

Insurance Product Information Document

Company: dencover (a trading name of Unum Limited)

Product: Dental insurance policy

dencover is a trading name of Unum Limited which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. FCA registration number: 110408. Registered in England No 938768. Registered office: Milton Court, Dorking, Surrey RH4 3LZ

This is a summary of the important information you should know about the dental cover we provide. Full details, such as the information you should know before and after you enter into a contract with us, can be found in the policy document on our website.

What is this type of insurance?

This policy provides cover against the cost of insured dental treatment up to the maximum amounts listed in the benefit schedule. The amount of reimbursement you receive depends on the level of cover you choose.



What is insured?

You may claim for:

- ✓ Routine check-ups and x-rays
- ✓ Scale & polish/hygienists
- ✓ Fillings, extractions, dentures, crowns, root canal and bridges
- ✓ Worldwide accident cover
- ✓ Worldwide emergency cover
- ✓ Hospital stays
- ✓ Mouth cancer

Claim and annual policy limits apply.

Please read the benefit schedule carefully before applying for cover.



What is not insured?

We will not pay any claim for:

- ✗ Treatment relating to a pre-existing dental or medical condition
- ✗ Treatment carried out before cover under this policy starts and after it ends
- ✗ Cosmetic treatment including teeth whitening, veneers and orthodontics
- ✗ Treatment which was identified, started or completed during the relevant qualifying period
- ✗ Treatment outside of the UK except accident or emergency treatment
- ✗ Loss of, or damage to, dentures except while being worn
- ✗ Sports injuries (unless head, face or mouth protection is worn)
- ✗ Injuries caused when eating or drinking
- ✗ Specialist treatments such as periodontal
- ✗ Prescription charges and missed appointment fees
- ✗ Treatment for your teeth, gums, mouth or tongue in connection with 'mouth jewellery'



Are there any restrictions on cover?

- ! We apply a maximum annual benefit for each insured treatment
- ! We'll pay a percentage of each claim you make for some treatments up to the annual limit
- ! A qualifying period of up to 60 Days applies to some treatments. Please see the benefit schedule for full details of the applicable qualifying periods
- ! Treatment must be completed and paid for in full before your claim can be assessed
- ! You cannot claim for treatment identified at your first examination after the start date, if you have not had a routine examination in the 12 months immediately before the policy start date
- ! If you choose to cancel your policy or remove an insured person from the policy, we will apply a 3 year exclusion period during which you or the removed person will not be able to start a new dencover dental insurance policy from the date the cancellation takes effect



Where am I covered?

- ✓ In the UK for routine treatment
- ✓ Worldwide for accident and emergency treatment



What are my obligations?

You must:

- Be 18 years or older and permanently living in the UK
- Pay the agreed premium each month in return for the cover we provide
- Take reasonable care to answer all the questions honestly and to the best of your knowledge
- Notify us immediately of any changes to your information that may affect your policy and or premium and ensure dencover have up-to-date contact information for you at all times
- Include proof of payment with each claim you make
- Submit claims within 90 days of the completion of your last treatment in any course. We reserve the right to decline claims submitted after 90 days



When and how do I pay?

Premiums must be paid monthly by direct debit.



When does the cover start and end?

Cover starts immediately on the day you purchase a policy – this will be confirmed on your policy schedule.

Your policy will renew automatically every month for which we receive the premium, until your policy is cancelled by you or us under the terms of the contract.

Benefits apply for 12 consecutive months from your policy start date (your benefit year) and each 12-month period thereafter until your cover ends.



How do I cancel the contract?

In the 14 days after you receive your policy schedule (the cooling-off period), you may cancel the policy by contacting us. We will refund any premium you have paid provided no claim has been made.

You can cancel your cover after the 14-day cooling off period by giving us 30 days notice in writing. We will not refund any premiums you have already paid.