

DentaCare



Levels 2-4 Dental Plan

Dental company paid/flex terms and conditions



Welcome to this explanation of how **your plan** works. Please read these pages carefully as they tell **you** what is covered under **your plan** and what **you** need to do when making a claim. To make things clearer for **you**, **we** have defined certain words in Section 16. They appear in **bold** in this document and within the **list of benefits** in **your guide to claiming**. Alongside this information about **your plan** you also need to read the current **list of benefits** within the **guide to claiming**.

If **you** don't understand anything, please phone **us** on the **Cigna** helpline number.

1. What does my plan cover?

It provides cover for:

- dental **treatment**
- **oral cancer** diagnosis and **treatment**

as detailed in the **list of benefits**, that is carried out privately or under the National Health Service (NHS).

Claims for dental **treatment** following an **accident**, dental implants, **oral cancer** or for **treatments** listed under the **major treatment** section of **your list of benefits**, won't be paid unless the **treatment** has been pre-authorised by the **Cigna** Customer Services Team. Please take extra

care to ensure that **you** have received authorisation before **you** go ahead. **You** should make payment to **your dentist** first and claim a refund from **Cigna**.

2. When does cover start for me and my family?

An **eligible employee** becomes a **member** of the **plan** when they fulfil the eligibility conditions agreed between **Cigna** and the **employer** as detailed in the **policy schedule**. An **eligible employee** or **dependant** must join the **plan** within 30 days of first becoming eligible. Otherwise they'll be unable to get cover until the following **annual renewal date**, when they will again have 30 days to join the **plan**.

Eligible employees and **dependants** will be listed on the **membership certificate** **we** will provide to the **member**.

You're eligible to join the **plan** if:

- **you** live permanently in the **United Kingdom**
- **you're** aged over 16 on the **effective date**.

Your spouse or partner and any unmarried dependent children under 18 (or under 24 if in full-time education or training) on the

effective date may be allowed to join the **plan** if **your employer** has agreed to this. If **your spouse** or dependent children are eligible the following rules apply:

- If **you** have another child at a later date (including fostered, adopted and stepchildren), they will be accepted as a **dependant** and will be covered from the date **your employer** advises **us**. For stepchildren, fostered and adopted children, please provide appropriate evidence of the fact that the child is **your** step-child, adopted child or is fostered by **you**, as applicable
- If **you** marry, form a civil partnership or **your** unmarried partner moves in with **you** after the **effective date**, **your spouse** may be covered under the **policy** following this event.

You and **your** covered **dependants** are eligible for benefit on the **effective date**. The exception is benefit for orthodontic **treatment** which is available to **dependants** under the age of 18 subject to the **qualifying period**. **Treatment** begins on the date of initial consultation.

You cannot be covered under the **plan** as a **member** and **spouse** at the same time.

3. What costs will I be covered for?

We will refund the costs of dental **treatment** as detailed in the **list of benefits** that is carried out privately or under the NHS. In any one **year of insurance**, any costs over the **annual maximum benefit** won't be covered. We'll use the **list of benefits** that is current when **treatment** is given. In all cases, the amount **we** pay is subject to:

- the limits shown in our **list of benefits**
- any restrictions detailed in the **list of benefits** on the number of times certain benefits are payable
- any overall **annual maximum benefit** in the **list of benefits**
- the exclusions in these **policy** terms and conditions
- **you** or **your dependant** providing **us** with satisfactory evidence to support the claim.

If a dental **accident** or **emergency** takes place in the **United Kingdom** or overseas, **we'll** pay for **treatment** for the immediate relief of pain, swelling or bleeding, for **you** or **your dependants** covered under the **plan**.

You must get pre-authorisation from **us** before going for corrective **treatment** relating to a dental **accident**. **We'll** pay for any necessary corrective treatment for **you** or **your dependant's** covered under the **plan**. The amount **we'll** pay for dental **accidents** and dental **emergencies** is subject to the maximum **accident** and **emergency** cover in the **list of benefits**, but is in addition to **your annual maximum benefit**. In any one **year of insurance**, cover for overseas **accident** and **emergency treatment** is only available for a cumulative total of three months spent outside the **United Kingdom**.

Where fully restorative **treatment** is needed after temporary **treatment** during a dental **emergency**, this is covered within the normal **policy** terms and conditions and is subject to the overall **annual maximum benefit**.

If **you** or **your dependant** is diagnosed with **oral cancer**, **we** will pay an amount up to the maximum shown in the **list of benefits**. For **oral cancer**, benefits shown in the **list of benefits** are payable only for diagnostic and **treatment** procedures confirmed by definitive diagnosis following biopsy. Benefits will be paid only for **treatment** given by a consultant who is recognised as a **specialist** in cancer treatment by the NHS. **You** should note that a **lifetime limit** of benefit applies to

oral cancer diagnosis and **treatment**. The **lifetime limit** will be detailed in the **list of benefits**.

Satisfactory evidence of the claim must be provided to **us** and benefits will be paid only for **oral cancer treatment** received within 12 calendar months after the date of diagnosis.

We will pay benefit for the placement of a dental implant, including any attaching prosthetic device (such as a crown, bridge or dentures) up to the annual implant benefit limit detailed in the **list of benefits**. **Treatment** must be provided by an implantologist. All **treatment** for dental implants must be pre-authorised by **Cigna**. The annual implant benefit limit applies irrespective of the number of implants placed. If the implant fails, **we** will not pay benefit for any replacement implant or **treatment** resulting from the implant failure.

When **you** or **your dependant** can be reimbursed for **treatment** from any other source as well as this **policy**, **we'll** only be liable for a fair proportion (agreed with the other source) of the benefit due. See Section 11 for more details.

4. What isn't covered by this plan?

We will not pay claims for the following conditions, **treatments** and incidental costs:

4.1 Where **your** claim is for the following specific types of **treatment** or **treatment** settings that are not covered by the **plan**:

- a) Any **treatment** not listed in the **list of benefits**.
- b) Any **major treatment** that we haven't preauthorised.
- c) **Major treatment** on **deciduous** teeth for dependent children.
- d) **Treatment** for procedures and materials which are experimental, unproven or which do not meet accepted dental standards.
- e) **Treatment** connected to injuries **you** cause yourself.
- f) **Treatment** caused by injuries or illness resulting from **you** behaving illegally.
- g) Injury or disability that has been caused or exacerbated by war, invasion, terrorist or military activity, or while at work for the army, naval or air services.

- h) **Treatment** that is purely **cosmetic**.
- i) **Treatment** not considered necessary for continued **oral health**.
- j) **Treatment** that takes place outside the **United Kingdom**, other than dental **accidents** and **emergencies** that take place overseas.
- k) Any orthodontic **treatment** for all **members**, and dependent children over age 18.
- l) Any **treatment** for replacing a bridge, crown or denture which is or can be made useable according to accepted dental standards.
- m) Any **treatment** for replacing a conventional bridge, crown or denture within five years of original fitting. The exceptions are:
 - damage beyond repair, while in the mouth
 - as a result of an injury not excluded under the **policy**, and
 - when the damage took place while insured under the **policy**.
- n) **Treatment** for dental implants, directly or indirectly related to any of the following:

- failure of the implant to integrate
 - replacement of the implant following failure, including replacement of any attaching prosthetic device (such as a crown, bridge or dentures)
 - breakdown of **osseointegration**
 - **peri-implantitis**.
- o) **Treatment** for:
- porcelain or acrylic veneers on the upper and lower first, second and third molars and premolars.
 - crowns or pontics on or replacing the upper and lower first, second and third molars unless they are constructed of either porcelain bonded-to-metal or metal alone e.g. gold alloy crown.
- p) **Treatment** related to all professional sports injuries.
- q) **Treatment** related to the following amateur sports: boxing, hockey, rugby, shinty and martial arts, except where mouth guards are worn.
- r) Buying and replacing mouth guards.

- s) **Treatment** for bite registration, precision or semi-precision attachments.
- t) Procedures, appliances or restorations (except full dentures) whose main purpose is to:
 - change vertical dimensions
 - provide surgical treatment of conditions or dysfunction of the temporomandibular joint
 - restore occlusion.
- u) **Oral cancer** which:
 - is diagnosed before **you** or **your dependant** joined the **plan**
 - is diagnosed within 90 days of **you** or **your dependant** joining the **plan** or for which tests or consultations began within those 90 days even if the diagnosis is not made until later
 - is related in any way to HIV infection or AIDS
 - resulted from the chewing of tobacco products (including betel nuts) or from prolonged alcohol abuse.

4.2 Where **your** claim is for the following specific charges and fees

- a) Charges for **treatment** which has not yet taken place.
- b) Expenses for **your dentist's** fees including filling in a claim form or other administration-related charges.
- c) Charges for missed or cancelled appointments.
- d) Charges partly or wholly absorbed by the NHS that are not **your** responsibility.
- e) Charges or fees for replacing any dental appliance or **prosthesis** which is lost or stolen.
- f) Charges or fees for instruction for plaque control, oral hygiene and diet.
- g) Charges or fees for medical procedures, services and supplies including:
 - prescribed drugs
 - mouthwashes
 - procedures, services and supplies provided in a **hospital**.

The exceptions to this are charges for **treatment** and **hospital** stays where a valid **oral cancer** claim is made.

- 4.3 Where **your** claim is for any expenses which **you** have claimed or can claim from another source or insurance (see Section 11 for more information on this).

5. How and when do I make a claim?

Before **you** make a claim please refer to the **guide to claiming**.

- a) Claiming Process
If **your** claim is for an **accident**, dental implants, **oral cancer treatment** or **major treatment** as described in the **list of benefits**, **you** must get pre-authorisation from **our** Customer Service Team before **treatment** starts. **We** may need to see x-rays and/or study models to help **us** assess the appropriateness of the **treatment**. In the case of **oral cancer**, **we** will need to see a report of definitive diagnosis following biopsy.

For claims for overseas dental **emergency treatment you** or **your dependant** can complete the claim form, so long as **you** send it to **us**

with a signed statement from the **dentist** who provided the **emergency treatment**. This statement should describe the **treatment** provided. **You** must also provide evidence of the time spent overseas.

The benefit will be paid in pounds sterling using a suitable exchange rate chosen by **us**. **We'll** pay **you** or **your dependant** directly, as appropriate.

You or **your dependant** must notify **us** of an **accident** within 14 days of the **accident**. If any **emergency treatment** to relieve pain, swelling or bleeding is required as a result of the **accident** a signed statement must be provided by the **dentist**. If further definitive **treatment** is required, a **treatment** plan must be submitted to **us** prior to the start of any **treatment**.

All **treatment** arising from an **accident** must be completed within 12 months of the date of the **accident**, unless **you** or **your dependant** has written authorisation from **us** to pay treatment costs outside this period.

In all cases, **we** will ask **you** to provide one or more of the following to let **us** assess the validity of the claim and appropriateness of the **treatment**:

- A report from the **dentist** describing the cause of the **accident** and the **treatment** provided.
 - A photograph of **your** face showing the external trauma.
 - X-rays and/or study models.
 - A copy of any official **accident** report (for example from police, fire, ambulance, school, **employer**).
 - A signed statement from **you** confirming the cause of the **accident** and injury.
- b) Claiming online
Registered users of the **member** portal can submit claims through this secure site in an easy to follow process. Just click the 'My Claims' section. **We** will get in touch if **we** need any more information about **your** claim, which might include asking **you** to fully complete a **Cigna** dental claim form or submit original receipts.
- c) Claiming by email
You can send **your** claims to **us** on a **Cigna** dental claim form. This must be completed by the **dentist**. Please scan

both sides of **your** completed claim form and corresponding receipts, and email them to smyle@cigna.com. **We** may contact **you** and ask **you** to submit original receipts.

- d) Claiming by post
You can post **your** claims to **us** on a **Cigna** dental claim form which must be completed by the **dentist**. **You** must send the original receipts for payment with the completed claim form.
- e) In all cases **you** should make payment to your **dentist** first and claim a refund from **Cigna**. Regardless of the method of claims submission, **your** claim must be received by **us** within 90 days from the start of the **treatment**. If **you** don't submit **your** claim and receipt within this time, **your** claim will be denied. **We** will get in touch if **we** need any more information about **your** claim, which might include asking **you** to fully complete a **Cigna** dental claim form, or submit original receipts, if **you** haven't already. Where **you** choose to have **your** benefit paid directly into a bank account, **we** will pay this to the account **you** have detailed on **your** claim submission.

6. When does my cover end?

6.1 Cover will normally come to an end for **you** and **your dependants** in the following situations.

- If **you** die. **Your employer** may agree to continue cover for **your dependants** up to the next **annual renewal date** when they can apply to join a **Cigna** dental continuation plan. All applications are accepted at **our** discretion.
- If **you** stop working for **your employer**. Cover will stop on the date that **your** employment ends. **You** can apply to join a **Cigna** dental continuation plan. All applications are accepted at **our** discretion.
- If **your employer** stops paying premiums for **you** and any **dependants**.

6.2 Cover will end for a **dependant**:

- if they die
- if they're no longer **your dependant**. They can apply to join a **Cigna** dental continuation plan. All applications are accepted at **our** discretion.

Cover will end on the next **annual renewal date**. If **you** get divorced or no longer live together or dissolve the civil partnership, **your** former partner will no longer be a **dependant** for the purposes of this **plan**. Cover for **your spouse** ends as soon as the final decree/final dissolution order has been granted.

You or **your dependant** must apply to **us** within 30 days of the date cover ends under Sections 6.1 and 6.2 above if **you** wish to join a **Cigna** dental continuation plan. The conditions **we** set for **our** dental continuation plans may be different from those detailed for this **plan**. All applications are accepted at **our** discretion.

6.3 Cover will end for all **members** and **dependants**:

- on the **annual renewal date** after **we** give **your employer** at least 28 days' notice that the **plan** is about to end, or
- if **your employer** does not pay the premiums owed under the **policy** within the **days of grace**.

6.4 Please note that **we** won't be responsible for any costs, including costs for preauthorised **treatment**, if

the **plan** ends or **you** leave the **plan** before **treatment** has taken place.

7. Who is responsible for providing the information for administering the plan?

Your employer must give **us** all the information **we** request, in writing, to work out the premium. **You** are responsible for making sure **we** have enough information to pay **your** claims. Remember to tell **your employer's** plan administrator about any changes to **your** name or address, to ensure **our** records are up to date.

8. How is the policy renewed?

Depending on Section 9, the **plan** will continue for the period shown in the **policy schedule**. It may continue after that if **we** and **your employer** agree.

9. Will there be any changes to my plan's conditions?

We can end the **policy** or change any of its conditions. If the **policy** changes because of new laws, **we'll** write and tell **your employer**. Otherwise, **we'll** give the following notice:

- For changes to the **list of benefits**, **we** will give **your employer** at least 28 days' notice in writing. The effective date of the changes will be shown on the notice and the new **list of benefits** will apply after this time. Any reduction in benefits will take effect from the **annual renewal date**.
- For changes to the conditions or if **we** end the **plan**, **we** will give **your employer** at least 28 days' notice in writing. The change will take place or the **plan** will end on an **annual renewal date**.

We may be able to end or change **your** cover or **your dependants'** cover, or reduce or reject your or **your dependants'** claim, at any time if either of the following happens:

- if **you** (or **your dependants**) have not provided all information honestly and fully in response to **our** questions, or have broken the conditions of the **policy**.

- If **you** or any of **your dependants** no longer live full time in the **United Kingdom**.

10. How should payments be made?

Your employer must make any payments in pounds sterling to our administration office, 1 Knowe Road, Greenock, Scotland PA15 4RJ.

11. Other insurance and Cigna's right of subrogation explained

You must tell **us** in writing as soon as possible about any claim or right of legal action against any other person that arises from a claim under this **plan**. **You** must keep **us** fully informed of any developments. If another insurer provides cover, **we'll** negotiate with them to make sure we both pay our share of the claim. If **we** ask **you**, **you** must take all steps to include the amount of benefit **you** are claiming from **us** under this **plan** in **your** claim against the other person. **We** can take over and defend or settle any claim, or prosecute any claim in **your** or **your dependant's** name for **our** own benefit. **We** will decide how to carry out any proceedings and settlement. **Cigna's** recovery rights will be limited to the costs

of **treatment** claimed and paid under this **plan**. Providing the claim is eligible for cover within the terms and conditions and benefit limits of this **plan**, the recovery by **Cigna** of claims costs from a third party will not delay or prevent the payment of **your** claim by **Cigna**. **Cigna** will not pay for the proportion of any **treatment** which is over the benefit limits in the **list of benefits**.

12. What should I do if I want to complain?

If **you** have any cause for complaint, please contact **Cigna** in the first instance at 1 Knowe Road, Greenock, Scotland PA15 4RJ.

If the complaint is not resolved to **your** satisfaction, **you** may refer **your** complaint to the Financial Ombudsman Service (FOS) at:

The Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London E14 9SR

The FOS can adjudicate most (but not all) complaints. Their decision is binding on **us** but **you** may reject it without affecting **your** legal rights.

13. Regulatory information

Cigna Life Insurance Company of Europe S.A.-N.V., UK Branch, with its registered office at Chancery House, 1st Floor, St Nicholas Way, Sutton, Surrey SM1 1JB, is the UK Branch of Cigna Life Insurance Company of Europe S.A.-N.V.

Cigna Life Insurance Company of Europe S.A.-N.V. is a private limited liability company under Belgian law, with its registered office in Belgium, 52 Avenue de Cortenbergh, 1000 Brussels, authorised by the National Bank of Belgium and subject to limited regulation by the UK Financial Conduct Authority and Prudential Regulation Authority.

Details about the extent of **our** regulation by the Financial Conduct Authority and Prudential Regulation Authority are available from **us** on request.

For more information on Cigna's Companies please also see the European website www.cigna.be.

14. What about data protection?

Telephone calls to and from **our** organisation are recorded to help **us** monitor and improve the service **we** provide to **you**.

Under the Data Protection Act 1998, **we** act as the Data Controller for the personal information **we** hold about **you**. This will be processed by **us** to carry out **our** obligations and **we** may need to share it with authorised third parties. Further details of the ways in which **we** might process **your** data can be found in **our** privacy section at www.cigna.co.uk. If **you'd** like a copy of the information **we** hold about **you**, please write to **us** quoting **your Cigna** ID number. Please note that **we** may charge a fee to provide this information.

Please ensure **our** records are up to date by telling **your employer's plan** administrator about any changes to **your** circumstances, name or address. From time to time **we'd** like to tell **you** about other products or services that may interest **you**. However, if **you** don't want to hear from **us**, please just write to **us**.

To help **us** detect and prevent fraud, **we** may need to share **your** personal information with other insurers or organisations.

15. Law and interpretation

The **policy** is governed by English Law. Please note that the words and phrases in **bold** all have special meanings which are defined below in Section 16. No person other than the **insurer** or the **employer** may enforce this **policy** by virtue of the Contracts (Rights of Third Parties) Act 1999.

16. What do these words mean?

Cigna, we, us, our, the insurer – Cigna Life Insurance Company of Europe S.A.-N.V., 1 Knowe Road, Greenock, Scotland PA15 4RJ

You, your - **you** as a **member** and **your dependants**, if they're eligible.

- 16.1 'Accident' - an unforeseen event caused by external trauma (i.e. an external blow to the mouth) and solely as a result of non-self-inflicted direct extra oral impact to **your dentition** and supporting structures (this includes dentures whilst being worn).
- 16.2 'Annual maximum benefit' - the annual monetary amount covered in any one **year of insurance**.

- 16.3 'Annual renewal date' - the **annual renewal date** shown in the **policy schedule**.
- 16.4 'Cosmetic' - services, procedures or items which are supplied just for aesthetic purposes and are unnecessary for maintaining an acceptable standard of **oral health**.
- 16.5 'Days of grace' - a period of 14 days after the date on which a premium is due. **We** will not pay any claims received during this period until **we** have received the premium owed.
- 16.6 'Deciduous' - the first teeth which are usually lost and replaced by permanent teeth.
- 16.7 'Dentist' - a dentist, dental surgeon or dental practitioner registered with the General Dental Council.
- 16.8 'Dentition' - the type, number, arrangement, alignment and appearance of teeth (includes dentures).
- 16.9 'Dependant' - **your spouse**, and **your** unmarried dependent children if they're under 18, or under 24 and in full-time education.
- 16.10 'Effective date' - the date cover starts for each **member** or **dependant** as shown in the **membership certificate**.
- 16.11 'Eligible employees' - employees who the **employer** has notified **us** as being eligible for membership.
- 16.12 'Emergency' - when severe pain not stopped by painkillers, or facial swelling, or uncontrollable bleeding from the oral cavity takes place outside **your** (or **your dependant's**) **dentist's** business hours, or when **you** (or **your dependant**) is staying in another location. Palliative **treatment** is covered to stabilise the immediate problem and relieve severe pain, swelling or bleeding.
- 16.13 'Employer' - **your** employer as named in the **policy schedule**.
- 16.14 'Guide to Claiming' - information available to **you** in a leaflet or via a website which sets out the steps **you** need to take and tells **you** who **you** need to contact when making a claim. It also contains the **list of benefits**.
- 16.15 'Hospital' -
- NHS hospital - a national health service hospital, with facilities for medical and surgical **treatment**, as defined in Section 128 of the National Health Service Act 1977 or in any future law.
- Private hospital - an independent hospital which can provide acute medical, surgical or psychiatric care. It must be registered under The Registered Homes Act (1984) or any future law. It may be a private bed in a NHS hospital.
- 16.16 'Hygienist' - a hygienist registered with the General Dental Council.
- 16.17 'Lifetime limit' - the maximum level a **member** can claim for the life of their **policy**.
- 16.18 'List of Benefits' - **our** latest list of benefits payable for different **treatment** and service items which **you** will find in **your guide to claiming**.
- 16.19 'Major treatment' - all major treatment as outlined in the **list of benefits**.
- 16.20 'Member' - an **eligible employee** covered under the **plan**.

- 16.21 'Membership Certificate' - the latest certificate **Cigna** provides to the **member**. It shows the **policy** number, **Cigna** ID number and details of who is covered.
- 16.22 'Oral cancer' - a malignant tumour or neoplasm within any of the hard or soft tissues of the oral cavity (mouth). The oral cavity includes the lips, the buccal mucosa, the teeth, the gums, the front two-thirds of the tongue, the floor of the mouth below the tongue, the hard palate and the retromolar trigone.
- 16.23 'Oral Health' - a sufficient standard of oral health of the teeth, their supporting structures and other mouth tissues, to ensure dental efficiency and safeguard general health.
- 16.24 'Osseointegration' - integration with the bone.
- 16.25 'Peri-implantitis' - the destructive inflammatory process affecting the soft and hard tissues surrounding a dental implant.
- 16.26 'Plan' - **your employer's Cigna** Dental Plan of which **you** are a **member**.
- 16.27 'Policy' - a document **we** send to **your employer** which includes the policy conditions, **policy schedule**, **list of benefits**, and proposal form.
- 16.28 'Policy Schedule' - a document **we** send to **your employer** with the **policy** that details any endorsements or notes and is updated for each **year of insurance**.
- 16.29 'Prosthesis' - a fixed or removable appliance to replace missing teeth such as crowns, bridges or dentures.
- 16.30 'Qualifying Period' - the first six months of membership for **dependants** under the age of 18 where orthodontic **treatment** is not covered.
- 16.31 'Sextant' - one sixth of the mouth.
- 16.32 'Specialist' - a **dentist** who:
- has received advanced specialist training
 - practices a particular branch of dentistry
 - is or has been a National Health Service consultant or a **dentist** who **we** choose to recognise because of extra training.
- This definition also includes an oralmaxillofacial surgeon and a qualified oncologist.
- 16.33 'Spouse' - **your** legal husband or wife, or unmarried or civil partner who lives at the same address as **you**, and whom **we** have accepted for cover under the **plan**.
- 16.34 'Start Date' - the date the **policy** comes into effect, as shown in the **Policy Schedule**.
- 16.35 'Treatment' - any dental procedure or service that is carried out or personally controlled by a **dentist**, as well as procedures provided by a **hygienist**, and is included in the **list of benefits**. **Treatment** is always subject to the exclusions described in this guide.
- 16.36 'United Kingdom' - England, Scotland, Wales and Northern Ireland.
- 16.37 'Year of Insurance' - the 12 months from the **start date** or **annual renewal date** during which time this **policy** is valid.



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