **we** protect ourselves from fraud?

We have strong anti-fraud measures to protect ourselves and **our** customers. These may include:

- reviews of all activity and claims on this **policy** (**we** may use private investigators to support any reviews)
- passing details of suspected fraudulent claims to the relevant authorities (including the Police) for them to investigate and prosecute through the criminal courts
- sharing information with NHS counter fraud teams, health professionals' trade associations, other insurance companies and other agencies with a legitimate interest in preventing fraud
- any other actions that **we** think are necessary.

8.3. What happens if **we** suspect fraud?

If **we** suspect fraud **we** will take appropriate action to protect our rights, which may include:

- suspending the **policy** whilst **we** review the matter. **We** will tell **you** and the **employer** if **we** do this, and **we** will not pay claims until **we** have received any premiums that **we** did not collect whilst the **policy** was suspended
- recovering the full amount (including any element that is not fraudulent) that **we** have paid to a **member** for any fraudulent claim made by them on this **policy**
- no longer accepting claims for treatment that has been provided by a particular professional
- cancelling cover for the **member** who submitted the fraudulent claim, or for all **members** on this **policy** if **we** think that is necessary
- cancelling all policies the **member** has with the Simplyhealth Group
- taking legal action to recover any of **our** costs as a direct result of fraud, plus interest and legal costs
- contacting the **employer** to inform them of any fraudulent or suspected fraudulent activity
- any other actions that **we** think are necessary.

9. General rules

- 9.1 All information and communications to **you** relating to this policy will be in English.
- 9.2 **You** must provide an up to date **UK** or **UK Territory** mailing address.
- 9.3 If **we** decide not to enforce a term of this **policy** on one or more occasions, this does not mean that the term no longer applies. **We** may rely on that term at a later occasion if **we** decide to do so, unless **we** have told you in writing that the term no longer applies.
- 9.4 No term of the **policy** or any part of it is enforceable under the Contracts (Rights of Third Parties) Act 1999 ('the Act') by a person who is not party to it. For the purposes of the Act a **partner** and any **children** are not party to the **policy**.
- 9.5 This **policy** is governed by the laws of England and Wales. Any disputes arising in connection with the **policy** which are not resolved through **our** complaints process can only be dealt with by the courts of England and Wales unless **you** and **we** agree to a different method to resolve the dispute.

Complaints

How to make a complaint

We aim to provide you with the very highest levels of customer service and care at all times.

To maintain this service standard, **we** have a procedure which **you** can use to raise any concern, complaint or recommendation that **you** have. In the first instance **you** should contact Customer Services on 0300 100 1020, email customerrelations@simplyhealth.co.uk or write to Simplyhealth Customer Services at our registered office address of Anton House, Chantry Street, Andover, Hampshire SP10 1DE

We will investigate any complaint and issue a final response.

If **you** are not satisfied with **our** response, or **we** have not replied within eight weeks, **you** have the right to refer **your** complaint to: Financial Ombudsman Service, Exchange Tower, London E14 9SR. • Telephone: 0800 023 4567 or 0300 123 9123

Email: complaint.info@financial-ombudsman.org.uk

Website: www.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. Making a complaint to the Ombudsman will not affect any legal rights that **you** may have. **We** will send **you** full details of **our** complaints procedure if **you** ask us for them. **You** are protected by the Financial Services Compensation Scheme (FSCS) – in the unlikely event that **we** go out of business or into liquidation the FSCS protects **you**. If this happens, any valid outstanding claims **you** have at that point would be paid by the FSCS. For more details on the scheme please visit www.fscs.org.uk or contact the FSCS direct on 0800 678 1100 or 020 7741 4100.

Personal data

How we use your personal data (privacy notice)

Simplyhealth respects **your** privacy and is committed to protecting **your** personal data. This privacy notice sets out the way in which any personal data **you** provide to **us** is used and kept safe by **us**. For a more detailed explanation of how **we** use **your** data please take the time to read **our** full privacy policy online at the bottom of **our** website or alternatively request a copy from our Data Protection Officer. Please ensure that **you** show the following information to others covered under **your policy** or make them aware of its contents.

Why do you need my personal data and what do you use it for?

We need and use your data to:

- service the policy / contract that **you** have
- identify, analyse and calculate insurance risks
- improve **our** services to **our** customers
- comply with legal obligations which **we** are subject to
- protect **our** interests
- detect and prevent fraud.

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

Who holds my personal data?

Simplyhealth Access who are part of the Simplyhealth group of companies.

What personal data will Simplyhealth need to know?

If **you** have a policy, **we** need to know, for example, **your** name, address and date of birth. **We** may also take **your** phone number and email address. In order to take payments and to pay claims, **we** will need **your** bank account details. For **members** with policies arranged by a company, **we** will know who **your** employer is and **we** might hold **your** payroll details. **Your** employer may provide **us** with details such as **your** name, address and date of birth.

We may record and monitor both inbound and outbound calls for training and monitoring.

How does Simplyhealth protect my personal data?

By law **we** must have measures in place to protect data. As a result, **we** have strict rules to protect the storage and use of all personal data. These rules apply to anyone who uses the data. **We** may send **your** personal data outside the **UK** or European Economic Area. If **we** do this, **we** ensure the same level of protection is afforded to it by ensuring an appropriate safeguard is implemented.

Who can see my personal data?

We may share your personal data:

- with persons who provide a service to **us** or act as our agents
- with anyone to whom **we** may transfer rights and duties under this **policy**
- with persons who may record, use and give data to other insurers (such as agencies whose role is to prevent fraud)
- with persons that the **employer** appoints (such as a broker) in order to service the **policy**
- with **your** employer, where appropriate
- where **we** have a duty to provide personal data (such as to regulatory bodies), or if the law allows **us** to do so.

How long is my personal data kept for?

We keep your personal data for seven years after this **policy** has ended.

What rights do I have around the use of my personal data?

You have the right to see **your** personal data that **we** hold. **You** also have the right to ask **us** to amend personal data that is incorrect. **You** can ask **us** to delete personal data, or not use it in certain ways. **You** have the right to move, copy or transfer **your** personal data. If **you** wish to exercise any of the rights set out above, **you** will need to contact the Data Protection Officer to do this.

If I have given you my consent to use my personal data for a reason, can I change my mind?

Yes. **You** can change your mind at any time. But if this means that **we** cannot service the **policy**, **we** may have to cancel it.

Who can I contact if I want to talk about my personal data?

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

The Data Protection Officer
Simplyhealth Access
Anton House
Chantry Street
Andover
Hampshire
SP10 1DE

Who should I talk to if I am unhappy with the way my data is being used?

If **you** are not happy with the way **we** use **your** personal data, **you** can contact our Data Protection Officer, or the Information Commissioner's Office (ICO). **You** can call the ICO on 0303 123 1113, or via their online form: ico.org.uk/global/contact-us/email/

About Simplyhealth

Simplyhealth is a trading name of Simplyhealth Access, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our Financial Services Register number is 202183. You can check this on the Financial Services Register by visiting the Financial Conduct Authority's website register.fca.org.uk/ or by contacting the Financial Conduct Authority on 0800 111 6768.



You can contact us here:

[simplyhealth.co.uk/customercontact](https://www.simplyhealth.co.uk/customercontact)

or call on:

0300 100 1020

Lines are open Monday to Friday

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