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 2026.

Introduction

Thank you for choosing a Simplyhealth Dental Plan.

This document explains the policy rules, and how the policy works. These rules apply to all members of 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 members, whatever your needs, and information is available in large print, braille 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 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 14 day '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 days of your renewal date.

How do I make a claim?

The first thing you need to do is pay the costs of the treatment or service to the person providing them (for example, your **dental clinician**). You then claim back money towards the costs from us. It's really easy to claim online or through our app. Please visit 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, which may change from time to time. These may include 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

Please be aware that this document details benefits that **you** may not have access to. **You** are covered for the benefits shown in **your table of cover**, for **your** selected level, up to the annual limits shown.

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.

1. General exclusions

This **policy** will not pay for:

- a **course of treatment** that **you** have paid for but have not yet received
- treatment for a dental accident that occurred before **your policy start date**
- claims for treatment that took place or was identified before **your policy start date**, or within the **qualifying period**
- 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 that does not form part of your treatment plan with **your dental clinician**
- 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 for treatment 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 – a parent, child, brother or sister, or **your partner**, or
  - a business that **you** or **your partner** own, or
  - 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	☒ periodontal 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 within your annual benefit entitlement 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 technician 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 unforeseen event or occurrence causing damage to the teeth or supporting structures which is caused by means of 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	☒ further treatment that **you** need after the immediate restoration of the accident-damaged area, for example remedial improvements to, or the modification of, work carried out as a result 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	☒ 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
☑ dental treatment that **you** need as a result of participating in a sport or activity that carries a higher than average likelihood of dental injury, only where **you** were 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 initial 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 is to help towards the incidental costs involved with **you** being admitted to hospital primarily for dental treatment, to contribute towards costs such as travel, parking and meals for visitors. **We** will pay the amount stated in **your table of cover** as described below;

- If **you** are admitted as an in-patient for dental treatment we will pay **your** entitlement for each night **you** are required to occupy a bed
- If **you** are admitted as a day patient (with no overnight stay) for dental treatment **we** will pay **your** entitlement for each single day **you** occupy a bed
- If **you** are admitted as a day patient for dental treatment and subsequently **you** are required to stay overnight **we** will only pay **your** entitlement for each night **you** are required to occupy a bed.

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 **dental clinician**, GP, consultant or accident and 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 alongside a claim payment under the 'treatment' benefit entitlement ☒ **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:

To claim hospital admission **you** will need to provide a copy of **your** discharge summary. If **you** are unable to provide this, **you** will need to provide **us** with written confirmation of **your** admission or appointment from the hospital (we do not accept text messages as proof of your admission or appointment).

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. 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.

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 - where consultations or tests begin within that time and the diagnosis is made after ☒ 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 **policy**holder 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 malignant tumour, with its primary site being in the hard and/or soft palate, gland tissue (including accessory, salivary, lymph and other gland tissue) in the mucosal lining of the oral cavity but excluding the tonsils, which is characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This excludes non-invasive cancer in situ.

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 **specialist**s 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, or talk to **our** Livechat team at simplyhealth.co.uk.

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:

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

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.**

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 benefits 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** 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.

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 (within 6 months of the date of treatment). The longer the length of time bet**we**en the date of treatment and submitting **you**r 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.

4.5 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**.

4.6 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).

4.7 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 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 **policyholder** can add them to this **policy**. They must be added on the on the same level of cover as the **policyholder**.

A **partner** must live with the **policyholder.**
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 **policyholder** cancel it.

Section 6: Paying premiums, tax and changing cover

6.1How 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**.

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** previo**us** 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 period**s 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

7.1Can 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.

If **you** choose to cancel in the 'cooling off' period and the premium has been paid**, 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, and **we** may take action to recover any overpayment from **you**.

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 two months in a row. If this happens, **we** will tell the **policyholder**
- 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

8.1Do 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

9.1Can 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

10.1What is Fraud?

Fraud is a criminal offence that can result in a fine or imprisonment. **We** consider someone (including the treating professional or practitioner) to be committing fraud if they act dishonestly with the intention of receiving more than they are entitled to, including by:

- making a claim they know to be false, misleading, or exaggerated;
- submitting a statement in support of a claim that is false, misleading, or exaggerated; or
- providing any document in support of a claim that they know is false, misleading, or exaggerated.

In each case, this must be done knowingly and with the intention of deceiving **us** into making a payment to which they are not entitled.

10.2 How do we protect ourselves from fraud?

We operate robust anti-fraud measures to protect both **our** business and **our** customers. These measures may include, but are not limited to:

- reviewing account activity and claims associated with **your policy**. **We** may use third parties, including specialist investigators, where appropriate to support these reviews;
- sharing details of suspected fraudulent claims with the relevant authorities, including law enforcement agencies for them to investigate and prosecute as a criminal act;
- sharing information with relevant counter-fraud organisations, insurers, professional bodies, and other parties with a legitimate interest in preventing and detecting fraud; or
- taking any other reasonable and proportionate actions necessary to prevent, detect, or investigate fraud, in accordance with applicable laws and regulations.

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 **policyholder** 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 **policyholder**, 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 we**bsite 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** m**us**t 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

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 is a trading name of Simplyhealth Access. Simplyhealth Access is incorporated in England and Wales, company no. 00183035. Registered office: Anton House, Chantry Street, Andover, Hampshire, SP10 1DE. Simplyhealth Access is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Financial Services Register number 202183.
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Some of our services are provided by Third Party suppliers

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