

# **ACCIDENT & EMERGENCY DENTAL PLAN**

**For Eligible Members of the  
Devon and Cornwall Police  
Federation**

**Period of Cover 1 April 2023 to 31  
March 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 2, Station Road, Brundall, Norwich, Norfolk, NR13 5LA, 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 the insurer, Hamilton Insurance DAC. Healix Insurance Services Ltd is registered in England and Wales under No.5484190, and authorised and regulated by the Financial Conduct Authority. Financial Services Register No. 437248.

## Hamilton Insurance DAC

Your **policy** is insured 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](http://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

Injury caused by direct impact outside of oral cavity to an **Insured Person's** teeth and gums (this includes damage to dentures whilst being worn).

## Claims Administrator

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

## 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.

## Cosmetic Treatment/Cosmetic

Treatment not necessary to maintain dental health and which is solely for the purpose of improving the **Insured Person's** appearance.

**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**.

**Dental Services**

The **Dental Services** described in this **Policy**.

**Dentist**

**In the United Kingdom:** A fully qualified dental practitioner registered with the General Dental Council or any other person qualified to perform the required **Treatment**.

**Outside the United Kingdom:** A dental practitioner appropriately registered, qualified and practicing in the country in which the **Treatment** is administered.

**Emergency Treatment**

**Dental Services** or supplies provided to an **Insured Person** for the immediate relief of severe pain, trauma, swelling or bleeding by their Dentist outside normal surgery hours or by any other Dentist whilst the **Insured Person** is away from home.

**Insured Person/You/Your**

A person resident in the **United Kingdom** who is under the age of 76 and an eligible member of the Cornwall and Devon Police Federation (or the **Partner** 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**.

**Oral Cancer**

Cancer of the following areas only: the lips, tongue, major salivary glands, gums, mouth, or pharynx or the oral cavity from lip to pharynx.

**Orthodontic Treatment**

Treatment undertaken by a Dentist for the prevention and correction of irregularities of the teeth.

**Partner**

An **Insured Person's** spouse or **Partner** under the age of 76 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.

**Physical Contact Sports**

Rugby, hockey, boxing, wrestling, lacrosse, ice hockey, Gaelic Football or any other sport where it is common practice to wear mouth, gum or head protection.

**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**.

**Review Date**

1 April 2024

**Treatment**

**Dental Services** or supplies described in this document which are clinically necessary for the maintenance and/or restoration of the oral health of an **Insured Person** provided that such services are:

- a. provided by a Dentist;
- b. provided in accordance with accepted standards of dental practice;
- c. received by an **Insured Person** during a **Period of Cover**.

**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 **Dental Services** as described in the Benefits Table below during the **Period of Cover** for **Emergency Treatment** by a **Dentist** at a dental surgery. **We** will pay benefits up to the maximum value shown according to the Pearl Plan selected in **Your** application process provided that such **Treatment** is clinically necessary and received by the **Insured Person** during the **Period of Cover**.

Note: NHS patients who qualify for and receive free dental **Treatment** should consider whether this insurance cover is appropriate for their requirements.

Treatment description	£ Benefit (United Kingdom)
Worldwide dental accident (max of 4 accidents)	Up to £4,000 per accident
Worldwide emergency treatment (max of 4 incidents)	Up to £300 per incident
Hospital cash benefit (when admitted overnight as an inpatient in a hospital under the care of a consultant specialising in dental or maxilla-facial surgery)	£50 per night up to £1,500
Dentist call out fee (max of 3 incidents)	Up to £100 per incident
Oral cancer (one course of treatment undertaken within 12 months of the diagnosis)	Up to £15,000 (including the Hospital cash benefit)

# Benefit Rules

The following benefit rules apply to the policy:

## 1. Partners

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

- i. The level of **Cover** must be the same as that selected by **You**;

## 2. Durability of Treatments

Fillings: **Cover** is available once per tooth in a 2 year period.

Root Canal Treatment: **Cover** is available once per tooth in a 2 year period.

Crown, inlay, denture: **Cover** is available once per tooth in a 3 year period for the placement of a crown, inlay or denture.

## 3. NHS Treatment (United Kingdom)

Should an **Insured Person** submit a claim for NHS **Treatment** with no clear evidence that the **Treatment** has been carried out under the NHS, then such claim will be assessed as per the maximum **Treatment** limit amounts described in the Benefit Table.

## 4. Dentist Identification

For **Your** protection and to comply with regulations regarding professional registration and conduct, all claims must positively identify the **Dentist** who rendered the **Treatment**. Within the **United Kingdom** the **Dentist's** GDC number provides this identification and must be provided when submitting a claim. Where **Treatment** is undertaken outside of the **United Kingdom**, the reference number allocated to the **Dentist** by the governing body of that country should be stated.

## 5. Double Charging

The **Policy** covers the **Insured Person** for **Treatment** rendered by both NHS and private **Dentists**. However, **Treatments** (for example an examination, scale & polish or x-ray or other NHS Band 1 charged **Treatment** within the **United Kingdom**) may not be claimed as both an NHS and a private **Treatment**. Reimbursement will be the lower of the relevant **Treatment** charges.

## 6. Pre-existing Conditions

This **Policy** does provide **Cover** for pre-existing conditions, that being a condition diagnosed or for which the clinical signs were exhibited prior to the **Insured Persons Date of Entry**. However, pre-existing **Oral Cancer** and any pre-existing requirement for dental implants are not covered under this **Policy**.

## 7. Tooth Numbering

In order to provide effective management of dental health claims, it is important that **We** know which tooth has received **Treatment**. **Dentists** will be conversant with tooth numbering and will be able to enter the relevant tooth number on the **Insured Person's Treatment** invoice. The tooth number must be in FDI format.

## 8. 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.

## 9. Oral Cancer

Benefits are available upon diagnosis of **Oral Cancer** subject to the following conditions:

- The benefit covers the **Insured Person** for **Treatment** of **Oral Cancer** (including the hospital cash benefit).
- The **Oral Cancer** must be diagnosed during the **Period of Cover** by a qualified doctor or **Dentist** (including a specialist) who is licensed to practice in the **United Kingdom**;

- The benefits will be paid only for **Treatment** received within 12 calendar months of the date of diagnosis;
- Benefits will be paid for one course of **Treatment**. Once **You** have claimed for a course of **Treatment** for **Oral Cancer** this cover ends under this policy and any subsequent policy renewals.
- Benefit will be paid only for **Treatment** given by a consultant who is recognised as a specialist in **Oral Cancer Treatment**;
- Benefit will not be payable for **Oral Cancer** resulting from smoking or chewing tobacco products (including betel nut juice).

#### 10. 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

Benefits will not be available for:

1. Services or supplies for **Treatment** which a **Dentist** is unable to provide due to circumstances beyond the control of such **Dentist**;
2. Services or supplies which are not described in the Benefit Table or which are specifically excluded under these General Exclusions;
3. **Cosmetic Treatments, Orthodontic Treatment** and **Treatments** not clinically necessary;
4. Services or supplies which are experimental in nature, or not normally supplied by a dental practice;
5. Any **Treatment** resulting from self-inflicted injury;
6. **Treatment** received prior to the commencement of the **Period of Cover**, and **Treatment** received after the **Period of Cover** ceases;
7. Any **Treatment** once the annual maximum number of **Treatments** or maximum annual benefit limit has been reached for that **Treatment**;
8. Referrals to a specialist **Dentist** or specialised **Treatment** unless the **Treatment** is a result of a dental **Accident**;
9. Wisdom tooth extraction, other than those extracted in an emergency at the **Dentist's** surgery;
10. **Treatments** for normal wear and tear;
11. Any **Treatment** received for injuries not apparent within 30 days from the date of the original cause of the claim;
12. Reimbursement for travelling expenses or telephone calls in connection with any **Treatments**; or charges for completing any documents needed for a claim;
13. Charges resulting from missed appointments;

14. Any Claims for the replacement of dentures damaged whilst not being worn;
15. For costs which **We** consider are not necessarily incurred. All benefits will be paid in accordance with customary and accepted levels of charges for the **Treatment** received. The charges must be necessary, incurred wholly and exclusively for the purposes of **Treatment** and in line with **Our** dental advisors opinion;
16. Any **Treatment** relating to damage or injury caused whilst participating in any **Physical Contact Sports** when the appropriate tooth, mouth or head protection was not being worn;
17. Injuries sustained while engaged in illegal, unlawful or anti-social activities;
18. **Oral Cancer** diagnosed, suspected, or for which tests were conducted or planned or for which a referral to a specialist had been made prior to the **Commencement Date** or the **Insured Person's Date of Entry**;
19. **Oral Cancer** diagnosed within 90 days of the date on which **You** and any other **Insured Person** joined the Plan, or for which tests or consultation began within those 90 days, even if the diagnosis is not made until later;
20. **Oral Cancer** resulting from smoking or chewing tobacco products (including betel nut juice);
21. Any **Treatment** charges or consultations or tests for non-invasive tumours;
22. Any **Treatment** charges which qualify for reimbursement under State dental provision or any other form of insurance, regardless of whether or not the **Insured Person** claims these benefits from the State or other insurance provider.
23. 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** 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** 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. Pregnancy

In the event of pregnancy an **Insured Person** may continue with their **Cover** or cancel their **Cover** with the option of re-joining the Accident and Emergency Dental Policy at a later date.

### 5. 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.

### 6. 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

Claims must be submitted using the Accident and Emergency Dental Plan claim form.

The **Insured Person** should pay for the **Treatment** provided and on the claim form he/she should ask the **Dentist** to detail the **Treatment**, indicate the fee charged and ask the **Dentist** to sign the form. Then attach the receipts to the form and return to the **Claims Administrator**.

Reimbursement is available only if the **Treatment** is provided by a **Dentist**.

If any benefit is provided or any payment is made under this **Policy** as a result of an action by a third party, then the **Insured Person** must:

- i. give **Us** full details of the potential claim against a third party;
- ii. allow **Us** to pursue any loss under this **Policy** at **Our** expense;
- iii. help **Us** to take legal action if **We** ask **You** to.

## Claims Notification

All claims must be notified to the **Claims Administrator** (and supporting documentation supplied) as soon as possible, and in any event, 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 portal: [www.denisglobal.com](http://www.denisglobal.com)  
 Post: Accident and Emergency Dental Plan  
 Claims Department  
 P.O. Box 6833  
 Basingstoke  
 Hampshire, RG24 4PR  
 Email: [claims@advantagehealth.uk.com](mailto:claims@advantagehealth.uk.com)  
 Tel: 0800 633 5037

To help us pay **your** claim promptly, please follow the claims guidelines detailed below.

Denis UK Limited in Basingstoke is the authorised claims administrator for the Accident and Emergency Dental Plan. Please visit [www.denisglobal.com](http://www.denisglobal.com) to review the online claims services offered.

## Claims for UK dental treatment

1. A completed claim form and a corresponding dental invoice or receipt is required to process a claim. The claim form can be found online when **You** log into **Your** secure account on the administrator portal at [www.denisglobal.com](http://www.denisglobal.com) or **You** can request one to be sent to **You** by emailing [claims@advantagehealth.uk.com](mailto:claims@advantagehealth.uk.com) or by calling 0800 633 5037.

2. When **you** have completed and paid for **Your Treatment**, ask **Your Dentist** to provide **You** with the appropriate **NHS** or private receipts showing the type of **Treatment You** have received and the tooth identification number of any tooth treated. **You** will need this to complete **Your** claim form. **You** will also require the dentists GDC registration number for the claim form.

3. There are 3 ways **You** can submit **Your** claim to **Us**:

a. Electronically at [www.denisglobal.com](http://www.denisglobal.com). Here **You** can submit the claim form and receipt directly to **us** and receive an immediate email with **Your** claim number. **You** can also submit an e-claim and avoid claim forms altogether (see online for details).

- b. By email to [claims@advantagehealth.uk.com](mailto:claims@advantagehealth.uk.com). This takes a bit longer (usually 1-2 days after **Your** email is sent) but when **Your** claim is collated and entered into the system **You** will receive email confirmation of the claim number.
- c. By post to the address on the claim form.

#### **Overseas Dental Emergencies – Claims Procedure**

If an **Insured Person** requires **Emergency Treatment** when abroad, simply obtain the **Treatment** required and request the invoice to be written in English and forward it to the **Claims Administrator** as per the above process. Reimbursement will be in Pound Sterling at the equivalent benefit scale using the exchange rate in force at the date of the claim settlement. The **Insured Person** shall be responsible for paying for the translation of receipts, claim forms or supporting documents not completed in English and this charge shall be deducted from the value of the claim reimbursement.

#### **Accidents – Claims Procedure**

In the event of needing **Treatment** following an **Accident** or a sports injury, the **Insured Person** must inform the **Claims Administrator** within 7 days of the **Accident** or as soon as reasonably possible. We may require confirmation of the **Accident** and **Treatment** before agreeing to any reimbursements necessary.

#### **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**.

## **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](mailto: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](http://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](mailto:complaint.info@financial-ombudsman.org.uk)

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

## Financial Services Compensation Scheme

Healix Insurance Services Ltd and Hamilton Insurance DAC 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](http://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

Hamilton Insurance DAC, 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 **We** process **Your** personal data, for more information please visit [www.hamiltongroup.com](http://www.hamiltongroup.com)

## HOW WE USE YOUR PERSONAL DATA AND WHO WE SHARE IT WITH

**We** may use the personal data **We** 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 **We** have consent to do so, to provide **You** with information, products or services that **You** request from **Us** or which **We** feel may interest **You**. **We** will also use **Your** data to safeguard against fraud and money laundering and to meet **Our** 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 **Us** for the specific purposes of underwriting or as part of the claims handling process. The provision of such data is conditional for **Us** to be able to provide insurance or manage a claim. Such data will only be used for the specific purposes set out in **Our** notice.

## DISCLOSURE OF YOUR PERSONAL DATA

**We** may disclose **Your** personal data to third parties involved in providing products or services to **Us**, or to service providers who perform services on **Our** behalf. These include **Our** 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

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

## YOUR RIGHTS

**You** have the right to ask **Us** not to process **Your** data for marketing purposes, to see a copy of the personal information **We** hold about **You**, to have **Your** data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to ask **Us** 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 **Our** 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 **We** are required to retain the data for a longer period due to business, legal or regulatory requirements.

If **You** have any questions concerning **Our** use of **Your** personal data, please contact The Data Protection Officer, Hamilton Insurance DAC – please visit [www.hamiltongroup.com](http://www.hamiltongroup.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/](http://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](mailto: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](http://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](mailto: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 contact the Police Federation, 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 [claims@advantagehealth.uk.com](mailto:claims@advantagehealth.uk.com)

### Continuing with your dental plan

If the Federation ceases to offer dental cover as an employee benefit, or if **You** have to leave the Federation, **We** have a range of plans which allow **You** to continue with dental insurance cover. To access full details, and to securely apply online please visit [www.advantage-wisdom.info](http://www.advantage-wisdom.info)

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.