



## Your quote: Clackmannanshire Council

**Quote reference:** 30459

**Date issued:** 04/11/2025

**Quote valid until:** 02/02/2026

**Broker:** Reward Gateway (UK) Ltd t/a Reward Gateway Edenred (Public Sector)

We are a solvency II firm and are required to publish an annual [Solvency and Financial Condition Report \(SFCR\)](#)

Unum Limited (trading as Unum Dental) is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registered and Head Office: Milton Court, Dorking, Surrey RH4 3LZ. Registered in England company number 983768.

NDP370 01/2025

**Thank you for requesting a quote for a Unum Dental policy.**

**1. Key information**

**Policy Period:** 20/12/2025 to 19/12/2026

**Policy Renewal Date:** 20/12/2026

**Product:** Clear Extra

**Policy type:** Quick Join

**Number of employees to be insured:** 2412 (at time of quoting)

Premiums include Insurance Premium Tax (IPT) at the current rate of 12% and commission at 10%.

**This quote is based upon the terms set out in the [Terms and Conditions](#) and reflects the information provided to us during the quote process. The actual premium and subsequent invoices will be calculated based on the rates as stated in this quote and the Membership Data provided at the inception of the policy, and at regular periods throughout the Policy Period.**

## 2. Your selected benefits

The Benefit Schedule sent with this document shows the benefits you have selected for your employees and any dependants added to their cover (where permitted by you).

For the purpose of your Unum Dental policy, **Dependant(s)** means:

- **Spouse, civil partner or partner** living at the same address as the member.
- **The biological offspring, stepchild, legal adoptee** (or child for whom the member is a legal guardian) up to and including the age of 25. Benefits are shared by insured children.

## 3. Your monthly rates for the selected benefits

	Employee only	Employee & spouse/partner	Employee & child(ren)	Employee & spouse/partner and child(ren)
Clear Extra 1	£11.56	£23.12	£23.12	£34.68
Clear Extra 2	£19.50	£39.00	£39.00	£58.50
Clear Extra 3	£23.88	£47.76	£47.76	£71.64
Clear Extra 4	£35.00	£70.00	£70.00	£105.00
Clear Extra 5	£49.76	£99.52	£99.52	£149.28

## 4. Payment information

**Payment Type:** Monthly Invoice

## 5. Renewal and cancellation

We will tell you at least 30 days in advance of the end of the Policy Period what the insurance premium will be for the next Policy Period. If you wish to renew your policy, you must tell us in advance of the Policy Renewal Date.

If you do not confirm renewal ahead of the Policy Renewal Date, your policy will terminate at the end of the Policy Period.

You cannot cancel your policy at any other time.

## Confirming your cover is simple

1. Read through this quote and ensure we have the correct information.
2. Read through the [Employer Policy Terms and Conditions](#) as published on our website.
3. Confirm to us or your broker that you would like us to provide cover.

Once confirmed, we will issue a Policy Schedule (reflecting this Quote), which, together with the Employer Policy Terms and Conditions and the Benefit Schedule sent with this document, will form the entire contract between you and us for the provision of Dental insurance benefits by us, upon the payment of Premium.