

Dental Implant Policy

Application form



Giving you something to smile about

Once you decide to invest in a beautiful smile you'll want to make sure you look after it. Cigna can help you by providing cover for the costs of repairing or replacing your dental implant. Dental Implant Policy provides three main types of cover:

- Failure of a dental implant to integrate: If your dental implant does not integrate after correct placement or if that integration later breaks down, then you will be covered for alternative treatment.
- Accidental damage to a dental implant: If your dental implant is damaged by an impact to your mouth, then you will be covered for repair.
- Treatment in an emergency situation: If you experience pain, swelling or bleeding, for example, while you are away from home, then you will be covered for treatment to stabilise the problem.

The Dental Implant Policy does not cover treatment which is:

- purely cosmetic
- obtained outside the UK*
- as a result of normal wear and tear

or loss or damage to your dental implants which is related to:

- professional or amateur sports**
- equipment failure or dentist negligence
- oral hygiene routine

Details of the full exclusions can be found in the policy terms and conditions

* except in the case of dental emergency overseas

** unless a mouthguard is worn

Starting Cover

Getting cover for your dental implants could not be easier. Just follow these four simple steps.

1	Find out from your dentist the cost of your dental implant treatment.
2	Contact Cigna for an instant quote using the details below.
3	Fill in the application form on the other side and send it off to Cigna along with your treatment plan in the prepaid envelope provided.
4	Once your application has been accepted by Cigna, you will receive a welcome pack with information on your cover and the policy terms and conditions.

Contacting Cigna

To find out more about Cigna Dental Implant Policy or to request a quote please contact us at:

Web: www.cigna.co.uk

Or alternatively you can contact us on:

Tel: 01475 551403

Email: smyle@cigna.com

TO BE COMPLETED BY THE PATIENT

Title:		Forename:		Surname:	
Address:					
Town:		Postcode:			
Telephone number:		Date of birth:			
Do you smoke cigarettes or cigars?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes how many do you smoke a day?		
Do you suffer from diabetes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Surgical dentist name, address and telephone number: (Stamp if available)			Restorative dentist name, address and telephone number: (Stamp if available)		

Declaration

I confirm that all of the above details are correct and therefore form the basis of my membership to Cigna's Dental Implant Policy. By signing below I agree to remain a member of the plan for 12 consecutive months and understand that the premium being paid is for a full or part of one year. I consent to Cigna processing my data in accordance with the Data Protection Act.

Signature: _____ Date: _____

Instruction to your Bank or Building Society to pay by Direct Debit (if applicable)



Originator's reference number - 907195	
To: The Manager of (Bank or Building Society name):	
Bank or Building Society address:	
	Postcode:
Name(s) of account holder(s):	Branch sort code:
Bank or building society account number:	Reference number (for official use only):
Indicate preferred payment period:	Monthly <input type="checkbox"/> Annually <input type="checkbox"/>

Instruction to your bank of building society

I/We instruct you to pay Direct Debit from my/our account at the request of Cigna Life Insurance Company of Europe S.A.-N.V. The amounts are variable and may be debited on various dates. I/We understand that Cigna Life Insurance Company of Europe S.A.- N.V. may change the amounts and dates only after giving me/us prior notice. I/We will inform the Bank or Building Society in writing if I/we wish to cancel this instruction. I/We understand that if any Direct Debit is paid which breaks the terms of this instruction the Bank or Building Society will make a refund.

Signature(s) _____ Date

D	D	M	M	Y	Y	Y	Y
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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. If the amounts to be paid change or the payment dates change, you will be told of this in advance by at least (28 days) as agreed. If an error is made by us or your Bank/Building Society, you are guaranteed a full 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 us.