## 10180

## West Calder Dental Care

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## **Demands and Needs Statement**

The Dental Injury & Emergency Insurance policy meets the demands and needs of those who want to ensure they have insurance cover for treatment costs arising from dental injury or emergency. This policy is a mandatory part of your dental plan, and no recommendation has been made in connection with this insurance policy.

## Declaration

I confirm that I have read the dental plan explanatory leaflet and the Insurance Policy Summary and have understood all treatment that I am covered for. I am also aware of any registration fee and the date of commencement of cover.

Name:	Signed:	Date: