



Police Federation Voluntary Group Critical Illness Scheme

Policy wording

Reference: GR03276 08/2022

This policy is intended for members
of the Police Federation



Welcome to Group Protection from Aviva

What the policy wording explains

This policy wording tells you:

- what to do if you need to claim.
- what is covered.
- explanations of some of the terms used in this document.

We've tried to make this document as easy to understand as possible, but if you have any questions or queries about the policy please contact us and we will be pleased to help you.

How the policy works.

If you provide us with the information we ask for, when we ask for it and pay the premiums when they are due, we will cover members, their children or an eligible person for their insured benefits, and pay these benefits should a member, their child or an eligible person be diagnosed with a critical illness or undergo an operation covered by the policy.

Outline of the Policy

This policy wording, along with the policy schedule and any endorsements sets out details of the cover we have agreed to provide to you. It is evidence of a legal contract between you and us. We recommend you keep this document somewhere safe.

Some terms of the policy depend upon the information provided by you. Failing to disclose information, giving false information or failing to tell us where any facts have changed since they were provided where done deliberately or recklessly gives us the right to cancel the policy. If the information was given carelessly or the failure to disclose the information was careless then we will have the right to amend the policy to be consistent with what the terms should have been based on the correct information (or cancel the policy if we would not have offered any terms for the policy applied for).

If you fail to comply with all of the policy terms and conditions, we may not pay claims. We may also cease to accept further premiums, meaning cover under the policy will cease.

The policy will not have or accrue any surrender value.

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1 Conditions covered

Please note

Throughout this document certain words are shown in **bold** type. These are defined terms and have specific meanings when used in this policy wording. The meanings are set out in the definitions section at the back of this document.

Critical illnesses, operations, and their associated conditions

There are two levels of cover – Standard and Extended. The level of cover **you** have chosen is shown on the **policy schedule**. If **you** have chosen Extended cover, this includes the **critical illnesses** and **operations** shown in Standard cover. Your **policy schedule** will also show if **you** have selected one of the optional benefits listed. No other **critical illnesses** or **operations** are covered.

We adhere to the Association of British Insurers (ABI) minimum standards for critical illnesses that have been defined by them. Some of **our** definitions are more generous than the ABI model wording definition. The definitions that are defined by the ABI are marked with an asterix.

The right hand column shows the **associated conditions** for each **critical illness** or **operation** - these **associated conditions** are used in a **policy** exclusion - see section 9 (What is not covered) for the full details of the policy exclusions.

Critical illness/ operation	Definition	Associated conditions
Standard		
*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 of the following: <ul style="list-style-type: none"> remember; reason; and perceive, understand, express and give effect to ideas. For the above definition, the following are not covered: <ul style="list-style-type: none"> other types of dementia. 	Head injury, pure amnesia, depression, psychosis, dementia
*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: <ul style="list-style-type: none"> leukaemia sarcoma lymphoma (except cutaneous lymphoma - lymphoma confined to the skin). For the above definition, the following are not covered: <ul style="list-style-type: none"> All cancers which are histologically classified as any of the following: <ul style="list-style-type: none"> pre-malignant; 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 of 7 or above, or having progressed to at least TNM classification T2bN0M0. 	Polyposis Coli, papilloma of the bladder or any cancer in situ.

Critical illness/ operation	Definition	Associated conditions
*Cancer – excluding less advanced cases	<ul style="list-style-type: none"> ● Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A. ● Any skin cancer (including cutaneous lymphoma) other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin). ● All thyroid tumours unless histologically classified as having progressed to at least TNM classification T2N0M0. 	
Cancer – Second and subsequent	<p>For this benefit to be payable the following conditions must be met:</p> <ul style="list-style-type: none"> ● The member or eligible person has previously had a cancer that met the “Cancer – excluding less advanced cases” definition above, whether a claim was paid or not, and ● The new cancer meets the definition of cancer – excluding less advanced cases (above), and ● The new cancer was not pre-existing prior to the policy start date or during the 120 days following the policy start date, and ● The new cancer was not pre-existing prior to the member or eligible person joining the scheme or during the 120 days following the date they joined the scheme, and ● The member or eligible person has been treatment free for a period of 5 years from the date of the previous and most recent diagnosis of cancer, and ● There is no evidence, confirmed by appropriate up-to-date investigations and tests, of any continuing presence, recurrence or spread of any previous cancer, and ● The new cancer: <ul style="list-style-type: none"> – Affects an organ that is physically and anatomically separate to any previous cancer, and – Is not secondary cancer or histologically related to any previous cancer; or – For haematological cancers, the new cancer is categorised or divided according to defined cell characteristics in a distinctly different manner to any previous cancer. <p>Treatment includes chemotherapy, radiotherapy, monoclonal antibody therapy, and invasive or non-invasive surgery, but does not include long term maintenance hormone treatment.</p> <p>In addition, we will not pay the amount of any increase in lump sum benefit if prior to the date of the increase:</p> <ul style="list-style-type: none"> ● There was an associated condition relating to the new cancer, or ● The new cancer was pre-existing. <p>We will still consider the claim for the pre-increase amount.</p>	None

Critical illness/operation	Definition	Associated conditions
Cardiac Arrest	<p>Sudden loss of heart function with interruption of blood circulation around the body resulting in unconsciousness and resulting in either of the following devices being surgically implanted:</p> <ul style="list-style-type: none"> ● Implantable Cardioverter-Defibrillator (ICD); or ● Cardiac Resynchronization Therapy with Defibrillator (CRT-D) 	Coronary artery disease, heart failure and cardiomyopathy, left ventricular hypertrophy, myocarditis, hypertrophic cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy, brugada syndrome, idiopathic VF (also called primary electrical disease), congenital or acquired long QT syndrome, familial SCD of uncertain cause, Wolff-Parkinson-White syndrome.
*Coronary artery by-pass grafts – <i>with surgery to divide the breastbone</i>	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.	Any disease or disorder of the heart, diabetes mellitus or any obstructive/occlusive arterial disease
Creutzfeldt-Jakob disease (CJD) – <i>resulting in permanent symptoms</i>	<p>A definite diagnosis of CJD by a Consultant Neurologist. There must be permanent clinical impairment of motor function and loss of the ability to:</p> <ul style="list-style-type: none"> ● remember ● reason, and ● perceive, understand, express and give effect to ideas. <p>For the CJD definition, we do not cover other types of dementia.</p>	Organic brain disease, disease of the central nervous system, Parkinson's disease, depression, epilepsy, dementia, amnesic memory disorder, aphasia, psychosis.
Dementia – <i>resulting in permanent symptoms</i>	<p>A definite diagnosis of dementia by a Consultant Neurologist, Psychiatrist or Geriatrician. There must be permanent clinical loss of the ability to:</p> <ul style="list-style-type: none"> ● remember ● reason and ● perceive, understand, express and give effect to ideas <p>We do not cover dementia secondary to alcohol or drug abuse.</p>	Stroke, cerebrovascular disease, organic brain disease, brain tumours, disease of the central nervous system, hydrocephalus, Alzheimer's disease, Creutzfeldt-Jakob disease, Parkinson's disease, depression, epilepsy, pure amnesia, aphasia, psychosis.
*Heart attack – <i>of specified severity</i>	<p>Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:</p> <ul style="list-style-type: none"> ● Typical clinical symptoms (for example, characteristic chest pain) ● the characteristic rise of cardiac enzymes or Troponins ● new characteristic electrocardiographic changes or other positive findings on diagnostic imaging tests. <p>The evidence must show a definite acute myocardial infarction. The following are not covered:</p> <ul style="list-style-type: none"> ● other acute coronary syndromes ● angina without myocardial infarction. 	Any disease or disorder of the heart, diabetes mellitus, hypertension or any obstructive/occlusive arterial disease.
*Kidney failure – <i>requiring permanent dialysis</i>	Chronic and end stage failure of both kidneys to function, as a result of which regular dialysis is permanently required.	Familial polycystic kidney disease, diabetes mellitus or any chronic renal disease or disorder

Critical illness/ operation	Definition	Associated conditions
*Major organ transplant	<p>The undergoing as a recipient from another person of a:</p> <ul style="list-style-type: none"> ● transplant of a bone marrow, or ● transplant of a complete heart, kidney, liver, lung or pancreas, or ● transplant of a lobe of liver, or ● transplant of a lobe of lung, or ● inclusion on an official UK waiting list for such a procedure. <p>For the above definition, the following is not covered:</p> <ul style="list-style-type: none"> ● Transplant of any other organs, parts of organs, tissues or cells. 	Cardiomyopathy, coronary artery disease, cardiac failure, chronic liver disease, chronic pancreatitis, pulmonary hypertension, cystic fibrosis, chronic lung disease or chronic kidney disease
*Motor neurone disease – <i>resulting in permanent symptoms</i>	<p>A definite diagnosis of one of the following motor neurone diseases by a Consultant Neurologist:</p> <ul style="list-style-type: none"> ● Amyotrophic lateral sclerosis (ALS) ● Primary lateral sclerosis (PLS) ● Progressive bulbar palsy (PBP) ● Progressive muscular atrophy (PMA). <p>There must also be permanent clinical impairment of motor function.</p>	Progressive muscular atrophy, primary lateral sclerosis, progressive bulbar palsy
*Multiple sclerosis – <i>with persisting symptoms</i>	<p>A definite diagnosis of multiple sclerosis by a consultant neurologist, that has resulted in either of the following:</p> <ul style="list-style-type: none"> ● clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least three months; or ● two or more attacks of impaired motor or sensory function together with findings of clinical objective evidence on Magnetic Resonance Imaging (MRI). <p>All of the evidence must be consistent with multiple sclerosis.</p>	Any form of neuropathy, encephalopathy or myelopathy (disorders or functions of the nerves) including but not restricted to the following: abnormal sensation (numbness) of the extremities, trunk or face/weakness or clumsiness of a limb/double vision/partial blindness/ocular palsy/vertigo (dizziness)/difficulty of bladder control/optic neuritis/spinal cord lesion/abnormal MRI scan
*Parkinson's disease – <i>resulting in permanent symptoms</i>	<p>A definite diagnosis of Parkinson's disease by a Consultant Neurologist or a Consultant Geriatrician.</p> <p>There must be permanent clinical impairment of motor function with associated tremor and muscle rigidity.</p> <p>The following are not covered:</p> <ul style="list-style-type: none"> ● Parkinsonian syndromes/Parkinsonian. 	Treatment with dopamine antagonist, tremor, extra pyramidal disease
Progressive supranuclear palsy – <i>resulting in permanent symptoms</i>	<p>A definite diagnosis of progressive supranuclear palsy by a Consultant Neurologist or a Consultant Geriatrician. There must be permanent clinical impairment of eye movements and motor function.</p>	Organic brain disease, disease of the central nervous system, Parkinson's disease, treatment with dopamine antagonist, tremor, extra pyramidal disease, depression, epilepsy, dementia, amnesic memory disorder, aphasia, psychosis.

Critical illness/operation	Definition	Associated conditions
*Stroke – resulting in permanent symptoms	<p>Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in either:</p> <ul style="list-style-type: none"> ● permanent neurological deficit with persisting clinical symptoms; or ● definite evidence of death of tissue or haemorrhage on a brain scan; and ● neurological deficit with persistent clinical symptoms lasting at least 24 hours. <p>The following are not covered:</p> <ul style="list-style-type: none"> ● transient ischaemic attack ● Traumatic injury to brain tissue or blood vessels ● death of tissue of the optic nerve or retina/eye stroke. 	Atrial fibrillation, transient ischaemic attack, diabetes mellitus, hypertension, intracranial aneurysm or occlusive arterial disease
Childcover benefit (Included within standard cover)		
Cerebral palsy	We will pay childcover benefit if the child receives a definite diagnosis of cerebral palsy made by an attending consultant.	None
Children’s intensive care benefit – requiring mechanical ventilation for 7 days	We will pay childcover benefit , if during the period of cover, a child due to sickness or injury is requiring continuous mechanical ventilation by means of tracheal intubation for 7 consecutive days (24 hours per day) unless it is as a result of the child being born prematurely (before 37 weeks).	None
Cystic fibrosis	We will pay childcover benefit if the child receives a definite diagnosis of cystic fibrosis made by an attending consultant.	None
Hydrocephalus – Treated with the insertion of a shunt	We will pay childcover benefit if the child suffers hydrocephalus if the hydrocephalus is treated with an insertion of a shunt.	None
Loss of independent existence	<p>We will pay childcover benefit if in the opinion of a specialist the child will not at 18 years old be able to perform routinely at least three of the following six tasks without the assistance of another person, even with the use of special devices or equipment.</p> <p>The tasks are:</p> <ol style="list-style-type: none"> 1. Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means. 2. 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. 3. Feeding yourself – the ability to feed yourself when food has been prepared and made available. 4. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function. 5. Getting between rooms – the ability to get from room to room on a level floor. 6. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again. 	None

Critical illness/ operation	Definition	Associated conditions
Muscular dystrophy	We will pay childcover benefit if the child receives a definite diagnosis of muscular dystrophy made by a Consultant Neurologist.	None
Spina bifida	We will pay childcover benefit if the child receives a definite diagnosis of spina bifida myelomeningocele or rachischisis by a paediatrician. The following are not covered: <ul style="list-style-type: none"> ● spina bifida occulta, and ● spina bifida with meningocele. 	None
Extended		
*Aorta graft surgery – for disease	The undergoing of surgery for disease to the aorta with excision and surgical replacement of a portion of the affected aorta with a graft. The term aorta includes the thoracic and abdominal aorta but not its branches. For the above definition, the following is not covered: <ul style="list-style-type: none"> ● any other surgical procedure, for example the insertion of stents or endovascular repair. 	Any disease or disorder of the heart or any obstructive/occlusive arterial disease.
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, neutropenia and thrombocytopenia.	Polyposis Coli, papilloma of the bladder or any cancer in situ.
Bacterial meningitis – resulting in permanent symptoms	A definite diagnosis of bacterial meningitis resulting in permanent neurological deficit with persisting clinical symptoms . We do not cover any other form of meningitis, only meningitis caused by bacterial infection.	Chronic ear disease or hydrocephalus
*Benign brain tumour – resulting in permanent symptoms or removed via craniotomy	A non-malignant tumour or cyst originating from the brain, cranial nerves or meninges within the skull, resulting in either of the following: <ul style="list-style-type: none"> ● permanent neurological deficit with persisting clinical symptoms ● removal of the tumour by craniotomy (surgical opening of the skull). For the above definition the following are not covered: <ul style="list-style-type: none"> ● Tumours in the pituitary gland. ● Tumours originating from bone tissue. ● Angioma and cholesteatoma. 	Neurofibromatosis (von Recklinghausen's disease), haemangioma (von Hippel- Lindau disease)
Benign spinal cord tumour	A non-malignant tumour in the spinal canal or spinal cord, resulting in either of the following: <ul style="list-style-type: none"> ● permanent neurological deficit with persisting clinical symptoms or ● invasive surgery to remove the tumour. For the above definition, the following is not covered: <ul style="list-style-type: none"> ● Radiotherapy for any tumour. 	Neurofibromatosis, meningomyelocele, and syringomyelia.

Critical illness/operation	Definition	Associated conditions
*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 6/60 or worse in the better eye using a Snellen eye chart, or visual field is reduced to 20 degrees or less of an arc, as certified by an ophthalmologist.	Stroke or transient ischaemic attack. No lump sum benefit will be payable under the blindness critical illness in respect of an insured member, eligible person or child who at any time prior to the date of entry into the policy has been registered blind
Cardiomyopathy – of specified severity	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 Class 3 of the New York Heart Association (NYHA) classification's of functional capacity [^] . For the cardiomyopathy definition, we do not cover: <ul style="list-style-type: none"> ● cardiomyopathy secondary to alcohol or drug abuse. ● any other form of heart disease, heart enlargement and myocarditis. [^] NYHA Class 3. Heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain.	Any disease or disorder of the heart, diabetes mellitus or any obstructive/occlusive arterial disease
*Coma – with associated permanent symptoms	A state of unconsciousness with no reaction to external stimuli or internal needs which: <ul style="list-style-type: none"> ● 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 is not covered: <ul style="list-style-type: none"> ● medically induced coma, and ● coma secondary to alcohol or drug abuse. 	Self inflicted injury or misuse of drugs or alcohol
Coronary angioplasty – to 2 or more coronary arteries	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.	Any disease or disorder of the heart, diabetes mellitus or any obstructive/occlusive arterial disease
*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.	Acoustic nerve tumour, neurofibromatosis (von Recklinghausen's disease)
Encephalitis – resulting in permanent symptoms	A definite diagnosis of encephalitis by a Consultant Neurologist. There must be permanent neurological deficit with persisting clinical symptoms.	There are no associated conditions for encephalitis
*Heart valve replacement or repair	The undergoing of surgery including balloon valvuloplasty on the advice of a Consultant Cardiologist to replace or repair one or more heart valves.	Any disease or disorder of the heart, or any obstructive/occlusive arterial disease.

Critical illness/ operation	Definition	Associated conditions
<p>HIV infection – <i>caught from a blood transfusion, a physical assault or at work in an eligible occupation</i></p>	<p>Infection by Human Immunodeficiency Virus resulting from:</p> <ul style="list-style-type: none"> ● 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 from the eligible occupations listed below; <ul style="list-style-type: none"> – ambulance workers – chiropodists – dental nurses – dental surgeons – district nurses – fire brigade firefighters – general practitioners – hospital caterers – hospital cleaners – hospital doctors, surgeons and consultants – hospital laboratory technicians – hospital laundry workers – hospital nurses – hospital porters – midwives – nurses employed by general practitioners – occupational therapists – paramedics – physiotherapists – podiatrists – policemen and policewomen – prison officers – radiologists – refuse collectors – social workers <p>after the start of the policy and satisfying all of the following:</p> <ul style="list-style-type: none"> ● the incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures ● where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV antibody test taken within 5 days of the incident ● there must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus <p>For the above definition, the following is not covered:</p> <ul style="list-style-type: none"> ● HIV infection resulting from any other means, including sexual activity or drug abuse. 	<p>We will not pay a lump sum benefit for HIV infection to a member or eligible person who, at any time before joining the scheme, has been infected with any Human Immunodeficiency Virus (HIV) or has demonstrated any antibodies to such virus.</p>

Critical illness/operation	Definition	Associated conditions
Liver failure – <i>of advanced stage</i>	<p>Liver failure due to cirrhosis and resulting in:</p> <ul style="list-style-type: none"> ● permanent jaundice ● ascites, and ● encephalopathy <p>We do not cover liver disease secondary to alcohol or drug abuse.</p>	Chronic liver disease, including but not limited to hepatitis B & C, primary sclerosing cholangitis, and portal hypertension
*Loss of hand or foot – permanent physical severance	Permanent physical severance of hand or foot at or above the wrist or ankle joint.	Diabetes mellitus, peripheral vascular disease, bone and soft tissue cancer.
Loss of independent existence – permanent and irreversible	<p>The permanent loss of the ability to perform routinely at least three of the following six tasks without the assistance of another person, even with the use of special devices or equipment.</p> <p>The tasks are:</p> <ol style="list-style-type: none"> 1. Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means. 2. 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. 3. Feeding yourself – the ability to feed yourself when food has been prepared and made available. 4. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function. 5. Getting between rooms – the ability to get from room to room on a level floor. 6. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again. 	Multiple sclerosis, muscular dystrophy, motor neurone disease, or any disease or disorder of the brain, spinal cord or column
*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.	Stroke, transient ischaemic attack, motor neurone disease, brain or throat tumour, laryngeal polyps.
Open Heart Surgery – <i>with surgery to divide the breastbone</i>	The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist, to correct any structural abnormality of the heart.	Any disease or disorder of the heart, diabetes mellitus or any obstructive/occlusive arterial disease.
*Paralysis of limb – total and irreversible	Total and irreversible loss of muscle function to the whole of any limb.	Multiple sclerosis, muscular dystrophy, motor neurone disease or any disease or disorder of the brain, spinal cord or column
Primary pulmonary arterial hypertension	<p>A definite diagnosis of pulmonary arterial hypertension of unknown cause. There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities to at least Class 3 of the New York Heart Association classification of functional capacity (marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain).</p> <p>The following is not covered:</p> <ul style="list-style-type: none"> ● Pulmonary hypertension secondary to any other known cause i.e. not primary 	Any disease or disorder of the heart, diabetes mellitus or any obstructive/occlusive arterial disease.

Critical illness/operation	Definition	Associated conditions
Pulmonary artery graft surgery	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. For the pulmonary artery graft surgery definition, we do not cover any other surgical procedure, for example endovascular repairs or the insertion of stents.	Pulmonary valve stenosis, pulmonary atresia, truncus arteriosus, Fallot's tetralogy, patent ductus arteriosus
Respiratory failure – of advanced stage	Advanced stage emphysema or other chronic lung disease, resulting in: <ul style="list-style-type: none"> the need for regular oxygen treatment on a permanent basis; and the permanent impairment of lung function tests where Forced Vital Capacity (FVC) and Forced Expiratory Volume at 1 second (FEV1) are less than 50% of normal. 	Any disease or disorder of the respiratory system including the lungs, bronchi and trachea
Rheumatoid arthritis – chronic and severe	A definite diagnosis of rheumatoid arthritis by a Consultant Rheumatologist: <ul style="list-style-type: none"> there must be morning stiffness in the affected joints lasting for at least one hour there must be arthritis of at least three joint groups, with soft tissue swelling or fluid observed by a physician the arthritis must involve at least the: <ul style="list-style-type: none"> wrists or ankles hands and fingers, or feet and toes there must be symmetrical arthritis there must be radiographic changes typical of rheumatoid arthritis. 	Inflammatory polyarthropathy
Systemic lupus erythematosus – with severe complications	A definite diagnosis of systemic lupus erythematosus by a Consultant Rheumatologist resulting in either of the following: <ul style="list-style-type: none"> permanent neurological deficit with persisting clinical symptoms; or the permanent impairment of kidney function tests as follows: <ul style="list-style-type: none"> Glomerular Filtration Rate (GFR) below 30 ml/min. 	Hughes syndrome, rheumatoid arthritis, and Sjogren's syndrome
Terminal illness	A definite diagnosis by the attending Consultant of an illness that satisfies both of the following: <ul style="list-style-type: none"> 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 the earlier of 12 months and the member's or eligible person's cease age. 	Any medical condition that is listed as a critical illness condition
*Third degree burns – covering 20% of the body's surface area or 30 percent loss of surface area to the face	Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20 percent of the body's surface area or 30 percent loss of surface area of the face which for the purposes of this definition includes the forehead and ears.	There are no associated conditions for third degree burns
*Traumatic brain injury – resulting in permanent symptoms	Death of brain tissue due to traumatic injury resulting in permanent neurological deficit with persisting clinical symptoms .	There are no associated conditions for traumatic head injury

Critical illness/ operation	Definition	Associated conditions
Optional Cover		
In addition to the conditions or operations covered under the Standard and Extended schemes, subject to agreement by Aviva, you may be able to include cover for the Cancer drugs fund and/or Ductal carcinoma in situ of the Breast – requiring total mastectomy. These options will result in an extra cost under both Standard and Extended schemes.		
Cancer drugs fund	<p>Following the diagnosis of cancer for which we have paid a lump sum benefit, we will pay for the cost of drugs recommended by the member's or eligible person's NHS specialist up to a maximum of £100,000 to treat their cancer if their NHS specialist's submission for the provision of cancer drugs is rejected by their local commissioning body on financial grounds. A treatment plan must also have been agreed by the NHS multi-disciplinary team (MDT).</p> <p>We will only pay for drugs recommended by the NHS specialist for cancer treatment if they are:</p> <ul style="list-style-type: none"> • proven or established within common UK practice, such as a drug used within the terms of its licence or approved by NICE for use in the NHS, and • supported by published, peer- reviewed clinical evidence that proves the treatment has positive clinical outcomes, and • recognised as acceptable clinical practice and practised widely by UK specialists. <p>We will pay the cost of cancer drugs, and the charges for administering those drugs, up to a maximum of £100,000. If the treatment costs exceed this the member or eligible person will have to pay the extra costs themselves.</p>	None
Ductal carcinoma in situ of the breast – <i>requiring total mastectomy</i>	<p>A definite diagnosis by an appropriately qualified specialist of a ductal carcinoma in situ of the breast and the surgical removal by total mastectomy (does not include partial mastectomy, segmentectomy or lumpectomy). The total mastectomy must be medically recommended.</p> <p>We will not pay a claim for ductal carcinoma in situ of the breast where the definition of the the following critical illnesses has been met either in the past or simultaneously:</p> <ul style="list-style-type: none"> • Cancer – excluding less advanced cases, whether or not the previous cancer is connected to or associated with the ductal carcinoma in situ, • Cancer second and subsequent – whether or not the previous Cancer is connected to or associated with the ductal carcinoma in situ, • terminal illness. 	Polyposis Coli, Papilloma of the bladder.

2 What benefits are covered

The purpose of this **policy** is to pay a **lump sum benefit** if a **member, eligible person** or **child** is:

- diagnosed with a **critical illness**; or
- undergoes an **operation**;

and survives for 14 days from the day:

- that the **member, eligible person** or **child** was diagnosed with the **critical illness**; or
- of the **operation**.

We have two levels of cover – Standard and Extended. The **policy schedule** will show if **you** have selected optional cover for cancer drugs fund and/or Ductal carcinoma in situ of the breast – requiring total mastectomy. We adhere to the Association of British Insurers (ABI) minimum standards for all critical illnesses that have been defined by them. These definitions are marked with an asterisk in the **critical illnesses** and **operations** in section 1 above. Within the critical illness definitions there are four words or phrases that have very specific meanings. These are also defined by the ABI and are:

- occupation
- **irreversible**;
- **permanent**; and
- **permanent neurological deficit with persisting clinical symptoms**.

3 Who is covered

The **policy** covers:

- **members**; and
- their **children**.

The **policy** can also cover an **eligible person** if selected by the **member**.

New entrants will be included in the **policy** as a **member** or **eligible person**:

- on the **policy start date**, if they joined the **policy** on or before that date; or
- from the date they joined the **policy** if later.

The **policy** begins on the **start date** shown on the **policy schedule**, and cover for each **member** or **eligible person** begins on the date that they join the **policy**. The **eligibility** conditions for joining the **policy** are shown on the **policy schedule**.

3.1 Discretionary entrants

You may add **members** or **eligible people** to the **policy** at any time, however cover will not be backdated. Any **discretionary entrants** will be treated as a new joiner and will therefore be subject to the exclusions detailed in section 9 from the date their cover commenced.

3.2 Temporary absence

Where a **member** or **eligible person** is off work due to illness or injury, **we** will provide cover up to the **cease age** providing premiums continue and membership of the **federation** is maintained.

Where absence is due to any other reason, such as statutory absence (for example maternity/paternity leave), then cover can continue to be provided for a maximum of 36 months, providing premiums continue and membership of the **federation** is maintained. **We** will also cover a career break up to a maximum of 5 years.

3.3 Overseas cover

You must tell **us** about any **members** or **eligible persons** who are working **overseas** at the **policy start date** or **rate guarantee date**. **You** must also tell **us** the countries that they will be working in.

We will maintain cover for **members** or **eligible persons** who are travelling outside of the UK, Channel Islands or Isle of Man whilst on holiday, or travelling overseas for work, for example; attending conferences or meetings.

We will cover **members** or **eligible persons** who are working or residing outside of the UK, Channel Islands and the Isle of Man, provided that:

- they are working overseas in one of the listed **standard territories** or any additional locations detailed in **your policy schedule**; and
- they remain a member of the Police Federation; and
- the premium to cover **members** or **eligible persons** based overseas is paid in sterling by **you**; and
- they are still eligible for cover under the **policy**

You must tell **us** immediately about any **members** or **eligible persons** who are working or residing in a country that is not part of the UK, Channel Islands or Isle of Man, in a country not listed in **our standard territories** or any additional locations detailed in **your policy schedule**. In order to consider cover, **we** will require full details of these individuals including their location and the duration they expect to be located overseas before **we** can agree cover. There may be circumstances where **we** are unable to provide cover.

Special terms and conditions may apply for cover to an **overseas member** or **eligible person**.

You should seek your own independent advice if **you** wish to continue to provide cover for any **members** or **eligible persons** who move to another territory.

4 When cover ceases

This depends on the **policy cease age** **you** have chosen, which can be **state pension age (SPA)** or any fixed age up to a maximum age of 70.

If the **cease age** is currently either **SPA** or a fixed age lower than 70, and **you** want to include a **member** or **eligible person** beyond the current **cease age** up to a maximum age of 70, then the **cease age** has to increase for the whole **policy** or applicable membership category.

Cover will stop when the **policy** is cancelled, premiums are not paid within 60 days of the due date, or when a **member** or **eligible person**;

- is no longer a member of the **federation**;
- leaves service unless retirement cover is selected;
- is no longer **eligible** for the **policy**;
- reaches the **cease age**; or
- moves **overseas** to a location not listed in **our standard territories** or any additional locations detailed in **your policy schedule**, unless otherwise agreed; or
- if the **member** leaves the **policy**, for whatever reason.
- dies.

We will cancel cover for a **child** of a **member**;

- if **we** pay a claim for them (see section 8.5 - second claims regarding claims for cancer drugs fund benefit.); or
- when they are no longer **eligible** for the **policy**; or
- when the child reaches 18 years old or 21 if they are in full time education;
- when the **employee** reaches the **cease age**; or
- moves overseas to a location not listed in our **standard territories** or any additional locations detailed in **your policy schedule**, unless otherwise agreed; or
- when they die; or
- if the **member** leaves the **policy**, for whatever reason.

5 Policy limitations

5.1 Benefit limits

The **policy schedule** will show details of the **lump sum benefit**.

If a claim is for **member**, the maximum **lump sum benefit** that **we** will pay is five times their salary, up to a maximum of £500,000.

If a claim is for an **eligible person**, the maximum **lump sum benefit** that **we** will pay is five times the **member's** salary, up to a maximum of £250,000.

If a claim is for a **child**, the maximum **lump sum benefit** that **we** will pay is 25% of the **member's lump sum benefit** up to a maximum of £20,000.

The **policy schedule** will show details of the **child lump sum benefit**.

6 Calculation of premiums

The premiums payable are calculated by multiplying the number of **members** and **eligible persons** to be covered under the **policy**, by the individual cost for that level of cover as agreed at the **start date** and subsequent **rate guarantee dates**.

Minimum premium

The minimum premium **we** will charge is £600.

6.1 What information is needed to calculate your premiums

You do not need to tell **us** about new entrants during the **policy year** who have met the **eligibility** conditions, however they must be declared on the monthly data **we** receive. **We** also do not need details of **children** covered by the **policy**.

However, each month, along with the premium payment, **we** require **you** to provide details of the number of **members** and **eligible persons** in each membership category.

6.2 When premium rates are reviewed

The rates used to calculate premiums are guaranteed from the **start date** until the **rate guarantee date** and are then reviewed. The **policy schedule** will show the **rate guarantee date**.

The guarantee may not apply if there is:

- a change of 25% or more in the total sum insured (if applicable); or
- any change to the benefit basis; or
- a change to the **eligibility** criteria;

You must inform **us** promptly if any of these changes take place.

The guarantee may also not apply where a change is made to reflect, in a proportionate manner, a change to the law or interpretations of the law, decisions or recommendations of a Court, Ombudsman, Regulator or similar body.

6.3 Payment of premiums

Premiums are paid to **us** by **you** for each **member** and **eligible person**. It is **your** responsibility to collect the premium for any **benefits** the **member** selects and pays for, in order to pay to **us**. The premium must be paid in advance monthly, by BACS, cheque, or any other method agreed with **us**.

6.4 Non payment of premiums

If **we** cancel the **policy** due to non-payment of premiums, new claims will only be considered up to the date the last premium covered.

Any entitlement to any benefits that have not already been paid will continue to be paid by **us** on the terms already confirmed to **you**.

If **we** cancel the **policy**, **we** will give **you** at least 30 days' notice.

7 Policy changes and cancellation

7.1 What we need to know

You need to inform **us** immediately if:

- **you** want to change the cover or **eligibility** criteria for the membership; or
- there are any material changes to the **federation**; or
- any **member** or **eligible person** moves **overseas** to a location which is not listed in **our standard territories** or any additional locations detailed in **your policy schedule**;
- **you** want to include any additional cover; or

- the total sum insured (if applicable) increases/decreases by 25% from the last **rate guarantee date** (or **anniversary date** if earlier);
- **you** want to cancel the **policy**.

7.2 When you can cancel the policy

There is no cooling off period. **You** may cancel this **policy** at any time in accordance with the **scheme rules**.

If the **policy** is cancelled for any reason, a final account will be provided based on the cover that **we** have actually provided. **We** will either pay a refund to **you**, or **you** will need to pay any outstanding premiums to **us**.

All cover under this **policy** will stop on the date agreed with **us**. Any lump sum benefit payments, to which entitlement has arisen, that has not been made, will still be paid.

We will not backdate any cancellation.

7.3 When we can cancel the policy

We can cancel the **policy** if:

- **you** do not provide **us** with membership data, other information or documentation that **we** need to administer the **policy**; or
- **you** do not pay **us** when premiums are due; or
- the business location of an **employer** or group of **members** changes; or;
- there is a change in the nature of an **employer's** business or;
- the number of **members** covered falls below five.

If the provision of cover would cause, or be reasonably likely to cause, **us** to breach any law or regulation in the given territory **we** reserve the right to cease cover within that territory.

If **we** cancel the **policy** **we** will give **you** at least 30 days' notice.

7.4 Surrender value

There will be no surrender value under this **policy** if it is cancelled at any time.

7.5 When you can make changes to the policy

Requests to change the **policy** can be made at any time. **We** will need to be informed in writing prior to the date **you** wish to alter the **policy**. **We** will then inform **you** of any information **we** need. **We** will write to inform **you** of **our** agreement to the change (or reason for declining) and the date from which it is effective.

7.6 When we can make changes to the policy

We may, at each **rate guarantee date**, or at any time if required, make reasonable changes to the terms and conditions provided for in this **policy** and any **linked policy** which, are needed to:

- respond in an appropriate manner to changes in the way **we** administer policies of this type;
- respond in an appropriate manner to changes in technology or general practice in the insurance industry;

- respond in an appropriate manner to changes in taxation, the law or interpretation of the law, decisions or recommendations of a Court, Ombudsman, Regulator or similar person, or any code of practice with which **we** intend to comply; or
- correct errors that need correcting and it is reasonable to do so.

If **we** consider any change is to **your** advantage or is needed to meet regulatory or legal requirements, **we** may make the change immediately and tell **you** at a later date.

We will tell **you** in writing of any change **we** consider is to **your** disadvantage (other than any change needed to meet any legal or regulatory requirements) at least 30 days before the change becomes effective, unless it is not possible for **us** to do this, in which case **we** will give **you** as much notice as **we** can.

8 Claims

8.1 What information is needed to make a claim

If **you** need to make a claim, **you** must give **us** written notice on behalf of the **member, eligible person or child** within 3 months of the date that the **critical illness** is diagnosed or the **member, eligible person or child** undergoes the **operation** or as soon as reasonably practicable. If written notice is not provided to **us** within three months of first diagnosis **we** will not pay the **lump sum benefit** where any evidence required is no longer available due to the lapse of time, in particular (but without being limited to) where an independent medical assessment does not provide substantive evidence to support the claim. Where written notice is provided to **us** after three months of first diagnosis the **lump sum benefit** will only be payable at **our** discretion.

We will ask for confirmation from a **specialist**:

- of the diagnosis of a **critical illness**, and the date of that diagnosis; or
- that a **member, eligible person or child** has undergone an **operation**, and the date of that **operation**.

We will pay the **lump sum benefit** if, in reasonable **specialist** medical opinion, the **critical illness** or **operation** that the **member, eligible person or child** is claiming for meets the **policy** definition.

Depending on whom the claim is for, and what the claim is for, **we** may need to see birth or adoption certificates, marriage certificates or civil partnership certificates, or see evidence of membership of the **federation**. If **we** need any more information, **we** will contact the people that **we** need to in order to get it (provided that **we** have the appropriate consent to do this). **We** cannot pay a claim if **we** are not able to get the information that **we** need to assess the claim.

Once **we** have received the information **we** require:

- **we** will assess the claim to see if the medical evidence confirms that the **member, eligible person or child** has suffered an illness or undergone one of the **operations** that the **policy** covers.

- **we** are not responsible for paying for the evidence that **we** ask for in order to assess a claim, for example:
 - any charges made by a doctor for completing a claim form.
 - the costs of sending information to **us**.
 - the costs of translating information into English.

BUT: if **we** ask for any other medical information that comes from the UK (for example a medical report), **we** will pay for it. In some circumstances **we** may ask for an independent medical examination.

Before **we** pay a claim **we** may require documentary evidence of membership of the **scheme**.

For claims in respect of cancer drugs fund benefit **we** require:

- a letter from the **member's** or **eligible person's specialist** that describes the recommended drug treatment in detail and confirms that it's appropriate;
- a letter from the **member's** or **eligible person's local commissioning body** that clearly rejects the recommended drug treatment on financial grounds; and
- an estimate from the **member's** or **eligible person's** local NHS trust for the cost of the recommended drug treatment on a self-pay basis.

We will not pay a claim if **we** are not able to get the information that **we** need to assess the claim.

If **you**, the **federation** a **member** or **eligible person** gives **us** incorrect information, or doesn't give **us** information that **we** need, **we** will not be liable for any mistakes or omissions caused by this. If **we** pay a claim or pay too much for a claim as a result of **you**, the **Federation** a **member** or **eligible person** giving **us** incorrect information, **we** will take steps to recover that money from **you**.

8.2 How to submit a claim

You can submit a claim by telephoning **us** on 0800 015 7523 or emailing **us** at groupclaim@aviva.com or completing our online claim form which can be found [HERE](#). **We** will then advise **you** what will happen next and what information **we** require.

8.3 How a claim is paid

We will pay all **lump sum payments**, except in respect of cancer drugs fund benefit, directly to the **member** (even if the claim is for the **eligible person** or **child** provided it is to a UK bank account). All payments will be in pounds sterling.

We will pay all **lump sum payments** in respect of claims for cancer drugs fund benefit, direct to the **member's** or **eligible person's** local NHS trust. All payments will be in pounds sterling.

8.4 When a claim is paid

In order to make a claim and to enable **us** to pay a **lump sum benefit** to a **member**, their **child**, or an **eligible person** covered by the **policy**, they must have;

- been diagnosed with one of the **critical illnesses**; or
- undergone one of the **operations**;

which the **policy** covers, and have survived for 14 days after the date of the diagnosis or **operation**.

8.5 Second claims

A claim for each **critical illness** or **operation** will only be paid once. Therefore **we** will not pay a claim for the same **critical illness** or **operation** twice.

- **We** will not pay a second claim for an individual **child** of a **member**. **We** will cancel their cover when **we** pay a claim for them.
- Subsequent claims for cancer drugs fund benefit in respect of a **partner** of a **member** will only be considered if:
 - the **member** remains covered by the **policy**, and the claim for cancer drugs fund benefit relates to the diagnosis of cancer for which **we** paid a **lump sum benefit**
- If a **member** or **eligible person** has been paid a **lump sum benefit** by **your policy** and then suffers another **critical illness** or undergoes a further **operation** covered by the **policy**, **we** may pay a **lump sum benefit** subject to the exclusions details in section 9.
- **We** will not pay a **lump sum benefit** for any **critical illness** or **operation** covered by this **policy** if the **member** or **eligible person** has previously received a **lump sum benefit** for:

- paralysis of limb;
- loss of independent existence, or
- terminal illness;

and that claim was paid even if the first payment was from a previous insurer of **your policy**. **We** would cancel cover for the **member**, **eligible person** or **child** covered by the **policy** once a **lump sum benefit** has been paid in respect of the **member**, **eligible person** or **child** for any of these **critical illnesses**.

- **We** will not pay a **lump sum benefit** for
 - paralysis of limb;
 - loss of independent existence, or
 - terminal illness;

if the **member**, **eligible person** or **child** has previously received a **lump sum benefit** for any other **critical illness** or **operation**.

If **you** have any questions about making a claim, **you** can:

Email: groupclaim@aviva.com

Telephone: 0800 015 7523, or

write to **us** at:

Aviva Group Protection
PO Box 3240
Norwich
Norfolk
NR1 3ZF

9 What is not covered?

9.1 Pre-existing conditions

See section 1 and the definition of Cancer – second and subsequent for an explanation of how this exclusion applies to that benefit.

A claim for each **critical illness** and each **operation** covered by the **scheme** will only be paid once in respect of each **member** or **eligible person** or **child**. The insurer who insured the **scheme** at the time the claim conditions for the critical illness or operation were first met should consider the claim.

We will not pay a **lump sum benefit** for a **member, eligible person** or a **child** who has a **critical illness** or **operation** if that same **critical illness** or **operation**:

- was a **pre-existing condition** at any time prior to the date their cover commenced under the **scheme** and;
- has previously met the conditions for a valid claim for that **member** or **eligible person** or **child** under the **scheme**.

For example, if a **lump sum benefit** is paid for a lung transplant **we** would not be able to consider a subsequent claim for kidney transplant for the same **member** or **eligible person** or **child**.

In addition, **we** will not pay the amount of any increase in **lump sum benefit** if the **member** or **eligible person** or **child** has a valid claim for a **critical illness** or **operation** which was a **pre-existing condition** at any time prior to the date of each increase. **We** will still consider the claim for the pre-increase amount.

9.2 Related Conditions

This exclusion does not apply to claims for Cancer – second and subsequent.

We will not pay a **lump sum benefit** for a **member, eligible person** or a **child** who has a **critical illness** or **operation** that is **related** to:

- any critical illness or operation defined in section 1 (whether covered by the policy or not) and which was a **pre-existing condition** at any time prior to the date their cover commenced under the **scheme**, and;
- a **critical illness** or **operation** that has previously met the conditions for a valid claim for that **member, eligible person** or **child** under the **scheme**.

In addition, **we** will not pay the amount of any increase in **lump sum benefit** if the **member, eligible person** or **child** has a valid claim for a **critical illness** or **operation** which is **related** to a critical illness or operation defined in section 1 (whether covered by the policy or not) at any time prior to the date of each increase. **We** will still consider the claim for the pre-increase amount.

Please be aware that for this **policy** the following **critical illnesses** and **operations** are **related**:

- Aorta graft surgery
- Cardiac arrest
- Cardiomyopathy
- Coronary angioplasty
- Coronary artery by-pass graft
- Heart attack
- Heart transplant
- Heart valve replacement or repair

- Primary pulmonary arterial hypertension
- Open heart surgery
- Pulmonary artery graft surgery
- Stroke

For example, if the **member, eligible person** or **child** experienced kidney failure before their cover started, **we** would not pay a claim if that same **member, eligible person** or **child** has a kidney transplant in the future. Also, if the **member** had a **lump sum benefit** paid for a heart attack, **we** would not pay a claim if they suffered a stroke in the future.

9.3 Associated Conditions

See section 1 and the definition of Cancer - second and subsequent for an explanation of how this exclusion applies to that benefit.

We will not pay a **lump sum benefit** for a **member, child** or **eligible person** who has a **critical illness** or **operation** if they had an **associated condition** at any time prior to:

- the date their cover commenced under the **scheme** and;
- the most recent date (prior to the current claim) that they met the conditions for a valid claim for a **critical illness** or **operation** under the **scheme**.

In addition, **we** will not pay the amount of any increase in **lump sum benefit** if the **member, child** or **eligible person** has a valid claim for a **critical illness** or **operation** but had an **associated condition** at any time prior to the date of each increase. **We** will still consider the claim for the pre-increase amount.

This exclusion will apply indefinitely in respect of claims for:

- loss of independent existence – **permanent** and **irreversible**; and
- paralysis of limb – total and **irreversible**.

For all other **critical illnesses** and **operations**, the exclusion will no longer apply if the **member, child** or **eligible person** does not have a valid claim for that **critical illness** or **operation** within the first two years of the date they joined **your scheme**. For increases in **lump sum benefit** the exclusion will no longer apply to the increase in cover if the **member, child** or **eligible person** does not have a valid claim for that **critical illness** or **operation** within the first two years of the date of each increase.

For example, if the **member, child** or **eligible person** experienced reduced hearing or vision after their cover started but before an increase to their **lump sum benefit** and they make a claim within two years of the increase for a brain tumour, **we** will cap benefit at the pre-increase level of **lump sum benefit** if the symptoms of reduced hearing or vision are considered to be an **associated condition**.

9.4 Exclusions for Children

We will not pay a **lump sum benefit** for a **child** if symptoms first arose, the underlying condition was first diagnosed, or the **member** received counselling or medical advice in relation to the condition:

- before the **member** joined the **scheme**; and
- before the **member's** legal adoption or legal guardianship of the child; and

- if the **critical illness** or **operation** was brought about by intentional harm inflicted on the **child** by the **member** or **eligible person**.

We will not pay a **lump sum benefit** for a **child** for:

- cancer drug fund.

9.5 Terminal Illness

We will not pay a **lump sum benefit** for terminal illness if the **member**, **child** or **eligible person** died before **you** notified **us** of a claim

9.6 Self-Inflicted Injury

We will not pay a claim if the **critical illness** or **operation** is a direct or indirect result of a self-inflicted injury.

10 Further policy conditions

10.1 Accurate information

We rely on the information given to **us**.

If any of the information **you** give **us** is untrue or incomplete, and this might have reasonably affected **our** decision to provide **you** with this **policy** or the terms **we** offered for the **policy**, then **we** may:

- change the terms of this **policy**; or
- restrict the benefits payable under this **policy**; or
- cancel this **policy**.

Where **we** do any of these, **we** will refund any overpayment of premium less **our** reasonable expenses.

10.2 Currency and jurisdiction

All payments to or by **us** under this **policy** will be made in pounds sterling.

This **policy** is issued in England and is subject to English Law.

10.3 Contacting us

If **you** need to contact **us** about this **policy**, please contact **us** at the address shown in the **policy schedule**, quoting **your policy** number. Alternatively call **us** on 0800 051 2541.

10.4 Third party rights

No person other than Aviva Life & Pensions UK Ltd and **you** will have any rights under this **policy**. Any person who is not a party to this **policy** shall have no rights under the Contracts (Rights of Third Parties) Act 1999 to enforce any terms under this **policy**. Reference to, or the consent of, any person who is not a party to the **policy** is not required for any changes to it or its termination.

Except in the event of a disputed claim where the **member** or **eligible person** may, either in conjunction with (unless **you** inform **us** otherwise in advance) or instead of **you** enforce such claim to the extent that **you** may enforce it (including the pursuit of a complaint to the Financial Ombudsman Service (FOS) if within FOS jurisdiction).

It is **your** legal responsibility to inform **members** or **eligible people** of their rights in regards to the FOS in the event of any dispute, for example that any notification must be received within appropriate timescales. Aviva Life & Pensions UK Ltd will not be liable for any failure by **you** to inform the **member** or **eligible person**.

10.5 Data Protection

We and **you** will act as a separate and independent **Data Controller** in relation to the **Personal Data** which is processed for the administration of the **policy**.

We and **you** will each comply with their respective obligations under the **Data Protection Laws** in respect of the **processing of Personal Data**.

Where **Personal Data** is disclosed by **us** or **you** to the other party, the party disclosing the data will:

- only disclose the **Personal Data** for one or more defined purposes which are consistent with the terms of the **policy** (other than to comply with a requirement of applicable law to which a party is subject)
- take all reasonable steps appropriate to provide a fair processing notice to those **Data Subject(s)** whose **Personal Data** are to be disclosed under the **policy**, informing them that their **Personal Data** will be disclosed for the defined purposes;
- obtain the necessary consents or authorisations required to permit the disclosure of such **Personal Data**.
- Where data is received by **you** or **us**, the recipient will notify the other without undue delay following any **Personal Data Breach** involving the **Personal Data** and each of us will co-operate with the other, to the extent reasonably requested, in relation to any notifications to **Supervisory Authority** or to **Data Subjects** which are required following a **Personal Data Breach** involving the **Personal Data**.

Each party shall co-operate with the other, to the extent reasonably requested, in relation to:

- any other communication from a **Data Subject** concerning the **Processing of their Personal Data** including requests to exercise their rights; and
- any communication from a **Supervisory Authority** concerning the **Processing of Personal Data**, or compliance with the **Data Protection Laws**.

10.6 Sanction Checking

In order for **us** to help manage **our** exposure to the risk of financial crime, **we** will, from time to time, undertake a sanction check of the company, its directors and its ultimate parent company as well as the country in which the company/ultimate parent company is based. If, as a result of **our** investigations **we** reasonably believe that providing a group protection contract would place Aviva at a high risk to exposure of financial crime, **we** reserve the right to cancel or amend the **policy** as appropriate.

11 If you have cause for complaint

Our aim is to provide a first class standard of service to **our** customers, and to do everything **we** can to ensure **you** are satisfied. However, if **you** ever feel **we** have fallen short of this standard and **you** have cause to make a complaint, please let **us** know. **Our** contact details are:

Group Protection Complaints
PO Box 3240
Norwich
Norfolk
NR1 3ZF

Telephone: 0800 051 2541
Email: gpcomplaints@aviva.com

We have every reason to believe that **you** will be totally satisfied with **your** Aviva **policy**, and with **our** service. It is very rare that matters cannot be resolved amicably. However, if **you** are still unhappy with the outcome after **we** have investigated it for **you** and **you** feel that there is additional information that should be considered, **you** should let **us** have that information as soon as possible so that **we** can review it. If **you** disagree with **our** response or if **we** have not replied within eight weeks, **you** may be able to take **your** case to the Financial Ombudsman Service to investigate. Their contact details are:

The Financial Ombudsman Service
Exchange Tower
London
E14 9SR

Telephone: 0800 023 4567
Email: complaint.info@financial-ombudsman.org.uk
Website: financial-ombudsman.org.uk

Please note that the Financial Ombudsman Service will only consider **your** complaint if **you** have given **us** the opportunity to resolve the matter first. Making a complaint to the Ombudsman will not affect **your** legal rights.

Financial services compensation scheme (FSCS)

The Financial Services Compensation Scheme (FSCS) may cover **your policy**. It'll cover **you** if Aviva becomes insolvent and **we** are unable to meet **our** obligations under the policy. For this type of policy, the FSCS will cover **you** for 100% of the total amount of an existing claim. The FSCS will also provide a refund of 100% of the premiums that have not been used to pay for cover whether **you** are making a claim under the **policy** or not.

For further information, see fscs.org.uk or telephone 0800 678 1100.

12 Definitions

Anniversary date

An anniversary of the **start date**, unless another date has been agreed with **us**. This date is stated in the **policy schedule**.

Associated conditions

Any symptom, condition, illness, injury, disease or treatment which is either;

- recognised by reasonable **specialist** medical opinion to be related to the occurrence of a **critical illness or operation**, or
- is listed in the “associated conditions” column of the critical illness/operation table which begins on page 5.

Cease age

Midnight on the day before the age at which cover for a **member** ceases, as set out in the relevant **policy schedule** applicable to that **member’s** or **eligible person’s** category. The maximum age can’t exceed midnight on the day before a **member’s** or **eligible person’s** 70th birthday.

Child/Children

Any **member’s** child from date of birth to the age of 18 years (or 21 years if in full time education) (this includes adopted children and step-children).

Childcover benefit

These are additional child specific **critical illness(es)** that are only covered in respect of a **child**.

Commissioning body

- NHS England Clinical Commissioning Groups
- NHS Scotland Health Boards
- NHS Wales Health Boards
- Northern Irish Health and Social Care Board

Critical illness(es)

An illness listed in section 1 and covered by this **policy**. The **policy schedule** will show whether **you** have chosen Standard or Extended cover and whether Ductal carcinoma in situ of the Breast – requiring total mastectomy and/or Cancer drugs fund benefits is included.

Data Controller, Data Subject, Personal Data Breach, Process/Processing and Supervisory Authority

Will be the same meaning as in the **Data Protection Laws**.

Data Protection Laws

Means the General Data Protection Regulation (EU) 2016/679 (**GDPR**) (together with laws implementing or supplementing the GDPR in Member States, in each case as amended and superseded from time to time), and/or all applicable laws, rules, regulations, regulatory guidance, regulatory requirements from time to time.

Discretionary entrant

A **member** or an **eligible person**:

- who is not normally **eligible** but who **you** wish to include in the policy.
- who is **eligible** but who **you** want covered from a different date to their normal inclusion date.

Eligible/Eligibility

The factor(s) **we** consider when assessing whether or not a person can be automatically covered by the **policy**. This will be detailed in the **policy schedule**.

Eligible Person

The spouse or **partner** for whom the **member** has elected to provide cover under this **policy** who was, in the **federation’s** opinion, financially dependent on the **member**.

Federation

The Police Federation that is participating in the **policy**.

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.

Linked policy

Any **Aviva** group critical illness insurance **policy** taken out on behalf of the **federation** covering different categories of **members** and **eligible persons** and/or benefits.

Location(s)

Specified location(s) as detailed in **your policy schedule**

Lump sum benefit

The total lump sum benefit that would be paid for a **member** in the event of a claim, as shown in **your policy schedule**.

Member

A new recruit, serving officer or retired officer of the Police **federation**, covered under the **policy**.

Operation(s)

An operation listed in section 1 and covered by this **policy**. The **policy schedule** will show whether **you** have chosen Standard or Extended cover.

Overseas

Any country that is not part of the United Kingdom, Channel Islands or Isle of Man.

Partner

The **member's** husband, wife, civil partner or unmarried partner who is covered by this **policy**.

The **member's** civil partner is registered under the Civil Partnership Act 2004.

An unmarried partner is the person the **member** nominates as their partner, regardless of that person's gender or marital status; whom:

- resides with the **member** within the UK; and
- shares a joint financial commitment with the **member**; and
- is not a member of the **member's** immediate family, i.e. parents, grandparents, relation, etc.

Permanent

Expected to last throughout the **member's, eligible person's** or **child's** life, irrespective of when the cover ends or the **member, eligible person** or **child** retires.

Permanent neurological deficit with persisting clinical symptoms

Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the spouse, civil partner or nominated partner for whom **the member's, eligible person's** or **child'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:

- an abnormality seen on brain or other scans without definite **related** clinical symptoms
- neurological signs occurring without symptomatic abnormality, eg brisk reflexes without other symptoms
- symptoms of psychological or psychiatric origin.

Personal Data

Means any personal data, as defined in the **Data Protection Laws**, disclosed by **you** or **us** to the other in the performance of that party's rights or obligations under the **policy**.

Policy

The Aviva group critical illness insurance policy (including the **policy schedule** together with any endorsements) which covers the policy benefits and forms the contract between **you** and **us**.

Policy schedule

The current schedule (as issued from time to time) stating details of the **federation**, cover provided by the **policy** and any special terms (if applicable).

Policy year

The period between:

- the **start date** and the first **anniversary date**;
- the **anniversary date** and **rate guarantee date**; or
- an **anniversary date** and the date of termination of the **policy** (if termination occurs before the next **anniversary date**)

Pre-existing condition

A **critical illness** is pre-existing if the **member, eligible person** or **child** had:

- received medication, advice, treatment or diagnostic tests or; experienced symptoms of the **critical illness** whether the **critical illness** was diagnosed or not.

An **operation** is pre-existing if the **member, eligible person** or **child** had:

- received medication, advice, treatment or diagnostic tests for the condition that led to the operation or;
- experienced symptoms of the condition that led to the operation

whether the need for the operation was known or not.

Premium Rate

The rate of premium specified in the **policy schedule** as the premium rate as changed from time to time being the amount payable for the specified **lump sum benefit** covered under the **policy**.

Rate guarantee date

The date until which rates and terms and are guaranteed to apply, as shown in the **policy schedule**.

Related

Critical illnesses and **operations** are related if it recognised by reasonable **specialist** medical opinion, that one is a result of the other or if each is a result of the same disease, illness or injury.

Scheme

Your group critical illness policy whether held by **us** or a previous insurer.

Specialist

A registered medical practitioner who:

- has at any time held and is not precluded from holding a substantive consultant appointment in an NHS hospital; or
- holds a Certificate of Higher Specialist Training issued by the Higher Specialist Training Committee of the relevant Royal College or faculty; or
- is included in the Specialist Register kept by the General Medical Council;

and who is recognised by **us** to provide the treatment the **member, eligible person** or **child** needs for their condition.

Standard Territories

All European Union (EU) countries, Andorra, Australia, Canada, Gibraltar, Hong Kong, Iceland, Liechtenstein, Monaco, New Zealand, Norway, San Marino, Singapore, Switzerland, UAE, USA and the Vatican City.

Start date

The date the **policy** starts as stated in the **policy schedule**.

State pensionable age (SPA)

The earliest age at which the **member** or **eligible person** can start to receive the UK basic state pension.

The maximum state pension age **we** will cover is 68.

We/our/us

Aviva Life & Pensions UK Limited.

You/your

The current policyholder of the **policy** as stated in the **policy schedule**.



Paper, braille, large font and audio material

Our literature is available free of charge on paper or in Braille, large font and audio format. Just call **0800 051 3472** or email **groupprotection@aviva.com** and tell us:

- the format you want
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