



# Select income protection plan application form

**For applicants in the UK**



## Important notes: before completing this application

### General

Before you complete this application, please read the important regulatory documents (as described in the key features document) for this plan, as they contain important information. If you do not have these, please call our member services team on **+44 (0) 20 7400 5710** or your intermediary who will be able to send you a copy. Alternatively, please go to **[www.dentistsprovident.co.uk](http://www.dentistsprovident.co.uk)** to download these.

### Information you will need to complete this application

You will need to have the following information to hand to complete this application:

- details of your income
- details of any existing cover with us, that you are looking to replace as part of this application
- details of your doctor
- your bank details.

### Completing your application

Please complete all the relevant sections in black ink, using **BLOCK CAPITALS**.

We will set up your cover and calculate your premiums based on your replies to the questions in this application, the health and lifestyle interview and any written, electronic or verbal communications between us in connection with your application.

It is very important that you take all reasonable care to answer all our questions honestly, completely and to the best of your knowledge.

You should tell us if any of these responses change before your cover starts, as this may affect the terms and extent of cover we can offer you.

If you give us incorrect or incomplete information, depending on the circumstances, we may cancel your membership and/or cover, amend your cover and/or premiums, reduce or not pay your claim. If you are not sure whether or not any of the information is relevant to our consideration of your application, then you should ask us.

You should keep a record of all the information you give us in connection with your application. We will send you a copy of our memorandum and rules, which govern our mutual relationship, shortly after your membership starts. These documents are also available from our member services team and from our website. You should read the plan terms and conditions before signing the declaration at the end of this form.

### Start of your cover

If we accept your application and we have a properly completed direct debit instruction from you, we will start your cover immediately, unless you have asked us not to. If we decide to apply special conditions to your plan, we will not accept your application unless we have your written agreement accepting the special conditions. Our acceptance of your application will not affect your legal rights to cancel the cover under the 'cooling off' provisions.

## 1. Details of your intermediary

If you are submitting this application through an intermediary, they need to complete this section.

**a. Full name of intermediary**

**b. Company name**

**c. Regulatory reference number**

**d. Network name**

**e. Was financial advice given?**

If neither box is ticked, we will assume financial advice was given

Yes

No

**f. Intermediary stamp or intermediary reference number**

## 2. Your personal details

We will set up your cover and calculate your premiums based on your replies to the questions in this application, the health and lifestyle interview and any written, electronic or verbal communications between us in connection with your application. It is very important that you take all reasonable care to answer all our questions honestly, completely and to the best of your knowledge. If you give us incorrect or incomplete information, depending on the circumstances, we may cancel your membership and/or cover, amend your cover and/or premiums, reduce or not pay your claim. If you are not sure whether or not any of the information is relevant to our consideration of your application, then you should ask us.

### 2.1 About you

**a. Name** Title  Dr  Mr  Mrs  Miss  Ms  Prof

First name  Middle name

Last name

**b. Your date of birth** DD MM YYYY

We use your date of birth to calculate your premiums and the normal end date of your cover.

**c. Your gender**  Male  Female

Some of the questions we ask are different based on your gender and we also need this information for statistical reasons. We do not use information about your gender to calculate the price of your cover.

**d. Your occupation**

This plan is only available to dental professionals who are able to practice in the UK. We will use this information to confirm your registration on the relevant registers.

Dentist/Oral & maxillofacial surgeon

Dental hygienist

Dental or clinical dental technician

Dental or orthodontic therapist

Your registration number

**e. If you are currently doing any work unrelated to dentistry, either paid or unpaid, please give details**

We need this information to get a better understanding of any risk of illness or injury you face at work.

**f. Do you smoke, use tobacco or nicotine?**

We use this information to determine your premium rates and when we are paying your claim. We may carry out tests to confirm use.

Never used  Stopped within the last 12 months

Regular user  Stopped more than 12 months ago

Irregular or social user

## 2.2 Your contact details

### a. Home address

You can only apply for this plan if you live in the UK, Isle of Man or Channel Islands. We need your address to confirm your eligibility and to contact you about your application, membership and claims.

Address line 1

Address line 2

City

Postcode

Country

### b. Telephone numbers

We need your telephone numbers for the health and lifestyle interview or if we need to discuss your application or our decision with you (we will not use your information for marketing without your permission). For your safety, we use two-step security for our online service and we will send part of the security details for your online account to your mobile telephone.

Mobile

Home

Work

### c. Email address

If you use our online service, we will email you when we send you private correspondence through our online system (we will not send you marketing emails without your permission). For your safety, we use two-step security for our online service and we will send part of the security details for your online account by email.

Email

## 3. Details of your cover

### 3.1 Select your cover

You can choose more than one waiting period (for example to match your sick pay entitlement). If you need two different covers under this plan then please fill in the second column.

**a. Are any of the covers you are applying for, replacing an existing cover with Dentists' Provident?**

We need this information to ensure you have the cover you want after we have completed your application.

**b. How much cover would you like?**

This is the starting amount of the monthly insurance benefits you are applying for.

**c. What is your chosen waiting period for a claim?**

This is how long you have to wait after you stop working, because of an illness or injury before benefit payments start. It is also called the **deferred period**. Please choose from none, 1, 4, 8, 12, 13, 26, 52, 104, 156, 208 or 260 weeks.

**d. When do you want your cover to stop?**

You can select any age between 55 and 65, but this must not exceed your planned retirement age.

**e. Would you like your premium rate to stay the same regardless of your age and our claims experience?**

Normally, premium rates which increase with age cost less in the earlier years compared to those that stay the same throughout.

If you choose premiums which increase with age then your premiums can also go up or down if we review our standard rates (commonly known as **reviewable premium rates** in the insurance industry).

If you choose premiums which do not change with your age then your premiums will also not normally change because of our claims experience (commonly known as **guaranteed premium rates** in the insurance industry).

Please note that if your cover changes for any reason, your premiums will also change.

**Cover 1**

Yes  No

If yes, please give details below

Plan number

Waiting period

Amount of monthly cover to be replaced

£  every month

weeks

years old

Yes  No

**Cover 2**

Yes  No

If yes, please give details below

Plan number

Waiting period

Amount of monthly cover to be replaced

£  every month

weeks

years old

Yes  No

**f. Would you like to stop paying your premiums during a long term claim?**

If you select this option, you will not have to pay your premiums if your claim continues for more than three months. Depending on your plan, we may also refund any premiums you have paid since your benefits became payable under the claim.

Yes  No

Yes  No

### 3.2 Personalise your cover

If you have chosen more than one waiting period then you can personalise your second cover using the second column.

**a. Would you like your cover and any regular benefits payable on a claim to increase with inflation?**

If you select this option, your cover and the benefits we pay you on a long term claim will increase every year. Your premiums will also increase each year because of the additional cover.

**b. If No, please tell us how would you like your benefits to be paid on a long term claim?**

You can choose what happens to your benefit payments depending on your financial needs. The option for your payments to decrease on a stepped basis is only available for cover without any waiting period.

**c. Would you like to be able to increase your cover in the future without medical assessment?**

This option allows you to increase your cover in the future with the same personal terms and conditions as this cover.

**d. Would you like to receive additional regular benefits if you have a severe illness or injury?**

This benefit gives you added protection if you have an illness or injury which affects your ability to perform a number of activities of daily living.

**e. Would you like the benefits paid to you to be increased if you die during a claim from your illness or injury?**

This benefit gives you added protection if you have a terminal illness or injury.

**Cover 1**

Yes  No

Remain at a constant rate throughout the claim  
or  
 Decrease on a stepped basis

Yes  No

Yes  No

Yes  No

**Cover 2**

Yes  No

Remain at a constant rate throughout the claim  
or  
 Decrease on a stepped basis

Yes  No

Yes  No

Yes  No

We will not charge you for any optional features offered under this plan unless you have confirmed that you wish to add them to your cover.

## 4. Your earnings

We will set up your cover and calculate your premiums based on your replies to the questions in this application, the health and lifestyle interview and any written, electronic or verbal communications between us in connection with your application. It is very important that you take all reasonable care to answer all our questions honestly, completely and to the best of your knowledge. If you give us incorrect or incomplete information, depending on the circumstances, we may cancel your membership and/or cover, amend your cover and/or premiums, reduce or not pay your claim. If you are not sure whether or not any of the information is relevant to our consideration of your application, then you should ask us.

Please remember, we will include the income you earn from your employer or your business during a claim with any benefits you receive from similar insurance policies, in calculating the benefits we can pay you. You should ensure that your cover is not more than the maximum benefits we can pay.

### 4.1 Your current earnings

#### a. Your earnings before income tax and national insurance

We will use this information to get a better understanding of your financial needs and it should include additional items such as bonuses, commission and any profit share. If you make a claim we will ask for evidence of your income and we will calculate the benefits due based on your income at the time.

#### b. Do you expect your total earnings above to change by more than 10% in the next 12 months?

We will use this information to get a better understanding of your financial needs.

How much do you earn every year as an employee of a business?

£  before tax

How much do you earn every year working for yourself?

£  before tax

Yes  No

If yes, please give details below

### 4.2 Your income during a claim

#### a. Will you receive any income from your business or your employer, if you stop working because of an illness or injury?

We will use this information to get a better understanding of your financial needs.

Yes  No

If yes, please give details below

How soon after you stop working will the payments start?

months

How long will you receive the full income?

months

How long will you receive a reduced income?

months

or

I will not receive any reduced income

If you will receive a reduced income, please state the reduced proportion

%

## 5. Your doctor's details

**a. Name**      Doctor's name

**b. Address**      Surgery name

Address line 1

Address line 2

City

Postcode

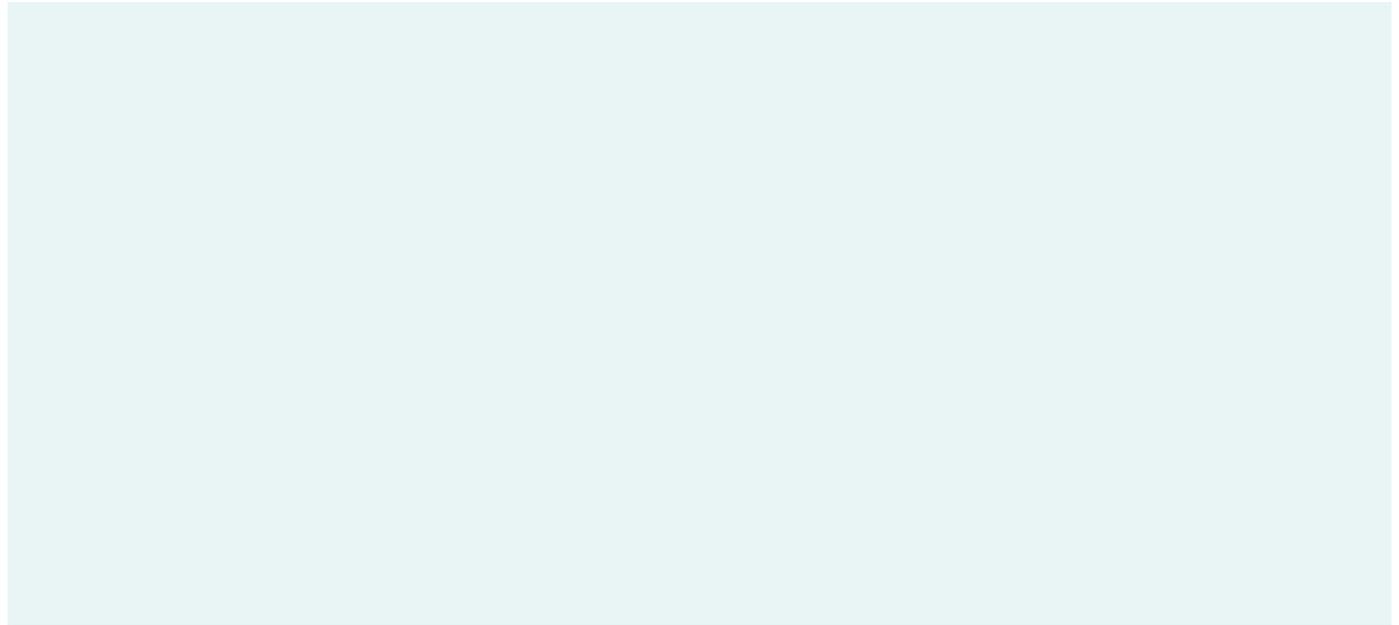
Country

**c. Telephone**

Please be aware that we do not always write to doctors for medical information and they are not always able to provide the information we need. It remains your responsibility to complete this application properly.

## 6. Additional information

Please use this section if you wish to give us any further information regarding your application.



We will set up your cover and calculate your premiums based on your replies to the questions in this application, the health and lifestyle interview and any written, electronic or verbal communications between us in connection with your application. It is very important that you take all reasonable care to answer all our questions honestly, completely and to the best of your knowledge. If you give us incorrect or incomplete information, depending on the circumstances, we may cancel your membership and/or cover, amend your cover and/or premiums, reduce or not pay your claim. If you are not sure whether or not any of the information is relevant to our consideration of your application, then you should ask us.

Please remember, we will include the income you earn from your employer or your business during a claim with any benefits you receive from similar insurance policies, in calculating the benefits we can pay you. You should ensure that your cover is not more than the maximum benefits we can pay.

# Instruction to your bank or building society to pay by Direct Debit



Please fill in the whole form and return it to:  
 Dentists' Provident Society Limited, 91-94 Saffron Hill, London, EC1N 8QP, UK

Service User Number  
 9 9 6 6 8 4

**Name and full postal address of your bank or building society**

To: **The Manager**

Bank/building society

Address

Postcode

**Name(s) of account holder(s)**

**Bank/building society account number**

**Branch sort code**

**Reference**

**For Dentists' Provident Society Official Use Only. This is not part of the instruction to your Bank or Building Society.**

Preferred collection date each month  
 1st     15th

**Instruction to your bank or building society**

Please pay Dentists' Provident Society Limited Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Dentists' Provident Society Limited and, if so, details will be passed electronically to my bank/building society.

**Signature**

**Date**

DD    MM    YYYY

Banks and building societies may not accept Direct Debit Instructions for some types of account.

**This Guarantee should be detached and retained by the Payer**



## The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, Dentists' Provident Society Limited will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request Dentists' Provident Society Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Dentists' Provident Society Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when Dentists' Provident Society Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

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## 8. Declaration and consent

### My personal data

Please read the Data Privacy Notice in the next section before completing this declaration and consent

I have read your Data Privacy Notice, which includes my data protection rights, and I agree to proceeding with this application.

I agree to you collecting, holding and using my personal data in line with your Data Privacy Policy.

Name

Signature

Date

This application is my offer to enter into a contract for the cover stated in this application and if I am not already a member, for the membership of Dentists' Provident Society Limited (you, your, Dentists' Provident). I understand that my application, if accepted, will be subject to your usual terms and conditions and I have read and accept these.

I have read the important regulatory documents (as described in the key features document) for this plan and I understand the benefits provided and what is not covered by the plan.

I agree that a copy of this declaration and consent will have the validity of the original.

### General declaration

I confirm that I am a resident of the United Kingdom of Great Britain or its Crown dependencies.

I understand that you will set up my cover and membership and calculate my premiums based on my replies to the questions in connection with this application in:

- this application
- the health and lifestyle interview
- any medical examination and
- any written, electronic or verbal communications between us.

I agree to take all reasonable care to answer all questions honestly, completely and to the best of my knowledge. I understand that if I do not, depending on the circumstances, you can cancel my membership and/or cover, amend my cover and/or premiums at any time, reduce or not pay my claim.

I have read all the answers to the questions in this application whether in my handwriting or not and I confirm that they are true and complete to the best of my knowledge. I agree to check my answers in the health and lifestyle interview report you send me and if anything is incorrect or incomplete, I will let you know within 14 days of being sent this. I understand that any changes can result in you changing my cover, premiums or refusing my application.

I agree to tell you if any of my responses change before my cover starts and I understand this can affect the terms and extent of cover you can offer me.

### Compliance with future memorandum, rules and tables

I also understand that your memorandum, rules and tables may change in the future and I understand and agree that my membership, cover and benefits will be subject to the memorandum, rules and tables in effect from time to time.

### Obtaining further medical information

Please read the important notes in the next section about your rights before completing this declaration and consent

I have read the important notes relating to the Access to Medical Reports Act 1988 (AMRA) and Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and I agree to you or your authorised third party representatives asking any doctor I have consulted about my physical or mental health, to give you my medical information which you need to assess my application.

**I wish to see any medical reports before they are sent to you.**

*(Please tick if you wish to see any reports before they are sent to Dentists' Provident. You will have 21 days to make arrangements to visit your doctor.)*

### Requesting information from other insurers

I understand and agree that, in accordance with your Data Privacy Policy, you can request relevant medical or other information from the insurers of any other of my applications for life, critical illness, income protection, sickness, disability, accident, private medical insurance or professional indemnity insurance (whether or not this application proceeds). I authorise those asked, to provide the requested medical or other information, when they see a copy of this form. I also understand and agree that you can provide and share medical or other information in connection with this application and my cover to those insurers.

### Requesting medical information within 6 months of the start of my plan

I understand and agree that, in accordance with your Data Privacy Policy, you can request medical information at any time before the 6 month anniversary of the start of my plan from any doctor or healthcare professional I have consulted, to check the accuracy of the information about my health, family history and lifestyle given as part of my application. I also agree that if any information is incorrect or incomplete, you can refuse my application, cancel my membership and/or cover, amend my cover and/or premiums, reduce or not pay my claim.

### My intermediary

I agree that my intermediary acts as my agent and on my behalf, and my intermediary can:

- contact you about my application, cover and membership
- provide you with any information which is missing from my application form
- see all information supplied as part of my application, **including information about my health and lifestyle and the special conditions applicable to my cover, unless I have requested, that my intermediary is not to be provided with information about my health and lifestyle and you have agreed this.**



**Please read the important notes in the next section before completing this declaration and consent**

Name

Signature

Date

**Marketing consent**

From time to time we would like to contact you with news, information and offers on our products and services. If you would like us to contact you, please tell us how in the section below:

Post  Email  Telephone  SMS/Text

## 9. Important notes: before signing the declaration and consent

### Data privacy notice

Our Data Privacy Policy may be subject to change – the most recent version of this policy will be published on our website at [www.dentistsprovident.co.uk](http://www.dentistsprovident.co.uk). We recommend that you review it periodically.

Protecting your personal data is extremely important to us. The way we collect and share your information is equally important. Our members expect us to manage their information privately and securely. This policy tells you how we collect, use and share your personal data. It also includes details of your rights.

All your personal data will be treated in accordance with the General Data Protection Regulation (‘GDPR’) and the applicable data protection legislation in the UK, as amended or replaced (together the ‘Data Protection Legislation’).

Personal data is information which directly or indirectly identifies you, whilst you are living. We are committed to processing your personal data in accordance with this Data Protection Legislation. Dentists’ Provident Society Limited (Dentists’ Provident/we/us) is a data controller.

It may be necessary for you to give us personal data so that we can provide you with the requested products and services, fulfil any contractual relationship with you, inform you of our services, comply with applicable laws, regulations and/or codes of practice and for the other purposes as set out in this notice.

### How we collect your personal data

We may collect your personal data in a number of ways, including:

- For example, from you when you:
  - Apply for and use our membership, plans and services
  - Speak to us on the telephone, we will record the telephone calls
  - Enter into any agreement with us
  - Contact us by post, electronically or in person and interact with us
  - Ask us to contact you
  - Participate in surveys, prize draws or competitions
- From third parties such as:
  - your business/employer, doctor, health service providers, lawyers, accountants, intermediaries (such as your financial adviser)
  - any other insurer to whom you apply for or have a contract of insurance, other businesses connected to you, credit reference agencies, fraud prevention agencies and databases, research and data analysis partners
  - witnesses and experts regarding your claim
- From public sources such as the regulatory registers, electoral role, Land Registry, Companies House and social media platforms

### What personal data we collect

Types of information we may collect about you includes:

Type of information	Examples of information	Examples of how we use it
Contact details	<ul style="list-style-type: none"> <li>• Name, address, telephone numbers and email address</li> </ul>	<ul style="list-style-type: none"> <li>• Servicing your contract</li> <li>• Marketing</li> </ul>
Personal details	<ul style="list-style-type: none"> <li>• Age</li> <li>• Gender</li> <li>• Criminal conviction data and regulatory sanction data</li> <li>• Visual images and personal appearance</li> <li>• Educational history</li> <li>• Regulatory information and regulatory history</li> <li>• Race and ethnicity</li> <li>• Sexual orientation</li> </ul>	<ul style="list-style-type: none"> <li>• Underwriting</li> <li>• Claims</li> <li>• Fraud prevention/detection</li> <li>• Analysis to enhance our product and service</li> </ul>
Lifestyle and health	<ul style="list-style-type: none"> <li>• Lifestyle and social circumstances</li> <li>• Health and medical history</li> <li>• Tobacco and alcohol use</li> <li>• Recreational drug use</li> <li>• Family medical history</li> </ul>	<ul style="list-style-type: none"> <li>• Underwriting</li> <li>• Claims</li> <li>• Fraud prevention/detection</li> <li>• Analysis to enhance our product and service</li> </ul>
Financial information	<ul style="list-style-type: none"> <li>• Employment details</li> <li>• National insurance number</li> <li>• Tax details</li> <li>• Income and outgoings</li> <li>• Bank details</li> <li>• Shareholdings and business interests</li> <li>• Information about other insurance contracts</li> <li>• Credit history and information</li> <li>• State benefits information</li> </ul>	<ul style="list-style-type: none"> <li>• Underwriting</li> <li>• Claims</li> <li>• Servicing your contract</li> <li>• Fraud prevention/detection</li> </ul>
Transactional	<ul style="list-style-type: none"> <li>• How you use your membership and/or plans</li> <li>• Changes you make to your membership and/or plans</li> <li>• Your claims history with us and others</li> <li>• Recordings of telephone calls with us and our representatives</li> <li>• Records of any interactions/correspondence between you and us or our representatives</li> </ul>	<ul style="list-style-type: none"> <li>• Underwriting</li> <li>• Claims</li> <li>• Servicing your contract</li> <li>• Marketing</li> <li>• Analysis to enhance our product and service</li> <li>• Fraud prevention/detection</li> </ul>

You must make sure that if you give us personal data about someone else, you should have a lawful basis for doing so, for example, you have their consent to share personal data with us. Where applicable, you should ensure they read this Data Privacy Notice and understand how we can use and disclose their information, in the ways described in this Data Privacy Notice.

### How we may use your personal data

We may use your personal data for reasons including but not limited to the following:

- provide quotes, calculate premiums and make underwriting decisions and assess claims
- verify your identity
- verify the accuracy of the data you or your intermediary has provided us
- provide products and/or services you request
- manage your membership and/or plans
- manage any contractual relationship with you
- handle complaints or disputes regarding our products and services
- determining when to provide tailored servicing communications
- trace and recover debts
- detect and prevent crime (including fraud) and money laundering
- administer surveys, prize draws or competitions
- conduct analysis and market research, for example, to identify trends in the use of our products and services so that we can:
  - define our actuarial, pricing and underwriting strategies
  - improve the products and services we provide to you
  - improve our business
  - keep you up to date with relevant products and services
- comply with applicable laws, regulations and/or codes of practice
- personalise the content and design of communications and online services
- support research and analytics that assist us in marketing our products and services
- for any other reason that we have agreed with you from time to time.

### Legal basis for using your data

Data Protection Legislation requires us to have a lawful basis for processing your data.

We process your data:

- (for most activities) to provide our contract and services to you, and considering your application
- to comply with our legal obligations
- to protect your vital interests or that of another person
- for the performance of a task in the public interest
- for our legitimate interests, as a business. This requires us to carry out an assessment of our interests in using your personal data against the interests you have as a person and your data protection rights, or
- when you consent.

### Special Category Data and Criminal Conviction Data

Additional requirements apply. Data such as medical & health, racial & ethnic, genetic & biometric or sex life & sexual orientation (referred to in GDPR as Special Category data) and criminal conviction data, will either be processed:

- for a substantial public interest, such as operating insurance. This also requires consideration of the individual's data protection rights and safeguards
- in relation to the establishment, exercise or defence of legal claims
- when you have given explicit consent (optional) to processing those personal data for one or more specified purposes. You are free to withdraw your consent, by contacting our Head of Member Services at [memberservices@dentistsprovident.co.uk](mailto:memberservices@dentistsprovident.co.uk) or by telephone on **+44 (0) 20 7400 5710**. Alternatively, you can also contact us using our website [www.dentistsprovident.co.uk/contact-us/](http://www.dentistsprovident.co.uk/contact-us/) or
- when you have given consent (necessary) to processing those personal data for one or more specified purposes, where we are unable to provide or administer insurance cover without this consent. You are free to withdraw your consent by contacting our Head of Member Services at [memberservices@dentistsprovident.co.uk](mailto:memberservices@dentistsprovident.co.uk) or by telephone on **+44 (0) 20 7400 5710**. Alternatively, you can also contact us using our website [www.dentistsprovident.co.uk/contact-us/](http://www.dentistsprovident.co.uk/contact-us/). However, withdrawal of the consent will impact our ability to provide insurance or pay claims.

### Who we may share your personal data with

For these lawful bases and purposes we may disclose certain personal data to third parties as follows:

- to our professional advisors (e.g. lawyers and accountants), receivers and administrators (where applicable), sub-contractors and service providers (including for example, information technology systems providers and medical assessment specialists) who may help us provide products or services
- to your doctor or other medical professionals
- your employer (including the NHS)
- to other insurers
- to courts, governmental agencies, regulators (of us and you) and ombudsmen
- law enforcement agencies
- relevant tax authorities
- to your accountants
- to any relevant third party in the course of an acquisition, sale, transfer, reorganisation or merger of parts of our business or our assets
- as required or permitted by law or regulation, where we are under a duty to disclose or share your personal data in order to comply with any legal obligation or to protect the rights, property, or safety of the society, our members, or others
- where you have been introduced to us by an intermediary (e.g. an independent financial adviser), provide them information about your product and, where appropriate, with other information about your dealings with us, to enable the adviser to give you informed advice
- to fraud prevention agencies and databases. See below.

### Fraud prevention and detection

We handle your personal data to prevent and detect crime (including fraud) at the point of application and in relation to claims and your membership. This includes where necessary sharing information with private investigation firms and the following:

We may check your details with fraud prevention agencies and registers. If false or inaccurate information is provided and suspected fraud is identified details may be passed to these fraud prevention agencies and databases. Law enforcement agencies may access and use this information.

We and other organisations may also access and use this information to prevent fraud and money laundering, for example, when:

- Checking details on applications for cover
- Checking details regarding claims
- Recovering debt.

We may also share information about you with other organisations and public bodies, including the police, the General Dental Council or the Dental Council of Ireland.

#### Operation of your account

We use fraud detection systems to help us to identify whether your account may be being used fraudulently. Your personal data may be used in this fraud prevention process. For example, if we suspect a risk of fraud, we may put a hold on any suspect activity on the account, or refuse access to the account at that time to allow time for this to be validated.

#### Verification of others related to your contract

We may also check the details of other parties related to your contract, including verification of their role and identity. This includes beneficiaries, trustees, settlors, executors or administrators of your estate, parties with power of attorney.

#### Transfer of personal data outside the European Economic Area ('EEA')

Your data may be transferred to, and stored at, a destination outside the European Economic Area ('EEA'), including Israel. Some third party providers are outside the EEA (e.g. our policy administration software vendor is based in Israel and personal data could be sent to Israel for software management and debugging purposes). Also we may transfer your data outside the EEA if you are or have gone outside the EEA.

The European Commission has decided that Israel ensures an adequate level of data protection compared with the EU - this is called an adequacy decision.

Where there is no adequacy decision, we may transfer your data outside the EEA provided there are appropriate safeguards such as:

- standard data protection clauses in contracts
- binding corporate rules or
- approved codes of conduct/certification.

We shall take all reasonably necessary steps with third party providers to make sure that your data is treated securely and in accordance with an equivalent standard as within the EEA.

If we transfer your personal data outside the EEA, we will take all reasonably necessary steps to ensure your data is protected to an equivalent standard as within the EEA.

Unfortunately, sending information via e-mail is not completely secure; anything you send is done so at your own risk. Once received, we will secure your information in accordance with our security procedures and controls.

#### Your rights

You have rights under Data Protection Legislation that relate to the way we process your personal data. More information on these rights can be found on the Information Commissioner's website [www.ico.org.uk](http://www.ico.org.uk) ([www.dataprotection.ie](http://www.dataprotection.ie) in the Republic of Ireland). If you wish to exercise these rights, please get in touch with our member services team by email at

[memberservices@dentistsprovident.co.uk](mailto:memberservices@dentistsprovident.co.uk) or by telephone **+44 (0) 20 7400 5710**. Alternatively, you can also use the Contact Us section of our website [www.dentistsprovident.co.uk/contact-us/](http://www.dentistsprovident.co.uk/contact-us/).

**To enable us to monitor and action subject access requests as promptly as possible please provide your request in writing.**

You have the right to:

- access the personal data that we hold about you
- make us correct any inaccurate personal data we hold about you
- make us erase any personal data we hold about you. This right will only apply where:
  - We no longer need to use the personal data to achieve the purpose we collected it for or
  - You withdraw your consent if we are using your personal data based on that consent or
  - Where you object to the way we use your data, and there is no overriding legitimate interest
- restrict our processing of the personal data we hold about you. This right will only apply where for example:
  - You dispute the accuracy of the personal data we hold
  - You would like your data erased, but we require to hold it in order to stop its processing. In such circumstances, we will hold as limited data as possible to fulfil your request
  - You have the right to require us to erase the personal data but would prefer that our processing is restricted instead
  - Where we no longer need to use the personal data to achieve the purpose we collected it for, but you need the data for legal claims.
- object to our processing of personal data we hold about you (including for the purposes of sending marketing materials to you)
- receive personal data, which you have provided to us, in a structured, commonly used and machine-readable format. You also have the right to make us transfer this personal data to another organisation - this is known as data portability.
- withdraw your consent, where we are relying on it to use your personal data (for example, to provide you with marketing information about our services or products).
- details of any automated individual decision making or profiling so that you can make objections. You have the right to ask for someone to review any automated individual decision-making.

#### Security and data retention

We will take steps to protect your personal data against loss or theft, as well as from unauthorised access, disclosure, copying, use or modification, regardless of the format in which it is held. We will keep your personal data in accordance with our internal Retention Policy. We will determine the length of time we will keep your personal data based on the minimum retention periods required by any law and regulations. We may keep your personal data for longer if we have a legitimate interest in doing so.

We may revise or supplement our Data Privacy Policy from time to time to reflect, for example, any changes in our business, law, markets or the introduction of any new technology. We will publish the updated Data Privacy Policy on our website at: [www.dentistsprovident.co.uk](http://www.dentistsprovident.co.uk).

**We recommend that you review it periodically.**

## Contacts and complaints

If you have any questions about our Data Privacy Policy or wish to exercise your rights, including changing your marketing preferences, please get in touch with our member services team by email at [memberservices@dentistsprovident.co.uk](mailto:memberservices@dentistsprovident.co.uk) or by telephone on **+44 (0) 20 7400 5710**. Alternatively, you can also contact us using our website [www.dentistsprovident.co.uk/contact-us/](http://www.dentistsprovident.co.uk/contact-us/).

As explained in the Rights section above, **to enable us to monitor and action subject access requests as promptly as possible please provide your request in writing.**

If you have any concerns about the way we process your personal data, or are not happy with the way we have handled a request by you in relation to your rights, you can contact our Data Protection Officer, Kirby Mardle at 91-94 Saffron Hill, London, EC1N 8QP, by telephone on **+44 (0) 20 7400 5700** or by emailing [dataprotection@dentistsprovident.co.uk](mailto:dataprotection@dentistsprovident.co.uk). You also have the right to make a complaint to the Information Commissioner's Office. Their contact details are:

### England

First Contact Team  
Information Commissioner's Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF

**+44 (0) 303 123 1113**  
[www.ico.org.uk](http://www.ico.org.uk)  
[casework@ico.org.uk](mailto:casework@ico.org.uk)

### Scotland

Information Commissioner's Office  
45 Melville Street  
Edinburgh  
EH3 7HL

**+44 (0) 303 123 1115**  
[www.ico.org.uk](http://www.ico.org.uk)  
[scotland@ico.org.uk](mailto:scotland@ico.org.uk)

### Wales

Information Commissioner's Office  
2nd Floor  
Churchill House  
Churchill Way  
Cardiff  
CF10 2HH

**+44 (0) 29 2067 8400**  
[www.ico.org.uk](http://www.ico.org.uk)  
[wales@ico.org.uk](mailto:wales@ico.org.uk)

### Northern Ireland

Information Commissioner's Office  
3rd Floor  
14 Cromac Place  
Belfast  
BT7 2JB

**+44 (0) 303 123 1114**  
[www.ico.org.uk](http://www.ico.org.uk)  
[ni@ico.org.uk](mailto:ni@ico.org.uk)

## Medical information

Please read this section carefully, as it sets out your rights under the Access to Medical Reports Act 1988 and the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991.

In order to process your application, we may need to ask for a medical report from any doctor you have consulted. You have three choices:

- you can give your permission without asking to see the doctor's report before it is sent to us. The report will then be sent directly to us by the doctor.  
If you give us permission to get the report without asking to see it then you can change your mind by contacting the doctor before the report is sent to us in which case you will have the opportunity to see the report and ask the doctor to change the report or add your comments before it is sent to us. Alternatively, you can withhold your consent to its release
- you can give your consent, but ask to see any report before it is sent to us. You have 21 days to contact the doctor to make arrangements to see the report from the time we tell you that we have requested a report from the doctor. If you do not contact the doctor within 21 days, they will be entitled to send the report directly to us. If you contact the doctor asking to see the report, you must give them your permission before they can release it to us. You may ask the doctor to change the report if you think it is incorrect or misleading. Any request to your doctor to change the report, must be in writing. If the doctor refuses, you can insist on adding your own comments to the report before it is sent to us. This will not prevent you from applying to other companies for insurance
- you can withhold your permission but, if you do, we may not be able to accept your application.

Whether or not you wish to see the report before it is sent, you have the right to ask the doctor to let you see a copy, provided you ask them within six months of the report being sent to us. If you ask for a copy the doctor can charge you a reasonable fee to cover the costs of supplying it.

The doctor is entitled to withhold some or all of the report if:

- they feel that it may be harmful to you
- it would indicate their intentions towards you
- would reveal the identity of another person without their consent (other than that provided by a health professional in their professional capacity in relation to your care).

The medical report your doctor fills in asks about medical and lifestyle information including the following:

- your current health
- any care, medication or treatment you are currently receiving
- the results of referrals or tests you are waiting for
- any time off work in the last three years
- your past health
- details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:
  - malignancy (cancer), cardiovascular (heart) disease, diabetes, and degenerative (gradually worsening) diseases
  - musculoskeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles
  - anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue
  - suicidal thoughts or attempts at suicide
  - conditions related to drug or alcohol misuse or smoking or chewing tobacco
- details of any biopsies, blood tests, electrocardiograms (heart test), height, weight if measured in the last two years, urinalyses (tests on urine), X-rays, or other investigations
- any blood pressure readings in the last three years
- any history of disease among your parents or brothers or sisters that you have told your doctor about.

We have asked your doctor not to reveal information about:

- negative tests for HIV, hepatitis B or C
- any sexually-transmitted diseases, unless there could be long term effects on your health

- predictive genetic test results, unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

The information you and your doctor provide about your health may result in us:

- refusing to provide cover
- offering you cover subject to special conditions, including charging premiums above our standard rates
- setting premiums at standard rates.

### Genetic testing

In accordance with the Association of British Insurers' policy on genetics and insurance, you do not need to tell us about any genetic test result you have had if this application for insurance, taken together with any other insurance policies you already have, totals up to £500,000 for life cover, £300,000 for critical illness cover or £30,000 a year for income protection.

Above £500,000 for life cover, £300,000 for critical illness and £30,000 a year for income protection, you may need to tell us about certain genetic test results when applying for certain types of insurance. We will only be interested in genetic test results where the Government's Genetics and Insurance Committee has approved them for insurers to use with the type of insurance you are applying for.

The following test results have been approved by the Government's Genetics and Insurance Committee:

Test	Type of Insurance
Huntington's disease	Life insurance

If you think this may apply to you, please ask us for details of the current position. However, you must tell us if you either have a family history of, are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition.

## Dentists' Provident

Registered office: 91-94 Saffron Hill, London, England, EC1N 8QP  
Telephone: +44 (0) 20 7400 5700 We may monitor calls to improve our service.  
Fax: +44 (0) 20 7400 5701 [www.dentistsprovident.co.uk](http://www.dentistsprovident.co.uk)

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