

# Providential

## A Guide to Your Policy

Effective for registration or renewal on or after 1st November 2007

**Large print guides are  
available upon request**



**wpa.org.uk**

## Providential benefits

Providential policy has three levels of cover; First Steps, Level 1 and Level 2. As outlined below, we will reimburse 75% of eligible claims for General Dental Treatment and Dental Emergencies and 100% of eligible claims for Dental Injuries and Defined Oral Problems depending on the cover chosen.

| Benefits                 | Level of Cover |    |    | Benefit available   | Notes   |
|--------------------------|----------------|----|----|---|---|
|                          | FS             | L1 | L2 |   |   |
| General Dental Treatment | ✓              | x  | ✓  | £250 per policy year                                      | Covers 75% of treatment costs performed by a registered dental surgeon or dental hygienist in general dental surgery. <sup>1</sup> There is a 3 month qualifying period before you can claim this benefit   |
| Dental Emergencies       | x              | x  | ✓  | £250 per course of treatment up to £1,000 per policy year | Covers 75% of treatment costs for incidences of acute pain, swelling or a dental haemorrhage requiring an emergency dental appointment. <sup>1</sup> There is a 14 day qualifying period before you can claim this benefit                              |
| Dental Injuries          | x              | ✓  | ✓  | £20,000 per policy year                                   | Covers in/day- and out-patient treatment under the care of a Consultant Oral/Maxillo Facial Surgeon or recognised specialist, where injury has been caused by an external blow to the face, teeth or jaw. <sup>1 2 3</sup>                              |
| Defined Oral Problems    | x              | ✓  | ✓  | £10,000 per policy year                                   | Covers in/day- and out-patient treatment under the care of a recognised Consultant Oral/Maxillo-Facial Surgeon or recognised specialist for any of the 6 defined conditions (for a list of these defined conditions please see page 4) <sup>1 2 3</sup> |

1. To be paid in line with The WPA Dental Schedule. The WPA Dental Schedule is available on pages 8 & 9 or by visiting [wpa.org.uk/dentalschedule](http://wpa.org.uk/dentalschedule). Where a claim is paid under General Dental Treatment, the WPA Dental Schedule only applies to claims exceeding £120.

2. Also provides cover for NHS Cash Benefit of £200 per day/night up to £2,000 per policy year as well as Parent & Child hospital accommodation charges.

3. To be paid in line with customary and reasonable fees whilst in hospital. A guideline of customary and reasonable fees is available by contacting WPA or by visiting [wpa.org.uk/guideline](http://wpa.org.uk/guideline)

These are the Rules of the Providential policy. They advise on what is and what is not covered. It is most important that you read these. Please e-mail [pcd@wpa.org.uk](mailto:pcd@wpa.org.uk) or telephone 01823 625230 if there is anything about which you are uncertain. We also invite you to use the information in this booklet to assist you when deciding if our services are right for you.

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Western Provident Association (WPA) has taken every care in the preparation of the material contained in this Guide, however this material may contain technical inaccuracies or typographical errors. WPA expressly excludes to the fullest extent permitted by law all liability howsoever arising from any such inaccuracies or errors.

## Your policy

**Your Providential policy** is intended to help with the cost of everyday dental expenses, as well as Dental Emergencies, Dental Injuries and Defined Oral Problems. It does not include treatment for chronic conditions (see page 14).

### Providential offers 3 levels of cover.

- **First Steps** is designed for children aged 0 to 3 years and covers General Dental Treatment only (please note that children will automatically transfer to Level 2 when they turn 4 at renewal);
- **Level 1** is available to all customers from the age of 4 and limits cover to Dental Injuries & Defined Oral Problems;
- **Level 2** is available to all customers from the age of 4 and covers General Dental Treatment, Dental Emergencies, Dental Injuries and Defined Oral Problems.

Depending on the level of cover chosen, we will reimburse 75% of eligible treatment costs for General Dental and Dental Emergencies and 100% of eligible treatment costs for Dental Injuries and Defined Oral Problems.

## How to make a claim

**Defined Oral Problems** – you must contact WPA by calling 01823 625230 within 72 hours of your diagnosis.

**Dental Injury** – you must inform WPA by calling 01823 625230 within 72 hours of incurring the injury. It is a requirement that after having sustained an injury, you must have an emergency appointment either at a dentist, doctor or A&E department and thereafter provide evidence to us.

**General Dental and Dental Emergency** - please make sure that you and your dentist complete the appropriate claim form (which is available at [wpa.org.uk](http://wpa.org.uk)) and send it to us, together with any receipted invoices.

## What is covered

Your benefits are listed in the table at the front of this Guide. It gives full details of how much benefit is available to you. Please check this carefully. You can only claim these benefits once the appropriate qualifying period has expired (see below). Below are more details about each of the benefits your policy offers, together with any rules which affect your cover. Remember there are certain things that you are not covered for.

### Qualifying Periods

Please note, there is a **3 month** qualifying period for General Dental Treatment before you can make a claim, and a **14 day** qualifying period for Dental Emergencies.

**In addition, you are not covered for Defined Oral Problems and Dental Injuries that were in existence prior to joining this policy (see definitions of pre-existing conditions on page 15).**

The qualifying period starts on the day you joined the policy and you are not covered for treatment you receive during that period of time.

WPA will reimburse 75% of eligible claims for General Dental Treatment and Dental Emergencies up to the benefit limits allowed and 100% of eligible claims for Dental Injuries and Defined Oral Problems up to the benefit limits allowed.

The following symbols are used to highlight the benefits available under the different levels of cover.

- FS** – First Steps
- L1** – Level 1
- L2** – Level 2

## General Dental Treatment (FS & L2)

We will pay:

- 75% of your treatment costs up to a maximum of £250 each policy year towards all receipted accounts for General Dental Treatment.
- Treatment must be performed by a **registered dental surgeon, registered hygienist or dental therapist** in general dental practice
- Your dentist must complete the dentists declaration and dental schedule and must give details of the treatment provided.
- Claims over £120 will be paid in line with the WPA Dental Schedule (see pages 8 & 9).

You are not covered for:

- Treatment outside the UK;
- Treatment received within the first 3 months of the policy start date;
- Treatment that requires hospitalisation;
- Implants, dentures and orthodontics.

## Dental Emergencies (L2)

We will pay:

- 75% of your treatment costs up to £250 for each new episode/course of treatment required for dental emergencies up to £1,000 each policy year.
- A **Dental Emergency** is defined as an incident of acute pain, swelling or dental haemorrhage requiring an emergency dental appointment.
- Treatment must be performed by a **registered dental surgeon or A&E department** only (This means that it must be carried out in a dentist's chair (general dental surgery) or A&E department only).
- An **episode/course of treatment** starts from the date of the initial emergency appointment and continues up to the completion of treatment which must take place within 3 consecutive months.
- This benefit is available for treatment **carried out in the UK and abroad** and it covers treatment not classed as a dental injury or defined oral problem.

- Benefit will be paid in line with the WPA Dental Schedule on pages 8 & 9.

You are not covered for:

- Treatment received within the first 14 days from the policy start date;
- Treatment that requires hospitalisation;
- Treatment relating to emergencies which relate to periodontal disease;
- Implants, dentures and orthodontics.

## Dental Injuries (L1 & L2)

We will pay:

- Up to £20,000 each policy year for treatment required for dental injuries received as a result of an injury to the patient's teeth and support structures caused by an extra oral impact, (an external blow to the face, teeth or jaws).
- You must inform WPA and have the emergency appointment within **72 hours of the injury**. You can only claim this benefit if you have had an emergency appointment first. This emergency appointment is a pre-requisite for claiming under the Dental Injury benefit.
- Should the injury occur outside the UK and you need an **emergency appointment abroad**, we will cover the cost of your emergency treatment abroad up to a maximum of £250.
  - All subsequent treatment related to this injury will be subject to the normal limits:
- **WPA must grant prior approval for any restorative treatment plan following a dental injury.**
- **Your dentist must provide:**
  - A treatment plan for any treatment that cannot be undertaken at the emergency appointment and to tell us:
    - the type of treatment,
    - the date the treatment will start and the date treatment will be completed,
    - the name of the Consultant Oral/Maxillo-Facial Surgeon or recognised specialist who will undertake the treatment,
    - detailed treatment costs;
  - A full report on the incident and all injuries sustained;

- Evidence of an injury and x-rays to show the injuries sustained;
- Evidence that the injury is not related to chronic periodontal disease.
- On the basis of this information, WPA will give prior written approval (pre-authorisation) of your treatment. Cover will not commence until this pre-authorisation has been sought and given and the extent of cover will be limited to the treatment detailed on the plan provided by your dentist.
- Benefit will be paid in line with the WPA Dental Schedule on pages 8 & 9.

You are not covered for:

- Treatment given without our prior written approval;
- Treatment given following an accident if you did not inform us within 72 hours;
- Treatment for dental injuries sustained while participating in any contact sport (eg American Football, Boxing, Hockey, Ice Hockey, Lacrosse, Martial Arts, Rugby) when the appropriate mouth protection was not worn at the time of injury;
- We reserve the right to ask for evidence of a mouth protector being worn at the time the injury was sustained.
- Treatment given more than 12 months after the date of the extra oral impact to which the treatment relates unless we have agreed in writing to cover it;
- Treatment relating to periodontal disease;
- Veneers. We will only provide benefit for the cost of a replacement veneer if the original is damaged as a result of a dental injury;
- Treatment resulting from accidents to dentures or implants;

## Defined Oral Problems (L1 & L2)

We will pay:

- Up to £10,000 each policy year for the following defined oral problems under the care of a **Consultant Oral / Maxillo-Facial Surgeon or recognised specialist**, these are:
  - Treatment of oral cancer including reconstructive plastic surgery;
  - Treatment of bone cyst of the jaw (ie not tooth or gum cysts);
  - Treatment of tumour of the mouth or jaw;

- Treatment of conditions of the salivary glands;
- Surgical removal of retained buried roots under general anaesthetic (**extraction of roots which can be done in a dentist's chair are not included in this benefit**);
- Surgery to the temporomandibular joint.
- Treatment must be carried out by a Consultant Oral/Maxillo-Facial Surgeon in hospital and will not qualify for benefit when carried out by a dentist unless part of follow-up treatment agreed by us.
- If you need to claim you must contact us **within 72 hours** of the diagnosis of a defined oral problem so that we can confirm the extent of your cover.
- Before your treatment starts we require a **detailed treatment plan** including costs and x-rays from your Consultant Oral/Maxillo-Facial Surgeon to show the diagnosis of the defined oral problem and that the treatment is not needed because of chronic periodontal (gum) disease.
- Benefit will be paid in line with the WPA Dental Schedule on pages 8 & 9 or the WPA Fee Schedule for customary and reasonable fees as appropriate.

You are not covered for:

- Treatment given following diagnosis if you did not inform us within **72 hours**;
- Treatment given without our prior written approval;
- Treatment relating to periodontal (gum) disease;
- Treatment of tooth-related cysts;
- Treatment carried out in a General Dental Surgery by your General Dental Practitioner.

## Hospital Charges

**(This benefit applies to Dental Injuries & Defined Oral Problems)**

- In-patient treatment is treatment which, for dental reasons, means you have to stay in hospital overnight or longer;
- Day-patient treatment means treatment which, for dental reasons, means you have to go into hospital or a day-patient unit because you need a period of clinically supervised recovery but do not have to stay overnight.

This benefit will be payable within the maximum benefit allowed by either the Dental Injury benefit or the Defined Oral Problems benefit.

We will pay:

- The cost of your room, food, nursing, operating theatre fees, drugs and medical supplies while you are in hospital. The hospital will usually send the invoice straight to us. If you are given a copy of the invoice before you leave hospital please check that it appears to be correct before you send it to us. We will reimburse the cost of this treatment directly to the hospital.
- This benefit will be payable within the maximum benefit allowed by either the Dental Injury benefit or the Defined Oral Problem benefit.

You are not covered for:

- Treatment in convalescent, nursing or residential homes, health-hydros, nature cure clinics or similar establishments.
- Private in-patient treatment following an accident and emergency admission to an NHS hospital unless the transfer to a private bed is arranged by the specialist at the patient's own request and of his own free will;
- The patient needs to complete and sign the hospital's appropriate authorisation form. Private treatment will only be covered with effect from the date the form was signed.

## Specialist/Consultant Fees while you are in hospital

**(This benefit applies to Dental Injuries & Defined Oral Problems).**

This benefit will be payable within the maximum benefit allowed by either the Dental Injury benefit or the Defined Oral Problems benefit.

We will pay:

- The fees charged by your specialist and anaesthetist which are customary and reasonable.
- If your specialist tells you that you need an operation please ask him/her to let us know which operation he/she will be performing and what his/her fee will be. We can then confirm the benefit available before treatment starts will be met in full before you have your treatment.

You are not covered for:

- Treatment that is given by a specialist who we don't recognise; or who is related to you/the patient or is recommended by a General Dental Practitioner (GDP) who is a member of your/the patient's family;
- Specialists' fees when the patient receives treatment as an NHS patient in an NHS hospital.

## Hospital Cash Benefits

**(This benefit applies to Dental Injuries & Defined Oral Problems).**

This benefit will be payable within the maximum benefit allowed by either the Dental Injury Benefit or the Defined Oral Problem benefit.

We will pay:

- A cash benefit of £200 for each night you spend as an NHS patient in an NHS hospital, without charge, instead of being admitted to hospital as a private patient. This will be payable for up to maximum of ten (10) nights for in-patient treatment as an NHS patient or overseas in a hospital where no charge is made by the hospital or Consultant Oral/Maxillo-Facial Surgeon.

## Parent and Child

**(This benefit applies to Dental Injuries & Defined Oral Problems).**

We will pay:

- The accommodation charge made by the hospital for one parent/child to stay in hospital with your child/parent, on the specialist's recommendation and provided the patient is covered by this policy.

## What is not covered

### General Exclusions

Some conditions and types of treatment are not covered by your policy.

We cannot pay your claim if:

- Your premiums are not paid up to date at the time you have your treatment;
- Your treatment is not listed in the Benefit Table;
- You have not sent us a fully completed claim form and in the case of Dental Injuries and Defined Oral Problems not informed WPA within 72 hours of the injury or diagnosis;
- You are claiming for Dental Injury and did not have an emergency appointment within 72 hours of the injury;
- Your treatment is covered by any other policy with us or with a different insurer;
- You must tell us if you have a dental policy with another insurer.
- You cease to live in the UK;
- You have not completed the appropriate qualifying period;
- You have treatment outside the UK (except for Dental Emergencies).

### Specific Exclusions

- Chronic conditions.  
By a chronic dental condition we mean a disease, illness or injury which has at least one of the following characteristics:
  - It continues indefinitely and has no known cure;
  - It comes back or is likely to come back;
  - It is permanent;
  - It means you need to be rehabilitated or specially trained to cope with it;
  - It needs long term monitoring, consultations, check ups, examinations or tests.
- We will only decide that your condition is chronic once we have received a report from the dentist/specialist who is in charge of your treatment and taken that advice into account.
- Cosmetic/aesthetic treatment.  
This is treatment intended to improve the patient's appearance.
- Cosmetic or aesthetic treatment whether or not for psychological purposes except when needed as a direct result of an accident or injury and you are making a claim under the Dental Injury or Defined Oral Problems benefit;
- Any form of cosmetic dentistry (eg bleaching, veneers or further treatment relating to cosmetic surgery).
- Dangerous activities/circumstances.
- Care and/or treatment arising from or related to you or any family members taking part in winter sports of any kind, scuba diving and motor sports of any kind;
- Care and/or treatment arising from or related to engaging in professional sport that is a sport where any fee, donation or benefit in kind is received either directly or indirectly for playing, training or coaching;  
*If you are not sure whether an activity you plan to do falls within this rule you should check with us first.*
- Dental conditions arising out of war, invasion, riot, revolution, act of terrorism, act of piracy, nuclear, biological or chemical contamination or any similar event.
- Deliberately self-inflicted injuries or attempted suicide.
- Drug/substance dependency or abuse of alcohol, drugs or other addictive substances.
- Non Established Treatment.  
Established treatment is treatment:
  - Approved by NICE for routine use in the NHS;
  - For which there is substantial clinical evidence of benefit;
  - Accepted and practised by more than one group of specialists in that field in the UK;
  - Involving the use of drugs that are recognised and licensed in the UK for safe use and for the stage of the condition being treated;
  - Considered to be acceptable recognised clinical practice by WPA's Medical Advisors in the particular circumstances.
- Out-patient drugs/dressing.
  - This includes drugs and dressings you are given to take home from hospital unless they are needed to complete a short course of treatment (ie antibiotics).
- Pre-existing medical conditions (with the exception of General Dental Treatment).  
An illness or injury for which you have experienced symptoms before your cover started whether the condition has been diagnosed or not.

→ Road accidents where you were not wearing a seat belt or suitable child restraint (as appropriate) as required by law.

→ **Miscellaneous**

- Treatment that is given by someone who is not a registered dental surgeon or Consultant Oral/Maxillo-Facial Surgeon who we recognise;
- Treatment by any dentist or Consultant Oral/Maxillo-Facial Surgeon or given at any hospital when we have given written notice to that provider of treatment that we have withdrawn our acceptance for the payment of benefit;
- Adhesive bridges of the Maryland or Rochette type, unless we have given prior written approval;
- The repair or replacement of dentures, but we will cover new dentures needed within the Dental Injury or Defined Oral Problems benefit;
- Orthodontic treatment except the repair of orthodontic appliances as a result of a dental injury;
- Extraction of wisdom teeth other than as a dental emergency or under the General Dental Treatment benefit (in line with the WPA Dental Schedule on pages 8 & 9);
- Appliances (such as mouth guards);
- Treatment undertaken solely at your request;
- Any treatment where the patient has accepted any material inducement to have private treatment;
- Care and/or treatment arising from or related to HIV, AIDS or similar infections or illnesses and injuries or dental conditions arising from these;
- Placement of titanium implants and associated restorative treatment except as a result of a Dental Injury or Defined Oral Problem;
- Apart from treatment for Dental Injuries (see page 3) and treatment associated with Defined Oral Problems (see page 4) you are not covered for any dental treatment that requires hospitalisation.

## Dental Schedule

This Schedule shows the maximum amount we will reimburse you for treatment you are claiming for under the Dental Emergency, Dental Injury and Defined Oral Problems benefits. In addition, the Schedule will be applied where a General Dental Treatment claim exceeds £120.

**Please note that the overall benefit limit of £250 for General Dental and Dental Emergency treatment still applies.**

| Item   | Reimbursement limit     |
|--|-------------------------|
| Out of hours telephone consultation with patient   | Up to £35               |
| Out of hours attendance fee<br>a) Registered dentist<br>b) Registered dental surgery assistant | Up to £175<br>Up to £75 |
| Consultation, examination & report   | Up to £45               |
| Radiographs (a) small  | Up to £20               |
| Radiographs (b) panoramic  | Up to £45               |
| Provision of prescription antibiotics/analgesics   | Up to £25               |
| Sedative dressings – 1st tooth   | Up to £40               |
| Sedative dressings – multiple  | Up to £70               |
| Sedation   | Up to £120              |
| Incising an abscess  | Up to £30               |
| Arrest of haemorrhage  | Up to £60               |
| Root canal treatment, opening and dressing   | Up to £40 (single)      |
| Root canal treatment, opening and dressing   | Up to £65 (multiple)    |
| Scale & polish/consultation with hygienist   | Up to £40               |
| <b>Fillings</b>  |                         |
| Single surface   | Up to £40               |
| Two surface  | Up to £55               |
| Multi-surface  | Up to £70               |
| Pin retention  | Up to £25               |
| <b>Root fillings</b>   |                         |
| Incisor/canine   | Up to £110              |
| Pre-molar  | Up to £140              |
| Molar  | Up to £275              |
| Apicectomy   | Up to £150              |

| Item  | Reimbursement limit  |
|---|--|
| <b>Extractions</b>  |  |
| One tooth   | Up to £45  |
| Multiple  | Up to £60  |
| Surgical extraction   | Up to £120   |
| <b>Crown &amp; Bridge</b>   |  |
| Ceramic crown   | Up to £300   |
| Bonded crown – precious metal   | Up to £340   |
| Cast gold crown   | Up to £300   |
| Inlays  | Up to £300   |
| Bridgework – precious metal   | Up to £300   |
| Re-cement crown/bridge/inlay  | Up to £40  |
| Temporary crown   | Up to £50  |
| Temporary bridge  | Up to £100   |
| <b>Dentures</b><br>(Please note dentures & orthodontics will only be covered if related to a Defined Oral Problem or a Dental Injury) |  |
| Complete set acrylic resin  | Up to £575   |
| Full upper or lower resin   | Up to £325   |
| Partial resin   | Up to £220   |
| Partial metal   | Up to £525   |
| Repairs   | Up to £40  |
| Repairs – emergency out of hours  | Up to £70  |
| <b>Dental implants</b><br>(Please note: Implants will only be covered if related to a Defined Oral Problem or a Dental Injury)        |  |
| This is the maximum benefit payable for the placement of titanium implants and associated restorative treatment.                      | £1,800 per implant<br>Overall maximum<br>£3,600 per policy<br>year |
| <b>NHS Dental fees</b>  |  |
| Band 1 course of NHS treatment  | *  |
| Band 2 course of NHS treatment  | *  |
| Band 3 course of NHS treatment  | *  |

\* NHS charges as applicable at the point of treatment

## Policy administration

### You and your family members

You can apply to join this policy if you are between 18 and 65 years of age and you reside in the UK for at least 6 months of the year. You and your family must all live at your permanent address in the UK and must have visited a UK registered dentist for a check-up or treatment within 18 months prior to joining the policy. If you should die your partner may take over your policy and will be bound by its rules as long as the premium is paid. When your cover is cancelled we will not refund premiums.

You must not hold a dental policy with any other insurer after the qualifying period.

### Children

A child between the age of 0-3 years will join on the First Steps level of cover, they will then automatically transfer onto Level 2.

A child can remain on the policy until they marry or leave the main residence except if going to higher education.

No claims will be paid for babies for the first 90 days of their life.

### Policy documents

We will send you a Certificate of Registration when you join and when we offer you the chance to renew your cover. Your premium will include Insurance Premium Tax.

When you receive your policy documents you should check them carefully to be sure you understand them – if you have any questions please let us know. E-mail our Customer Service Team at [pcd@wpa.org.uk](mailto:pcd@wpa.org.uk) or phone them on 01823 625230.

### Paying your premiums

Your premium depends on the number of enrolled family members, the ages of those covered, their level of cover and how you pay your premiums.

You will be entitled to the benefit provided by the policy, and will be bound by its rules, as long as the premium is paid.

You may pay the full annual premium by cheque, direct debit, with a Maestro card or an acceptable credit card. Please note payments made by credit card will attract a surcharge of 1.5%. You can also pay by 12 separate monthly payments by credit card or direct debit. Direct debit and credit card payments are accepted on a continuous authority. We will advise in writing when collections will take place. You must let us know straightaway if your card has expired or been replaced.

Please note that if you pay by Maestro card this is a one-off payment option and your policy will automatically revert to a cheque payment method the following year.

It is your responsibility to make sure the premium reaches us when it is due even if you pay through someone else. If you arrange for someone else to pay the premium on your behalf we will only send information about premiums and other correspondence about the administration of the policy to you (the policyholder). You are then responsible for passing this to the person who pays the premium. You retain ultimate responsibility for all matters concerning the payment of the premium.

Cancellation of the policy cannot be backdated.

If cover is cancelled or lapses mid-term we will not refund the premium which relates to the rest of the year, unless you cancel within 14 days (28 days if purchased online) of joining.

### Making changes

You can make changes to your policy. Please visit [wpa.org.uk](http://wpa.org.uk) which will enable you to access your policy membership 24 hours a day, 365 days a year. Take a look at all the things it can do for you, such as printing off claim forms and keeping track of your claim every step of the way.

You can only change your level of cover at the annual renewal date of your policy. If you increase your level of cover we will pay benefit at the original level of cover until 90 days after the date of the change.

### Renewing the policy

Your policy runs for a period of 12 months from the start date shown on your Certificate

of Registration. At the end of this period you can renew your policy for a further 12 months at a time, subject to the benefits and premiums applicable but on the same medical underwriting terms.

WPA will automatically offer you the opportunity to renew your policy at least 21 days before your policy expires, unless you advise us otherwise.

Please note, the provisions set out in "Ending the Policy" will apply.

### Ending the policy

We may at any time end or change the terms of your policy or stop providing benefit if you fail to act honestly in relation to your policy and WPA, recklessly or negligently mislead us or give incorrect information and/or fail to pay premiums. In any of these circumstances you must return any benefit we have paid as a result of misleading information and we will not refund any part of your premiums.

We reserve the right to discontinue all or part of the policy. Any insurance policy may cease to comply with current legislation. In these events we will refund the premium on a pro rata basis.

Your policy will automatically become void if you leave the UK to live elsewhere for over 6 months or if a resolution or an order has been passed for the winding up of WPA.

## Important information

### WPA and our services to you

#### Regulation

WPA is a company registered in England number 475557. Our registered office is at Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE. We are authorised and regulated by the FSA. We are authorised to arrange and underwrite general insurance contracts. Our FSA registration number is 202608. Our authorisation can be checked at [fsa.gov.uk/register](http://fsa.gov.uk/register) WPA promotes its policies through distribution channels which include WPA Appointed Representatives.

#### Ownership

WPA is a company limited by guarantee with no shareholders.

### The policies we offer

We offer only our own medical insurance, dental insurance and cash policies. Our policies can be renewed annually.

### The service we will provide

We look to provide all the information you need to choose a policy appropriate for your needs. If you require advice or a recommendation please contact your Independent Financial Advisor or contact WPA on 0800 783 3 783. We can advise you on our range of medical insurance and cash policies, but not those of other providers. All our staff and Appointed Representatives receive full training in their role. In the course of their discussions with you, our staff/Appointed Representatives will discuss whether they can offer appropriate policies and services to meet your needs. You will be sent a letter/ Customer Needs Questionnaire confirming any recommendations we make.

### No fees

You will not be charged any fees by WPA for arranging cover.

### Compensation

WPA customers are also covered by the Financial Services Compensation Scheme (FSCS) which can entitle customers to compensation should an insurer not be able to meet its obligations. Further information about compensation scheme arrangements is available at [www.fscs.org.uk](http://www.fscs.org.uk)

### Treating customers fairly

#### We will:

- Make sure you receive all the documents you need;
- Make sure all the information we give you is clear, fair and not misleading;
- Protect any personal information or money we hold for you;
- Handle claims fairly and promptly;
- Act fairly and reasonably when we deal with you;
- Handle complaints fairly and promptly.

### Our standards of service are that we will:

- Process properly presented claims within 7 working days.
- In addition:**
- We promise that we will never cancel your policy or raise your premiums on the grounds that you have made too many claims;
  - You may make as many eligible claims up to any annual benefit limit.

### wpa.org.uk

You can make changes to your policy and check the progress of your claim at your convenience, at a time that suits you. To make changes/view your details you need to register online. To do this you will need your customer number. When registering you will be asked for a password of your choice. A 'user name' will be sent to you through the post to ensure your information is kept secure. After receiving this user name you are then ready to do any of the following:

- Change address;
- Add/remove family members;
- View claims;
- Print claim forms;
- View policy documentation;
- And much more.

### Cancellation rights

If you are not satisfied with your policy and the benefit it provides you have the right to cancel provided you notify us within 14 days (28 days if purchased online) of receiving your policy documents. If you do not exercise this right within the 14 day (28 day if purchased online) period then you are committed to the cover and premium for the rest of the cover period.

### Our complaints procedure

If you have a complaint at any time, you should write to The Director of Best Practice, WPA, Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE. Alternatively, you can e-mail [compliancemonitoring@wpa.org.uk](mailto:compliancemonitoring@wpa.org.uk) If you are still not totally satisfied, we encourage you to appeal to The Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR (telephone 0845 080 1800).

The laws of England will apply if there is any dispute.

### What must I do?

#### Fraud

You must tell us if you have any unspent conviction evidencing fraud, theft or dishonesty when you complete your WPA policy application form. You have a continuing duty to tell us of any such unspent conviction that you may acquire while your policy is in force.

We reserve the right to ask you for proof of identity when you apply for a WPA policy and at any time thereafter when appropriate. It is important that you also read 'What information do we hold and why?' please see below.

#### Personal injury claims

WPA has a right in law to recover any dental expenses within the rules of your policy if you make a claim for treatment for an accident or illness that was the fault of someone else (a third party). You will not be entitled to claim for dental expenses which you have incurred as a result of an illness or injury that was someone else's fault unless you comply with the requirements of the Claims Co-operation Procedure (as explained below). This includes agreeing to and complying with the terms of the Third Party Claims Agreement.

If you do not comply with the requirements of the Claims Co-operation Procedure or with the terms of the Third Party Claims Agreement, you will not be entitled to recovery under the policy of any dental expenses paid for treatment for an accident or illness that was the fault of a third party.

#### Claims Co-operation Procedure

If you need to make a claim for dental expenses for an illness or injury caused by some other person or organisation, you must let us know in writing straightaway. We will send you a leaflet about making a personal injury claim. So that you can claim such dental expenses, we will also ask you to sign a formal Third Party Claims Agreement. By doing this you agree that you will:



- Pursue your personal injury claim at your own expense and hold WPA harmless from any adverse costs orders;
- Include all your dental expenses which you have or will claim from WPA under your policy in your personal injury claim;
- Tell your solicitor immediately that you are insured by WPA for your eligible dental expenses;
- Ensure that the claim is pursued diligently by your solicitor;
- Tell your solicitor to provide every assistance to WPA and, in particular, ensure that WPA is given access to your solicitor. Also, ensure that WPA has access to the case file held by your solicitor and, upon request by WPA, provided by your solicitor with copies of any pleadings, statements of case, written discovery, expert reports, witness statements, court documents or other legal documents concerning your personal injury claim. WPA will pay the reasonable copying charges for those documents it requests;
- Instruct your solicitor to give their undertaking in a form we will provide to repay your dental expenses direct to WPA from any settlement of your claim (with interest if this is applicable);
- Assign to WPA, in consideration of WPA reimbursing you the dental expenses within the rules of the policy, the proceeds of any recovery by you against the third party up to and including the sums paid and to be paid to you by WPA in respect of your dental expenses;
- Ensure that you and your solicitor do not prejudice WPA's rights of recovery and ensure that you provide every help and assistance to WPA in protecting and enforcing its right to recovery of the dental expenses paid and/or to be paid under your policy;
- Instruct your solicitor not to agree any final settlement of your claim or waive our right to recover from the third party any dental expenses paid out by us without consulting us first.
- We will then be able to pay benefit for your dental costs within the terms of your policy until your claim is settled.

The Third Party Claims Agreement also confirms that you understand that it is your personal duty to claim and repay such dental expenses from any settlement of your personal injury claim. If such claim or repayment is not made we have the right to recover the dental costs we have paid from you. Also, the Third Party Claims Agreement confirms that you agree and acknowledge that, unless WPA has previously agreed to the contrary, any sums paid to you by the third party

in settlement of your personal injury claim will be held by you and/or your solicitor for WPA's benefit and account, up to and including the amounts paid out to you by WPA under your policy.

### What information do we hold & why?

Except where stated below we never disclose personal information about customers to third parties. We take our responsibility regarding the confidentiality of our customers' personal information very seriously. Any information you give to us (your name, address, bank details and medical history) will be processed accurately and held securely in accordance with the Data Protection Act 1998.

#### How we may use your personal data or disclose it to third parties

- To process your claims and administer your policy;
- To liaise with your treatment provider regarding treatment details and costs;
- To process claims which are also covered by another insurer or other party;
- To help us to develop services that we think may be of interest to you or which may enhance our levels of customer service;
- For statistical analysis to help us to assess how the policy you belong to is used;
- To detect and prevent fraud or improper claims. We may check your details with a fraud prevention agency/agencies and if you give us false or inaccurate information and we suspect fraud, we will record and investigate this. Please note that WPA works with other organisations to pool information about applications or claims which are believed to be fraudulent. Where potential fraud is notified to us, or identified by us, we will investigate this. For more information about our fraud prevention policy contact [riskreviewgroup@wpa.org.uk](mailto:riskreviewgroup@wpa.org.uk)

#### In the course of administering your policy we may disclose:

- Administration and claims data to the staff of WPA and its subsidiaries, FSA registered appointed representatives and medical advisors;
- Data to countries outside the EEA which may not have data protection legislation in place. However, a contract will be in place to ensure that your information is protected and we will remain bound by our obligations under the Data Protection Act.

### Giving you information

- We may advise you by letter, telephone, electronic mail or otherwise of services or products which we believe you may be interested in. If you do not wish to receive such information please tell us at any time;
- You have a right to know what information we hold about you. We may request a small administration fee for supplying a copy of any personal information and for amending any inaccuracies.

### Incoming and Outgoing Communication

- We may monitor any communication we have with you, including telephone conversations, to ensure an accurate record is maintained, to make sure we follow your instructions correctly and to improve our service;
- You should notify us of any changes to your personal information such as a change to your name or address to ensure your personal information is correct and up to date.

### Contracts (Rights of Third Parties) Act 1999

This contract can only be enforced by WPA and/or the policyholder. No rights of enforcement or any other rights are given to any third parties, including family members.

### Access to Medical Reports Act 1988

Please note it may be necessary to request a medical report from your GP and if one is needed we will write to you telling you why.

If you refuse to provide such access, we reserve the right to refuse your claim and will recoup any previous monies that we paid in respect of that medical condition.

### Definitions

Some words and phrases used in WPA policies have a particular meaning and this is explained below. These definitions may not all apply to your particular policy, depending on the cover it offers.

#### Acute condition

A disease, illness or injury that is likely to respond quickly to treatment which aims to return you to the state of health you were in immediately before suffering from it, or which leads to your full recovery;

### Eligible claim

A claim for treatment which is not subject to any general or personal exclusion and which is covered under the policy rules;

### Agreement

The policy consists of your completed, signed and dated application, these rules, your certificate of registration and any other document setting out information affecting the rights and obligations of each of us concerning your policy membership. Your family member(s) will also be treated as party to the policy and so are bound by its terms;

### Annual renewal date

Normally the anniversary of the date you joined the policy except that for some group policies it will be the anniversary of the day when the group policy was first registered;

### Application/application form

The form which is signed by the applicant for him/herself and for any family members for whom cover is requested;

### Association

Western Provident Association Limited of Rivergate House, Blackbrook Park, Taunton, Somerset TA1 2PE generally known as WPA and sometimes referred to as us, our or we;

### Benefit Table

The list of benefits for your chosen level of cover which states the type of expense and the amount you can recover from us under your policy;

### Certificate of Registration

The Certificate of Registration issued by us or the certificate which confirms:

- The level of cover;
- The people covered by the policy;
- Their dates of birth;
- The policy start date;
- The main address;
- How you have chosen to pay, the amount and when the premiums are due;

### Chronic Medical Condition

A chronic medical condition is a disease, illness or injury which has at least one of the following characteristics:

- It continues indefinitely and has no known cure;
- It comes back or is likely to come back;
- It is permanent;

- It needs long term medical care (by this we mean regular monitoring, consultations, check ups, examinations or tests);
- It means you need to be rehabilitated or specially trained to cope with it;

#### **Consultant Oral/Maxillo Facial Surgeon**

A medical practitioner whose name appears on the GMC Specialist Register, who is or has been a permanent or honorary NHS Consultant, is providing your treatment in the same specialty as the post they hold or who has been formally recognised by us as a specialist within the previous five (5) years (or overseas is locally recognised);

#### **Cover**

The benefit under your policy;

#### **Customary and reasonable**

In accordance with the Supply of Goods and Services Act (1982) we reserve the right to pay the agreed percentage contribution towards charges which are in line with charges made by other providers of treatment of the same services;

#### **Date of registration**

The date your policy membership first begins;

#### **Dental conditions**

Conditions which primarily involve a tooth or teeth and their roots and their surrounding tissue attachment;

#### **Dentist**

A dentist who is registered with the General Dental Council;

#### **EEA**

European Economic Area;

#### **Eligible treatment**

Treatment for which your policy provides a benefit given by a provider of treatment we recognise for a condition which is not excluded by the rules of your policy or by and personal medical exclusions;

#### **Extra oral impact**

An external blow to the face, teeth or jaws;

#### **Family member**

Any of the following you wish to include in your policy:

- Your partner;
- Adult relatives who live with and are supported by you and are under the age of sixty-five (65) when they join the scheme;

#### **In-patient and Day-patient treatment**

- In-patient treatment is treatment which, for medical reasons, means you have to stay in hospital overnight or longer;
- Day-patient treatment is treatment which, for medical reasons, means you have to go into a hospital or day-patient unit because you need a period of clinically supervised recovery but do not have to stay overnight;

#### **Level of cover**

The benefits you choose each policy year toward eligible treatment costs;

#### **Policy**

The WPA Providential policy;

#### **Policy/agreement**

The policy consists of your completed, signed and dated application, this Guide, Certificate of Registration and any other document setting out information affecting the rights and obligations of each of us concerning policy membership. Your family member(s) will also be treated as party to the policy and so are bound by its terms;

#### **Policy Member**

The person who is principally insured under the policy who is responsible for paying the premiums;

#### **Pre-existing condition**

Any disease, illness or injury for which: you have received medication, advice or treatment

or

you have experienced symptoms whether the condition has been diagnosed or not before or on the date cover started;

#### **Premiums**

The amount you must pay us annually or monthly as a premium for the insurance;

#### **Professional sport**

A sport where a fee, benefit in kind or donation is received either directly or indirectly for playing, training or coaching;

#### **Qualifying period**

The period which must expire from the join date before any treatment you need can be covered;

#### **Rehabilitation**

Rehabilitation is treatment helping towards improving physical and/or mental capacities, following illness or injury. This treatment is often given at a special centre or unit, by specialists or other health professionals (such as physiotherapists, speech therapists or occupational therapists);

#### **Treatment**

Surgical or medical services (including diagnostic tests) needed to relieve or cure a disease, illness or injury;

#### **UK**

England, Wales, Scotland, Northern Ireland;

#### **Us/we/our**

This association, the Western Provident Association Limited, also referred to as WPA;

#### **Year**

The period of 365 days (or 366 days in any leap year) from the date shown on the certificate of registration or the annual renewal date;

#### **You/your**

You and any registered family member(s) named on the certificate of registration;

#### **WPA dental schedule**

The schedule which we have issued and will form time to time issues or amend, which lists the amount of benefit we will pay.

WPA is authorised and regulated by the Financial Services Authority (FSA). The FSA website may be checked at [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) for WPA number 202608.



WPA is one of very few insurance companies world-wide to have been certified to the ISO 9001:2000 Quality Standard. In addition Western Provident was awarded the British Standard Institute's 'Gold Standard' of Company Wide Registration in May 1997 – the 24th company in the world to achieve this accolade. So the standards of service that you can expect are truly world class.



WPA is a member of the Financial Ombudsman Service, so you can be assured that any complaints are addressed seriously and objectively. Details of WPA's commitment to resolving customer complaints are included in your policy literature.

WPA customers are covered by the Financial Services Compensation Scheme (FSCS) which can entitle customers to compensation should an insurer become insolvent. Further information can be found at [www.fscs.org.uk](http://www.fscs.org.uk)



**Western Provident Association Limited**

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WPA is a registered service mark of Western Provident Association Limited.  
The member state of the insurer is the United Kingdom.

To help protect your interests, and those of the Association, telephone conversations may be recorded for the purpose of ensuring an accurate record of discussions.

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