

UNUM® DENTAL

Wood Group UK Limited Member Handbook

Unum Limited (trading as Unum Dental) is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registered and Head Office: Milton Court, Dorking, Surrey RH4 3LZ. Registered in England company number 983768.

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Welcome to Unum Dental

Your Employer has chosen Unum Dental to support you with your everyday dental expenses.

Unum Dental helps you take care of your dental health by reimbursing you for specific out-of-pocket dental expenses.

About your Member Handbook

This Handbook explains how your cover works and how you can make a claim.

Please take some time to read the Handbook thoroughly and make sure you understand the contents. You should refer to your Confirmation of Cover document (sent after you join your Employer's policy) and your Benefit Schedule which together list:

- your entitlements and the terms that apply;
- the start and end date of your cover; and
- if anyone else is included in your cover

About the Policy

The Unum Dental policy is a contract between Unum and your Employer. The full terms and conditions of the contract have been issued to your Employer as the Policyholder.

How to get in touch

Login to the member portal (for existing members): mypolicy.unum.co.uk
The quickest and easiest way to get in touch with us directly as well as to find answers to common questions, view your policy documents and keep up to date with your policy limits is via our member portal.

Via the contact form (if you aren't a Member yet): Dental contact form
If you aren't yet a member but have a question you can use our online form and one of the team will be in touch.

Alternatively, you can call us on **0345 850 9439**. Office hours are Monday to Friday, 9am to 5pm (excluding Bank Holidays) or write to us at:

Unum Limited
Milton Court
Dorking
Surrey
RH4 3LZ

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1. Definitions

Benefit Schedule: this is included in your Confirmation of Cover and sets out your benefit entitlements, the maximum amount you can claim under each category, and the terms and conditions of what is covered.

Confirmation of Cover: the document sent to you confirming the details of your cover under your Employer's policy. You will receive your Confirmation of Cover at the start of your cover and we will send you an updated version after any changes to your cover.

Cover Start Date: the date your Period of Cover starts, as shown on your Confirmation of Cover.

Data Protection Laws: all applicable data protection and privacy legislation in force from time to time in the UK including without limitation the UK GDPR; the Data Protection Act 2018 (and regulations made thereunder) (DPA 2018); the Privacy and Electronic Communications Regulations 2003 (SI 2003/2426) as amended; and all other legislation and regulatory requirements in force from time to time which apply to a party relating to the use of Personal Data (including, without limitation, the privacy of electronic communications); and the guidance and codes of practice issued by the Information Commissioner's Office or other relevant regulatory authority and which are applicable to a party.

Effective Date: the date a change takes effect, as shown on your Confirmation of Cover document.

Eligible Dependant: means a dependant (meeting the below definition) who is named on your Confirmation of Cover:

- **Your spouse, civil partner or partner** living at the same address as you.
- **Your biological offspring, stepchild, legal adoptee** (or child for whom you are legal guardian) up to and including the age of 30. Benefits apply per insured child.

Employee: a permanent or fixed-term employee, including executive director, who holds a UK contract of employment with the Employer.

Employer: the Policyholder (or other insured company) shown on your Confirmation of Cover with whom you hold a contract of employment.

Life Event(s): events such as birth, marriage or adoption which, if occurred, may permit you to make changes to your cover during your Period of Cover. Your Employer chooses and manages the Life Events applicable under the Policy.

Member: an Employee who is insured under your Employer's Policy.

Period of Cover: the period between, and inclusive of, the start and end dates of your cover, as shown on your Confirmation of Cover.

Policy: the contract between your Employer and Unum.

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Policyholder: the organisation which holds this Unum Dental policy.

Treatment: any dental treatment (or course of treatment) listed on the Benefit Schedule.

UK: for the purpose of this Handbook, references to UK are to England, Wales, Scotland, Northern Ireland, the Channels Islands, and the Isle of Man.

2. How your cover works

2.1 How to access the benefits of Unum Dental

You will receive a welcome email with details of how to register for our member portal and any additional services which may be made available to you – please read this carefully.

You can log into the member portal at any time to make claims, view your documents and keep up to date on your policy benefit limits – visit mypolicy.unum.co.uk to get started.

2.2 Start of cover

Your cover starts on the first date of your Period of Cover as stated on your Confirmation of Cover. Cover for Eligible Dependants will start once they are named on your Confirmation of Cover.

You will receive your Confirmation of Cover at the start of your cover and we will send you an updated version after any changes to your cover, showing the date the change was made.

2.3 End of cover

Unless you cancel cover in accordance with section 2.6 below – **which you can only do following a Life Event or at the end of your Period of Cover** – your cover will continue until the earliest of:

- when your Employer's Policy ends;
- when your employment with your Employer ceases (you can request details from your employer of the agreed end date of your cover in such circumstances); and/or
- in the event of your death.

Please note we will confirm your ongoing eligibility to be covered under this policy by sending a full membership list including your information to your Employer.

Cover for your Eligible Dependants will end when your cover ends, or when they no longer meet the definition if earlier. If eligibility ends due to the Eligible Dependant reaching a maximum age limit, they remain eligible until the end of that Period of Cover.

After your cover ends, we will contact you with options on how you can keep your cover with us on an individual basis.

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2.4 Making benefit selections

Your Employer may have decided that you can choose a plan level from a range they make available, or you may add Eligible Dependants to your cover. If you choose to add Eligible Dependants, they must have the same benefits and plan levels as you, and they must be added before your Cover Start Date. Your Employer will explain how to do this and tell you if there is a cost.

2.5 Making changes

Once your cover has started you cannot increase or decrease your plan level or add or remove an Eligible Dependant until the next Period of Cover unless your employer allows you to make a change within one calendar month of undergoing a Life Event. Details of applicable Life Events can be obtained from your Employer and typically include marriage or entering a civil partnership, divorce, birth, death, or a significant financial change.

Any claims already paid for Treatment received during the Period of Cover in which you request to change your plan level will be deducted from your revised benefit entitlements. We will send you an updated Confirmation of Cover document to confirm any accepted changes to your cover.

2.6 Cancelling or opting out of your cover

During your Period of Cover you cannot cancel your cover unless you have undergone a Life Event such as marriage or entering a civil partnership, divorce, birth, death, or significant financial change. Details of the Life Events permitted by your Employer can be obtained from your Employer and the request to cancel must be made to your Employer within one calendar month of a Life Event occurring.

You can opt out of membership for the next Period of Cover, prior to the new start date, by following the process on your workplace benefits site, or otherwise contacting your employer.

If you are struggling to make any payments, because of financial hardship, please contact your Employer to discuss the options available to you.

3. Your benefits

The terms and conditions that apply to your benefits, including what is and is not covered and the general exclusions which apply to all Treatments, are explained in the Benefits Schedule included with your Confirmation of Cover.

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4. Making a claim

4.1 How to make a claim

The quickest and easiest way to make a dental claim is via our online member portal where you can also find answers to common questions, view your cover documents, keep up to date with your benefit limits and contact us directly.

To register, visit mypolicy.unum.co.uk/NIS/Register. Or if you've already registered, login here.

To make a claim via the online member portal:

1. Receive Treatment
You can visit any dentist you like to receive Treatment, in the UK or abroad, with no need to gain prior approval before starting Treatment. When you pay, please ask for an itemised receipt from your dentist which contains a full description of your Treatment and costs.

2. Make a claim
Login to the portal and select 'Make a claim'. Simply enter your Treatment details, upload a clear scan or photo of your receipt and hit 'Submit'.

3. Payment
We will notify you by email when your claim has been approved and will make payment via a BACS transfer directly into your nominated UK bank account. It may take up to 5 working days for payment to show in your account after we have confirmed payment of your claim.

Alternatively, please contact us if you wish to submit a claim via a paper form.

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4.2 What to submit with your claim

We will always need you to provide us with a receipt, statement of account or settled invoice issued or evidence of a payment plan directly from your Treatment provider as evidence that the payment has been made and which shows the following:

- the patient's name
- full details of the Treatment
- the total cost of the Treatment
- the Treatment date
- details of the provider, including the provider's name, address and contact information. We cannot accept unofficial documents or evidence created by you to support your claim.

Please note:

- We will not accept a Dental Treatment Plan or any other type of document which does not confirm the treatment being claimed has been completed and paid for.
- We reserve the right to request additional information and evidence from you, or a third party, so we can consider the validity of your claim. This may be the case even if you have provided all the information we asked for when you first submitted your claim. There may be a delay in the payment of your claim if we need to investigate your claim further.
- Claims are submitted by you on behalf of everyone included in your cover.
- Claims must be made within 12 months of the date of Treatment (at the very latest). We reserve the right not to pay any claims which we receive later than the time periods described above.
- Please see below at section 4.4 if the Treatment was received outside the United Kingdom.

4.3 When you can start making claims

If Treatment has been identified or recommended by your dentist before your cover under your Employer's Policy commences, we will provide cover up to the amounts listed in the Benefit Schedule as long as the Treatment does not take place before your cover with us starts.

However, this excludes implants or bridges which are fitted to a pre-existing gap in the mouth (unless you were previously insured for dental treatment under another insurer's policy immediately before joining this Policy) and mouth cancer which existed prior to joining.

4.4 Worldwide cover

If you receive Treatment outside the United Kingdom, please provide us with a receipt in English so we can process your claim. If your receipt is in any language other than English, you will need to arrange for the receipt to be translated into English. The translation can be done by you, by your service provider, or by a professional translator. Your claim will not be assessed without this translation. We will not reimburse any costs relating to the translation.

Claim payments will be made in Pounds Sterling according to the exchange rate on the day Treatment was received. You will need to enter the cost of the treatment in Pounds Sterling when you provide details of your treatment on the member portal. We will provide you with access to a conversion rate tool to help you do this.

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4.5 Claims for accident/injury Treatment

If you are claiming for Treatment received as a result of an accident/injury, you must include details of the accident, and the date accident occurred with your claim. This can be in the form of a letter from your dentist, or a letter from a hospital (if treated at a hospital).

4.6 Claims for Treatments over multiple Periods of Cover

In order to receive accurate reimbursement for a course of Treatment which spans more than one Period of Cover, please make separate claims for the Treatment charges according to the Period of Cover they were received in. For example:

Treatment	***Treatment date***	***Period of Cover***	***Claim***
1x Examination	*30/11/2025*	*01/01/2025 to 31/12/2025*	*Claim 1*
2x X-ray	*30/11/2025*		
1x Extraction	*14/12/2025*		
1x Implant	*01/02/2026*	*01/01/2026 to 31/12/2026*	*Claim 2*
1x Hygienist	*01/03/2026*		

If you do not split the Treatments out as described above, all Treatments may be assessed within a single Period of Cover and reimbursement may be limited.

4.7 Payment of accepted claims

Reimbursement for all accepted claims will be made in pounds sterling into the UK bank account nominated at the point of claim submission.

We cannot pay more than the amount listed in your Benefit Schedule for any Period of Cover. If the amount claimed exceeds the benefit amount for the benefit category in your Period of Cover, we will reimburse up to the maximum amount remaining for your Period of Cover, subject to any claims already made for that benefit.

If we overpay you for a claim (reimburse more than you are entitled to under your Employer's Policy), we reserve the right to recover the overpayment or deduct the equivalent amount from a future claim.

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5. Making a complaint

If you have a complaint you should, in the first instance, contact Unum:

Telephone us on: 0345 600 6763

Email us at: complaints@unum.co.uk

Write to us at:
Complaints Team Manager
Unum Limited
Milton Court
Dorking
Surrey
RH4 3LZ

Information is also available on our website: https://www.unum.co.uk/complaints.

We will do our best to resolve your complaint, but if your complaint has not been resolved within 8 weeks, we will explain why it remains unresolved and inform you of your right to refer the matter to the Financial Ombudsman Service (FOS). Once we have finished investigating your complaint we will issue a Final Response Letter. If you remain dissatisfied, you may have the right to refer the matter to the FOS. You must refer any complaint to the FOS within 6 months of the date of the Final Response letter. Please note that some cases may not be eligible for referral to the FOS.

You can contact the FOS at:

Exchange Tower
Harbour Exchange Square
London
E14 9SR

Email: complaint.info@financial-ombudsman.org.uk.

Financial Services Compensation Scheme

In the event of Unum being unable to meet its financial obligations, you may be entitled to compensation under the Financial Services Compensation Scheme (FSCS).

For more information about the FSCS, visit their website: www.fscs.org.uk or call them on 0800 678 1100.

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6. Cover under multiple policies

Cover under multiple Unum Dental policies

You cannot hold cover under more than one Unum Dental policy. So, if you work for more than one Employer and you have cover with both, or if you are named as an Eligible Dependant under a family member's Unum Dental cover, you will need to choose which cover you wish to keep.

Cover under another policy

You must tell us if you intend to make a claim under more than one policy for the same Treatment and give us details of the other insurer with your consent to us contacting them for the purpose of assessing the claim. We reserve the right to pay a portion of the claim amount to ensure that the aggregate reimbursement sum does not exceed the settled invoice.

Fraudulent claims

Please note that it is fraudulent to attempt to obtain reimbursement from multiple insurance policies (or by submitting multiple claims for the same Treatment under one policy) which together exceed the initial Treatment cost incurred.

In any event, if a claim is found to be fraudulent, we will not pay that claim. We will be entitled to recover any benefits paid by us in respect of the fraudulent claim. We reserve the right to inform law enforcement agencies of any fraudulent claims identified.

Unum reserves the right to contact your Employer (as the Policyholder) in the event of a fraudulent claim being identified and to end your cover under your Employer's Policy.

7. Financial crime and trade sanctions

We will comply with all applicable law relating to the prevention and detection of financial crime.

We will not provide cover if we believe that you or an Eligible Dependant may expose us to the risk of being or becoming subject to any sanction, prohibition or adverse action by: the Government of the United Kingdom; the Government of the United States of America; the United Nations; the European Commission; or the Council of the European Union. If you, an Eligible Dependant is a Designated Person we can also deny payment of benefit.

Designated Person means the same as defined under the Sanctions and Anti-Money Laundering Act 2018 or as amended from time to time.

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8. How we use your data

Definitions used in this section (such as Data Controller and Personal Data) have the definitions given to them in Data Protection Laws.

We are Data Controllers for insurance purposes. All Personal Data relating to you and your Eligible Dependants shall be collected, shared and processed in accordance with the Data Protection Laws. Please see our Privacy Notice on our website (https://www.unum.co.uk/privacy-notice) for more detail on how we collect, share and process Personal Data.

We shall only process Personal Data in connection with providing the insurance coverage under this policy. This shall include, but not be limited to:

- assessing the risk associated with the policy;
- for determining a premium for coverage under the policy, quoting for, setting up, hosting and administering the policy;
- assessing the rights, obligations and liabilities of the parties under the policy including assessing claims, or electing to exercise any such rights where applicable; and/or
- complying with all applicable law and regulation.

We shall not process Personal Data in a way that is incompatible with the purposes described above.

Where required and subject to your consent, medical service providers, including dentists, may be asked to supply us with further information in respect of your claim.

All Personal Data and any other information we receive in respect of your Employer's policy will be treated as confidential by us and accessible only to our authorised representatives. We shall ensure that we have appropriate technical and organisational measures in place, to protect Personal Data against unauthorised or unlawful processing and against accidental loss, destruction or damage.

We may collect Personal Data directly from you when you make a claim. We will ensure that we have a lawful basis for collecting and processing any such Personal Data. You will be acting on behalf of your Eligible Dependants, and with their consent, when you provide us with Personal Data relating to them.

All Personal Data we collect and process shall be hosted in the United Kingdom / European Economic Area.

If there is a breach of Personal Data, we shall notify you and provide you with full information of any such breach as required under Data Protection Laws.

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