RISK ASSURANCE MANAGEMENT

**Policy No: PC05137(2017)**

# CRITICAL ILLNESS INSURANCE

**This is to Certify** that in accordance with the authorisation granted under the Binding Authority Contract No. B0328LFA000X17AA 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 B0328LFA000X17AA. 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.

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**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:

……..

Authorised Officer

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

under Binding Authority Contract No. B0328LFA000X17AA

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

Authorised and Regulated by the Financial Conduct Authority

Date: 25 October 2017

**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: PC05137(2017)

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| **Date of Proposal and Declaration:** | 08 September 2014. |
| **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 First day of November 2017.<br>To: 00.01 hrs on the First day of November 2018. |
| **Scheme:** | Northamptonshire Police Federation Supplementary Group Critical Illness Scheme. |
| **Policyholder:** | The Trustees of Northamptonshire Police Federation Supplementary Group Critical Illness Scheme. |
| **Members:** | Eligible Members whose membership of the Scheme has commenced. |
| **Eligible Members:** | All present and future Serving Members, who are Members of the Scheme covered under Policy Number PC05136(2017), who have attained the age of 16 years but have not attained the age of 64 years and until they attain age 65 years as more particularly defined in this Policy. |
| **Critical Illness Benefit:** | The benefit in respect of each Member shall be an amount shown in Table A. |
| **Temporary Absence:** | Up to age 65 years in the event of illness or injury;<br>or<br>Up to five consecutive years, from the first date of absence, for maternity, paternity or parental leave;<br>or<br>Up to three consecutive years, from the first date of absence, in the event of any other cause. |
| **Catastrophic Event limit:** | Not Applicable. |



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| **Exclusions:** | As specified in the Policy under point 6 of Benefit Conditions. |
| **Premium Rate(s):** | See Table B. |
| **Premium Rate(s) Guarantee Period:** | 3 years expiring at 00.01hrs on 01 November 2019. |
| **Commencement Date of Premium Rate(s) Guarantee Period:** | 00.01hrs on 01 November 2016. |
| **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 Limitations on Benefits Payable as outlined in Benefit Conditions. |
| **To whom payable:** | The Member. |
| **Binding Authority Contract No.** | B0328LFA000X17AA |

**Signed:** **Date:** 25 October 2017

**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.**



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# TABLE A

The Critical Illness Insurance Benefit in the case of all Members shall be £5,000.



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## TABLE B

The Premium Rate(s) in the case of all Members shall be an amount agreed between Risk Assurance Management Limited and Philip Williams & Company.



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# 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(s).

## 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(s) 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.



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## 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.



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# 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 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

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.



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## 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 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 Member 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 Member 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.



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# 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.



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## 5. WHEN PAYABLE

In the event of a Member surviving 14 days after the date of Diagnosis of one of the following Insured Illnesses or in the event of a Member surviving 14 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,
- having borderline malignancy, or
- having low malignant potential.

- All tumours of the prostate unless histologically classified as having a Gleason score of 7 or above or having progressed to at least TNM classification T2bN0M0.

- 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).



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***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.8 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for cancer where there has been a Previous Claim in respect of any of the following Insured Illnesses:

- cancer, whether or not the previous cancer is connected to or associated with the subsequent cancer,
- total permanent disability,
- terminal illness.

**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 narrowing or blockage of one or more coronary arteries with by-pass grafts.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.11 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for coronary artery by-pass grafts where there has been a Previous Claim in respect of any other Circulatory System Illnesses or any of the following Insured Illnesses:

- total permanent disability,
- terminal illness.

**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>200ng/L (0.2ng/ml or 0.2*u*g/L)
  - Troponin I>500ng/L (0.5ng/ml or 0.5 *u*g/L).

The evidence must show a definite acute myocardial infarction.



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For the above definition the following are not covered:-

- Other acute coronary syndromes,
- angina without myocardial infarction.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.16 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for heart attack where there has been a Previous Claim in respect of any other Circulatory System Illnesses or any of the following Insured Illnesses:

- total permanent disability,
- terminal illness.

**Kidney Failure -** *requiring permanent dialysis*

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

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.20 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for kidney failure where there has been a Previous Claim in respect of any of the following Insured Illnesses:

- major organ transplant of the kidney,
- total permanent disability,
- terminal illness.

**Major Organ Transplant –** *from another person*

The undergoing as a recipient of a transplant from another person 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.



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***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.24 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for major organ transport where there has been a Previous Claim in respect of any of the following Insured Illnesses:

- aplastic anaemia,
- kidney failure,
- liver failure,
- any major organ transplant,
- respiratory failure,
- total permanent disability,
- terminal illness.

**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.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.26 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for multiple sclerosis where there has been a Previous Claim in respect of any of the following Insured Illnesses:

- total permanent disability,
- terminal illness,

**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 (TIA),
- Traumatic injury to brain tissue or blood vessels,
- Death of tissue of the optic nerve or retina/eye stroke.



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***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.34 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for stroke where there has been a Previous Claim in respect of any other Circulatory System Illnesses or any of the following Insured Illnesses:

- total permanent disability,
- terminal illness.

## 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 are not covered:-

- other types of dementia.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.1 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for Alzheimer's disease where there has been a Previous Claim in respect of any other Neurological Illnesses or any of the following Insured Illnesses:

- total permanent disability,
- terminal illness.



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**Angioplasty**

This means the undergoing of balloon angioplasty to correct the narrowing or blockage of two or more arteries, when the life assured has limiting anginal 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.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.2 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for angioplasty where there has been a Previous Claim in respect of any other Circulatory System Illnesses or any of the following Insured Illnesses:

- total permanent disability,
- terminal illness.

**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.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.3 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for aorta graft surgery where there has been a Previous Claim in respect of any other Circulatory System Illnesses or any of the following Insured Illnesses:

- total permanent disability,
- terminal illness.



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**Aplastic Anaemia –** *with permanent bone marrow failure*

Permanent bone marrow failure which results in all of anaemia, neutropenia and thrombocytopenia, requiring treatment with at least one of the following:

- blood transfusion,
- marrow stimulating agents,
- immunosuppressive agents,
- bone marrow transplant.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.4 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for aplastic anaemia surgery where there has been a Previous Claim in respect of any of the following Insured Illnesses:

- major organ transplant of bone marrow,
- total permanent disability,
- terminal illness.

**Bacterial Meningitis** – *resulting in permanent symptoms*

A definite Diagnosis of bacterial meningitis by an appropriate consultant resulting in significant Permanent Neurological Deficit with Persisting Clinical Symptoms.

For the above definition, the following is not covered:

- all other forms of meningitis including viral meningitis.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.5 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for bacterial meningitis where there has been a Previous Claim in respect of any of the following Insured Illnesses:

- encephalitis,
- total permanent disability,
- terminal illness.



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**Benign Brain Tumour –** *resulting in permanent symptoms*

A non-malignant tumour or cyst originating from 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,
- Tumours originating from bone tissue,
- Angioma and cholesteatoma.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.6 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for benign brain tumour where there has been a Previous Claim in respect of any of the following Insured Illnesses:

- total permanent disability,
- terminal illness.

**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.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.7 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for blindness where there has been a Previous Claim in respect of any of the following Insured Illnesses:

- total permanent disability,
- terminal illness.

**Cardiomyopathy** – *of specified severity*

A definite Diagnosis by a Consultant Cardiologist of cardiomyopathy resulting in Permanently impaired ventricular function such that the ejection fraction is 40% or less for at least six months when stabilised on therapy advised by the Consultant. The Diagnosis must also be evidenced by:

- electrocardiographic changes; and
- echocardiographic abnormalities.



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The evidence must be consistent with the Diagnosis of cardiomyopathy.

For the above definition, the following are not covered:

- All other forms of heart disease and/or heart enlargement,
- myocarditis; and
- cardiomyopathy related to alcohol or drug abuse.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.9 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for cardiomyopathy where there has been a Previous Claim in respect of any other Circulatory System Illnesses or any of the following Insured Illnesses:

- total permanent disability,
- terminal illness.

**Coma –** *with associated 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 at least 96 hours; and
- with associated 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.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.10 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for coma where there has been a Previous Claim in respect of any of the following Insured Illnesses:

- total permanent disability,
- terminal illness.



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**Creutzfeldt–Jakob Disease (CJD) –** *resulting in permanent symptoms*

A definite Diagnosis of Creutzfeldt-Jakob disease by a Consultant Neurologist. 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.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.12 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for Creutzfeldt-Jakob disease where there has been a Previous Claim in respect of any other Neurological Illnesses or any of the following Insured Illnesses:

- total permanent disability,
- terminal illness.

**Deafness –** *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.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.13 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for deafness where there has been a Previous Claim in respect of any of the following Insured Illnesses:

- total permanent disability,
- terminal illness.

**Dementia/Pre-senile Dementia -** *resulting in permanent symptoms*

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



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For the above definition, the following is not covered:

- Dementia secondary to alcohol or drug abuse.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.14 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for dementia/pre-senile dementia where there has been a Previous Claim in respect of any other Neurological Illnesses or any of the following Insured Illnesses:

- total permanent disability,
- terminal illness.

**Encephalitis** - *resulting in permanent symptoms*

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

For the above definition, the following is not covered:

- Encephalitis in the presence of HIV.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.15 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for encephalitis where there has been a Previous Claim in respect of any of the following Insured Illnesses:

- bacterial meningitis
- total permanent disability
- terminal illness

**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 replace or repair one or more heart valves.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.17 of Benefit Conditions) apply to any claim.



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In addition we will not pay a subsequent claim for heart valve replacement or repair where there has been a Previous Claim in respect of any other Circulatory System Illnesses or any of the following Insured Illnesses:

- total permanent disability
- terminal illness

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

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.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.18 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for Hepatitis B where there has been a Previous Claim in respect of any of the following Insured Illnesses:

- HIV infection,
- total permanent disability,
- terminal illness.

**HIV Infection** - *caught in the EU, the Channel Islands or the Isle of Man from a blood transfusion, physical assault or from the Member carrying out their normal occupation as a Serving Member*

Infection by Human Immunodeficiency Virus (HIV) resulting from:

- A blood transfusion given as part of medical treatment,
- A physical assault; or
- An incident occurring during the course of performing normal duties of employment as a Serving Member,

after the start of the Member'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;



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- 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 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, the Channel Islands or the Isle of Man.

For the above definition, the following is not covered:

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

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.19 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for HIV infection where there has been a Previous Claim in respect of any of the following Insured Illnesses:

- total permanent disability,
- terminal illness.

**Liver Failure** - *irreversible*

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

- Permanent jaundice,
- ascites; and
- encephalopathy.

For the above definition, the following is not covered:

- liver failure secondary to alcohol or drug abuse.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.21 of Benefit Conditions) apply to any claim.



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In addition we will not pay a subsequent claim for liver failure where there has been a Previous Claim in respect of any of the following Insured Illnesses:

- major organ transplant of the liver,
- total permanent disability,
- terminal illness.

**Loss of a hand or a foot** – *permanent physical severance*

Permanent physical severance of a hand or foot at or above the wrist or ankle joint.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.22 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for loss of a hand or foot where there has been a Previous Claim in respect of any of the following Insured Illnesses:

- total permanent disability,
- terminal illness.

**Loss of Speech –** *total permanent and irreversible*

Total, Permanent and Irreversible loss of the ability to speak as a result of physical injury or disease.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.23 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for loss of speech where there has been a Previous Claim in respect of any of the following Insured Illnesses:

- total permanent disability,
- terminal illness.

**Motor Neurone Disease** – *resulting in permanent symptoms*

A definite Diagnosis of one of the following motor neurone diseases by a Consultant Neurologist.

- Amyotrophic lateral sclerosis (ALS),
- Primary lateral sclerosis (PLS),
- Progressive bulbar palsy (PBP),
- Progressive muscular atrophy (PMA).



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There must be Permanent clinical impairment of motor function.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.25 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for motor neurone disease where there has been a Previous Claim in respect of any of the following Insured Illnesses:

- total permanent disability,
- terminal illness.

**Paralysis of Limbs –** *total and irreversible*

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

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.27 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for paralysis of limbs where there has been a Previous Claim in respect of any other Insured Illness.

**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 and muscle rigidity.

For the above definition the following are not covered:-

- Parkinsonian syndromes/Parkinsonism.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.28 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for Parkinson's disease where there has been a Previous Claim in respect of any other Neurological Illnesses or any of the following Insured Illnesses:

- total permanent disability,
- terminal illness.



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**Primary Pulmonary Hypertension** - *of specified severity*

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

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

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no. 29 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for primary pulmonary hypertension where there has been a Previous Claim in respect of any other Circulatory System Illnesses or any of the following Insured Illnesses:

- total permanent disability,
- terminal illness.

**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.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.30 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for progressive supranuclear palsy where there has been a Previous Claim in respect of any of the following Insured Illnesses:

- total permanent disability,
- terminal illness.

**Pulmonary Artery Surgery** - *with surgery to divide the breastbone*

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.



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***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.31 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for pulmonary artery surgery where there has been a Previous Claim in respect of any other Circulatory System Illnesses or any of the following Insured Illnesses:

- total permanent disability,
- terminal illness.

**Respiratory Failure** - *resulting in breathlessness even when resting*

Advanced stage chronic lung disease resulting in:

- breathlessness at rest; and
- the need for continuous daily oxygen treatment (PaO2<7.3kPa when clinically stable as prescribed under British Thoracic Society and NICE guidelines) for at least 12 months.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.32 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for respiratory failure where there has been a Previous Claim in respect of any of the following Insured Illnesses:

- major organ transplant of a lung,
- total permanent disability,
- terminal illness.

**Rheumatoid Arthritis –** *of specified severity*

A definite Diagnosis of chronic rheumatoid arthritis by a Consultant Rheumatologist resulting in all of the following:

- there must be morning stiffness in the affected joints of at least one-hour duration,
- there must be arthritis of at least three joint groups with joint destruction and either soft tissue swelling or fluid observed by a physician,
- the arthritis must involve two or more of the following sites:

  - wrists or ankles,
  - hands and fingers,
  - feet and toes,

- the arthritis must affect both sides of the body,

- presence of rheumatoid factor or anti CCP (anticyclic citrullinated protein) antibodies, unless all other criteria are met,
- there must be subcutaneous nodules (nodular swelling beneath the skin),
- there must be radiographic changes typical of active rheumatoid arthritis plus evidence of clinical deformity.

The symptoms must have been present for at least six months before a claim can be submitted and in the opinion of our Medical Officer(s) all appropriate treatments such as disease modifying agents have been prescribed for at least six months.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.33 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for rheumatoid arthritis where there has been a Previous Claim in respect of any of the following Insured Illnesses:

- total permanent disability,
- terminal illness.

**Terminal Illness** – *where death is expected within 12 months*

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, the illness is expected to lead to death within 12 months.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.35 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for terminal illness where there has been a Previous Claim in respect of any other Insured Illness.

**Third Degree Burns –** *covering 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.



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***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.36 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for third degree burns where there has been a Previous Claim in respect of any of the following Insured Illnesses:

- total permanent disability,
- terminal illness.

**Total Permanent Disability** – *unable to look after yourself ever again*

Loss of the physical ability through an illness or 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 Member expects to retire.

The Member 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 washing 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.

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



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***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.37 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for total permanent disability where there has been a Previous Claim in respect of any other Insured Illness.

**Traumatic Brain Injury -** *resulting in permanent symptoms*

Death of brain tissue due to traumatic injury resulting in Permanent Neurological Deficit with Persisting Clinical Symptoms.

***Exclusions that apply to a claim***

The Limitations on Benefits Payable (section 6, 6.1, 6.2a and 6.2b no.38 of Benefit Conditions) apply to any claim.

In addition we will not pay a subsequent claim for traumatic head injury where there has been a Previous Claim in respect of any of the following Insured Illnesses:

- total permanent disability,
- terminal illness.

**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 an Insured Illness if it is caused directly or indirectly from any 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.



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**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, the Channel Islands or the Isle of Man 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 unless on police business.

## 6.2 PRE-EXISTING CONDITIONS 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 or advice 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.

For the purpose of this section Circulatory System Illnesses will be considered as the same Insured Illness.



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For the purpose of this section Neurological Illnesses will be considered as the same Insured Illness.

If a Member has suffered from any form of cancer – as defined under Benefit Conditions section 5.A Core Insured Illnesses, then no Benefit will be payable in respect of any subsequent cancer whether or not the earlier cancer is connected to or associated with the subsequent cancer.

**b) RELATED CONDITIONS**

No Benefit will be payable for an Insured Illness where the Member had symptoms of or received treatment or advice in respect of any related condition unless at least two consecutive years has elapsed from the date of their inclusion in the Scheme or the date of inclusion of the Insured Illness in the Scheme if later and the date of Diagnosis of the Insured Illness.

The conditions which apply as related conditions under the Pre-Existing Conditions for the various Insured Illnesses are listed below:-

**1. Alzheimer's Disease**

Circulatory brain disorder, disease of the central nervous system, mild congnitive impairment, Parkinson's disease, epilepsy, depression, dementia, aphasia, amnesic memory disorder, psychosis, major head trauma.

**2. Angioplasty**

Familial Hyperlipidaemia, coronary artery anomalies, coronary vasospasms and myocardial bridging, all obstructive or occlusive arterial disease such as arteriosclerosis, coronary artery dissection or haematoma, coronary ectasia, diabetes mellitus.

**3. Aorta Graft Surgery**

Marfan's syndrome, Ehlers-Danlos syndrome, bicuspid aortic valve, congenital malformation of the heart or aorta, coarctation of aorta, known previous aneurysms/ dissection/ectasia of aorta, arteriosclerosis of aorta.

**4. Aplastic Anaemia**

Any history of symptoms or abnormal blood tests that would be attributable to or known to aplastic anaemia.

**5. Bacterial Meningitis**

Chronic ear disease, cerebral shunt related to hydrocephalus, immunodeficiency syndromes.

## 6. Benign Brain Tumour

Pre-existing benign brain tumour, neurofibromatosis (Von Recklinghausen's disease), haemangioma (Von Hippel-Lindau disease), pituitary gland tumours, angioma/haemangioma/meningioma, any malformation of the arteries or veins of the brain.

## 7. Blindness

Stroke, transient ischaemic attack (TIA), head trauma, brain tumour, glaucoma, pituitary gland tumour, optic neuropathy, papilloedema, retrobulbar neuritis, sarcoidosis, malignant exophthalmus, diabetes mellitus, uveitis, retinal detachment, macular degeneration or registered blind.

## 8. Cancer

Malignant, borderline malignant or pre-malignant tumour or condition, leukaemia or lymphomas, plus polyposis coli, carcinoma in-situ, papilloma of the bladder or gallbladder, chronic inflammatory bowel disease, Barrett's oesophagus.

## 9. Cardiomyopathy

Any disease or disorders of the heart. This will include congenital malformations, heart valve defects, any obstructive or occlusive arterial disease such as arteriosclerosis or Takotsubo Syndrome. Muscular dystrophy, acromegaly, amyloidosis, haemochromatosis, any previous chemotherapy or diabetes mellitus.

## 10. Coma

Self-inflicted injury or misuse of drugs or alcohol, diabetes mellitus, medically induced coma.

## 11. Coronary Artery By-Pass Grafts

Coronary artery anomalies, coronary vasospasms and myocardial bridging. All obstructive or occlusive arterial disease such as arteriosclerosis, coronary artery dissection or haematoma, coronary ectasia, diabetes mellitus.

## 12. Creutzfeldt-Jakob Disease (CJD)

Circulatory brain disorder, disease of the central nervous system, mild cognitive impairment, Parkinson's disease, epilepsy, depression, dementia, aphasia, amnesic memory disorder, psychosis, major head trauma.

## 13. Deafness

Stroke, transient ischaemic attack (TIA), head trauma, brain tumour, chronic ear infection, acoustic nerve tumour, presbycusis, otosclerosis, congenital deafness.

## 14. Dementia/Pre-Senile Dementia

Circulatory brain disorder, disease of the central nervous system, mild cognitive impairment, Parkinson's disease, epilepsy, depression, aphasia, amnesic memory disorder, psychosis, stroke, brain tumour, hydrocephalus, Creutzfeldt-Jakob disease and major head trauma.

## 15. Encephalitis

Bacterial meningitis, HIV immuno deficiency syndromes, Lyme disease.

## 16. Heart Attack

Familial Hyperlipidaemia, coronary artery anomalies, coronary vasospasms and myocardial bridging, all obstructive or occlusive arterial disease such as arteriosclerosis, coronary artery dissection or haematoma, coronary ectasia, diabetes mellitus.

## 17. Heart Valve Replacement or Repair

Endocarditis, congenital malformation of the heart, cardiomyopathy, any obstructive or occlusive arterial disease, rheumatic fever, Marfan's syndrome, Ehlers-Danlos syndrome, carcinoid syndrome, bicuspid aortic valve, mitral valve prolapse, myxomatous or calcified heart valve.

## 18. Hepatitis B

Hepatitis C, Hepatitis D and HIV Infection.

## 19. HIV Infection

No Benefit will be payable in respect of a Member who has been infected with any Human Immunodeficiency Virus (HIV) or has demonstrated any antibodies to such virus, at any time prior to the date of inclusion in the Scheme.

## 20. Kidney Failure

Polycystic kidney disease, pyelonephritis or Glomerulonephritis, diabetes mellitus or any chronic renal disorder.

## 21. Liver Failure

Chronic liver disease and hepatitis, primary sclerosing cholangitis, cirrhosis of the liver, portal hypertension, hepatic steatosis, autoimmune hepatitis.

## 22. Loss of a Hand or a Foot

Peripheral vascular disease, bone cancer, soft tissue cancer, diabetes mellitus.

## 23. Loss of Speech

Stroke, transient ischaemic attack (TIA), brain injury, brain tumour, motor neurone disease, muscular dystrophy, throat tumour, laryngeal polyps, Alzheimer's disease, Parkinson's disease.

## 24. Major Organ Transplant

Cystic fibrosis, leukaemia, diabetes mellitus, aplastic or hypoplastic anaemia, immunological defects or disease, cardiomyopathy, coronary artery disease, cardiac failure, chronic lung disease, chronic kidney disease, chronic liver disease, chronic pancreatitis or pulmonary hypertension.

## 25. Motor Neurone Disease

Any chronic neurological symptoms that would be attributable to or known to motor neurone disease.

## 26. Multiple Sclerosis

Any form of neuropathy, encephalopathy or myelopathy (disorders of the function of the nerves); abnormal sensation (numbness) of extremities, trunk or face; weakness or clumsiness of a limb; double vision; partial blindness; ocular palsy; vertigo (dizziness); difficulty of bladder control; optic neuritis, spinal cord lesion and abnormal MRI scan.

## 27. Paralysis of Limbs

Diseases of the central nervous system including multiple sclerosis, motor neurone disease, Parkinson's disease, stroke, transient ischaemic attack (TIA), brain tumour, Alzheimer's disease. Tumours, infections, lesions and malformations of the spinal cord. Muscular dystrophy.

## 28. Parkinson's Disease

Temor, rigidity of limbs, slurred speech, dementia, extra pyramidal disease. Secondary parkinsonism.

## 29. Primary Pulmonary Hypertension

There are no related conditions applicable.

## 30. Progressive Supranuclear palsy

Motor neurone disease.

## 31. Pulmonary Artery Surgery

Pulmonary valve disorder, Fallot's tetralogy, patent ductus arteriosus, congenital malformation of the heart and its vessels.

## 32. Respiratory Failure

Chronic obstructive or restrictive pulmonary disease, emphysema. Any disease or disorder of the respiratory system including, lung, bronchi and trachea. Tuberculosis or chronic inflammatory diseases. Autoimmune disorders affecting the lung, such as sarcoidosis.

## 33. Rheumatoid Arthritis

Inflammatory polyarthropathy, psoriatic arthropathy.

## 34. Stroke

Any disease or disorders of the heart, including arrhythmia, valve disorder, cardiac tumour and obstructive or occlusive arterial disease such as arteriosclerosis. Transient ischaemic attack (TIA), intracranial aneurysm or vascular disorder such as dissection. Anticoagulation treatment, thrombophilia and diabetes mellitus.

## 35. Terminal Illness

All core and additional Insured Illnesses.

## 36. Third Degree Burns

There are no related conditions applicable.

## 37. Total Permanent Disability

Multiple sclerosis, muscular dystrophy, motor neurone disease, Parkinson's disease, progressive supranuclear palsy or any disease or disorder of the central nervous system including the spinal cord or column. Also, back, neck or joint pain, arthritis and diabetes mellitus.

## 38. Traumatic brain injury

There are no related conditions applicable.



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# 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(s) 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.



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# 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.



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# 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:** As set out on pages 11 to 37 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.

**Circulatory System Illnesses:** The following are all considered Circulatory System Illnesses:

- angioplasty,
- aorta graft surgery,
- cardiomyopathy,
- coronary artery bypass grafts,
- heart attack,
- heart transplant,
- heart valve replacement or repair,
- primary pulmonary hypertension,
- pulmonary artery surgery; and
- stroke.

**Claims Conditions:** As set out on page 39 of this document**.**

**Commencement Date of Premium 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:** 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.

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.



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| **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. |
| **Diagnosis:** | 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.<br><br>A clinical Diagnosis shall not be considered as an unequivocal Diagnosis as defined herein.<br><br>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:** | As 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:** | Cannot be reasonably improved upon by medical treatment and/or surgical procedures used by the National Health Service in the UK at the time of the claim. |
| **Member:** | An Eligible Member whose membership of the Scheme has commenced. |
| **Membership Conditions:** | As set out on pages 9 and 10 of this document. |
| **Neurological Illnesses:** | The following are all considered Neurological Illnesses:<br><br>- Alzheimer's disease,<br>- Creutzfeldt-Jakob disease,<br>- Dementia/Pre-senile dementia,<br>- Parkinson's disease. |
| **Normal Entry Date:** | The date on which the Serving Member joined the Scheme. |
| **Period of Cover:** | As defined in the Schedule. |



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**Permanent(ly):** Expected to last throughout life with no prospect of improvement irrespective of when the cover ends or the Member expects to retire.

**Permanent Neurological Deficit with Persisting Clinical Symptoms:** Dysfunction in the nervous system that is present on clinical examination and expected to last throughout the Member's life.

To 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, dementia, delirium and coma.

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.

**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.

**Pre-Existing Conditions:** As described in section 6.2 under Benefit Conditions.

**Premium Conditions:** The premium conditions to this Policy.

**Premium Rate(s):** The rate(s) referred to as such in the Schedule which excludes any Broker or Federation commission or fees.

**Premium Rate(s) Guarantee Period:** The period of time the Premium Rate(s) is guaranteed for as stated in the Schedule.

**Previous Claim:** Any claim paid for an Insured Illness to a Member under this Scheme.

**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 Member temporarily working for another police agency or task force.

**Serving Member:** A Serving Officer, Serving Federation Staff, Serving Support Staff or Serving Special Constable.

**Survival Period:** A period of 14 days from the date of Diagnosis of a Critical Illness as detailed in the Policy under Insured Illnesses or 14 days following completion of a medical intervention as detailed in the Policy under Insured Illnesses.

**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 Member 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 Member 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.



Coverholder at LLOYD'S

**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.



Coverholder at LLOYD'S

# 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
Website: www.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
Website: www.lloyds.com/complaints

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

Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London E14 9SR

Tel: 0800 023 4567 or 0300 123 9123
Email: complaints.info@financial-ombudsman.org.uk
Website: www.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.

## COMPENSATION

Lloyd's underwriters are covered by the Financial Services Compensation Scheme. You may be entitled to compensation from the Scheme if a Lloyd's insurer is unable to meet its obligations to you under this Policy. If you were entitled to compensation under the Scheme, the level and extent of the compensation would depend on the nature of this Policy. Further information about the Scheme is available from the Financial Services Compensation Scheme (10th Floor, Beaufort House, 15 St. Botolph Street, London, EC3A 7QU) and on its website (**www.fscs.org.uk**).