

Dental Questionnaire

If you choose to complete a paper version of this form, **PLEASE COMPLETE IT IN BLOCK CAPITALS.**

First name

 Surname

 Date of birth

D	D	/	M	M	/	Y	Y	Y	Y
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1. Are dental measures (bridges, crowns, inlays, onlays, implants, etc.) currently being performed or recommended? Yes No

If Yes, please provide details

 Expected cost (incl. currency)

Please attach a treatment/cost plan.

2. Do you suffer from periodontitis (extensive disorder of the gum and the tooth-supporting structures)? Yes No

If Yes, please provide details

 Details of ongoing treatment

 Details of planned treatment

 Expected cost (incl. currency)

Please attach a treatment/cost plan.

3. Dental chart

Please fill in the dental chart below using the abbreviations provided. For your information, the first front tooth on your upper left jaw is referred to as number 21; number 22 is the tooth located to the left of this.

Abbreviations

Currently existing:

- m = missing tooth
- g = gap closure
- c = crown
- f = filling
- b = bridge
- i = implant
- in = inlay
- on = onlay

Planned treatment/procedure:

- I = Implant
- C = Crown
- T = Telescope crown
- ON = Onlay
- B = Bridge
- S = Support element
- IN = Inlay
- M = Metal-ceramic crown

	Right								Left								
Treatment date (MM/YY)																	Treatment date (MM/YY)
Planned treatment																	Planned treatment
Existing																	Existing
Upper jaw	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	Upper jaw
Lower jaw	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	Lower jaw
Existing																	Existing
Planned treatment																	Planned treatment
Treatment date (MM/YY)																	Treatment date (MM/YY)

Example

If you already have an existing crown, the letter "c" must be entered into the "Existing" row (located above or below the number) and in the box that relates to this tooth. Similarly, if an implant is planned, an "I" must be entered into the relevant box on the "Planned treatment" row.

We care about your personal data protection

Our Data Protection Notice explains how we protect your privacy. This is an important notice which outlines how we will process your personal data. You should read it before submitting any personal data to us. To read our Data Protection Notice, visit: www.allianzworldwidecare.com/uk-privacy-notice


Alternatively, you can contact us on 020 8603 9853 to request a paper copy of our full Data Protection Notice. If you have any queries about how we use your personal data, you can always contact us by e-mail at: AzPUKDP@allianz.com

Declaration

Please read the following declarations carefully and only sign below if you understand and accept them.

- (a) I declare that all information supplied above is true and complete, including those answers that are not in my own handwriting. I also declare that I have not suppressed, misrepresented or misstated any material fact. I understand that this application shall be the basis of the contract between AWP P&C SA UK (Allianz Global Assistance) and myself, and that any false, incorrect or misleading statement or non disclosure of material medical information may render the contract null and void.
- (b) I undertake to inform Allianz Global Assistance immediately in writing of any changes in my or my dependants' state of health occurring between completing the Dental Questionnaire and the start date of the contract.
- (c) I agree to waive any rights that I may have to medical secrecy/confidentiality in respect of my medical information and in the context of this application for cover. I consent to allow Allianz Global Assistance, if it considers it appropriate, to check statements concerning my health condition and to check with other healthcare providers all statements concerning previous, or existing contracts I may have applied for.
- (d) Subject to legal restrictions, Allianz Global Assistance (or its medical advisers, appointed representatives or third-party experts in case of disputes) may request medical information about me from medical professionals. In these circumstances I authorise all such practitioners, physicians, dentists, members of medical professions, employees of hospitals and health authorities as well as medical facilities to provide relevant medical information as requested. I also make this statement for my dependants under the age of 18 and for dependants who cannot assess the meaning of this statement.

This declaration and form must be signed and dated by the applicant presenting the dental condition(s). If the applicant is a minor, a parent or guardian should sign this section.

 Signature	Date	<input type="text" value="D"/>	<input type="text" value="D"/>	/	<input type="text" value="M"/>	<input type="text" value="M"/>	/	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
Printed name	<input type="text"/>										

Please return your fully completed questionnaire by:

Email to: underwriting@allianzworldwidecare.com
Fax to: + 353 1 629 7117 or

Post to: Underwriting Team
Allianz Partners
15 Joyce Way
Park West Business Campus
Nangor Road
Dublin 12
Ireland

If you have any questions regarding this Dental Questionnaire, please contact our Helpline on: 0203 5642 546 or email: underwriting@allianzworldwidecare.com

The insurer is AWP P&C SA UK, registered as a foreign company in England and Wales with foreign company n. FC030280. Registered office: 7 Rue Dora Maar, 93400 Saint-Ouen, France. AWP P&C SA UK acts through its UK branch AWP P&C UK, registered in the United Kingdom as a branch of AWP P&C SA (registered branch number: BR015275, registered office: 102 George Street, Croydon, Surrey CR9 6HD).

Authorised by L'Autorité de Contrôle Prudenciel et de Résolution in France and the Prudential Regulation Authority. Subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority. Details about the extent of our authorisation and regulation by the Prudential Regulation Authority and the Financial Conduct Authority are available from us on request.

This policy is supported by AWP Health & Life SA, a limited company governed by the French Insurance Code and acting through its Irish Branch. Part of the Allianz Group, AWP Health & Life SA is registered in France: No. 401 154 679 RCS Bobigny. Irish Branch is registered in the Irish Companies Registration Office, registered No.: 907619, address: 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland. Allianz Care and Allianz Partners are registered business names of AWP Health & Life SA.