

Your Simplyhealth Dental Plan Policy document

Inside you'll find all you need to know about what is and isn't covered This policy document is effective from 1 November 2025

Introduction

Thank you for choosing a Simplyhealth Dental Plan.

This document explains the policy rules, and how the policy works. These rules apply to everyone covered by the policy.

Please take the time to read them and keep them safe in case you need them again. If you have any questions, please contact us.

We aim to make information about us and this policy accessible to you, whatever your needs, and information is available in large print or audio.

We want you to have a policy that meets your needs. This product meets the needs of someone who would benefit from support with the costs of their NHS and private dental check-ups and treatment.

Please remember to review your cover on a regular basis to make sure that it continues to meet your needs.

How does my plan work?

It's simple: we'll pay your eligible claims up to the amounts shown for your level of cover for each benefit, from the benefit amounts available to you. Your summary of cover will show which level applies to you.

For some of your benefits, we will pay you a percentage of the costs you have paid for your treatment or service. For example, if your payback level is 75% and you have paid £100 we will give you £75 back (subject to your annual benefit limits). Your table of cover shows the percentage of your costs that we will pay back.

What type of contract have I signed up for?

This is a 12 month policy which will renew each year on the date you signed up or any other agreed renewal date. If you cancel the policy outside of the 'cooling off' period you will be required to pay the remaining premiums for that policy year. You can elect for the policy not to renew at the next renewal date by advising us before the policy renewal date, or within the 14 day cooling off period.

How do I make a claim?

The first thing you need to do is pay for the costs of the treatment or service to the person providing them (for example, your dental clinician). You then claim those costs back from us. It's really easy to claim online or through our app. Please visit [simplyhealth.co.uk/register](https://www.simplyhealth.co.uk/register) and follow the simple registration process. If you're unsure about how to claim online then please contact us.

SimplyRewards

Your dental plan comes with a range of discounts and rewards. From discounted gym membership and fitness trackers to money off spa breaks and experience days, there's something for everyone. You can access this by registering or logging in to your online account.

Policy Terms and Conditions

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

You are covered for the benefits shown in **your table of cover**, for **your** selected level, up to the annual limits shown.

Please be aware that this document details benefits that **you** may not have access to.

1. General exclusions

This **policy** will not pay for:

- a **course of treatment** that **you** have paid for but have not yet received
- any costs that **you** incur outside the **UK**, except for the 'emergency visit' and/or 'accident' benefits
- benefit fees or charges for:
 - missing an appointment
 - completing a claim form or providing a medical report
 - providing further information in support of a claim.
- claims where **you** have paid 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

- dental consumables, for example toothbrushes, mouthwash and dental floss
- dental practice plan payments and joining fees, and dental insurance premiums
- fees for laboratory and dental technician services not referred by a **dental clinician or specialist**
- any costs for treatment undertaken in a hospital following a referral from a **dental clinician**
- hypnosis or sedation
- cosmetic treatment (treatment that **you** have chosen to have where the primary purpose is to improve **your** appearance) or treatment that is not **clinically necessary**, for example tooth whitening.
- new veneers (unless deemed **clinically necessary** by **your dental clinician**), or any preparation for and treatment connected with having veneers fitted. This exclusion does not apply to an existing veneer which is damaged in an accident covered by the **policy**
- orthodontic treatment, or any preparation for and treatment connected with orthodontics
- dental work required as a result of damage caused by tooth or mouth jewellery
- 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
- damage to dentures that happens whilst **you** are not wearing them
- any claim that takes place after **you** no longer live permanently in the **United Kingdom** or a **UK territory**
- 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**

2. Benefits

Check-ups

This benefit is to help towards the cost of receiving a dental check-up performed by a **dental clinician** or **specialist**.

What is covered	What is not covered
✓ check-ups, examinations, investigations, or tests A check-up includes investigations, services and procedures performed by a dental clinician or specialist to assess your oral health, for example X-rays and diagnostics (including study casts, wax ups and stents)	✗ general exclusions

Scale and polish

This benefit is to help towards the cost of receiving a scale and polish performed by a **dental clinician** or hygienist.

What is covered	What is not covered
✓ a scale and polish completed by a dental clinician ✓ hygienist's fees for maintenance	✗ treatment (this can be claimed under your treatment benefit). ✗ general exclusions

Treatment

This benefit is to help towards the costs of a completed course of **clinically necessary** dental treatment. **We** may ask for evidence from **your dental clinician** that, in their professional opinion, the treatment was **clinically necessary**. Please be aware that there may be a limit for what **we** will pay towards crowns, bridges inlays and onlays each claiming year. This benefit has a **qualifying period** of three months.

What is covered	What is not covered
✓ dental treatment provided by a dental clinician or specialist ✓ local anaesthetic fees ✓ dental crowns, bridges, inlays and onlays up to the annual benefit limit ✓ dental crowns, bridges or implants ✓ fillings and fissure sealants ✓ dentures ✓ fees for laboratory and dental technicians services referred by a dental clinician or specialist ✓ periodontal care ✓ extractions ✓ gum-shields specifically designed for use while participating in a sport that has a higher than average likelihood of dental injury and where it is reasonable to expect you to wear face or mouth protection, for example hockey or rugby, provided by a dental clinician or specialist ✓ the standard NHS rate for one prescription for each course of treatment (whether the prescription is an NHS or private prescription). The prescription must be written by a dental clinician or specialist. This does not cover Prescription Prepayment Certificates (PPC) or any medicine obtained using one	✗ pre-existing conditions ✗ dental treatment: - that you need within the qualifying period - which you or a dental clinician identified that you needed before you joined the policy or during the qualifying period - that forms part of a course of treatment that began before you joined the policy or during your qualifying period that is not fully completed or paid for ✗ appliances needed to treat grinding or clenching or to prevent tooth wear, for example, mouth guards ✗ general exclusions

Accident

This benefit is to help towards the costs of returning **your** oral health to its pre-accident state following an accident. An accident is an unfortunate event that happens unexpectedly causing a significant damage to the teeth or supporting structures by means of a direct external impact to the mouth.

If **you** make a claim under this benefit, **you** must provide a written declaration from the **dental clinician** that provides the treatment, confirming it was required as the direct result of an accident. This can be submitted online or through **our app**. **We** may ask for further evidence to support **your** claim. This benefit has a **qualifying period** of three months.

What is covered	What is not covered
✓ restorative treatment to return your oral health to its pre-accident state if you receive medical or dental attention within 30 days of the accident ✓ the standard NHS rate for one prescription (whether the prescription is an NHS or private prescription). The prescription must be written by a dental clinician or specialist. This does not cover Prescription Prepayment Certificates (PPC) or any medicine obtained using one	✗ further treatment that you need after the restoration of the accident-damaged area, for example remedial improvements to, or the modification of, work carried out as a result of the accident ✗ treatment that you need as a result of participating in a sport that has a higher than average likelihood of dental injury and where it is reasonable to expect you to wear face or mouth protection, for example hockey or rugby, and where you were not wearing the appropriate face or mouth protection - treatment that you need as a direct result of an accident that occurred before or within the qualifying period - 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 ✗ general exclusions

Emergency visit

This benefit is to help towards the costs of treatment that **you** have at an emergency visit to a dentist. Dental treatment that **you** have at further visits to a dentist for the same condition are not covered. This benefit has a **qualifying period** of three months.

What is covered	What is not covered
✓ dental treatment which you urgently need to treat or relieve: - severe pain that you cannot relieve with medicines that you can buy without a prescription (over the counter medicines) - trauma - inability to eat - acute infection - swelling in your mouth or face - uncontrollable bleeding in your mouth - a condition which causes a severe threat to your general health ✓ callout fees – these are the fees charged by a dentist or specialist for attending an appointment at a dental practice outside the normal opening hours ✓ we will pay the standard NHS rate for a single prescription for an emergency visit, whether the prescription is an NHS or private prescription. This does not cover Prescription Prepayment Certificates (PPC) or any medicine obtained using one. All prescriptions must be written for a dental related problem	✗ pre-existing conditions - any dental appointments or dental treatment that you need after the emergency visit ✗ an emergency visit that you have within the qualifying period ✗ dental treatment that you need as a result of an accident ✗ referrals from a dental clinician to a specialist ✗ general exclusions

Hospital

This benefit can help towards costs such as meals for visitors, telephone calls, travel costs or even hospital parking fees, if **you** are admitted to hospital primarily for dental treatment.

You can claim a maximum of 20 days or nights each **policy** year.

To make a claim for hospital cover **you** will need a copy of **your** discharge letter as evidence of **your** admission. If **you** do not have **your** discharge letter, **you** will need to get written confirmation of **your** hospital stay (for example a letter on headed paper from the hospital).

This benefit has a **qualifying period** of three months.

What is covered	What is not covered
✔ time spent in a hospital as an in-patient or day-patient where referral is primarily for dental treatment. You must have been referred by a dentist, GP or accident or emergency department	✘ a hospital admission during the qualifying period ✘ dental treatment in a hospital where you are not admitted as a day-patient or as an in-patient ✘ payment of this benefit in conjunction with 'treatment' ✘ pre-existing conditions ✘ attendance at an accident or emergency unit ✘ dental treatment in a hospital where this is not the primary reason for being in hospital ✘ out-patient appointments ✘ general exclusions

Important information:

An in-patient is a patient who is admitted to hospital and who occupies a bed overnight or longer for medical reasons. A day-patient is a patient who is admitted to a hospital or day-patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight. If **you** are admitted as a day-patient and then stay overnight, we will pay one night's hospital cover (not one day and one night).

Mouth cancer

This benefit will pay the amount shown in the table of cover for **your** level of cover if **you** are diagnosed with mouth cancer.

This benefit has a **qualifying period** of three months.

What is covered	What is not covered
✔ we will make the payment if you are diagnosed with primary mouth cancer by a specialist ✔ we will only pay you mouth cancer benefit once during the lifetime of your membership ✔ the diagnosis must be supported by a specialist's letter and histology (microscopic study)	✘ we will not pay mouth cancer benefit if, either before or during the qualifying period, you - have been diagnosed with any mouth cancer or - are having investigations or waiting for the outcome of tests ✘ for secondary cancer in your mouth ✘ for cancer of the tonsils ✘ general exclusions

Section 3: Definitions

The words which appear in this **policy** in bold have specific meanings which are explained below:

Child/children

Natural or legally adopted children of the **policyholder** or their partner. Children must be under the age of 18.

Clinically necessary

Treatment that **you** need:

- to treat disease
- to replace defective or worn dental work in order to secure and maintain **your** oral health.

Course of treatment

Treatment to an individual tooth, from preparation to completion.

Date of treatment

The date that the treatment or service was supplied.

Dental clinician

A person who:

- is qualified as a dental surgeon or dental care professional
- is registered with the General Dental Council and engaged in general dental practice
- practices in the United Kingdom
- complies with the requirements of the publication "Scope of Practice" from the General Dental Council regarding their training and competence.

General exclusion

Anything excluded under the **policy** in the **general exclusions** section of this document.

Member

Anyone who is covered by this **policy**.

Mouth cancer

A diagnosis of primary cancer in any part of the oral cavity from the lips to the back of the tongue (for example the lips, tongue, major salivary glands, gums, soft or hard palate) but excluding the tonsils.

Partner

Anyone in a relationship with and who lives with the **policyholder**. This could be their husband, wife, civil partner or unmarried partner.

Policy

The insurance contract between **us** and the **policyholder**.

Policyholder

The first person named on the summary of cover.

Pre-existing condition

A condition is pre-existing if:

- **you** had symptoms of or knew about the condition before **you** joined the **policy**, or
- a **dental clinician** planned or recommended treatment for the condition before **you** joined the **policy**, or
- **you** have not had a dental examination in the 24 months before **you** joined the **policy**

If **you** have not had a dental examination in the 24 months before **you** joined the **policy**, **we** will not pay for any treatment:

- identified as necessary
- planned, or
- that **you** receive

at the first dental examination by a **dental clinician** after **you** join the **policy**.

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 this **policy** renews. **You** will find this in **your** summary of cover.

Specialist

A dentist who is registered with the General Dental Council (GDC) in one of the recognised dental **specialist** areas on the '**specialist** list' and is practising in the UK.

For claims under 'mouth cancer', **specialist** means a medical or dental practitioner whose name is included in the register of **specialists** maintained by the General Medical Council or the General Dental Council.

Start date

The date this **policy** starts. **You** will find this in **your** summary of cover.

Table of cover

The table provided separately to this document that details the benefit amounts and premium levels available on **your policy**.

United Kingdom or UK

England, Wales, Scotland and Northern Ireland.

UK resident

Someone who has their main home in the UK, resides in the UK for at least 183 days a year, and holds a UK National Insurance number.

UK Territory

For the purpose of this **policy** a resident of a UK Territory is a person who: has their main home in Jersey, Guernsey or the Isle of Man 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**.

Section 4: Making claims on this policy

4.1 Making **your** claim

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 0370 908 3481.

When making a claim, **you** need to complete all sections of the online claim form and attach an image of the original supporting documentation (for example an original receipt). This information should show:

- 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.

We do not accept:

- invoices
- credit or debit card receipts
- receipts that have been altered

If the information **you** have given **us** is not enough for **us** to pay **your** claim, **we** may need to ask the person who provided the service or treatment for more information (**we** will not pay if there is a charge for this), or **we** may ask **you** to send **us** the original receipt. **We** will not be able to process **your** claim if **we** do not have the information **we** need.

We may ask for a second opinion from a **dental clinician** appointed by **us** or **we** may ask **you** to attend an appointment, but **we** will pay the cost for this. They will check that **your** treatment was clinically necessary and has been supplied at a reasonable cost when compared to similar dental work carried out in the UK. If **you** do not attend the appointment, **we** may not be able to pay **your** claim.

If the **dental clinician** appointed by **us** tells **us** that all or some of the

treatment carried out was not **clinically necessary**, we may not pay the claim.

If this **dental clinician** raises concerns about **your** treatment, **we** may refer **your** clinical records to the General Dental Council (GDC). **We** will tell **you** if **we** plan to do this and will remove all references to **your** personal identity if **you** ask **us** to.

4.2 Paying claims – rules

We will only pay for claims:

- after the date of treatment,
- for treatments or services that **you** have already paid for
- for treatments or services received in the UK or a UK Territory, except for the 'accident' and/or 'emergency visit' benefits
- from the benefit entitlement remaining to **you** in the relevant claiming year at the time **we** pay **your** claim.

We only pay claims into a UK bank account belonging to **you**. It is **your** responsibility to give **us** the details of the bank account **you** would like **your** claims to be paid into.

We will assess **your** claim using the date of treatment which may be different to the date that **you** paid for it. **We** will pay **your** claim from the amount of benefit **you** have available at the date of treatment in the **policy** year in which **you** receive the treatment that **you** are claiming for.

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.

4.3 When to submit your claim

We recommend that **you** send **us** **your** claim as soon as **you** can (ideally within 6 months of the date of treatment). The longer the length of time between the date of treatment and submitting **your** claim, the more difficult it may be for **us** to process it.

4.4 Other claims rules

You can only claim under one benefit for each treatment that **you** receive.

If **you** submit a claim under the wrong benefit (for example trying to claim for a check up under the emergency benefit) **we** will allocate the claim to the appropriate benefit.

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.

If **we** have asked for further information in order to process a claim, **we** may not pay any other claims that **you** have submitted until **we** have received that information and been able to fully assess the claim.

If **you** get a refund for the treatment or service **you** have claimed for, **you** need to tell **us**. **We** will either ask **you** to repay that money (which **we** will reallocate to **your** benefit entitlements), or **we** may decide to deduct it from the next claim **you** make. If a payment is not received, **we** may suspend or cancel this **policy** until it is.

4.3 Other insurance policies

If **you** make a claim on this **policy** and **you** have a **policy** with a different company which would cover the same claim then **you** must tell **us**. **We** may contact the other company about the claim so that **we** don't pay costs that they have already paid. If **we** find that **we** have paid more than we should have **we** will take action to recover the overpayment from **you**.

4.5 Compensation claims against a third party

You must tell **us** as soon as **you** can if **you** have a claim for compensation against a third party (for example, if they've caused **you** a dental injury) and the compensation includes the cost of treatment or services that **you** have claimed for under this **policy**, as **we** may have a legal right to recover those costs (either from **you** or from the third party involved, depending on whether or not **you** have yet received any compensation).

4.6 What information do I need to send to support a claim for accident or emergency treatment outside the UK or UK Territory?

You will need to supply a copy of **your** original fully itemised receipt with an English translation, containing **your** full name, date of treatment and cost breakdown.

The **dental clinician** treating **you** outside the UK or UK Territory must hold comparable qualifications to a **dental clinician** who practices in the UK. If **you** send **us** receipts in a foreign currency, **we** will calculate the rate of exchange to sterling using the rate which applied on the date of treatment.

Section 5: Membership

5.1 Can I add my family to this policy?

If the table of cover shows premiums for partners and children, then the **policy**holder can add them to this **policy**. They must be added on the same level of cover as the **policy**holder.

A partner must:

- be within the joining age limits shown on the table of cover, and
- live with the **policy**holder.

A child must be under 18 (**we** may ask for proof of this).

We do not have to agree to add a partner or

child to this **policy** or explain why.

5.2 When can I add someone to this policy?

The **policy**holder can add their partner or children to this **policy** at any time during the **policy** year.

5.3 When can I remove someone from this policy?

The **policy**holder cannot remove their partner or child from this **policy** until the renewal date.

5.4 Can I add a child to more than one Simplyhealth policy?

No. A child who is already covered on another Simplyhealth dental **policy** cannot join this **policy**.

5.5 Is there a limit to the number of children that I can add to this policy?

Yes, the limit is four children.

5.6 How long will my children be covered on this policy?

Each child will be covered until the first renewal date after their 18th birthday.

5.7 Can I have cover if I live outside of the UK?

You can have cover if **you** are a UK resident or live in a UK Territory. If a member leaves the UK or UK Territory to permanently live abroad, they will no longer be covered from the date that they leave.

5.8 What if my contact details change or if I no longer live with my partner?

You must update **your** online account or tell **us** as soon as **you** can about these changes. If **you** don't then **we** may not be able to tell **you** about any changes **we** intend to make to this **policy**, including changes to the premium or benefits. **We** will cancel the **policy** if **we** become aware that communications from **us** are not being received.

5.9 How long does my cover last?

This is an annual **policy** that lasts for 12 months. **Your** cover starts from the date that **we** include **you** on the **policy**. It carries on until the **renewal date**. It then carries on from one **renewal date** to the next until either **we** or the **policy**holder cancel it.

Section 6: Paying premiums, tax and changing cover

6.1 How can I pay?

You must pay by Direct Debit, although we may ask you for the first payment by debit or credit card rather than wait until the Direct Debit is set up before starting this policy.

In some cases, where it has been agreed, the policyholder's employer may pay us the premium directly from the policyholder's salary.

6.2 What happens if I don't pay the premium?

If we don't receive the full premium, we won't pay claims and we may suspend or cancel this policy. We will tell you if this happens and what you need to do to continue cover.

6.3 Does the premium include Insurance Premium Tax (IPT)?

Yes. This is a policy for people who live in the UK or a UK Territory, and IPT is included in the premium (where applicable). If IPT changes, we may need to change the premium to reflect this. We will tell you about this in your renewal communication.

6.4 Can I change my level of cover?

Yes, but you can only make one change to your level of cover during the policy year. However, if we have waived the premium for any reason, you will not be able to change to a higher level of cover.

6.5 Will changing my level of cover change my policy year?

No. Changing your level of cover will not change your policy year.

6.6 Will claims that have been paid in the current policy year under my old level of cover count towards the limit for my new level of cover?

Yes. If your level of cover changes, claims paid in the current policy year under your previous level of cover will count towards the annual limit for your new level of cover.

6.7 What happens to the qualifying periods if I increase my level of cover?

If your level of cover increases, the qualifying periods start again from the date you change your level of cover, for the increased amount.

6.8 What happens if I make a claim on a benefit that has a qualifying period after I've changed my level of cover?

If you make a claim on a benefit that has a qualifying period after a change to your

level of cover, we will assess your claims as if your level of cover hadn't changed. So, if you completed the qualifying period for the lower level, we will pay your claims up to the benefit limit for that lower level.

Section 7: Ending the policy

7.1 Can I cancel this policy?

The policyholder can cancel this policy for any reason by notifying us during the 14 day 'cooling off' period which begins on the start date or the next renewal date, or the day that they receive their policy documents if that is later.

We will refund the premium for the 'cooling off' period, but we will deduct the costs of any claims paid during that time from the refund. If the cost of those claims is higher than the premium that you have paid, then you won't be entitled to a refund.

If you cancel this policy after the 'cooling off' period, and before the end of your minimum 12 month contract term, you will be required to pay the remaining premiums for the remaining policy year.

Alternatively, you can choose not to renew your policy at the next renewal date. If you do this, cover will end and no further premiums will be collected.

To cancel this policy, please contact us on 0370 908 3304.

7.2 Can Simplyhealth cancel this policy or remove a person from this policy?

Yes. We will be entitled to cancel the policy

or remove a person from this policy:

- if you are abusive to or subject our staff to any threatening behaviour in any way, including any staff of our third party suppliers
- if we haven't received the premium by Direct Debit for three months in a row. If this happens, we will tell the policyholder
- if we stop receiving the premiums that have been taken from the policyholder's salary or their employer tells us that the premium deductions have stopped. If this happens we will tell the policyholder that cover has ended and the policy will be cancelled from the date that we received the last premium
- if the policyholder asks us to and this will take effect from the date we confirm the person has been removed. If this means that the premium needs to be changed, this will take effect from the next month
- if the policyholder dies. If there are any other members on this policy, we may contact them about alternative cover
- if the policyholder and their partner no longer live together at the same address
- when a child reaches the age of 18. We will remove the child at the next renewal date.

Section 8: Renewing this policy

8.1 Do I need to do anything?

We will write to the policyholder at least 30 days before the renewal date to tell them about the terms of the policy for the next 12 months (including any changes to the policy rules, benefit levels or premiums).

If the policyholder is happy with the information we have sent, we will automatically renew the policy at the renewal date. The policyholder does not need to do anything.

Section 9: Changes to this policy

9.1 Can the terms of this policy change?

Yes, we reserve the right to make changes to this policy at any time. We will give you reasonable notice of any changes.

9.2 What sort of changes could be made?

We could make:

- changes to policy cover such as benefits, benefit limits, payback levels
- changes to policy rules
- changes to premiums
- any other changes we may need to make for legislative or regulatory reasons.

9.3 How will I be told about a change?

To tell the policyholder about a change we will contact them at the postal address or email address that they gave us. This is why it is important to make sure that you keep your contact details updated.

9.4 What if I don't want to accept any changes?

If the policyholder does not want to accept any changes made to this policy, they have the right to cancel from the next renewal date.

Section 10: Fraud

10.1 What is Fraud?

Fraud is a crime that can result in a fine or prison sentence. **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.

10.2 How do we protect ourselves from fraud?

We have strong anti-fraud measures to protect **ourselves** and **our** customers. These 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
- Other actions that **we** think are necessary.

10.3 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 the **policy**holder if **we** do this, and **we** won't pay claims until we've received any premiums that **we** didn't collect whilst the **policy** was suspended
- recovering the full amount (including any element that is not fraudulent) that **we** have paid to the **policy**holder for any
- fraudulent claim made by any member 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
- notifying the member's employer
- any other actions that **we** think are necessary.

Section 11: General rules

11.1 If at any time **we** have not applied any of these **policy** rules, **we** can still apply them in the future.

11.2 The terms of this **policy** can only be enforced by **us** or by the **policy**holder, or any member covered by this **policy**.

11.3 **We** will use English for all policy documents and letters.

11.4 The laws of England govern this policy.

Complaints

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 customerservices@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.

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 **policyholder** 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 been cancelled.

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

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

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

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

Who can I contact 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're** not happy with the way we use **your** personal data, **you** can contact **our** Data Protection Officer, or the Information

Commissioner's Office (ICO). **You** can call the ICO on 0303 123 1113, or 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.

Contact us

Message us through our online form

www.simplyhealth.co.uk/existing-customers/contact-us/online-form

Talk to our Livechat team at

simplyhealth.co.uk

Call us on

0370 908 3481

(Monday to Friday 9am – 6pm)

If you're unhappy with the service you've received,
then please let us know.

Customer relations:

customerrelations@simplyhealth.co.uk

0370 908 3310



Simplyhealth

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Some of our services are provided by Third Party suppliers

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