

Global Dental Accident and Emergency Scheme

Request for Assistance Form for Redundancy

The Global Dental Accident and Emergency Scheme is a wholly discretionary scheme, not an insured scheme. It is funded by your dental plan to pay benefits at the sole and absolute discretion of the Scheme administrators. Dental plan patients are eligible to request assistance from the Scheme in the event of redundancy. The Scheme responds to such requests on a wholly discretionary basis. This means that, whilst the Scheme aims to provide benefits in most cases, the Scheme has no obligation to provide any benefit unless the Scheme administrators decide that the Scheme should provide a benefit.

This Request for Assistance Form should be completed to request assistance under section 6 (Redundancy) of the Scheme Rules. If your request for assistance falls under another section of the Global Dental Accident and Emergency Scheme, please complete the specific Request for Assistance Form accordingly, available from your registered dental practice, or at www.globaldentalscheme.co.uk

How to complete and submit your Request for Assistance Form

Please complete all sections and write clearly in BLOCK CAPITALS using black or blue ink. Please provide as much information as possible to ensure your Request for Assistance is processed efficiently and promptly.

This form, countersigned by the treating dentist, should be sent to the Scheme Manager at Global Dental Scheme Limited, within 60 days of your redundancy. We will reimburse the costs of your dental plan up to the limits shown in the Scheme Rules. We will settle the Request directly to your dentist. Any amount which exceeds the specified limit must be paid directly by you to the treating dentist. You must provide all necessary reports, receipts and other documentation in support of the claim when asked to do so.

Reference to the Scheme Rules will assist you in completing this form. If you have any questions regarding making a Request for Assistance, please contact your dental practice, or call the Request for Assistance helpline on 0333 3580 499.

Please return scans of completed Request for Assistance Forms by email to: assist@globaldentalscheme.co.uk

Alternatively, please post hard copies to: Global Dental Scheme Limited, 18a Daresbury Court, Evenwood Close, Runcorn, Cheshire WA7 1LZ

IMPORTANT – The most we will pay is £15 per month for any dental plan for you which does not include your dependants, or £60 per month for any dental plan for you which includes your dependants. We will not make any payment for the first 30 days that you are unemployed and we will not pay for longer than 12 consecutive months.

Patient Details

| | |
|---------------------|----------------------|
| Full name | <input type="text"/> |
| Date of birth | <input type="text"/> |
| Address | <input type="text"/> |
| Postcode | <input type="text"/> |
| Telephone number(s) | <input type="text"/> |
| Email address | <input type="text"/> |

Your Registered Practice Details

| | |
|------------------|----------------------|
| Dentist name | <input type="text"/> |
| Practice | <input type="text"/> |
| Practice address | <input type="text"/> |
| Postcode | <input type="text"/> |
| Telephone number | <input type="text"/> |
| Email address | <input type="text"/> |

Redundancy Details

| | |
|--|----------------------|
| When were you first made aware of possible redundancy? | <input type="text"/> |
| What was your employment status immediately prior to being made redundant? | <input type="text"/> |

Please submit the following supporting documentation with your Request for Assistance:

- A formal letter from your employer confirming redundancy
- Documentary evidence to confirm that you are actively seeking alternative employment e.g. evidence of your attendance at your local job centre
- Documentary evidence to show that you are in receipt of unemployment benefit each calendar month

Payment Details

We will reimburse the costs of your dental plan up to the limits shown in the Scheme Rules. We will directly reimburse your registered dental practice. Any amount which exceeds the specified limit must be paid directly by you to the treating dentist.

Using Your Personal Information

We collect and process information about you in order to process Requests for Assistance under the Scheme. This may involve sharing your information with, and obtaining information about you, from our group company Patient Plan Direct Ltd. For further information on how your information is used and your rights in relation to your information, please review our privacy policy available at www.globaldentalscheme.co.uk

Patient Consent and Declaration

I declare that (a) this form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of the Request for Assistance have been disclosed.

I hereby consent for the Scheme Manager of the Global Dental Accident and Emergency Scheme to:

- Be provided with relevant dental records from my registered dental practice and/or treating medical or dental practitioner in relation to assessing my Request for Assistance
- Contact and obtain information from Patient Plan Direct Ltd (a group company) in relation to my dental plan membership to process my Request for Assistance
- Reclaim any benefits paid in error

Name

Signature

Date

Dentist or Medical Practitioner Declaration

I declare that (a) this form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of the Request for Assistance have been disclosed.

Name

Signature

Date