

LAMP's Dental Implant After Care will give you even more to smile about.

LAMP are a specialist legal, medical and dental insurer providing cover to customers all over the world. **Dental Implant After Care** is specifically designed so that Implant patients can receive the reassurance that their investment is protected.

LAMP Dental Implant After Care offers you*:

- Cover for failure of your implant to integrate
- UK Dental accident and emergency treatment
- Overseas Dental accident and emergency treatment
- Dedicated 24 hour dental helpline (+44 (0)20 8762 8364)
- Worldwide network of dentists

* Subject to the Policy Terms and Conditions

This is what we don't cover:

- Implants that have not been loaded as per manufacturer's instructions
- Treatment which is solely attributable to smoking
- Treatment which is purely cosmetic
- Treatment required due to normal wear and tear

Policy Duration: The policy is valid for an initial **12 month** period. Shortly before expiry we shall contact you to consider renewal for a further 12 month period.

We accept payment by: **Direct Debit, Credit / Debit Card** (except Electron, Solo & Amex) or **Cheque** (made payable to Lamp Insurance Company Limited).

This is the Premium: **£75** per implant for new implants placed within the last year or **£60** per implant for existing implants placed over 1 year ago.

Your Rights to Cancel: If you are not satisfied with the policy for any reason, it may be returned to us for annulment within 14 days from the date of issue or receipt of the certificate of insurance.

How to apply: Simply complete the **Application Form** overleaf and return in a **Pre-paid envelope** along with your **payment information** to: LAMP Services Limited**, Chester House, Harlands Road, Haywards Heath, RH16 1LR. If you need any assistance please call the Dental Department on 01444 444 957

NOTE: Cover will commence upon our acceptance of your application. If your application is rejected we will notify you in writing.

** LAMP Services Limited is authorised and regulated by the Financial Services Authority / *** This Policy is underwritten by LAMP Insurance Company Limited who are licensed by the Chief Executive of the Gibraltar Financial Services Commission under the Insurance Companies Ordinance.



Bright thinking that makes the difference.

www.lampinsurance.com

APPLICATION FORM

Title: Mr/Mrs/Ms/Miss/Other: _____
 First Name: _____
 Surname: _____
 Address: _____
 Town: _____
 City: _____
 County: _____
 Postcode: _____
 Tel No: _____
 Email address: _____
 Date of Birth: ____/____/____
 Patients must be over 18. If patient is over 80 an Oral Fitness certificate must accompany this form

Do you smoke cigarettes/cigars? Yes No

If yes, how many per day? _____

Do you suffer from Diabetes? Yes No

Surgical Dentist Name and Address (stamp if available):

Restorative Dentist Name and Address (stamp if available):

No. of implants placed: _____
 Tooth position: _____
 Implant manufacturer: _____
 Total treatment cost: £ _____
 Surgical S/C classification: Simple Complex

Are any of the implants replacements? Yes No

If yes, which ones? _____

Does the implant incorporate bone grafting or additional bone augmentation? Yes No

Are you orally fit? Yes No

Is there an oral hygiene programme? Yes No

Date Implants placed: ____/____/____

Cover to commence from: ____/____/____
 if not placement date then there is a 6 month waiting period for failure to integrate from date of cover

Have any previous implants been placed? Yes No

If yes, are they insured? Yes No

If no, is insurance required? Yes No
 (if yes, we will write to you inviting you to protect them)

If Yes, with whom? _____

Declaration: See Policy Terms and Conditions for full details, a copy of which can be obtained by contacting LAMP. I confirm that all of the above details are correct and therefore form the basis of my membership to the LAMP Dental Implant After Care Plan. By signing I agree to remain a member for 12 consecutive months and understand that the premium is for a full year.

Signature: _____ **Date:** ____/____/____

PAYMENT DETAILS: I wish to pay by Cheque Credit Card please make cheques payable to Lamp Insurance Company Ltd

Name on card: _____ Type of Card _____

Card number: _____

Start date: ____/____ Expiry Date: ____/____ Issue No: _____ Card Security: _____
 (last 3 digits on signature strip)

Signature: _____ **Date:** ____/____/____

Instruction to your Bank or Building Society to pay by Direct Debit Originator's Identification No. **9 9 5 9 3**

Name(s) of Account Holder(s)

Bank/Building Society Account Number

Branch Sort Code

Name and full postal address of your Bank or Building Society
 Bank/Building Society _____
 Address _____ Postcode _____

Instruction to your bank or Building Society: Please pay LAMP Insurance Company Limited Direct Debits from the details on this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with LAMP Insurance Company Limited and, if so, details will be passed electronically to my bank/building society.

Please tick appropriate box(es): Annual Monthly If paying monthly, payments are to be taken on 1st 15th

Signature(s): _____ **Date:** ____/____/____

Banks and building societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the Payer.

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 or Building Society.
- If the amount to be paid or the payment dates change Lamp Insurance Company Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Lamp Insurance Company Ltd 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 us.

