

**POLICE FEDERATION  
EMERGENCY DENTAL  
CLAIM FORM**

To be completed by the Member for whom the benefit is being claimed and returned to:

**Northamptonshire Police Federation,  
The Lodge,  
Woolton Hall Park,  
Woolton,  
Northampton,  
NN4 0JA**

The issue of this form is in no way an admission of liability.

**Policyholder details**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Collar No: \_\_\_\_\_

Rank: \_\_\_\_\_

### Emergency Dental Details

Please emergency dental treatment is defined below:-

**Emergency Dental Treatment** – temporary dental treatment provided at the initial emergency appointment 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.

**For the avoidance of doubt any subsequent treatment required after the initial emergency appointment is specifically excluded.**

Please provide full details of the emergency and the treatment completed you are claiming for

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**Date of emergency:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Amount Paid:** \_\_\_\_\_

### Routine / Restorative treatment details

(Please continue on a separate sheet if needed and attach itemised receipts confirming payment)

Please list all treatment that is being claimed for	NHS	Private	Abroad	Treatment Date	Amount £

### **Treating Dentist details**

Name of Dentist: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Address of Practice: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Practice Telephone Number: \_\_\_\_\_

Dentist GDC No: \_\_\_\_\_

### **Claiming Checklist**

In order for your claim to go through successfully please ensure that: -

- You have fully completed all sections of this claim form
- The **patient** has signed the declaration
- You have attached fully itemised receipt(s) showing proof of payment and a breakdown of the treatment
- If the patient has received NHS dental treatment or dental emergency treatment, please make sure this is clearly stated on this claim form and your itemised receipt

## **Declaration**

I agree with the data protection statement below for details of how my information will be used.

I declare that the information given on this form is true and complete to the best of my knowledge.

I confirm that I have been informed of my rights under the Access to Medical Reports Act and consent to the underwriters to whom the claim is submitted (the underwriters) seeking medical information from any medical practitioner who has treated me or who has access to records relating to my physical and mental health, or any other source which is necessary and relevant in the opinion of the Underwriter's Chief Medical Officer.

Please tick one of the following 2 boxes:

**I do wish to see any medical reports prior to their release to Aviva.**

☐

**I do not wish to see any medical reports prior to their release to Aviva.**

☐

I also consent to the release of such information to the Underwriter's Chief Medical Officer.

I understand and consent to the use of this information provided on this form, together with medical and other information provided in connection with any claim, for the purposes of underwriting, administration, claim management, rehabilitation and customer concern handling. In order to do this, the information may be shared with other insurers, reinsurers, insurance intermediaries and service providers.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **DATA PROTECTION**



Philip Williams Insurance Management, confirm that the underwriter to whom the claim is submitted to is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Registration No. 110029) and is registered under the Data Protection Act 1998. In addition to the information gathered from you in relationship to any applications for products, the underwriter also need to maintain other records, mainly in regard to claims made on it.

The underwriter maintains all the information on computer and/or paper files.

Information will only be disclosed to third parties where it is necessary to do so in whatever format is considered appropriate by the underwriter, limited to:

- i. Outside consultants and agents, only as may prove necessary in developing, providing or maintaining the services of the underwriter.
- ii. Product providers, in relation to products that may be offered by the underwriter operating as an intermediary for specific products.
- iii. The Regulators (mainly the Financial Conduct Authority who have legal authority to check all of our records), or governmental agencies with the legal rights to demand disclosure.
- iv. The underwriter does not disclose information to third parties other than those stated, not lending, selling or in any other way sharing your personal information.
- v. Counselling and support services who you are willing to use and have been approved by the underwriter.
- vi. Philip Williams & Co, 35 Walton Road, Stockton Heath, Warrington, WA4 6NW, to whom claim forms should be sent.

## **Access to Medical Reports Act 1988**

Under the Access to Medical Reports Act 1988 (the "Act") you as the patient, have the right to access any medical report relating to you which is to be supplied by your medical practitioner for insurance purposes.

For the purposes of the Act, the provision of this Claim Form and any other correspondence to you constitutes the Underwriter's proposal to make an application to your medical practitioner to provide the Underwriter with a Report for the Purpose.

The Underwriter shall not apply to your medical practitioner unless you have confirmed your consent in the Declaration section of this Claim Form.

You may request access to the Report before it is supplied by your medical practitioner to the Underwriter by indicating this in the Declaration section of this Claim Form.

If you do request access to the Report before it is supplied by your medical practitioner to the Underwriter your medical practitioner will not supply the Report to the Underwriter unless either:

- (i) he/she has given you access to the Report and you have further consented to the Report being supplied. You have the right to request in writing to the medical practitioner the amendment of any part of the Report which you consider to be incorrect or misleading (in which case the medical practitioner may at his/her discretion amend the Report accordingly or, if requested by you, attach to the Report a statement of your views in respect of the Report); or
- (ii) you have not contacted your medical practitioner to make arrangements with regard to accessing the Report within the period of **21 days** from the date of the application by the Underwriter to your medical practitioner as notified to you by the Underwriter.

## **TO BE COMPLETED BY A TRUSTEE OF THE SCHEME:**

**I certify that the claimant is a member of the Scheme and that the claim details are correct.**

**Date of Joining Scheme:-** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

### **BANK DETAILS:**

When your payment has been approved we will make the payment to you directly to your bank account. Please complete the following:

Name and Address of your bank:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account No: \_\_\_\_\_

Sort Code: \_\_\_\_\_

Account Name: \_\_\_\_\_

The policy is administered by Philip Williams & Co on behalf of Aviva.  
Philip Williams & Co are authorised and regulated by the Financial Conduct Authority.  
Philip Williams & Co's FCA firm registration number is **308860**.