

Your Bupa membership guide

Bupa Dental Plan

Please read this membership guide along with your membership certificate for the full terms of your cover.

The guide is effective from 1 September 2021



About this guide

How the membership guide works with your membership certificate

Your membership guide and membership certificate should be read and kept together. Your membership certificate contains details of everyone who is covered on the policy, the level of cover and the cover start date.

Please make sure that you keep this guide somewhere safe. You will need it when you come to claim.

Statement of demands and needs

The cover provided under the membership of the **scheme** is generally suitable for someone who is looking to cover the cost of a range of dental treatment expenses. **We** have not provided you with any advice about your cover and how it meets your individual needs. Please read your membership certificate and membership guide to make sure that this policy still meets your needs.

Definitions

Some of the words **we** use in this membership guide have specific meanings. In Section 5, 'Definitions', you'll find a definition for each of the terms used in **bold italic** throughout the guide. This will help you understand what **we** mean when **we** use these terms.

Contacting Bupa

Call

For any queries about your cover please call **us** on **0800 237 777**.
We may record or monitor our calls.



Email

For any queries about your cover please email **us** on
DentalMemberServices@bupa.com

Please be careful what you include as email may not always be secure.



Write

You can also write to **us** at
**Bupa dental insurance, Bupa Place,
102 The Quays, Salford M50 3SP**



If you have difficulties

For people with hearing or speech difficulties you can use the Relay UK service on your smartphone or textphone. For further information visit **www.relayuk.bt.com**. **We** also offer documents in Braille, large print or audio.

Contents

1. Claiming	4
Before your dental treatment	4
After your dental treatment	4
How to submit your claim	6
2. Bupa Dental Plan Table of Cover	8
3. Policy Terms	10
3.1 General policy conditions and exclusions	10
3.2 NHS treatment	12
3.3 Preventative dental treatment	14
3.4 Restorative dental treatment	15
3.5 Orthodontic treatment	17
3.6 Emergency dental treatment	19
3.7 Dental injury treatment	20
3.8 Oral cancer treatment	21
3.9 Cash benefit for a hospital stay	22
4. How your membership works	23
4.1 Age and eligibility criteria	23
4.2 When your membership starts and how it continues	23
4.3 Payment of premiums	24
4.4 How your membership can end	24
4.5 Changes we can make	26
4.6 Fraudulent or misleading information	27
4.7 Law applicable to contract	28
4.8 Policy notices	29
4.9 Contributing members	30
5. Definitions	32
6. Protecting your information and rights	35
6.1 Status disclosure	35
6.2 Making a complaint	36
6.3 The Financial Services Compensation Scheme (FSCS)	37
6.4 Privacy notice – in brief	38
6.5 Financial crime and sanctions	41

1. Claiming

Before your dental treatment

Before you have any treatment, it's important to check your membership certificate and guide to understand what you're covered for. You will need to check your membership certificate for details of who is covered on the policy and the level of cover you have.

Always call **us** if oral cancer treatment is required, as this needs to be pre-authorised prior to receiving any treatment. Please refer to Section 3.8, 'Oral cancer treatment'.



Did you know?

You can see any dentist of your choice, whether it's for private or NHS treatment and then claim back costs towards your treatment based on the level of cover you have.

After your dental treatment

How you pay for your treatment depends on which dental practice you use.

When using any dental practice

You'll need to pay for your treatment and then claim some or all of it back, depending on the limits of your cover, within 12 months of your treatment date.

Following your appointment, you must ensure your receipt contains the following information:

- name of the person receiving the dental treatment;
- date the dental treatment took place;
- details of dental treatment received including the cost of each;
- the dental practice name, address and telephone number; and
- proof that you've paid for your dental treatment.

Please note if there is information missing or we are unable to read the information provided, it may delay your claim or result in us being unable to pay your claim.

Using a practice in the Dental Insurance Network



Key information

To find out which practices offer these services, please visit **finder.bupa.co.uk** and search **Dental Insurance Network**.

Alternatively, you can telephone **us** on **0800 237 777**. We may record or monitor our calls. Please note not all Bupa Dental Care practices are part of the Dental Insurance Network.

No forms, no fuss claiming

When you visit participating **Bupa**-owned practices within the Dental Insurance Network **we** don't expect you to pay the practice and then claim back the cost of your treatment[†]. Instead, the practice submits the claim directly to **us**, and **we** take care of it without you needing to do anything further. No forms, no fuss.

It means that if the treatment is covered under the policy, subject to your benefit limits **we** will settle the claim directly with the participating dental practice.

No forms, no fuss claiming is not available in all **Bupa**-owned practices.

Preventative Care Promise for customers with Dental Plan Level 3, 4 or 5 when using selected practices within the Dental Insurance Network

With **our** Preventative Care Promise **we** guarantee that there will be no unexpected costs for you to pay on your covered preventative dental treatment.

Preventative treatments **we** cover, are up to two routine examinations per year, up to two appointments for a 30-minute scale and polish, and unlimited small X-rays up to your policy's annual benefit limits.

Our Preventative Care Promise only applies to treatment provided in participating practices in the Dental Insurance Network.

[†]Claims are forwarded by selected practices in the Dental Insurance Network as agent of Bupa Insurance Limited. Any claims for orthodontic, dental injury treatment and oral cancer cannot be processed by the dental practice and a claim form must be submitted. Also, all claims for NHS treatment in Scotland and Northern Ireland must be submitted using a claim form. For a claim form go to **bupa.co.uk/dental/dental-insurance/make-claim** or call on **0800 237 777**. We may record and monitor our calls.

How to submit your claim

Key information

When submitting your claim, you must ensure your receipt contains:

- name of the person receiving the dental treatment;
- date the dental treatment took place;
- details of dental treatment received including the cost of each;
- the dental practice name, address and telephone number; and
- proof that you've paid for your dental treatment.

Online

Visit bupa.co.uk/dental/dental-insurance/make-claim

Excludes dental injury and hospital cash benefit claims which will need to be submitted to **us** by post.

You will need to telephone **us** on **0800 237 777*** should you wish to claim for oral cancer treatment.



Post

Download a claim form at bupa.co.uk/dental/dental-insurance/make-claim

Fill in the form and post it, along with a copy of your receipt, to:

**Bupa dental insurance, Bupa Place,
102 The Quays, Salford M50 3SP**



Call

Alternatively, you can telephone **us** on **0800 237 777*** and **we** will post a claim form to you.



*We may record or monitor our calls.

What happens next

1. Claims should be submitted to **us** as soon as possible and within 12 months of the treatment date.



2. If **we** have all the information, **we** need from you to process your claim, you can expect your claim to be processed within 7 to 10 working days. Your money will be paid directly into your bank account.



3. For any dental treatment received outside the **United Kingdom** this will be converted to sterling using the currency converter **www.oanda.com** based on the exchange rate in force on the date you received your treatment.



Did you know?

You can submit all your dental claims online for any preventative, restorative, orthodontic or emergency dental treatment.



2. Bupa Dental Plan Table of Cover

The tables show the maximum amount of benefits you can claim up to per person per policy year according to your level of cover as shown on your membership certificate.

Please also refer to Section 3, 'Policy Terms' for full details of what's covered, what's not covered and any limitations on cover by treatment type.

Preventative and Restorative benefits

	Core	Level 1	Level 2	Level 3	Level 4	Level 5
Preventative dental treatment						
Routine examination^	up to NHS limits	£60 up to £30 per visit	£80 up to £40 per visit	£120 up to £60 per visit	£140 up to £70 per visit	£200 up to £100 per visit
		maximum of two visits per policy year				
Scale and polish^ (by your dentist or hygienist)	up to NHS limits	£80 up to £40 per visit	£100 up to £50 per visit	£160 up to £80 per visit	£180 up to £90 per visit	£250 up to £125 per visit
		maximum of two visits per policy year				
Virtual routine examination^	no cover	£20 per policy year				
Dental X-rays^	up to NHS limits	£40	£50	£80	£90	£100
		per policy year				
Restorative dental treatment						
Fillings/root canal^**	up to NHS limits	£150	£250	£300	£350	£375
		per policy year				
Extractions^	up to NHS limits	£100	£150	£200	£200	£250
		per policy year				
Restorative dental treatment^	up to NHS limits	80% up to £275^^	80% up to £450^^	80% up to £700^^	80% up to £2,000^^	80% up to £3,000
		per policy year				
NHS treatment	up to NHS limits	100% reimbursement for NHS treatment when treated by an NHS dentist				

^Includes worldwide cover.

**Note – fissure sealants and topical fluoride treatments are included in this benefit.

^^80% towards the cost of your treatment up to your benefit limit, according to your level of cover.

Other dental benefits

	Core	Level 1	Level 2	Level 3	Level 4	Level 5
Orthodontic treatment UK only	no cover	£300	£400	£500	£600	£700
		per policy year				
Emergency dental treatment[^]	up to NHS limits	£1,000 per policy year consisting of four emergencies, up to £250 each				
Dental injury treatment[^]	up to NHS limits	£5,000 per policy year				
Oral cancer treatment[‡] UK only	no cover	paid in full when being referred for oral cancer treatment and using partnership consultants and partnership facilities				
Cash benefit for hospital stay UK only	no cover	£100 for each night you stay in hospital, up to £1,000 per policy year				

[^]Includes worldwide cover.

[‡]Six month waiting period applies from your cover start date when you first join the policy. This is the period during which benefits are not payable.

3. Policy Terms

Key information

In this section **we** explain what's covered, what's not covered and whether there are any limitations on cover. It includes:

- 3.1 General policy conditions and exclusions
- 3.2 NHS treatment
- 3.3 Preventative dental treatment
- 3.4 Restorative dental treatment
- 3.5 Orthodontic treatment
- 3.6 Emergency dental treatment
- 3.7 Dental injury treatment
- 3.8 Oral cancer treatment
- 3.9 Cash benefit for a hospital stay

3.1 General policy conditions and exclusions

Note: these conditions and exclusions apply to all sections of your policy.



- **We** agree to pay benefits for necessary dental treatment received by you in accordance with the terms and conditions of your membership.
- Benefits are only payable by **us** to reimburse fees and expenses actually incurred by you in respect of treatment provided by a **dental professional**.
- Any fees you may incur with a third party to cover dental services via your dentist (ie a dental monthly payment plan) are not covered.
- **We** only pay for the dental treatment and oral cancer treatment specified in the 'Bupa Dental Plan Table of Cover' section of this membership guide and as set out in the membership certificate.



- Any treatment costs you incur that are not covered under your policy's benefits are your responsibility.
- Payment of benefits is conditional upon your **sponsor** having paid all premiums due for the **main member's** membership and that of any **dependants** on or before the date of the treatment for which you are claiming benefits. If you are a **contributing member**, please refer to Section 4.9, 'Contributing members'.
- **We** only pay benefits for treatment you receive while you are covered under the policy. **We** do not pay for any treatment, including any treatment **we** have pre-authorized, that takes place on or after the date your cover ends.
- You can only claim for eligible dental costs once. If you have any other policy that provides dental cover, the costs of your treatment may be split between **us** and the other insurance company. You will be asked to provide **us** with full details of any other relevant insurance policy when you claim.
- **We** may contact your **dental professional** to request further information about your claim or dental treatment. **Our** own dentist will review this to advise **us** about the medical facts relating to your claim.
- Where you make a valid claim, **we** will reimburse you for that claim unless you choose to use 'no forms, no fuss claiming'.
- Claim advices will be sent addressed to the **main member** or **dependent** (when aged 16 and over) who has received the treatment.
- Claim advices relating to **dependants** (when aged 15 and under) will be sent to the **main member**.
- All correspondence apart from dental claim advices will be sent to the **main member**.
- **We** do not have to pay a claim if you break any of the terms and conditions of your membership, which is related to the claim. **We** may not pay a claim in full or part if there is reasonable evidence that you did not take reasonable care in answering **our** questions. By this **we** mean giving false information or keeping necessary information from **us**, please refer to Section 4.6, 'Fraudulent or misleading information'.
- Any dental treatment required as a result of nuclear or chemical contamination, war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, terrorism, insurrection, or military or usurped power is not covered.

3.2 NHS treatment

For all treatment where ‘up to NHS limits’ is shown in the Table of Cover (please refer to Section 2, ‘Table of Cover’) the following applies.



What’s covered

- Costs for treatment carried out on the NHS by an NHS dentist will be fully reimbursed
- If you are on the Core (NHS) level of cover, and you have private treatment, **we** will pay the NHS equivalent costs. This means the amount of money your treatment would have cost if it had been carried out and charged by the NHS



What’s not covered

- If you are on the Core (NHS) level of cover, any costs of private treatment that exceed the charges that would be paid if you had been treated on the NHS
- If on the Core (NHS) level of cover, any treatment that the NHS would not provide
- Any exclusions listed in the ‘General policy conditions and exclusions’ section 3.1

Additional information

- **We** follow the rules applied by the NHS for dental treatment.
- To understand the rules and what NHS treatment costs will apply to you please ask your dentist or refer to your local NHS website for information.
- The NHS has fixed charges for treatment; the price will vary depending on your location in the **UK**.
- NHS treatment charges may change on an annual basis and you are covered up to the applicable limit currently charged by the NHS at the time you have your treatment.

Continued on next page



Did you know?

If you have selected the Core (NHS) level of cover, and you choose to have private treatment this means that you will need to ask your ***dental professional*** whether the treatment would be available on the NHS and if so, the amount you would be charged by the NHS.

If the treatment is covered by the NHS, **we** will pay the NHS equivalent cost and you would cover any additional cost of having the treatment done privately.

If the treatment is not covered by the NHS, it is not eligible for cover therefore you would need to pay for the full cost of treatment.

NHS treatment in England, Wales and Isle of Man

If you live in England, Wales or the Isle of Man, the NHS have three bands into which all treatments fall. The bands below give details of the NHS treatments covered:

Band 1 course of treatment

Includes:

- an examination
- diagnosis (including X-rays)
- advice on how to prevent future problems
- a scale and polish if clinically needed
- preventative care such as the application of fluoride varnishing or fissure sealant if appropriate.

Band 2 course of treatment

Includes all treatment covered by Band 1, plus additional treatment, such as fillings, root canal treatment and removing teeth (extractions).

Band 3 course of treatment

Includes all treatment covered by Bands 1 and 2, plus more complex procedures, such as crowns, dentures and bridges.

NHS treatment in Scotland and Northern Ireland

If you live in Scotland or Northern Ireland charges for treatment carried out on the NHS, by an NHS dentist, will be fully reimbursed up to NHS limits.

3.3 Preventative dental treatment

Please use this section to understand what's covered and what's not covered by treatment type.

Please also refer to Section 2 'Dental Plan Table of Cover' to understand the maximum amount of benefits you can claim up to per person per policy year for Preventative dental treatment according to your level of cover.



What's covered

- Routine examinations
- Virtual routine examinations
- Scale and polish by your dentist or hygienist
- X-rays
- Worldwide cover



What's not covered

- If on the Core (NHS) level of cover, any private treatment that exceeds the cost that would be paid on the NHS
- If on the Core (NHS) level of cover, a scale and polish is only available on the NHS when it is clinically needed. Should you decide to have a scale and polish privately, when this is not available on the NHS, then you would need to pay for the full cost of this treatment yourself
- Specialist consultations. This would be paid from the treatment section being claimed under
- Virtual dentistry examinations for restorative, orthodontic, emergency or injury dental treatment
- Any exclusions listed in the 'General policy conditions and exclusions' section 3.1

3.4 Restorative dental treatment

Please use this section to understand what's covered and what's not covered by treatment type.

Please also refer to Section 2 'Dental Plan Table of Cover' to understand the maximum amount of benefits you can claim up to per person per policy year for Restorative dental treatment according to your level of cover.

You can claim 100% of your money back for the cost of a filling, root canal and extraction, up to your benefit limit per policy year. You can claim 80% towards the cost of any other restorative dental treatment, up to your benefit limit, according to your level of cover, per person, per policy year.

If you need a specialist consultation examination for any restorative treatment, **we** will pay for this from your 'restorative dental treatment' benefit instead of the 'routine examination' benefit.



What's covered

- Pre-planned or recommended dental treatment before your cover started apart from surgical implants or bridge to correct a pre-existing gap
- Crowns and bridges:
 - crowns including a full gold crown, porcelain crown and porcelain bonded to a metal crown
 - bridge but not to correct a pre-existing gap that occurred before your cover start date
 - re-fix or recement of an existing crown, recement of an adhesive bridge, and recement of any other bridge



What's covered

- Dental inlays and onlays
- Dentures including acrylic/metal, partial/full, upper/lower, relines and repair or additional tooth
- Extractions including extraction flap raised, apicectomy and incising of abscess
- Fillings including amalgam or composite fillings
- Fissure sealants and topical fluoride treatment which is included in your fillings/root canal benefit
- Frenectomy
- Gingivectomy treatment

Continued on next page

3.4 Restorative dental treatment (continued)



What's covered

- Mouthguards, when supplied by a dental professional, and used for sports, fluoride application, fixed stabilisation splint (following trauma), or to prevent teeth grinding
- Periodontal treatment
- Root canal
- Sedation for clinically necessary dental treatment
- Specialist consultation fee relating to restorative dental treatment
- Surgical implant but not to correct a pre-existing gap that occurred before your cover start date
- Treatment to damaged teeth caused during the consumption of food, including foreign bodies contained within the food
- Veneers
- Worldwide cover



What's not covered

- Antibiotics, painkillers or other prescription charges
- Anti-snoring devices
- Cosmetic treatment
- Dental consumables such as toothbrushes, mouthwash and dental floss
- Dental procedures carried out in hospital, for example wisdom teeth extractions
- Replacement of dentures or a prosthetic appliance which have been lost or stolen
- Surgical implant or bridge where it is used to correct a pre-existing gap that occurred before your cover start date
- If you are on the Core (NHS) level of cover, any costs of private treatment that exceed the charges that would be paid if you had been treated on the NHS
- If on the Core (NHS) level of cover, any treatment that the NHS would not provide
- Any exclusions listed in the 'General policy conditions and exclusions' section 3.1

3.5 Orthodontic treatment



What's covered

- Clinically necessary orthodontic treatment carried out by an orthodontic specialist or dentist who is registered with the General Dental Council
- Orthodontic treatment if your initial consultation and IOTN assessment is in person and delivered by an orthodontic specialist or dentist
- Orthodontic treatment (IOTN scale 4 and above) when you are aged 19 and over
- Orthodontic treatment (IOTN scale 3 and above) when you are aged 18 and younger
- **UK** only orthodontic treatment



What's not covered

- Any orthodontic treatment if on the Core (NHS) level of cover
- Any orthodontic treatment which does not start with an initial consultation and IOTN assessment in person with an orthodontic specialist or dentist
- Orthodontic treatment (IOTN scale 1 - 3) when you are aged 19 and over
- Orthodontic treatment (IOTN scale 1 - 2) when you are aged 18 and younger
- Any exclusions listed in the 'General policy conditions and exclusions' section 3.1
- Treatment outside the **UK**

3.5 Orthodontic treatment (continued)

Additional information

- 'Clinically necessary' means dental treatment that is required in the reasonable clinical opinion of an orthodontic specialist or dentist.
- Any specialist consultations as part of any orthodontic dental treatment will be covered under your orthodontic benefit.
- 'IOTN' stands for Index of Orthodontic Treatment Need and is a scale used to determine severity of irregularities of teeth and impact on health. For further details please visit the British Orthodontic Society at www.bos.org.uk



Did you know?

When submitting a claim for orthodontic treatment you will need to provide proof from your orthodontic specialist or dentist of your IOTN scale. **We** will also need to understand the anticipated total cost of treatment including a payment schedule which needs to contain details of how long your treatment is expected to take.

If **we** receive a claim for additional treatment or treatment carried out after the expected date of completion, **we** will request further information from your **dental professional** before **we** can process your claim to ensure the claim is covered under this benefit.

3.6 Emergency dental treatment



What's covered

- Dental treatment provided at an initial emergency appointment for the relief of:
 - severe pain
 - an inability to eat
 - any acute dental condition which presents an immediate and serious threat to general health
- Prescription charges
- Emergency dentist call out fees
- Worldwide cover



What's not covered

- Treatment which was pre-planned
- Any treatment carried out at a follow-up appointment. This must be claimed from the Preventative and Restorative dental treatment benefit limits according to your level of cover
- If you are on the Core (NHS) level of cover, any costs of private treatment that exceed the charges that would be paid if you had been treated on the NHS
- If on the Core (NHS) level of cover, any treatment that the NHS would not provide
- Non-prescribed medicines, for example over the counter medicines and painkillers
- Any exclusions listed in the 'General policy conditions and exclusions' section 3.1

3.7 Dental injury treatment



What's covered

- Dental treatment for an injury to the teeth or supporting structures which is suddenly and unexpectedly caused by an external impact
- Dental treatment for an injury sustained whilst participating in physical contact sport if you were wearing a mouthguard which was supplied and fitted by a **dental professional**
- Worldwide cover

Additional information

Treatment must start within six months of the date of the injury and be completed within two years of the treatment starting (six years for children sustaining an injury when under 18 years of age). Cover for ongoing treatment will end if you leave or cancel your policy.

Should you damage your teeth during the consumption of food, including foreign bodies contained within the food, then you can claim via your Restorative benefit. Please refer to Section 2, 'Bupa Dental Plan Table of Cover' and Section 3.4, 'Restorative dental treatment'.



What's not covered

- If you are on the Core (NHS) level of cover, any costs of private treatment that exceed the charges that would be paid if you had been treated on the NHS
- If on the Core (NHS) level of cover, any treatment that the NHS would not provide
- Dental treatment for an injury whilst participating in physical contact sport if you were not wearing a mouthguard supplied and fitted by a **dental professional**
- Treatment needed for any dental injury that occurred before your policy started
- Treatment needed following damage caused during the consumption of food including foreign bodies contained within the food
- Treatment needed due to an intentional self-inflicted injury
- Treatment, care or repair to gums, teeth, mouth or tongue in connection with mouth jewellery
- Any exclusions listed in the 'General policy conditions and exclusions' section 3.1

3.8 Oral cancer treatment



What's covered

- Treatment of primary cancer in any part of the oral cavity from the lips to the back of the tongue but excluding the tonsils and salivary glands
- Treatment is paid in full when being referred for oral cancer treatment and using a **recognised practitioner**, **partnership facility** or a **fee-assured consultant**
- Treatment in the **UK** only

Additional information

Waiting periods for oral cancer only apply from your cover start date when you first join the **scheme**. This is the period during which benefits are not payable.

If your **sponsor** is transferring your dental insurance **scheme** from another provider to **us**, **we** will provide immediate cover providing you had dental insurance via the previous company **scheme**.

The waiting period is not applied at renewal, ie the anniversary of your cover start date.



What's not covered

- Treatment if on the Core (NHS) level of cover
- Secondary cancer
 - if cancer started in the oral cavity has spread elsewhere, **we** will not cover treatment of any of the new cancer sites
 - **we** will not cover cancer that has spread into the oral cavity from elsewhere
- Oral cancer treatment for cancer of the tonsils or the salivary glands
- Oral cancer that was diagnosed; or you were having investigations; or waiting for the outcome of tests:
 - before your cover start date; or
 - during your first six months following the cover start date
- Treatment if you have not been referred to a **recognised practitioner** and **partnership facility** by your GP or **dental professional**
- Treatment when not using a **fee-assured consultant**
- Any costs or expenses for experimental or unproven oral cancer treatment unless incurred with **our** prior written approval
- Treatment outside the **UK**
- Any exclusions listed in the 'General policy conditions and exclusions' section 3.1

3.9 Cash benefit for a hospital stay



What's covered

- General dental treatment, emergency dental treatment or dental injury treatment that results in an overnight hospital stay whilst in the **UK**
- Oral cancer treatment that results in an overnight hospital stay if you are being treated by the NHS



What's not covered

- Cash benefit for a hospital stay if on the Core (NHS) level of cover
- Treatment outside the **UK**
- Any exclusions listed in the 'General policy conditions and exclusions' section 3.1

4. How your membership works

Bupa Dental Plan is a group insurance policy governed by the **agreement** with your **sponsor**. The terms and conditions of your membership have been agreed between your **sponsor** and **Bupa**. There is no legal contract between you and **us** for your cover under the **agreement**.

Only the **sponsor** and **Bupa** have legal rights under the **agreement**. However:

- if you are a **contributing member** you will have legal rights as set out in this membership guide. Please refer to Section 4.9, 'Contributing members'
- if you are not a **contributing member**, **we** allow you access to the claims and complaints processes as set out in this membership guide.

4.1 Age and eligibility criteria

- a. You can be accepted as a **main member** or **partner** from 18 years old.
- b. You must be resident in the **UK**.
- c. The **main member** must be an employee of the **sponsor**, or a retired employee who, at the time of retirement was a **main member** of the **scheme**.

The **main member** can add their **partner** as a **dependant**. **Child dependants** are only eligible to be members if they are under 24 years old and a resident in the **UK**. The cover for any **child dependant** will end at the next **annual renewal date** following their 24th birthday.

4.2 When your membership starts and how it continues

- a. The **main member's** membership and benefit year start from the cover start date which is on the membership certificate.
- b. If the **main member** applies for named **dependants** to become members, their cover will start from the cover start date as shown on the membership certificate or a separate cover start date as shown on the membership certificate, if they are added as **dependants** later in the policy year.

- c. Your cover end date is shown on the membership certificate. Bupa Dental Plan is an annual contract between your **sponsor** and **Bupa**. Your membership of the **scheme** will renew on the **annual renewal date** in accordance with the terms and conditions of this membership guide subject to the **sponsor** renewing the **scheme**.
- d. Your benefits limits will be refreshed at your cover start date.

If you are a **contributing member**, please refer to Section 4.9, 'Contributing members'.

4.3 Payment of premiums

The **sponsor** must pay to **us** premiums and any other payment due for the **main member's** membership and that of any **dependants** covered under the **agreement**, as and when they are due.

Bupa Insurance Services Limited acts as **our** agent for arranging and administering your policy. Premiums are collected by Bupa Insurance Services Limited as **our** agent for the purpose of receiving, holding and refunding premiums and claims monies.

If you are a **contributing member**, please refer to Section 4.9, 'Contributing members'.

4.4 How your membership can end

- a. **We** can end your membership, treat your membership as if it never existed, or refuse to pay a claim in full or part if there is reasonable evidence that you did not take reasonable care in answering **our** questions. By this **we** mean giving false information or keeping necessary information from **us** if:
 - intentional, **we** may treat your membership as if it never existed, or not pay a claim in full or part.
 - careless, **we** may:
 - if you are not a **contributing member**, withdraw cover and refuse all claims, change your cover or **we** could reduce any claim payment
 - if you are a **contributing member**, withdraw cover, refuse all claims and refund all your premiums for the year, change the cover, or **we** could reduce any claim payment or increase your premium by the same proportion.

- b. The **sponsor** may terminate the **main member's** membership of the **scheme** or that of **dependants** at any time by notifying **Bupa** in writing.
- c. The **main member** can end their or their **dependant's** membership at any time; to do so, the **main member** must inform the **sponsor**.
- d. If the **main member's** membership ends for any reason, then the membership of all **dependants** will also end.
If you are a **contributing member**, please refer to Section 4.9, 'Contributing members'.
- e. The **main member's** membership of this **scheme** (and therefore that of their **dependants**) will immediately come to an end if:
 - the **agreement** between **Bupa** and the **sponsor** of the **scheme** terminates
 - the **sponsor** does not pay on or before its due date the required premium and any other payment due under the **agreement** for the **main member** and their **dependants**. If you are a **contributing member**, please refer to Section 4.9, 'Contributing members'
 - the **main member** ceases to meet the eligibility criteria for membership of the **scheme** as agreed between **Bupa** and the **sponsor**, please refer to Section 4.1, 'Age and eligibility criteria'
 - the **main member** dies.
- f. Your **dependants'** membership will automatically end if:
 - the **main member's** membership ends
 - the terms of the **agreement** say that it must end
 - the **sponsor** does not renew the membership of that **dependant**
 - that **dependant** stops being a resident in the **UK** (the **main member** must inform **us** if that **dependant** stops being a resident in the **UK**), or
 - that **dependant** dies.

The cover for any child added as a **child dependant** will end at the next **annual renewal date** following their 24th birthday.

- g. In the event of the **main member's** membership terminating as a result of ceasing to be employed by the **sponsor**, or the company, association or organisation ceases to be a **sponsor**, **Bupa** may give the **main member** the opportunity to join an alternative Bupa Dental Insurance product, where available, although this cannot be guaranteed.

If you transfer within three months of your membership under this **scheme** terminating, **we** will not add any special restrictions or exclusions to your cover that are personal to you under the new product other than those which apply to you under this **scheme**.

4.5 Changes we can make

- a. **We** can make changes to the terms and conditions of your membership of the **scheme** and that of the **agreement** between the **sponsor** and **Bupa** at the **annual renewal date** or at any time if required to by law or regulation.
- b. These changes could affect the amount and type of cover provided under the **scheme**. **We** may also change or withdraw the amount of any discount or preferential rates at the **annual renewal date**.
- c. **We** can, at any time, change the amount to be paid to **us** in respect of Insurance Premium Tax (IPT) or any other taxes, levies or charges that may be introduced and which are payable in respect of your cover if there is a change in the rate of IPT or if any such taxes, levies or charges are introduced.
- d. If **we** do make any changes to the terms and conditions of your membership, **we** will write to tell the **main member** at least 28 days before the change takes effect. If the changes are required to be made more quickly by law or regulation, **we** will notify the **main member** as early as possible.
- e. If the **main member** does not accept any of the changes, they can end their membership (and therefore the membership of any **dependants**) by informing the **sponsor** either:
- within 28 days of the date on which the change takes effect, or
 - within 28 days of **us** telling them about the change
- whichever is later.

If you're a **contributing member**, please refer to Section 4.9, 'Contributing members'.

4.6 Fraudulent or misleading information

- a. **We** can end your membership or refuse to pay a claim in full or part if there is reasonable evidence that you did not take reasonable care in answering **our** questions. By this **we** mean giving fraudulent or misleading information or keeping necessary information from **us** if:
- intentional, **we** may treat your membership as if it never existed and refuse to pay claims
 - careless, **we** may:
 - if you are not a **contributing member**, withdraw cover and refuse all claims, change your cover or **we** could reduce any claim payment (if applicable)
 - if you are a **contributing member**, withdraw cover and refuse all claims and refund all your premiums for the year, change the cover, or **we** could reduce any claim payment or increase your premium by the same proportion.

If you are a **contributing member**, please refer to Section 4.9, 'Contributing members'.

- b. If **you** make a fraudulent claim under this policy, **we**:
- i. are not liable to pay the claim; and
 - ii. may recover from **you** any sums paid by **us** to **you** in respect of the claim; and
 - iii. may by notice to **you** treat the policy as having been terminated with effect from the time of the fraudulent act.
- c. If **we** exercise **our** right under clause (b)(iii) above:
- i. **we** shall not be liable to **you** in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to **our** liability under this policy (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim); and,
 - ii. **we** need not return any of the premiums paid.

- d. The following list contains examples of practices **we** consider fraudulent and/or intentionally misleading, although this list is not exhaustive:
- deliberately giving **us** false information about the **main member**, a named **dependant** or a claim on your policy
 - making any claim under your policy where you know the claim is false, or is exaggerated in any respect
 - making a statement in support of a claim where you know the statement is false in any respect
 - sending **us** a document in support of a claim where you know the document is forged, false or otherwise misleading in any respect, or
 - making claims under more than one insurance policy in order to receive a sum greater than the cost (to you) of treatment.
- e. If **we** decide to end the **main member's** membership, and/or that of any named **dependants**, **we** will write to the **main member** to let you know. The **main member's** membership (and/or that of your named **dependants**) will end with immediate effect.
- f. If **we** end your membership based on receiving fraudulent or misleading information from you, you will not be able to join or re-join any **Bupa** insurance policy in the future.

4.7 Law applicable to contract

The terms and conditions of your membership shall be governed by English law and all matters regarding your membership shall be subject to the exclusive jurisdiction of the courts of England and Wales.

Bupa will not return, and may dispose of, any documents submitted in support of any application or claim made in connection with your membership unless requested to the contrary in writing at the time of submission.

4.8 Policy notices

No amendment or variation to the terms and conditions of your membership shall be valid and effective unless made in accordance with these rules and benefits or specifically agreed between the *sponsor* and *Bupa* and confirmed in writing. Unconfirmed verbal communications cannot override the written terms and conditions of your membership, nor amount to any *agreement* to vary any of its terms. No third party is authorised to effect any such amendment or variation on behalf of *Bupa*, or to waive any of *Bupa's* rights.

Any failure by *Bupa* to exercise, or any delay by *Bupa* in exercising, any of its legal rights or remedies under the *agreement* shall not amount to any waiver by *Bupa* of any such rights or remedies.

You must notify *Bupa* in writing as soon as is reasonably practicable of any claim or right of action you have against any third party in connection with circumstances which may give, or have given, rise to a claim against *Bupa* for the payment of benefits.

Benefits are paid on condition that you take all steps which *Bupa* may reasonably require, for the purpose of reimbursing *Bupa*, to recover from a third party any sums paid to you by *Bupa*.

You must take any reasonable steps *we* ask of you to recover from the third party the cost of the treatment paid for by *us* and claim interest if you are entitled to do so.

Any notice or communication which is given under or in connection with this *scheme* shall be sent in writing by email or by pre-paid post, recorded delivery or delivered personally in the case of *Bupa* to *Bupa's* administrative address at **Bupa, Bupa Place, 102 The Quays, Salford M50 3SP** and in your case or the case of the *sponsor* to the *main member's* address, or the *sponsor's* address, as the case may be, last notified in writing to *Bupa*. In the absence of evidence of earlier receipt, any notice or communication shall be deemed to have been received on the day following delivery if delivered personally, in writing by email or by pre-paid post three days after posting.

4.9 Contributing members

This section only applies to *contributing members*.

The *sponsor* must pay to *us* premiums and any other payment due for the *main member's* membership, and that of any *dependants* covered under the *agreement*. The *main member* contributing to the cost of premiums for him or herself and/or any *dependants* does not in any way affect the contractual position set out in the 'How your membership works', please refer to Section 4, 'How your membership works'.

Contributions paid by the *main member* to the premiums the *sponsor* has paid for them (eg by payroll deduction) will be deemed to have been received by *Bupa* once they are received by your *sponsor*.

As soon as reasonably practicable the *main member* will be provided with the terms and conditions that will apply to your cover, and the *sponsor* will notify the *main member* of the contribution they will need to make to the cost of premiums from the cover start date for the next membership year.

If the *main member* does not want their cover (and therefore the cover for *dependants*) or the individual cover for any *dependants* to renew at the *annual renewal date* they can notify the *sponsor* at any time in advance of the *annual renewal date*.

If the *main member* wishes to end their membership (and therefore that of *dependants*) the following terms apply:

- The *main member* may end their membership (and therefore the membership of *dependants*) by informing the *sponsor* within 21 days of either:
 - the date the *main member* receives their terms and conditions (including the membership certificate) confirming cover or
 - the *main member's* cover start date

whichever is the later. During this 21 day period if the *main member* and *dependants* have not made any claims, *we* will refund to the *sponsor* all of the premiums the *sponsor* has paid for the *main member* for that year.

After this 21 day period the *main member* can end their membership (and therefore the membership of all *dependants*) by informing the *sponsor* at any time during the year, in which case *we* will refund to the *sponsor* any premiums the *sponsor* has paid for the *main member* and *dependants* that relate to the period after their membership ends.

- The **main member** may end the membership of any **dependant** by informing the **sponsor** within 21 days of either:
 - the date the **main member** receives the terms and conditions (including membership certificate) confirming the cover for that **dependant** or
 - the cover start date for that **dependant**
 whichever is the later. During this 21 day period if no claims have been made in respect of that **dependant** **we** will refund to the **sponsor** all of the premiums the **sponsor** has paid for the **main member** that relate to that **dependant** for that year.

After this 21 day period the **main member** can cancel a **dependant's** membership by informing the **sponsor** at any time during the year, in which case **we** will refund to the **sponsor** any premiums the **sponsor** has paid for the **main member** in respect of that **dependant** for the period after their membership ends.

Your membership will automatically end if the **sponsor** does not pay premiums or any other payment due under the **agreement** for you or any other person, however, **we** will continue to pay eligible claims for you for the period for which the **main member** can provide evidence (eg on payslips) that they have paid contributions to premiums to the **sponsor**.

Where **we** have refunded to the **sponsor** premiums paid for the **main member** or **dependants**, the **main member** should contact the **sponsor** in order to obtain a refund of the contributions they made to those refunded premiums.

Changes to your membership

If:

- any changes to the terms and conditions of your membership, including your benefits, are agreed between the **sponsor** and **us**, or
- **we** change the procedure for making a claim

the **main member** will be informed before the change takes effect. If the **main member** does not accept any of the changes they can end their membership (and that of **dependants**) by informing the **sponsor** either:

- within 28 days of the date on which the change takes effect or
 - within 28 days of the **main member** being told about the change
- whichever is later.

5. Definitions

Some of the words **we** use in this membership guide have specific meanings. In this section you'll find a definition of the terms used in ***bold italic*** throughout the guide. This will help you understand what **we** mean when **we** use these terms.

Word/phrase	Meaning
<i>Agreement</i>	Means the <i>agreement</i> between <i>Bupa</i> and the <i>sponsor</i> which governs the terms and conditions of the <i>scheme</i> .
<i>Annual renewal date</i>	Your annual renewal date will be the renewal date for the group. Depending on the month in which you first join the <i>scheme</i> , your initial period of cover may not be a full twelve months. Your benefits and, if you are a <i>contributing member</i> , your premiums may change at the annual renewal date.
<i>Bupa</i>	Bupa Insurance Limited. Registered in England and Wales No 3956433. Registered office: 1 Angel Court, London EC2R 7HJ . <i>Bupa</i> provides the cover.
<i>Child dependant</i>	Means any child of the <i>main member</i> or the <i>main member's partner</i> , including any child for whom the <i>main member</i> or the <i>main member's partner</i> is a legal guardian or foster parent.
<i>Contributing member</i>	A contributing member is a <i>main member</i> who contributes to the costs of premiums for them self and/or any of their <i>dependants</i> .
<i>Dental professional</i>	Any dental practitioner who is registered with the General Dental Council at the time you receive your dental treatment. To check whether your dental professional is registered, please visit the General Dental Council at www.gdc-uk.org For dental treatment received outside the <i>UK</i> the dental professional you use must be lawfully permitted to practice dentistry in that country.
<i>Dependant</i>	The <i>main member's partner</i> , and/or any <i>child dependant</i> , who is named on your membership certificate.
<i>Fee-assured consultant</i>	A fee-assured consultant is a registered medical or dental practitioner who, at the time you receive your treatment, is recognised by <i>us</i> as a fee-assured consultant for the type of treatment. The practitioners on the list will change from time to time. You can contact <i>us</i> to find out if a consultant is on <i>our</i> list and the type of treatment <i>we</i> recognise them for, or you can access these details at finder.bupa.co.uk
<i>Main member</i>	The person named as the main member on the membership certificate who is eligible to be covered in his or her own right rather than as a <i>dependant</i> .

Word/phrase	Meaning
Partner	The main member's husband or wife or civil partner or the person the main member lives with in a relationship similar to that of a husband and wife whether of the opposite sex or not.
Partnership facility	Is the hospital or treatment facility, centre or unit that at that time you receive your treatment, is in our partnership facility list that applies to your oral cancer treatment benefit and is recognised by us for both: ■ treating the medical condition you have; and ■ carrying out the type of treatment you need. You can ask us whether a hospital, facility, centre or unit is on our list and the type(s) of treatment we recognise them for. Alternatively, you can access these details at finder.bupa.co.uk Changes to lists Where we refer to a list that we can change, it will be for one or more of the following reasons: ■ where we are required to by any industry code, law or regulation ■ where a contract ends or is amended by a third party for any reason ■ where we elect to terminate or amend a contract, for example because of quality concerns or changes in the provision of facilities and/or specialist services ■ where the geographic balance of the service we provide is to be maintained ■ where effectiveness and/or costs are no longer in line with similar treatments or services, or accepted standards of medical practice, or ■ where a new service, treatment or facility is available. The lists that these criteria are applied to include the following: ■ appliances ■ consultant fees schedule ■ critical care units ■ fee-assured consultants ■ prostheses ■ recognised facilities ■ schedule of procedures. Please note that we cannot guarantee the availability of any facility, practitioner or treatment.

Word/phrase	Meaning
Recognised Practitioner	A recognised practitioner is a healthcare practitioner who at the time of your treatment: ■ is recognised by us for the purpose of our private dental insurance schemes for treating the medical condition you have and for providing the type of treatment you need, and ■ is in our list of recognised practitioners that applies to your benefits.
Scheme	The cover we provide as shown on your membership certificate together with this membership guide subject to the terms and conditions of the agreement .
Sponsor	The company, association or organisation for whom Bupa has agreed to operate the Bupa Dental Plan group scheme for the time being of which you are a member.
UK	Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.
We/our/us	Bupa .

6. Protecting your information and rights

6.1 Status disclosure



Private health insurance, health expenses insurance, dental insurance and travel insurance are provided by Bupa Insurance Limited and arranged and administered by Bupa Insurance Services Limited as an agent of Bupa Insurance Limited. Subscriptions are collected by Bupa Insurance Services Limited as an agent of Bupa Insurance Limited.

For the purpose of receiving, holding and refunding subscriptions and claims monies. These companies (using the trading name **Bupa**) are wholly owned subsidiaries of the British United Provident Association Limited.

Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. The firm reference numbers are 203332 and 312526 respectively. This information can be checked by visiting the Financial Conduct Authority website www.fca.org.uk

Bupa Insurance Limited is registered in England and Wales with company registration No. 3956433 and Bupa Insurance Services Limited is registered in England and Wales with company registration No. 3829851. They have the same registered office:

1 Angel Court, London EC2R 7HJ

Getting in touch

The **Bupa** helpline is always the first number to call if you need help or support. You can call **us** on **0800 237 777***.

The staff at **Bupa** are trained and supervised to provide **our** customers and members with information only on **Bupa's** own insurance products and health related services. All **Bupa** sales are on a non-advised basis.

*We may record or monitor our calls.

6.2 Making a complaint



We are sorry if you need to complain. **We** will do **our** best to understand what has happened and put things right.

Ways to get in touch

- Call us: Using your **Bupa** helpline phone number, which can be found on your **membership certificate**. If you can't find your **Bupa** helpline phone number, you can contact Customer Relations on **0800 237 777***
- Chat to us online: **bupa.co.uk/complaints**
- Email us: **customerrelations@bupa.com**

If you need to send us sensitive information you can email us securely using Egress.

For more information and to sign up for a free Egress account, go to **<https://switch.egress.com>**. You will not be charged for sending secure emails to a Bupa email address using the Egress service.

- Write to us: **Customer Relations, Bupa, Bupa Place, 102 The Quays, Salford M50 3SP**

We also offer documents in Braille, large print or audio.

What happens with my complaint?

We will carefully consider your complaint and do **our** best to resolve it quickly. If **we** can't resolve it straight away, **we** will email or write to you within five business days to explain the next steps.

We will keep you updated on **our** progress and once **we** have fully investigated your complaint, **we** will email or write to you to explain **our** decision. If **we** have not resolved it within eight weeks **we** will write to you and explain the reasons for the delay.

If **we** have not resolved your complaint within eight weeks, or if you are unhappy with **our** decision, you may be able to refer your complaint to the Financial Ombudsman Service for an independent review. The service they provide is free and impartial. You can visit their website, **financial-ombudsman.org.uk**, or:

- call them on **0800 023 4567**
- submit a complaint online at **financial-ombudsman.org.uk/contact-us/complain-online**
- email them at **complaint.info@financial-ombudsman.org.uk**
- write to them at the **Financial Ombudsman Service, Exchange Tower, London E14 9SR**

*We may record or monitor our calls. For people with hearing or speech difficulties you can use the Relay UK service on your smartphone or textphone. For further information visit **www.relayuk.bt.com**

6.2 Making a complaint (continued)



If you refer your complaint to the Financial Ombudsman Service, they will ask for your permission to access information about you and your complaint. **We** will only give them what's necessary to investigate your complaint and this may include medical information. If you are concerned about this please contact **us**

6.3 The Financial Services Compensation Scheme (FSCS)



In the unlikely event that **we** cannot meet **our** financial obligations, you may be entitled to compensation from the Financial Services Compensation Scheme. This will depend on the type of business and the circumstances of your claim.

The FSCS may arrange to transfer your policy to another insurer, provide a new policy or, where appropriate, provide compensation. Further information about compensation scheme arrangements is available from the FSCS on 0800 678 1100 or 020 7741 4100 or on its website at: www.fscs.org.uk

6.4 Privacy notice – in brief



We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you, how we use it and how we protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice available at bupa.co.uk/privacy. If you do not have access to the internet and would like a paper copy, please write to **Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-upon-Thames, Middlesex TW18 3DZ**. If you have any questions about how we handle your information, please contact us at dataprotection@bupa.com

Information about us

In this privacy notice, references to 'we', 'us' or 'our' are to Bupa. Bupa is registered with the Information Commissioner's Office, registration number Z6831692. Bupa is made up of a number of trading companies, many of which also have their own data-protection registrations. For company contact details, visit bupa.co.uk/legal-notice

1. Scope of our privacy notice

This privacy notice applies to anyone who interacts with us about our products and services ('you', 'your'), in any way (for example, email, website, phone, app and so on).

2. How we collect personal information

We collect personal information from you and from certain other organisations (those acting on your behalf, for example, brokers, health-care providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

3. Categories of personal information

We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example, information we use to contact you, identify you or manage our relationship with you), special categories of information (for example, health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks, or other background screening activity).

6.4 Privacy notice – in brief (continued)



4. Purposes and legal grounds for processing personal information

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and handling complaints), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others' legitimate interests or it is needed or allowed by law. We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

5. Marketing and preferences

We may use your personal information to send you marketing by post, phone, social media, email and text. We only use your personal information to send you marketing if we have either your permission or a legitimate interest. If you don't want to receive personalised marketing about similar products and services that we think are relevant to you, please contact us at optmeout@bupa.com or write to **Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-upon-Thames, Middlesex TW18 3DZ**

6. Processing for profiling and automated decision-making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will interest you (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our full privacy notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making.

7. Sharing your information

We share your information within the Bupa group of companies, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example, brokers and other intermediaries) and with others who help us provide services to you (for example, health-care providers) or who we need information from to handle or check claims or entitlements (for example, professional associations). We also share your information in line with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

6.4 Privacy notice – in brief (continued)



8. International transfers

We work with companies that we partner with, or that provide services to us (such as health-care providers, other Bupa companies and IT providers) that are located in, or run their services from, countries across the world. As a result, we transfer your personal information to different countries including transfers from within the UK to outside the UK, and from within the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA, for the purposes set out in this privacy notice. We take steps to make sure that when we transfer your personal information to another country, appropriate protection is in place, in line with global data-protection laws.

9. How long we keep your personal information

We keep your personal information in line with periods we work out using the criteria shown in the full privacy notice available on our website.

10. Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used; to ask us to transfer information you have made available to us; to withdraw your permission for us to use your information; and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

11. Data-protection contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at dataprotection@bupa.com. You can also use this address to contact our Data Protection Officer.

You also have a right to make a complaint to your local privacy supervisory authority. Our main office is in the UK, where the local supervisory authority is the Information Commissioner, who can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom.

Phone: 0303 123 1113 (local rate) or 01625 545 745 (national rate).

6.5 Financial crime and sanctions



Financial crime

The company agree to comply with all applicable UK legislation relating to the detection and prevention of financial crime (including, without limitation, the Bribery Act 2010 and the Proceeds of Crime Act 2002).

Sanctions

Bupa, through this policy, shall not provide cover or be liable to pay any claim where this would expose Bupa to any sanction, prohibition or restriction under United Nations resolutions, or trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America, and/or all other jurisdictions where Bupa transacts its business, including but not limited to providing medical coverage inside Sudan, Iran, North Korea, Syria, and Cuba.

Bupa dental insurance is provided by:
Bupa Insurance Limited. Registered in England and Wales No. 3956433. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register No. 203332.

Bupa insurance policies are arranged and administered by:

Bupa Insurance Services Limited. Registered in England and Wales No. 3829851. Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. Financial Services Register No. 312526.

You can check the Financial Services Register by visiting <https://register.fca.org.uk> or by contacting the Financial Conduct Authority on 0800 111 6768.

Registered office: 1 Angel Court,
London EC2R 7HJ

© Bupa 2021

bupa.co.uk