

# Membership application

## Hong Kong

+852 2528 5327 | mps@hkda.org | dentalprotection.org

**Please complete all editable sections of this form electronically and return by email to the address above**

Alternatively please print out and complete using BLACK INK and BLOCK CAPITALS and return by post to:  
Hong Kong Dental Association, Duke of Windsor Social Service Building, 8/F Hennessy Road, Wanchai, Hong Kong

### Section A – Membership start date and personal details

If your application for membership of MPS is approved, it will be dated from the day following receipt of your application unless you specify a later start date in the box to the right: (DD/MM/YYYY)

<b>Title</b>		<b>Address for correspondence</b>	
<b>First name</b>			
<b>Middle name</b>			
<b>Surname</b>			
<b>Maiden/previous name (if any)</b>			
<b>Date of birth (DD/MM/YYYY)</b>			
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Postcode (zip or postal area)</b>	
<b>Degrees and diplomas</b>		<b>Email address</b>	
<b>Dental school and country</b>		<b>Daytime telephone</b>	
<b>Month and year of graduation</b>		<b>Evening telephone</b>	
<b>Country of practice</b>		<b>Cell number</b>	
<b>Professional registration number</b>		<b>Fax number</b>	

### IMPORTANT – Please read the following

1. Failure to disclose full and accurate details about your previous history, practice and income may invalidate your membership which means you are not entitled to seek advice or assistance from MPS.
2. When completing the previous history section on pages 2 and 3 you must account for any gaps in your indemnity or insurance history during the last 10 years and also any break in clinical practice during the previous 2 years.
3. If you have had professional indemnity or insurance (other than from MPS) for any practice outside your stated country of practice you must obtain your case history to submit with this application.
4. If you have had previous indemnity or insurance we may approach your previous indemnity provider or ask you to obtain a copy of your claims history.
5. We will not assist with any matter arising from an incident pre-dating your MPS membership.
6. If you are leaving a claims made insurance contract, please ensure you have notified your previous provider of any adverse incident of which you are aware, that could become a claim. You should also check with the provider whether any closing payment is required to secure “run-off” cover for any future claim which may arise from an incident pre-dating your dental membership of MPS.

### Please note that signing the declaration on page 6 indicates acceptance of the following requirements:

Members must keep MPS informed of their current address and any changes in their professional circumstances. Failure to notify us of any change of address, private practice income and scope of practice could result in the withdrawal of the benefits of membership and/or the termination of your membership. The benefits of MPS membership are granted at the discretion of Council and are subject to the terms and conditions of the MPS Memorandum and Articles of Association, as amended from time to time.

**Section B – Previous history (Please read the important information below)**

In this section you must include details of any matter in which you have been named or involved. Please include any pending, unresolved or closed issues, even those already reported to MPS. If necessary please continue your answers on the enclosed pages. Please note that failure to disclose full and accurate details about your previous history may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.

1. Have you had any professional indemnity/insurance before?  Yes (please go to Q2)  No (please go to Q3)

2. Please give the name of all other organisations and the dates during the last 10 years which you were a member or policyholder. If you were previously a member of MPS, please give your membership number and your full name at the time (if it has changed).

Organisation	From (DD/MM/YYYY)	To (DD/MM/YYYY)	MPS number	Full name	Other membership or policy number

3. Have you at any stage practiced without professional indemnity during the last 10 years (ie please exclude any period(s) protected by state, employer, insurer or MDO indemnity)? (If in doubt please indicate YES.) If you answer YES please confirm the dates and reasons.

Yes  No

4. Have there been any breaks in your clinical practice of more than 6 months in the last 2 years? (If in doubt please indicate YES.) If you answer YES please confirm the dates and the reason for any gap. Please also provide details of any continuous professional development or refresher training that has been undertaken.

Yes  No

5. Have you ever previously been refused professional indemnity/insurance including a decline to renew or had it withdrawn/voided? (If in doubt please indicate YES.) If you answer YES please provide a summary in your own words providing dates and reasons, including copies of any correspondence.

Yes  No

6. Have you had any non-standard terms or conditions including a non-standard subscription or premium imposed on your professional indemnity/insurance? If you answer YES please provide date and full details. (If necessary please continue on a separate sheet).

Yes  No

7. In the last 10 years, have you had any complaint(s) arising out of your professional practice which has not been resolved at a local level (ie within your own practice)? If you answer YES please provide full details of the complaint(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the final outcome of the incident. (If necessary please continue on a separate sheet).

Yes  No

If you have answered YES to any of the above questions please provide details as requested. Use the enclosed pages if needed and include additional pages if required. Failure to disclose full and accurate details about your previous history may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.

**8. In the last 10 years have you been involved in any claim(s) for compensation or damages arising out of your professional practice regardless of the outcome?** If you answer YES please provide full details of the complaint(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the final outcome of the incident. (If necessary please continue on a separate sheet).

Yes  No

**9. Are you aware of any incident(s) that might become a claim?** If you answer YES please provide full details of the incident(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the current status of the incident(s). (If necessary please continue on a separate sheet).

Yes  No

**10. Have you ever been the subject of a disciplinary inquiry or had practice privileges refused/withdrawn/made conditional by a health care provider?** If you answer YES please provide full details of the incident(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the current status of the incident(s). (If necessary please continue on a separate sheet).

Yes  No

**11. Have you ever been subject to any referral, complaint, inquiry, investigation or hearing by any regulatory, licensing or registration body?** If you answer YES please provide full details. The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the final outcome of the case. (If necessary please continue on a separate sheet).

Yes  No

**12. Have you been cautioned by the police or convicted of any criminal offence? (You do not need to include spent/expired convictions, or minor road traffic offences that did NOT involve alcohol or drugs)** If you answer YES please provide full details. The details must include: date of incident, full details of the offence, the final outcome or current position and was this reported to the regulatory body. (If necessary please continue on a separate sheet).

Yes  No

**13. Are there any other issues of which MPS might reasonably need to be aware when considering your application for membership?** (If in doubt please indicate YES.) If you answer YES please provide all relevant information below. (If necessary please continue on a separate sheet).

Yes  No

If you have answered YES to any of the above questions please provide details as requested. Use the enclosed pages if needed and include additional pages if required. Failure to disclose full and accurate details about your previous history may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.

**Section C – Practice details**

If you are registered to practise in any other Country please state which:

Will all your professional practice be carried out in the Country in which you are applying for membership?

Yes  No If No, please provide Country and full details (if necessary please continue on a separate sheet).

Will you be involved in treating or providing advice to patients outside of the Country in which you are applying for membership? (eg telemedicine)

Yes  No If Yes, please provide Country and full details (if necessary please continue on a separate sheet).

Are you a member of the Hong Kong Dental Association?  Yes  No

In which sector do you work?  Private ONLY  State/Public ONLY  Private and State/Public

How many hours per week on average do you work in PRIVATE practice?

Up to 11 hours  More than 11, up to 22 hours  More than 22, up to 33 hours  More than 33 hours  N/A

**IMPORTANT** – Please see end of application form for MPS subscription categories and indicate the grade code most appropriate for your practice: (eg D2)

If you are unsure of the membership category applicable to you, please provide a summary of the work you carry out (ie a detailed scope of practice).

**Additional space for answers**

Please clearly indicate the question number that you are providing details for below.

**IMPORTANT – Your Personal Information and Data**

When interacting with MPS, you may choose to give MPS information about your criminal convictions and offences (including alleged offences), your health, race, ethnic origin, sex life, sexual orientation and trade union membership ("Special Category Data"). This happens where that information is relevant to your membership or the actual or potential provision of advice, assistance or indemnity. We may also receive Special Category Data about you from others in connection with membership or advice, assistance or indemnity (eg from a complainant, claimant, witness, expert, court or regulator).

To find out more about how we collect, use and handle your data including Special Category Data, please see the Privacy Statement on our website [dentalprotection.org/privacy](http://dentalprotection.org/privacy)

When you tick the box below, you expressly consent to MPS processing your Special Category Data for the purposes of providing you with membership and its benefits (including assistance and indemnity).

I consent

You may withdraw consent to such processing by contacting MPS, but if you do so we will no longer be able to provide you with membership and its benefits.

**IMPORTANT – Please read, sign and add the current date below**

By signing and returning this form, you agree and confirm that:

- i. You wish to apply for membership of MPS subject to the Memorandum and Articles of Association.
- ii. You understand that any failure to disclose full and accurate details may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.
- iii. You understand that membership is not conferred automatically and is subject to approval by MPS.
- iv. You acknowledge that any subscription payments made are subject to verification and that acceptance of a payment by MPS does not of itself confirm membership and/or entitlement to request benefits.
- v. You will inform us if your personal circumstances or scope of practice change.
- vi. We may seek information from other professional defence organisations, insurance companies, employers, and/or other third parties in respect of membership and that they may release to us such information.
- vii. For the purposes of the Hong Kong law and the Personal Data (Privacy) Ordinance (Cap. 486 of the Laws of Hong Kong), we may obtain, process, retain and transfer your personal data as set out in the Privacy Statement on our website [dentalprotection.org/privacy](http://dentalprotection.org/privacy)

Date

Please note this must be the current date

Tick here if you are submitting additional sheets or correspondence.

In order to provide you with the best possible service we would like to inform you of other products and services offered by us that we believe may be of interest to you. To opt-in to receive such information, either via post or email, please tick here.

You can contact us to update your marketing preferences.

**Please tell us why you have chosen MPS – Your comments are important to us, please tick below**

1.  Personal recommendation

2.  Competitive subscription rates

3.  MPS membership co-ordinator, please provide their initials:

4.  Group arrangement

5.  Dissatisfaction with previous organisation

6.  Other (please provide details)



**Dental Protection – Hong Kong**

Hong Kong Dental Association

Duke of Windsor Social Service Building,  
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T +852 2528 5327

F +852 2529 0755

[dentalprotection.org](http://dentalprotection.org)

[mps@hkda.org](mailto:mps@hkda.org)

Please ensure you are on the correct grade for the amount of hours you work per week. The hours you work should cover all your practice of dentistry involving any contact with or treatment of patients as well as related activities including consultations, advice, treatment planning, consent, record keeping, practice management etc. Members in specified procedure grades must include their hours from all areas of practice not just the time related to undertaking specified procedures.

**SCHEME MEMBERS:** Please note these rates apply only to members who remain current members of the Hong Kong Dental Association (HKDA) throughout the subscription year, and who pay their indemnity subscriptions via the HKDA.

<b>GOVERNMENT/HOSPITAL AUTHORITY (HA) EMPLOYED DENTISTS TREATING HOSPITAL AUTHORITY PATIENTS – EXCLUDING CLAIMS INDEMNITY*</b>					<b>GRADE</b>
The following grades have access to the benefits of membership, excluding the right to request assistance with claims except where stated*.					
No private dental activity (clinical or non-clinical) outside position as Government/HA employee – includes regulatory assistance					DGO
No private dental activity (clinical or non-clinical) outside position as Government/HA employee – excludes regulatory assistance					HJD
No private dental activity (clinical or non-clinical) outside position as Government/HA employee – includes regulatory assistance Includes claims indemnity* and regulatory assistance for unpaid volunteer work in recognised charitable organisations					DGI
No private dental activity (clinical or non-clinical) outside position as Government/HA employee – excludes regulatory assistance Includes claims indemnity* and regulatory assistance for unpaid volunteer work in recognised charitable organisations					HJP
<b>EMPLOYER INDEMNIFIED DENTISTS – EXCLUDING CLAIMS INDEMNITY (eg University, Dental School)</b>					<b>GRADE</b>
The following grades have access to the benefits of membership, excluding the right to request assistance with claims except where stated*					
Basic rate – no private or paid practice outside of employer indemnified position					DGI
Full rate – covering up to 150 hours/year of paid activity (*including private practice, report writing etc) outside employer indemnified position					DES
<b>GENERAL DENTAL/PRIVATE PRACTICE GRADES – INCLUDING CLAIMS INDEMNITY</b>					
The following grades have access to the benefits of membership, including the right to request assistance with claims.					
	More than 33 hours per week	>22 up to 33 hours per week	>11 up to 22 hours per week	Up to 11 hours per week	
	<b>GRADE</b>	<b>GRADE</b>	<b>GRADE</b>	<b>GRADE</b>	
First year after graduation	YD1	ZD4	ZD2	ZD1	
Second year after graduation	YD2	TD2	YH2	QD2	
Full rate Practitioner – qualified three or more years	YD3	TD3	YH3	QD3	
<b>Specified procedure grades</b>					
<b>Specified procedures – Orthodontics</b> Fixed or removable orthodontics, in the absence of any specialist training and higher registerable qualifications in orthodontics.	1SO	TSO	2SO	QSO	
<b>Specified procedures – Level 1</b> Placing of implants (excluding zygomatic implants) in the mandible or maxilla, including the use of bone grafts but excluding sinus lifts or bone augmentation which involves the floor of the sinus, or extra-oral bone harvesting. NB. This grade also includes fixed or removable orthodontics, in the absence of any specialist training and higher registerable qualifications in orthodontics.	1SP	1ST	1SH	1SQ	

<b>Specified procedures – Level 2</b> Placing of implants in mandible or maxilla, including sinus lifts or bone augmentation which involves the floor of the sinus, but excluding extra-oral bone harvesting.	2SP	2ST	2SH	2SQ
<b>Specified procedures – Level 3</b> a) Bone harvesting from anywhere other than the mandible or maxilla b) Any maxillofacial procedures (see definitions below) Maxillofacial procedures Surgical procedures extending beyond the dento-alveolar procedures as defined above, and falling within the recognised specialty of oral and maxillofacial surgery including (but not restricted to) procedures such as: <ul style="list-style-type: none"> <li>▪ Open reduction of complex fractures</li> <li>▪ Advanced surgical treatment of malignancy and other pathology</li> <li>▪ Osteotomies (maxilla and/or mandible)</li> <li>▪ Surgery involving the salivary glands, neck, TMJ or orbital complex</li> <li>▪ Rhinoplasty</li> </ul>	3SP	3ST	4SP	3SQ
Non-Clinical Practice (no contact with patients)	NCD			

**DIRECT MEMBERS:** The Direct members rates apply to members who join Dental Protection/MPS directly, as opposed to membership through the Hong Kong Dental Association.

<b>GENERAL DENTAL/PRIVATE PRACTICE GRADES – INCLUDING CLAIMS INDEMNITY</b> The following grades have access to the benefits of membership, including the right to request assistance with claims.	More than 33 hours per week	>22 up to 33 hours per week	>11 up to 22 hours per week	Up to 11 hours per week
	GRADE	GRADE	GRADE	GRADE
First year after graduation	D1	D1T	2D1	D1Q
Second year after graduation	D2	D2T	D2H	D2Q
Full rate Practitioner – qualified three or more years	D3	D3T	MAD	LAD
No private dental activity (clinical or non-clinical) outside position as Government employee	DGD			
Basic rate – no private practice or other paid work	DGF			
Full rate – covering up to 150 hours/year of paid activity (including private practice, report writing etc) outside employer indemnified position.	DGC			

<b>Specified procedure grades</b>				
<b>Specified procedures – Orthodontics</b> Fixed or removable orthodontics, in the absence of any specialist training and higher registerable qualifications in orthodontics.	S1O	T1O	H1O	Q1O
<b>Specified procedures – Level 1</b> Placing of implants (excluding zygomatic implants) in the mandible or maxilla, including the use of bone grafts but excluding sinus lifts or bone augmentation which involves the floor of the sinus, or extra-oral bone harvesting. NB. This grade also includes fixed or removable orthodontics, in the absence of any specialist training and higher registerable qualifications in orthodontics.	S1D	41D	S1H	S1Q
<b>Specified procedures – Level 2</b> Placing of implants in mandible or maxilla, including sinus lifts or bone augmentation which involves the floor of the sinus, but excluding extra-oral bone harvesting.	S2D	STT	S2H	S2Q
<b>Specified procedures – Level 3</b> a) Bone harvesting from anywhere other than the mandible or maxilla b) Any maxillofacial procedures (see definitions below) Maxillofacial procedures Surgical procedures extending beyond the dento-alveolar procedures as defined above, and falling within the recognised specialty of oral and maxillofacial surgery including (but not restricted to) procedures such as: <ul style="list-style-type: none"> <li>▪ Open reduction of complex fractures</li> <li>▪ Advanced surgical treatment of malignancy and other pathology</li> <li>▪ Osteotomies (maxilla and/or mandible)</li> <li>▪ Surgery involving the salivary glands, neck, TMJ or orbital complex</li> <li>▪ Rhinoplasty</li> </ul>	S3D	S4D	S3H	S3Q



<b>OTHER GRADES – INCLUDING CLAIMS INDEMNITY</b>	<b>GRADE</b>
The following grades have access to the benefits of membership, including the right to request assistance with claims.	
Non-Clinical Practice (no contact with patients)	NDD
Dental representative / Advisory work only (no contact with patients)	DAD
Hygienist – working in any clinical setting If you are a hygienist employed by the Hospital Authority and Department of Health to treat Hospital Authority patients, please call +44 113 241 0533 to discuss membership options	AMD

**IMPORTANT NOTES**

1. Rates for Scheme members apply only to members who remain current members of the Hong Kong Dental Association (HKDA) throughout the subscription year, and who pay their subscriptions through HKDA.
2. In grade DAD, no indemnity is available for clinical or non-clinical dental work carried out beyond the agreed advisory and /or representative role(s) agreed in writing with MPS/Dental Protection. Members must confirm annually the nature and extent of such role(s) which must be honorary/unpaid.
3. Mini-implants placed for the purposes of orthodontic anchorage are not included as implant procedures for the purposes of Level 1 procedures.
4. Dento-alveolar procedures are defined as surgical procedures involving the intra-oral tissues, teeth and tooth carrying bones ie, mandible and maxilla only. Within this definition are procedures such as tooth extraction (including surgical wisdom tooth removal), apicectomies, periodontal surgery, minor cyst removal, dental/apical cyst removal, minor pre-prosthetic surgery. The private practice rate includes any or all of these procedures, but the placement of dental implants is a specified procedure for which special conditions apply (see grade definition).
5. Sinus lifts are Specified Procedures (Level 2 – 2SP) irrespective of the technique or bone grafting material used.
6. As always, it remains the responsibility of the individual member to ensure that he or she is at all times paying the correct subscription in the appropriate category. Where the appropriate subscription category is not being paid at the time of an incident in relation to which assistance is subsequently sought, the member’s entitlement to seek assistance may be lost or compromised.
7. In addition to the membership categories shown in the schedule, some members might, for a variety of reasons, be considered to represent an atypical or adverse risk, which would not otherwise be addressed by existing membership grades. Where it is felt that these members would benefit from a structured individual risk management support programme, they might be moved into one of the Defined Risk membership categories.

**PLEASE NOTE**

- (i) Failure to notify us of a change of address and/or the scope of your practice could result in a delay in providing or the suspension or withdrawal of the benefits of membership and/or the cancellation or termination of your membership.
- (ii) You may cancel your membership at the end of any subscription period by giving us prior notice.

**YOUR PERSONAL INFORMATION**

For information on our use of your personal data and your rights, please see the Privacy Statement on our website: [dentalprotection.org/privacy](http://dentalprotection.org/privacy)

**By continuing in membership, you agree and confirm that:**

- (i) You understand that renewal is subject to approval by MPS.
- (ii) You acknowledge that any subscription payments made are subject to verification and that acceptance of a payment by MPS does not in itself confirm renewal and/or entitlement to request benefits.
- (iii) You will inform us if your personal circumstances or scope of practice change.
- (iv) For the purposes of the Hong Kong law and The Personal Data Protection Act 2010, we may obtain, process, retain and transfer your personal data as set out in the Privacy Statement on our website [dentalprotection.org/privacy](http://dentalprotection.org/privacy)



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