

# Continuation policy Application form

Thank you for your interest in keeping your dental cover with us. It is important that you read and understand the terms and conditions of this policy before applying. These policy terms and conditions can be found in the documents on our website: [www.unum.co.uk/dental/continuation](http://www.unum.co.uk/dental/continuation).

Unum does not give advice about the suitability of their insurance products. However, this insurance meets the needs and demands of an individual who wishes to arrange dental insurance to cover themselves for insured dental treatments. Please read the Continuation policy document carefully to confirm that the product meets your circumstances. You should always seek independent advice from a financial adviser where you are unsure of the suitability of a particular product.

## Applying for cover

- Please print and fully complete both pages of this form.
- Once completed, you can submit your application via email. Please scan or take a clear photo of all the pages of your form and send it to [staywithdental@unum.co.uk](mailto:staywithdental@unum.co.uk).
- Alternatively, you can post your completed application to Unum Dental, Milton Court, Dorking, Surrey, RH4 3LZ.

**Please note your policy shall automatically renew on the Policy Renewal Date and will continue until your policy is cancelled by you or us, as permitted by the policy terms and conditions which you can find in the Continuation policy document. We will provide you with all your policy renewal details including how you can opt-out of your automatic renewal approximately 30 days prior to your Policy Renewal Date.**

If you have any questions about this policy or your application, please call us on 0345 850 9439 or email [staywithdental@unum.co.uk](mailto:staywithdental@unum.co.uk)

## A Select your cover

Please indicate your plan selection by ticking your chosen premium from the table below. Please refer to the [Policy wording](#) on our website for the definition of partner and children.

| Monthly premiums*          | Radiant 1                       | Radiant 2                       | Radiant 3                       | Radiant 4                        | Radiant 5                        |
|----------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------------|----------------------------------|
| Self only                  | <input type="checkbox"/> £13.46 | <input type="checkbox"/> £20.60 | <input type="checkbox"/> £27.72 | <input type="checkbox"/> £43.71  | <input type="checkbox"/> £63.71  |
| Self & partner or children | <input type="checkbox"/> £26.92 | <input type="checkbox"/> £41.20 | <input type="checkbox"/> £55.44 | <input type="checkbox"/> £87.42  | <input type="checkbox"/> £127.42 |
| Self, partner & children   | <input type="checkbox"/> £40.38 | <input type="checkbox"/> £61.80 | <input type="checkbox"/> £83.16 | <input type="checkbox"/> £131.13 | <input type="checkbox"/> £191.13 |

\*These amounts include Insurance Premium Tax (IPT) at the prevailing rate.

## B Applicant details

|                        |                     |
|------------------------|---------------------|
| Surname                | Forename            |
| Current Policy Number  | Date of Birth (DOB) |
| Email my documents to* |                     |

\*Paper copies available upon request

## C If you have selected to include your partner and/or children please add their details below

|                  |     |         |     |
|------------------|-----|---------|-----|
| Partner surname  |     |         |     |
| Partner forename |     |         | DOB |
| Child 1          | DOB | Child 2 | DOB |
| Child 3          | DOB | Child 4 | DOB |

Please contact us if you wish to add more than 4 children to your policy.

**By signing this application form and Direct Debit Instruction, you agree to enter into a dental insurance policy with Unum Limited (trading as Unum Dental). The terms of the dental insurance policy can be found by [clicking here](#). Your policy premium will be collected on or just after the 1st of each month.**

### Marketing preferences

We may use contact details provided as part of this application to inform you of other products, services and special offers that may be of interest to you. Full details of how we use data can be found on our website. I agree to be sent emails for this purpose:

Yes  No

Signed by the Applicant:

Date:

# Instruction to your Bank or Building Society to pay by Direct Debit

## Application form to continue cover with Unum Dental



### Name and full postal address of your Bank or Building Society

|                 |                       |
|-----------------|-----------------------|
| To: The Manager |                       |
|                 | Bank/Building Society |
| Address         |                       |
|                 | Postcode              |

Name of Account Holder(s)

Bank or Building Society account number

Branch Sort Code  —  —

Reference number

Service user number 5 0 9 8 2 8

### Instruction to your Bank or Building Society

Please pay Unum Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Unum Limited and, if so, details will be passed electronically to my bank/building society.

Signature(s)  Date

**Banks and Building Societies may not accept Direct Debit Instructions for some types of account**

**This guarantee should be detached and retained by the Payer.**

#### The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Unum Limited will notify you 3 working days in advance of your account being debited or as otherwise agreed. If you request Unum Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by Unum Limited or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society
  - If you receive a refund you are not entitled to, you must pay it back when Unum Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your Bank or Building Society. Written confirmation may be required. Please also notify us.