



Agency	Agency Ref	Policy Number
Police Mutual, 5 th Floor 20 Chapel Street Liverpool L3 9AG	30/0068260	25065219 ECA

SCHEDULE

The Insurer Aviva Insurance Limited

The Insured Lancashire Constabulary Police Federation

Address Federation Office, Police Headquarters,
P O Box 77, Hutton
Preston
PR4 5SB

Business Police Federation

Period of Insurance (both dates inclusive) **From** 01.04.2017 **To** 31.03.2018

Monthly Premium As agreed with the Insurer and declared to and paid by the Insured at the end of each Calendar month.

Insured Persons

Serving Police Officers being members of the Insured who have elected to join the Group Insurance Scheme and from whom a deduction for premium is being made from wages who were

- a) actively at work at the commencement of this insurance or
- b) not employed by the Insured at the commencement of this insurance but who have since become so employed and have joined the Group Insurance Scheme within 60 days of the commencement of their employment

Aviva Insurance Limited
Registered in Scotland No.2116.
Registered Office: Pitheavlis, Perth PH2 0NH.
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority
and the Prudential Regulation Authority

GROUP ACCIDENT AND SICKNESS INSURANCE POLICY

including “Critical Illness” benefits

INTRODUCTION

Thank You for choosing Aviva as Your insurer

This is Your Group Personal Accident and Sickness Insurance policy, setting out Your insurance protection in detail.

Your premium has been based upon the information shown in The Schedule and recorded in the written application you have signed and/or declaration you have made. Please read it carefully to make sure that it meets Your requirements and that the details on The Schedule are correct.

If after reading Your policy You have any questions, please contact Your insurance adviser.

It is your evidence of insurance and may be required in the event of a claim.

IMPORTANT

This policy is a legal contract. You must tell us about any facts or changes which affect your insurance and which have occurred either since the policy started or since the last renewal date. If you are not sure whether certain facts are relevant please ask your insurance adviser. If you do not tell us about relevant changes, your policy may not be valid or the policy may not cover you fully. You should keep a written record (including copies of letters) of any information you give us when you renew this policy.

HOW TO CLAIM

Should you need to make a claim under this policy, please contact Police Mutual using the appropriate telephone number found below :-

0151 236 4511

DEFINITIONS

Accident/Accidental	Shall mean a sudden violent external unforeseen and identifiable event
Blind/Blindness	Total and Permanent loss of sight in one or both eyes which shall be deemed to have occurred (a) in both eyes when the condition is shown to the Company's satisfaction Permanent and the Insured Person's name has been added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist. (b) in one eye when the condition is shown to the Company's satisfaction to be Permanent and the degree of sight remaining after correction is 3/60 or less on the Snellen Scale.
Bodily Injury	Accidental bodily injury caused by an accident and which solely and independently of any other cause (except illness directly resulting from medical or surgical treatment rendered necessary as a result of such injury) occasions the death of or loss or disablement to the Insured Person within 24 months from the date of the accident by which such injury is caused
Insurer/We/Us/Our	Aviva Insurance Limited
Irreversible	Cannot be reasonably improved upon by medical treatment and/or surgical procedures used by the National Health Service in the United Kingdom at the date of the claim

New York Heart Association Functional Classification	New York Heart Association (NYHA) Functional Classification system is a method, commonly used in the United Kingdom, to assess heart function by relating symptoms to everyday activities and the patient's quality of life.
Normal Pregnancy	Any symptoms or combination of symptoms which normally accompany pregnancy (including multiple pregnancy) which are generally minor or temporary (or both) and which do not represent a medical danger to the mother or baby and; Childbirth, including delivery by Caesarean section or any other medically or surgically assisted delivery that does not cause any medical complications
NYHA Class 3	Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitation, or dyspnea (difficulty in breathing)
Period of Insurance	From the effective date until the expiry date shown in The Schedule
Permanent	Expected to last throughout the Insured Person's life
Permanent Neurological Deficit with persisting clinical symptoms	Symptoms of dysfunction in the nervous system that are present on clinical examination and are expected to last throughout the Insured Person's life. 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 coordination, tremor, seizures, lethargy, dementia, delirium and coma. The following are not covered: <ul style="list-style-type: none"> • An abnormality seen on the 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
You/Your/Insured/Policy holder	The company/corporation/organisation shown in the Schedule

OPERATION OF COVER

The Insured having paid or agreed to pay the premium the Insurer will in the terms of this policy pay the sum(s) shown in the Schedule of Benefits in the event of any Insured Person described in the Schedule

(a) sustaining accidental bodily injury which independently of any other cause results in disablement or

(b) contracting sickness which results in first diagnosis of a Critical Illness as defined within the Geographical Limits during the Period of Insurance

EXTENSIONS

Exposure

Bodily injury includes exposure to the elements

COVER

Any person described in the schedule of Insured Persons

- (a) sustaining accidental Bodily Injury which independently of any other cause results in disablement
- (b) contracting sickness which results in first diagnosis of a critical illness or permanent total disablement

EXCLUSIONS

This policy excludes

1 Hazardous Pursuits or Occupations

bodily injury sustained while taking part in racing by horse motor or motorcycle mountaineering where ropes or guides are normally used aviation (except when travelling solely as a passenger). This exclusion does not apply to injuries sustained while on Police duty.

2 Self-Inflicted Injury or Sickness

wilfully self-inflicted injury or sickness

3 Residence

the Insured Person while permanently resident outside the United Kingdom Channel Islands or Isle of Man

4 Intoxicating Liquor or Drugs

(a) bodily injury sustained while under the influence of or

(b) sickness due wholly or partly to the effects of

intoxicating liquor or drugs taken by the Insured Person other than drugs taken in accordance with treatment prescribed and directed by a qualified registered medical practitioner but not for the treatment of drug addiction

5 Exclusion Period

any critical illness occurring within 60 days of the Insured Person joining this insurance unless when the member joins within 26 weeks of becoming a serving member of Lancashire Constabulary Police Federation

6 Pre-Existing Medical Condition

any physical defect infirmity medical condition chronic or recurring sickness or Critical Illness which existed at or prior to the date of entry of an Insured Person into this insurance unless it has been declared to and accepted by the Insurer in writing In respect of Critical Illness benefit Aorta Graft Surgery Coronary Bypass Graft Surgery Heart Attack Heart Transplant Heart Valve Replacement or Repair and Stroke are regarded as one sickness.

7 Pregnancy or Childbirth

normal pregnancy unless it develops into a complication which is diagnosed by a doctor or consultant who specialises in obstetrics

8 Age Limits

any claim occurring after the Insured Person's 65th birthday

9 War Risks

any consequence whatsoever resulting directly or indirectly from or in connection with any of the following regardless of any other contributory cause or event

(a) war invasion act of foreign enemy hostilities or a warlike operation or operations (whether war be declared or not) civil war rebellion revolution insurrection civil commotion assuming the proportions of or amounting to an uprising military or usurped power

(b) any action taken in controlling preventing suppressing or in any way relating to (a) above

EXCLUSIONS

10. Terrorism

any consequence whatsoever resulting directly or indirectly from or in connection with any of the following regardless of any other contributory cause or event

- (1) Terrorism
- (2) any action taken in controlling preventing suppressing or in any way relating to (1) above

except as stated in the **Special Provision – Terrorism** below

Terrorism is defined as any act or acts including but not limited to

- (a) the use of threat of force and/or violence and/or
- (b) harm or damage to life or to property (or the threat of such harm or damage) including but not limited to harm or damage by nuclear and/or chemical and/or biological and/or radiological means

caused or occasioned by any person(s) or group(s) of persons or so claimed in whole or in part for political religious ideological or similar purposes

In any action suit or other proceedings where the Insurer(s) allege(s) that any consequence whatsoever resulting directly or indirectly from or in connection with (1) and/or (2) above regardless of any other contributory cause or event is not covered by this policy (or is covered only up to a specified limit of liability) the Insured will have to prove that any such consequence is covered (or is covered beyond that limit of liability)

Special Provision – Terrorism

Subject otherwise to the terms and conditions exceptions and exclusions of the policy

When any of the following covers are insured by this policy

Personal Accident

Sickness

(i) except as provided for in (ii) below neither of the exclusions in (1) and (2) above shall apply to those covers provided that the total amount payable in respect of all losses arising out of any one occurrence shall not exceed the lesser amount of

- (a) any limits amounts payable or maximum accumulation stated in the schedule

or

- (b) £1,000,000

(ii) the exclusions in (1) and (2) above shall apply to those covers if

- (a) the Terrorism directly or indirectly utilises nuclear and/or chemical and/or biological and/or radiological means
- (b) the Terrorism results in harm or damage to life or to property of a nuclear and/or chemical and/or biological and/or radiological nature

In the event of a claim exceeding the total amount payable under this Special Provision Terrorism the Company's liability in respect of each Insured person claimed for shall be proportionately reduced until the total does not exceed such total amount payable.

CONDITIONS

1 Payment of Benefit

Benefit shall not be payable under more than one of the clauses in the Schedule of Benefits in respect of the same accident or sickness or the same period of disablement for the same person.

After a claim has been paid in respect of any person no further liability shall attach to the Insurer in respect of that person.

2 Payment under Clause A3 A4 and B

Benefit under clauses A3 A4 and B shall be payable only on certification by a medical examiner appointed by the Insurer of permanent disablement as defined and not before the expiry of 52 consecutive weeks' disablement and at that time being beyond expectation of improvement

3. Payment of Benefit C

If benefit is paid under one of the Critical Illnesses as defined and specified under Clause C no further payment will be made if the same Insured Person suffers a repeat of the same illness.

In determining whether an Insured Person has suffered from the same Critical Illness Aorta Graft Surgery, Cardiomyopathy, Coronary Artery Bypass Surgery, Heart Attack, Heart Transplant, Heart Valve Replacement or Repair and Stroke are all considered the same Insured illness.

If benefit is paid under one of the specified Critical Illnesses under Clause C no further payment will be made if the Insured Person suffers from a Terminal Illness or Paralysis of Limbs.

If an Insured Person has been paid a benefit for Terminal Illness no further benefit will be paid if the Insured Person suffers from another Critical Illness

If benefit is paid for a second and unrelated Critical Illness suffered by an Insured Person no further liability shall attach to the Insurer in respect of that person.

4 Medical Advice

Benefit will not be payable if the Insured Person has failed to seek medical advice or not followed the recommendations of any physicians attending him/her

5 Survival Period

Benefit under Clause C will only be payable providing the Insured Person survives for at least 30 days after the date a diagnosis is made of the illness.

6 Discharge of Liability

Benefit shall be payable to the Insured whose receipt shall be a valid discharge of the Insurer's liability

7 Interpretation

Any word or expression in this policy to which a specific meaning has been given shall bear that meaning wherever it appears

8 Basis of Contract

The proposal and declaration made by the Insured forms the basis of and is incorporated in this contract

9 Observance

The observance of the terms of this policy and the truth to the best of the Insured's knowledge and belief of the statements and answers in the proposal and declaration completed by or on behalf of the Insured shall be conditions precedent to any liability of the Insurer

10 Cancellation

- a. You may cancel this policy at any time after the date we have received the premium, by providing 30 days notice in writing to us.
- b. We, or any agent appointed by us and acting with our specific authority, may cancel this policy, by providing notice in writing to you at your last known address, if there is a default under any relevant instalment agreement. In such case, your policy will end with effect from the beginning of the period in respect of which the instalment has not been paid. If your policy is cancelled under a. or b. above, at our discretion, we may refund part of the premium for the unexpired period, which will be calculated on our, then current, short period rating basis, and provided that there have been no:
 - i. claim(s) made under the policy for which we have made a payment,
 - ii. claim(s) made under the policy which are still under consideration,
 - iii. incident(s) which you are aware of and are likely to give rise to a claim which has yet to be reported to us, during the current period of insurance.
- c. We will cancel this policy from the inception date if the premium has not been paid and no return premium will be allowed. Such cancellation will be confirmed in writing by us to your last known address.
- d. We may also cancel this policy at any time by sending not less than 30 days notice in

CONDITIONS

writing to your last known address, in which case we will refund a proportionate part of the premium for the unexpired period.

11 Submission of Claim

Written notice of a claim shall be given to the Insurer without unnecessary delay (but in any event not later than 90 days) after the injury or commencement of the sickness which is the subject of the claim

12 Fraud

If any claim is in any respect fraudulent or if any fraudulent means including inflation or exaggeration of the claim or submission of forged or falsified documents are used to obtain benefit by the Insured or Insured Person or anyone acting on their behalf all benefit under the policy and the contract shall be forfeited

13 Evidence

All certificates information and evidence to support a claim shall be provided at the Insured Person's expense and shall be in a form as required by the Insurer

The Insured Person shall as often as required submit to medical examination at the Insurer's expense

14 Monthly Premiums

At the end of each calendar month the Insured will declare to the Insurer the number of salary deductions made and total premium paid and the premium will be debited at the rate agreed with the Insurer

15 Contracts (Rights of Third Parties) Act 1999

The Insurer will not provide benefits in respect of any claim relating to any non-contracting parties rights to enforce all or any part of this policy. The Contracts (Rights of Third Parties) Act 1999 does not apply to this policy

16 Suitable Medical Opinion

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

- (a) A Consultant at a hospital in the United Kingdom
- (b) Acceptable to our Chief Medical Adviser
- (c) Is a specialist in an area of medicine appropriate to the cause of the claim

17 Assessment Period

The assessment period during which the Insurer will assess a condition before a decision is made on whether a claim under

Clause C will be accepted will start on receipt of a claim and will not exceed 12 months thereafter providing the Insurer has all required evidence.

The Assessment Period will only apply to claim where the condition which is the subject of a claim must be Permanent for cover to apply.

18 Interest

No benefit payable under this policy shall carry interest

19 Subjectivity

The policy, the application form, any statement of fact and/or declaration made by You, and The Schedule, should be read together and form the contract of insurance between You, The Policyholder, and Us Aviva.

We will clearly state in the Schedule if the Cover provided by the policy is subject to You:

- (a) providing Us with any additional information requested by the required date(s),
- (b) completing any actions agreed between You and Us by the required date(s),
- (c) allowing Us to complete any actions agreed between You and Us.

Upon completion of these requirements (or if they are not completed by the required dates), We may, at our option:

- (a) modify Your premium,
- (b) issue a mid-term amendment to Your policy terms and Conditions,
- (c) exercise Our right to cancel Your policy,
- (d) leave the policy terms and Conditions, and Your premium, unaltered.

We will contact You with our decision and where applicable, specify the date(s) by which any action(s) agreed need to be completed by You and/or any decision by Us will take effect.

Our requirements and decisions will take effect from the date(s) specified unless and until We agree otherwise in writing. If You disagree with Our requirements and/or decisions, We will consider Your comments and where we consider appropriate, will continue to negotiate with You to resolve the matter to Your and Our satisfaction. In the event that the matter cannot be resolved:

- i) You have the right to cancel this policy from a date agreed by You and Us and, providing no claims have been made, We will refund a proportionate part of the

CONDITIONS

premium paid for the unexpired period of cover.

ii) We may, at Our option, exercise our right under the policy Cancellation Condition. Except where stated all other policy terms and Conditions will continue to apply.

The above conditions do not affect our right to void the policy if We discover information material to our acceptance of the risk. Please refer to the **IMPORTANT** note within The Introduction at the beginning of Your policy booklet.

SCHEDULE OF BENEFITS

Clause A

Accidental bodily injury resulting in

- | | | |
|---|---|-------|
| 1 | total and irrecoverable loss of all sight in one or both eyes rendering the Insured Person absolutely blind in the eye or eyes beyond remedy or surgical or other treatment | £ Nil |
| 2 | total loss by physical severance or complete and irrecoverable loss of use of either one or both hands and/or one or both feet | £ Nil |
| 3 | permanent total disablement (other than as provided by Clauses A1 and A2) entirely preventing the Insured Person from engaging in or giving attention to any and every profession or occupation | £ Nil |
| 4 | Permanent total disablement (other than as provided by Clauses A1 and A2) entirely preventing the Insured Person from following the occupation of a Police Officer or Civilian Police Employee | £ Nil |

All occurring within 24 months of the injury from which the claim arises

Clause B

Sickness causing

- | | | |
|----|---|-------|
| 1. | permanent total disablement (other than as provided by Clause A) entirely preventing the insured Person from following any and every profession or occupation | £ Nil |
| 2. | permanent total disablement (other than as provided by Clause A) entirely preventing the Insured Person from following the occupation as a Police Officer or Civilian Police Employee | £ Nil |

Clause C

A critical illness (as defined) being diagnosed during the period of insurance	Serving Member £5,000
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CRITICAL ILLNESSES - DEFINITIONS

IMPORTANT: Also refer to policy definitions on Page 2

1. ALZHEIMER'S DISEASE OR PRE SENILE DEMENTIA - *resulting in Permanent symptoms*

A definite diagnosis of Alzheimer's Disease or Pre-Senile Dementia by a Consultant Neurologist, Psychiatrist or Geriatrician. There must be **Permanent** clinical loss of the ability to do all of 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

2. AORTA GRAFT SURGERY – *for disease*

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

3. APLASTIC ANAEMIA – *with permanent bone marrow failure*

A definite diagnosis of Aplastic Anaemia by a Consultant Haematologist. There must be **Permanent** bone marrow failure with

- anaemia, (having reduced haemoglobin in the blood)
- neutropenia, (abnormally low number of blood cells call 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

4. BACTERIAL MENINGITIS – *resulting in Permanent Neurological Deficit with Persisting Clinical Symptoms*

Confirmation by a Consultant Physician of a definite diagnosis of bacterial meningitis which has resulted in **Permanent Neurological Deficit** or physical deficit with **Persisting Clinical Symptoms**.

Evidence of the permanent deficit must also be produced.

This policy does not cover any other form of meningitis. Only meningitis caused by bacterial infection is covered.

5. BENIGN BRAIN TUMOUR – *resulting in Permanent symptoms*

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.

6. BLINDNESS – *Permanent and Irreversible*

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.

7. **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, lymphoma and sarcoma.

For the above definition, the following are not covered:

- All cancers which are histologically classified as any of the following:
 - Pre-malignant, for example essential thrombocythaemia and polycythaemia rubra vera
 - Non-invasive
 - Cancer in situ
 - Having either 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 other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of the skin).

8. **CARDIOMYOPATHY**

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, palpitation, 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.

9. **COMA – resulting in Permanent symptoms**

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 96 hours; and
- Results in **Permanent Neurological Deficit** with persisting clinical symptoms.

For the above definition, the following is not covered:

- Coma secondary to alcohol or drug abuse

10. **CORONARY ANGIOPLASTY – to 2 or more arteries as a single procedure**

The undergoing of balloon angioplasty, atherectomy, laser treatment or stent insertion on the advice of a Consultant Cardiologist to correct at least 70% narrowing or blockage of two or more coronary arteries as a single procedure

11. **CORONARY ARTERY BY-PASS GRAFTS - with surgery to divide the breastbone**

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

12. CREUTZFELD-JAKOB DISEASE

Diagnosis by a Consultant Neurologist of Creutzfeld – Jakob Disease. There must be **Permanent** clinical loss of the ability to do all of the following:

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

For the CJD Definition We do not cover other forms of Dementia.

12. ENCEPHALITIS – resulting in Permanent Neurological Deficit with Persisting Clinical symptoms

A definite diagnosis of encephalitis by a Consultant Neurologist resulting in **Permanent Neurological Deficit with Persisting Clinical Symptoms**

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

11. HEART ATTACK – of specified severity

Death of a portion of the heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of 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
 - 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 are not covered

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

13. HEART VALVE REPLACEMENT OR REPAIR – with surgery to divide the breastbone

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

14. HIV AND HEPATITIS B– caught in the European Union from a blood transfusion or at work

i. While in the course of duty

Diagnosis of infection by human immunodeficiency virus or Hepatitis B caused by needlestick injury or mucous membrane exposure to blood or blood stained body fluid.

This is infection by HIV or Hepatitis B where the Insured Person has occupational duties that are to give accident or emergency services to the general public and, as a result of performing these duties, the Insured Person becomes infected with HIV or Hepatitis B caused by accidental needlestick injury or mucous membrane exposure to blood or blood stained body fluid provided:

(a) the incident involving such contact has happened during the period of insurance and has been documented and reported in accordance with the procedures of the Insured Person's police force for such incidences and

(b) the documentation shows that the Insured Person has had a negative blood test for HIV or antibodies to HIV or Hepatitis B within 5 days of the incident and a further blood test within 12 months of the incident shows the presence of HIV or antibodies to HIV or hepatitis B.

ii. blood transfusion

The Insured Person being infected by Human Immunodeficiency Virus or suffering from Acquired Immune Deficiency Syndrome (AIDS) or Hepatitis B provided that

- (i) the infection was as a result of a blood transfusion carried out in the European Community after the Insured Person's entry into this insurance and must have been reported investigated and documented in accordance with established procedures for the facility in which it happened
- (ii) the institution which provided the transfusion admits liability

For the above definition, the following is not covered

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

15. KIDNEY FAILURE – *requiring dialysis*

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

16. LIVER FAILURE

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) and
- Encephalopathy (brain damage or disease).

We do not cover liver disease secondary to alcohol or drug abuse. See exclusion 4.

17. LOSS OF HEARING – *Permanent and Irreversible*

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.

18. LOSS OF SPEECH – *Permanent and Irreversible*

Total **Permanent** and **Irreversible** loss of the ability to speak as a result of **Accidental Bodily Injury** or disease.

19. MAJOR ORGAN TRANSPLANT

The undergoing as a recipient of a transplant of bone marrow or of a complete heart, lung, pancreas, kidney or liver, 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.
- inclusion on a UK waiting list prior to joining this insurance

20. 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.

21. MULTIPLE SCLEROSIS – *with persisting symptoms*

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

22. PARALYSIS OF LIMBS – *total and irreversible*

Total and **Irreversible** loss of muscle function to the whole of any two limbs as a result of injury or disease.

23. 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, rigidity of movement and postural instability.

For the above definition, the following is not covered:

- Parkinson's disease secondary to drug abuse.

24. PROGRESSIVE SUPRANUCLEAR PALSY – resulting in Permanent symptoms

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.

25. PULMONARY ARTERY GRAFT REPAIR

The undergoing of surgery 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.

26. STROKE – resulting in Permanent Neurological Deficit with Persisting Clinical 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 (TIA)
- Traumatic injury to brain tissue or blood vessels

27. TERMINAL ILLNESS

Advanced or rapidly progressing incurable illness where, in the opinions of an attending Consultant and our Chief Medical Adviser, the life expectancy of the Insured person is no greater than 12 months.

28. THIRD DEGREE BURNS – covering at least 20% of the body surface area

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.

29. TOTAL PERMANENT DISABILITY – activities of daily living (ADL)

Total and Permanent inability, as a result of illness or Bodily Injury to perform (with aids or adaptations) at least three of the following definitions of incapacity as listed below. Evidence must be supplied that the condition has been investigated and is being managed by a relevant medical consultant and that appropriate medical advice and treatment has been complied with.

Where appropriate, We will arrange an assessment by a health professional relevant to the condition, for example an occupational therapist.

The activities of daily living are:

- (a) Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) such that an adequate level of personal hygiene can be maintained.
- (b) Dressing – the ability to put on, take off, secure and unfasten all necessary garments and any braces, artificial limbs or other surgical appliances.
- (c) Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa, or to get on and off a toilet or commode.
- (d) Mobility – the ability to move indoors from one room to another on a level surface in the Insured Person's normal place of residence
- (e) Continence – the ability to manage bowel and bladder functions such that an adequate level of personal hygiene can be maintained.
- (f) Feeding – the ability to feed oneself once food and drink has been prepared and made available.

OUR PROMISE OF SERVICE

Our Promise of Service

Our goal is to give excellent service to all our customers but we recognise that things do go wrong occasionally. We take all complaints we receive seriously and aim to resolve all our customers' problems promptly. To ensure that we provide the kind of service you expect we welcome your feedback. We will record and analyse your comments to make sure we continually improve the service we offer.

What will happen if you complain

- We will acknowledge your complaint promptly.
- We aim to resolve all complaints as quickly as possible.

Most of our customers' concerns can be resolved quickly but occasionally more detailed enquiries are needed. If this is likely, we will contact you with an update within 10 working days of receipt and give you an expected date of response.

What to do if you are unhappy

If you are unhappy with any aspect of the handling of your insurance we would encourage you, in the first instance, to seek resolution by contacting Roland Smith Ltd., 5th Floor, 20 Chapel Street, Liverpool L3 9AG

If you are unhappy with the outcome of your complaint you may refer the matter to the Financial Ombudsman Service (FOS) at:

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

Telephone:
0800 023 4567 or
0300 123 9123

Or simply log on to their website at www.financial-ombudsman.org.uk.

Whilst we are bound by the decision of the FOS, you are not. Following the complaints procedure does not affect your right to take legal action.

FINANCIAL SERVICES COMPENSATION SCHEME

We are members of the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if we cannot meet our obligations, depending on the type of insurance and the circumstances of your claim.

Further information about the scheme is available from the FSCS website www.fscs.org.uk, or write to Financial Services Compensation Scheme, 7th Floor, Lloyd's Chambers, Portoken Street, London E1 8BN

LAW APPLICABLE TO CONTRACT

Choice of law applicable

The appropriate law as set out below will apply unless you and the insurer agree otherwise:

1. The law applying in that part of the UK, Channel Islands or Isle of Man in which you normally live or (if applicable) the first named policyholder normally lives; or
2. In the case of a business, the law applying in that part of the UK, Channel Islands or Isle of Man where it has its principal place of business; or
3. Should neither of the above be applicable, the law of England and Wales will apply.

COPY POLICY AVAILABILITY

If, at any stage you would like to receive a new copy of your policy booklet, please contact Police Mutual, at the address shown on your policy schedule.

CUSTOMERS WITH DISABILITIES

This policy and other associated documentation are also available in large print, audio and Braille. If You require any of these formats please contact Police Mutual

USE OF LANGUAGE

Unless otherwise agreed, the contractual terms and conditions and other information relating to this contract will be in English.

Aviva Insurance Limited

Registered in Scotland No.2116.

Registered Office: Pitheavlis, Perth PH2 0NH.

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority