



Dencover Dental Insurance Application Form

TO BE COMPLETED BY THE APPLICANT:

- To apply for '3 in 1' dental insurance, please complete the form below. Your information will be kept secure at all times.
- Once you receive your policy documentation, you will have 14 days to consider the policy. If you have any questions about your policy documentation, or for any reason you do not wish to proceed, please call **0845 123 1078**.

POLICY REQUIRED:

Please tick where appropriate:

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- | | |
|--|-------|
| Individual (for a single adult) £15.99 per month | |
| Couple (for two adults*) £29.99 per month | |
| One parent family (1 adult and up to four children*) £28.99 per month | |
| Family (2 adults and up to four children*) £44.99 per month | |

** Please complete details of all dependants overleaf*

APPLICANT INFORMATION:

Salutation (Dr / Miss / Mr / Mrs / Other - please state)

First Name;

.....

Surname;

.....

Date of Birth / / (DD / MM / YYYY)

Gender: Male / Female

ADDRESS INFORMATION (of main applicant):

Address

.....

Postcode.....

Contact no..... home / work / mobile

Email.....

PLEASE SEND YOUR COMPLETED APPLICATION FORM TO:

DENCOVER
5th Floor
3 St Helens Place
London
EC3A 6AB

Continued overleaf...

***ADDITIONAL PARTIES** (If applicable)

1) PARTNER:

First Name **Surname**

Date of Birth / / **Gender: Male / Female**

2) CHILD 1:

First Name **Surname**

Date of Birth / / **Gender: Male / Female**

3) CHILD 2:

First Name **Surname**

Date of Birth / / **Gender: Male/ Female**

4) CHILD 3:

First Name **Surname**

Date of Birth / / **Gender: Male / Female**

5) CHILD 4:

First Name **Surname**

Date of Birth / / **Gender: Male / Female**

** See 'Key Facts' Document for definitions*

PAYMENT DETAILS

Direct Debit Details:

Name of Account Holder:.....

Bank Account Number:.....

Bank Sort Code / /

DENTAL FITNESS CONFIRMATION:

I confirm that I / we (refers to any of the parties listed) have visited the dentist in the last 12 months ✓

I confirm that I am / we are not currently undergoing any dental treatment and that no treatment is prescribed or planned

I confirm that I have read and understood the Key Facts Document relating to this product

SIGNED..... **DATE** / /

Visit us at www.dencover.com or call 0845 123 1077