



Policy No: PC05039(2013)

CRITICAL ILLNESS INSURANCE

This is to Certify that in accordance with the authorisation granted under the Binding Authority Contract No. B0328F6101371307U to the undersigned by Certain Underwriters at Lloyd's, whose names and the proportions underwritten by them, which will be supplied on application, can be ascertained by reference to the said contract which bears the Seal of Lloyd's Policy Signing Office, in consideration of the premium specified herein, the said Underwriters are hereby bound, each for his own part and not one for another, their Heirs, Executors and Administrators, to insure in accordance with the terms and conditions contained herein or endorsed hereon. In order that this document may be issued, the Underwriters have entered into a Binding Authority Contract, reference number B0328F6101371307U. This contract empowers an authorised officer on behalf of Risk Assurance Management Limited to sign and issue this document on behalf of Underwriters.

Whereas the Policyholder named in the Schedule has made to Underwriters a written proposal as stated in the Schedule, which proposal together with any statements, representation or declarations contained therein and otherwise made in connection with this contract shall be deemed to be incorporated herein and be the basis of the Contract and shall be relied upon in determining the Underwriters' assessment and acceptance of the Contract of Critical Illness Insurance.

Now this Policy Witnesseth that in consideration of the payment already made by the Policyholder of the premium stated in the Schedule and any subsequent premium(s) stated in the Schedule, and of the subsequent premium or premiums (if any) to be paid as thereby provided, we, the Underwriters will pay the Critical Illness Benefit mentioned in the Schedule to the Policyholder to whom the same is therein expressed to be payable under production of proof satisfactory to us of (1) the happening of the event mentioned in the Schedule and (2) the title of the persons or person claiming payment and (3) the correctness of the age of the person in respect of whom such amount becomes payable.

It is hereby agreed and understood that:-

- (i) This Policy is issued to secure benefits provided under a Critical Illness scheme.
- (ii) This Policy is issued to the Policyholder in accordance with the terms set out below and includes the Schedule, the Conditions and Definitions attached together with any amendments or alterations signed on behalf of the Underwriters (the "Policy").
- (iii) The Policyholder will have no beneficial interest in any benefits payable under this Policy which will be applied by the Policyholder in accordance with the Scheme.



- (iv) All monies payable under this Policy due to or from Risk Assurance Management Limited shall be made at its address at Chancery House, Leas Road, Guildford, Surrey, GU1 4QW or such other address as Risk Assurance Management Limited may notify to the Policyholder.
- (v) In this Policy, where appropriate, referral to the masculine shall include the feminine and the singular the plural.
- (vi) The Law of England and Wales shall govern this Policy and the Courts of England and Wales alone shall have jurisdiction in any dispute arising.

In witness whereof this Policy has been signed at the place and on the date specified in the Schedule by:

A.C. Dewar-Maries

.....

Authorised Officer

For and on behalf of **Risk Assurance Management Limited**

under Binding Authority Contract No. B0328F6101371307U

Address: Chancery House, Leas Road, Guildford, Surrey, GU1 4QW

Authorised and Regulated by the Financial Services Authority

Date: 09 October 2013

PLEASE READ THIS POLICY CAREFULLY AND SEE THAT IT MEETS WITH YOUR REQUIREMENTS. PAY SPECIAL ATTENTION TO TERMS, CONDITIONS AND EXCLUSIONS. IF THIS INSURANCE DOES NOT MEET WITH YOUR REQUIREMENTS THEN PLEASE CONSULT YOUR INSURANCE ADVISER.



SCHEDULE

Attaching to and forming part of Policy number: PC05039(2013)

Date of Proposal and Declaration:	28 May 2009.
Type of Insurance:	Group Critical Illness Benefit.
Scope of Insurance:	Core Insured Illnesses Plus Additional Insured Illnesses.
Period of Cover:	From: 00.01 hrs on the Sixteenth day of October 2013. To: 00.01 hrs on the Sixteenth day of October 2014.
Scheme:	The Lancashire Police Federation Group Critical Illness Scheme.
Policyholder:	The Trustees of the Lancashire Police Federation Group Critical Illness Scheme.
Members:	Eligible Members whose membership of the Scheme has commenced.
Eligible Members:	All present and future Serving Officers in the service of Lancashire Police and Retired Officers formerly in the service of Lancashire Police, together with their Spouse or Partner, where the Serving Officer or Retired Officer has attained the age of 16 years but has not attained the age of 64 years and until they attain age 65 years.
Critical Illness Benefit:	The benefit in respect of each Member shall be an amount shown in Table A.
Temporary Absence: (Serving Officers only)	Up to age 65 years in the event of illness or injury; or Up to five consecutive years, from the first date of absence, for maternity, paternity or parental leave. or Up to thirty six consecutive months, from the first date of absence, in the event of any other cause.
Catastrophic Event Limit:	Not Applicable.



Exclusions:	As specified in the Policy under Limitation of Benefit.
Premium Rate:	See Table B.
Premium Rate(s) Guarantee Period:	3 years expiring at 00.01hrs on 16 October 2014.
Commencement Date of Premium Rate(s) Guarantee Period:	00.01hrs on 16 October 2011.
Premium Frequency:	Per Calendar Month.
Event upon which the Critical Illness Benefit is payable:	Payable during the Period of Cover when a Member suffers an Insured Illness as detailed in the Policy, subject to the Survival Period and Limitation of Benefit as outlined in Benefit Conditions.
To whom payable:	The Member.
Binding Authority Contract No.	B0328F6101371307U

Signed:

A.C. Ashley-Maries

Date: 09 October 2013

Authorised Officer

Risk Assurance Management Limited

at the offices of Risk Assurance Management Limited

Chancery House, Leas Road, Guildford, Surrey, GU1 4QW

Notices affecting this Policy must be sent in writing to the Company's Office at Chancery House, Leas Road, Guildford, Surrey, GU1 4QW or such other address as Risk Assurance Management Limited may have notified to the Policyholder.



TABLE A CRITICAL ILLNESS INSURANCE BENEFIT

The Critical Illness Insurance Benefit in the case of all Members is in accordance with the following table:-

- Category (1) Serving Officers
- Category (2) Retired Officers who are aged up to 55 years
- Category (3) Retired Officers who are aged 56 to 60 years
- Category (4) Retired Officers who are aged 61 to 64 years

Benefit Basis	Category (1)	Category (2)	Category (3)	Category (4)
Benefit Basis 1	£15,000	£ 7,500	£ 4,350	£2,550
Benefit Basis 2	£30,000	£15,000	£ 8,700	£5,100
Benefit Basis 3	£45,000	£22,500	£13,050	£7,650
Benefit Basis 4	£15,000 plus Spouses or Partners	£ 7,500 plus Spouses or Partners	£ 4,350 plus Spouses or Partners	£2,550 plus Spouses or Partners
	£15,000	£ 7,500	£ 4,350	£2,550
Benefit Basis 5	£30,000 plus Spouses or Partners	£15,000 plus Spouses or Partners	£ 8,700 plus Spouses or Partners	£5,100 plus Spouses or Partners
	£15,000	£ 7,500	£ 4,350	£2,550
Benefit Basis 6	£45,000 plus Spouses or Partners	£22,500 plus Spouses or Partners	£13,050 plus Spouses or Partners	£7,650 plus Spouses or Partners
	£15,000	£ 7,500	£ 4,350	£2,550
Children's Benefit - 25% of the Member's Benefit plus (if applicable) 25% of Spouse's or Partner's Benefit				



TABLE B

The rate of Critical Illness Insurance Premium shall be in accordance with the following table:-

Benefit Basis	Premium Per Month
Benefit Basis (1)	£ 6.90
Benefit Basis (2)	£13.81
Benefit Basis (3)	£20.71
Benefit Basis (4)	£11.04
Benefit Basis (5)	£17.94
Benefit Basis (6)	£24.84



GENERAL CONDITIONS

1. PERIOD OF POLICY

Subject to the provisions of these General Conditions this Policy shall continue from the Commencement Date of the Premium Rate(s) Guarantee Period stated in the Schedule and cover shall be renewable by the issue of a new Schedule annually thereafter.

In the event that the Premium Rate(s) Guarantee Period exceeds the Period of Cover under this Policy a new Schedule will be issued for the remainder of the Premium Rate(s) Guarantee Period at the same Premium Rate.

2. VARIATION OF TERMS

The Company reserves the right from time to time to vary any terms of this Policy and the Schedule and of any endorsement attaching to it upon giving to the Policyholder two months notice of its intention.

3. PROVISION OF NECESSARY INFORMATION

It is the Policyholder's responsibility to provide the Company with all the necessary data when requested by the Company. It is the Policyholder's duty to ensure that all data and information provided is correct and it is agreed that the Company shall be entitled to rely upon the data, information or evidence so furnished.

4. SCHEME ALTERATIONS

The terms of this Policy shall not be changed unless and until the Company shall have agreed in writing to such change.

If the number of Members or Benefit changes by more than 20% from the Commencement Date of Rate(s) Guarantee Period, the Company reserves the right to amend the terms of this Policy including (for the avoidance of doubt) the Premium Rate with effect from the date the change occurred.

5. FRAUDULENT OR MISLEADING INFORMATION

Any fraud, concealment or deliberate mis-statement by the Member, or anyone acting on behalf of the Member, if unknown to the Policyholder affecting assurance under this Policy or in connection with the making of any claim hereunder shall render this Policy null and void in so far as it relates to the Member in question but any such fraud, concealment or deliberate mis-statement by or known to the Policyholder shall render the whole Policy null and void and all claims hereunder shall be forfeited.



6. PROFIT PARTICIPATION AND SURRENDER VALUE

This Policy does not participate in profits and has no surrender value.

7. INFRINGEMENT OF POLICY TERMS AND CONDITIONS

The Company reserves the right upon giving written notice to the Policyholder to terminate this Policy in the event of breach or infringement of the terms of this Policy and payment of any benefit shall be conditional upon the Policyholder complying with the terms of this Policy.

8. CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 1999

All third party rights granted by the Contract (Rights of Third Parties) Act 1999 are excluded from this Policy.

9. REINSTATEMENT OF POLICY

If the Policy has lapsed due to non-payment of premium on the due date then, in accordance with Premium Condition 2, it can be reinstated within 30 days if premium payments are resumed. If the premium discontinuance has exceeded 60 days, the Policy having already lapsed, agreement will be required from the Company to reinstate the Policy and premium payments must be resumed in accordance with that agreement.

10. DISCONTINUANCE OF SCHEME

The Policyholder shall have the right to terminate the Policy by giving written notice to the Company. The Policy will terminate from the date the Company receives the written notice and any cancellation will not be backdated and premiums will be charged for the time on risk.

The Company reserves the right to cancel the Policy if the Policyholder fails to comply with the terms of the Policy.



MEMBERSHIP CONDITIONS

1. ELIGIBLE MEMBERS

In exceptional circumstances the Policyholder may waive the qualifications of age and any Member in respect of whom this qualification is waived shall be an Eligible Member with the prior agreement of the Company.

Eligible Members can also include Serving Members who are seconded to another police force or agency in the United Kingdom. For the avoidance of doubt, a person shall cease to be an Eligible Member forthwith upon the happening of point 6 in Membership Conditions.

2. SECONDMENTS (Serving Officers only)

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. 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. For secondments that occur in non-European locations, cover will be provided for a period of twelve consecutive months from the first day of secondment.

3. COMMENCEMENT OF COVER

The date upon which cover will commence for each Member will be the Member's Normal Entry Date which shall be:-

- i) As from commencement of the Period of Cover if he is on that date an Eligible Member;
or
- ii) As from the first date on which he is an Eligible Member;
or
- iii) As from the date on which he is deemed to be an Eligible Member in the event of the Policyholder waiving the qualification of age or any other requirement.

The commencement of cover is subject to acceptance of the Member's assurance by the Company as described below.



4. ACCEPTANCE OF INSURANCE

The Company will accept the insurance of an Eligible Member as a Member of the Scheme from his Normal Entry Date, otherwise he will be subject to any Evidence of Insurability that the Company may require.

Subsequent increases in the amount of a Member's benefit will be subject to acceptance by the Company.

5. TEMPORARY ABSENCE

A Member who is temporarily absent from work for whatever reason may be deemed to continue as a Member, as specified in the Schedule under Temporary Absence.

If payment of premiums has been discontinued during any such period of Temporary Absence then the benefit of the Member may be recommenced without evidence of health following the Member's completion of two consecutive calendar months without absence in his normal occupation after return to work. For this purpose normal occupation means the occupation followed by the Member immediately prior to the commencement of his Temporary Absence.

6. TERMINATION OF A MEMBER'S INSURANCE

The insurance of a Member will terminate immediately in the event of:-

- i) Discontinuance of payment of premiums whether generally or in relation to that Member including discontinuance of payment of premiums as referred to in Membership Condition 5 (Temporary Absence);
or
- ii) The Member ceasing to be an Eligible Member;
or
- iii) The Serving Officer ceasing to be considered to be in service on the expiry of the period of permitted absence from work as defined in Membership Condition 5 (Temporary Absence).
or
- iv) The Serving Officer being absent from work for any reason other than during a period of Temporary Absence described in Condition 5 or during a period of Secondment as described in Membership Condition 2.
or
- v) The Member commencing permanent employment outside the UK.



BENEFIT CONDITIONS

1. AMOUNT OF BENEFIT

The Critical Illness Benefit appropriate to a Member as stated in Table A of the Schedule.

2. TO WHOM PAYABLE

The Member.

3. CATASTROPHIC EVENT

When a Catastrophic Event Limit is stated in the Policy Schedule the following Benefit Condition will apply:-

The maximum aggregate liability of the Company to the Policyholder for a Critical Illness Benefit or a series of Critical Illness Benefits (irrespective of the date or place) attributable directly or indirectly to a Catastrophic Event shall be the Catastrophic Event Limit.

Allocation of Benefits to the Members resulting from the Critical Illness or a series of Critical Illnesses attributable directly or indirectly to a Catastrophic Event and thus subject to the Catastrophic Event Limit, shall be in the chronological order of the dates upon which written notification of each Critical Illness claim is received by the Company provided always that the Company's liability in respect of all such claims under the Policy shall not exceed the Catastrophic Event Limit.

In so far as more than one such written notification is received by the Company on the same day and in a total amount that would cause the Catastrophic Event Limit to be exceeded, the Company shall be entitled in its sole discretion to pay such claims on a reduced pro-rata basis according to the remaining balance of the Catastrophic Event Limit such that the Company's total liability for such claims under the Policy shall not exceed the Catastrophic Event Limit.

If the Catastrophic Event Limit is reached (as set out in paragraph 1 above), the Company will pay the Catastrophic Event Limit stated in the Schedule to the Members and the Company will be responsible for the allocation of Benefits as stated above.

4. ALTERATION IN CRITICAL ILLNESS BENEFIT

Any alteration in benefits agreed by the Company as referred to in General Condition 4 shall for the purpose of this Policy take effect on the day on which the alteration takes effect for the purpose of the Scheme.



5. WHEN PAYABLE

In the event of a Member surviving 28 days after the date of diagnosis of one of the following Insured Illnesses or in the event of a Member surviving 28 days following completion of the Member's actual undergoing of the medical intervention.

Benefits payable will be subject to any limitations or exclusions as outlined in Condition 6 of Benefit Conditions and will require all documentary evidence as outlined in the Claim Conditions.

All diagnoses and medical opinions must be given by a medical specialist who:-

- is a Consultant at a UK Hospital.
- is acceptable to the Company's Chief Medical Officer.
- is a specialist in the area of medicine appropriate to the cause of the claim.

Where appropriate the medical specialist can include the Member's General Practitioner if in possession of the relevant medical records required for the claim to be accepted by the Company.

5.A CORE INSURED ILLNESSES

The following Core Insured Illnesses are covered:-

Cancer - *excluding less advanced cases*

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;
 - borderline malignancy; or
 - 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 the skin).

Coronary Artery By-Pass Graft - *with surgery to divide the breastbone*

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

Heart Attack - *of specified severity*

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 > 1.0ng/ml

-AccuTnl > 0.5ng/ml or equivalent threshold with other Troponin I methods.

The evidence must show a definite acute myocardial infarction.

For the above definition the following is not covered:-

- Other acute coronary syndromes including but not limited to Angina.

Kidney Failure - *requiring dialysis*

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

Major Organ Transplant

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.



Multiple Sclerosis - *with persisting symptoms*

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.

Stroke - *resulting in permanent symptoms*

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.

5.B ADDITIONAL INSURED ILLNESSES

The Policy Schedule will confirm whether the following Additional Insured Illnesses are covered:-

Alzheimer's Disease - *resulting in permanent symptoms*

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

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

For the above definition the following is not covered:-

- other types of dementia.

Hepatitis B – Serving Officers only - *resulting from the Member carrying out their normal occupation as a Serving Officer*

Infection with Hepatitis B virus.

The incident that results in such infection must have occurred after the date of insurance and must have been reported, investigated and documented in accordance with established procedures for the facility in which it occurred.



HIV Infection - *contracted in the EU from a blood transfusion, physical assault or from the Member carrying out their normal occupation as a Serving Officer*

Infection by Human Immunodeficiency Virus (HIV) resulting from:

- A blood transfusion given as part of medical treatment;
 - A physical assault; or
 - An incident occurring in the course of performing normal duties of employment as a Serving Officer after the start of the insured person's cover under 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 during the course of performing normal duties of employment, the incident must be supported by a negative HIV antibody test taken within five days of the incident.
 - there must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus.
 - the incident causing infection must have occurred in the EU.
- For the above definition, the following is not covered:

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

Motor Neurone Disease – *resulting in permanent symptoms*

A definite diagnosis of Motor Neurone disease by a Consultant Neurologist. There must be Permanent clinical impairment of motor function.

Parkinson's Disease - *resulting in permanent symptoms*

A definite diagnosis of Parkinson's disease 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.

No other illnesses are covered under either Core Insured Illnesses or Additional Insured Illnesses.



6. LIMITATIONS ON BENEFITS PAYABLE

6.1 No benefit will be payable for a Critical Illness if it is caused directly or indirectly from one or more of the following:-

Alcohol or Drug Abuse

Inappropriate use of alcohol or drugs including but not limited to the following:

- consuming too much alcohol.
- taking an overdose of drugs, whether lawfully prescribed or otherwise.
- taking Controlled Drugs (as defined by the Misuse of Drugs Act 1971) otherwise than in accordance with a lawful prescription.

Criminal Acts

Taking part in a criminal act.

Flying

Taking part in any flying activity, other than as a passenger in a commercially licensed aircraft unless on Police business.

Hazardous Sports and Pastimes

Taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off-piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.

HIV/AIDS

Infection with Human Immunodeficiency Virus (HIV) or conditions due to any Acquired Immune Deficiency Syndrome. (AIDS).

Living Abroad

Living outside of the European Union for more than 13 consecutive weeks in any 12 months.

Self-Inflicted Injury

Intentional self-inflicted injury.



Unreasonable Failure To Follow Medical Advice

Unreasonable failure to seek or follow medical advice.

War and Civil Commotion

War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.

6.2 PRE-EXISTING CONDITION EXCLUSIONS

a) SAME INSURED ILLNESS

No benefit will be payable in respect of an Insured Illness or a repeat of the same Insured Illness which the Member had previously been aware of, suffered from or received treatment for prior to the date of their inclusion in the Scheme. Nor will benefit be payable for any Insured Illness where the Member had previously received benefit under the Scheme for that Insured Illness.

b) RELATED CONDITIONS

No benefit will be payable for an Insured Illness in respect of which any related condition existed at any time prior to the date of the member's inclusion in the Scheme unless at least two years has elapsed from the date of the inclusion in the Scheme.

The conditions which apply as related conditions under the pre-existing conditions for the various Insured Illnesses will include but not be restricted to those listed below:-

Cancer

Polyposis coli, carcinoma in-situ, papilloma of the bladder, Crohn's disease, ulcerative colitis or abnormal smear test.

Heart Attack and Coronary Artery By-Pass Surgery

Hypertension or any disorders of the heart. This will include congenital malformations that have been treated such as heart valve defects.

Any obstructive or occlusive arterial disease such as arteriosclerosis, aorta graft surgery, stroke.

Kidney Failure

Hypertension, polycystic kidney disease, pyelonephritis or glomerulonephritis, chronic renal disease.



Major Organ Transplant

Cardiomyopathy, coronary artery disease, cardiac failure, chronic liver disease, pancreatitis, pulmonary hypertension, chronic lung disease, chronic kidney disease, leukaemia.

Multiple Sclerosis

Any form of neuropathy, encephalopathy or myelopathy (disorder of the function of the nerves) including but not restricted to the following:-

- abnormal sensation (numbness) of the extremities, trunk or face,
- weakness or clumsiness of a limb,
- double vision, partial blindness,
- ocular palsy,
- nystagmus,
- vertigo (dizziness),
- difficulty with bladder control,
- optic neuritis,
- spinal cord lesion,
- abnormal MRI scan.

Parkinson's Disease

Treatment with psychotropic medication, tremor.

Stroke

Hypertension, transient ischaemic attacks, intracranial aneurysm and any obstructive or occlusive arterial disease.

6.3 Children's Critical Illness Pre-existing Medical Condition Exclusion

A claim will not be covered for children's critical illness cover if:-

- the child's condition was present at birth; or
- the symptoms first arose before the child was covered; or
- the child dies within 28 days of meeting our definition of the critical illness; or
- The child's illness is proved to be hereditary.

6.4 SECOND OR SUBSEQUENT CLAIMS

Once the Company has accepted a claim and paid out a benefit to a Member for an Insured Illness, no further claim will be paid in the event of a repeat of that Insured Illness. Similarly no further payment would be made to that Member for an Insured Illness that in the opinion of the Company's Chief Medical Officer can be attributable, either directly or indirectly to the first Insured Illness suffered.



PREMIUM CONDITIONS

1. AMOUNT OF PREMIUM

The amount of premium will be the aggregate of premiums in respect of all Members ascertained in accordance with the Premium Rate shown in the Table B.

2. WHEN PAYABLE

At the commencement of the Period of Cover and the first Policy Anniversary Date. If the premiums are payable by instalments the appropriate instalment in respect of each Member shall be due on the first day of the instalment period.

Sixty days of grace shall be allowed for the payment of any premium and if any claim arises during that period no amount shall become due in respect of such claim until the premium is paid.

3. PREMIUM COSTING

The premium due per Member will be calculated in accordance with the Company's normal group underwriting philosophies and procedures.



CLAIM CONDITIONS

CLAIM NOTIFICATION

If a Member suffers an Insured Illness, notification of the claim by the Policyholder should be advised to the Company as soon as possible. Notification should be made in writing to the Company at its address shown in the Schedule to this Policy.

DOCUMENTARY EVIDENCE REQUIRED

- (a) A claim form fully completed and signed by both the claimant and the Policyholder (the Trustees of the Scheme).
- (b) A fully completed medical report by a medical practitioner who is a specialist in the area of medicine that is appropriate to the cause of the claim as defined in Benefit Conditions 5.
- (c) Evidence of the Member's entitlement to Benefit.
- (d) Satisfactory evidence of the Member's date of birth.
- (e) Any additional information deemed necessary by the Company.

CLAIM SETTLEMENT

On acceptance by the Underwriters of a claim, settlement will be made by electronic transfer for the amount payable to the Member whose acceptance will be a full discharge of the Company's liability under this Policy in respect of the insured illness and such related illnesses as decided upon by the Company.



DEFINITIONS

Benefit:	The amount of Critical Illness Benefit appropriate to a Member as stated in Table A, subject to the Catastrophic Event Limit.
Benefit Conditions:	The conditions relating to benefits set out on pages 11 to 18 of this document.
Catastrophic Event:	One originating cause, event or occurrence or a series of related originating causes, events or occurrences, which results in more than one Critical Illness claim, irrespective of the period of time or area over which such originating causes, events or occurrences take place. The Company shall be the sole judge as to what constitutes a Catastrophic Event.
Claims Conditions:	The conditions relating to claims set out on page 20 of this document.
Commencement Date of Rate(s) Guarantee Period:	The date named as such in the Schedule.
Company:	Risk Assurance Management Limited on behalf of the Underwriters as authorised by Lloyd's Binding Authority Contract as stated in the Schedule.
Conditions:	The General Conditions, Membership Conditions, Benefit Conditions, Claims Conditions and Premium Conditions.
Critical Illness:	<p>An illness suffered by a Member which has been diagnosed by a medical specialist or appropriate consultant and which meets the Policy Conditions under Insured Illnesses.</p> <p>The start date of the Critical Illness Benefit will be the actual date of the Diagnosis, as described hereunder, irrespective of any applicable period of persistence required to meet the definition of the claim.</p>
Critical Illness Benefit:	The Benefit that is paid out by the Company if a Member is diagnosed with a Critical Illness that meets the Policy Conditions under Insured Illnesses subject to the Catastrophic Event Limit.
Dependant Child(ren):	Means the natural, adopted or step child(ren) of a Member where the child is aged not less than six months and not more than 17 years at the relevant date of Diagnosis.
Diagnosis:	Diagnosis shall mean the unequivocal diagnosis by a medical specialist or appropriate consultant of the insured medical condition based on the results of appropriate medical tests and investigations.



A clinical diagnosis shall not be considered as an unequivocal diagnosis as defined herein.

The date of diagnosis is the date that the unequivocal diagnosis as defined above is made, which shall be a date during the period when a Member is eligible in accordance with the Scheme Rules.

- Eligible Members:** All Eligible Members as stated in the Schedule and subject to Membership Condition 1.
- Evidence of Insurability:** Any medical evidence acceptable to the Company to enable the Member's inclusion in the Scheme and for subsequent increases in benefit.
- General Conditions:** The general conditions to this Policy set out on pages 7 and 8 of this document.
- Insured Illness:** One of the medical conditions described in the Policy under Benefit Conditions.
- Irreversible:** An Insured Illness is considered irreversible if it cannot be reasonably improved upon by medical treatment and/or surgical procedures used by the UK National Health Service at the time of the claim.
- Member:** An Eligible Member whose membership of the Scheme has commenced.
- Membership Conditions** The conditions relating to Membership set out on pages 9 and 10 of this document.
- Normal Entry Date:** In respect of a Serving Officer is the date on which they joined the Scheme, which must be within 3 months of joining the police force.
- In respect of a Spouse or Partner of a Serving Officer must be at the same time as the Serving Officer joining on their Normal Entry Date or within 3 months of becoming a Spouse.
- In respect of a Retired Officer and their Spouse or Partner is the date they joined the Scheme as a Serving Officer or Spouse or Partner of a Serving Officer.
- Partner:** The Partner of a Serving Officer or Retired Officer where the Federation is satisfied that the couple are living together on a permanent basis and the relationship is longstanding.
- Period of Cover:** As defined in the Schedule.



Permanent:	An Insured Illness is considered permanent if it is expected to last throughout the Member's life with no prospect of improvement irrespective of when the cover ends or the Member retires.
Permanent Neurological Deficit with Persisting Clinical Symptoms	<p>Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the insured person's life.</p> <p>Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of co-ordination, tremor, seizures, lethargy, dementia, delirium and coma.</p> <p>For the above definition the following are not covered:-</p> <ul style="list-style-type: none">• 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.
Policy:	The meaning given on page 1 of this document at subsection (ii).
Policy Anniversary Date:	The anniversary of the commencement of the Period of Cover.
Policyholder:	The Trustees of the Scheme.
Premium Conditions	The premium conditions to this Policy.
Premium Rate:	The rate referred to as such in the Schedule.
Scheme:	The Scheme named in the Schedule.
Scheme Rules:	The Rules governing the operation of the Scheme and the payment of Critical Illness Benefits to Members upon Diagnosis of an Insured Illness.
Secondment:	A Serving Officer temporarily working for another police agency or task force.



- Spouse:** Means one of:
- (a) the husband or wife of a Serving Officer or Retired Officer; or
 - (b) The Partner of a Serving Officer or Retired Officer where the Serving Officer or Retired Officer and Partner have registered their partnership in accordance with the Civil Partnership Act 2004 (“Partnership Registration”) (or such legislation subsequently amended).
- Survival Period:** Survival Period shall mean a period of 28 days from the date of diagnosis of a Critical Illness as detailed in the Policy under Insured Illness or 28 days following completion of a medical intervention as detailed in the Policy under Insured Illness.
- Temporary Absence:** The meaning given in Membership Condition 5.
- Termination Date:** In respect of each Member, the Termination Date shall be the earliest of the expiry dates as follows:
- (a) The Serving Officer or Retired Officer attaining the age stated in the Schedule.
 - (b) The Member ceasing to be entitled to Benefit under the Scheme Rules.
 - (c) The discontinuance of payment of premiums whether generally or in relation to that Member.
 - (d) The Serving Officer having been absent for a period in excess of the Temporary Absence provision or Secondment period that has been granted.
 - (e) Upon expiry, cancellation or failure to renew the Policy.
- Underwriters:** Certain Underwriters at Lloyd’s as described on page 1 of this Policy.



In this Policy:

- 1.1. Headings are inserted for convenience only and do not affect the construction of this Policy
- 1.2. All references to "we", "us" and "our" in this Policy are to Risk Assurance Management Limited.
- 1.3. Unless the context otherwise requires, or it is otherwise expressly provided:
 - 1.3.1. words importing the singular include the plural and vice versa, words importing the masculine include the feminine, and words importing persons include corporations;
 - 1.3.2. where something is defined in the singular, the plural of the defined term will be taken to mean two or more of those things which fall within the definition; and where something is defined in the plural or collectively, the singular of the defined term will be taken to mean any one of those things which fall within the definition;
 - 1.3.3. reference to writing or similar expressions includes transmission by telecopier or electronic means;
 - 1.3.4. references to Acts, statutory instruments, regulations and other legislation are to legislation operative in England and to such legislation amended, extended or re-enacted (whether before or after the date of this Policy) and any subordinate legislation made under that legislation;
 - 1.3.5. reference to any document includes that document as amended or supplemented, whether before or after the date of this Policy.



ADDITIONAL INFORMATION

POLICY ISSUANCE

This Policy is issued and administered by Risk Assurance Management Limited in its capacity as a Lloyd's Coverholder on behalf of certain Underwriters at Lloyd's where the risk is underwritten.

COMPLAINTS PROCEDURE

Risk Assurance Management Limited as a Coverholder of Lloyd's operates a two stage complaints procedure.

Initially if you have any complaint regarding the handling of your Policy it should be addressed to:-

The Compliance Officer
Risk Assurance Management Limited
Chancery House
Leas Road
Guilford
Surrey GU1 4QW

Email: complaints@Ram-ltd.co.uk

The circumstances regarding your complaint will be investigated and a written reply will be sent to you within two weeks of receiving your written complaint.

In the event that this proves unsatisfactory, or you have not received a written reply within two weeks, you are entitled to refer the matter to Lloyd's. Written representation should be made to:-

Policyholder and Market Assistance
Lloyd's
Fidentia House
Walter Burke Way
Chatham Maritime
Kent
ME4 4RN

Email: complaints@Lloyds.com

If your complaint remains unresolved, you may be entitled to refer it to the Financial Ombudsman Service (FOS):-

Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London E14 9SR

Email: complaints.info@financial-ombudsman.org.uk



These arrangements for the handling of complaints are entirely without prejudice to a complainant's rights under the Laws of England and Wales and you are free at any stage to seek legal advice and take legal action.