

apply...

Please read this form carefully and ensure that you have all of the relevant information to hand before completing the form.

If you are in doubt as to the relevance of any information, you should disclose this to us as failure to do so may invalidate your insurance or jeopardise our acceptance of this application. All information disclosed will be treated in the strictest confidence. You are advised to keep a record of all information you provide, including copies of any correspondence. You may obtain a copy of the application form from us if you ask for this in writing within three months of completion. This application form is valid for 30 days only. No cover is in force until the application has been accepted by Universal Provident and the premium has been paid.

A. About yourself

Title	Surname	Forenames
Address		
		Postcode
Telephone (Home)		(Work)
Date of birth	/ /	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Date cover is to start* / /

*Please note that cover cannot start before we receive your application form.

B. About your family

Please tell us who is to be covered under the policy.

Yourself only Yourself and partner Yourself, partner and children Yourself and children

Please provide the following information for each member of your family who is to be covered under the policy. If you have more children that are to be covered, please provide details on a separate sheet and attach it to the application form.

	Title	Surname	Forenames	Sex	Date of Birth
Partner					
Child 1					
Child 2					
Child 3					

Continued overleaf >

relax...◆◆◆



Secure in the knowledge that the cost of repairing unexpected damage to your teeth will be financed.

How it works



DentalCare provides two levels of cover; Emergency and Non-Emergency.

Upon acceptance of your application form, cover will be provided for emergency treatment required as a result of either external or internal impact, to an annual maximum of £5000 per person.

Together with your policy documents we will send you a Certificate of Dental Health which must be completed by your dentist and returned to us. This states you have had all treatment necessary to ensure that you have full dental health and that you are aware of the care needed to maintain this.

On receipt of this Certificate of Dental Health we will provide cover for non-emergency treatment as detailed in the Table of Benefits.

You will be asked to nominate the dentist whom you wish to provide your dental treatment and you will need to consult this dentist for a check-up at not less than 12 monthly intervals.

How to claim

To make a claim you simply need to settle the dentist's bill yourself and we will reimburse you up to the amounts shown in the Table of Benefits.

Data Protection Act

We will collect certain information about you in the course of considering your application and, if we issue a policy to you, in conducting our relationship with you. This information will be processed for the purpose of underwriting your insurance coverage, managing any policy issued and administering claims. We may pass your information to other insurance companies, underwriters, medical practitioners and claims administrators for these purposes and for fraud prevention purposes. This may involve the transfer of your information to countries that do not have data protection laws. We may also seek information from other insurance companies to check the answers you have provided.

You may have a right of access to, and correction of, information that we hold about you. Please contact Universal Provident Limited if you would like to exercise either of these rights.

Some of the information we collect about you may be classified as 'sensitive' - that is, information about physical or mental health. Data protection laws impose specific conditions in relation to sensitive information, including in some circumstances the need to obtain your explicit consent before we process this information.

By signing a proposal form you consent to the processing and transfer of information including sensitive information described in this notice. Without this consent we would not be able to consider your application.

Occasionally access may be granted to other companies within the Berkeley Morgan Group PLC to enable them to bring to your attention products and services complimentary to Universal Provident's business. Such access will only be allowed when we believe it is in our clients' interest; it will be carefully controlled and restricted to the minimum, non-sensitive, non-medical, information necessary for the purpose.

Fraud Prevention and Detection

In order to prevent and detect fraud we may at any time:

- Share information about you with other organisations and public bodies including the police.
- Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this. We and other organisations may also search these agencies databases to:
 - Help make decisions about the provision and administration of insurance, credit and related services for you and members of your household.
 - Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your insurance policies.
 - Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity.
- Undertake credit searches and additional fraud searches.

We can supply on request further details of the databases we access or contribute to. Full details of Universal Provident's use of personal data appear in the Data Protection Register.

Customer Satisfaction

If you are dissatisfied with any aspect of the service you have received from us, please write to:

The Customer Liaison Manager
Universal Provident Limited
Phoenix Park
Blakewater Road
Blackburn
BB1 5SJ

Please quote either your policy number or claim number in all correspondence so that we may resolve the matter to your satisfaction as quickly as possible.

If you remain dissatisfied with any aspect of the administration of your insurance policy, please contact:

Claims Manager
Cassidy Davis Insurance Group
60 Gracechurch Street
London
EC3V 0HR

Telephone 020 7645 4300

The Cassidy Davis Insurance Group has internal complaints handling procedures which are available upon request.

If you are not satisfied with the way in which your dissatisfaction has been dealt with and wish to make a complaint, you may do so at any time by referring the matter to:

Complaints Department
Lloyd's
One Lime Street
London
EC3M 7HA

Telephone 020 7327 5693
Facsimile 020 7327 5225

e-mail lloyds-regulatory-complaints@lloyds.com

Complaints that cannot be satisfied by the Complaints Department may be referred to the Financial Ombudsman Service. Further details will be provided at the appropriate stage of the complaints process.

There is a choice of law applicable to this policy, but unless agreed otherwise by us, English Law will be used.

Dental treatment
when you need it
most



Universal Provident Limited
Phoenix Park
Blakewater Road
Blackburn
BB1 5SJ

Telephone 01254 266200
Facsimile 01254 673780

www.universalprovident.co.uk

Your teeth
are for life...



...we can help you keep them
that way for only **£5.95** per month



DentalCare

insurance from Universal Provident



smile...

It's good to smile! A fresh, healthy mouth is one of your most important assets.

You can now
insure your
whole family
for just **£11.60**
per month.

With modern dentistry and regular dental monitoring, there is no reason why your teeth should not serve you for a lifetime...

Whilst regular check-ups and minor treatment are relatively inexpensive, the cost of emergency treatment, crowns, root treatment, bridges and fillings can be extremely high.

With Universal Provident's **DentalCare** you can be secure in the knowledge that the cost of repairing unexpected damage to your teeth will be financed.

By excluding cover for the routine, we have been able to keep our

premiums low whilst providing comprehensive cover when it is really needed.

What's more, with Dental Care, whether you chose to cover yourself only or yourself and your spouse/partner, we will provide cover for your dependent children at no additional charge.

As a result you can now insure your whole family for just £11.60 per month.

Please complete and return the form >>

or call **0870 873 4395**

Universal Provident Limited, Phoenix Park, Blakewater Road, Blackburn, Lancashire BB1 5SJ.

benefit...

What is covered?

Maximum benefit payable per person per benefit period (unless otherwise stated).

Total amount of benefit payable to each insured person during each benefit year relating to emergency treatment. **£5,000**

Total amount of benefit payable to each insured person during each benefit year relating to non-emergency treatment **£1,000**

What is not covered?

In common with many similar policies, certain risks are excluded to contain premium costs.

The exclusions are as follows:

- Abfractions and abrasion.
- Cosmetic, orthodontic and periodontal treatment.
- Certain hazardous sports.
- Replacement crowns, bridge work and fillings.
- Alcohol or drug abuse.
- Routine dental examinations.
- Pre-existing dental conditions.*

* Dental conditions which existed prior to joining will not be covered until you remain free from treatment and advice for a continuous period of two years. For a full list of exclusions, please refer to the policy document.

New Crown [inclusive of laboratory fees]	£175 per tooth
	[maximum two teeth per benefit period]
New Bridge Work	£175 per tooth
	[maximum three teeth per benefit period]
Root Treatment	£50 per canal
	[maximum three teeth per benefit period]
New Fillings	£20 per filling
	[maximum two teeth per benefit period]
Implant	£500
Tooth Wear	£250
Extraction	£100 per tooth
Apicectomy	£75 per tooth
New Dentures	£125 per tooth
	[maximum two teeth per benefit period]
Impacted Wisdom Tooth	£150 per tooth
	[after two years of membership]



Universal Provident is a member of the General Insurance Standards Council. Dental Care is underwritten 100% by Lloyd's Syndicate 5000.



Money Back Guarantee

You risk nothing by applying as you have 14 days to preview the policy from the date you receive it. If at any time during that period you decide not to proceed, you may cancel your policy and receive a full refund of any premium paid, provided that you have not made a claim.

The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme.
- The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change you will be told of this in advance by at least 14 working days as agreed.
- If an error is made by Universal Provident Limited, or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time writing to your Bank or Building Society. Please also send a copy of your letter to us.



Note: for some types of account, your Building Society may not accept a Direct Debit Instruction.

Instructions to your Bank or Building Society



Originator's ID number **942316**

Please fill in the whole form and send it to:
**Universal Provident Limited, Phoenix Park,
Blakewater Road, Blackburn, Lancashire BB1 5SJ.**

Name(s) of Account Holder(s)

Branch Sort Code

Bank/Building Society Account Number:

Reference Number (for office use only)

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

To The Manager	Bank/Building Society
Address	
	Postcode

Instruction to your Bank or Building Society.

Please pay Universal Provident 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 Universal Provident Limited and, if so, details will be passed electronically to my Bank/Building Society.

Signature	Date
Signature	Date

Banks and Building Societies may not accept Direct Debit Instructions from some type of accounts. *Please note that this payment method does not include a discount for annual payment.

C. Premium

Premium payable £ _____ by monthly/annual* Direct Debit

The monthly premiums are: Please tick appropriate premium.

Single £5.95 Married £11.60

Note: the premiums quoted above include cover for your dependent children.

Other Products and services

If you would prefer not to receive information from third parties relating to additional products and services complimentary to Universal Provident policies, please tick this box.

Dentist/Agency Stamp

Declaration

- a) I declare that I have read this application form and that the statements made are, to the best of my knowledge, true and complete and that no material fact, which may affect the acceptance or assessment of this insurance, have been withheld or suppressed, I understand that this application form will form the basis of the contact between myself and Universal Provident Limited.
- b) I understand that the information provided will be used by Universal Provident Limited for the purposes described in this form, in accordance with the Universal Provident Limited data protection policy and registration. I understand that I may see the information held about me by Universal Provident Limited.
- c) I agree that Universal Provident Limited may seek information from or give information to any insurance office to which an application has been or is being made by any person named in this application, for sickness or accident assurance, life assurance, private medical insurance or dental insurance. I agree that a copy of this consent will have the validity of the original.
- d) I agree to be bound by the terms and conditions of the Universal Provident Limited Dental Care policy for which I am applying. I further understand that no benefit will be payable, other than for emergency treatment as a result of external or internal impact, until such time as Universal Provident Limited are in receipt of a Managed Dental Care Certificate of Dental Health which has been satisfactorily completed by my nominated dentist.