

# Continuation policy application form



unum DENTAL

Thanks for your interest in keeping your dental cover with us. It's important that you read and understand the terms and conditions of this policy before applying – these terms can be found in the documents on our website: [www.unum.co.uk/dental/continuation](http://www.unum.co.uk/dental/continuation). Please note Unum Dental do not give advice about the suitability of the cover to meet your specific needs.

If you have any questions about this policy or your application, please call us on 020 7265 7111 or email [staywithdental@unum.co.uk](mailto:staywithdental@unum.co.uk)

## Applying for cover

- Please print and complete both pages of this form
- Once completed you can submit your application via email. Please scan or take a clear photo of both pages of the form and send it to [staywithdental@unum.co.uk](mailto:staywithdental@unum.co.uk)
- Alternatively you can post your completed application to Unum Dental, Milton Court, Dorking, Surrey, RH4 3LZ

## A Select your cover

Please indicate your selection by ticking your chosen premium from the table below. Please refer to the [Policy wording](#) on our website for the definition of partner and children.

Monthly premiums*	Radiant 1	Radiant 2	Radiant 3	Radiant 4	Radiant 5
Self only	<input type="checkbox"/> £13.46	<input type="checkbox"/> £20.60	<input type="checkbox"/> £27.72	<input type="checkbox"/> £43.71	<input type="checkbox"/> £63.71
Self & partner or children	<input type="checkbox"/> £26.92	<input type="checkbox"/> £41.20	<input type="checkbox"/> £55.44	<input type="checkbox"/> £87.42	<input type="checkbox"/> £127.42
Self, partner & children	<input type="checkbox"/> £40.38	<input type="checkbox"/> £61.80	<input type="checkbox"/> £83.16	<input type="checkbox"/> £131.13	<input type="checkbox"/> £191.13

\*Including Insurance Premium Tax (IPT) at the prevailing rate.

## B Applicant details

Surname	Forename
Current Policy no.	DOB
Email my documents to*	

\*Paper copies available upon request

## C Add your partner and/or children's details (only if selected in the cover table above)

Spouse surname			
Spouse forename		DOB	
Child 1	DOB	Child 2	DOB
Child 3	DOB	Child 4	DOB

Please contact us if you wish to add more than 4 children to your policy.

By signing this application form and Direct Debit mandate you agree to enter into a dental insurance policy with Unum Limited (trading as Unum Dental). The terms of the dental insurance policy can be found by clicking [here](#). Your premiums will be collected on or around the 1st of each month.

## Marketing preferences

We may use contact details provided as part of this application to inform you of other products, services and special offers that may be of interest to you. Full details of how we use data can be found on our website. I agree to be sent emails for this purpose:

Yes  No

Signed by the Applicant:

Date:

# Instruction to your Bank or Building Society to pay by Direct Debit

## Application form to continue cover with Unum Dental



### Name and full postal address of your Bank or Building Society

To: The Manager	
	Bank/Building Society
Address	
	Postcode

Name of Account Holder(s)

Bank or Building Society Account Number

Branch Sort Code  —  —

Reference Number

Service User Number  5  0  9  8  2  8

### Instruction to your Bank or Building Society

Please pay Unum Dental Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Unum Dental and, if so, details will be passed electronically to my bank/building society.

Signature(s)  Date

**Banks and Building Societies may not accept Direct Debit Instructions for some types of account**

**This guarantee should be detached and retained by the Payer.**

#### The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Unum Dental will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Unum Dental to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by Unum Dental or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society
- If you receive a refund you are not entitled to, you must pay it back when Unum Dental asks you to.
- You can cancel a Direct Debit at any time by simply contacting your Bank or Building Society. Written confirmation may be required. Please also notify us.