



Eduhealth Dental Plan Application Pack

Please complete the application form and client agreement in full then return to;

Eduhealth,
10 Sea King Drive,
Fountain Court,
Auckley,
Doncaster
DN9 3QR

**We also offer a Private Medical Insurance
and Cashplan scheme specifically designed for
anyone working in the education sector and their families.
If you would like to know more see our website for full details.**

t: 0845 226 9938 - **e:** enquiries@eduhealth.co.uk **w:** www.eduhealth.co.uk

EduHealth Dental Plan

Application form

Please fill in the form using BLOCK CAPITALS and return it to EduHealth, 10 Sea King Drive, Fountain Court, Auckley, South Yorkshire, DN9 3QR

1. Level of cover

Level of cover	Core	Level 1	Level 2	Level 3	Level 4
One adult					
Two adults					
One adult and up to four children					
Two adults and up to four children					
Payment frequency:	Monthly		Annually		

Pay annually and remove the 30 day wait period for check-up's, x-rays and scale & polish

2. Your details

Surname:	Title:	Date of birth:
Forename(s):	Telephone:	
Address:	E-mail:	
Postcode:	Nationality:	

Tick this if you are a current EduHealth member. EduHealth official use only:

Details of partner and up to four children (under 18 or up to the age of 24 if in full time education) to be covered

Full name	Date of birth	Relationship with you

By signing this declaration you are agreeing to abide by the terms and conditions of this policy should the insurer accept your application for insurance. We rely on the information you declare within the application in making our decision whether or not to accept your application; if any information you declare is found to be false we may cancel your policy. I understand that I have 14 days from the receipt of my documents in which to change my mind and to cancel the policy, after which the standard cancellation period detailed within the terms and conditions will apply. I am applying on behalf of all applicants named on this form and am doing

so with their consent. I confirm that all applicants are UK residents.

Data Protection Act

I confirm and agree that this application form may be stored on paper or electronically by EduHealth, by AmTrust Europe Limited (the insurer) and others that provide services for the administration of the policy. The insurer may use and share your information with other members of the AmTrust group which includes companies based throughout the world. By purchasing this policy you have consented to your data being stored and processed in the USA.

Signature of main applicant: ✕	Date: ✕
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Client Agreement

Commencement

The following terms will come into force with immediate effect.

Our Services

We will act on your behalf for the purposes of arranging and advising on Private Medical Insurance, and/or Dental insurance and/or Cash Plans

Eduhealth is a trading style of Healthsaver Ltd which is authorised and regulated by the Financial Conduct Authority (FCA). The FCA is the independent regulator of financial services in the United Kingdom. Healthsaver Ltd is entered on the FCA register (www.fca.gov.uk/register) under reference 582331. The FCA address is:

25 The North Colonnade,
Canary Wharf,
London E14 5HS

0207 066 1000

How we charge you for our services

We are normally paid commission on a product we arrange.

Your Protection

We prefer instructions to be in writing. If instructions are given orally they should also be confirmed in writing. We may refuse at our discretion to accept certain instructions, although such discretion will not be exercised unreasonably.

We do not accept cheques or cash payment.

We will normally register all products in your name unless otherwise instructed in writing.

If we become aware that our interests, or those of another client, conflicts with your interests, we will inform you in writing and obtain your consent prior to proceeding with your instructions.

Risk Warnings

We will communicate appropriate risk warnings prior to providing products or services. These are for your benefit as you should understand any risks before making an investment.

Complaints and Compensation

If you wish to make a complaint, please contact us

Our written complaints procedure is available upon request. If we cannot settle your complaint, you may be entitled to refer it to the Financial Ombudsman Service (FOS). Further information about the FOS is available from their website www.financial-ombudsman.org.uk. If we cannot meet our obligations you may be entitled to compensation from the Financial Services Compensation Scheme. This depends on the type of business and the circumstances of the claim.

Insurance business may be covered for 90% of the claim, without any upper limit. For compulsory classes of insurance (e.g. motor or employers liability insurance), advising and arranging is covered for 100% of the claim, without any upper limit.

Further information about the FSCS is available from their website www.fscs.org.uk.

Termination

This client agreement may be terminated at any time, by either party. Notice of termination must be given in writing and will take effect immediately upon receipt. Termination will be without prejudice to the completion of transactions already commenced on your behalf or any rights or obligations already arising. You would be expected to pay for any costs incurred up to the date of termination or a due proportion of any fees previously agreed.

Data Protection

Collection of data:

In order to provide you with products and services we need to gather personal and financial information about you. This includes information obtained from you or third parties, such as employers and credit reference agencies, fraud prevention agencies or other organisations. This may include sensitive information about racial or ethnic group, physical or mental health, sexual life, criminal proceedings and offences.

Access:

You have the right to access information we hold about you. You can access a copy of these records by contacting us
Healthsaver Ltd
10 Sea King Drive,
Fountain Court,
Auckley,
Doncaster
DN9 3QR

Tel: 0845 226 9938

We are entitled to charge a fee for this service of up to £10. If any of the information we hold is incomplete or inaccurate please tell us and we will correct it.

Use of data:

Information may be passed to other financial firms in the course of providing services. We may provide information to our regulators and their successors.

We may from time to time contact you by post, fax or e-mail with details of products and services which may be of interest to you. If you would not like to receive this information please indicate your preference by ticking the box here.

We shall disclose information to relevant authorities where we are required to do so by law.

We will retain records after our business relationship has ended for legal and regulatory purposes.

Rights of third parties

These terms of business exclude any rights which may be conferred upon third parties by the Contracts (Rights of Third Parties) Act 1999.

Jurisdiction

This agreement is governed by English Law and the parties of this agreement hereby submit to the exclusive jurisdiction of the English Courts.

Commencement

This is our standard Client Agreement upon which we intend to rely. For your own benefit and protection you should read these terms carefully before signing them. If you do not understand any point please ask for further information.

This Client Agreement will come into effect from the date of my/our signature below.

Client: Date:

Client: Date:

Adviser Date: