

Your Denplan

All you need to know
about your dental
payment plan.



Denplan

At the heart of dental care

How to make the most of your policy

Your benefit table will show the maximum amounts that you are entitled to claim for your chosen level of cover. Your benefit table can be found in your welcome pack or downloaded by logging into your online account.

What your policy covers

- ✓ Clinically necessary treatment
- ✓ Routine treatment which takes place while you are on cover
- ✓ Each person covered on the plan is covered for the treatment listed in your benefit table up to the amounts indicated
- ✓ Treatment from any dentist anywhere in the world
- ✓ Dental injuries and emergencies

What is not covered

- ✗ Cosmetic treatment or any treatment that is assessed by our dentist as not clinically necessary
- ✗ Treatment that you or a dentist knew you would need before your policy start date
- ✗ Any costs for dental treatment carried out as a result of a referral to a hospital for example, wisdom tooth extractions
- ✗ Consumables purchased for home use e.g. toothpaste

Your welcome letter, this policy handbook and the benefit table together form the basis of your cover with Denplan. This policy handbook contains full terms and conditions for the plan including any exclusions and limitations which may be applied.

You can download a copy of your policy handbook at any time from your online account at

www.denplan.co.uk/employeeonline



Additional features and benefits

The following services are available to you throughout your time with us.

Online Services

Access to Denplan Corporate online – our portal which allows you to make and track your claims, check what your policy covers, what benefits are available and download a copy of your policy handbook.

Corporate online services can be found at www.denplan.co.uk/employeeonline

Denplan Discount Network

You can see any dentist whether private or NHS. If you are looking for a new private dentist our Denplan Discount Network is a great place to start. An exclusive network of around 2,000 Denplan dentists dedicated to offering dentistry at a discount. This enables your cover limits to go further, making your dental care even more affordable.

Find out which dentists offer discount at www.denplan.co.uk/ddn

Dental advice at your fingertips

In between visiting your dentist have a look at our dedicated oral health website, where you can find oral health tips, latest news and offers.

Find out more at www.denplan.co.uk/myteeth

Check your oral score

My Dental Score is a free assessment tool for people to find out the state of their oral health. You will be provided a personalised summary, highlighting any potential risks.

Check your oral health score at www.denplan.co.uk/mydentalscore



Frequently Asked Questions

Q. Can I see any dentist?

A. You can see any dentist with a Denplan Corporate policy, if you are already registered with a dentist you do not need to change. If you are looking for a new dentist we have a network of dentists that offer discounts to our corporate patients. The discount network can be accessed through our online services at www.denplan.co.uk/employeeonline.

Q. When can I start Claiming?

A. There is no waiting period to claim, except for the mouth cancer benefit which cannot be claimed in the first 90 days of your policy and our implant upgrade cover, if you have it, cannot be claimed in the first 28 days.

You can start making use of your benefits from your policy start date. The policy does not cover any treatment which:

- is noted in your dental records or on a treatment plan;
- has been recommended by or discussed with a dentist;
- is known by you; or
- is currently taking place at the date your cover starts.

For full details of this exclusion please see the 'General Exclusions' section within this booklet.

Q. What does my plan cover me for?

A. To find out what you are covered for, please refer to your benefit table, which is available to be downloaded at www.denplan.co.uk/employeeonline. For your convenience we include a copy of your benefit table with your welcome and renewal letter. Full details of exclusions and terms that apply to your policy can be found in this policy handbook and downloaded at any time using our online services.

Q. How long will it take for my claim to be reimbursed?

A. If your claim contains all of the information we need; we will usually be able to fully assess your claim within five working days. If you do not supply all of the information we need, your claim may take longer as we may need to contact you or your dental practice.

Please note, if your claim is marked as paid online and you have chosen to have your claim paid by direct credit, funds leave our account instantly but can take an additional 2-3 working days to reach your account. If you have opted for a cheque payment, your cheque will be posted within five working days of your claim being marked as paid.

Q. What information do I need to send with my claim?

A. In order for us to assess your claim promptly and correctly we require a fully itemised receipt which confirms you have paid for the treatment you are claiming for and the treatment has been carried out. If we do not receive this information it could lead to a delay in us processing your claim as we may need to contact you or your dental practice for more information.

Q. How can I monitor how much of my cover I have used?

A. If your policy covers you for preventive and restorative benefits you can view your available benefits by logging into our online services at www.denplan.co.uk/employeeonline. If you do not have access to your online account you can contact us on 01962 828007.




Q. Does Denplan cover cosmetic treatment?

A. No, your policy only covers you for clinically necessary dental treatment. Examples of cosmetic treatment include tooth whitening, orthodontic treatment where your orthodontic grading on the IOTN Scale is 1-3 or placement of veneers to improve the appearance of your teeth.

Q. How do I claim?

A. Claim in 3 easy steps

Claiming online gives you a convenient way to submit and manage claims, whenever it suits you.

01	 <p>When your treatment has finished, you pay the dentist in the usual way</p>
02	 <p>Submit your receipt and claim either online or by post within 60 days of treatment</p>
03	 <p>Track your claim online and wait for the money to be reimbursed directly to your bank account or via cheque</p>



Dental emergencies

Dental emergencies can be extremely stressful and cause a lot of pain, if you are in the UK and need to see a dentist outside of normal opening hours we recommend that you take the following steps:

1 Contact your regular dental practice in the first instance as most dental practices will have instructions on their answer phone telling you how you can access an out of hours service

2 If your dentist is unavailable and you would like some advice on what to do, or if you need to see a dentist, you can contact our emergency helpline team

If you are overseas and need to see a dentist urgently we recommend that you take the following steps:

1 Speak to your hotel concierge, travel operator or any friends and family that may know the area and could recommend a dentist for you to visit

2 If you are unable to see a dentist you can contact our emergency helpline and they will be able to provide advice on what you can do in a dental emergency

3 If you do have emergency treatment overseas where the first language is not English, please where possible obtain a receipt in English or a translation before submitting your claim to us

Our emergency helpline is available 24 hours a day, 7 days a week, 365 days a year.

Call +44(0) 1962 844 751 to speak to an adviser.



Policy Terms and Conditions

Full terms and conditions and policy exclusions can be found in this policy booklet. We recommend that you familiarise yourself with these before submitting your claims.

1. Schedule of benefits

All the following benefits will be reimbursed up to the limits shown within the benefit table for **your** chosen product.

Worldwide preventive dental treatment

N.B. This section does not apply to **you** if **you** are on Denplan Elementary or Denplan Key.

Examinations	
What is covered	What is not covered
<ul style="list-style-type: none"> ✓ Routine examinations ✓ New patient/extensive examinations 	<ul style="list-style-type: none"> ✗ Specialist consultations. This is covered under your private restorative benefit if available. Please check your benefit table for full details ✗ General Exclusions

Hygiene appointments	
What is covered	What is not covered
<ul style="list-style-type: none"> ✓ Routine hygiene appointments ✓ Topical fluoride application ✓ Hygiene instruction/advice 	<ul style="list-style-type: none"> ✗ Periodontal treatment. This is covered under your private restorative benefit if available. Please check your benefit table for full details. ✗ General Exclusions

Dental X-rays	
What is covered	What is not covered
<ul style="list-style-type: none"> ✓ Dental x-rays for example: pan oral x-rays, periapical x-rays and bitewing x-rays ✓ CT scans 	<ul style="list-style-type: none"> ✗ X-rays related to treatment that are not covered by your plan ✗ General Exclusions



Worldwide private restorative dental treatment

N.B. This section does not apply to **you** if **you** are on Denplan Elementary or Denplan Key.

What is covered	What is not covered
<ul style="list-style-type: none"> ✔ Clinically necessary restorative dental treatment ✔ Sedation in connection with clinically necessary dental treatment <p>Some examples of restorative treatment are: fillings, bridges, crowns, dental implants, periodontal treatment, root canal treatment.</p>	<ul style="list-style-type: none"> ✘ Replacement for loss of, or damage to dentures, other than whilst in your mouth ✘ Placement of a dental implant or bridge into a pre-existing gap ✘ Orthodontic treatment (IOTN grade 1-3) ✘ General Exclusions

Additional information about this benefit

IOTN stands for Index of Orthodontic Treatment Need.

For further details visit the British Orthodontic Society: www.bos.org.uk

NHS dental treatment

N.B. This section does not apply to **you** if **you** are on Denplan Key.

What is covered	What is not covered
<ul style="list-style-type: none"> ✔ Costs for treatment carried out on the NHS by an NHS dentist will be fully reimbursed ✔ If you are on Denplan Elementary and you have private treatment, we will pay the NHS equivalent costs – the amount of money your treatment would have cost if it had been carried out and you had been charged as an NHS patient 	<ul style="list-style-type: none"> ✘ Any private treatment that took place at an NHS dental practice is not eligible for 100% reimbursement ✘ Any treatment that the NHS would not cover ✘ General Exclusions

Additional information about this benefit

- The NHS has fixed costs for treatment; the price will vary depending on whether the dentist is based in England, Scotland, Wales or Northern Ireland. **You** can find the current prices for NHS treatment on the NHS website for **your** area.
- In England and Wales, the NHS has three bands which all treatment covered falls into – Scotland, and Northern Ireland have different structures in place.
- If **you** are on Denplan Elementary and **you** have private treatment, **you** can only claim the NHS equivalent costs once for each course of treatment. A course of treatment may take place over more than one visit to the dentist, for instance if a bridge is needed, **you** may need an appointment for preparation and another appointment to fit the bridge – these appointments would be part of the same course of treatment.

Worldwide emergency dental appointment

Dental treatment provided at the initial emergency appointment urgently required for the relief of severe pain, arrest of haemorrhage, the control of acute infection or a condition which causes a severe threat to **your** general health.

What is covered	What is not covered
<ul style="list-style-type: none"> ✔ Treatment carried out at an emergency appointment which was not pre planned and is required because you are in dental pain or there is a severe threat to your overall health ✔ Prescription charges ✔ Calls to our emergency helpline can be reimbursed if you are outside the UK (+44 (0) 1962 844 751) 	<ul style="list-style-type: none"> ✘ Any treatment carried out at a follow up appointment. If your policy covers preventive and restorative treatment you may be able to claim for follow up appointments under these benefits ✘ Any phone calls made to our emergency helpline or calls made in the UK ✘ General Exclusions

Worldwide dental injury

An **injury** to the teeth or supporting structures which is suddenly and unexpectedly caused by an external impact. All treatment connected with the same **injury** will be taken from the benefit limit in force on the date of the **injury**.

What is covered	What is not covered
<ul style="list-style-type: none"> ✔ Treatment following a dental injury that occurs whilst your policy is in force. This must start within 6 months of the date of the injury, and be completed within 24 months (six years for persons under 18) ✔ Treatment for dental injuries sustained while participating in a contact sport as long as you were wearing appropriate mouth protection ✔ Dentures are covered if you were wearing them at the time of the injury ✔ Prescription charges 	<ul style="list-style-type: none"> ✘ Treatment needed as a result of a self-inflicted injury ✘ Treatment needed for a dental injury that occurred before your policy started ✘ Treatment needed following damage caused during the consumption of food (including foreign bodies contained within the food) ✘ Dental injury resulting from an elective/ planned surgical procedure with or without the administration of general anaesthesia ✘ General Exclusions



Dentist call out fees

The necessity for a dentist in the UK to reopen their practice outside the practice's normal working hours.

What is covered	What is not covered
✔ The cost of dentist's call out fees in the event of a dental injury or emergency	✘ General Exclusions

Hospital cash benefit

What is covered	What is not covered
✔ A cash amount for each night you stay overnight in hospital under the care of a consultant specialising in dental or maxillofacial surgery in relation to a head or neck condition	✘ The cost of the treatment carried out in a hospital, for example, wisdom tooth extractions ✘ General Exclusions

Mouth cancer cover

Mouth cancer is a malignant tumour which is characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Cover is only provided where the primary site is 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.

What is covered	What is not covered
✔ Charges for treatment of mouth cancer <ul style="list-style-type: none"> • You are only covered for treatment received within 18 calendar months of the date of diagnosis • If you have been diagnosed with mouth cancer you are covered for charges for consultations and tests • You are only covered for treatment given by a consultant who is recognised as a specialist in cancer treatment by the NHS or the states of Guernsey and Jersey or your country of residence or treatment provided by another medical practitioner under referral from a consultant 	✘ Mouth cancer diagnosed before or within 90 days of when you are first provided with mouth cancer cover by us or for which tests or consultation began within those 90 days, even if the diagnosis is not made until later ✘ No further benefits are payable in the event of a re-occurrence of this same cancer, either at the same site or at a different location ✘ Mouth cancer resulting from the chewing of tobacco products or betel nut, or from prolonged alcohol abuse ✘ General Exclusions



2. General Exclusions

This policy does not cover:

- Any treatment that is assessed by **our** dentist as not clinically necessary
- Any treatment which is noted in **your** dental records or on a treatment plan, has been recommended by or discussed with a dentist, is known by **you** or is currently taking place at the date **your** cover starts (Please note if **you** have joined Denplan as part of **your** employers transfer from another provider **we** will not apply this exclusion.)
- Reimbursement for travelling expenses or telephone calls
- Any costs for dental procedures carried out as a result of a referral to a hospital, for example wisdom tooth extractions
- Dental consumables that are taken away from the dental practice, for example toothbrushes, floss, toothpicks and any other sundries
- If **you** have received dental treatment overseas, **we** will not reimburse for credit card fees, interest or commission fees incurred whilst overseas

3. Definitions

The words, which appear in this policy in bold, have specific meanings which are explained below:

Contact sport – any sport where it is common practice to wear mouth protection, for example rugby, lacrosse, hockey, boxing, wrestling, ice hockey.

Injury – An injury to the teeth or supporting structures which is caused suddenly and unexpectedly by an external impact.

Dentist – In the UK, a dental surgeon or dental care professional who is currently registered with the General Dental Council (GDC) carrying out the treatment which they are registered to perform. If the dental professional is outside the UK, a dental professional registered with the appropriate national regulatory authority.

Policy term – The period from the date your cover starts until the renewal date stated on your welcome letter, or, if shorter your cancellation date.

Restorative dental treatment – Clinically necessary dental treatment required to maintain the oral health of a patient in the opinion of your dentist. This may include treatment such as fillings, crowns, bridges and dentures.

United Kingdom (UK) – England, Wales, Scotland, Northern Ireland, Isle of Man and the Channel Islands.

We, us, our – Denplan Limited, registered number 1981238.

You, your – Any person covered by this policy.



4. Claims General

- A. Making **your** claim
- Your** claim must be notified to **us** either by using **our** online claim system or by posting a fully completed claim form. **We** will not accept claim forms notified to **us** by any other means and **we** cannot accept receipts that are not accompanied by a valid claim.
 - All claims should be made to **us** within 60 days of the treatment taking place if reasonably possible. The longer the time between the date of treatment and submitting **your** claim the more difficult it may be for **us** to validate it.
 - Your** claim must be supported by proof that **you** have had the treatment – this should be in the form of a fully itemised receipt or statement of account from **your** dentist, detailing each treatment being claimed and the cost paid for that treatment.
 - If **we** are not able to validate **your** claim for any reason, for example **your** health professional no longer has access to **your** records, **we** may not be able to pay **your** claim.
 - All claims will be assessed against the benefits in force on the date that **you** had **your** treatment.
- B. If claims are received without all of the required information **we** will notify **you** and ask **you** to resubmit the claim to **us** once all information has been obtained.
- C. In all cases **we** reserve the right to recover any incurred costs as the result of a third party's involvement. In addition, if **you** have another dental insurance policy **we** reserve the right to only pay an appropriate apportionment of the claim.
- D. Claims will be paid into the UK bank account **you** specify when **you** make **your** claim. If no bank details are provided or **we** are unable to verify that the bank details supplied are valid, **we** will post a cheque payment to the policyholder at the UK address **we** have associated with the policy. Once **we** have made payment to a bank account, **we** will be unable to reissue a payment due to an error on **your** part.
- E. If **you** are claiming for treatment that has taken place outside the **UK**
- please where possible supply a copy of **your** receipt in English or an English translation.
 - we** will only make payments to a **UK** bank account or post cheques to a **UK** address.
 - all foreign currency claims will be converted to pounds sterling using the currency converter at **www.oanda.com** based on the exchange rate in force on the date that treatment took place – no payments will be made for credit card fees, interest or commission fees incurred.
- F. There may be instances where **we** are uncertain about whether or not a claim is covered by the policy. If this is the case **we** may ask a **dentist** (or other medical specialist) to advise **us** about the medical facts relating to a claim, or to examine **you** in connection with the claim. If **we** do this, **we** will pay the costs involved. In choosing a relevant **dentist** or specialist **we** will take into account **your** personal circumstances. If **you** do not co-operate with any **dentist** or specialist chosen by **us**, **we** will not pay **your** claim.
- G. If **we** pay any costs for dental treatment which are not covered by the terms of this policy, the amount paid will count towards the annual maximum benefit available under the policy for that person. It does not mean that **we** will be liable to pay costs for that dental treatment in the future. 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.
- H. If **you** are claiming for multiple treatments on one claim and do not provide **us** with an itemised statement or confirmation of the individual costs of each treatment, **we** will conduct **our** own internal breakdown to assess **your** claim. This breakdown will be conducted based on **our** knowledge and experience of the costs of dental treatments.
- I. If **you** believe that **we** have incorrectly assessed **your** claim please contact **us** on 01962 828 007 or by email to **corporate@denplan.co.uk** If **we** have made an error **we** will send **your** claim for reassessment. If however, **we** did not have the full and correct information about **your** claim **you** will need to provide **us** with this before **we** can send **your** claim for reassessment.

5. Eligibility

You can only be covered under the terms and conditions of this policy, from the date **your** cover starts if:

- you** permanently live in the **UK**
 - you** are entitled to enter the scheme in accordance with the eligibility rules defined by **your** employer; and
 - premiums are paid on **your** behalf by **your** company.
- Your** insurance cover under this policy will end at the earliest of the following:
- the expiry of the **policy term**; or
 - when **you** are no longer eligible to remain in the scheme according to the eligibility rules defined by **your** employer; or
 - in the case of a company funded scheme, the last day of the month in which **your** employment ceases, unless **we** have agreed otherwise with **your** employer; or
 - if **your** employer's group policy is cancelled; or
 - you** no longer live in the **UK**

6. Cancellation

The Financial Conduct Authority rules allow certain policyholders to cancel their policy and to have their premium returned. This will only apply to **you** if **you** are an unincorporated business (a sole trader or a partnership which is not a limited liability partnership) and **you** are purchasing cover for yourself as well as **your** employees.

If this applies to **you**, **you** have 14 days from receiving **your** welcome or renewal letter to change **your** mind and cancel **your** policy. If **you** cancel within this period, **we** will then return any premium paid for the policy as long as no claims have been made on the policy in relation to the period before cancellation.

If **you** are not an unincorporated business purchasing cover for yourself and **your** employees, **we** can only accept cancellation requests from **your** company administrator.



7. General

- a). Where applicable, family members and dependent children may also be included in the dental scheme on the same dental plan. Dependent children are those aged up to 21 (or 24 if in full time education).
- b). Non-payment of premiums will result in **us** suspending **your** benefits or cancelling the policy.
- c). The law of England and Wales will apply to this policy.
- d). All information and communications to **you** relating to this policy will be in English.
- e). **You** must provide an up to date mailing address.
- f). If **you** (or anyone acting on **your** behalf) make a claim under this policy or obtain cover knowing it to be false or fraudulent, **we** can refuse to make benefit payments for that claim and may declare the policy void, as if it never existed. If **we** have already paid benefit **we** can recover that money from **you**. Where **we** have paid a claim which **we** later find is fraudulent (whether whole or in part) **we** will be able to recover those sums from **you** and/or take the appropriate legal action against **you**. If **your** policy forms part of an employer's scheme, **we** reserve the right to contact the administrator of the scheme to inform them of any fraudulent activity.

How is my personal data protected?

We will hold and use information relating to **you**. **We** call this information personal data. The main purpose which **we** hold and use personal data for is to enable **us** to provide insurance services to **you** in relation to this **policy**. Other purposes which **we** use personal data for are to identify, analyse and calculate insurance risks, to improve **our** services to **you** and **our** other customers, to comply with legal obligations which **we** are subject to, to protect **our** interests and for fraud detection and prevention. **We** may receive and share personal data with persons appointed by **you** or who provide a service to **you**, for example **your** healthcare providers (such as an insurance intermediary, or a hospital or specialist). **We** may provide personal data to persons appointed by **us** who assist **us** in relation to the services **we** provide to **you**, including companies operating outside the United Kingdom and to organisations responsible for fraud prevention.

Where **we** have **your** agreement **we** will use **your** personal data to provide **you** with offers of products and services from Simplyhealth. Where **you** have agreed **we** will share **your** personal data with other companies within the Simplyhealth Group and carefully selected third parties in order for them to provide **you** with offers of products and services.

We operate strict procedures to ensure that personal data is kept secure. **You** have the right to see **your** personal data which is held by **us**. There may be a charge if **you** want to do this. If **you** have any questions or concerns about the personal data **we** hold and how **we** use it please write to: The Data Protection Officer, Denplan Corporate, Denplan Court, Victoria Road, Winchester, SO23 7RG. Denplan records telephone calls for training and quality assurance purposes.

What regulatory protection do I have?

Denplan Limited is an appointed representative of Simplyhealth Access, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority (PRA). Financial services in the UK are regulated by both the PRA and FCA. Both regulators are committed to securing the appropriate degree of protection for consumers and promoting public understanding of the financial system. The PRA and FCA have set out rules which regulate the sale and administration of general insurance which Simplyhealth Access and Denplan Limited must follow when dealing with **you**. Simplyhealth Access' Financial Services Register number is 202183. You can check this on the Financial Services Register by visiting the Financial Conduct Authority's website www.register.fca.org.uk or by contacting the Financial Conduct Authority on 0800 111 6768.



The Financial Services Compensation Scheme (FSCS)

In the unlikely event that Simplyhealth Access becomes insolvent and is unable to pay the benefits under **your** group scheme, **you** may be entitled to claim compensation from the Financial Services Compensation Scheme (the FSCS). **You** will need to meet specific FSCS criteria depending on **your** particular circumstances. Further information about the operation of the scheme is available on the FSCS website: www.fscs.org.uk. To find out whether **you** would be eligible to claim under the scheme **you** should contact the FSCS on (0800 678 1100).

How to complain

It is always **our** intention to provide a first class standard of service. However, should **you** wish to raise any concern, complaint or recommendation **you** can do so in the following way:

- i. In the first instance, **you** should contact Customer Services on 01962 828 007 or write to:

Denplan Customer Service Manager
Denplan Corporate
Denplan Court
Victoria Road
Winchester
SO23 7RG
Email: Corporate@denplan.co.uk



Please quote **your** personal policy or claim number. If **we** cannot resolve **your** complaint immediately **we** will write to **you** to acknowledge **your** complaint. **We** will then investigate **your** complaint and provide **you** with a final response within 8 weeks.

- ii. If **you** are not satisfied with **our** response, or **we** have not replied to **you** within 8 weeks **you** have the right to refer **your** complaint to The Financial Ombudsman at:

Financial Ombudsman Service
Exchange Tower
London
E14 9SR

Email: complaint.info@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.

This procedure will not prejudice **your** right to take legal proceedings. However, please note that there are some instances when the Financial Ombudsman Service cannot consider complaints.

If **your** policy forms part of an employer's scheme, **we** reserve the right to contact the administrator of the scheme to inform them of any concern, complaint or recommendation made by **you**.

How to contact us

You can log in to your online account at www.denplan.co.uk/login

You can also email us at corporate@denplan.co.uk or call **01962 828 007**.

Lines are open Monday to Thursday 08:00 to 17:30 and Friday 08:00 to 16:30.



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Part of Simplyhealth, Denplan Ltd is an Appointed Representative of Simplyhealth Access for arranging and administering dental insurance. Simplyhealth Access is incorporated in England and Wales, registered no. 183035 and is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Denplan Ltd is regulated by the Jersey Financial Services Commission for General Insurance Mediation Business. Denplan Ltd only arranges insurance underwritten by Simplyhealth Access. Premiums received by Denplan Ltd are held by us as an agent of the insurer. Denplan Ltd is registered in England No. 1981238. The registered offices for these companies is Hambleden House, Waterloo Court, Andover, Hampshire SP10 1LQ.