

## **Group Personal Accident and Sickpay Schedule**

		Group Policy Det	ails
Policy Number:	DB4690AHA2	223	
Insured:	The Humbers	side Police Group Insurance	Trust
Address:	Federation o	ffice, 1a Redland Drive, Kirl	Ella, Hull HU10 7UE
Business description	Police Federa	ation	
Period of Insurance	Effective Date:	01 April 2022	Expiry Date: 31 May 2023
Insurer:	Registered O Arch Insuran 5 <sup>th</sup> Floor, Pla	ffice: 52-56 Leadenhall Stre ce Company (UK) Limited,	n Underwriting Ltd, Registration No. 3896220. Pet, London, EC3A 2EB on behalf of: at Tower Street, London, EC3R 5AZ. Ince number: 229887
Premium:	Premiums are calculated in accordance with rates agreed between Millstream Underwriting Limited and the Insured and included as part of the premium for The Humberside Police Group Insurance Trust paid by the Member to the Insured.		
Intermediary Name:	Philip Willian	ns Insurance Management	

	Insured Persons and Operative Time	5	
	Insured Persons	Sections Operative	Operative Time
Category A	Any Member serving as a police officer up to the age of 65	A, B, and all Extensions	24 Hours



Policy	Limitations		
Accumulation Limit		Maximum Limit pe	er Insured Person
Any one event	£10,000,000	Benefit 1 to 10:	£100,000
Per event for all Insured Persons travelling in a multi-	£1,000,000	Benefit 11	Not Covered
engine aircraft		Benefit 12	£50 per night
Per event for all insured persons travelling in any	£1,000,000	Section B:	£75 per week
other aerial device other than a multi-engine aircraft			

Sect	ion A: Personal Accident			
		Insured Persons		
	Benefit Description	Category A		
1.	Death	Not Covered		
2.	Permanent Total Disablement	£100,000		
3.	Permanent Disabling Injury: Maximum Benefit	£60,000		
4.	Loss of sight in one eye	£60,000		
5.	Loss of sight in both eyes	£60,000		
6.	Loss of one limb	£60,000		
7.	Loss of two or more limbs	£60,000		
8.	Loss of hearing in one ear	£24,000		
9.	Loss of hearing in both ears	£60,000		
10.	Loss of Speech	Not Covered		
11.	Temporary total disablement	Not Covered		
	Deferment Period	N/A		
	Benefit Period	N/A		
Exter	nsions of Cover			
	a. Un-planned Hospital Confinement (per overnight stay)	£50 per night up to a maximum of £350		
12.	b.Planned Hospital Confinement (per overnight stay	£50 per night up to a maximum of £350		
	Deferment Period - Planned	3 nights		
13.	Unsociable Hours Benefit	£1 per USH		
14.	Emergency Dental Treatment	Up to £500		
15.	Criminal Court Compensation Award	Up to £500		
16.	On Duty Assault Firearm/Stabbing	£2,500/£1,000		
17.	Burns causing Disfigurement or Scarring	Up to £5,000		
18.	On Duty Acquired HIV or Hepatitis B	Not Covered		
19.	Convalescent Benefit	£70		

Section B: Sickpay		
Don of it Description	Insured Persons	
Benefit Description	Category A	
Sickpay	£50 per week payable for up to 26 weeks thereafter increasing to £75 per weeks for up to a	
ыскрау	further 8 weeks	
Qualifying Period	182 <b>Days</b>	
Benefit Period	238 <b>Days</b>	



Ber	efit 3. Permanent Disabling Injuries is extended to include the follow	ving benefit:	
		Category A	
	Maximum Benefit	£60,000	
		Percentage of Maxin	num Benefit payable
a.	Total loss of use of:	Left	Right
	i) The back or spine below the neck with no damage to the spinal cord	40%	
	ii) The neck or cervical spine with no damage to the spinal cord	30%	
	iii) Shoulder or elbow	25%	30%
	iv) Wrist	20%	25%
	iv) Hip, knee or ankle	25%	
b.	Total loss of or total loss	tal loss of or total loss of use of:	
	i) Foot below the level of the ankle (talo-tibial joint)	50	1%
	ii) a thumb	20%	25%
	iii) a forefinger	15%	20%
	iv) any other finger	10%	15%
	v) a big toe	10	1%
	vi) any other toe	3%	
c.	Fractured leg or foot with established non-union	25%	
d.	Fractured knee cap with established non-union	20%	
e.	Shortening of leg by at least 3 centimetres	15%	
f.	Removal of lower jaw by surgical operation	30%	
g.	Complete and irrecoverable loss of:		
	i) Sense of smell	10	9%
	ii) Speech	100	0%

For a **Permanent Disability** not listed above, the benefit payable will be based on **Our** medical assessment of the degree of disability in relation to the above scale and without reference to **the Insured Person**'s occupation Provided that:

a. The total benefit payable shall not exceed 100% of the Maximum Benefit for each **Insured Person** in respect of any one **Accident**.

b. If benefit is payable for Loss of or Loss of use of a Limb then benefits for parts of that limb cannot be claimed.