



Key features of the Select income protection plan

For applicants in the Republic of Ireland



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Buying income protection insurance is an important decision. You should read this document carefully so that you understand what you are buying and then keep it safe for future reference.

About Dentists' Provident

Dentists' Provident was started by dentists over a hundred years ago as a membership organisation to protect each other from the financial consequences of illness or injury.

We have been part of the profession ever since, working together to support dental professionals, just like you, with our highly flexible plans which are designed to be as individual as you are.

We are still owned and run by our members who are at the heart of everything we do. We are there when you need us, from university to retirement and beyond.

If you need more information about us or our plans, usually, your financial adviser is your first point of contact, as we are not allowed to give you financial advice. This means we can't recommend whether or not this plan is right for you. If you don't have a financial adviser or would like to speak to us, we are happy to answer any questions you may have to help you make your own decision.

You can contact us on:

Main office: +44 (0) 20 7400 5700
Member services team: +44 (0) 20 7400 5710
Underwriting team: +44 (0) 20 7400 5720
Claims team: +44 (0) 20 7400 5730
Fax: +44 (0) 20 7400 5701

Office opening hours:
8.30am-6.00pm, Monday to Friday
Email: memberservices@dentistsprovident.co.uk
Web: www.dentistsprovident.ie
Address: 91-94 Saffron Hill, London, EC1N 8QP

Calls are recorded for our mutual security, training and monitoring purposes.



Its aims

The Select income protection plan (Ireland) ('plan') pays you a regular benefit payment to help replace the income you lose if you can't work because you are ill or injured. The plan is not designed to pay benefits if you cannot work for any other reason, for example if your contract ends, your business ceases trading or if you choose to stop working.

Your commitment

By applying for this plan and if you are not already a member, for the membership of Dentists' Provident, you agree to:

- read the important regulatory documents for this plan, which include this key features document, the terms of business and the personalised illustration
- tell us about all relevant information ('material facts') in the application process. Material facts are those which an insurer would regard as likely to influence the assessment and acceptance of an application for insurance
- answer all our questions, honestly, completely and to the best of your knowledge. If you are not sure whether something is relevant, you should mention it and give us as much information as you can
- select and then review your cover regularly so that it remains appropriate to your needs and is not more than your entitlement, which is based on your income
- tell us if any of the information you have given us as part of your application changes from when you give us the information until the date the cover starts
- tell us about an illness or injury within the time limits we have set
- pay your premiums in full and when they are due by Direct Debit. You must continue paying your premiums even when you are receiving benefit payments, unless the option to stop paying your premiums during a long term claim applies
- abide by our terms and conditions of membership, as set out in our current and any future rules and tables.

Risks

We consider the following to be the key risks of this plan:

- if you do not answer all our questions, in your application or a subsequent claim, honestly, completely and to the best of your knowledge, we may not pay your claim and your membership of Dentists' Provident could be cancelled
- the plan is a long term commitment. You must satisfy yourself that it meets your needs and your circumstances and resources allow you to maintain the plan. If you stop paying the premiums due, you will no longer be covered by this plan
- if you do not review your cover regularly, it may be more or less than what you need. The maximum benefit we will pay you is based on the income from your occupation before the start of your illness or injury. If your income is not enough to support your cover, we will reduce your benefit payments accordingly and you will not receive a refund of the premiums you have paid
- the current tax treatment of your premiums and benefit payments under this plan could change in the future
- some illnesses and injuries are not covered by this plan. Please see 'When will this plan not pay out?' on page 8 for more details
- the benefit payments you receive from us may affect the amount you can claim under other income protection insurance policies
- the benefit payments you receive from us can also affect your entitlement to some state benefits.

Your right to cancel

You can cancel your plan at any time by writing to our member services team. If you cancel your plan, you will not get any money back.

Questions and answers

This section aims to answer common questions about this plan.

If there is anything else you would like to know which is not covered here, please contact your financial adviser or our member services team, whose contact details can be found on page 3.

About the plan

What is the Select income protection plan (Ireland)?

The Select income protection plan (Ireland) is a personal income protection insurance plan which pays you regular benefit payments to help replace the income you lose if you cannot work because you are ill or injured.

This plan comes with a number of features to help customise it to suit your needs. You therefore have to decide:

- the amount of your cover
- how soon, after your illness or injury, you want your benefit payments to start (the 'waiting period')
- which of the optional features of the plan you need
- when you want your plan to stop.

This plan also has a number of standard features, which are described on pages 6-7.

Am I eligible for this plan?

- You can only apply for this plan if you are:
- less than 57 years old
- allowed to practise as a dentist, clinical dental technician, dental hygienist, dental technician, dental therapist, or orthodontic therapist in the UK or the Republic of Ireland
- living in the Republic of Ireland.

How much will it cost?

Your personalised illustration shows the monthly premiums for your plan based on our standard premium rates. Your premiums depend on several factors such as your age, nicotine use and how you have chosen to customise your plan.

Sometimes, because of your health or family history, your actual premium will be different from that shown in your personalised illustration. If this happens, we will contact you to explain the reasons for this and we will not start your cover without your agreement.

How do I personalise my plan to suit my needs?

When setting up your plan, you will need to make a few decisions so that it meets your needs. You need to:

Select how much cover you would like

When selecting your cover, you should think about your current income and also the income you will receive when you are claiming.

If you make a claim we will calculate your maximum benefit payments based on your income at the time. If the total amount you receive from all sources exceeds our limits, we will adjust your benefit payments accordingly. For more information, please see section 'What benefit payments can I receive?' on page 8.

The combined maximum initial cover you can have under this and our other plans cannot be more than €104,000 a year, or €8,666 a month.

Select the waiting period for your claim

The waiting period for your claim, also called the deferred period, is how long after you stop working, because of an illness or injury, before your benefit payments start. This plan offers a number of different waiting periods, ranging from no waiting period to 1, 4, 8, 12, 13, 26, 52 or 104 weeks. You should select a waiting period which takes into account the changes in the income from your occupation after you stop working because of an illness or injury.

Select the age when your cover stops

Your plan and entitlement to benefits will end automatically when all your covers end, which will normally be on your 65th birthday. However, you can choose any age between 55 and 65, if it better suits your needs. If your long term career plans change after your plan has started, you can reduce the age when your cover stops by giving us advance notice.

Select if you would like your premium rate to remain the same regardless of your age and our claims experience

If you select this option your premiums will not normally increase with your age or if our claims experience gets worse.

If you do not select this option then, besides any changes in your premiums which happen as you get older, we can also change your premiums every January because of changes in our claims costs or business expenses. If we review our premium rates, we will give you at least 60 days advanced notice of any changes.

If the premium rates increase, you can choose to pay the increased premiums or keep your monthly premiums the same by reducing your cover.

Select if you would like to not have to pay your premiums if you make a long term claim

If you choose this option, you will not have to pay premiums for the cover for the duration of your claim from the month after you have received benefit payments for a total of three months.

Select any optional features for your cover

The optional features help you customise your cover further. These are:

Inflation protecting your cover and benefits - If you choose this option, your cover will increase in line with the Euro area harmonised index of consumer prices every January. The automatic increases will begin in the January after you have held your cover for 12 months. We will not increase your cover by more than 5% in any year and 150% overall. If you are receiving benefit payments, these will increase automatically as your cover increases.

If you do not want this option then your cover will not change, however, you need to decide how your benefits are paid on a long term claim. This plan has two options for you to choose from:

Stepped decreasing benefit payments - This option is not offered on our online service and is only available for cover with no waiting period.

If you select this option, then your benefit payments will be made at the full rate for the first six months of your claim, decreasing to half your initial rate for the next six months and then to 30% of the initial rate for the remainder of your claim.

Constant benefit payments - If you select this option, your benefit payments will be made at the same rate throughout your claim.

Option to increase your cover in the future without medical assessment - This option lets you increase your cover by up to 30% of the initial amount, without any medical assessment after you have had the cover and paid your premiums for three years or if you are promoted, change jobs, become a parent, increase your personal mortgage or if you marry. Please refer to the plan terms and conditions for further information.

Additional benefits in case of a severe illness or injury - If you choose this option and you have an illness or injury that leaves you unable to carry out at least three of our six activities of day to day living, we will increase your monthly benefit payments by 20% of the monthly amount payable at the start of your claim, after you have received benefit payments for two years.

What are the standard features of the plan?

In addition, your plan comes with a number of features as standard, these are:

Changing your waiting period

If your employment status changes, for example you change from being an employee to becoming self employed, or change jobs, you can change the waiting period of your cover to suit your new role. If your cover has a waiting period of eight weeks or more, you can reduce it to a minimum of four weeks without any further medical assessment. Please refer to the plan terms and conditions for further information.

You can ask us to increase your waiting period without the need for a medical assessment at any time.

Career break

After the third anniversary of your cover, if you take a career break and stop working, you can suspend your cover. This means you will not have to pay any premiums for your cover but you will not be able to make a claim.

You are entitled to 36 months break over the life of your plan. You do not have to use the full allowance at the same time and you can take multiple breaks, as long as each one lasts at least six months. Please refer to plan terms and conditions for further information.

Cover when you are not working

If you are not working and you become ill or injured and you cannot carry out at least three of our six activities of day to day living, we will still pay you benefit payments based on the lower of either the total value of your monthly cover or €2,000 per month.

Minimum benefit assurance

If your income changes after the start of your cover and we cannot pay your claim in full, this option ensures that the total amounts you receive from us and other third parties will not fall below a predetermined level. Please refer to the plan terms and conditions for further information.

Hospitalisation benefit

If you are admitted to hospital during your waiting period, we will pay you the lower of 1/30th of your monthly cover or €175 for every night's stay after your first seven consecutive nights stay. We will continue to pay you this benefit until the earliest of the end of your stay, the end of your waiting period or we have paid the benefit for 90 nights stay. This benefit is only available if your cover has a waiting period of three weeks or more.

Will my plan cover me if I move abroad?

You can receive benefit payments for a maximum combined period of five years on all claims where you live in any of the following:

- Australia
- British Overseas Territories
- Canada
- European Union
- New Zealand
- Norway
- Singapore
- Switzerland
- UK
- USA.

If you are not living in Ireland or any of the places listed above, your benefit payments will be limited to a maximum combined period of six months.

Making a claim

When can I claim?

You can make a claim if you suffer from a loss of income because you cannot work as a result of your illness or injury. You should check your benefit statement and plan documents to see if the condition you are suffering from is not covered. If your condition is covered, you should contact our claims team for a claim form within two weeks of stopping work if your waiting period is less than five weeks, or four weeks otherwise.

To make a claim, please contact our claims team on:

Telephone: **+44 (0) 20 7400 5730**

Email: **claims@dentistsprovident.co.uk**

Address: **91-94 Saffron Hill
London
EC1N 8QP**

How do I claim?

To make a claim, you need to complete and return the claim form within 90 days of the end of your waiting period. To help us settle your claim quickly, please answer all of the questions completely, accurately and to the best of your knowledge, as well as providing any information we ask for as soon as possible.

Your doctor will need to complete the medical certificate attached to the claim form and you need to give us evidence of your income, such as your most recent financial statements, tax return or payslips.

How will you assess my claim?

If you are working immediately before your illness or injury, we will assess your claim based on your inability to carry out the material and substantial duties of your occupation. In addition, your income must have fallen because of your illness or injury and you must also not be doing any other work, unless you are making a phased return.

If you were not working immediately before your illness or injury and you do not have a formally agreed start date for a new role, we will assess your claim based on your inability to independently carry out three of the following six activities of day to day living:

- eating food which has been prepared and made available to you
- putting on, taking off all garments and any braces, artificial limbs or other surgical appliances
- washing in a bath or shower or by any other means
- maintaining a satisfactory level of personal and toilet hygiene
- getting in and out of bed into an upright chair
- getting from one room to another.

Your illness or injury needs to be diagnosed by a doctor who is competent in the relevant field. You must also remain under their regular care throughout your time off work and comply with their reasonable recommendations.

We may also ask you for further evidence of your illness or injury. This can include asking you to attend a medical examination or meeting with our appointed representatives. If you do not give us the information we ask for, we may not be able to start or continue paying your claim.

What benefit payments can I receive?

The maximum annual benefit payments you can receive cannot be more than:

- 75% of the first €60,000 of your average income before the start of the claim, plus
- 60% of your average income before the start of the claim above €60,000.

We will reduce the maximum benefits we can pay by the amount of any regular benefits due under any similar insurance plans and any income you receive during the claim. If any of the income is taxable, we will only take 80% of that income into account in our calculations.

When you make a claim, we will need:

- details of any other similar insurance plans and income you will receive when you are not working
- if you are employed, details of your salary, overtime payments, bonuses, and benefits in kind before tax in the 12 months before your illness or injury
- if you are a shareholder and director of the business you work in, we will also need the details of the amount of profits of the business attributable to your shareholding for the last three years. We will use this to calculate a 12 month average to even out the effects of any short term fluctuations in profits
- if you are self employed, details of your net profit before tax in the three years before your illness or injury. This is also used to calculate a 12 month average which evens out the effects of any short term fluctuations in profits

If the maximum benefits you are entitled to are lower than your cover, we will not refund you any premiums.

How long will I receive my benefit payments?

You will receive your benefit payments until the earliest of the following:

- you no longer meet our requirements for the payment of benefits
- your plan or cover ends or is cancelled
- your death.

How do I receive my benefit payments?

Your benefit payments are paid monthly in arrears after the end of your waiting period. If your claim is for less than one month, you will receive your benefit payment at the end of your claim, based on an appropriate fraction of your monthly cover amount.

We will usually pay your benefit payments directly into your Republic of Ireland bank account within three days of the payment being authorised, however where we cannot do this, we will send you a cheque, normally on the same day.

What if my illness or injury reoccurs?

If your illness or injury reoccurs within 12 months of going back to work and you need to make a claim, we will treat the second claim as a continuation of your original claim. This means we will not apply the waiting period again and your new claim will restart on the same basis as the original one.

What happens if I can only return to work on a part time basis or in a lesser paid job?

If you can only return to work in a part time or lower paid role because of your illness or injury and you have been receiving your benefit payments for at least a month, then, you will continue receiving part of your benefit payments.

You must not be able to work for more than 18 hours a week or 55% of the hours you worked before your illness or injury, whichever is lower. You must also remain under the care and supervision of your specialist and continue receiving proper medical treatment.

When will this plan not pay out?

In addition to any conditions specifically excluded from your cover as a result of your medical or family history, this plan will not pay out if your illness or injury is caused by:

- participation in a criminal act
- deliberate self-harm or alcohol, drugs or substance abuse
- failure to keep your recommended immunisations up to date
- procedures and treatments which are not medically necessary, unless they are the result of an illness or accident and your specialist recommends that you have the procedure or treatment.

Other information

What happens to my plan if I die?

This plan will end automatically on your death and any payments due to you under your cover will be paid to your estate.

Are there any other charges?

Your premiums as shown in your personalised illustration include all of the costs of administration, underwriting, claims, selling expenses and any fees payable for any medical examinations that we ask you to attend as part of your application.

However, if you need to claim, you are responsible for the costs of providing all routine financial and medical information to support your claim.

What about tax?

This plan has been approved by the Irish Revenue Commissioners. Present Irish tax law and Revenue practice means that:

- you can normally claim tax relief on your premiums at your highest rate of income tax. The maximum level of premiums on which tax relief is available each year is 10% of earned income. It is your responsibility to claim this tax relief
- your income protection benefit payments are liable for income tax and social security under the pay as you go system. We will appoint a payroll agent in Ireland to operate these deductions on our behalf.

We will collect the government insurance levy (currently 1%) from you in addition to your premiums.

The government levy and tax rules could change in the future, so please bear in mind that you and/or we, could be liable to new or increased taxes or other costs in the future.

Can I change my mind?

Yes. When your cover starts we will send you a cancellation notice. If you change your mind and decide that you no longer want your plan, you will have 30 days to return the notice. Any premium payments you have made will be refunded after subtracting any benefit payments you have received from us.

Can you cancel my plan?

We cannot cancel your plan simply because of the number of claims you have made. However, there are certain instances where we can cancel your plan and your membership before its end date. For example, if:

- you are barred or suspended from your occupation for disciplinary reasons
- you are in material breach of our terms and conditions
- you are made bankrupt or make any arrangement or composition with your creditors
- you are convicted of an offence which carries a custodial sentence or one involving corruption or dishonesty such as fraud, theft, deception, misrepresentation or misappropriation of funds.

Complaints

We are committed to providing our members with the highest standards of service. However, if we fail to live up to our normal standards, please contact us as soon as you can on:

Telephone: **+44 (0) 20 7400 5700**

Email: **complaints@dentistsprovident.co.uk**

Address: **91-94 Saffron Hill
London
EC1N 8QP**

We are committed to listening to our members and taking action where necessary. If you have a complaint, we will acknowledge it in writing within five working days of receiving it. We aim to resolve all complaints within four weeks, however sometimes this can take longer. If so, we will write to you to explain the reasons for the delay and give you an indication of when to expect our decision, along with details of the options available to you.

If you are not satisfied with our final response, you can choose to either refer the matter to our panel of independent arbitrators or the Financial Services Ombudsman Bureau.

Financial Services and Pensions Ombudsman

**Lincoln House
Lincoln Place
Dublin 2
D02 VH29**

Telephone: **+353 1 567 7000**

Email: **info@fspo.ie**

Website: **www.fspo.ie**

Terms and conditions

This key features document is a summary of the main features of our Select income protection plan (Ireland) and does not include all the definitions, exclusions, terms and conditions applicable to this plan; you can find these in our memorandum and rules.

Sometimes, because of your health or family history, we may apply additional or different terms and conditions to your plan. If this happens we will contact you to explain our reasons and we will not start your cover without your agreement.

If you would like a copy of our rules please ask your financial adviser or, alternatively, visit our website at www.dentistsprovident.ie

Our terms and conditions of membership will evolve over time in response to changes in the insurance industry and the dental profession. If we need to make any changes we will contact you to explain our proposals. Our members also have the right to vote on certain changes, so you will have the opportunity to engage with us before the proposed changes take effect. Further details are set out in our memorandum and rules.

Law and language

Our rules and plans will be construed in accordance with the law of England and Wales and will be subject, save as set out in our rules, to the exclusive jurisdiction of the Courts of England and Wales. All our communication with you will be in English.

Financial services compensation scheme

We are covered by the Financial Services Compensation Scheme ('FSCS').

You may qualify for compensation from the FSCS if we cannot meet our obligations due to financial insolvency. The compensation you may receive depends on the type of business and the nature of the claim.

Most investment business is covered for 100% of the first £50,000 per person per firm and insurance contracts are covered for 90% of the claim with no upper limit.

You can obtain further information from the FSCS at:

Financial Services Compensation Scheme

10th Floor, Beaufort House
15 St Botolph Street
London
EC3A 7QU

Telephone: +44 (0) 20 7741 4100

Web: www.fscs.org.uk

Dentists' Provident

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