

How safe is your
practice if you were
unable to work?

One problem, two solutions

Dentist Overheads
Expense Insurance Scheme

Underwritten by Chubb.

Dental

Dental Insurance Services



Protect your practice with financial help you can count on



Financial help you can count on to protect your practice

Nobody knows better than you that it takes years of hard work to build up a successful dental practice — not to mention considerable financial investment. The evidence is all around you in your surgery and premises.

Yet the fact is, it could all be put at risk — everything you have worked for — if an accident or serious illness stopped you from practising for an extended period.

Of course, an Income Protection plan could help to compensate you for loss of personal income, as would any NHS benefits to which you may be entitled.

But for a dentist, these are not enough. There are all the high practice expenses to consider, many of which you would still need to pay while you were away from the surgery.

Fortunately, there is an insurance plan for dentists that would help to ease the financial burden — Dentist Overheads Expense Insurance.

It's available to any principal dental practitioner under the age of 60, working within the NHS and/or in independent practice. The plan already covers hundreds of dentists throughout the UK and is available exclusively through its designers Dental Insurance Services, and is underwritten by Chubb European Group SE.

Remember...

An accident or illness could strike at any time and stop you from working — make sure you are adequately protected — join the hundreds of Dentists who are already covered by the plan TODAY!

Apply now

To join, simply complete the Application and Direct Debit Mandate and then return it to Dental Insurance Services. You will be covered from the moment your application is accepted and a Policy Schedule will be sent to you.

For full details visit: www.dentist-overheads-insurance.co.uk
or call us on: 01277 288232



Helping to protect everything you have worked for

No one likes to look on the dark side. We all tend to think that an accident or serious illness will never happen to us. But where the security of your practice is concerned, hoping is not enough. Quite simply, there is too much at stake. You need to be certain that you would be able to cope with the financial pressures and keep your practice going until you were fit and ready to work again.

That is why Dentist Overheads Expense Insurance makes very good sense. It could prove to be invaluable.

Dentists are particularly vulnerable to the financial consequences of a serious accident or illness.

If it happened to you and you could not










work, do not forget that many of the practice overheads would still have to be paid. The costs would be considerable. It would be a real struggle to keep up with them, month after month. But the alternative — closing down your practice — does not bear thinking about.

This is where the Dentist Overheads Expense Insurance Scheme can help. Available in two versions, Platinum or Platinum Plus, the cover provides a cost effective way to protect your business.

Whichever plan you choose will pay up to 80% of the regular and ongoing expenses of your practice if an accident or illness stops you from working for more than a month. Benefits will be payable for up to one year of incapacity.

The Dentist Overheads Expenses Insurance Scheme - providing financial benefits when you need it most, giving you security and peace of mind.

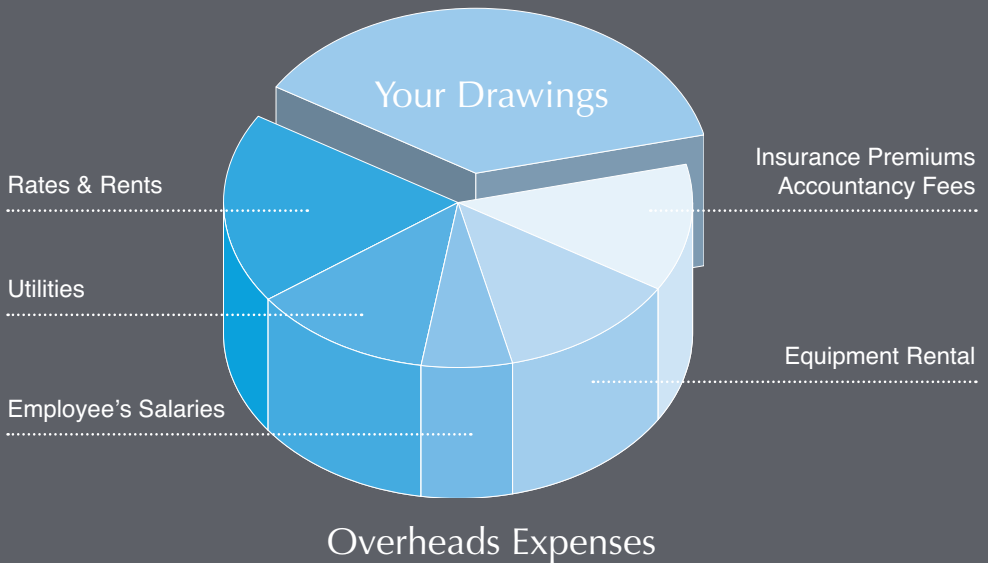
A choice of Plans – Platinum and Platinum Plus, to suit your particular circumstance.

-  Low cost - from less than £7 a month on the Platinum Plus Scheme.
-  10% discount for non-smokers.
-  Unlike many other schemes of this type, under our [Platinum Plus](#) policy, once your application has been accepted and all the time your cover remains in force [you can never be individually selected for premium increases](#) or reductions in cover regardless of any claims you make.
-  Our [Platinum](#) policy provides many of the same benefits, but is renewed annually. Whilst this does not provide the quality of long term cover offered by Platinum Plus, it does result in lower premiums.
-  You can apply for [monthly benefits](#) from £1,000 up to £15,000 (higher levels of benefits are available on request), but please be aware that in the event of a claim the maximum that will be paid will be 80% of your actual expenses. It is therefore important that you ensure the level of cover you have is in line with this restriction. Indexation, at 5%, is applied to your benefit level each year to ensure your cover keeps pace with rising costs.
-  Apart from the core benefits provided in the event of illness or injury, both Platinum Plus and Platinum include [additional covers](#) such as providing a lump sum benefit in the event of death as a result of personal accident and absence cover for compassionate leave, Maternity/Adoption Leave, Paternity Leave, Jury Service or Suspension from Duty. Please refer to the policy wording for full details
-  The cover includes [all regular overheads](#) such as rent or mortgage repayments for your premises, employees' salaries, rates, utility bills, equipment rental and so on.
-  Benefits start after 30 days and continue up to the end of the 12th month of incapacity.
-  Up to 45% tax relief — it is our understanding that the monthly premiums can be claimed as a practice expense and as such are tax deductible — effectively reducing the cost by up to 45%. However you should seek your own professional advice on this matter.

Protect your overheads

Think for a moment about all the typical regular overheads of your dental practice. Salaries and wages. Rent or mortgage repayments for your premises. Rates. Equipment rental or loan repayments. Lighting, heat and water. Telephone and postage. Accountancy fees and insurance premiums. Depreciation. And probably more.

Dentist Overheads Expense Insurance can protect you for all of these and you can be covered for up to 80% of your monthly overheads. Just as Income Protection helps to protect your personal income, now you can ensure your overheads are protected as well.



Regular monthly benefits after just 30 days

If an accident or illness means that you are unable to work, the plan will pay your benefit provided under your policy at the time of claim (or 80% of your actual expenses if lower). Benefits are payable after just 30 days and will continue up to the end of the 12th month of incapacity or until you are able to resume working if earlier.

Visit: www.dentist-overheads-insurance.co.uk or call us on: 01277 288232

The benefits in brief...

Millions have been paid out to claimants under our schemes providing benefits and peace of mind at the time it is needed most. **Monthly payment by direct debit at no additional cost to you.**

	Platinum Plus	Platinum
Continuous cover to age 70		
No Annual Health Declaration		
Group Discount		
Jury Service Cover		
Suspension Cover		
Maternity/Paternity		
Accidental Death or Permanent Disability		
Flexible cover to suit your circumstance		
Tax Relief on Premiums*		
Automatic Index Linking		

* As a policy of reimbursement, it is our understanding that tax relief is allowable on the premiums – but you should seek expert advice on this matter.

For full details visit:

www.dentist-overheads-insurance.co.uk
or call us on: 01277 288232

Platinum Plus v Platinum

- the argument for each!

Our flagship scheme, Platinum Plus, provides the most comprehensive cover and safeguards your insurance for the long term.

Once your application has been accepted, and all the time your cover remains in force, you can never be individually selected for premium increases or reductions in cover — regardless of any claims you make.

Therefore, you are safe in the knowledge that you will have cover through to age 70 regardless of any changes in your health or claims made on the policy. However, please note that, as under the terms and conditions of the scheme, your policy will be cancelled if your claim continues for the maximum 12 month duration.

Compare this with an annual policy (Platinum), whereby you renew your policy each year. The terms will take into account your health and claims history at the time of each renewal. This leaves you vulnerable. Say, for example, you suffer a back injury and claim on your policy. With Platinum Plus, your cover and premium would continue unaffected, meaning that, after a short waiting period, you could make further claims in the future if the same condition were to strike again.

In comparison with a Platinum policy, at the renewal after your claim, any future problems with your back will almost certainly be excluded from cover... alternatively (or in addition) your premium may be increased or future cover could even be declined completely.

However, there is obviously a cost to guaranteeing long term cover – and this is where annual policies have their place. Our Platinum policy carries many of the same features as the Platinum Plus as illustrated by the table on the opposite page, but because of the annual nature of the contract, the prices are significantly lower.



Select the monthly benefit that you would need

Firstly, decide how much protection you need — there is a section on page 9 to help you. If some of your regular expenses are shared, allow for your proportion only.

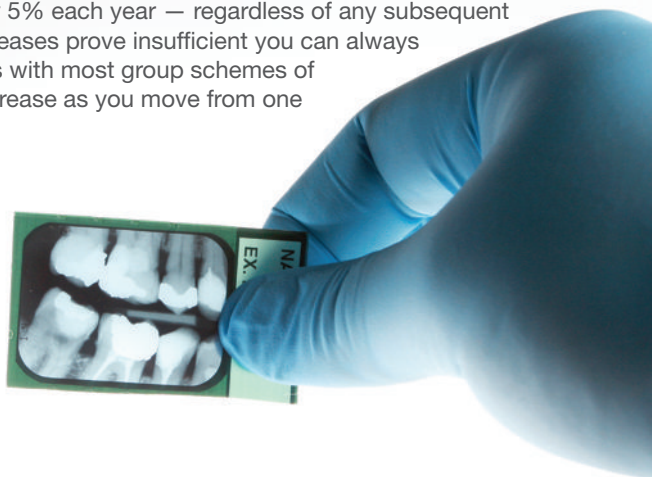
Whether you choose our Platinum Plus or Platinum option, you can cover up to 80% of your practice overheads. Simply multiply your total annual expenses by 80% and then divide by 12. You can then select a Monthly Benefit Amount of between £1,000 and £15,000 (in £500 increments) according to your needs. For higher benefit levels please call us to discuss.

Automatic 5% increase in benefits.

To ensure that the value of your cover is not eroded by inflation, the benefits and premiums automatically increase by 5% each year — regardless of any subsequent changes in your health. If these increases prove insufficient you can always apply for extra cover at any time. As with most group schemes of this type, the monthly premiums increase as you move from one age band to another.

All this cover from less than 30p a day

The plan is operated as a group scheme for dentists throughout the UK, providing substantial cover at modest costs. Monthly premiums are based on your age and the amount of cover you require. There is a 10% discount for non-smokers. If you have not smoked for the past 12 months and have no intention of doing so, you automatically qualify for a 10% discount. So cover is available from less than 30p a day. What's more, it is our understanding that as this is a policy of reimbursement, the premiums are allowable as a business expense so most dentists will receive tax relief on their premiums. However, you should seek your own professional advice on this matter.



Frequently asked questions about the Dentist Overheads Expense Insurance Scheme

Please read the answers to each question carefully. They will provide you with additional important information about Dentist Overheads Expense Insurance

Q: Are there any expenses, which cannot be covered by the plans?

A: Any informal and regular overhead of your practice can be covered. The only things not included are any remuneration for yourself; the cost of dental goods, wares or merchandise and the cost of dental equipment (you can, however, insure the cost of equipment rental and/or fixed term loan repayments).

Q: How much cover do I need?

A: Probably the most frequently asked question. Here is a table to help you work out your total annual expenses. Then you can cover up to 80% of this figure. The list is not exhaustive, but whatever your own level of expenses, you can cover up to 80% of this figure.

Rent or mortgage:	£
Equipment rental, hire purchase and/or fixed term loan repayments:	£
Depreciation, interest and rates (on surgery premises, furniture, fixtures and equipment. If you occupy only part of the building, include only your own share):	£
Utilities (Electricity, Heat, Water):	£
Employees' salaries, including wife/husband's salary, National Insurance and pension contributions:	£
Telephone and postage:	£
Accountancy fees:	£
Insurance premiums:	£
Professional membership fees and subscriptions:	£
TOTAL ANNUAL EXPENSES:	£
80% of annual expenses, divided by 12 (months):	£

Q: Suppose I have a claim or my health deteriorates — can you guarantee that as an individual my cover cannot be cancelled or reduced, or my monthly premium increased?

A: Under the Platinum Plus Scheme - yes. As the benefits are provided under a group scheme, unless the entire scheme is terminated or you cancel your policy, your cover remains continuous through to age 70. In fact, unlike many other policies of this type, once you are accepted into the scheme you can never be individually selected for any adjustment or cancellation of your cover or increase in your monthly premium. However, please note your Policy will be cancelled if your claim continues for the maximum duration. With the Platinum Scheme you will renew your cover each year and the terms will be dependent on your health and claims history at that time.

Q: Can I increase my cover in the future to keep pace with rising overheads?

A: To help protect you against inflation, benefits and monthly premiums are automatically increased by 5% at the end of each Policy year, regardless of any subsequent deterioration in your health. If these increases prove insufficient you can always apply for extra cover at any time.

Q: Will I be covered for pre-existing medical conditions?

A: When you apply, if you have had time off work (or received advice or treatment or should have done so) for a particular condition within the last 2 years, that condition will not be covered for the first 2 years. However, once you have been covered for 2 consecutive years under the scheme and have either been free from the problem and/or any treatment or if the condition has been controlled by drugs or treatment, this limitation will not apply. The time period is extended to 5 years on the Platinum policy.

Q: And what about exclusions — are there any?

A: Surprisingly few, for example:

- Pregnancy unless the cause is a complication
- 30 days or more in active duty in the armed forces
- Declared or undeclared war
- HIV/AIDS

Full details terms and conditions and exclusions are listed within the policy document.

Q: If I was unable to work for, say, 3 months and 11 days, would I receive benefit for the odd 11 days?

A: You certainly would. Benefit is calculated on a daily basis, the daily benefit being 1/30th of the Monthly Benefit Amount. Thus, in this example you would, of course, receive no benefit for the first 30 days, but full benefit for the remaining 2 months and 11 days.

Q: When will my cover begin?

A: It begins immediately your application is approved. The only exception would be if you were medically unfit for work at the time you apply, in which case cover would begin when you return to work.

Q: Is a group discount available?

A: Yes, if three or more expense sharing partners in the same practice applies they will receive an additional discount of at least 5% on the Platinum Plus Scheme. Ring Dental Insurance Services on 01277 288232 for more information.

Q: I have not smoked for 12 months, so I qualify for the 10% discount. What if I subsequently start smoking?

A: You should notify Dental Insurance Services and, regrettably, you would lose the 10% discount. If you continued to take the discount and then made a claim, your Monthly Benefit Amount would be reduced by 10%.

Q: What if I am not happy with the cover provided?

Once you have taken out the plan you have 15 days to read the policy document that will be sent you, this includes full terms and conditions and policy exclusions. If you are not satisfied you can return your policy and we guarantee that any premium paid by you during this period will be refunded in full providing that you have not made a claim. After that you can cancel at any time – simply write to Dental Insurance Services to inform them that you no longer require the cover.

Q: How do I make a claim?

A: In the first instance simply contact Dental Insurance Services on 01277 288232.

Protect your practice

Why take chances with everything you have worked for?

Why not apply now for Dentist Overheads Expense Insurance?

Then if you were unfortunate enough to suffer a serious injury or illness, the running costs of your practice would be securely protected for up to 12 months — saving you a great deal of anguish and financial strain.

The application is simplicity itself, with the absolute minimum of questions and no medical examination is required. With the Platinum Plus policy once enrolled your cover can be maintained until you are 70 – no matter how many claims you make over the years.



Chubb European Group SE (CEG) is an undertaking governed by the provisions of the French insurance code with registration number 450 327 374 RCS Nanterre. Registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. CEG has fully paid share capital of €896,176,662.

UK business address: 100 Leadenhall Street, London EC3A 3BP. Supervised by the French Prudential Supervision and Resolution Authority (4, Place de Budapest, CS 92459, 75436 PARIS CEDEX 09) and authorised and subject to limited regulation by the Financial Conduct Authority. Details about the extent of our regulation by the Financial Conduct Authority are available from us on request. You can find details about the firm by searching 'Chubb European Group SE' online at <https://register.fca.org.uk/>. Additional information can be found at: www.chubb.com/uk.

You and Chubb have the right to choose the law which will apply to your policy. Chubb proposes that the laws of England and Wales will apply unless you indicate otherwise, and all communications will in English unless otherwise stated. Full details of the terms, conditions, provisions and exclusions applying to this insurance are contained in the Policy. A copy of the Policy wording will be sent to you as soon as your application has been received.

Our contact details are:

Managing Director, Dental Insurance Services, 13 Woodbrook Crescent, Lake Meadows Business Park, Billericay, Essex, CM12 0EQ. Telephone: 01277 288232. Email: info@dentist-overheads-insurance.co.uk

You must ensure that the information provided to us in applying for this quotation is complete and accurate. It is important that you ensure that all statements made and responses provided by you in correspondence, over the telephone and in other documentation are full and accurate. Where you fail to answer a question, or provide the requested information to us, this could invalidate the quotation and any subsequent insurance cover and could mean that part, or all of a claim may not be paid. This product meets the demands and needs of those who wish to ensure that they have a financial resource to contribute toward the cost of a locum in the event of illness or accidental injury. You should check your cover on a regular basis and take professional advice when necessary.

Chubb and Dental Insurance Services are members of the Financial Services Compensation Scheme (FSCS), which is an independent body that has been set up as a final safety net for customers in the event that the financial companies they deal with are no longer able to continue trading. Their contact details are: Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 Botolph Street, London EC3A 7QU Telephone: 020 7741 4100 Fax: 020 7892 7301

Chubb is dedicated to providing a high quality service and want to maintain this at all times. If you are not satisfied with our service please contact us, quoting your Policy details, so we can deal with your complaint as soon as possible. Chubb and Dental Insurance Services are members of the Financial Ombudsman Service (FOS) who may be approached for assistance if you are not satisfied with our response. Contact details are given below. A leaflet explaining its procedure is available on request.

Financial Ombudsman Service, Exchange Tower, London, E14 8SR | Telephone: 08000 234 567 | Fax: 020 7964 1001
Email: complaint.info@financial-ombudsman.org.uk

THE DIRECT DEBIT GUARANTEE

This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank and Building Society. If the amounts to be paid or the payment dates change, you will be told of this in advance by at least 14 days as agreed. If an error is made by Hurst Group or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid. You can cancel a direct debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to Hurst Group.

THE DENTIST OVERHEADS EXPENSE INSURANCE SCHEME is arranged and administered by Dental Insurance Services*, 13 Woodbrook Crescent, Lake Meadows Business Park, Billericay, Essex CM12 0EQ. * a trading name of Professional & Medical Insurance Solutions Ltd, an Appointed Representative of Allcover Insurance Brokers Ltd which is authorised and regulated by the Financial Conduct Authority. Professional & Medical Insurance Solutions Ltd is registered in England, no. 11367093, registered office 2nd Floor, 50 Fenchurch Street, London, EC3M 3JY.

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Dental Insurance Services
www.dentist-overheads-insurance.co.uk