

# Foundation protection plan data capture form

**For applicants in the UK**

## Important notes: before completing this form

### General

Before you complete this form, 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 form

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

- details of your health and family medical history
- details of your doctor
- your bank details.

### Completing this form

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 form and any written, electronic or verbal communications between us in connection with your application.

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.

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.

### 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

**a. Full name of intermediary**

**b. Company name**

**c. Was financial advice given?**

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

Yes

No

### **Important notes for the intermediary**

You should only use this form to capture information you will need from your client to use our online service. We will not accept this form as a replacement for a paper application form.

Please note that the data capture form lets you gather a certain amount of information from your client. Depending on how they answer some of the questions, our online service may ask for further information before you can submit the application. This means that your client will need to be available when you are completing the application process. If they are not present, you can save the application at any time and go back when they are available.

You should ask your client to sign and date this data capture form and retain it as part of your records.

To submit business online you must first register for access to our online service. Please contact your firm's principal user if you need access to our online service. If your firm has not registered for our online service, please contact our member services team on **+44 (0) 20 7400 5710**.



## 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 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

**a. 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.

years old

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

Yes

No

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 premiums in the insurance industry).

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

## 4. Your education and training

We will set up your cover and calculate your premiums based on your replies to the questions in this form 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.

### 4.1 Your education and training

**a. Are you a student due to qualify to work as a dentist, hygienist, therapist or technician in the UK within the next 24 months?**

This plan is only available to UK students and recently qualified dental professionals. We will use this information to confirm your registration on the relevant registers.

Yes      No

If yes, please tell us:

**The name of your educational establishment?**

**When you expect to complete your studies?**

DD              MM              YYYY

**b. Have you qualified to work as a dentist, hygienist, therapist or technician in the UK within the last 19 months?**

This plan is only available to UK students and recently qualified dental professionals. We will use this information to confirm your registration on the relevant registers.

Yes      No

If yes, please tell us:

**Are you currently participating in an approved foundation training scheme?**

Yes      No

**When do you expect to complete your foundation training?**

If you have answered 'No' to both questions A and B, or you're not currently participating in an approved training scheme, then you are not eligible for this plan.

## 5. Your lifestyle, health and family history

We will set up your cover and calculate your premiums based on your replies to the questions in this form 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.

### 5.1 Your lifestyle

**a. Please tell us your height without shoes**

centimetres

**b. What is your weight?**

kilograms

**c. Do you drink alcohol**

Yes

No

**If Yes, how much alcohol do you drink in an average week?**

pints of beer, lager or cider

measures of spirits

alcoholic cocktails or alcopops

glasses of wine

**d. Have you ever been told by a healthcare professional that you should reduce your alcohol use, seen a specialist or attend a support group?**

Yes

No

**e. During the last five years, have you used any of the following:**

Yes

No

- recreational drugs (other than cannabis) such as ecstasy, cocaine or heroin?
- stimulants, sedatives, tranquilisers or anabolic steroids not prescribed by a doctor for a genuine medical condition?
- methadone or other drugs used in the treatment of drug dependency?

**f. Do you take part in or plan to take part in any of the following activities within the next 6 months?**

**1. Caving or potholing**

Yes

No

**If Yes, please answer the following:**

Do you take part; as a semi-professional, professional, or in competitions?

Yes

No

Are you a member of a recognised club, association or professional body?

Yes

No

Where do you participate in these activities?

UK only

Other

If 'other', please state where

Do you ever take part in these activities alone?

Yes

No

How often do you take part in these activities?

times a year

**2. Equestrian sport**

Yes No

**If Yes, please answer the following:**

Do you take part; as a semi-professional, professional, or in competitions?

Yes No

Are you a member of a recognised club, association or professional body?

Yes No

Where do you participate in this activity?

UK only Other If 'other', please state where

How often do you take part in this activity?

times a year

**3. Flying (other than as a regular fare paying passenger)**

Yes No

**If Yes, please answer the following:**

Do you take part; as a semi-professional, professional, or in competitions?

Yes No

Are you a member of a recognised club, association or professional body?

Yes No

Where do you participate in this activity?

UK only Other If 'other', please state where

Do you ever take part in this activity alone?

Yes No

How often do you take part in this activity?

times a year

**4. Football, rugby, Gaelic football, hockey or other team sports**

Yes No

**If Yes, please answer the following:**

What activities do you take part in?

Do you take part; as a semi-professional, professional, or in competitions?

Yes No

Are you a member of a recognised club, association or professional body?

Yes No

Where do you participate in these activities?

UK only Other If 'other', please state where

How often do you take part in these activities?

times a year

**5. Full contact martial arts, combat sport or boxing**

Yes No

**If Yes, please answer the following:**

What activities do you take part in?

Do you take part; as a semi-professional, professional, or in competitions?

Are you a member of a recognised club, association or professional body?

Yes

No

Where do you participate in these activities?

UK only

Other

If 'other', please state where

How often do you take part in these activities?

times a year

**6 Hang gliding or paragliding**

Yes No

**If Yes, please answer the following:**

Do you take part; as a semi-professional, professional, or in competitions?

Yes

No

Are you a member of a recognised club, association or professional body?

Yes

No

Where do you participate in these activities?

UK only

Other

If 'other', please state where

How often do you take part in these activities?

times a year

**7. Motorcar or motorbike sport**

Yes No

**If Yes, please answer the following:**

What type of motorsport do you take part in?

Maximum engine size used (please specify CC or BHP)?

Do you take part; as a semi-professional, professional, or in competitions?

Yes

No

Are you a member of a recognised club, association or professional body?

Yes

No

Where do you participate in these activities?

UK only

Other

If 'other', please state where

How often do you take part in these activities?

times a year

**8. Mountaineering or rock climbing**

Yes No

**If Yes, please answer the following:**

Maximum height you climb to?			metres
Grade or severity level you climb to (please specify system)?			
Do you take part; as a semi-professional, professional, or in competitions?	Yes	No	
Are you a member of a recognised club, association or professional body?	Yes	No	
Where do you participate in these activities?	UK only	Other	If 'other', please state where
Do you ever take part in these activities alone?	Yes	No	
How often do you take part in these activities?			times a year

**9. Parachuting, sky diving or BASE jumping**

Yes No

**If Yes, please answer the following:**

What activities do you take part in?			
Do you take part in aerobatics or test jumps?	Yes	No	
Do you take part; as a semi-professional, professional, or in competitions?	Yes	No	
Are you a member of a recognised club, association or professional body?	Yes	No	
Where do you participate in these activities?	UK only	Other	If 'other', please state where
How often do you take part in these activities?			times a year

**10. Powerboat racing**

Yes No

**If Yes, please answer the following:**

What type of racing do you do?			
What type of boat do you use?			
Do you take part; as a semi-professional, professional, or in competitions?	Yes	No	
Are you a member of a recognised club, association or professional body?	Yes	No	
Where do you participate in this activity?	UK only	Other	If 'other', please state where
How often do you take part in this activity?			times a year

**11. Trans-ocean sailing or off shore sailing**

Yes No

**If Yes, please answer the following:**

What type of sailing do you do (e.g. offshore, Category 1 or 2)?

Do you take part; as a semi-professional, professional, or in competitions?

Yes No

Are you a member of a recognised club, association or professional body?

Yes No

Where do you participate in these activities?

UK only Other If 'other', please state where

Do you ever take part in these activities alone?

Yes No

How often do you take part in these activities?

times a year

**12. Underwater diving**

Yes No

**If Yes, please answer the following:**

What is the maximum depth you dive to?

metres

Do you do any penetrating wreck diving?

Yes No

Do you take part; as a semi-professional, professional, or in competitions?

Yes No

Are you a member of a recognised club, association or professional body?

Yes No

Where do you participate in this activity?

UK only Other If 'other', please state where

Do you ever take part in this activity alone?

Yes No

How often do you take part in this activity?

times a year

**13. Winter sports**

Yes No

**If Yes, please answer the following:**

What activities do you take part in?

Do you take part; as a semi-professional, professional, or in competitions?

Yes No

Are you a member of a recognised club, association or professional body?

Yes No

Where do you participate in these activities?

UK only Other If 'other', please state where

How often do you take part in these activities?

times a year

**14. Any other sport you play professionally or semi-professionally or any extreme sport such as bungee jumping, canyoning, white water rafting**

Yes No

**If Yes, please answer the following:**

What activities do you take part in?			
Do you take part; as a semi-professional, professional, or in competitions?	Yes	No	
Are you a member of a recognised club, association or professional body?	Yes	No	
Where do you participate in these activities?	UK only	Other	If 'other', please state where
Do you ever take part in these activities alone?	Yes	No	
How often do you take part in these activities?			times a year

## 5.2 Your health throughout your life

**a. Have you ever had problems with your blood sugar levels, diabetes or sugar in the urine?**

Yes No

**b. Have you ever tested positive for HIV/AIDS?**

Yes No

**c. Have you ever had Hepatitis B or C?**

Yes No

**d. Have you ever had any psychiatric disorders or mental health problems (including eating disorders, stress, exam stress, nervous breakdown, anxiety or depression)?**

Yes No

**If Yes, please answer the following:**

Please give the name or description of this condition		
When did this condition first occur?		
When did you last have symptoms?		
Have the symptoms been constant or intermittent?	Constant	Intermittent
	If intermittent, how many episodes have you suffered?	
Please describe what symptoms you had or are having and the severity		
Have you been told that this condition is due to another medical condition?	Yes	No
	If yes, please give full details	

Have you received or are you currently receiving or awaiting any medical treatment	Yes	No
	If yes, please give details of the treatment and frequency	
Have you had or are you awaiting any tests or investigations?	Yes	No
	If yes, please give details of the tests or investigations, whether you have had them or not and the results, if available	
Have you been admitted to hospital because of this condition?	Yes	No
	If yes, how many times and when?	
Have you had time off for this condition?	Yes	No
	If yes, please tell us, most recently:	
	<b>When?</b>	
	No time off	Currently off
	Within the last 3 months	Between 3 and 12 months ago
	More than 12 months ago	
	<b>How long for?</b>	
	No time off	Less than 1 week
	Between 1 week and 1 month	Between 1 and 3 months
	Between 3 and 6 months	Between 6 months and 1 year
	More than 1 year	
Are you fully recovered?	Yes	No

**e. Have you ever had chronic fatigue syndrome, myalgic encephalomyelitis or persistent tiredness, exhaustion or fatigue?**

Yes No

**If Yes, please answer the following:**

Please give the name or description of this condition

When did this condition first occur?

When did you last have symptoms?

Have the symptoms been constant or intermittent?	Constant	Intermittent
	If intermittent, how many episodes have you suffered?	
Please describe what symptoms you had or are having and the severity		
Have you been told that this condition is due to another medical condition?	Yes	No
	If yes, please give full details	
Have you received or are you currently receiving or awaiting any medical treatment?	Yes	No
	If yes, please give details of the treatment and frequency	
Have you had or are you awaiting any tests or investigations?	Yes	No
	If yes, please give details of the tests or investigations, whether you have had them or not and the results, if available	
Have you been admitted to hospital because of this condition?	Yes	No
	If yes, how many times and when?	
Have you had time off for this condition?	Yes	No
	If yes, please tell us, most recently:	
	<b>When?</b>	
	No time off	Currently off
	Within the last 3 months	Between 3 and 12 months ago
	More than 12 months ago	
	<b>How long for?</b>	
	No time off	Less than 1 week
	Between 1 week and 1 month	Between 1 and 3 months
	Between 3 and 6 months	Between 6 months and 1 year
	More than 1 year	
Are you fully recovered?	Yes	No

**f. Have you ever had tremors, persistent twitching, any problems affecting manual dexterity, hand-eye coordination?**

Yes No

Please ignore one-off episodes of loss of manual dexterity or hand-eye coordination resulting from use of alcohol.

**If Yes, please answer the following:**

Please give the name or description of this condition

When did this condition first occur?

When did you last have symptoms?

Have the symptoms been constant or intermittent?

Constant Intermittent

If intermittent, how many episodes have you suffered?

Please describe what symptoms you had or are having and the severity

Have you been told that this condition is due to another medical condition?

Yes No

If yes, please give full details

Have you received or are you currently receiving or awaiting any medical treatment?

Yes No

If yes, please give details of the treatment and frequency

Have you had or are you awaiting any tests or investigations?

Yes No

If yes, please give details of the tests or investigations, whether you have had them or not and the results, if available

Have you been admitted to hospital because of this condition?

Yes No

If yes, how many times and when?

Have you had time off for this condition?

Yes No

If yes, please tell us, most recently:

**When?**

No time off

Currently off

Within the last 3 months

Between 3 and 12 months ago

More than 12 months ago

	<b>How long for?</b>	
	No time off	Less than 1 week
	Between 1 week and 1 month	Between 1 and 3 months
	Between 3 and 6 months	Between 6 months and 1 year
	More than 1 year	
Are you fully recovered?	Yes	No

**g. Have you ever had chest pain, angina, heart enlargement, heart failure, heart valve problems, heart rhythm problems or any other heart condition?**

Yes No

**If Yes, please answer the following:**

Please give the name or description of this condition		
When did this condition first occur?		
When did you last have symptoms?		
Have the symptoms been constant or intermittent?	Constant	Intermittent
	If intermittent, how many episodes have you suffered?	
Please describe what symptoms you had or are having and the severity		
Have you been told that this condition is due to another medical condition?	Yes	No
	If yes, please give full details	
Have you received or are you currently receiving or awaiting any medical treatment?	Yes	No
	If yes, please give details of the treatment and frequency	
Have you had or are you awaiting any tests or investigations?	Yes	No
	If yes, please give details of the tests or investigations, whether you have had them or not and the results, if available	
Have you been admitted to hospital because of this condition?	Yes	No
	If yes, how many times and when?	

Have you had time off for this condition?	Yes	No
If yes, please tell us, most recently:		
<b>When?</b>		
No time off	Currently off	
Within the last 3 months	Between 3 and 12 months ago	
More than 12 months ago		
<b>How long for?</b>		
No time off	Less than 1 week	
Between 1 week and 1 month	Between 1 and 3 months	
Between 3 and 6 months	Between 6 months and 1 year	
More than 1 year		
Are you fully recovered?	Yes	No

**h. Have you ever had epilepsy, multiple sclerosis, stroke, mini stroke, transient ischaemic attack (TIA), brain haemorrhage, brain aneurysm or any other neurological condition or injury?**

Yes No

**If Yes, please answer the following:**

Please give the name or description of this condition		
When did this condition first occur?		
When did you last have symptoms?		
Have the symptoms been constant or intermittent?	Constant	Intermittent
	If intermittent, how many episodes have you suffered?	
Please describe what symptoms you had or are having and the severity		
Have you been told that this condition is due to another medical condition?	Yes	No
	If yes, please give full details	
Have you received or are you currently receiving or awaiting any medical treatment?	Yes	No
	If yes, please give details of the treatment and frequency	

Have you had or are you awaiting any tests or investigations?	Yes	No
	If yes, please give details of the tests or investigations, whether you have had them or not and the results, if available	
Have you been admitted to hospital because of this condition?	Yes	No
	If yes, how many times and when?	
Have you had time off for this condition?	Yes	No
	If yes, please tell us, most recently:	
	<b>When?</b>	
	No time off	Currently off
	Within the last 3 months	Between 3 and 12 months ago
	More than 12 months ago	
	<b>How long for?</b>	
	No time off	Less than 1 week
	Between 1 week and 1 month	Between 1 and 3 months
	Between 3 and 6 months	Between 6 months and 1 year
	More than 1 year	
Are you fully recovered?	Yes	No

**i. Have you ever had peripheral vascular disease or any other disease of, or surgery on your blood vessels?**

Yes No

**If Yes, please answer the following:**

Please give the name or description of this condition

When did this condition first occur?

When did you last have symptoms?

Have the symptoms been constant or intermittent?

Constant Intermittent

If intermittent, how many episodes have you suffered?

Please describe what symptoms you had or are having and the severity

Have you been told that this condition is due to another medical condition?	Yes	No
	If yes, please give full details	
Have you received or are you currently receiving or awaiting any medical treatment?	Yes	No
	If yes, please give details of the treatment and frequency	
Have you had or are you awaiting any tests or investigations?	Yes	No
	If yes, please give details of the tests or investigations, whether you have had them or not and the results, if available	
Have you been admitted to hospital because of this condition?	Yes	No
	If yes, how many times and when?	
Have you had time off for this condition?	Yes	No
	If yes, please tell us, most recently:	
	<b>When?</b>	
	No time off	Currently off
	Within the last 3 months	Between 3 and 12 months ago
	More than 12 months ago	
	<b>How long for?</b>	
	No time off	Less than 1 week
	Between 1 week and 1 month	Between 1 and 3 months
	Between 3 and 6 months	Between 6 months and 1 year
	More than 1 year	
Are you fully recovered?	Yes	No

**j. Have you ever had cancer, Hodgkin's disease, lymphoma, leukaemia, or melanoma?**

Yes No

**If Yes, please answer the following:**

Please give the name or description of this condition

When did this condition first occur?

When did you last have symptoms?

Have the symptoms been constant or intermittent?	Constant	Intermittent
	If intermittent, how many episodes have you suffered?	
Please describe what symptoms you had or are having and the severity		
Have you been told that this condition is due to another medical condition?	Yes	No
	If yes, please give full details	
Have you received or are you currently receiving or awaiting any medical treatment?	Yes	No
	If yes, please give details of the treatment and frequency	
Have you had or are you awaiting any tests or investigations?	Yes	No
	If yes, please give details of the tests or investigations, whether you have had them or not and the results, if available	
Have you been admitted to hospital because of this condition?	Yes	No
	If yes, how many times and when?	
Have you had time off for this condition?	Yes	No
	If yes, please tell us, most recently:	
	<b>When?</b>	
	No time off	Currently off
	Within the last 3 months	Between 3 and 12 months ago
	More than 12 months ago	
	<b>How long for?</b>	
	No time off	Less than 1 week
	Between 1 week and 1 month	Between 1 and 3 months
	Between 3 and 6 months	Between 6 months and 1 year
	More than 1 year	
Are you fully recovered?	Yes	No

### 5.3 Your health in the last 5 years

**a. Have you in the last 5 years had, or seen a doctor or health professional about fibromyalgia, gout, any type of arthritis, any muscular complaints or any condition affecting your neck, back, shoulder, spine, bone or joint (for example fractures, repetitive strain injury, rheumatoid arthritis, lupus, sciatica, or back pain)?**

Yes No

**If Yes, please answer the following:**

Please give the name or description of this condition

When did this condition first occur?

When did you last have symptoms?

Have the symptoms been constant or intermittent?

Constant Intermittent

If intermittent, how many episodes have you suffered?

Please describe what symptoms you had or are having and the severity

Have you been told that this condition is due to another medical condition?

Yes No

If yes, please give full details

Have you received or are you currently receiving or awaiting any medical treatment?

Yes No

If yes, please give details of the treatment and frequency

Have you had or are you awaiting any tests or investigations?

Yes No

If yes, please give details of the tests or investigations, whether you have had them or not and the results, if available

Have you been admitted to hospital because of this condition?

Yes No

If yes, how many times and when?

Have you had time off for this condition?	Yes	No
	If yes, please tell us, most recently:	
	<b>When?</b>	
	No time off	Currently off
	Within the last 3 months	Between 3 and 12 months ago
	More than 12 months ago	
	<b>How long for?</b>	
	No time off	Less than 1 week
	Between 1 week and 1 month	Between 1 and 3 months
	Between 3 and 6 months	Between 6 months and 1 year
	More than 1 year	
Are you fully recovered?	Yes	No

**b. Have you in the last 5 years had, or seen a doctor or health professional about any condition affecting your skin (for example a latex allergy, dermatitis, psoriasis, eczema)?**

Yes No

**If Yes, please answer the following:**

Please give the name or description of this condition		
When did this condition first occur?		
When did you last have symptoms?		
Have the symptoms been constant or intermittent?	Constant	Intermittent
	If intermittent, how many episodes have you suffered?	
Please describe what symptoms you had or are having and the severity		
Have you been told that this condition is due to another medical condition?	Yes	No
	If yes, please give full details	
Have you received or are you currently receiving or awaiting any medical treatment?	Yes	No
	If yes, please give details of the treatment and frequency	

Have you had or are you awaiting any tests or investigations?	Yes	No
If yes, please give details of the tests or investigations, whether you have had them or not and the results, if available		
Have you been admitted to hospital because of this condition?	Yes	No
If yes, how many times and when?		
Have you had time off for this condition?	Yes	No
If yes, please tell us, most recently:		
<b>When?</b>		
No time off	Currently off	
Within the last 3 months	Between 3 and 12 months ago	
More than 12 months ago		
<b>How long for?</b>		
No time off	Less than 1 week	
Between 1 week and 1 month	Between 1 and 3 months	
Between 3 and 6 months	Between 6 months and 1 year	
More than 1 year		
Are you fully recovered?	Yes	No

**c. Have you in the last 5 years had, or seen a doctor or health professional about seizures, dizziness, fainting, blackouts, balance problems, migraines or headaches?**

Yes No

**If Yes, please answer the following:**

Please give the name or description of this condition		
When did this condition first occur?		
When did you last have symptoms?		
Have the symptoms been constant or intermittent?	Constant	Intermittent
If intermittent, how many episodes have you suffered?		
Please describe what symptoms you had or are having and the severity		

<p>Have you been told that this condition is due to another medical condition?</p>	<p>Yes                  No</p>	
	<p>If yes, please give full details</p>	
<p>Have you received or are you currently receiving or awaiting any medical treatment?</p>	<p>Yes                  No</p>	
	<p>If yes, please give details of the treatment and frequency</p>	
<p>Have you had or are you awaiting any tests or investigations?</p>	<p>Yes                  No</p>	
	<p>If yes, please give details of the tests or investigations, whether you have had them or not and the results, if available</p>	
<p>Have you been admitted to hospital because of this condition?</p>	<p>Yes                  No</p>	
	<p>If yes, how many times and when?</p>	
<p>Have you had time off for this condition?</p>	<p>Yes                  No</p>	
	<p>If yes, please tell us, most recently:</p>	
	<p><b>When?</b></p>	
	<p>No time off</p>	<p>Currently off</p>
	<p>Within the last 3 months</p>	<p>Between 3 and 12 months ago</p>
	<p>More than 12 months ago</p>	
	<p><b>How long for?</b></p>	
	<p>No time off</p>	<p>Less than 1 week</p>
	<p>Between 1 week and 1 month</p>	<p>Between 1 and 3 months</p>
	<p>Between 3 and 6 months</p>	<p>Between 6 months and 1 year</p>
	<p>More than 1 year</p>	
<p>Are you fully recovered?</p>	<p>Yes                  No</p>	

**d. Have you in the last 5 years had, or seen a doctor or health professional about any condition affecting your stomach, oesophagus or bowel (for example hernia, ulcer, Crohn's disease, ulcerative colitis)?**

Yes No

Please ignore one-off episodes of diarrhoea, vomiting or food poisoning if no hospital investigation was advised or undertaken.

**If Yes, please answer the following:**

Please give the name or description of this condition		
When did this condition first occur?		
When did you last have symptoms?		
Have the symptoms been constant or intermittent?	Constant	Intermittent
	If intermittent, how many episodes have you suffered?	
Please describe what symptoms you had or are having and the severity		
Have you been told that this condition is due to another medical condition?	Yes	No
	If yes, please give full details	
Have you received or are you currently receiving or awaiting any medical treatment?	Yes	No
	If yes, please give details of the treatment and frequency	
Have you had or are you awaiting any tests or investigations?	Yes	No
	If yes, please give details of the tests or investigations, whether you have had them or not and the results, if available	
Have you been admitted to hospital because of this condition?	Yes	No
	If yes, how many times and when?	
Have you had time off for this condition?	Yes	No
	If yes, please tell us, most recently:	
	<b>When?</b>	
	No time off	Currently off
	Within the last 3 months	Between 3 and 12 months ago
	More than 12 months ago	

<b>How long for?</b>		
	No time off	Less than 1 week
	Between 1 week and 1 month	Between 1 and 3 months
	Between 3 and 6 months	Between 6 months and 1 year
	More than 1 year	
Are you fully recovered?	Yes	No

**e. Have you in the last 5 years had, or seen a doctor or health professional about a growth, lump, lesion, cyst, polyp or tumour of any kind, or a mole or freckle that has bled, itched, become painful, changed colour or increased in size?**

Yes                  No

**If Yes, please answer the following:**

Please give the name or description of this condition		
When did this condition first occur?		
When did you last have symptoms?		
Have the symptoms been constant or intermittent?	Constant	Intermittent
If intermittent, how many episodes have you suffered?		
Please describe what symptoms you had or are having and the severity		
Have you been told that this condition is due to another medical condition?	Yes	No
If yes, please give full details		
Have you received or are you currently receiving or awaiting any medical treatment?	Yes	No
If yes, please give details of the treatment and frequency		
Have you had or are you awaiting any tests or investigations?	Yes	No
If yes, please give details of the tests or investigations, whether you have had them or not and the results, if available		

Have you been admitted to hospital because of this condition?	Yes	No
	If yes, how many times and when?	
Have you had time off for this condition?	Yes	No
	If yes, please tell us, most recently:	
	<b>When?</b>	
	No time off	Currently off
	Within the last 3 months	Between 3 and 12 months ago
	More than 12 months ago	
	<b>How long for?</b>	
	No time off	Less than 1 week
	Between 1 week and 1 month	Between 1 and 3 months
	Between 3 and 6 months	Between 6 months and 1 year
	More than 1 year	
Are you fully recovered?	Yes	No

**f. Have you in the last 5 years had, or seen a doctor or health professional about any condition affecting your eyes or vision not fully corrected by spectacles, contact lenses or laser treatment?**

Yes                      No

**If Yes, please answer the following:**

Please give the name or description of this condition		
When did this condition first occur?		
When did you last have symptoms?		
Have the symptoms been constant or intermittent?	Constant	Intermittent
	If intermittent, how many episodes have you suffered?	
Please describe what symptoms you had or are having and the severity		
Have you been told that this condition is due to another medical condition?	Yes	No
	If yes, please give full details	

Have you received or are you currently receiving or awaiting any medical treatment?	Yes	No
If yes, please give details of the treatment and frequency		
Have you had or are you awaiting any tests or investigations?	Yes	No
If yes, please give details of the tests or investigations, whether you have had them or not and the results, if available		
Have you been admitted to hospital because of this condition?	Yes	No
If yes, how many times and when?		
Have you had time off for this condition?	Yes	No
If yes, please tell us, most recently:		
<b>When?</b>		
No time off	Currently off	
Within the last 3 months	Between 3 and 12 months ago	
More than 12 months ago		
<b>How long for?</b>		
No time off	Less than 1 week	
Between 1 week and 1 month	Between 1 and 3 months	
Between 3 and 6 months	Between 6 months and 1 year	
More than 1 year		
Are you fully recovered?	Yes	No

**g. Have you in the last 5 years had, or seen a doctor or health professional about raised blood pressure, raised cholesterol, or conditions affecting the blood or blood vessels (for example anaemia, haemophilia, blood clot, deep vein thrombosis)?**

Yes No

**If Yes, please answer the following:**

Please give the name or description of this condition

When did this condition first occur?

When did you last have symptoms?

Have the symptoms been constant or intermittent?	Constant	Intermittent
	If intermittent, how many episodes have you suffered?	
Please describe what symptoms you had or are having and the severity		
Have you been told that this condition is due to another medical condition?	Yes	No
	If yes, please give full details	
Have you received or are you currently receiving or awaiting any medical treatment?	Yes	No
	If yes, please give details of the treatment and frequency	
Have you had or are you awaiting any tests or investigations?	Yes	No
	If yes, please give details of the tests or investigations, whether you have had them or not and the results, if available	
Have you been admitted to hospital because of this condition?	Yes	No
	If yes, how many times and when?	
Have you had time off for this condition?	Yes	No
	If yes, please tell us, most recently:	
	<b>When?</b>	
	No time off	Currently off
	Within the last 3 months	Between 3 and 12 months ago
	More than 12 months ago	
	<b>How long for?</b>	
	No time off	Less than 1 week
	Between 1 week and 1 month	Between 1 and 3 months
	Between 3 and 6 months	Between 6 months and 1 year
	More than 1 year	
Are you fully recovered?	Yes	No

**h. Have you in the last 5 years had, or seen a doctor or health professional about any urinary, bladder or prostate problems or any condition affecting your kidneys, adrenal glands, (for example blood or protein in the urine, kidney or bladder stones)?**

Yes                      No

**If Yes, please answer the following:**

Please give the name or description of this condition

When did this condition first occur?

When did you last have symptoms?

Have the symptoms been constant or intermittent?

Constant                      Intermittent

If intermittent, how many episodes have you suffered?

Please describe what symptoms you had or are having and the severity

Have you been told that this condition is due to another medical condition?

Yes                      No

If yes, please give full details

Have you received or are you currently receiving or awaiting any medical treatment?

Yes                      No

If yes, please give details of the treatment and frequency

Have you had or are you awaiting any tests or investigations?

Yes                      No

If yes, please give details of the tests or investigations, whether you have had them or not and the results, if available

Have you been admitted to hospital because of this condition?

Yes                      No

If yes, how many times and when?

Have you had time off for this condition?	Yes	No
	If yes, please tell us, most recently:	
	<b>When?</b>	
	No time off	Currently off
	Within the last 3 months	Between 3 and 12 months ago
	More than 12 months ago	
	<b>How long for?</b>	
	No time off	Less than 1 week
	Between 1 week and 1 month	Between 1 and 3 months
	Between 3 and 6 months	Between 6 months and 1 year
	More than 1 year	
Are you fully recovered?	Yes	No

**i. Have you in the last 5 years had, or seen a doctor or health professional about any condition affecting your gall bladder, liver or pancreas (for example hepatitis, fatty liver)?**

Yes No

**If Yes, please answer the following:**

Please give the name or description of this condition	
When did this condition first occur?	
When did you last have symptoms?	
Have the symptoms been constant or intermittent?	Constant Intermittent
	If intermittent, how many episodes have you suffered?
Please describe what symptoms you had or are having and the severity	
Have you been told that this condition is due to another medical condition?	Yes No
	If yes, please give full details
Have you received or are you currently receiving or awaiting any medical treatment?	Yes No
	If yes, please give details of the treatment and frequency

Have you had or are you awaiting any tests or investigations?	Yes	No
If yes, please give details of the tests or investigations, whether you have had them or not and the results, if available		
Have you been admitted to hospital because of this condition?	Yes	No
If yes, how many times and when?		
Have you had time off for this condition?	Yes	No
If yes, please tell us, most recently:		
<b>When?</b>		
No time off	Currently off	
Within the last 3 months	Between 3 and 12 months ago	
More than 12 months ago		
<b>How long for?</b>		
No time off	Less than 1 week	
Between 1 week and 1 month	Between 1 and 3 months	
Between 3 and 6 months	Between 6 months and 1 year	
More than 1 year		
Are you fully recovered?	Yes	No

**j. Have you in the last 5 years had, or seen a doctor or health professional about any condition affecting your lungs or breathing (for example asthma, emphysema, sleep apnoea, sarcoidosis)?**

Yes No

Please ignore one-off episodes of colds, influenza, hay fever and chest infections which lasted less than 1 week

**If Yes, please answer the following:**

Please give the name or description of this condition

When did this condition first occur?

When did you last have symptoms?

Have the symptoms been constant or intermittent?	Constant	Intermittent
	If intermittent, how many episodes have you suffered?	
Please describe what symptoms you had or are having and the severity		
Have you been told that this condition is due to another medical condition?	Yes	No
	If yes, please give full details	
Have you received or are you currently receiving or awaiting any medical treatment?	Yes	No
	If yes, please give details of the treatment and frequency	
Have you had or are you awaiting any tests or investigations?	Yes	No
	If yes, please give details of the tests or investigations, whether you have had them or not and the results, if available	
Have you been admitted to hospital because of this condition?	Yes	No
	If yes, how many times and when?	
Have you had time off for this condition?	Yes	No
	If yes, please tell us, most recently:	
	<b>When?</b>	
	No time off	Currently off
	Within the last 3 months	Between 3 and 12 months ago
	More than 12 months ago	
	<b>How long for?</b>	
	No time off	Less than 1 week
	Between 1 week and 1 month	Between 1 and 3 months
	Between 3 and 6 months	Between 6 months and 1 year
	More than 1 year	
Are you fully recovered?	Yes	No

**k. Have you in the last 5 years had, or seen a doctor or health professional about any condition affecting your thyroid?**

Yes No

**If Yes, please answer the following:**

Please give the name or description of this condition		
When did this condition first occur?		
When did you last have symptoms?		
Have the symptoms been constant or intermittent?	Constant	Intermittent
If intermittent, how many episodes have you suffered?		
Please describe what symptoms you had or are having and the severity		
Have you been told that this condition is due to another medical condition?	Yes	No
If yes, please give full details		
Have you received or are you currently receiving or awaiting any medical treatment?	Yes	No
If yes, please give details of the treatment and frequency		
Have you had or are you awaiting any tests or investigations?	Yes	No
If yes, please give details of the tests or investigations, whether you have had them or not and the results, if available		
Have you been admitted to hospital because of this condition?	Yes	No
If yes, how many times and when?		
Have you had time off for this condition?	Yes	No
If yes, please tell us, most recently:		
<b>When?</b>		
No time off	Currently off	
Within the last 3 months	Between 3 and 12 months ago	
More than 12 months ago		

	<b>How long for?</b>	
	No time off	Less than 1 week
	Between 1 week and 1 month	Between 1 and 3 months
	Between 3 and 6 months	Between 6 and 1 year
	More than 1 year	
Are you fully recovered?	Yes	No

**I. Have you in the last 5 years had, or seen a doctor or health professional about any condition affecting your ears or hearing not fully corrected by hearing aids (for example tinnitus, deafness)?**

Yes                  No

**If Yes, please answer the following:**

Please give the name or description of this condition		
When did this condition first occur?		
When did you last have symptoms?		
Have the symptoms been constant or intermittent?	Constant	Intermittent
	If intermittent, how many episodes have you suffered?	
Please describe what symptoms you had or are having and the severity		
Have you been told that this condition is due to another medical condition?	Yes	No
	If yes, please give full details	
Have you received or are you currently receiving or awaiting any medical treatment?	Yes	No
	If yes, please give details of the treatment and frequency	
Have you had or are you awaiting any tests or investigations?	Yes	No
	If yes, please give details of the tests or investigations, whether you have had them or not and the results, if available	

Have you been admitted to hospital because of this condition?	Yes	No
	If yes, how many times and when?	
Have you had time off for this condition?	Yes	No
	If yes, please tell us, most recently:	
	<b>When?</b>	
	No time off	Currently off
	Within the last 3 months	Between 3 and 12 months ago
	More than 12 months ago	
	<b>How long for?</b>	
	No time off	Less than 1 week
	Between 1 week and 1 month	Between 1 and 3 months
	Between 3 and 6 months	Between 6 months and 1 year
	More than 1 year	
Are you fully recovered?	Yes	No

**m. Have you in the last 5 years had, or seen a doctor or health professional about any gynaecological or breast condition for which you have not yet been discharged from follow up or a cervical smear requiring further investigation (for example endometriosis, fibroadenoma, or polycystic ovaries)?**

Yes No

Question for females only. Please ignore routine cervical smear tests if the results have been normal.

**If Yes, please answer the following:**

Please give the name or description of this condition	
When did this condition first occur?	
When did you last have symptoms?	
Have the symptoms been constant or intermittent?	Constant Intermittent
	If intermittent, how many episodes have you suffered?
Please describe what symptoms you had or are having and the severity	

Have you been told that this condition is due to another medical condition?	Yes	No
	If yes, please give full details	
Have you received or are you currently receiving or awaiting any medical treatment?	Yes	No
	If yes, please give details of the treatment and frequency	
Have you had or are you awaiting any tests or investigations?	Yes	No
	If yes, please give details of the tests or investigations, whether you have had them or not and the results, if available	
Have you been admitted to hospital because of this condition?	Yes	No
	If yes, how many times and when?	
Have you had time off for this condition?	Yes	No
	If yes, please tell us, most recently:	
	<b>When?</b>	
	No time off	Currently off
	Within the last 3 months	Between 3 and 12 months ago
	More than 12 months ago	
	<b>How long for?</b>	
	No time off	Less than 1 week
	Between 1 week and 1 month	Between 1 and 3 months
	Between 3 and 6 months	Between 6 months and 1 year
	More than 1 year	
Are you fully recovered?	Yes	No

## 5.4 Your health in the last 2 years

**a. Have you in the last 2 years had any medical condition, illness or injury where you received treatment which lasted more than 1 week or which kept you off work, university or from performing your normal daily activities for more than 1 week at a time?**

Yes No

Please ignore any oral contraceptives and time off for normal pregnancy.

**If Yes, please answer the following:**

Please give the name or description of this condition	
When did this condition first occur?	
When did you last have symptoms?	
Have the symptoms been constant or intermittent?	Constant Intermittent
If intermittent, how many episodes have you suffered?	
Please describe what symptoms you had or are having and the severity	
Have you been told that this condition is due to another medical condition?	Yes No
If yes, please give full details	
Have you received or are you currently receiving or awaiting any medical treatment?	Yes No
If yes, please give details of the treatment and frequency	
Have you had or are you awaiting any tests or investigations?	Yes No
If yes, please give details of the tests or investigations, whether you have had them or not and the results, if available	
Have you been admitted to hospital because of this condition?	Yes No
If yes, how many times and when?	

Have you had time off for this condition?	Yes	No
	If yes, please tell us, most recently:	
	<b>When?</b>	
	No time off	Currently off
	Within the last 3 months	Between 3 and 12 months ago
	More than 12 months ago	
	<b>How long for?</b>	
	No time off	Less than 1 week
	Between 1 week and 1 month	Between 1 and 3 months
	Between 3 and 6 months	Between 6 months and 1 year
	More than 1 year	
Are you fully recovered?	Yes	No

## 5.5 Your current health

**a. Have you in the last 12 months had, or been referred for any medical consultations, investigations or tests or are you currently awaiting the results of any medical investigations or tests (for example, needlestick injuries)?**

	Yes	No
--	-----	----

Please ignore investigations related to pregnancy or fertility where the results have been confirmed as normal or if you have given us the full details under another question.

**If Yes, please answer the following:**

Have you had or are you due to have any tests or investigations?	Yes	No
	If yes, please give full details	
Have you had or are you due to have any consultations?	Yes	No
	If yes, please give full details	
Please give the dates of your consultations, investigations or tests		
Please give the reasons for your consultations, investigations or tests		

Have you had the results of your consultations, investigations or tests	Yes	No
	If yes, please give full details	
Are the investigations ongoing?	Yes	No
	If yes, please give full details	

**b. Have you in the last 6 months had difficulty sleeping, unexplained bleeding, weight loss, a cough lasting more than 1 week or any other symptom that you may see a medical professional about in the near future?**

Yes No

Please ignore any consultations for repeat prescriptions and normal pregnancy.

**If Yes, please answer the following:**

Please give the name or description of this condition		
When did this condition first occur?		
When did you last have symptoms?		
Have the symptoms been constant or intermittent?	Constant	Intermittent
	If intermittent, how many episodes have you suffered?	
Please describe what symptoms you had or are having and the severity		
Have you been told that this condition is due to another medical condition?	Yes	No
	If yes, please give full details	
Have you received or are you currently receiving or awaiting any medical treatment?	Yes	No
	If yes, please give details of the treatment and frequency	
Have you had or are you awaiting any tests or investigations?	Yes	No
	If yes, please give details of the tests or investigations, whether you have had them or not and the results, if available	
Have you been admitted to hospital because of this condition?	Yes	No
	If yes, how many times and when?	

Have you had time off for this condition?	Yes	No
	If yes, please tell us, most recently:	
	<b>When?</b>	
	No time off	Currently off
	Within the last 3 months	Between 3 and 12 months ago
	More than 12 months ago	
	<b>How long for?</b>	
	No time off	Less than 1 week
	Between 1 week and 1 month	Between 1 and 3 months
	Between 3 and 6 months	Between 6 months and 1 year
	More than 1 year	
Are you fully recovered?	Yes	No

**c. Do you have any physical or mental condition or symptom that restricts or causes difficulties in performing your daily activities, or the occupation you are doing/studying or training for, or for which you are considering seeking medical advice?**

Yes                      No

**If Yes, please answer the following:**

Please give the name or description of this condition	
When did this condition first occur?	
When did you last have symptoms?	
Have the symptoms been constant or intermittent?	Constant                      Intermittent
	If intermittent, how many episodes have you suffered?
Please describe what symptoms you had or are having and the severity	
Have you been told that this condition is due to another medical condition?	Yes                      No
	If yes, please give full details
Have you received or are you currently receiving or awaiting any medical treatment?	Yes                      No
	If yes, please give details of the treatment and frequency

<p>Have you had or are you awaiting any tests or investigations?</p>	<p>Yes                  No</p>	<p>If yes, please give details of the tests or investigations, whether you have had them or not and the results, if available</p>
<p>Have you been admitted to hospital because of this condition?</p>	<p>Yes                  No</p>	<p>If yes, how many times and when?</p>
<p>Have you had time off for this condition?</p>	<p>Yes                  No</p>	<p>If yes, please tell us, most recently:</p> <p><b>When?</b></p> <p>No time off                                  Currently off</p> <p>Within the last 3 months                  Between 3 and 12 months ago</p> <p>More than 12 months ago</p> <p><b>How long for?</b></p> <p>No time off                                  Less than 1 week</p> <p>Between 1 week and 1 month                  Between 1 and 3 months</p> <p>Between 3 and 6 months                  Between 6 months and 1 year</p> <p>More than 1 year</p>
<p>Are you fully recovered?</p>	<p>Yes                  No</p>	

## 5.6 Family history

**a. Have any of your natural parents, brothers, sisters been diagnosed with or died from any of the following before the age of 65?**

a. Heart attack, angina or stroke

Yes	No	I don't know
-----	----	--------------

No of relatives affected

Age of youngest person when first affected

b. Breast cancer

Yes	No	I don't know
-----	----	--------------

No of relatives affected

Age of youngest person when first affected

c. Ovarian cancer	Yes	No	I don't know
	No of relatives affected		
	Age of youngest person when first affected		
d. Bowel cancer	Yes	No	I don't know
	No of relatives affected		
	Age of youngest person when first affected		
e. Cancer of another site	Yes	No	I don't know
	No of relatives affected		
	Age of youngest person when first affected		
f. Polycystic kidney disease	Yes	No	I don't know
	No of relatives affected		
	Age of youngest person when first affected		
g. Cardiomyopathy	Yes	No	I don't know
	No of relatives affected		
	Age of youngest person when first affected		
h. Muscular dystrophy	Yes	No	I don't know
	No of relatives affected		
	Age of youngest person when first affected		
i. Huntington's disease	Yes	No	I don't know
	No of relatives affected		
	Age of youngest person when first affected		
j. Motor neurone disease	Yes	No	I don't know
	No of relatives affected		
	Age of youngest person when first affected		
k. Alzheimer's disease	Yes	No	I don't know
	No of relatives affected		
	Age of youngest person when first affected		
l. Familial adenomatous polyposis/polyposis coli	Yes	No	I don't know
	No of relatives affected		
	Age of youngest person when first affected		

m. Parkinson's disease

Yes No I don't know

No of relatives affected

Age of youngest person when first affected

n. Diabetes

Yes No I don't know

No of relatives affected

Age of youngest person when first affected

o. Multiple sclerosis

Yes No I don't know

No of relatives affected

Age of youngest person when first affected

p. Any other inherited condition that runs in your family

Yes No I don't know

Description

No of relatives affected

Age of youngest person when first affected

## 6. 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 form properly.

## 7. 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 form 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.

# 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, PO Box 76944, London, EC1P 1LG

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 form
- 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 reprinted application form 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.

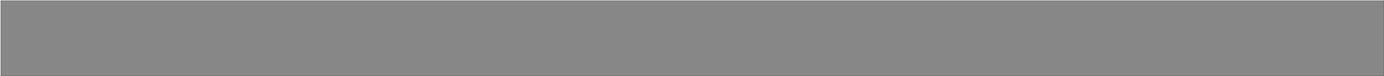
### Requesting medical information within 6 months of the start of my plan

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 before 11pm on 31 December 2020, when all your personal data will have been treated in accordance with the General Data Protection Regulation (EU) 2016/679 and the applicable data protection legislation in the UK or the Republic of Ireland.

After that time, that GDPR will be retained in UK domestic law and shall be known as the "UK GDPR" which together with the Data Protection Act 2018 and related legislation, as amended or replaced, we refer to here as the "UK Data Protection Legislation".

After that time, the personal data of our Republic of Ireland Members, as EEA residents, will continue to be treated in accordance the General Data Protection Regulation (EU) 2016/679 (the "EU GDPR") and the applicable data protection legislation in the Republic of Ireland, as amended or replaced (together we refer to here as the "EU Data Protection Legislation").

Personal data described in the UK Data Protection Legislation or (where applicable for EEA residents) the applicable EU Data Protection Legislation is information which directly or indirectly identifies you, whilst you are living. We are committed to processing your personal data in accordance with the applicable UK Data Protection Legislation or EU 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 policy.

### 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

The UK Data Protection Legislation (and where applicable the EU 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 to these categories of data. Data such as medical & health, racial & ethnic, genetic & biometric or sex life & sexual orientation (referred to in the UK GDPR or EU GDPR if applicable 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 data subject's data protection rights and safeguards

- in relation to the establishment, exercise or defence of legal claims
- in our capacity as an employer
- 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**. You can also contact us using our website [www.dentistsprovident.co.uk/contact-us/](http://www.dentistsprovident.co.uk/contact-us/). The European Representative appointed in relation to EEA residents' data protection matters should also be sent a copy of your consent withdrawal. Their current contact details shall be on the Data Privacy Policy on our website. We shall let them know of your consent withdrawal if you have not yet notified them.
- when you have given explicit 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**. 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. The European Representative appointed in relation EEA residents' data protection matters should also be sent a copy of your consent withdrawal. Their current contact details shall be on the Data Privacy Policy on our website. We shall let them know of your consent withdrawal if you have not yet notified them.

## 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 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 (e.g., in relation to EEA residents our European Representative for data protection purposes)
- 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). This includes where necessary sharing information with private investigation firms and the following:

We may check your details with fraud prevention agencies and databases. 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
- Checking details of job applicants and employees of Dentists' Provident.

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.

## International transfer of personal data from the UK and transfer of personal data from the European Economic Area ("EEA") and other territories to the UK

### International transfer from the UK

Your data may be transferred to, and stored at, a destination outside the UK, including Israel. Some third party providers are outside the UK (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 UK if you are or have gone outside the UK.

The UK government has decided that Israel ensures an adequate level of data protection because as of 31 December 2020 it recognises all European Commission adequacy decisions that existed on that day (which includes Israel, Jersey, Guernsey and the Isle of Man). The UK government has also determined that all 27 EU and EEA member states as at 31 December 2020 have adequate data protection laws.

### Transfer of EEA individuals' data from the EEA to outside the EEA

The data of EEA individuals (e.g., Members in the Republic of Ireland) shall be transferred to, and stored at, a destination outside the European Economic Area ("EEA"), including the UK and Israel. Most 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 shall 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. Before 31 December 2020, the UK applied for an adequacy decision from the European Commission and the European Commission's data protection adequacy decisions are available on [https://ec.europa.eu/info/law/law-topic/data-protection/international-dimension-data-protection/adequacy-decisions\\_en](https://ec.europa.eu/info/law/law-topic/data-protection/international-dimension-data-protection/adequacy-decisions_en).

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

- your explicit consent
- 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.

When 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.

## Your rights

You have rights under the UK Data Protection Legislation or (where applicable) the EU 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**. You can also use the Contact Us section of our website [www.dentistsprovident.co.uk/contact-us/](http://www.dentistsprovident.co.uk/contact-us/).

For EEA individuals, after 31 December 2020, you can contact our European Representative for data protection matters at **CMDH Limited, Enterprise House, O'Brien Road, Carlow, Ireland**. Their current contact details shall be on the Data Privacy Policy on our website.

### 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.

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.

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 applicable law and regulations. We may keep your personal data for longer if we have a legitimate interest in doing so.

### 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**. 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).

For EEA individuals, after 31 December 2020, you can also contact our European representative for data protection matters at **CMDH Limited, Enterprise House, O'Brien Road, Carlow, Ireland**. Their current contact details shall be on the Data Privacy Policy on our website.

You also have the right to make a complaint to the applicable 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) 330 414 6421**  
[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 getting a 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

PO Box 76944, London, EC1P 1LG

Telephone: +44 (0) 20 7400 5700 Calls are recorded for our mutual security, training and monitoring purposes.

Fax: +44 (0) 20 7400 5701 [www.dentistsprovident.co.uk](http://www.dentistsprovident.co.uk)

Dentists' Provident is the trading name of Dentists' Provident Society Limited which is incorporated in the United Kingdom under the Friendly Societies Act 1992 (Registration Number 407F) and has its registered office at 91-94 Saffron Hill, London, EC1N 8QP. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority in the United Kingdom (Firm Reference Number 110015) and regulated in the Republic of Ireland by the Central Bank of Ireland for conduct of business rules (Firm Reference Number C33946).