

ADVANTAGE HEALTH CASH PLAN

For Employees of Equiniti

**Period of Cover 1 January 2024 to
31 December 2024**

**Please read this policy document together with
the IPID and retain it along with a copy of your
welcome email for future reference in the event of
making a claim.**

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Introduction

There are different parties involved in providing the insurance services and benefits under this **Policy**:

Iceni International Ltd

Your Policy is arranged by Iceni International Limited, registered in England and Wales under No.04893269 at Zeppelin House, 3rd Floor, 59-61 Farringdon Road, London, EC1M 3JB. Financial Services Register No. 418441. Iceni International Limited is an appointed representative of Bespoke International Limited. Bespoke International Limited, registered in England and Wales, No. 04520834, is authorised and regulated by the Financial Conduct Authority. Financial Services Register No. 314872.

Denis UK

Your Policy is administered by Denis UK Limited registered in England and Wales under No. 06399615 at Grove House, Lutyens Close, Basingstoke Hants RG24 8AG, Financial Services Register No. 600303. Denis UK Limited is an appointed representative of Healix Insurance Services Limited.

Healix Insurance Services Limited

Your policy is underwritten by Healix Insurance Services Limited on behalf of Hamilton Insurance DAC, registered in England and Wales under No.5484190. Healix Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. Financial Services Register No. 437248.

Hamilton Insurance DAC

Your **policy** is underwritten by Hamilton Insurance DAC, a designated activity company registered in Ireland, number 484148, at 2 Shelbourne Buildings, Crampton Avenue, Ballsbridge, Dublin 4, D04W3V6, Ireland. Hamilton Insurance Dac is authorised by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority in connection with its UK branch

All of these details can be checked on the Financial Services Register by visiting www.fca.org.uk.

Definitions

We have defined below words or phrases used throughout this **Policy** document. To avoid repeating these definitions please note that where these words or phrases appear in bold they have the precise meaning described below unless otherwise stated. Where words or phrases are not listed within this section, they will take on their usual meaning within the English language.

Accident

A sudden and unexpected **Bodily Injury** caused by violent or external means.

Acute

A **Medical Condition** of rapid onset resulting in severe pain or symptoms which is of brief duration and that is likely to respond quickly to **Medical Treatment**.

Birth Defect

A deformity or **Medical Condition** which is caused during pregnancy and/or childbirth.

Bodily Injury

An identifiable physical injury that directly results from an **Accident**.

Cancer

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, lymphoma and sarcoma.

Child/Children

Persons under 26 years of age at the **Commencement Date/Review Date** who are permanently resident with **You** or are in full time education and live with parents/guardians outside term time.

Claims Administrator

Denis UK Limited, P.O. Box 6833, Basingstoke, Hampshire, RG24 4PR, United Kingdom.

Close Relative

Spouse or partner (of the same or opposite sex), mother, mother-in-law, father, father-in-law, stepmother, stepfather, legal guardian, daughter, daughter-in-law, son, son-in-law, (including legally adopted son or daughter), stepchild, sister, sister-in-law, brother, brother-in-law, grandparents, grandchildren or fiancé(e) of an **Insured Person**.

Commencement Date

The date on which this **Policy** commences. This **Policy** runs for one calendar year. If **You** join part way through the year, **Your Commencement Date** will be **Your Date of Entry** and **Your Policy** will run from **Your Date of Entry** until the **Review Date** and thereafter in periods of one calendar year.

Congenital Abnormality

Development of an abnormal organ or structure within the foetus whilst in the womb.

Consultant

A surgeon, anaesthetist or **Physician** who is legally qualified to practice medicine or surgery following attendance at a recognised medical school and is recognised as having a specialist qualification in the field or expertise in the treatment of the disease, **Illness** or injury being treated.

Country of Residence

The country within the United Kingdom where the **Insured Person(s)** covered by this **Policy** have their primary residence, and in which they normally live, during each **Period of Cover**.

Cover

The provision of the benefits detailed in the Benefits Table for **Treatment** and/or **Emergency Treatment** subject to the terms and conditions of the **Policy**.

Date of Entry

The date on which an **Insured Person** was included under this **Policy**.

Day-Care

Medical Treatment provided in a **Hospital** where an **Insured Person** is formally admitted but is not required, out of medical necessity, to stay overnight.

Emergency Dental Treatment

Dental treatment necessary as a result of an **Accident** caused by an extra-oral impact, received during the first 5 days following the date of the **Accident** for the immediate relief of pain caused by natural teeth being lost or damaged.

Hospital

Any institution under the constant supervision of a resident **Physician** which is legally licensed as a medical or surgical **Hospital** in the country where it is located.

Illness

Any sickness, disease, disorder or alteration in an **Insured Person's** state of health diagnosed by a **Physician**.

In-Patient

Medical Treatment provided in a **Hospital** where an **Insured Person** is admitted and, out of medical necessity, occupies a bed for one or more nights for any one **Medical Condition**.

Insured Person/You/Your

A person resident in the **United Kingdom** who is an employee of Equiniti (or the **Partner** or dependent **Child** of an employee) for whom **We** receive and accept a completed application form and a premium is paid and who is entitled to **Cover** in accordance with the terms of this **Policy**.

Medical Condition

Any disease or **Illness** (including psychiatric **Illnesses**), not otherwise excluded by this **Policy**.

Medical Treatment

The provision of recognised medical and surgical procedures and healthcare services which are administered on the order of and under the direction of a **Physician**, for the purposes of curing a **Medical Condition**, **Bodily Injury** or **Illness** or to provide relief of a chronic **Medical Condition**.

Out-Patient

Medical Treatment provided to the **Insured Person** by, or on the recommendation of, a **Physician** which does not involve an admission to **Hospital** either on an **In-Patient** or **Day-Care** basis.

Overall Maximum Benefit

The maximum amount of money that will be paid to or a payment made on behalf of each **Insured Person** during each **Period of Cover**.

Partner

An **Insured Person's** spouse or **Partner** who permanently resides with an **Insured Person** in a domestic relationship.

Period of Cover

For each **Insured Person** accepted for **Cover** on or after the **Commencement Date**, the period commencing on the **Commencement Date** or on the **Date of Entry** and ending on the date **You** notify **Us** of the termination of their **Cover**, or the **Review Date**, whichever occurs first.

Physician

A legally licensed medical/dental practitioner who is authorised by the appropriate governing authorities to practice medicine in the country where treatment is provided.

Physiotherapy

Medical Treatment recommended by a **Physician** as being medically necessary to treat an **Illness**, **Bodily Injury** or **Medical Condition** where provided by a licensed and qualified physiotherapist. **Physiotherapy** does not include ante-natal and maternity exercises, manual therapy, sports massage or occupational therapy.

Policy

This contract being **Our** contract with the **Policyholder** providing the **Cover** as detailed in this document.

Policyholder

The company or corporate entity from whom premium is received. In the event of a claim, it is understood that settlement will be made to the principal **Insured Person**. Claims payments are not made to **Partners** or dependent **Children**.

Pre-Existing Medical Condition

Any **Medical Condition**, psychological condition or 'related condition' for which **You** have received treatment, suffered any symptoms (whether investigated or not) or sought advice in the 12 months immediately prior to **Your Date of Entry** to this **Policy**, except routine check-ups for a **Pre-Existing Medical Condition** where there has been no treatment provided and no change of dosage up or down nor any change of any prescription medication.

A 'related condition' is deemed to be any **Medical Condition** that is either an underlying cause of, or directly attributable to, the **Medical Condition** subject to **Claim**.

Prescription Drugs

Medications and drugs whose sale and use are legally restricted to the order of a **Physician**. Drugs, medicines and other medicaments purchased 'over the counter' without a **Physician's** prescription are not covered by this **Policy**.

Reimbursement

The percentage of a **Claim** that **We** shall pay against each benefit, up to the annual benefit limit, as shown on the summary of benefits and in accordance with **Your** chosen level of cover.

Review Date

1 January 2025

We/Our/Us/Insurer

Hamilton Insurance DAC.

United Kingdom

This comprises England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man.

Benefit Table

Cover

The purpose of this **Policy** is to provide an **Insured Person** with **Medical Treatment**, Routine and **Emergency Dental Treatment** and other medical benefits as described in the Benefits Table below during the **Period of Cover**. **We** will pay benefits up to the maximum value shown according to the plan selected in **Your** application process provided that such **Treatment** is clinically necessary and received by the **Insured Person** during the **Period of Cover**.

All benefits are payable on a per-person per Period of Cover basis unless otherwise stated.	£
Item 1 - Hospital Travel & Parking 50% Reimbursement for public transport to and from Hospital or Hospital car parking costs for an eligible In-Patient stay in excess of 72 hours.	20
Item 2 - Physician & Consultant Services 75% Reimbursement for the services of a Physician and/or Consultant including: diagnostic tests; investigations including ECG, X-rays, pathology, histology, MRI/CT/PET scans; and minor surgery in a doctors' clinic/consulting rooms. Note – a 90 day waiting period applies to this benefit in terms of pre-existing medical conditions only.	350 per adult
	175 per child
Item 3 - Routine Dental Benefits 100% Reimbursement for annual check-up, annual hygienist visit, extractions, X-rays, fillings using amalgams or composite materials, new or repairs to porcelain crowns, new or repairs to bridgework. Benefit limits apply. See Item 3 "What is Covered" on page 14 for details.	150 per adult
	75 per child

<p>Item 4 - Emergency Dental Treatment 100% Reimbursement for dental treatment for immediate pain relief where required as a direct result of an Accident. Only treatment received during the first 5 days following the date of the Accident is covered. Emergency Dental Treatment is covered on a worldwide basis.</p>	600 per person
<p>Item 5 - Optical Benefit 100% Reimbursement for annual vision/eye test, new prescription spectacle lenses, swimming goggles or contact lenses, spectacle frames required following a requirement for new prescription lenses, and laser eye surgery. Benefit limits apply. See Item 5 “What is Covered” on page 15 for details. Note: A 24 month Wait Period applies to this in respect of laser eye surgery.</p>	150 per adult
<p>Item 6 - Physiotherapy & Complementary Treatments 75% Reimbursement for Physiotherapy, Osteopathy, Chiropractic treatment, Reflexology, Homeopathy and Acupuncture provided by a licensed practitioner. Note: Procedures under Item 6 are covered where treatment is provided upon referral from Your treating General Practitioner (GP) or Consultant. Note: A 90 Day Wait Period applies to Complementary benefits in respect of Pre-Existing Medical Conditions only. A 90 Day Wait Period applies to Physiotherapy in respect of Pre-Existing Medical Conditions only.</p>	350 per adult
<p>Item 7 - Chiropody & Podiatry Benefit 75% Reimbursement for chiropody and podiatry provided by a licensed practitioner. Note: Procedures under Item 7 are covered where treatment is provided upon referral from Your treating General Practitioner (GP) or Consultant.</p>	175 per child
<p>Item 8 - Prescription Drugs & Vaccinations 75% Reimbursement for Prescription Drugs and medicines, adult vaccinations and immunisations including flu vaccine. Note: A 90 Day Wait Period applies to this benefit in respect of Pre-Existing Medical Conditions only.</p>	140 per adult
<p>Item 9 - Wellness Benefit 75% Reimbursement for wellness screening including Cancer screening and routine health tests for Insured Person’s aged 30 years or over. Please see Policy wording for a full list of benefits.</p>	50 per child
<p>Item 10 - New Child Benefit New child cash benefit payable on the birth/adoption of each child subject to: - the child being born/adopted at least 12 months after the mother’s entry date to the Policy; and - no Claim being made for pregnancy or childbirth against any other item of the Policy.</p>	100 per adult

<p>Item 11 - Broken Bone Benefit 50% Reimbursement towards treatment costs incurred upon the breakage of the major arm bones (radius, ulna, humerus) and major leg bones (femur, tibia or fibula).</p>	25 per incident
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WHAT IS COVERED & WHAT IS NOT COVERED

We will pay costs up to the amounts stated in the summary of benefits as appropriate, in Great British Pounds, and according to the level of cover for each **Insured Person** during each **Period of Cover**.

Our liability in respect of all **Claims** will cease immediately upon termination of this **Policy**, deletion of an **Insured Person** from this **Policy** or non-payment of premium.

ITEM 1 – HOSPITAL TRAVEL & PARKING

What is covered

We will pay 50% **Reimbursement** up to the annual limit as shown in the summary of benefits for **Your** level of cover, for the following benefit: Costs of public transport to and from **Hospital**, or **Hospital** car parking costs, directly associated with **Your** admission to **Hospital** for an in- patient stay in excess of 72 hours.

Please note that **We** require copies of receipts relating to travel and parking costs incurred and these must be provided to **Us** at the time of submitting **Your** claim.

What is not covered

- a) Transportation costs for anyone other than the person being admitted to **Hospital** or the accompanying adult.

ITEM 2 – PHYSICIAN & CONSULTANT SERVICES

What is covered

We will pay 75% **Reimbursement** up to the annual limit as shown in the summary of benefit for **Your** level of cover, for the following benefit:

The services of a **Physician** and/or **Consultant** including: diagnostic tests; investigations including ECG, X-rays, pathology, histology, MRI/CT/PET scans; and minor surgery in a doctors' clinic/consulting rooms.

What is not covered

- a) Any treatment or services received for a **Pre-Existing Medical Condition** within the initial 90 day period following the **Insured Person's Date of Entry**. Treatments or services provided in relation to an **Accident** are eligible immediately from the **Date of Entry** of an **Insured Person**.

ITEM 3 – ROUTINE DENTAL BENEFITS

What is covered

We will pay 100% **Reimbursement** up to the annual aggregate limit as shown in the summary of benefits for **Your** level of cover, for the following benefit: one annual check-up, one annual visit to the hygienist, one annual X-ray, extractions, fillings using amalgams or composite materials, new or repairs to porcelain crowns, new or repairs to bridgework.

The following benefit limits apply:

Benefit Amount Payable	(£)
Procedures or Appliance	
Examination with x-ray & cleaning	Up to 25
Filling or extraction (per filling or extraction)	Up to 35
New crowns & bridge (per crown or bridge)	Up to 50

Repair to crowns & bridge (per crown or bridge)	Up to 30
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What is not covered

- a) Orthodontic work.
- b) Root canal treatment.
- c) The cost of precious metals in any dental procedure.
- d) Gingivitis, periodontitis, or gum disease of any kind.
- e) Prescribed drugs or medicines (Please see Item 8 **Prescription Drugs & Vaccinations** for details of cover for prescribed drugs or medicines under this **Policy**).
- f) Dental procedures other than those stated as covered under this Item 3.
- g) Any procedures where the dentist has charged for both an NHS and a private treatment fee for the same procedure. In such a case reimbursement will be made in line with the lower of the two charges.
- h) Dental treatment provided at a hospital as a day-patient or in-patient.
- i) In excess of four fillings per **Period of Cover**.

ITEM 4 – EMERGENCY DENTAL TREATMENT**What is covered**

We will pay 100% **Reimbursement** up to the annual limit as shown in the summary of benefits for **Your** level of cover, for the following benefit: **Emergency Dental Treatment** for immediate pain relief where required as a direct result of an **Accident**. Only treatment received during the first 5 days following the date of the **Accident** is covered.

Emergency Dental Treatment is covered on a worldwide basis.

What is not covered

- a) **Emergency Dental Treatment** where:
 - The injury was caused by eating or drinking anything, even if it contained a foreign body;
 - The damage was caused by normal wear and tear;
 - The damage was caused by tooth-brushing or any other oral hygiene procedure;
 - The injury was caused by any means other than extra-oral impact;
 - The injury was caused in any way by the use of mouth jewellery.
- b) **Emergency Dental Treatment** shall not include: restorative or remedial work; the use of any precious metals; orthodontic treatment of any kind; prescribed drugs; or dental surgery performed in **Hospital**, unless dental surgery is the only treatment available to alleviate the pain.
- c) Gingivitis, periodontitis, or gum disease of any kind.
- d) Prescribed drugs or medicines. (Please see Item 9 **Prescription Drugs & Vaccinations** for details of cover for prescribed drugs or medicines under this **Policy**.)
- e) Dental procedures other than those stated as covered under this Item 4.
- f) Any procedures where the dentist has charged for both an NHS and a private treatment fee for the same procedure. In such a case reimbursement will be made in line with the lower of the two charges.

ITEM 5 – OPTICAL BENEFIT**What is covered**

We will pay 100% **Reimbursement** up to the annual aggregate limit as shown in the summary of benefits for **Your** level of cover, for the following benefit: one vision/eye test per **Period of Cover**, one new set of spectacle lenses, swimming goggles or contact lenses following a change in prescription per two consecutive **Periods of Cover**, one new set of spectacle frames following a change of prescription lenses per two consecutive **Periods of Cover**, and one course of laser eye surgery per **Period of Cover**.

The following benefit limits apply:

Benefit Amount Payable	(£)
Procedures or Appliance	
Eye / vision test	Up to 20

New prescription spectacle lenses, swimming goggles or contact lenses	Up to 50
Replacement spectacle frames following a change in prescription lenses	Up to 50
Laser eye surgery	Up to 50

Please Note: Claims for replacement spectacle frames must be made in conjunction with a claim for new prescription lenses. Such claims must be submitted within one month of the date of the eye/vision test at which the requirement for a change in prescription lenses was first detected.

What is not covered

- a) Glasses, contact lenses or swimming goggles where not prescribed by an ophthalmologist or optician.
- b) Laser eye treatment received within the 24 month period following an **Insured Person's Date of Entry** to correct short or long sight or any other eye defect, unless caused as a result of an **Accident or Medical Condition** occurring during the **Period of Cover**.
- c) Optical consumables, for example contact lens cases, glasses cases and glasses chains/cords, cleaning materials & solutions that are not part of a prescription.
- d) Magnifying glasses.
- e) Eyewear that does not have prescription lenses.
- f) Ophthalmic consultant charges or tests related to an ophthalmic consultation.

ITEM 6 – PHYSIOTHERAPY & COMPLEMENTARY TREATMENTS

What is covered

We will pay 75% **Reimbursement** up, to the annual limit and maximum number of visits as shown in the summary of benefits for **Your** level of cover, for **Physiotherapy**, Osteopathy, Chiropractic treatment, Reflexology, Homeopathy and Acupuncture provided by a licensed practitioner.

In the case of **Claims** under Item 6, **We** cover these treatments where there is a clear clinical requirement for treatment. **We** will require a copy of **Your** letter of referral from **Your** registered General Practitioner (GP) or **Consultant** before **We** will provide **Reimbursement** for any treatment costs.

What is not covered

- a) Prescribed drugs or medicines. (Please see Item 8 **Prescription Drugs & Vaccinations** for details of cover for prescribed drugs or medicines under this **Policy**.)
- b) Any treatment or services received within the 90 day period following an **Insured Person's Date of Entry**.
- c) any other treatments, for example, aromatherapy, herbalism, sports/remedial massage, Indian head massage, reiki, Alexander technique.
- d) X-rays and scans.
- e) Appliances, for example lumbar roll, back support, TENS machine.
- f) Treatments where not prescribed as part of a treatment plan by **Your** registered General Practitioner or **Consultant** in response to an identifiable clinical need.

ITEM 7 – CHIROPODY & PODIATRY BENEFIT

What is covered

We will pay 75% **Reimbursement** up to the annual limit as shown in the summary of benefits for **Your** level of cover, for chiropody and podiatry provided by a licensed practitioner.

In the case of **Claims** under Item 7, **We** cover these treatments where there is a clear clinical requirement for treatment. **We** will require a copy of **Your** letter of referral from **Your** registered General Practitioner (GP) or **Consultant** before **We** will provide **Reimbursement** for any treatment costs.

What is not covered

- a) Prescribed drugs or medicines. (Please see Item 8 **Prescription Drugs & Vaccinations** for details of cover for prescribed drugs or medicines under this **Policy**.)
- b) Any treatment or services received for a **Pre-Existing Medical Condition** within the initial 90 day period following the **Insured Person's Date of Entry**. Treatments or services provided in relation to an **Accident** are eligible immediately from the **Date of Entry** of an **Insured Person**.
- c) Cosmetic pedicures.
- d) X-rays and scans.
- e) Consumables not bought from the chiropodist or podiatrist at the time of treatment, for example corn plasters bought from a pharmacy.
- f) Surgical footwear, for example corrective footwear.
- g) Any treatment that is not provided by a suitably qualified and registered healthcare professional. For example, in order to practise in the UK, chiropodists & podiatrists must be registered with the Health and Care Professions Council (HCPC).
- h) Treatments where not prescribed as part of a treatment plan by **Your** registered General Practitioner (GP) or **Consultant** in response to an identifiable clinical need.

ITEM 8 – PRESCRIPTION DRUGS & VACCINATIONS**What is covered**

We will pay 75% **Reimbursement** up to the annual limit and maximum number of prescriptions as shown in the summary of benefits for **Your** level of cover, for **Prescription Drugs** and medicines; adult vaccinations and immunisations, including flu vaccine.

What is not covered

- a) Routine and preventative vaccinations for children.
- b) Vaccinations required for foreign travel.
- c) Slings, supports and bandages, whether prescribed by a **Physician** or not.
- d) Any treatment or services received for a **Pre-Existing Medical Condition** within the 90 day period following an **Insured Person's Date of Entry**.

ITEM 9 – WELLNESS BENEFIT**What is covered**

We will pay 75% **Reimbursement** up to the annual limit as shown in the summary of benefits for **Your** level of cover, for an **Insured Person** aged 30 years and over to undergo one wellness check-up including the following:

Cancer screening as follows: cervical smears, mammograms and prostate/colon/testicular screening.

AND

Testing for: body temperature, pulse, blood pressure, respiration, full blood count, fasting blood sugar, lipid (fats) profile, kidney function panel, liver function panel and thyroid panel.

What is not covered

- a) Treatment and services for any **Insured Person** who is aged under 30 years on the date of the treatment or service.
- b) Any treatment or services received within the 12 month period following an **Insured Person's Date of Entry**.

ITEM 10 – NEW CHILD BENEFIT**What is covered**

We will pay the amount shown in the summary of benefits for **Your** level of cover upon the birth or adoption of each new **Child** within the **Period of Cover**. Payment of this benefit is subject to the **Child** being born/adopted at least 12 months after the mother's **Date of Entry**. This benefit is only payable where no **Claims** for pregnancy and/or childbirth have been made/paid against any other item of this **Policy**.

An adopted **Child** must also be aged under 18 on the date the adoption order has been granted, as shown on the adoption certificate/papers. **We** will require **You** to send a copy of the adoption certificate/papers for **Claims** for a new adopted **Child** under this benefit. **We** will only make one payment for each new **Child** no matter how many policies **You** or **Your** partner are covered on. If **You** have more than one **Policy** **You** will have to choose which one to **Claim** the new **Child** payment under. **We** will also make a payment following a stillbirth of **Your Child** after 24 weeks of pregnancy.

Please note that notification of the addition of a new **Child** does not constitute formal **Claim** submission for this benefit.

What is not covered

- a) Costs associated with adoption, such as adoption agency/ministerial department fees, assessments and medical examinations.
- b) Benefit where the new **Child** is born or has been adopted within the initial 12 months from the **Date of Entry** of an **Insured Person**.
- c) Foster **Child**.
- d) A new **Child** born to, or adopted by a dependent **Child** covered under this **Policy**.

ITEM 11 – BROKEN BONE BENEFIT

What is covered

We will pay 50% **Reimbursement** up to the annual limit as shown in the summary of benefits for **Your** level of cover for the following benefit: Medical treatment following the breakage of **Your** radius, ulna, humerus, femur, tibia or fibula within the **Period of Cover**.

Please note: The breakage of more than one bone shall not result in the payment of more than one cash benefit in any one **Period of Cover**.

What is not covered

- a) Costs associated with the breakage of any other bone in the human body not listed above.

Benefit Rules

The following benefit rules apply to all Advantage Health Cash Plan levels of cover.

1. Children and Partners

Where **Children** or **Partners** are insured under the **Policy**:

- i. The level of **Cover** must be the same as that selected by **You**;
- ii. The maximum reimbursement, annual maximums and limits during the **Period of Cover**, shall be shared amongst all of **Your Children** up to a maximum of two **Children**;

2. Annual Maximums

The maximum amount payable in any one **Period of Cover** shall not exceed the amounts stated for the applicable plan as detailed in the Benefit Table.

3. General

For all claims, the relevant date for determining the benefits available for **Treatment** shall be the actual date of the **Treatment**.

All expenditure for which benefit is claimed must be clinically necessary and incurred wholly and exclusively for the purpose of **Treatment**.

General Exclusions

The following exclusions apply to all Items of this **Policy**. We will not pay **Claims** for any of the following:

1. Any **Claim** or expense of any kind arising from any addictive and/or compulsive disorder.
2. Any **Claim** or expense of any kind arising due to the **Insured Person** being under the influence and/or suffering from the effects of alcohol, intoxicants, drugs (prescription or non-prescription) or narcotics.
3. Deliberate self-inflicted injury, needless self-exposure to peril (except in an attempt to save human life), suicide, attempted suicide or self-harm.
4. Dietary supplements, nutritional supplements, bodybuilding supplements and substances, fibre, fatty acids, amino acids, vitamins, minerals and organic substances regardless as to whether prescribed by a **Physician**.
5. Any **Claim** or expense of any kind arising from contraception, sterilisations or its reversal (including vasectomy), fertilisation, impotence, venereal disease, sexually transmissible diseases, gender reassignment or any other form of sexual related condition, infertility and any related condition.
6. Any **Claim** or expense of any kind arising from any form of assisted reproduction (including in vitro fertilisation) and its consequences, including any resulting pregnancy and childbirth or complications of the assisted reproduction treatment or complications of any resulting pregnancy and childbirth.
7. Any act that is fraudulent, illegal, un-lawful, criminal, anti-social, deliberately careless or reckless on the **Insured Person's** part and any consequences directly or indirectly resulting from that act.
8. Any **Claim** arising in the course of travel undertaken against medical advice.
9. Any **Claim** or expense of any kind arising from or exacerbated by air travel when the **Insured Person** is more than 28 weeks pregnant.
10. Any **Claim** arising from **Birth Defects** or injuries, **Congenital Illness**, or **Congenital Abnormality**.
11. Any costs incurred after the expiry of any **Period of Cover**, unless this **Policy** has been renewed for the next 12 months period and the required premium paid.
12. Any **Claim** or expense of any kind arising from treatment which is experimental and/or unproven and any consequences resulting directly or indirectly from the treatment. For the purposes of this **Policy**, experimental and unproven treatment is deemed to be any treatment not recognised scientifically by the official government control agency of the country where treatment is received.
13. Any **Claim** or expense of any kind arising from any treatment and/ or use of drugs/medicines not licensed by the official government control agency of the country where treatment is received or where the drugs/medicines are prescribed or, drugs/medicines not used in accordance with their licensed indications.
14. Any **Claim** or expense of any kind arising from drug therapy and/ or treatment provided by an unlicensed **Physician** or where the **Physician** is unlicensed in the country where the drug therapy and/ or treatment is received.
15. Any **Claim** or expense of any kind arising from cosmetic surgery, cosmetic treatments or remedial surgery, removal of fat or other surplus body tissue and any consequences of such **Medical Treatment**, whether or not for psychological purposes. Cosmetic surgery or treatment will be considered where required as a direct result of:

- an **Illness**;
- injury or **Accident**; or,
- surgery for **Cancer**;

which occurs during the **Period of Cover** and which is covered by this **Policy**.

16. Any **Claims** arising from weight loss, weight problems or eating disorders.
17. Any **Claims** arising from snoring or sleeping disorders.
18. Any **Claim** or expense of any kind arising from stem cell transplants for any medical condition.
19. Any **Claim** or expense of any kind arising from **Medical Treatment** performed by a **Physician** who is a **Close Relative** of the **Insured Person**, unless previously approved by **Us**.
20. Any fees arising from a practitioner charging more than one fee for an item of **Medical Treatment** or procedure.
21. **Claims** arising as a result of the **Insured Person's** participation in (engaging or practising for) specially hazardous pursuits or activities including, but not limited to, the following:
 - Aqua-lung diving below 100 metres; shark feeding/cage diving; white water canoeing (grades 5 and 6); white or black water rafting (grades 5 and 6); yachting outside territorial waters; yachting (racing); scuba diving to a depth greater than 30 metres or where a current PADI Certificate is not held; tombstoning;
 - Boxing; weight lifting; wrestling; hurling; professional sport; racing or stunting; motor sports; racing of any kind other than that on foot;
 - Solo caving; cave diving or solo pot-holing; mountain climbing or mountaineering (involving the use of ropes or guides); rock or cliff climbing or scrambling;
 - Flying or taking part in other aerial activities except whilst travelling as a fare-paying passenger on a licensed airplane; solo hang-gliding/para-gliding; BASE jumping; high diving; micro-lighting; solo skydiving; bungee jumping;
 - Heli-skiing; bobsleigh/luge; ice sailing; ice windsurfing; skeleton; ski-jumping; ski racing; ski stunting; tobogganing;
 - Hunting/shooting; hunting on horseback; horse jumping; polo; point-to-point; safari with guns; steeple-chasing or horse-racing of any kind;

The following activities shall be covered if they are non- professional and at amateur level:

- Abseiling; American Football; Archery; Athletics;
- Badminton; Baseball; Basketball; BMX cycling; Bowls;
- Canoeing (on lakes, rivers or on the sea inside territorial waters); Clay Pigeon shooting; Cross Channel Swimming; Cricket; Cross Country Running; Curling; Cycling;
- Dry Skiing;
- Fell Running; Fencing; Field Hockey; Football;
- Gaelic Football (non-competitive); Go Karting (recreational use); Golf; Gliding; Gymnastics;
- Hang Gliding (tandem with expert instructor); Handball; Heptathlon; Hiking (under 6,000 metres altitude); Horse Riding (basic riding only using natural gaits of walk, trot, canter/lope and gallop); Hot air ballooning;
- Ice hockey; Ice Skating (on recognised and authorised areas); Jogging; Kayaking (inside territorial waters); Lacrosse;

- Marathons; Motorcycling (under 1000cc – no racing); Mountain biking (on or off road); Mountain Climbing (up to 4,000 metres and which does not involve the use of ropes and/or guides); Netball; Orienteering; Paintballing;
- Rambling; Roller Blading (Line Skating); Roller hockey/street hockey; Rounders; Rowing (inland/coastal); Rugby; Running (sprint/long distance);
- Skate boarding; Skiing on-piste; Skydiving (tandem with expert instructor); Snowboarding on-piste; Squash;
- Tennis; Trekking (under 6,000 metres altitude); Triathlon;
- Volleyball; Water Polo; Yachting (crewing inside territorial waters).

The following activities shall be covered if they are non-professional and at amateur level if they are undertaken under the control and tuition of experts employed by the local organiser, form part of a holiday interest and the correct safety equipment is used for the given activity:

- Canyoning; white water canoeing (grades 1 to 4); white or black water rafting (grades 1 to 4); parasailing; para-skiing; scuba diving to a depth less than 30 metres (with expert instructor with a current PADI Certificate); water skiing; wake boarding; surfing; zorbing/hydrozorbing; sailboarding; sandboarding; fishing (fresh water/deep sea); parascending (over water); sand yachting; snorkelling; windsurfing;
- Tandem para-gliding (with expert instructor); parachuting; potholing (not solo);
- Caving (not solo); jet boating; jet skiing; kite surfing, and boarding or buggying; motor or power boating; mountain boarding; sailboarding;
- Safari (organised – no guns); animal conservation/game reserve (when with a guide on an organised tour);
- Quad biking; skidoo; snow mobiling;
- Karate and any form of martial arts or unarmed combat (covered up to and including age 18 only).
- Skiing off-piste and snowboarding off-piste when accompanied by a suitably experienced local guide.

Any pursuits or activities not listed above must be referred to **Us** for advice regarding cover, before the pursuit or activity is undertaken.

22. Any **Claim** arising when the **Insured Person** is under military authority or is engaged in activities involving the use of firearms or physical combat or in an area of military conflict, except in connection with tourist trips made on a private basis during leave.
23. Any expense not specifically stated in this **Policy** as being insured and any expenses which exceed the individual benefit limits of **Your** level of cover.
24. Any expenses where no supporting documents are available.
25. Any amounts **Claimed** which are received by **Us** more than 180 months after the date of treatment, or the date the service was given, or date of event, unless there is a justifiable reason for the delay.
26. Any **Claim** or expense of any kind arising from accommodation and medical treatment costs in a **Hospital** where, the establishment in question has effectively become the **Insured Person's** home or permanent residence and where the admission is arranged wholly or partly for domestic reasons.
27. Any **Claim** or expense of any kind arising from accommodation and medical treatment costs in a nursing home, hydro spa, nature clinic, health farm, health spa, rest/retirement/convalescent home or any similar establishment.
28. Any costs which are unnecessary, medically inappropriate or are over and above what is usual, customary and reasonable for the services provided.

29. Any **Claim** in any way caused or contributed to, by the use or release or the threat thereof of: any nuclear weapon or device; or, chemical or biological agent.
30. Any **Claims** whatsoever, except where injury is sustained as an innocent bystander, resulting from war, invasion, act of foreign enemy hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or, taking part in civil commotion or riot of any kind.
31. **Bodily Injury** or **Illness** caused by an Act of Terrorism, except where such injury/**Illness** is sustained as an innocent bystander, excluding any Act of Terrorism involving the use of nuclear weapons or devices, chemical or biological agents. Benefit is limited to **Medical Treatment** costs up to a maximum of £/€30,000 each **Insured Person**, each incident, subject to the individual limits of each Item of benefit.

For the purposes of this **Policy**, an Act of Terrorism means an act, including but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes or reasons including the intention to influence any government and/or to put the public or any section of the public, in fear.

32. Any expense which at the time of happening is covered by or would, but for the existence of this **Policy**, be covered by, any other existing insurance certificate or **Policy**. If there is any other cover in force which may pay in respect of the event for which the **Insured Person** is **Claiming**, the **Insured Person** must tell **Us** at the time they first contact **Us**.
33. Any loss directly or indirectly arising from the provision of, inability or any delay in providing, the services to which this **Policy** relates, unless negligence on **Our** part can be demonstrated.
34. Any costs incurred where the **Insured Person** has travelled to a country or specific area which the Government or Embassy, of their **Country of Residence**, has advised against all travel, or all but essential travel.
35. Any **Claims** directly or indirectly caused or aggravated by the actual or potential inability of any computer, data processing equipment or media, microchip, integrated circuit software or stored programme to correctly recognise any date as its true calendar date or to continue to function correctly in respect of or beyond that date.
36. Any **Claims** directly or indirectly arising from the failure, breakdown or malfunction of any electronic or mechanical item of medical/ surgical equipment of any kind.
37. Any **Claims** directly or indirectly arising from any implantation of an organ either natural or artificial in nature, other than the implantation of the following natural human organs: kidney, liver, heart, lung and skin graft (where medically necessary and not for cosmetic purposes).
38. Any **Claims** where the date of treatment or service occurs on or after the **Annual Renewal Date** immediately following the attainment of age 85.
39. Any claims arising from unauthorised, malicious or criminal acts involving access to, processing of, use of or operation of any computer or computerised systems.

General Conditions

The following conditions apply:

Compliance with Policy Terms

Our liability under this **Policy** will be conditional upon each **Insured Person** complying with the terms and conditions of this **Policy**.

1. Selection of Plan Benefits

The plan benefits selected by **Your Partner** or **Children** must be the same as that selected by **You**.

2. Policy Duration and Payment

- a. This insurance **Policy** is an annual **Policy** running from the **Commencement Date** until the subsequent **Review Date** and for annual periods thereafter.
- b. If **You** join the plan after the **Commencement / Review Date**, **Your Period of Cover** shall be from **Your Date of Entry** until the following **Review Date** and annually thereafter.
- c. The premium payable shall be that prevailing generally at the **Commencement Date** or if later, the appropriate **Review Date**.
- d. Premiums shall be collected by **Your** employer by deduction from **Your** monthly salary. The premium payable may be changed by **Us** from time to time. However, this **Policy** will not be subject to any alteration in payment rates generally introduced until the next **Review Date**. **You** will be notified at least 30 days prior to the **Review Date** of any change in premium. Premiums may however be subject to changes mid-term in response to changes in the prevailing rate of Insurance Premium Tax or any other applicable state or regional taxes.

3. Cancellation

- a. If **You** wish to cancel **Your Policy**, **You** must do so within the first 14 days of receiving **Your Policy** documents.
- b. If **You** do cancel **Your Policy** within 14 days of receiving **Your Policy** documents, **Your Cover** and that of any **Insured Persons** covered under **Your Policy** will cease and **You** will receive a full refund of any premiums that have been paid during the 14 days, provided no claim has been made or is pending. There will be no refund of premiums if **You** choose to cancel **Your Policy** after the first 14 days and your cover will continue until the next **Review Date** at which point you may de-select the benefit on your Employee Benefits platform.
- c. If an **Insured Person** cancels **Cover** the **Insured Person** will not be allowed to obtain **Cover** at a later date during the same **Period of Cover**.
- d. **Your** employer has decided to accept this insurance scheme and **You** have joined the scheme as an employee or **Partner** or **Child** of an employee. In setting the terms and premium, **We** have relied on the information **You** have given **Us** via **Your** employer. **You** must take care when answering any questions **We** ask by ensuring that all information provided is accurate and complete. If **We** establish that **You** deliberately or recklessly provided **Us** with false or misleading information, **We** will treat this **Policy** and/or **Your** insurance cover as if it never existed and decline all claims. If **We** establish that **You** carelessly provided **Us** with false or misleading information it could adversely affect the **Policy** and/or **Your** insurance cover and any claim. For example, **We** may:
 - i. Treat this **Policy** or **Your** insurance cover as if it had never existed and refuse to pay all claims and return the premium paid. **We** will only do this if **We** provided **You** with insurance cover which **We** would not otherwise have offered;
 - ii. Amend the terms of **Your** insurance. **We** may apply these amended terms as if they were already in place if a claim has been adversely impacted by **Your** carelessness;
 - iii. Reduce the amount **We** pay on a claim in the proportion the premium that has been paid bears to the premium **We** would have charged **Your** employer; or
 - iv. Cancel the **Policy** and/or **Your** cover in accordance with **Our** cancellation rights.
 If **You** become aware that information **You** have given **Us** is inaccurate, **You** must inform **Us** as soon as practicable.

- e. If **We** cancel the **Policy**, **We** shall give **You** 30 days' notice sent by first class post to **Your** last known address and e-mail address.

4. Alteration

We may alter any of the terms of this **Policy** at any **Review Date**. Details of the change will be advised to **You** at such time. **We** may allow **You** to change **Your Cover** level at the **Review Date**. **You** can change **Your** address or contact details at any time by contacting your HR department.

5. Waiver

Waiver by **Us** of any term or condition of this **Policy** will not prevent **Us** from relying on such terms or conditions afterwards.

Claims Procedure

At the Treatment Provider

Once the treatment is complete, the **Insured Person** should pay for the **Treatment** and ask the **Physician** for a detailed **Treatment** invoice. This invoice should be on the official practice format (electronic or paper) and have the following information. It is **Your** responsibility to ensure that this information is on this invoice, as without it **Your** claim will be invalid.

- Treated Persons name and address;
- **Physician's** or practice name and address;
- Description and date of each **Treatment** rendered, the specific tooth worked on (if applicable) and the fee charged.

Claims Notification

The invoice described above should be submitted to the **Claims Administrator** in one of 4 ways:

- "Snap and Send" via mobile phone on the administrator portal;
- "E-Claim" via the administrator portal on mobile phone or computer;
- Email: If this method is chosen it is essential to add the following information to the email body:
 - Policy/Member Number
 - Bank details for claim payment
- Post: If this method is chosen it is essential to include the following information with the invoice:
 - Policy/Member Number
 - Bank details for claim payment

Claims for Accidents and Emergencies

The process for these claims is identical except that **You** must inform **Us** that the claim is for an **Accident** or an emergency. The way to do this is:

- For claims via the portal: Open a secure message, use the claim number of **Your** finalised claim and describe what happened that resulted in the accidental damage to **Your** teeth or the nature of the emergency;
- For email or postal claims: Write a description of the **Accident** or emergency in the email body or as a separate sheet in the postal claim.

Failure to describe a situation that is clearly an **Accident** or an emergency will result in **Your** claim being processed against the routine benefits offered in **Your** plan.

Claims for Treatment in Foreign Countries

The process for these claims is identical to those for claims for **Treatment** in the UK except that...

- **You** may not use the E-Claim process for foreign claims;
- **You** must provide a translation of the detailed **Treatment** invoice if it is not in English.

Notes to Claims

- All claims must be notified to the **Claims Administrator** within 180 days of the date of completion of the item of **Treatment**. **We** will not be liable in respect of any claim notified late, unless there is a justifiable reason for the delay.
- Claims missing critical information will be rejected and details of what **You** need to do will be sent to **Your** registered email address. **You** will be able to submit a new claim once **You** have the required information. For example:

- Illegible invoices will be rejected;
- **Treatment** done on specific teeth will be rejected if the specific tooth is not identified;
- A **Treatment** estimate or quote is not a valid invoice. An invoice is only provided once the **Treatment** is complete.

Fraudulent or Unfounded Claims

If any claim under this **Policy** is in any respect fraudulent or unfounded all benefit paid and/or payable in relation to that claim shall be forfeited and (if appropriate) recoverable.

Other Insurance

Without prejudice to any other right or remedy **We** may have against any third party, if there is any other insurance covering any of the same benefits, **You** must disclose or procure that the relevant **Insured Person** discloses the same to **Us**. **We** shall not be liable to pay or contribute more than **Our** rateable proportion. Any payment or contribution over and above such liability shall be at **Our** absolute discretion and shall be without prejudice to this condition.

Settlement of Claims

All settlements will be made by bank transfer to the nominated bank account of the principal **Insured Person**.

Claims Contact Details

Online Portal: www.denisglobal.com

Email: equiniti@advantagehealth.uk.com

Post: PO Box 6833, Basingstoke, Hampshire, RG24 4PR

Tel: 08006335037

Complaints Procedure

We aim to provide **You** with the highest levels of customer service and care at all times. However, if something has gone wrong, **We** want to do everything **We** can to put it right as quickly and effectively as possible. This is why **We** have put in place a simple procedure for **You** to raise any concerns or complaint **You** may have.

If **You** have a query or complaint regarding the administration of **Your Policy**, **You** should refer to your HR department.

If **You** wish to make a complaint about anything else, in the first instance please contact:

Complaints Department,

Denis UK Ltd, PO Box 6833,

Basingstoke, Hampshire, RG24 4PR

Telephone: 0800 633 5037 or +44 (0) 203 6996 581 from outside the UK.

Email: assistance@advantagehealth.uk.com

We will contact **You** within three days of receiving **Your** complaint to inform **You** of what action **We** are taking. **We** will try to resolve the problem and give **You** an answer within four weeks. If it will take **Us** longer than four weeks, **We** will tell **You** when **You** can expect an answer.

In the event that **You** are unhappy with **Our** response to **Your** complaint, or **You** have not received **Our** response within 8 weeks of the date **We** received **Your** complaint, **You** may be eligible to refer **Your** case to the Financial Ombudsman Service, who can review complaints from eligible complainants, but **You** must do so within 6 months of receiving **Our** final response. Further information can be found at:

www.financial-ombudsman.org.uk

The Financial Ombudsman Service exists to help resolve complaints when **We** have not been able to resolve matters to **Your** satisfaction and the service they provide is free and impartial. Their contact details are as follows:

Financial Ombudsman Service

Exchange Tower

Harbour Exchange Square

London

E14 9SR

Telephone: 0800 023 4567 (calls to this number are free on mobile phones and landline) or 0300 123 9123 (Calls to this number cost no more than calls to 01 and 02 numbers.)

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

This complaints procedure does not affect **Your** legal rights.

Financial Services Compensation Scheme

Healix Insurance Services Ltd and AmTrust Europe Ltd are both covered by the Financial Services Compensation Scheme (FSCS). This means that **You** may be entitled to compensation from the scheme if either cannot meet their obligations to **You** under this contract. This would provide cover for 90% of the claim without any upper limit. Further information about compensation is available from the FSCS at www.fscs.org.uk or telephone 0207 741 4100.

Statement of Demands & Needs

We have not provided **You** with a personal recommendation or advice as to whether this **Policy** is suitable for **Your** specific needs. This product meets the demands and needs of an individual who seeks protection against the costs of Accident and Emergency **Treatment** and routine dental **Treatment**.

Applicable Law

This contract shall be governed by and construed in accordance with English Law unless:

- i. **You** and the **Insurer** agree otherwise; or
- ii. at the **Date of Entry**, **You** are resident of (or, in the case of a business, the registered office or principal place of business is situated in) Scotland, Northern Ireland, Channel Islands or the Isle of Man, in which case (in the absence of agreement to the contrary) the law of that country will apply.

Sanctions

The **Insurer** shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit

would expose the **Insurer** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, **United Kingdom** or United States of America.

Data Protection

AmTrust Europe Limited, the Data Controller, is committed to protecting and respecting **Your** privacy in accordance with the current Data Protection Legislation (“Legislation”). Below is a summary of the main ways in which they process **Your** personal data, for more information please visit www.amtrusteurope.com

HOW THE INSURER USES YOUR PERSONAL DATA AND WHO THEY SHARE IT WITH

The **Insurer** may use the personal data they hold about **You** for the purposes of providing insurance, handling claims and any other related purposes (this may include underwriting decisions made via automated means), for offering renewal terms, research or statistical purposes and, if they have consent to do so, to provide **You** with information, products or services that **You** request from them or which they feel may interest **You**. They will also use **Your** data to safeguard against fraud and money laundering and to meet their general legal or regulatory obligations.

SENSITIVE PERSONAL DATA

Some of the personal information, such as information relating to health or criminal convictions, may be required by the **Insurer** for the specific purposes of underwriting or as part of the claims handling process. The provision of such data is conditional for them to be able to provide insurance or manage a claim. Such data will only be used for the specific purposes set out in this notice.

DISCLOSURE OF YOUR PERSONAL DATA

The **Insurer** may disclose **Your** personal data to third parties involved in providing products or services to them, or to service providers who perform services on their behalf. These include their group companies, affinity partners, brokers, agents, third party administrators, reinsurers, other insurance intermediaries, insurance reference bureaus, credit agencies, medical service providers, fraud detection agencies, loss adjusters, external law firms, external auditors and accountants, regulatory authorities, and as may be required by law.

INTERNATIONAL TRANSFERS OF DATA

The **Insurer** may transfer **Your** personal data to destinations outside the European Economic Area (“EEA”). Where they transfer **Your** personal data outside of the EEA, they will ensure that it is treated securely and in accordance with the Legislation.

YOUR RIGHTS

You have the right to ask the **Insurer** not to process **Your** data for marketing purposes, to see a copy of the personal information they hold about **You**, to have **Your** data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to ask them to provide a copy of **Your** data to any controller and to lodge a complaint with the local data protection authority.

RETENTION

Your data will not be retained for longer than is necessary, and will be managed in accordance with the **Insurer’s** data retention policy. In most cases the retention period will be for a period of ten (10) years following the expiry of the insurance contract, unless they are required to retain the data for a longer period due to business, legal or regulatory requirements.

If **You** have any questions concerning the **Insurer’s** use of **Your** personal data, please contact The Data Protection Officer, AmTrust International – please visit www.amtrusteurope.com for full address details.

HEALIX INSURANCE SERVICES LIMITED

Healix Insurance Services Ltd are a joint Data Controller and are equally committed to protecting and respecting **Your** privacy in accordance with the current Data Protection Legislation (“Legislation”). For more information please visit www.healix.com/insurance-capacity-management/

If **You** have any concerns, a complaint or any request regarding Healix Insurance Services Ltd use of **Your** personal data, please contact: The Data Protection Officer, Healix Insurance Services Ltd, Healix House, Esher Green, Esher, Surrey, KT10 8AB. Or by email: HISprivacy@healix.com

DENIS UK LIMITED

Denis UK Limited are the Data Processors and are committed to protecting and respecting **Your** privacy in accordance with the current Data Protection Legislation (“Legislation”). For more information please visit: www.denisglobal.com

If **You** have any concerns, a complaint regarding how Denis UK Limited administer **Your** personal data, please contact: Head of Legal, Denis UK Limited, Grove House, Lutyens Close, Chineham Court, Basingstoke, Hants, RG24 8AG. Or by email: legal@denisuk.com

Your Right to Change Your Mind

You have 14 days from receiving **Your Policy** documents in which to change **Your** mind. Here are some questions to help **You** decide.

Do **You** understand what **Your Policy** will do for **You**?

- Before **You** complete the application process, **You** must read the Insurance Product Information Document provided.

If there is anything which is still unclear, please contact the **Claims Administrator** on 0800 633 5037 (+44 (0) 203 6996 581 from outside the **United Kingdom**).

If **You** wish to cancel, what should **You** do?

- If **You** wish to cancel **Your Cover**, please de-select the benefit on **Your** employee benefits portal, or call Denis UK Limited on 0800 633 5037 (+44 (0) 203 6996 581 from outside the **United Kingdom**).
- **You** must cancel **Your Cover** on or before the 14th day following receipt of **Your Policy** documents or at the **Review Date**.

How to Contact Us

General & Claims Enquiries

If **You** have any queries at all, please do not hesitate to contact the **Claims Administrator** on 0800 633 5037 (+44 (0) 203 6996 581 from outside the **United Kingdom**) or by e-mail at equiniti@advantagehealth.uk.com

Continuing with your plan

If **Your** company ceases to offer cover as an employee benefit, or if **You** have to leave **Your** current company, please do not hesitate to contact **Us** as **We** may be able to assist **You** in obtaining cover elsewhere. Please contact **Us** on 0800 633 5037 (+44 (0) 203 699 6581 from outside the United Kingdom) or by e-mail at assistance@advantagehealth.uk.com

Please remember to quote **Your** member number in all correspondence.

Lines are open 09.00 to 17.00 (UK time) Monday to Friday. Calls may be recorded for training and monitoring purposes.