

keyfacts®

**Dentists'
Provident**

Protecting your lifestyle. Securing your future.

Key Features

Dentists' income protection plan



Key Features of our dentists' income protection plan

The Financial Conduct Authority is an independent financial services regulator. It requires us, Dentists' Provident, to give you this important information to help you decide whether our income protection plan is right for you.

This key features document gives you a guide to the main points of our plan. You should read this booklet carefully alongside your personalised illustration, so you understand what you are buying, and then keep it safe for future reference.

If you have any questions, please contact your independent financial advisor or our member services team on 020 7400 5710 or e-mail memberservices@dentistsprovident.co.uk

About Dentists' Provident

We have supported dentists with income protection insurance in the UK and Ireland for over a hundred years, and are the market leading provider with 13,000 members. As we are a specialist, our members benefit from our in-depth experience of tailoring solutions for every stage of their personal and professional lives. Our members also benefit from our innovative and ethical approach to claims, and personal customer service. We are a mutual organisation so, with no shareholders, we exist solely for the benefit of our members, giving them the opportunity to share in our financial surpluses with a bonus account available when they retire.

Our plan's aims

- To provide you with a regular benefit, if you suffer a loss of income because you can't work due to an illness or injury. This benefit can replace some of your lost income
- To build up funds in your bonus account, that you can benefit from when you retire
- To allow you to customise your cover, by choosing the benefit options that suit your personal circumstances

Your commitment

- To agree to abide by our current and future rules as a member
- To give us all the medical and other information we ask for when you apply for, or increase, your cover and if you claim benefits
- To make your premium payments as they become due
- To tell us if you have a change of name or address
- To tell us, before you join, or increase your cover, of any actual or planned participation in any hazardous sports or pastimes which you intend to pursue on a regular basis
- To tell us before the start of any new or additional plan benefits of any changes to the medical and financial information you have given us
- To tell us of any claim within the time limits we set
- To select an appropriate level of cover and review it regularly, to make sure you have enough for your needs, but not more than the amount we will pay

Risks

- You will not be covered if you stop paying your premiums. Your premiums remain payable even when you are receiving benefits under a claim
- Your cover may be less than you need, if you don't review it regularly and keep it in line with your income. On the other hand, if your income doesn't support your chosen cover, then your benefit payment could be reduced if you make a claim. We won't give you back any of the premiums you have paid if this happens
- The benefits we pay you may affect your claim to benefits under other income protection policies
- The benefits we pay you may affect your entitlement to some means tested State benefits. Your entitlement to Employment and Support Allowance will not be affected
- State benefit rules may change
- The rules regarding the tax treatment of premiums and benefits may change in the future
- Our premium rates are not guaranteed and we may change them for all members in the future, because of factors such as our claims costs and expenses
- Certain causes of a claim are not covered (Please see 'When will this plan not pay me benefits?' section, page 10)
- Inflation will reduce the spending power of the money in your bonus account
- We don't guarantee what you will get back in the future, as the build-up of the funds in your bonus account is dependent on our overall claims experience and market conditions generally. Your funds could be smaller than shown in your initial personalised illustration
- If you cancel your membership, you may have financial penalties to pay on your bonus account
- If there are adverse market conditions, the bonus rates could be reduced, or a bonus account reduction applied, which could reduce the amount of money we pay out (Please refer to the 'Bonus account reduction' section, page 12)

Questions and answers

What is the dentists' income protection plan?

The plan

This plan is designed to give you a regular benefit if you suffer an illness or injury which incapacitates you and stops you from working, leading to a loss of income.

Our plan is customisable, so it allows you to select the features that meet your needs. You decide*:

- The amount of cover you want
- How soon after the start of your incapacity you wish to receive benefits
- The number of shares you would like to have (subject to the limits on page 10)

**Subject to our terms and conditions*

Currency

We offer this plan in Pounds Sterling if you live in the UK, the Bailiwicks of Jersey or Guernsey, or the Isle of Man and in Euros if you live in the Republic of Ireland.

What else does membership offer?

Your bonus account

We pool our members' premiums and use the money to pay the income protection insurance claims and management expenses. Members share any remaining financial surplus and income from our investments. The annual allocation of bonuses accumulates to provide you with a bonus account, available to you when you retire.

Our membership

You can be a member of Dentists' Provident for life, with all the associated benefits that brings. Our standard dentists' income protection plan will mature when you reach your 60th birthday, although you can apply to extend this to a maximum age of 75. You may also choose to take early retirement, from as young as 50, and cancel your plan.

When your plan matures, or is cancelled, after the age of 50, you can take out the fund from your bonus account or move onto our retired dentists' plan. With our retired dentists' plan, you can continue to accumulate your fund and make withdrawals from your bonus account whenever you like, without any penalties.

Am I eligible for this plan?

You are eligible for this plan only if you are:

- Between 18 and 50 years old when the plan starts
- Living and working as a dentist in the United Kingdom, Republic of Ireland, the Bailiwicks of Jersey or Guernsey, or the Isle of Man

How do I select this plan's features, so it meets my needs?

This section explains the choices you need to make when setting up your plan:

Amount of insurance benefit that can be paid

You choose the amount of cover you need. Under present UK tax law, tax and National Insurance are deducted from your normal income, but not from the benefits we pay you. This means your insurance cover should not be more than 60% of your taxable earnings from your occupation, which we refer to your 'pre incapacity income' (see below). This is the maximum percentage of your income that we will pay out.

The maximum initial benefit you can have with this plan can't be more than £93,600/€124,800 a year (£1,800/€2,400 per week), based on a six day working week, regardless of what you actually earn. However, increases in your cover, due to the escalation and increasable sickness benefit options, will be on top of this amount. (Please also refer to the 'Other income which is likely to reduce your benefit' section, page 9).

Income on which to base your cover

When choosing your cover, please remember that, if you claim, we will pay benefits based on your pre incapacity income, which comprises of the following:

If you are employed, your pre incapacity income is:

The income from your employment and includes your salary, overtime payments, bonuses and benefits in kind, before tax, which you have earned in the 12 months before the start of your incapacity.

If you are self-employed your pre incapacity income is:

Your share of the taxable profits from your business after the deduction of trading expenses and regular capital allowances, in the tax year before the start of your incapacity.

If you were incapacitated for six weeks or more in the tax year immediately before the start of your incapacity, we will use the average of your income from self-employment over the last three tax years, if this results in a higher amount.

If you have been self-employed for less than 12 months, we will estimate your annualised income from self-employment by averaging the earnings between the start of your self-employment and your incapacity.

Dividends

If you are a director of a private limited company, and you also worked for that company, we will include the distributable profits attributable to your shareholding in the 12 months before the start of your incapacity.

If the 12 months before the start of your incapacity do not coincide with the basis periods used in computing the personal or corporate taxable profits, then we will calculate the relevant amounts by taking an average over two or more periods selected by us, to reflect a fair assessment of your income for the relevant 12 month period.

Increasing your cover

If you have chosen the increasable sickness benefit option, you can increase your cover without providing further medical evidence. This option will expire on the maturity date of your plan. (Please refer to the 'Customising my cover' section, page 5).

If you do not have this option, you can still increase your cover in line with your income by applying to us at any time before your 50th birthday. However, these increases will be subject to a full assessment of your personal, medical and financial information.

You can reduce your cover at any time.

You can't apply for additional cover under this plan once you reach 50 years old.

Your premiums will increase in line with any increase in cover, based on the rates at the time.

Other details we may need

Your application will include questions about your medical history, income, occupation and other personal circumstances (some of which may be collected through a health and lifestyle interview). We may request additional medical evidence to support your application at our expense.

When my benefit payments would start

There is a period, starting when you are first unable to work, where no benefits are paid to you. This is called the 'deferred period'. You can choose no deferred period, when your benefits will become payable immediately, or for any deferred period between one week and 52 weeks, or 104 weeks.

If you choose no deferred period, then your benefits are paid to you from the first full day of your incapacity.

If your incapacity is not continuous, we will combine individual periods of incapacity lasting at least one week, from the same cause, over a period equal to twice the length of your deferred period, in calculating the completed weeks of your deferred period.

You can also choose multiple deferred periods. The longer your deferred period, the lower your premiums are likely to be.

Your choices should allow for any income you expect to receive when you are incapacitated, such as sick pay, or for a period during which you would be prepared to live off your savings.

Changing your deferred period

Subject to certain conditions you can reduce your chosen deferred period without providing any medical evidence, if there is a change in your employment status. If you have a deferred period of five weeks or more you can reduce it to four weeks. Your premiums will increase to reflect the lower deferred period.

You can also increase the deferred period of your cover without providing medical evidence at any time, by making your request in writing to us.

How long we will pay benefits

Our standard retirement age, when you are no longer entitled to receive benefits, is 60 years old. We may impose a lower retirement age as part of your plan, based on your personal circumstances, when you become a member. Depending on your health and previous claims history, we may offer you the option to extend the maturity date of part or all of your plan, up to a maximum age of 75 years old.

Customising my cover

We offer a range of optional benefits, to enable you to customise the cover to suit your personal circumstances. The cost of your cover will depend on the options you choose.

The options you can choose when you apply for cover are:

Reducing benefit payments - If you choose this option, your benefits will be paid at the full weekly rate for the first 26 weeks, reduce to 50% of the full weekly rate for the following 26 weeks, then to 30% of the full weekly rate for the rest of your claim. You can only choose reducing benefits if you don't have a deferred period.

Level benefit payments - If you choose this option, your benefit payments will remain at a constant level for the whole of your claim.

Indexation option - If you choose this option, if you make a claim, your benefit payments will be reviewed annually, in line with the Consumer Price Index. This will start on 1 January following the first anniversary of the start of your benefit payments, and will continue for the whole of your claim. The maximum increase in benefit payments under this option can't exceed 5% in any one year, or 150% of your initial cover over the life of your plan.

Escalation option - If you choose this option, your cover will be reviewed annually, in line with the Consumer Price Index. This will start on 1 January following the first anniversary of the start of your cover, and will continue for the whole time of your membership. Conditions apply if you are incapacitated when this option arises. The maximum increase in cover under this option can't exceed 5% in any one year, or 150% of your initial cover over the life of your plan. You have the option to decline this increase in any year.

Increasable sickness benefit option - You can choose to increase your cover by a cumulative total of 30% of your initial cover, without providing any further medical information, after the sixth anniversary of the start of your cover.

Severe disability benefit option - This option provides you with a regular top-up payment equal to 20% of the weekly benefit payable at the start of your claim, after you have received benefit payments for a continuous period of two years. To qualify for this, you must be unable to perform specified activities, due to your incapacity, without the assistance of another person.

Benefit enhancement on death - If you choose this option and you die within 12 months of your benefits becoming payable, due to the same illness, injury or disease that you were claiming for, we will pay your estate a one-off lump sum equal to 26 times your weekly benefit payable at the start of your claim.

Level premiums - This option means that your premiums won't increase based on your age. However, they are still reviewable, so we may change them in future because of factors such as claims costs.

Foundation dentists

As a foundation dentist your income is likely to be under pressure with the need to pay off student debts, as well as cover your living expenses. We understand the importance of cost effective financial support at this time and we have created an income protection package just for you.

Foundation dentists' package

This income protection package is designed specifically for foundation dentists in either their first or second year, to offer you financial support if you can't work because of an illness or injury. You would benefit from a substantial discount on our standard premium for up to 24 months, or until you finish your foundation year(s), whichever is sooner.

The package is tailored to complement the current sickness cover you receive from the NHS as a foundation dentist. You start receiving benefits after eight weeks of being off work (please see the table below) as many foundation dentists are covered by the NHS for the first eight weeks. However, if your Deanery doesn't offer a sick pay arrangement between four and eight weeks, when you claim we will reduce your deferred period to a minimum of four weeks, to fit in with your foundation dentist contract.

You can claim as many times as you need to, and the number of claims you make won't affect the premiums you pay.

Foundation dentists' package

Weekly benefits received	
8-12 weeks	£200/€265 (see above)
12 weeks onwards	£400/€530
Deferred period	
	8 weeks
Number of shares	
	1
Benefit type	
	Level benefits The benefit payments remain at a constant level in the event of a long term claim

At the end of this discounted period, your standard plan will automatically convert to an immediate benefit plan, providing level benefits of £400/€530 per week. However, at this stage, or within six months of the end of your discounted period, you will be able to customise your cover, to better suit your individual circumstances, by adding options such as escalation (linking cover with inflation) or indexed benefit payments, without any further underwriting.

How flexible is our dentists' income protection plan?

This section details how you can customise your plan, once it has started:

Regular review of your cover

Our plans are flexible and can be tailored to your personal circumstances, whether you are employed or self-employed and whatever stage you are at in your life and career. Therefore, it is important to review your cover whenever your personal or financial circumstances change, to ensure your income protection is appropriate to your current financial situation.

Please bear in mind that increases in your cover will need a new assessment of your health and lifestyle, so you will need to go through the application process again. Also, if you increase your cover, your premium payments will increase as well. You can decrease your cover at any time and your premiums will also reduce.

Suspending your plan

You can suspend your plan if you wish to take a career break. This could be for maternity leave, travelling abroad (you can receive benefit payments abroad, see page 9), or undertaking full time postgraduate study, for example. You must let us know, in writing, before you wish the suspension of your plan to start. You are not able to suspend your plan within the first twelve months of its start or if the plan is subject to a discount or special promotional scheme.

- You have the option to suspend your plan a maximum of three times during your membership
- The combined total period of your suspension can't be more than 36 months
- You won't have to pay any premiums, but you will not be entitled to receive any benefits or bonuses during your suspension
- Your cover will not increase under the escalation option

You can only reinstate your plan if you are not incapacitated and are working in your occupation by giving us 15 days' written notice.

We may ask you to provide us with up to date health and financial information, before we consider your application to restart your plan. We reserve the right to refuse this application or alter the terms from the ones you currently have.



When will the plan pay me benefits?

When to claim

Subject to the rules of Dentists' Provident, you can claim when you aren't able to work because you are incapacitated and, as a result, you suffer a loss of income. Certain illnesses and injuries are not covered and you can find out more in our memorandum and rules. (Please also see the 'When will this plan not pay me benefits?' section, page 10).

Deadline for claiming

If you wish to make a claim, you must contact us at our offices within the following time limits:

- Within two weeks of the start of your incapacity if your deferred periods is four weeks or less
- Within four weeks of the start of your incapacity for all other deferred periods

We will then send you a claim form. You should complete and return the claim form within four weeks of the end of your deferred period.

If your plan has multiple deferred periods, the time limits will be determined by the shortest deferred period that applies to your plan.

The extent of your incapacity

Our standard definition of incapacity, for members who are performing their occupation immediately before the start of the incapacity for which they wish to make a claim, means we are satisfied that they are:

- Unable to perform the material and substantial duties of their occupation because of the injury, illness or disease
- Not following any other occupation. The only exception is where they are receiving rehabilitation or proportionate benefits
- Suffering a material loss of income from their occupation, because of the injury, illness or disease

If, during the assessment of your application, we decide to apply a different definition of incapacity, we will write to you with the details of that definition.

If you have been offered the option to extend your cover beyond the maturity date, which will be subject to additional terms and conditions, then we may ask you to undergo examinations and tests by a medical practitioner, or a suitably qualified representative, appointed by us. If we make this request, we will cover the costs. We will not extend the maturity date of your cover without your prior agreement to the additional terms and conditions.

Conditions for claiming

When we assess your claim, we will look at the material duties of your occupation and your ability to do them and whether there are any adjustments that could be made to help you do them. The availability of work is not a factor we consider in deciding whether you are able to perform your occupation.

We will pay you benefits if, before your maturity date, you meet our definition of incapacity. Your claim will be assessed under the following points and you must:

- Be receiving regular and generally accepted medical treatment from a suitable specialist medical practitioner, approved by us and whose specialism we reasonably consider appropriate to the incapacity that you are claiming for
- Comply with the treatment recommendations of your medical practitioner
- Comply with the terms and conditions of your plan and give us any other information that we may request, within the time limits we specify
- Undergo any medical examinations and tests by a medical practitioner appointed by us, at a time and location of our choosing
- Be available to meet with our appointed representative at your home for an interview about your claim, if required

If you fail to comply with our requirements, we may delay, or reject your claim and, where the claim has been in payment, we may refuse to pay any further benefit under the claim. You can't make a further claim under this plan if we are paying you benefits under a previous claim.

We may also require evidence of your loss of earnings and because of that may need:

- Your payslips for the last three months and your last P60 certificate, if you are employed
- Documentary evidence of your earnings in the tax year immediately before the start of your illness or injury, as is normally assessed for income tax purposes and declared to and agreed by HM Revenue & Customs, together with underlying profit and loss accounts, if you are self-employed

Payment of benefits abroad

If, after the start of your plan, you are travelling to or living outside the United Kingdom, Bailiwicks of Jersey or Guernsey, the Isle of Man or the Republic of Ireland but within:

- Another country in the European Union
- Australia
- Canada
- New Zealand
- Norway
- Singapore
- Switzerland

We will pay you benefits, but will limit the payments to a maximum combined period of five years throughout the period of your incapacity. If you are travelling to or living in any other part of the world, we will limit your benefit payments to a maximum combined period of three months throughout the period of incapacity. You will be responsible for any tax liabilities and charges arising from payment of your benefits while you are outside the United Kingdom.

If you return to living in the United Kingdom, Bailiwicks of Jersey or Guernsey, the Isle of Man or Republic of Ireland we will assess your entitlement to benefits from the date of your return. We will not pay for any benefits that you were not entitled to while you were outside this area.

What if I return to work and claim again?

If you have been receiving benefits and you become incapacitated again, from the same cause, within 13 weeks of your return to work, we will treat your second claim as a continuation of your first claim. We will resume payment of your benefits and we will not reapply your deferred period.

There is no limit to the number of claims you can make. However, you cannot make a claim on your plan if we are still paying you benefits under a previous claim.

What if I go back to work part time?

If, after a period of incapacity, you make a phased return to your own or another occupation, you will be entitled to receive benefits if you:

- Have been receiving benefits continuously for the last three months
- Continue to suffer a material loss of income
- Have been advised to make a phased return to work by your medical practitioner and you remain under their care

We will calculate the amounts due to you by reducing the benefits as follows:

$[\text{Net loss of income} \div \text{pre incapacity income}] \times \text{benefits payable before the start of your phased return to work}$

We will continue to pay you reduced benefits until the earliest that you:

- Are no longer suffering a loss of income of more than 10% of your pre incapacity income

- Are able to carry out the material and substantial duties of your occupation for 28 hours per week, or 80% of your pre incapacity hours per week, whichever is lower
- Are no longer eligible to receive benefits for any reason

When will my benefit payments stop?

Your benefits will be paid in arrears from the end of your deferred period. We will pay you benefits until the earliest of the following:

- Your plan maturity date
- The end of your incapacity
- You no longer meet the requirements for the payment of benefits
- The cancellation of your plan
- Your death

What benefits will you pay me?

We will calculate your benefits based on a six day week, but will not pay for any incapacity lasting less than a full day.

The benefits payable by us, along with any amounts due under other insurances against incapacity (whether paid to you or to a third party on your behalf), cannot exceed 60% of your net loss of income. If they do, we will reduce the benefits payable by the excess. Whilst under a claim, we will review your entitlement to benefits at least annually, or more frequently if there is a change in your circumstances.

You must ensure that any options you have chosen do not result in you having more cover than you are entitled to.

If we have to limit the benefits we pay you, we will not refund any premiums you may already have paid.

If any of your benefits are linked with inflation, we will adjust your pre incapacity income proportionately each year, using the same index as applies to your benefits.

How are my benefits paid?

Benefits are generally paid directly into your nominated personal bank account in arrears from the end of your deferred period, providing all claims requirements have been satisfied. For long term claims, we'll usually pay your benefits on a monthly basis. You will need to continue to pay your premiums for the whole time of any claim.

Other income which is likely to reduce your benefits

We will reduce the benefits we pay you if any of the following take you over the maximum allowable income:

- Any salary, bonuses, commission or profit share accruing to you during your incapacity
- The distributable profits attributable to your shareholding, during incapacity, in any private limited company of which you are both a director and an employee
- Any pension you receive during incapacity, calculated before the exchange of any part of it for cash
- Any amounts due under other insurances which arise because of your incapacity (whether paid to you or to a third party on your behalf)
- If we have to limit the benefits we pay you, we will not refund any premiums you may already have paid

We will not reduce your benefit payments as a result of you receiving:

- Employment and Support Allowance
- Income Support or other means-tested State benefits

When will this plan not pay me benefits?

We will not pay benefits for any incapacity directly or indirectly connected to:

- Participation in a criminal act
- Abuse of alcohol or controlled substances and taking of drugs, except under the direction of a medical practitioner
- You not maintaining up to date immunisations recommended by the government, health authorities or regulators for your occupation
- Attempted suicide and self-inflicted injuries
- Procedures or treatments which are not medically necessary, unless this is the result of an illness or accident and your medical practitioner recommends that you have the procedure or treatment

Nor will we pay you benefits for anything that has been specifically excluded under the additional terms and conditions of your plan.

We will also not pay any claim associated with the normal effects of pregnancy. Complications of pregnancy and childbirth are covered by the plan, provided they are diagnosed by a specialist medical practitioner.

If we are satisfied that any benefits paid to you should not have been paid, then we reserve the right to require repayment of the overpaid benefits by such means as we consider appropriate, including by deduction from your bonus account.

What are some of the standard features of this plan?

Transplant benefit

If you become incapacitated because you donate a part of your body for a medically necessary transplant to the body of another person, we will pay you a cash lump sum equal to 13 times your weekly benefit at the start of your claim, in addition to any other benefits under your plan. The transplant donation must begin at least 12 months after the start of any cover or additional cover under your plan.

Respite care benefit

We will pay you the cost of respite care not covered by the government, council or other insurance benefits as a lump sum, for a maximum of two weeks in any 52 week period, equal to the costs you incur, up to a maximum of £3,000/€4,000. We will pay you this benefit if you have met the criteria for receiving severe disability benefit from us for at least 12 months and live in your own home and are under the full time care of your spouse, civil partner, parent, sibling or child.

Shares

A share has no value in its own right (unlike a stock market share which increases or decreases in value). This simply gives you the right to share in our financial surpluses, which will accumulate in your bonus account, to provide you with a fund that you can access when you retire. How much of these surpluses are allocated to you depends on the number of shares you hold.

You must hold at least one share, and the maximum number of shares you can hold in the first two years of your membership, post-graduation, is one share. After this, the number of shares you can hold depends on the level of your cover, up to a maximum of 3,000 shares.

The maximum number of shares you can personally hold is calculated by looking at the level of your cover and is the lower of 3,000 shares and, if your benefits are in Pounds Sterling, dividing your initial weekly cover by 0.6 or, if your benefits are in Euros, dividing your initial weekly cover by 0.8.

You will need to pay a regular premium for your shares and, subject to certain limitations, you can change the number you have at any time.

How does the balance of my bonus account grow?

Depending on how many shares you hold, dividends and interest are credited to your bonus account each year, based on the balance of your account at the beginning of the year, and the performance of our investments over the year. When you retire you can either withdraw all the funds or keep the fund and withdraw amounts whenever you choose, to fund you in your retirement. Depending on our financial performance, you may also receive a one-off terminal bonus at the end of your membership.

The rates of dividend, interest and terminal bonus are reviewed regularly and take into account expected future returns from investments, our current and projected financial performance and the decisions we make about the distribution of the surpluses. The aim is to provide a smooth rate of growth, ironing out extreme fluctuations.

The fund in your bonus account is unaffected by the number of claims you personally make.



What might I get back?

There isn't a link between the amount you pay in premiums and what you might get back. We don't guarantee our future bonuses, and the amount you get back will depend on several factors. These include how long you have been a member; the number of shares you hold; whether you suspended your plan; how well our investments have performed; and whether any penalties or bonus account reductions apply.

We may also use our surplus funds to give you a discount against your premiums.

The bonuses for different plan holders will be determined by the board on the advice of our actuary.

Can I cancel my plan and take the balance of my bonus account early?

You can cancel your plan and take your fund early. However, if you cancel your membership before you reach the maturity date, as set out in your schedule of benefits, and take the balance of your bonus account early, we will apply an early cancellation charge equivalent to any bonuses we have given you over the last two financial years, unless:

- You are over 50 years old
- You have stopped working in your occupation as a result of your incapacity and you are not eligible for benefits from us

Irrespective of your age, if you cancel your plan within two years of it starting, you won't receive any of the funds in your bonus account.

Where are the funds in my bonus account invested?

The funds are invested through a number of specialist managers in a mixed portfolio, which includes a range of asset classes. The asset mix is chosen with a view to maximising the long term return on investments, while paying attention to meeting our obligation to fulfil our liabilities.

Bonus account reduction

If you cancel your membership or withdraw the funds in your bonus account, we may apply a bonus account reduction. We will only do this to ensure the fair treatment of our members and any reductions will be calculated by reference to the extent by which the amount you have withdrawn exceeds the value of the underlying assets. Any decision to apply a bonus account reduction must be approved by the board and our actuary. It is designed to protect members who are not taking their money out and it means that all members receive a fair share of our surpluses.

We don't currently apply such a reduction but we could change our practice at any time, especially if there is a significant adverse movement in the investment markets or increase in the level of withdrawals by members. Any change in our practice would be without prior notice and would apply to all members.

Our retired dentists' plan

You can move onto our retired dentists' plan if you:

- Have reached the maturity date of your plan, as defined in your schedule of benefits
- Are over 50 years old and either don't need your dentists' income protection plan anymore or
Are no longer eligible to claim benefits under your existing plan

This plan allows you to continue to build up the funds in your bonus account upon the maturity or cancellation of your dentists' income protection plan.

You aren't able to claim benefits with this plan, and therefore don't pay the income protection premiums, so you may see a decrease in your premium. There is no upper age limit for this plan and members can make withdrawals of all or part of their bonus account funds at any time without a penalty.

Please see the key features of our retired dentists' plan

In what circumstances might you cancel my membership?

We may cancel your plan and your membership and apply an early cancellation charge equivalent to any bonuses we have given you over the last two financial years if:

- Your premiums have not been paid in full within 60 days of their due date
- You do not resume your plan after it has been suspended for a combined total period of 36 months
- We do not receive the repayment in full of any overpaid benefits within 30 days
- You are in breach of the terms and conditions of the plan and you fail to remedy the breach within 30 days of us notifying you about this

If you have acted dishonestly, concealed or misstated information in your dealings with us, we reserve the right to cancel your plan and your membership from inception and you will forfeit the entire balance of your bonus account and we will not refund any premiums you have paid.

Your plan and your membership will be automatically cancelled, without an early cancellation charge, if:

- You die
- You are made bankrupt or have entered into an arrangement or composition with your creditors
- You accept a lump sum payment in full and final settlement of your claim for benefits
- You are convicted of a criminal offence
- You are barred or suspended from your occupation due to fraud or misconduct

How much will my premium payments be?

Your personalised illustration will show you the normal monthly cost of your plan, with the options you have chosen. We will calculate your premiums in accordance with our standard premium rates, based on your shares, cover, any options you have and whether you have chosen level or attained age premium rates. Where appropriate, we will adjust your premiums for any additional terms and conditions which we have notified you about.

Will there be any changes to my premium payments in the future?

All of our premium rates are reviewable, including level premiums, which means your premium may change to reflect our actuarial views on the expected future cost of providing cover for all of our members. Your premium can only be changed in this way on 1 January of any year. Your premiums can increase, decrease or remain unchanged after each review and there is no limit to the amount that your premiums may change by. Changes in your premiums as a result of this review will not depend directly on your individual circumstances, for example, your health or whether or not you have claimed that year.

As part of the review, our actuary will consider:

- The demographics of our plan holders
- The terms and conditions of the plans
- Our past and expected future claims experience
- The levels of our income and expenditure
- Any legal and regulatory factors which may affect us
- The occupation and location of all our plan holders as a group
- The cost of reinsurance

If our actuary's view of the above factors differs from that at the previous review, we will use a fair and reasonable method for calculating any changes in the premiums.

If your premiums change, as a result of the review, we will give you at least 60 days' notice before that change comes into effect. If we let you know of an increase in your premium, you have the option to leave your premium the same and reduce your level of cover instead.

What charges are there?

The premium payments shown in your personalised illustration include all the costs of administration, underwriting, claims, selling and commission expenses and any fees payable for any medical examinations that we ask you to attend.

What if I stop paying premiums?

You cannot claim any benefit payments from us if your premiums are in arrears.

If you do not pay your premiums on time, we will stop paying your claim and we may cancel your plan. If we cancel your plan, we reserve the right to deduct any outstanding arrears from the balance of your bonus account.

If you are unable to pay your premiums on time, you should contact us as soon as possible. You do not have to wait until the due date for a payment to pass.

We will consider your current situation and your membership history and, at our discretion, offer you such special arrangements to settle your arrears as we may consider appropriate.

What happens to my plan if I die?

Your membership and your income protection plan will end when you die and the funds in your bonus account, including any bonuses accruing to you on the date of your death, will be paid to your estate, after we have paid any nominees you have chosen. We will pay them when we receive the original grant of probate or letters of administration (or equivalent outside England). We will not apply a bonus account reduction or any penalties on your death. If you have the benefit enhancement on death option, then any additional payments due to you will also be paid to your estate.

What about tax?

UK tax law

Present UK tax law and HM Revenue & Customs practice means that:

- You do not receive tax relief on the premiums you pay
- You do not pay tax or National Insurance contributions on your benefit payments or funds in your bonus account. The tax rules could change in the future, so please bear in mind that you and/or we could be liable to taxes or other costs in the future

Irish tax law

Under present Irish tax law and Irish Revenue practice, our plan is treated as an unapproved Permanent Health Insurance Scheme in the Republic of Ireland which means that:

- You do not receive tax relief on the premiums you pay
- Any benefits that are due to you (including bonuses such as dividends, interest and a terminal bonus) are taxable. However, the Irish Revenue's practice has been to not assess the insurance benefits due under a claim for incapacity unless they have been in existence for a period in excess of 12 months, in which case all the payments from the start of any claim are taxable

Outside the UK

Members resident outside the UK should seek professional tax advice regarding the impact of membership of Dentists' Provident on their tax affairs.

Can I change my mind?

After we accept your application, we will send you a cancellation notice. If you change your mind and decide that you do not want your cover, you will have 30 days to let us know. Any premiums you may have already paid will be refunded, minus any benefits we have paid you.

Other information

How to contact us

If you would like any additional information, your financial advisor will normally be your first point of contact. We are not able to give you financial advice. If you have any questions at any time, you can contact us:

Address: Dentists' Provident,
91- 94 Saffron Hill, London, EC1N 8QP

Telephone numbers:

Main office: +44 (0) 20 7400 5700

Member services team: +44 (0) 20 7400 5710

Underwriting team: +44 (0) 20 7400 5720

Claims team: +44 (0) 20 7400 5730

Office opening hours:

9am-5pm, Monday to Friday

Fax: +44 (0) 20 7400 5701

E-mail: memberservices@dentistsprovident.co.uk
www.dentistsprovident.co.uk

How to complain

We are committed to giving you, as a member, the highest standards of service and, in order to maintain these high standards, we need you to tell us if we fail to live up to your expectations.

We take all feedback extremely seriously and are committed to listening to our members and taking action where necessary.

In the first instance, please contact your financial advisor or write to our chief executive at the address above. If you are not satisfied with our response, you can contact the Financial Ombudsman Service:

Financial Ombudsman Service

Exchange Tower, London, E14 9SR

Phone: 0800 023 4567 or 0300 123 9 123

E-mail: complaint.info@financial-ombudsman.org.uk

www.financial-ombudsman.org.uk

Complaining to the Ombudsman will not affect your legal rights. For further information about your legal rights, please contact your solicitor or Citizens Advice Bureau.

Terms and conditions

These key features are a summary of our dentists' income protection plan. They do not include all the definitions, exclusions, terms and conditions; you can see these in our memorandum and rules.

If you would like a copy of our rules please ask your financial advisor or contact us. Alternatively, simply go onto our website **www.dentistsprovident.co.uk**

We have the right to change the terms and conditions. We will write and explain the change if this happens. All members have the right to vote on any changes to our rules. Further details are set out in the memorandum and rules. We will also send you a copy of anything that has changed.

Law

This contract shall be subject to the exclusive jurisdiction of the laws and courts of England.

Language

All our documents are in English and all our communications with you will be in English.

Compensation

We are covered by the Financial Services Compensation Scheme (FSCS). You may qualify for compensation from the FSCS if we cannot meet our obligations due to financial difficulties. The compensation depends on the type of business and the nature of the claim.

Most investment business is covered for 100% of the first £50,000 per person per firm. Insurance contracts are covered for 90% of the claim with no upper limit.

You can obtain further information from the Financial Services Compensation Scheme:

Financial Services Compensation Scheme

7th Floor, Lloyds Chambers,
Portsoken Street, London E1 8BN

Phone: 0800 678 1100 or 020 7741 4100

www.fscs.org.uk



Dentists' Provident

Registered office: 91-94 Saffron Hill, London, England, EC1N 8QP

Telephone: +44 (0) 20 7400 5700 We may monitor calls to improve our service.

Fax: +44 (0) 20 7400 5701 www.dentistsprovident.co.uk

Dentists' Provident is the trading name of Dentists' Provident Society Limited which is incorporated in the United Kingdom under the Friendly Societies Act 1992 (Registration Number 407F).
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Firm Reference Number 110015).