

BP/FFS/INTRO

The Philip Williams and Company Insurance Management

Sickness and Accident Insurance Policy

**For The Trustees of The Merseyside Police Federation
Insurance Trust (The Insured)**

Underwritten By

The Ancient Order of Foresters Friendly Society Limited

This policy is issued in consideration of an application having been made to The Society by Philip Williams and Company Insurance Management on behalf of the Insured named in the Policy Schedule.

Under the policy, insurance benefits are provided to the Insured or such other persons or bodies corporate who may from time to time be charged with the responsibility of arranging insurance benefits for retired police officers, and the force's retired police staff, their partners and their dependant children on a collective basis. The only person who can make a claim under this policy is the Insured.

Policy Schedule

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**The Philip Williams and Company Insurance Management
Sickness and Accident Insurance Policy**

**For The Trustees of The Merseyside Police Federation
Insurance Trust (The Insured)**

**Underwritten By
The Ancient Order of Foresters Friendly Society Limited**

The Policy consists of this Schedule together with pages

BP/FFS/INTRO

BP/FFS/GEN7

BP/FFS/DEFN

BP/FFS/PDB

BP/FFS/DP

BP/FFS/CI/11

BP/FFS/CBCI04

Effective Date of the Insurance

1st April 2017.

Termination Date of the Insurance

31st March 2022, or at the end of such subsequent period or periods for which The Society may accept payment for the continuation of the policy.

Premium Rate Guarantee

The rates of premium agreed at the Effective Date are guaranteed for three years from 1st April 2017.

Benefit Participants

Those retired officers and retired police staff of The Merseyside Police, their partners and their dependant children in respect of whom premiums are paid to The Society by the Insured.

No cover is provided for any Benefit Participants aged 65 or over except for Dental Cover which is extended to 70.

Benefits for Retired Officers and Retired Police Staff

Permanent and Total Disability Benefit

A payment of £10,000. Please refer to BP/FFS/PDB2 for full details.

Loss of Use Benefit of one or more facilities
(e.g. loss of sight of one or both eyes)

A payment of £5,000. Please refer to BP/FFS/PDB for full details.

Critical Illness Benefit

A payment of £5,000. Please refer to BP/FFS/CI/11 for medical conditions covered and restrictions.

Child Critical Illness Benefit

A payment of £1,000. Please refer to BP/FFS/CI/11 and BP/FFS/CBCI04 for medical conditions covered and restrictions.

Policy Schedule
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Couple Dental Cover

Please refer to BP/FFS/DP for full details. No cover is provided for any Benefit Participants aged 70 or over.

The following is an amendment to the standard policy wording which applies solely for this policy.

BP/FFS/GEN7 – Child Definition

A child is defined as any child, stepchild or legally adopted child aged more than thirty days and less than eighteen years, for whom the Benefit Participant or Partner is the parent or legal guardian and who is wholly or partly dependant upon them. This includes a natural child of the Benefit Participant or Partner not living with them.

Signed in Southampton on the 2nd Day of May, 2017



**Paul Osborn
Chief Executive**

General Policy Conditions

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In these conditions "you" refers to the Insured and "we" or "us" refers to The Society.

Benefit Participants

As defined in the Policy Schedule.

New Benefit Participants

Serving Officers

New Serving Officer Benefit Participants may join the scheme on the first day of any of their employer's pay periods. A health declaration or application form must be provided by new Serving Officer Benefit Participants other than those who join within three months of first becoming eligible to do so. New Serving Officer Benefit Participants will be admitted to insurance only if the completed form is acceptable to The Society.

Police Staff

New Police Staff Benefit Participants must complete The Society's health declaration or application form. New Police Staff Benefit Participants will be admitted to insurance only if the completed form is acceptable to The Society.

Partner Definition

As defined in The Trust Document governing the Insurance Trust. Or, in the event that it is not defined in The Trust Document, a partner is defined as a spouse, cohabitee or a civil partner. This includes former spouses, cohabitees, civil partners, widows or widowers for whom cover has been continuously maintained since the break up of the marriage or partnership, provided that only one Spouse per eligible Serving Officer or Police Staff may be registered under the Scheme.

Partners of Serving Officers

A health declaration or application form must be provided by new Partners of Serving Officers other than those who join within three months of first becoming eligible to do so. New Partners of Serving Officers will be admitted to insurance only if the completed form is acceptable to The Society.

Partners of Police Staff

New Partners of Police Staff must complete The Society's health declaration or application form. New Partners of Police Staff will be admitted to insurance only if the form is acceptable to The Society.

Child Definition

A child is defined as any child, stepchild or legally adopted child aged more than six months and less than eighteen years, for whom the Benefit Participant or Partner is the parent or legal guardian and who is wholly or partly dependant upon them. This includes a natural child of the Benefit Participant or Partner not living with them.

Absence of Benefit Participants

A Benefit Participant who is absent from work may for the purpose of this Policy be deemed to continue in Service until the expiry of the period of permitted absence.

During such period of absence the Trustees may elect whether or not to continue the benefit as long as the premiums have continued to be paid.

The period of permitted absence shall be limited to:-

- i) Thirty-six consecutive months from the first date of absence, if absence is due to injury or illness;
or
- ii) Sixty consecutive months from the first date of absence, if absence is due to maternity, paternity or parental leave;
or
- iii) Twelve consecutive months from the first date of absence, if due to any other cause;

Secondments:

- iv) Cover may continue for a Member who is temporarily seconded to another police agency or task force within the United Kingdom, whilst remaining in the employment of the police force as stated in the Policy Schedule and will continue for the duration of the secondment. or
- v) For secondments that are outside the United Kingdom but within Europe, cover may continue for a maximum period of thirty six months from the first day of secondment.
or
- vi) Secondments that occur in non-European locations will be provided for a period of twelve consecutive months from the first day of secondment.

To Whom the Benefits are Payable

The Insured or such other person or persons as the Insured may nominate in writing to The Society.

Premium Rate

After the expiry of the rate guarantee shown in the Policy Schedule the rate of premium appropriate to provide Benefits payable under this Policy shall be determined by The Society from time to time and notified to the intermediary in writing. Three months notice must be given before premiums may be increased.

Any increased premium after the rate guarantee has expired will not be more than 110% of the claims cost under this Policy during the period of the rate guarantee. The claims cost will include an allowance for unexpired Benefits on claims incurred during the guarantee period.

Payment of Premiums

Premiums are payable to The Society on behalf of Benefit Participants in arrears on the first day of each appropriate pay period. Twenty-eight days of grace, or such other period as may be agreed between an Insured and The Society, are allowed for payment of premiums after which time Insurance Benefits for the Insured's Benefit Participants will cease.

The means of payment of the premiums will be set out in the Quotation or otherwise agreed between us. Premiums are payable in the currency of the United Kingdom to the Head Office of The Society.

Information on the premiums for each Benefit is set out in the Quotation provided separately to you.

Commencement and Duration of Cover

This Policy provides Benefits for Benefit Participants as shown in the Policy Schedule only for insured events occurring on or after the Commencement Date of this Policy and no later than the Termination Date of this Policy and subject to the terms and conditions of this Policy.

Termination

The policy will terminate if the Insured ceases to pay premiums when due.

Cancellation

There are no cancellation rights under this Policy.

Surrender Value

No surrender values are payable under this Policy.

Notification of Claims

The Insured must notify The Society of a claim under this Policy within ninety days of the incident giving rise to the claim.

The only person who can make a claim under this Policy is the Insured.

The Insured or the Benefit Participant shall provide The Society with such documentary or other evidence as is necessary to establish the validity of the claim. This may include evidence of age if appropriate.

The Benefit Participant may be required to undergo a medical examination by a medical practitioner nominated by The Society at the expense of The Society. Failure to undergo a medical examination will result in the claim being refused payment.

Exclusions

No exclusions apply to Life Insurance Benefits, or to injury or illness incurred in the bonafide execution of police duty, whether or not the Benefit Participant is formally on duty at the time. Otherwise no Benefit shall be payable under this Policy if a claim occurs directly or indirectly from any of the following causes: -

- a) War (whether declared or not) other than civil war or any act incidental thereto
- b) Whilst engaged as a passenger, or otherwise, in aeronautics (other than as a fare-paying passenger) or in underwater operations.
- c) Any breach of the law by the Participant.
- d) Misuse of alcohol or drugs.
- e) Taking part in any Hazardous Pursuit.

Errors and Omissions

Any errors or omissions that occur inadvertently shall not affect the validity of this Policy. Such errors or omissions will be corrected immediately upon detection.

Queries and Complaints

If the Insured wishes to complain about any aspect of the service you have received, please contact The Society's Compliance Department. If the complaint is not dealt with to your satisfaction then depending upon your particular circumstances as a Trustee you might be able to complain to the Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, London, E14 9GE Tel: 0800 023 4567. Making a complaint will not prejudice your right to take legal proceedings.

As this Policy is written for the Benefit of the Insured and not individual Benefit Participants there is no right for the Benefit Participants to apply direct to us or the Financial Ombudsman Service in respect of a complaint.

Compensation

In the event that The Society is unable to meet its obligations towards you under the Policy then depending upon your particular circumstances as a Trustee you might be entitled to receive compensation from the Financial Services Compensation Scheme. We will let you have, on request, further details of this scheme and the restrictions on compensation available.

Arbitration

In the event of any disagreement regarding premiums or Benefits payable under this Policy the dispute will be referred to arbitration in accordance with the statutory provisions for the time being in force in respect thereof. The findings of the arbitrator shall be binding on the Insured and The Society. Arbitration costs will be paid by the losing party.

Law

In legal disputes the Law of England and Wales will apply. The language of the Policy is English. Our Head Office is in the United Kingdom.

Parties to the Policy

This policy has been taken out for the Benefit of the Insured only. The Insured means the Trustees of the Insurance Trust. No rights to Benefit under this Policy are assigned to individual Benefit Participants, their partners or their dependant children. The only person who can make a claim under this Policy is the Insured.

Third Party Rights

A person who is not a Party to this Agreement has no right under the Contract (Rights of Third Parties) Act 1999 to enforce any term of this Agreement. This does not affect any right or remedy of a third party which exists or is available apart from that Act.

Definitions

BP/FFS/DEFN Page 1 of 2

The following definitions, where they are appropriate, shall apply when interpreting this policy.

Accident

A sudden, violent, unexpected and unusual specific event caused by an external force that occurs at an identifiable time and place and results in physical injury to the Benefit Participant. Physical injury due to exposure to the elements is included in this definition.

Permanent Total Disability

Total permanent and irreversible disability such that the Benefit Participant is unable to perform any gainful employment and such that the Benefit Participant is unable to exist independently and requires continual supervision and frequent attention of a third party for activities of daily living.

Such disability must be established for a continuous period of twelve calendar months before benefit can be paid under the Permanent and Total Disability Benefit section of this policy.

Activities of Daily Living

1) Feeding/Eating

Cutting meat, buttering bread, getting food and drink to the mouth using fingers or utensils.

2) Dressing

Dressing oneself including fastening zips and buttons, getting clothes from wardrobes or drawers.

3) Bathing/Grooming

Turning on taps, getting in and out of bath/shower, washing face and hands, drying oneself, combing hair.

4) Toileting

Moving into and out of the bathroom, getting on and off the toilet unaided, recognising the need to void bladder and bowel in time to get to the toilet.

5) Mobility and Transfer

Getting into and out of bed, transferring from one place to another, e.g.

chair to bed

chair to standing

chair to chair

6) Walking

Moving from one location to another – walking or wheeling or using a walking frame.

/Hazardous Pursuits

Hazardous Pursuits

Other than in the Bona Fide execution of duty the following pursuits are deemed to be hazardous.

- a) Diving or skin diving involving the use of underwater breathing apparatus.
- b) Rock climbing or mountaineering involving the use of ropes or guides.
- c) Potholing.
- d) Aerial activity other than as a fare-paying passenger in a recognised airline.
- e) Hunting on horseback.
- f) Driving or riding in any form of race.
- g) Bungee jumping.

Scale Pay

For Benefit Participants who are paid calendar monthly, Scale Pay means $1/12^{\text{th}}$ of the Benefit Participant's annual scale pay. If a claim, having commenced, is still in force when a review of pay scales is put into effect, Scale Pay will be determined by reference to the revised police pay scales. For Benefit Participants who are paid four weekly, $1/13^{\text{th}}$ will be substituted for $1/12^{\text{th}}$ in the above definition.

For serving officers of rank above Chief Inspector, Scale Pay will be limited to the highest rate applicable to a Chief Inspector at the time of claim.

Permanent Disability Benefits

BP/FFS/PDB

The following Benefits are payable in respect of the Benefit Participants shown in the Policy Schedule as entitled to them. The amounts of Benefit are those stated in the Policy Schedule.

Permanent and Total Disability Benefit

This Benefit is payable on the Permanent Total Disability of a Benefit Participant provided that such disability occurs as a result of an Accident occurring during the currency of this policy.

Loss of Use Benefit

A Benefit Participant will be considered as having suffered Loss of Use if that Benefit Participant permanently loses the use of a facility. The loss of a facility means the loss of the sight of one or two eyes, or the total loss of use of one or more limbs at or above the wrist or ankle, or suffers permanent total loss of hearing. The Benefit is payable only if the Loss of Use occurs as the result of an Accident occurring during the currency of this policy.

Critical Illness Benefit

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The following Benefits are payable in respect of the Benefit Participants shown in the Policy Schedule as entitled to Critical Illness Benefits. No Benefit is payable for conditions from which the Benefit Participant suffered, or for which the Benefit Participant sought advice or treatment, during the period of two years ending on the date when the Benefit Participant first became insured for Critical Illness Cover under the terms of the Insurance Scheme.

The Benefit is payable on the confirmed diagnosis or procedure (provided that the Benefit Participant survives for 14 days from diagnosis or procedure) as defined within this policy benefit listing below.

For an individual Participant Critical Illness Benefit is payable once only in respect of conditions in a common Group. For this purpose certain illnesses belong to more than one Group.

The amount of Critical Illness Benefit for each class of Participant is shown in the Policy Schedule.

Alzheimer's Disease (before age 65) – Group C

A definite diagnosis of Alzheimer's disease before age 65 by a Consultant Neurologist, Psychiatrist or Geriatrician. There must be permanent clinical loss of the ability to do all of the following:

- remember;
- reason;
- perceive, understand, express and give effect to ideas.

For the above definition, the following are not covered:

Other types of dementia.

Angioplasty – Group A

This means the undergoing of balloon angioplasty to correct the narrowing or blockage of two or more arteries, when the life assured has limiting angina symptoms. Any claim must be supported by:-

- i) evidence of prior treatment (on appropriate medication) from an appropriate registered practitioner holding such an appointment at a major hospital in the United Kingdom;
- ii) evidence of angiography showing 70% obstruction of two or more arteries.

/Aorta graft surgery

Aorta graft surgery – Group A

The undergoing of surgery for disease to the aorta with excision and surgical replacement of a portion of the diseased aorta with a graft.

The term aorta includes the thoracic and abdominal aorta but not its branches.

For the above definition, the following are not covered:

- Any other surgical procedure, for example the insertion of stents or endovascular repair.
- Surgery following traumatic injury to the aorta.

Aplastic Anaemia (with permanent bone marrow failure) – Group B & C

A definite diagnosis of Aplastic Anaemia by a Consultant Haematologist. There must be permanent bone marrow failure with the following:

- anaemia, (having reduced haemoglobin in the blood)
- neutropenia (abnormally low number of blood cells called neutrophils) and
- thrombocytopenia (abnormally low number of platelets (particles involved in clotting) in the blood requiring treatment with at least one of the following:
 - blood transfusion
 - marrow stimulating agents
 - immunosuppressant agents, or
 - bone marrow transplant

Bacterial Meningitis – Group C

Bacterial Meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit. The diagnosis must be confirmed by a consultant neurologist.

Bacterial Meningitis in the presence of HIV infection is excluded.

All other forms of meningitis including viral are not covered.

Benign Brain Tumour – Group B

A non-malignant tumour or cyst in the brain, cranial nerves or meninges within the skull, resulting in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:

- Tumours in the pituitary gland.
- Angiomas.

Blindness – Groups A & C

Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

/Cancer

Cancer – Group B

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.

The term malignant tumour includes leukaemia, sarcoma and lymphoma except cutaneous lymphoma (lymphoma confined to the skin).

For the above definition, the following are not covered:

All cancers which are histologically classified as any of the following:

- pre-malignant;
- non-invasive;
- cancer in situ;
- having borderline malignancy; or
- having low malignant potential;

All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.

Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.

Any skin cancer (including cutaneous lymphoma) other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).

Also under this policy we cover confirmed diagnosis of one or more Breast Ductal Carcinoma In Situ by an appropriately qualified specialist which results in a medically recommended mastectomy of one or both breasts.

Cardiomyopathy – Group A

A definite diagnosis of Cardiomyopathy by a Consultant Cardiologist. There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities to at least NYHA Class 3 of the New York Heart Association Functional Classifications of functional capacity (i.e. heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitations, breathlessness or chest pain).

For the above definition the following are not covered:

- Cardiomyopathy secondary to alcohol or drug abuse.
- All other forms of heart disease, heart enlargement and myocarditis.

/Coma

Coma – Groups A and C

A state of unconsciousness with no reaction to external stimuli or internal needs which: requires the use of life support systems for a continuous period of at least 96 hours; and results in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:

- Medically induced coma
- Coma secondary to alcohol or drug abuse

Coronary artery by-pass grafts – Group A

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

Creutzfeldt-Jacob Disease - Group C

Loss of the physical ability through acquiring Creutzfeldt-Jacob Disease to do at least 3 of the 6 tasks listed below ever again.

The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the benefit participant expects to retire.

The benefit participant must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication.

The tasks are:

- **Washing** – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- **Getting dressed and undressed** – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- **Feeding yourself** – the ability to feed yourself when food has been prepared and made available.
- **Maintaining personal hygiene** – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- **Getting between rooms** – the ability to get from room to room on a level floor.
- **Getting in and out of bed** – the ability to get out of bed into an upright chair or wheelchair and back again.

Deafness – Groups A & C

Permanent and irreversible loss of hearing to the extent that the loss is greater than 95 decibels across all frequencies in the better ear using a pure tone audiogram.

/Dementia/Pre-Senile Dementia

Dementia/Pre-Senile Dementia (resulting in permanent symptoms) – Group C

A definite diagnosis of dementia or pre-senile dementia by a Consultant Neurologist, Psychiatrist or Geriatrician. There must be permanent and progressive clinical loss of the ability to do all of the following:

- Remember
- Reason
- Perceive, understand, express and give effect

For the above definition, the following is not covered:

- Dementia secondary to alcohol or drug abuse
- Alzheimer's Disease

Encephalitis – Group B

A definite diagnosis of encephalitis by a Consultant Neurologist resulting in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:

- An abnormality seen on brain or other scans without definite related clinical symptoms.
- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms.
- Symptoms of psychological or psychiatric origin.

Heart attack – Group A

Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

Typical clinical symptoms (for example, characteristic chest pain).

New characteristic electrocardiographic changes.

The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher;

- Troponin T > 1.0 ng/ml
- AccuTnI > 0.5 ng/ml or equivalent threshold with other Troponin I methods.

The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:

Other acute coronary syndromes including but not limited to angina.

Heart valve replacement or repair – Group A

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist to replace or repair one or more heart valves.

/HIV infection and Hepatitis B Virus

HIV infection and Hepatitis B Virus – Group C

Infection by Human Immunodeficiency Virus or Hepatitis B Virus resulting from:
a blood transfusion given as part of medical treatment;

a physical assault;

or

an incident occurring during the course of performing police duties

after the start of the policy and satisfying all of the following:

The incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures.

Where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV antibody test taken within 5 days of the incident.

There must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus.

For the above definition, the following is not covered:

HIV infection resulting from any other means, including sexual activity or drug abuse.

Kidney failure – Group C

Chronic and end stage failure of both kidneys to function, as a result of which regular dialysis is necessary.

Liver failure – Group A & C

A definite diagnosis, by a Consultant Physician, of irreversible end stage liver failure due to cirrhosis resulting in all of the following:

Permanent jaundice (yellow discolouration of the skin)

Ascites (build up of fluid in the abdomen)

Encephalopathy (brain damage or disease).

For the above definition the following is not covered:-

Liver failure due to alcohol and/or drug abuse.

Loss of hands or feet – Groups A & C

Permanent physical severance of any combination of 2 or more hands or feet at or above the wrist or ankle joints.

/Loss of Speech

Loss of Speech – Groups A & C

Total permanent and irreversible loss of the ability to speak as a result of physical injury or disease.

Major Organ Transplant – Group A

The undergoing as a recipient of a transplant of bone marrow or of a complete heart, kidney, liver, lung, or pancreas, or inclusion on an official UK waiting list for such a procedure.

For the above definition, the following is not covered:

Transplant of any other organs, parts of organs, tissues or cells.

Motor Neurone Disease (before age 65) – Group C

A definite diagnosis of motor neurone disease before age 65 by a Consultant Neurologist. There must be permanent clinical impairment of motor function.

Multiple Sclerosis- Group C

A definite diagnosis of Multiple Sclerosis by a Consultant Neurologist. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Paralysis of limbs – Group A & C

Total and irreversible loss of muscle function to the whole of any 2 limbs.

Parkinson's Disease (before age 65) – Group C

A definite diagnosis of Parkinson's disease before age 65 by a Consultant Neurologist.

There must be permanent clinical impairment of motor function with associated tremor, muscle rigidity and postural instability.

For the above definition, the following are not covered:

Parkinson's disease secondary to drug abuse

Other Parkinsonian syndromes

Permanent Total Disability – Group A, B & C

Loss of the physical ability through an illness or accidental bodily injury to do at least 3 of the 6 tasks listed below ever again.

The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the Insured Person expects to retire.

The Benefit Participant must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help or having taken any appropriate prescribed medication.

The tasks are:

a. Washing

The ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.

/Permanent Total Disability

b. Getting dressed and undressed

The ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.

c. Feeding yourself

The ability to feed yourself when food has been made available.

d. Maintaining personal hygiene

The ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.

e. Getting between rooms

The ability to get from room to room on a level floor.

f. Getting in and out of bed

The ability to get out of bed into an upright chair or wheelchair and back again.

For the above definition, disabilities for which the relevant specialists cannot give a clear prognosis are not covered.

Primary Pulmonary Hypertension – Group A

A definite diagnosis of primary pulmonary hypertension of specified severity. There must be substantial right ventricular enlargement established by investigations including cardiac catheterisation, resulting in the permanent loss of ability to perform physical activities to at least Class 3 of the New York Heart Association (NYHA*) classifications of functional capacity.

*NYHA Class 3: Heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitations, breathlessness or chest pain.

Progressive Supranuclear Palsy – Group A & C

A definite diagnosis by a Consultant Neurologist of Progressive Supranuclear Palsy. There must be permanent clinical impairment of eye movement and motor function with associated tremor, rigidity of movement and postural instability.

Pulmonary Artery Surgery – Group A

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiothoracic Surgeon for a disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

Respiratory Failure – Group A & C

Advanced stage chronic lung disease resulting in:

- Breathlessness at rest; and
- The need for continuous daily oxygen treatment ($PaO_2, 7.3kPa$ when clinically stable as prescribed under British Thoracic Society and NICE guidelines) for at least twelve months.

/Rheumatoid Arthritis

Rheumatoid Arthritis – Group C

An unequivocal diagnosis by a Consultant Rheumatologist of chronic Rheumatoid Arthritis as evidenced by widespread joint destruction with major clinical deformity.

The claimant must permanently satisfy three of the following four criteria:

- Bending – the inability to bend or kneel to pick up something from the floor and stand up again and the inability to get in and out of a standard saloon car.
- Dexterity – the inability to use hands and fingers to pick up and manipulate small objects such as cutlery, including being unable to write using a pen or pencil.
- Lifting – the inability to lift, carry or otherwise move everyday objects by hand. Everyday objects include a kettle of water, a bag of shopping and an overnight bag or briefcase.
- Mobility – the inability to walk a distance of 200 metres on flat ground, even with the aid of a walking stick if prescribed by a treating practitioner, and without having to rest.

Stroke – Group A

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:

Transient ischaemic attack.

Traumatic injury to brain tissue or blood vessels.

Terminal Illness – Group A, B & C

A definite diagnosis by the attending Consultant of an illness that satisfies both of the following:

- The illness either has no known cure or has progressed to the point where it cannot be cured:
And
- In the opinion of the attending Consultant and our Chief Medical Officer, the illness is expected to lead to death within 12 months.

Third Degree Burns – Group C

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20% of the body's surface area.

Traumatic head injury – Group A & C

Death of brain tissue due to traumatic injury resulting in permanent neurological deficit with persisting clinical symptoms.

Childrens Critical Illness Benefit**BP/FFS/CBCI04**

The following Benefit is payable in respect of the Benefit Participants shown in the Policy Schedule as entitled to Childrens Benefit. The amount of any Childrens Benefit is shown in the Policy Schedule.

Childrens Critical Illness

In the event that a dependant child of a Benefit Participant aged more than 30 days and less than 18 years is first diagnosed as suffering from one of the critical illnesses listed in the policy document of this Policy the Benefit is payable on the confirmed diagnosis of that illness. Critical Illness Benefit is payable only once in respect of any child. Congenital conditions are excluded under the terms of this policy.

Dental Cover Definitions

Contact Sport

Any sport in which contact with players either deliberate or incidental is allowed and where it is common practice to wear mouth protection.

Country Of Residence

The country in which the Benefit Participant is resident.

Dental Implant

A titanium root-shaped fixture designed to integrate with the bone to replace the root of a tooth and support the replacement teeth.

Dental Injury

An injury to the teeth or supporting structures (including damage to dentures whilst being worn) which is caused suddenly and unexpectedly by means of a direct external impact.

Dental Specialist

A specialist dental practitioner accredited by the General Dental Council (GDC) in Britain practising in one of the recognised dental specialist areas contained within 'The Specialist List' held by the GDC at www.gdc-uk.org.

Dentist

In Britain - a dental surgeon who is currently registered with the General Dental Council (GDC) together with any other regulatory authority

Outside of Britain – a dental surgeon who is currently registered with the appropriate national regulatory authority.

Dentist Call-Out

The necessity for a Dentist in Britain to re-open the practice between the hours of 6.00pm and 8.00am on weekdays or weekends and Bank Holidays or if outside of Britain then outside the practice's normal working hours.

Emergency Dental Treatment

Initial dental treatment provided at the initial emergency appointment urgently required for the relief of severe pain, arrest or haemorrhage, the control of acute infection or condition which causes a severe threat to the Benefit Participant's general health. Any subsequent treatment required after the initial emergency appointment is specifically excluded.

Mouth Cancer

A malignant tumour with its primary site being in the hard and soft palate gland tissue (including accessory salivary lymph and other gland tissue in the mucosal lining of the oral cavity but excluding the tonsils, which is characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue). This excludes non-invasive cancer in situ and HIV related tumours.

Mouth Protection

A sports mouth guard.

Permanent Treatment

Definitive treatment that is clinically necessary to secure and maintain oral health.

Restorative Dental Treatment

Clinically necessary dental treatment required to maintain the oral health of a patient in the opinion of the Insured's Dentist. This may include treatment such as fillings, crowns, bridges and dentures.

Specialist Dental Treatment

Dental treatment carried out by a Dental Specialist within their specialist area.

Additional Claims Settlement Conditions applicable to the Dental Cover Extension**Claim Notification**

The Benefit Participant must provide written notification of a claim to the Company no later than 60 days from the date they first received dental treatment.

Evidence Required

The Benefit Participant must produce for the Society, at the Benefit Participant's own expense, all the detailed particulars and evidence relating to the cause detailing the dates and costs of each individual treatment. Evidence must comprise of a fully itemised receipt or an official document issued by the treating practice, in English.

Where a receipt or an official document is unobtainable, the treating dental surgery must sign the completed claim form. Where necessary the Benefit Participant may be required to provide relevant x-rays and/or dental records in support of a claim. No Benefit will be payable if the Society have not received proof of all facts relevant to the Benefit Participant's claim. This shall include but not be limited to:-

- 1) Proof of the Benefit Participant's eligibility for cover on the date of treatment.
- 2) Proof of the dental treatment including type of treatment received and the date of treatment. This may be by way of a medical report at the Benefit Participant's own expense.
- 3) Where applicable, details of the circumstances of the injury incurred.

If the Society considers it necessary, each Benefit Participant must also agree to a dental examination (which the Society will pay for) as often as the Society may require. The Society (at its own expense) may refer to a Dentist or other medical specialist chosen by the Society to advise about medical facts relating to a claim.

Foreign Currency

Claims involving foreign currency will be converted into the appropriate currency at the selling rate of exchange published on www.oanda.com on the day nearest to the date of the loss or, as otherwise paid via documented credit or debit card transaction or, as agreed in advance in writing with the Society.

Other Interests

The Benefit Participant's receipt shall discharge the Society's liability to pay any amount in respect of a claim. The Benefit Participant or the Benefit Participant's personal representatives shall have no right to claim from or sue the Society.

Reasonable Care

The Benefit Participant must take all reasonable steps to avoid or minimise any injury, damage or expense.

General Exclusions applicable to the Dental Cover Extension - Sections 1 to 5

The Society will not pay any claim for:-

- 1) treatment not deemed to be clinically necessary.
- 2) any dental treatment which was prescribed, planned, diagnosed as necessary or was ongoing at the date the Benefit Participant's cover commenced with the Society.
- 3) damage caused by tooth brushing or other oral hygiene procedures.
- 4) loss of or damage to dentures other than whilst in the mouth.
- 5) reimbursement of travelling expenses, incidental expenses or telephone costs.
- 6) treatment care or repair of teeth, gums, mouth or tongue in connection with 'mouth jewellery'.
- 7) toothbrushes, mouthwash or dental floss or any other dental consumables.
- 8) wisdom teeth extractions or any other dental procedures carried out by a hospital.
- 9) routine examinations.
- 10) restorative treatment other than treatment necessitated as a result of Dental Injury.
- 11) hygiene treatment other than treatment necessitated as a result of Dental Injury.
- 12) dental x-rays other than x-rays necessitated as a result of Dental Injury.

Dental Cover - Section 1 - Dental Injury**The Cover**

If during the Operative Time the Benefit Participant sustains Dental Injury, the Society will pay for Dentist Specialist or Dentist expenses necessarily incurred within 2 years of the date the need for treatment first arose. The Society will pay:-

- 1) up to £2,500 per course of treatment per Dental Injury for up to a maximum of four incidents in any one Period of Insurance.
- 2) for dental prescription charges in connection with the Dental Injury for up to a maximum of four incidents in any one Period of Insurance.

3) for Dental Implants that are clinically required, we will pay up to £1,000 towards the cost of the equivalent bridgework treatment.

Extension to Section 1

Ongoing Treatment

Cover under this Section shall extend to include ongoing treatment for which the Benefit Participant was in receipt of prior to the Benefit Participant's cover commencing with the Society, provided that this cover immediately supersedes a similar annual insurance (whether provided by the Society or not) subject to a maximum treatment period of 90 days.

Exclusions to Section 1

The Society will not pay for Dentist Specialist or Dentist expenses as follows:

- 1) in connection with Dental Injuries where treatment commences more than 26 weeks after the date of the original incident or notification of an intention to claim.
- 2) incurred more than 2 years after the date of the Dental Injury.
- 3) where the Dental Injury occurs in the consumption of food including foreign bodies contained within food.
- 4) where Dental Injury occurs whilst training for, or participating in Contact Sports unless appropriate Mouth Protection is being worn at the time of the injury.
- 5) as a result of self inflicted Dental Injury.
- 6) as a result of Dental Injury caused by endoscopic procedures.

The Society will not pay for

- 7) Dental Implants.

Dental Cover - Section 2 - Emergency Dental Treatment

The Cover

If during the Operative Time the Benefit Participant requires Emergency Dental Treatment, the Society will pay for an initial emergency appointment with a Dentist Specialist or Dentist.

1) up to £200 of treatment per incident up to a maximum of four incidents in any one Period of Insurance for dental expenses incurred in Britain or

2) up to £400 of treatment per incident up to a maximum of two incidents in any one Period of Insurance for dental expenses incurred outside of Britain or

a combination of both subject to the Benefit Limits shown below up to an overall maximum of £800 in any one Period of Insurance.

3) for dental prescription charges in connection with the Emergency Dental Treatment provided under 1) and 2) above

Exclusions to Section 2**The Society will not pay**

- 1) for any subsequent routine treatment required after the initial emergency appointment
- 2) for any costs of Permanent Treatment
- 3) for treatment exceeding £800 per Policy year under Benefit 7

Dental Cover - Section 3 - Dentist Call-Out Fees**The Cover**

If during the Operative Time the Benefit Participant incurs Dentist Call-Out fees in the event of a Dental Injury or Initial Emergency Dental Treatment.

The Company will pay

Up to £100 per incident up to a maximum of two incidents in any one Period of Insurance

Dental Cover - Section 4 - Hospitalisation**The Cover**

If during the Operative Time a Dental Injury results in the Benefit Participant being admitted to a licensed medical or surgical hospital as an in-patient for dental treatment, under the care of a consultant specialising in dental or maxillofacial surgery in relation to a head or neck condition.

The Society will pay

£50 per night up to a maximum of £1,000 in any one Period of Insurance

Dental Cover - Section 5 - Mouth Cancer Cover**The Cover**

If during the Operative Time the Benefit Participant is diagnosed with Mouth Cancer which requires medical treatment within 78 weeks of diagnosis, the Society will pay up to £12,000 towards the cost of one course of treatment for Mouth Cancer, provided by a consultant who is recognised as a specialist in cancer by the NHS or the States of Guernsey and Jersey or the Benefit Participant's Country of Residence or, treatment provided by another medical practitioner under referral from a consultant.

Exclusions to Section 5**The Society will not pay**

- 1) for treatment of Mouth Cancer which was diagnosed prior to or within 90 days of when cover commenced with the Society.

- 2) for treatment of Mouth Cancer where the Benefit Participant has undergone tests or consultation prior to or within 90 days of when cover commenced with the Society, even where diagnosis was not made until after the 90 day period.
- 3) for any cost of treatment received after 78 weeks following the date of diagnosis of Mouth Cancer.
- 4) for not more than one course of treatment in connection with a specific occurrence of Mouth Cancer. No further benefits are payable in the event of a re-occurrence of the same cancer either at the same site or at a different location.
- 5) for fees for consultations or tests incurred as a result of non invasive tumors or tests not resulting in a diagnosis of Mouth Cancer.
- 6) Mouth Cancer related directly or indirectly to HIV infection or AIDS.
- 7) Mouth Cancer resulting from the chewing of tobacco products, betel nut or from prolonged alcohol abuse.