

# CODEplan Worldwide Dental Accident and Emergency Cover Terms and Conditions

**CODE**  
DENTAL PLANS

## Definitions of Cover

We have defined below words or phrases used throughout this Policy. To avoid repeating these definitions please note that where these words or phrases appear they have the precise meaning described below unless otherwise stated.

**Accident/Accidental Injury** Injury caused by direct extra-oral or intra-oral impact to an Insured Person's teeth and gums (this includes damage to dentures whilst being worn).

**Commencement Date** The date shown on the Policy when Cover under this Policy commences.

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

**Cover** Cover for Treatment and benefits subject to the terms and conditions of this Policy.

**Date of Entry** The date when an Insured Person was included under this Policy.

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

**Dentist** A fully qualified dental practitioner registered with the General Dental Council or any other person properly qualified and authorised to perform the Dental Services.

**Emergency Treatment** Dental Services or supplies provided for the immediate relief of severe pain, trauma, swelling or bleeding of an Insured Person by a Dentist not being the Insured Person's registered Dentist or associated with the Policyholder's dental practice where the emergency occurred more than 40 miles from the Insured Person's registered dental practice.

**Implant & Fixture** A dental implant refers to the manufactured item that is inserted into a surgically prepared hole or existing tooth socket in the jaw bone. The fixture (if applicable) refers to a second item that is attached to the implant and protrudes

through the gum and provides a mechanism for the attachment of either a crown or a denture.

**Plan Member** A person who is a registered patient of the Policyholder resident in the United Kingdom and whose name has been forwarded to Us in accordance with the terms of this Policy.

**In-Patient** A Plan Member who is admitted to hospital and stays for a period of at least 24 hours for the sole purpose of receiving Treatment on the recommendations of a Specialist.

**Oral Cancer** A malignant (invasive) tumour inside the mouth.

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

**Period of Cover** The Period of Cover set out following the registration and acceptance of a Plan Member on the Emergency Treatment Dental Plan.

**Policyholder/You/Your** The Dentist or dental surgery covered under this Policy from whom We receive and accept a premium and monthly bordereau in respect of their Plan Members.

**Policy** This contract being our contract with the Policyholder providing the Cover as detailed in this booklet. The application forms part of the Policy and must be read together with this document (as amended from time to time).

**Review Date** 1st July each year.

**Specialist** A registered medical or dental practitioner who holds or has held a position in the National Health Service and is registered on the appropriate specialist list of the General Medical Council or the General Dental Council.

**Treatment** Dental Services or supplies described in this booklet which are clinically necessary for the maintenance and/or restoration of the oral health of Plan Members

### *Definitions of Cover continued...*

provided that such services are:

- a) Provided by a Dentist
- b) Provided in accordance with accepted standards of dental practice
- c) Received by Plan Members during a Period of Cover

**United Kingdom** This comprises England, Scotland, Wales, Northern Ireland, The Channel Islands and the Isle of Man.

**We/Our/Us/Insurer** Syndicate 2001 at Lloyd's, London, for and on behalf of MS Amlin Underwriting Limited.

## Worldwide Dental Accident and Emergency Cover

The purpose of this Policy is to provide Plan Members with Dental Services as described hereafter during the Period of Cover for Treatment of dental conditions by a Dentist at a dental surgery. We will pay benefits up to the maximum value shown provided that such Treatment is clinically necessary and received by the Insured Person during the Period of Cover.

### Section 1. Emergency Treatment Benefits

If a Plan Member requires and receives Emergency Treatment outside a 40 mile radius from the Plan Member's registered dental practice and the Treatment is administered by a Dentist who is neither the Plan Member's registered Dentist nor associated with the Plan Member's dental practice We will pay up to the following specified limits for temporary dental Treatment up to £400 per incident subject to a maximum of £800 per Policy year. Any subsequent treatment required after the initial appointment is specifically excluded.

#### Policy Limits

- a) Examination and report to include all necessary smoothing and polishing of teeth and treatment of sensitivity up to £45 per incident
- b) Radiographs up to £30 per tooth
- c) Fillings
  - i. Amalgam - small (1 surface) up to £40 per tooth
  - ii. Amalgam - medium (2 surfaces) up to £60 per tooth

- iii. Amalgam - large (3+ surface) up to £75 per tooth
- iv. Composite - small (1 surface) up to £65 per tooth
- v. Composite - medium (2 surfaces) up to £80 per tooth  
Composite - large (3+ surfaces) up to £95 per tooth
- d) Extractions
  - i. First tooth up to £50
  - ii. Per additional tooth up to £25 per tooth
  - iii. Surgical extraction up to £200 per tooth
- e) Root extirpation to include dressing and any associated treatment of acute infection
  - i. 1 canal up to £45 per tooth
  - ii. 2 canals up to £50 per tooth
  - iii. 3 or more canals up to £70 per tooth
- f) Treatment of acute infection (not associated with endodontic therapy) to include incising of abscesses and treating infected sockets up to £35 per incident
- g) Investigation and dressing - first tooth up to £25. Per tooth thereafter up to £10
- h) Re-cement crown or inlay up to £45 per unit
- i) Re-cement bridge up to £55 per unit
- j) Construction and fitting of Temporary Crown up to £65 per unit
- k) Temporary bridge up to £150 per unit
- l) Arrest of abnormal haemorrhage including aftercare and associated suture removal up to £75 per incident
- m) Removal of sutures placed by another practitioner up to £30 per incident
- n) Adjustment to denture up to £30 per incident
- o) Repair of denture up to £50 per incident
- p) Any other Emergency Treatment not otherwise specified under this policy up to £70 per incident
- q) Evening, weekend and Bank Holiday where treatment is provided outside the treating Dentist's normal surgery hours, call-out fees up to £110 per incident, or advice by telephone up to £25 per incident

#### Exclusions to Section 1

Dental Treatment administered by the Plan Member's registered dental practice or any practitioner covering for the Plan Member's registered dental practice or any dental practice within a 40 mile radius of the Plan Member's registered dental practice, other than in respect of 'q' above.

## Section 2. Accident Treatment Benefits

For the costs of dental Treatment (including prescription charges) received by the Plan Member in connection with a dental injury affecting their Sound and Natural Dentition or denture which occurs after the Commencement Date, We will pay up to the following specified limits for permanent Treatment (including appropriate temporary coverage) up to a maximum of £10,000 per dental injury. Treatment must be carried out by the Plan Member's registered Dentist unless in an emergency.

Please see the definition of Emergency Treatment as earlier.

### Extra-oral Trauma

#### Policy Limits

- a) Crowns
  - i. Porcelain jacket up to £410 per unit
  - ii. Ceramic bonded up to £445 per unit
- b) Metal bonded porcelain crown up to £440 per unit
- c) Bonded metal/porcelain bridge work up to £430 per retainer up to £400 per pontic
- d) Full metal crown up to £320 per unit
- e) All metal bridge work up to £430 per retainer up to £400 per pontic
- f) Laboratory constructed adhesive bridge up to £285 per retainer up to £235 per pontic
- g) Laboratory constructed adhesive facing or veneer up to £400 per unit
- h) Permanent denture
  - i. Acrylic up to £430 per denture
  - ii. Metal up to £640 per denture
- i) Temporary denture following tooth loss where required up to £185 per incident
- j) Laboratory made temporary bridge following tooth loss (where required) up to £150 - per incident
- k) Emergency and other treatment following dental injury not otherwise specified up to £350 per incident
  - i. Root canal treatment incisor up to £250 per incisor
  - ii. Root canal treatment canine up to £250 per canine
  - iii. Root canal treatment premolar up to £255 per premolar
  - iv. Root canal treatment molar up to £400 per molar
- l) If a Plan Member does not have Enhanced Implant Cover we will pay towards the

cost of clinically required implants up to the value of the equivalent bridgework within the specified benefit limits above or replacement implants up to £1,400

### Intra-oral Trauma

#### Policy Limits

- a) Treatment carried out on a non-restored tooth up to £150 per incident
- b) Fixed bridge repair up to £150 per incident
- c) Adhesive Bridges and Veneers - re-cementing work only up to £50 per incident
- d) All other treatments carried out on a restored tooth up to £50 per incident

Damage must be notified to Us within 30 days and must be apparent within seven days of the accident.

#### Conditions to Section 2

Where Treatment involves replacing any crown, bridge facing, veneer or denture, benefit shall be paid according to the cost of a replacement of similar quality within the limits of the Policy.

#### Exclusions to Section 2 Extra-oral Trauma

1. We will not be liable for Treatment directly or indirectly consequent upon:
  - i. Normal wear and tear
  - ii. Injury whilst participating in boxing, martial arts, rugby, hockey and shinty (other than school rugby/shinty/hockey) unless appropriate mouth protection is worn
  - iii. Injury caused otherwise than by direct extra-oral impact
  - iv. Damage which is not apparent within seven days of the date of impact resulting in dental injury
  - v. Damage to dentures occurring other than whilst being worn

#### Exclusions to Section 2 Intra-oral Trauma

- i. Normal wear and tear
- ii. Injury whilst participating in boxing, martial arts, rugby, hockey and shinty (other than school rugby/shinty/hockey) unless appropriate mouth protection is worn
- iii. Damage which is not apparent within seven days of the date of incident resulting in dental injury
- iv. Damage to dentures occurring other than whilst being worn
- v. Any claim in respect of the use of any sports mouthguards or other

## Section 2. Accident Treatment Benefits continued...

removable protective appliance or removable orthodontic appliance or braces

We will not pay for any costs incurred by a Plan Member more than 18 months after the date of Accident.

## Section 3. Hospital Benefit

If a Plan Member is admitted to hospital as an In-Patient as a result of a dental condition, We will pay £50 for each complete 24 hours the Plan Member remains in hospital under the care of a Specialist up to a lifetime maximum of 365 days.

### Exclusions to Section 3

1. No payment will be made under this section if a payment is made under section 4 – Oral Cancer
2. We will not pay for more than ten days of hospital benefit during any Period of Cover

## Section 4. Oral Cancer

If a Plan Member is diagnosed with Oral Cancer We will pay the Plan Member for treatment costs of up to a lifetime limit of £12,000.

We will only pay this sum for Oral Cancer once the Plan member has been referred to a Specialist by their general practitioner or Dentist.

### Conditions to Section 4

1. Benefit under this section will only be paid once per Plan Member and thereafter cover under the Policy will cease and no refund of premium will be payable by Us
2. Benefit under this section in respect of the Plan Member will only be paid when Oral Cancer is diagnosed by a Specialist in Oral Cancer Treatment within the United Kingdom

### Exclusions to Section 4

This section does not cover:

1. Oral Cancer diagnosed before the Plan Member joined the Emergency Treatment Plan
2. Cancer or tumours of the throat or any other cancers
3. Oral Cancer which is related in any way to an HIV infection

4. Oral Cancer resulting from chewing tobacco products (including betel nut juice)
5. Reimbursement for any charges or fees including charges for consultation or tests for invasive/non-invasive tumours
6. Any Oral Cancer resulting from failure to follow medical advice
7. Incidents unless diagnosed by a Specialist in Oral Cancer Treatment, following referral by a general practitioner or Dentist
8. Subsequent claims if the Plan Member has already received benefit under this section. After payment under this section, such Cover will cease and no refund of premium will be payable by Us

## General Exclusions

In respect of all sections, benefits will not be available for:

1. Treatment which a Dentist is unable to provide due to circumstances beyond the control of such Dentist and/or
2. Services or supplies which are not described in this Policy
3. Cosmetic Treatment
4. Services, supplies or drugs which are experimental in nature, or not normally supplied by a dental practice
5. Dispensing and providing prescription drugs (unless they are antibiotics needed for Emergency Treatment)
6. Orthodontics
7. Any Treatment resulting from self inflicted injury
8. Any Treatment resulting from participation in any illegal or un-lawful activity
9. Any charges for the completion of the claim form or the submission of a claim
10. Dental Implants unless clinically necessary
11. Any costs associated with the administration of general anaesthetics
12. Charges incurred by the Plan Member resulting from broken appointments
13. Any Treatment which was prescribed, planned, diagnosed as necessary or is currently taking place at the Commencement Date
14. Treatment, care or repair to teeth, gums, mouth or tongue in relation to “mouth jewellery”
15. Damage caused by tooth brushing or other oral hygiene procedures Injury whilst participating in contact sports

### *General Exclusions continued...*

- including but not limited to boxing, martial arts, rugby, hockey, and shinty unless appropriate mouth protection is worn
16. Reimbursement for travelling expenses or telephone calls
  17. Mouthguards, gum shields or any other dental appliances unless in conjunction with a dental injury

## General Conditions

The following conditions apply:

### **1. Compliance with Policy Terms**

Our liability under this Policy will be conditional upon each Plan Member complying with its terms and conditions and the Policyholder paying or agreeing to pay the premium to Us

### **2. Change of Risk**

The Policyholder must inform Us, as soon as reasonably possible, of any changes relating to Plan Members (such as address or other personal details) which affect information given in connection with the application for Cover under this Policy

### **3. Policy Duration and Payment**

- a) The Policy shall be for one year and may be continued subject to the terms in force at the time of each Review Date
- b) If the Plan Member obtains cover after the Commencement/Review Date, the Period of Cover shall be for the period up until the following Review Date and annually renewable thereafter
- c) The premium payable shall be that prevailing generally at the Commencement Date or if later, the appropriate Review Date
- d) The premium payable may be changed by Us from time to time. However, this Policy will not be subject to any alteration in payment rates generally introduced until the next Review Date

### **4. Cancellation**

- a) The Policy will be cancelled if a Plan Member no longer meets the eligibility criteria of the Dental Plan
- b) This Policy will be cancelled automatically upon non-payment of the premium
- c) Whilst We shall not cancel this Policy because of eligible claims made by any Plan Member We may at any time terminate a Plan Member's Cover or subject his/her Cover to different terms if he/she or the Policyholder has at any time:

- i) Misled us by mis-statement or concealment
- ii) Knowingly claimed benefits for any purpose other than as are provided for under this Policy
- iii) Agreed to any attempt by a third party to obtain unreasonable financial gain to Our detriment
- iv) Otherwise failed to observe the terms and conditions of this Policy or failed to act with utmost good faith
- v) If We cancel the Policy or any Plan Member's cover We shall give the Policyholder 30 days notice sent by first class post to their last known address. If We do so, they may be entitled to a proportionate refund of premium

### **5. Claims Procedure**

- a) It is a condition of the Policy that all claims are accompanied by a fully completed claim form and a fully itemised printed receipt from either the Policyholder or the Dentist administering Treatment detailing:
  - i) Treatment administered and date of Treatment
  - ii) Fully itemised fee breakdown
  - iii) Dentist's registration details and practice address.The completed form and receipts should be returned to DENIS UK Limited, PO Box 6833, Basingstoke, Hampshire, RG24 4PR
- b) Reimbursement is available only if the Treatment is provided by a Dentist
- c) If Treatment costs are likely to exceed £200 the Plan Member must call 0800 633 5037 to obtain Our prior approval
- d) If any benefit is provided or any payment is made under this Policy as a result of an action by a third party then the Plan Member must:
  - i) Give Us full details of the potential claim against a third party
  - ii) Allow Us to pursue any loss under this Policy at Our expense
  - iii) Help Us to take legal action if We ask the Plan Member to
- e) In the event that the Plan Member has received Emergency Treatment in accordance with Section 1 – Emergency Treatment Benefits of this Policy, any Treatment costs shall be paid direct to the Plan Member up to the specified limits stated in this Policy.

*General Conditions continued...*

## **6. Claims Notification**

All claims must be notified (and supporting documentation supplied) within 30 days of the date of completion of an item of Treatment. We will not be liable in respect of any claim notified late.

## **7. Hospital Benefit**

The Plan Member must obtain at their own expenses from their Dentist confirmation of the period of hospitalisation and if requested, any further information to confirm the validity of the claim.

## **8. Overseas Emergency Treatment - Claims Procedure**

Subject to condition 7 above if a Plan Member requires Emergency Treatment when abroad they should simply obtain the Emergency Treatment needed and ask for the invoice to be written in English and on return to the UK forward it to DENIS UK Limited, PO Box 6833, Basingstoke, Hampshire RG24 4PR. Any fees for the translating of foreign documents into English for the purposes of claims settlement or administration shall be charged to the Plan Member and deducted from the claim settlement. Claim reimbursement will be in Sterling at the equivalent UK benefit scale using the exchange rate in force at the date of the claim settlement.

## **9. Accidents - Claims Procedure**

Subject to condition 7 above in the event of the Plan Member needing Treatment following an Accident or a sports injury, the Plan Member must inform DENIS UK Limited by calling 0800 633 5037 within 7 days of the Accident or as soon as reasonably possible. We may require confirmation of the Accident and Treatment before agreeing to any extra reimbursements necessary.

## **10. Arbitration**

When there is a dispute over the amount to be paid for a claim under this Policy, the dispute must be referred to an arbitrator to be agreed between the Policyholder and Us in accordance with the law at the time. When this happens, a decision must be made before the Policyholder can take any legal action against Us.

## **11. Alteration**

We may alter any of the terms of this Policy at any Review Date. Details of the change will be advised to the Policyholder at such time.

## **12. Fraudulent or Unfounded Claims**

If any claim under this Policy is in any respect fraudulent or unfounded all benefit paid and/

or payable in relation to that claim shall be forfeited and (if appropriate) recoverable by Us.

## **13. Waiver**

Waiver by Us of any term or condition of this Policy will not prevent Us from relying on such term or condition afterwards.

## **14. Settlement of Claims**

All settlements will be made by direct bank transfer to the nominated payee as detailed in Section 5 of the claim form.

## **15. Other Insurances**

Without prejudice to any other right or remedy We may have against any third party, if there is any other insurance covering any of the same benefits the Policyholder must disclose or procure that the relevant Insured Person discloses the same to Us. We shall not be liable to pay or contribute more than Our rateable proportion. Any payment or contribution over and above such liability shall be at Our absolute discretion and shall be without prejudice to this condition.

## **Complaints Procedure**

If You have any questions or concerns about Your Policy or the handling of a claim You should, in the first instance, contact:

Post: Complaints Department, Denis UK Limited, PO Box 6833, Basingstoke, Hampshire, RG24 4PR

Telephone: 0800 633 5037 or +44 (0) 203 6996 581 from outside the UK.

Email: [assistance@denisuk.com](mailto:assistance@denisuk.com)

In the event that You remain dissatisfied and wish to make a complaint, You can do so at any time. Making a complaint does not affect any of Your legal rights.

If Your complaint cannot be resolved within two weeks, or if You have not received a response within two weeks, You are entitled to refer the matter to Lloyd's. Lloyd's will then conduct a full investigation of Your complaint and provide You with a written final response. Lloyd's contact details are:

Post: Complaints, Lloyd's, Fidentia House, Walter Burke Way, Chatham Maritime, Chatham, Kent, ME4 4RN

Telephone: +44 (0) 20 7327 5693 Fax: +44 (0) 20 7327 5225

Email: [complaints@lloyds.com](mailto:complaints@lloyds.com)

Details of Lloyd's complaints procedures are set out in a leaflet "Your Complaint - How

### *Complaints Procedure continued...*

"We Can Help" available at [www.lloyds.com/complaints](http://www.lloyds.com/complaints) and are also available from the above address.

If You remain dissatisfied after Lloyd's has considered Your complaint, or if You have not received a written final response within eight weeks from the date that Denis UK received your complaint, You may be entitled to refer Your complaint to the Financial Ombudsman Service who will independently consider Your complaint free of charge. Their contact details are:

Post: The Financial Ombudsman Service,  
Exchange Tower, London, E14 9SR  
Telephone: (Fixed): 0800 0234567 Tel  
(Mobile): 0300 1239123 Tel (Outside UK): +44  
(0) 20 7964 0500 Fax: +44 (0)20 7964 1001  
Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)  
Please note:

- You must refer Your complaint to the Financial Ombudsman Service within six months of the date of the final response.
- The Financial Ombudsman Service will normally only consider a complaint from a business that has an annual turnover of less than 2 million Euros and fewer than 10 employees.

## **Data Protection**

### **How we use the information about you**

As an insurer and data controller, We collect and process information about You so that We can provide You with the products and services You have requested. We also receive personal information from Your agent on a regular basis while Your Policy is still live. This will include Your name, address, health information, risk details and other information which is necessary for Us to:

- Meet Our contractual obligations to You;
- issue You this insurance Policy;
- deal with any claims or requests for assistance that You may have;
- service Your Policy (including claims and Policy administration, payments and other transactions); and,
- detect, investigate and prevent activities which may be illegal or could result in Your Policy being cancelled or treated as if it never existed.

Some of the personal information that You provide may be sensitive information. This includes details about Your health or medical records. Your consent will need to be given before collecting and processing Your sensitive information.

Please note that We may not be able to sell You an insurance Policy or deal with a claim if You do not agree to Us processing relevant sensitive information.

In order to administer Your Policy and deal with any claims, Your information may be shared with trusted third parties. This will include members, Denis UK Limited, Icen International Limited and The Collinson Group, contractors, investigators and claims management organisations where they provide administration and management support on Our behalf. Some of these companies are based outside of the European Union where different data privacy laws apply. In these circumstances, We have strict contractual terms in place, including the model legal terms defined by the European Union to make sure that Your information remains safe and secure.

We will not share Your information with anyone else unless You agree to this, or We are required to do this by Our regulators (e.g. the Financial Conduct Authority) or other authorities.

### **How we store and protect your information**

All personal information collected by Us is stored on secure servers which are either in the United Kingdom or European Union.

We will need to keep and process Your personal information during the period of insurance and after this time so that We can meet Our regulatory obligations or to deal with any reasonable requests from Our regulators and other authorities.

We also have security measures in place in Our offices to protect the information that You have given Us.

### **How you can access your information and correct anything which is wrong**

You have the right to request a copy of the information that We hold about You. If You would like a copy of some or all of Your personal information please contact Us by email or letter as shown below:

Email address: [assistance@advantagehealth.uk.com](mailto:assistance@advantagehealth.uk.com)

### *Data Protection continued...*

Postal Address: Dental Advantage Care Plan, Denis UK Limited, PO Box 6833, Basingstoke, RG24 4PR, United Kingdom

We may make a reasonable charge for this service, or refuse to give You this information if Your request is clearly unjustified or excessive.

We want to make sure that Your personal information is accurate and up to date. You may ask Us to correct or remove information You think is inaccurate.

If You wish to make a complaint about the use of Your personal information, please contact Our Complaints Manager using the details above. You can also complain directly to the Information Commissioner's Office (ICO). Further information can be found at <https://ico.org.uk/>.

## Insurer GDPR Policy

Your information has been, or will be, collected or received by MS Amlin plc. We will manage personal data in accordance with data protection law and data protection principles. We require personal data in order to provide good-quality insurance and ancillary services and will collect the personal data required to do this. This may be personal information such as name, address, contact details, identification details, financial information and risk details. The full Data Privacy Notice can be found on [www.msamlin.com/en/site-services/data-privacy-notice.html](http://www.msamlin.com/en/site-services/data-privacy-notice.html). A paper copy of the Data Privacy Notice can be obtained by contacting the Data Protection Officer by email ([dataprotectionofficer@msamlin.com](mailto:dataprotectionofficer@msamlin.com)) or at the below address:

Data Protection Officer  
MS Amlin plc  
The Leadenhall Building  
122 Leadenhall Street  
London EC3V 4AG

## Compensation Arrangements

Lloyd's Syndicates' obligations are covered by the Financial Services Compensation Scheme. You may be entitled to compensation from the scheme if a Lloyd's Syndicate is unable

to meet its obligations to You under this contract. If You were entitled to compensation under the Scheme, the level and extent of compensation would depend on the nature of this contract. Further information about the scheme is available from the Financial Services Compensation Scheme (7th Floor Lloyd's Chambers, Portsoken Street, London, E1 8BN) and on their website at [www.fscs.org.uk](http://www.fscs.org.uk)

## Scheme Administration

Your Policy and claims are administered by DENIS UK Limited on behalf of MS Amlin Underwriting Limited

## Applicable Law

This contract shall be governed by and construed in accordance with English Law unless:

- i. You and the Insurer agree otherwise; or
- ii. At the date of the contract You are resident of (or, in the case of a business, the registered office or principal place of business is situated in) Scotland, Northern Ireland, Channel Islands or the Isle of Man, in which case (in the absence of agreement to the contrary) the law of that country will apply

## Cancellation

Dental accident and emergency cover is included as part of a package of cover which is provided by the Policyholder or can be taken out by the Plan Member as an optional extra to their dental plan benefit if it is not included. If the Plan Member wishes to cancel his/her dental plan they should contact CODEplan, Elm Tree house, Bodmin Street, Holsworthy, Devon, EX22 6BB, telephone 01409 255 551 or email [info@CODEplan.co.uk](mailto:info@CODEplan.co.uk) CODEplan Ltd licenses branding and intellectual property from the Confederation of Dental Employers Ltd.

## Claim Form

You can download a claim form or a copy of the latest Insurance Cover terms and conditions from [codeplan.co.uk/cover](http://codeplan.co.uk/cover)

This insurance Policy is underwritten by Lloyd's Syndicate No 2001 managed by MS Amlin Underwriting Limited, The Leadenhall Building, 122 Leadenhall Street, London, EC3V 4AG, United Kingdom. MS Amlin Underwriting Limited is listed on the Lloyd's Register of Underwriting Agents, reference number 01901D. MS Amlin Underwriting Limited is authorised and regulated by the UK Financial Conduct Authority.