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**THIS POLICY (AND THE SCHEDULE THAT FORMS AN INTEGRAL PART OF THE POLICY) IS A LEGAL CONTRACT PLEASE EXAMINE IT THOROUGHLY TO ENSURE IT MEETS THE INSURED'S REQUIREMENTS IF IT DOES NOT MEET THE INSURED'S REQUIREMENTS THE INSURANCE ADVISER NEEDS TO BE CONTACTED WITHOUT DUE DELAY**

**THE INFORMATION WHICH THE INSURED HAS PROVIDED TO THE COMPANY HAS BEEN TAKEN INTO ACCOUNT IN THE ASSESSMENT AND ACCEPTANCE OF THIS INSURANCE  
ANY SUBSEQUENT CHANGES TO THIS INFORMATION NEED TO BE NOTIFIED TO THE COMPANY AS SOON AS POSSIBLE  
FAILURE TO DO SO MAY INVALIDATE THE POLICY OR RESULT IN CERTAIN COVERS NOT OPERATING FULLY**

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Royal & Sun Alliance Insurance plc (herein called the Company) and the Insured (as detailed in the Schedule) agree that this Policy the Schedule (including any Schedule issued in substitution) and any Endorsement shall be considered one document and any word or expression to which a specific meaning has been attached shall bear such meaning wherever it appears

The Company will provide the insurance described in this Policy subject to the Terms Definitions Conditions and Exclusions for the Period of Insurance shown in the Schedule and any subsequent period for which the Insured shall pay and the Company shall agree to accept the premium

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## **General Definitions**

### **Accident**

A sudden unexpected unforeseen and identifiable incident

### **Beneficiary**

Any person shown in the Schedule and under the age of 65 years who has paid the appropriate premium for cover under this Policy

### **Britain**

England Scotland Wales Northern Ireland the Channel Islands and the Isle of Man

### **Child**

Any child of a Beneficiary who is unmarried and dependent and under 18 years of age and for whom the appropriate premium has been paid

### **Hazardous Activity**

Flying of any kind other than as a passenger other than on Police duties

Mountaineering or rock climbing necessitating the use of ropes or guides other than on Police duties

Potholing or caving other than on Police duties

Racing of any kind (other than on foot or whilst yachting on inland waters or within 3 miles of the shore)

Ski racing (other than as arranged by ski schools) ski jumping or the use of bobsleighs or skeletons

### **Hospital**

Any institution which meets fully every one of the following criteria

- A) maintains permanent and full time facilities for the care of overnight resident patients and
- B) has diagnostic and therapeutic facilities for the surgical and medical diagnosis treatment and care of injured and sick persons by or under the supervision of a staff of Medical Practitioners and
- C) continuously provides a 24 hours a day nursing service supervised by state registered nurses or by persons with equivalent qualifications and
- D) is not other than incidentally an institution which provides full time facilities for
  - i) mentally ill or mentally handicapped persons
  - ii) nursing or convalescing
  - iii) aged persons of 70 years or more
  - iv) drug addicts
  - v) alcoholics

### **Illness**

Shall mean an illness or disease diagnosed by a Medical Practitioner which is contracted during the Period of Insurance as stated in the Schedule and results in a certified absence from work by a qualified Medical Practitioner

### **Incident**

All individual losses arising out of and directly occasioned by one sudden unexpected specific event occurring at an identifiable time and place

### **Insured**

As detailed in the Schedule

### **Medical Practitioner**

Any legally qualified Medical Practitioner other than a Beneficiary or a member of the Beneficiary's immediate family

### **Nuclear Chemical or Biological Cause**

Use of any nuclear weapon or device or the deliberate emission discharge dispersal release or escape of any solid, liquid or gaseous chemical agent or Biological Agent

Biological Agent shall mean any pathogenic micro-organism and/or biologically produced toxin(s) including genetically modified organisms and chemically synthesised toxins

**On Duty**

At any time whilst engaged upon the Beneficiary's duties as a Serving Police Officer

**Operative Time**

24 hours a day worldwide from the first day of the pay period of the first premium payment and ceases on the last day of the pay period of the last premium payment

**Scale Pay**

Basic Pay payable to the Beneficiary for his or her duties as a Serving Police Officer in Dorset Police

**Serving Police Officer**

Means the duties and other functions which the Beneficiary normally performs in connection with their occupation  
This definition extends to police staff

**Spouse / Partner**

Any Spouse ( as defined below ) of a serving member where the serving member is a member of the scheme and the spouse has attained the age of 16 but has not attained the age of 65 years

At the trustees discretion following the death of a serving member cover for the spouse of the deceased may continue until the date on which the serving member would have attained 65 years subject to the continued payment of premiums

Spouse definition means

- A) the husband/wife of a serving member or
- B) the cohabiting partner of a serving member or
- C) the former spouse of the eligible serving member for who the cover has been continuously maintained since the breakup of the marriage/ partnership

**Terrorism**

Any act including but not limited to the use of force or violence and/or threat thereof of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s) committed for political religious ideological or similar purposes including the intention to influence any government and /or to put the public or any section of the public in fear

**War**

War invasion act of foreign enemy hostilities (whether war be declared or not) civil war rebellion revolution insurrection or military or usurped power

## **General Conditions**

### **Amendment of Policy Terms and Conditions**

The Company will give to the Insured at least two months' notice in writing prior to Renewal Date of any change to the Terms and Conditions Definitions or Exclusions.

### **Cancellation of Terrorism or War Risks Cover**

The Company may cancel any Insurance provided by this policy against War or Terrorism by giving 30 days notice to the Insured at the Insured's last known address. The insurance in respect of any journey involving travel outside the Beneficiaries normal country of residence which commences before the expiry of such notice shall be effected.

### **Commencement and Cessation of Membership**

The cover in respect of each Beneficiary shall commence on the first day of the pay period of the first premium payment and shall cease on the last day of the pay period of the last premium payment.

### **Declarations of Beneficiaries to be covered by this Policy**

The Insured shall notify the Company four weekly in arrears of the number of Beneficiaries in each Category and the Premium collected based on the agreed rate.

The Insured shall notify the Company four weekly in arrears of the number of Beneficiaries and shall allow the Company to inspect such records as required by the Company.

### **Financial or Trade Sanctions**

The Company shall not provide coverage or be liable to provide any indemnity or payment or other benefit under this Policy if and to the extent that doing so would breach any prohibition or restriction imposed by law or regulation.

If any such prohibition or restriction takes effect during the Policy period the Insured or the Company may cancel that part of this Policy which is prohibited or restricted with immediate effect by giving written notice to the other at their last known registered address.

### **Law and Jurisdiction**

Under the laws of the United Kingdom ( England Scotland Wales and Northern Ireland ) both parties may choose the law which applies to this contract to the extent permitted by those laws. Unless the parties agree otherwise in writing the Insurer has agreed with the Insured that the law which applies to this contract is the law which applies to the part of the United Kingdom in which the Insured is based or if based in the Channel Islands or the Isle of Man the law whichever of those two places in which the Insured is based.

The parties have agreed that any legal proceedings between them in connection with this contract will only take place in the courts of the part of United Kingdom in which the Insured is based or the Isle of Man the courts of whichever of those two places in which the Insured is based.

### **Policy Cancellation**

This Policy may be cancelled by either the Insured or the Company by giving 90 days written notice to the Company or the Insured at their last known registered address.

If whole or any part of the Policy is cancelled the Company shall return a proportionate amount of the premium for the unexpired period subject to minimum premium requirements and provided no claims have been paid or are outstanding.

### **Temporary Absence Extension**

A Beneficiary who is absent from work may for the purpose of this Policy be deemed to continue in service until the expiry of the Period of permitted absence as defined below. During such period of permitted absence the Beneficiary may elect whether or not to continue cover by payment of premiums.

The Period of Permitted Absence shall be limited to: -

- i) Thirty six consecutive months from the first date of absence if absence is due to injury or illness
- ii) Sixty consecutive months from the date of the first absence if due to maternity or paternity
- iii) Twelve consecutive months from the first date of absence if due to any other cause

The member must remain in the police force and be a member of the scheme throughout the absence period

In the event of a claim under this Extension for Benefit 2 Permanent Total Disablement or Benefit 3 Temporary Total Disablement ordinary occupation shall mean the occupation followed by the Beneficiary immediately prior to the commencement of his or her temporary absence

**Secondment**

Cover may continue for a Beneficiary who is temporarily seconded to another police force within the United Kingdom whilst remaining in the employment of the police force as stated in the Schedule

The amount of benefit will remain at the same level as was in existence before the secondment took place 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 the secondment

Secondments that occur in Non European locations will be provided for a period of twelve consecutive months from the first day of secondment

## **General Claims Settlement Conditions**

### **Application of the Maximum Incident Limit**

In the event of a claim exceeding the Maximum Incident Limit the Company's liability in respect of each Beneficiary claimed for shall be proportionately reduced until the total does not exceed the limit

The duration of any one Incident shall be limited to 72 consecutive hours and no loss which occurs outside this period shall be included in that Incident

### **Assignment**

The Company will not be bound to accept or be affected by any trust charge lien assignment or other dealing with or relating to this Policy

### **Claims Notification**

The Beneficiary must provide written notification to the Company no later than 90 days of the occurring of any Accident Incident event or circumstance which may give rise to a loss which is covered under this Policy except as provided herein

### **Evidence Required**

The Beneficiary must produce for the Company at their own expense all the detailed particulars and evidence relating to the cause and amount of the loss damage or expenses

If the Company considers it necessary each Beneficiary must also agree to have a medical examination (which the Company will pay for) as often as the Company may require in connection with any claim following any Accident or Illness

### **Interest**

Interest will not be added to any amount paid

### **Third Party Contract Rights**

No Person other than the Insured or the Company may enforce the terms of this Policy and the provisions of the Contract (Rights of Third Parties) Act 1999 do not apply

## **General Policy Exclusions**

The Company will not pay any claim

1. which is directly or indirectly as a result of or contributed to by War in Britain
2. after the expiry of the Period of Insurance in which the Beneficiary attains the age of 65 years
3. which is directly or indirectly as a result of a breach of the law by the Beneficiary
4. which is directly or indirectly as a result of or contributed to by radioactive contamination other than specified in the Terrorism occasioned by Nuclear Chemical or Biological Cause and Radioactive Incident Section
5. which is directly or indirectly as a result of War or Terrorism occasioned by any Nuclear Chemical or Biological Incident other than specified in the Terrorism occasioned by Nuclear Chemical or Biological Cause and Radioactive Incident Section
6. where the Beneficiary has not paid the appropriate premium



## **Personal Accident Insurance - Section 1**

### **The Cover**

If during the Operative Time the Beneficiary sustains bodily injury following an Accident which within two years is the sole cause of Disablement the Company will pay the appropriate Benefit subject to the Maximum Incident Limit (and inner limits where applicable) as detailed in the Schedule

### **Disablement**

Disablement shall mean Benefits 1 to 5

### **Benefit 1**

Loss of one or more limbs or loss of one eye or both eyes

### **Loss of Eye shall mean permanent and total loss of sight which will be considered as having occurred**

- A) in both eyes if the Beneficiary's name is added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist
- B) in one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen scale (meaning seeing at 3 feet what the Beneficiary should see at 60 feet)

### **Benefit 2**

Permanent and total irrecoverable loss of

- A) hearing in both ears
- B) hearing in one ear
- C) speech

### **Benefit 3**

Loss by permanent physical severance or permanent and total loss of use

### **Loss of Limb shall mean**

- A) in the case of a leg loss by permanent physical severance at or above the ankle or permanent and total loss of use of a complete foot or leg
- B) in the case of an arm loss by permanent physical severance of the four fingers at or above the metacarpophalangeal joints (where the fingers join the palm of the hand) or permanent and total loss of use of a complete arm or hand

### **Benefit 4 - Permanent Total Disablement shall mean**

Permanent Total Disablement which prevents the Beneficiary from performing any gainful employment and disables the Beneficiary so that they are unable to exist independently and require continual supervision and frequent attention of a third party for all of the Activities of Daily Living Such disability must be established for a continuous period of 12 calendar months before the benefit becomes payable

### **Benefit 5 - Temporary Total Disablement shall mean**

Temporary Total Disablement from the Beneficiary's usual occupation

### **Exclusions applying to Section 1**

The Company will not pay any Benefit where bodily injury following an Accident is the result of or is contributed to by

1. Illness or Disease (not resulting from bodily injury following an Accident)
2. any naturally occurring condition or degenerative process or gradually operating process
3. post traumatic stress disorder or any psychological or psychiatric condition (not resulting from bodily injury following an Accident)

### **Extensions applying to Section 1**

#### **Benefit 6**

#### **Unrecovered Criminal Court Compensation**

If following an On Duty assault compensation has been awarded by a court to the Beneficiary which has not been paid for more than six months from the date of the award Benefit 6 as stated in the Schedule will become payable

## **On Duty Post Traumatic Stress Disorder – Section 2**

### **The Cover**

If whilst On Duty the Beneficiary witnesses an incident which within two years is the sole cause of Post Traumatic Stress Disorder which results in the Beneficiary either being temporarily or totally disabled under either Benefit 4 or Benefit 5 the Company will pay the appropriate Benefit as detailed in Schedule

### **Special Definitions applying to Section 2**

#### **Post Traumatic Stress Disorder**

Diagnosis by a Medical Practitioner as Post Traumatic Stress Disorder

#### **Exclusions applying to Section 2**

Post Traumatic Stress Disorder except when an On Duty incident which caused this condition is documented within police records

## **Salary Replacement Insurance – Section 3**

### **Benefit 7 Salary Continuation**

#### **The Cover**

If during the Operative Time the Beneficiary's pay is reduced to half pay or nil pay in accordance with current police regulations and determinations or an employee's terms and conditions of employment then the Company will pay Benefit 7 subject to the Maximum Incident Limit (and inner limits where applicable) as detailed in the Schedule

## **Hospitalisation - Section 4**

### **Benefit 8 Hospitalisation**

#### **The Cover**

If the Beneficiary sustains bodily injury following an Accident which is the sole cause of immediate Hospitalisation during the Period of Insurance the Company will pay Benefit 8 subject to the Maximum Incident Limit (and inner limits where applicable) as detailed in the Schedule

#### **Hospitalisation shall mean**

##### **Unplanned Admission**

an unplanned stay in a Hospital payable as detailed in the Schedule

For the purposes above a night shall mean the Beneficiary remains a hospital in-patient between the hours of midnight and seven o'clock the following morning

#### **Exclusions applying to Section 4**

The Company will not pay any Benefit for an Unplanned Admission of less than one nights duration

## **Terrorism occasioned by Nuclear Chemical or Biological Cause and Radioactive Incident - Section 5**

If whilst On Duty a Category A Beneficiary sustains bodily injury following an Accident or contracts an illness following direct exposure to Terrorism occasioned by any Nuclear Chemical Biological Cause or radioactive Incident which within 6 months is the sole cause of Disablement for which the Benefit is claimed the Company will pay either Benefit 1 – 4 to the Maximum Incident Limit (and inner limits where applicable) as detailed in the Schedule

### **Exclusions applying to Section 5**

The Company will not pay any Benefit where bodily injury following an Accident or illness is the result of or is contributed to by

1. deliberate emission discharge release or escape from an aircraft of any nuclear weapon or device or any solid liquid or gaseous chemical agent or Biological Agent as a direct result of Terrorism as defined
2. the Beneficiary taking part in the active creation transportation use or release or any nuclear weapon or device or the deliberate emission discharge dispersal or release or escape of any solid liquid or gaseous chemical agent or Biological Agent

## **Additional Exclusions applying to Sections 1- 5**

The Company will not pay any Benefit where bodily injury following an Accident illness or Hospitalisation is the result of or is contributed to by

1. the Beneficiary committing or attempting to commit suicide or as a result of a self inflicted injury
2. the Beneficiary engaging in a Hazardous Activity

## **Special Conditions applying to Sections 1 to 5**

- A) The Company will not pay in respect of any one Beneficiary for more than one of Benefits 1 to 4 in connection with the same Accident
- B) On the happening of an Accident giving rise to a claim for 100% of the amount for any of Benefits 1 to 4 this Insurance will not cover any further Accidents to that Beneficiary
- C) Loss of Limb or Eye or speech or hearing must be proved to the reasonable satisfaction of the Company to be permanent and without expectation of recovery before the Company will pay for Benefit 1 to 3
- D) Permanent Total Disablement must be proved to the reasonable satisfaction of the Company to be permanent and without expectation of recovery and any claim for weekly compensation must have been settled in full before the Company will pay for Benefit 4
- E) The Company will not pay any amount for any Benefit solely because the Beneficiary is unable to take part in sports or pastimes
- F) Benefit 7 shall not be payable if the Beneficiary has been offered recuperative duties with a return to full pay and has declined such duties without reasonable cause

## **On Duty Acquired HIV – Section 6**

### **Benefit 9 HIV**

#### **The Cover**

If whilst On Duty the Beneficiary contracts Human Immuno Deficiency Virus ( HIV) solely as the result of an Incident occurring in the course of performing normal police duties the Company will pay the amount shown under Benefit 9 subject to the Maximum Incident Limit (and inner limits where applicable) as detailed in the Schedule

#### **Exclusions applying to Section 6**

The Company will not pay any benefit

1. as a result of HIV infection from sexual activity or drug abuse

The Beneficiary must satisfy the following

1. such Incident is documented at the time of its occurrence and
2. is supported by a negative HIV antibody test taken within 5 days of the Incident and
3. a further HIV test confirms the presence of HIV or antibodies to the virus within 12 months of the Incident



## **Critical Illness Insurance - Section 7**

### **Benefit 10 – Critical Illness**

#### **The cover**

If during the Operative Time the Beneficiary receives a Diagnosis of a Critical Illness and survives 28 days after the date of Diagnosis the Company will pay Benefit 10 as detailed in the Schedule

#### **Special Definitions Applicable to this section**

##### **Diagnosis**

Diagnosis shall mean the confirmed diagnosis by a Medical Practitioner based on the results of appropriate medical tests and investigations using the best available diagnostics at the time of the illness

##### **Dependent Child**

Any child of Beneficiary where the child is aged not less than 6 months and not more than 17 years at the relevant date of diagnosis

##### **New York Heart Association Class 3**

Heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain

##### **When Payable**

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

- ◆ Is located in Western Europe, North America or Australasia and who is acceptable to the Company. This includes the provision of medical evidence in English and the cost of obtaining medical evidence abroad being equivalent to the cost of obtaining similar evidence in the UK.
- ◆ Is a specialist in the area of medicine appropriate to the cause of the claim or the Beneficiaries Medical Practitioner if in possession of the relevant medical records required for the claim to be accepted by the Company.

#### **Critical Illness shall mean one of the following:**

##### **Alzheimer's disease**

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 the following

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

##### **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 :-

- ◆ Evidence of prior treatment (on appropriate medication) from an appropriate registered practitioner holding such an appointment at a major hospital in the United Kingdom
- ◆ Evidence of angiography showing 70% obstruction of two or more arteries

##### **Aorta Graft Surgery**

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

The following are excluded:

- ◆ Any other surgical procedure for example the insertion of stents or endovascular repair
- ◆ Surgery following traumatic injury to the aorta

### **Aplastic Anaemia**

A definite diagnosis of Aplastic Anaemia by a Consultant Haematologist .There must be Permanent bone marrow failure with anaemia, neutropenia and thrombocytopenia

### **Bacterial Meningitis**

Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit .The Diagnosis must be confirmed by a consultant neurologist .Bacterial Meningitis in the presence of HIV infection is excluded .All other forms of meningitis including viral are not covered.

### **Benign Brain Tumour**

A non-malignant tumour or cyst in the brain, cranial nerves or meninges within the skull, resulting in permanent neurological deficit with persisting clinical symptoms

The following are excluded:-

- ◆ Tumours in the pituitary gland
- ◆ Angiomas

### **Burns**

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 surface area

### **Cancer**

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and the invasion of tissue.

The following are excluded:-

- ◆ All cancers which are histologically classified as any of the following :- pre-malignant,non invasive ,borderline malignancy, cancer in situ ,low malignant potential
- ◆ Chronic lymphocytic leukaemia unless histologically classified as having progressed to a least Binet Stage A
- ◆ All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- ◆ Any skin cancer (including cutaneous lymphoma) other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis

### **Cardiomyopathy**

A definite diagnosis of cardiomyopathy by a consultant cardiologist .There must be clinical impairment of heart function resulting in the Permanent loss of ability to perform physical activities to at least Class 3 New York Heart Association's classification of functional capacity .The symptoms must have persisted for at least 6 months when stabilised on therapy advised by the consultant

The following are excluded:-

- ◆ Cardiomyopathy secondary to alcohol or drug abuse
- ◆ All other forms of heart disease ,heart enlargement and myocarditis

### **Chronic Liver Disease**

End stage liver failure as evidenced by the following

- ◆ Permanent jaundice
- ◆ Ascites
- ◆ Hepatic encephalopathy

The following is excluded:-

Liver disease secondary to alcohol or drug abuse

### **Chronic severe Rheumatoid Arthritis**

A definite diagnosis by a consultant rheumatologist of chronic rheumatoid arthritis as evidenced by widespread joint destruction with major clinical deformity

In addition the claimant must permanently satisfy three of the four following criteria :-

- ◆ Bending – the inability to bend or kneel to pick up something from the floor and stand up again and the inability to get into and out of standard saloon car
- ◆ Dexterity – the inability to use hands and fingers to pick up and manipulate small objects such as cutlery, including being unable to write using a pen or pencil
- ◆ Lifting – the inability to lift, carry or otherwise move everyday objects by hand. Everyday objects include a kettle of water, a bag of shopping and an overnight bag or briefcase
- ◆ Mobility – the inability to walk a distance of 200 metres on flat ground ,even with the aid of a walking stick if prescribed by a treating practitioner and without having a rest

### **Coronary Artery by- Pass Graft Surgery**

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

### **Coma**

A state of unconsciousness with no reaction to external stimuli or internal needs which:-

- ◆ Requires the use of life support systems for a period of at least 96 hours ; and
- ◆ Results in permanent neurological deficit with persisting clinical symptoms

The following is excluded:-

- ◆ Coma secondary to alcohol or drugs misuse

### **Creutzfeldt – Jacob Disease (CJD)**

Diagnosis by consultant neurologist of Creutzfeldt-Jacob Disease This must be evidenced by the typical symptoms of dementia.

### **Dementia / Pre-senile dementia**

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

The following is excluded:-

Dementia secondary to alcohol or drug abuse.

### **Encephalitis**

A definite diagnosis of Encephalitis by a consultant neurologist resulting in permanent neurologist deficit with persisting clinical symptoms

The following is excluded:-

Encephalitis in the presence of HIV

### **Heart Attack**

The death of heart muscle as a result of inadequate blood supply that has resulted in all of the following evidence of acute myocardial infarction :-

- ◆ Typical clinical symptoms such as chest pain
- ◆ New characteristic electrocardiographic changes
- ◆ The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher :-
  - i. Troponin T>1.0ng/ml
  - ii. AccuTnl>0.5ng/ml or equivalent threshold with other Troponin I methods

The following is excluded :-

Other acute coronary syndromes including but not limited to angina

### **Heart Valve Replacement or Repair**

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

### **Hepatitis B and HIV Infection**

Infection with either Hepatitis B or Human Immunodeficiency Virus (H.I.V.) as a result of

- ◆ a blood transfusion given as part of medical treatment in the European Union
- ◆ a physical assault or
- ◆ an incident occurring in the course of performing normal police duties where such incident that results in infection occurs after the date that the Beneficiary joins this insurance and provided that the incident has been reported investigated and documented in accordance with established procedures for the facility in which it occurred

The Beneficiary must satisfy the following:-

- ◆ such Incident is documented at the time of its occurrence and
- ◆ is supported by a negative H.I.V. antibody test taken within 5 days of the Incident and
- ◆ a further H.I.V. or hepatitis B test confirms the presence of Hepatitis B or H.I.V. or antibodies to the virus within 12 months of the Incident

The Following is excluded:-

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

### **Kidney Failure**

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

### **Loss of Hearing**

Permanent and irreversible loss of hearing to the extent that the loss is greater than 95 decibels across the frequencies in the better ear using a pure tone audiogram

### **Loss of Speech**

Total and permanent and irreversible loss of the ability to speak because of physical injury or disease

**Loss of hand or a foot**

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

**Loss of Sight**

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

**Major Organ Transplant**

The undergoing as a recipient of a transplant of bone marrow or of a complete heart, kidney, lung, liver or pancreas or inclusion on an official UK waiting list for such a procedure

The following is excluded:-

- ◆ Transplant of any other organs ,parts of organs ,tissues or cells

**Motor Neurone Disease**

A definite diagnosis of Motor Neurone Disease by a consultant neurologist. There must be Permanent clinical impairment of motor function

**Multiple Sclerosis**

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

**Paralysis of Limbs**

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

**Parkinson's disease**

A definite diagnosis of Parkinson's disease by a consultant neurologist .There must be permanent clinical impairment of motor function with associated tremor, muscle rigidity and postural instability.

The following are excluded:-

- ◆ Parkinson's disease secondary to drug abuse
- ◆ Other Parkinsonian Syndromes

**Primary pulmonary hypertension**

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

**Progressive Supranuclear Palsy**

A definite diagnosis of Progressive Supranuclear Palsy by consultant neurologist  
There must be Permanent clinical impairment of eye movements and motor function

**Pulmonary artery surgery**

The undergoing of surgery requiring median sternotomy ( surgery to divide the breastbone)on the advice of the Consultant Cardiothoracic surgeon for a disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft

**Respiratory failure**

Advanced stage chronic lung disease resulting in:

- ◆ Breathlessness at rest ; and
- ◆ The need for continuous daily oxygen treatment (  $PaO_2 < 7.3k Pa$  when clinically stable as prescribed under British Thoracic Society and NICE guidelines ) for at least 12 months

**Stroke**

Death of brain tissue due to an inadequate blood supply or haemorrhage within the skull resulting in permanent neurological deficit with persisting clinical symptoms

The following are excluded:-

- ◆ Transient ischaemic attack
- ◆ Traumatic injury to brain tissue or blood vessels

### **Terminal Illness**

A definite diagnosis by the attending consultant of an illness that satisfies both of the following:-

- ◆ The illness has no known cure or has progressed to the point of which 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 or the remaining terms of cover

### **Total and Permanent Disability**

Loss of the physical ability through an illness or injury to do at least 3 of the 6 activities of daily living 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 of the insured person expects to retire

The insured person must need the help or supervision of another person and be unable to perform the task on their own even with the use of specialist equipment routinely available to help and having taken any appropriate prescribed medication

Activities of daily living means: -

- ◆ The ability to take a bath or shower - including getting into and out of the bath or shower or wash satisfactorily by other means
- ◆ The ability to put on ,take off secure and fasten all garments and if needed any braces ,artificial limbs or other surgical appliances
- ◆ The ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function
- ◆ The ability to get out of bed into an upright chair or wheelchair and back again
- ◆ The ability to feed yourself once food or drink has been prepared and made available
- ◆ The ability of getting from room to room on a level floor

The following is excluded:-

Disabilities for which the relevant specialists cannot give a clear prognosis

### **Traumatic head injury**

Death of brain tissue due to traumatic injury resulting in Permanent neurological deficit with persisting clinical symptoms

## Exclusions to the Critical Illness Insurance - Section 7

The Company will not pay any benefit for Critical Illness if it is caused directly or indirectly from one of more of the following :-

- A) HIV/AIDS**  
Infection with Human Immunodeficiency Virus ( HIV ) of conditions due to any acquired Immune Deficiency Syndrome ( AIDS )
- B) Alcohol or drug abuse**  
Inappropriate use of alcohol
- C) Criminal Acts**  
Taking part in a criminal act
- D) Flying**  
Taking part in any flying activity other than as a passenger in a commercially licensed aircraft unless on police business
- E) Hazardous Sports**  
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
- F) Self Inflicted Injury**  
Intentional self inflicted injury
- G) Unreasonable Failure to follow medical advice**  
Unreasonable failure to seek or follow medical advice
- H) War & civil commotion**  
War, Invasion, hostilities (whether war is declared or not) civil war, rebellion, revolution or taking part in a riot or civil commotion

### Pre-existing Condition Exclusions

#### a. Same Insured Illness

No Benefit will be payable in respect of a specified Critical Illness or a repeat of that Critical Illness which the Beneficiary has previously been aware of suffered from or received treatment for prior to the date of their inclusion in the Scheme. No benefit is payable for any specified Critical Illness where the Beneficiary had previously received benefit under the Scheme for that insured Illness

#### b. Related Conditions

No benefit will be payable for a specified Critical Illness in respect of which any related condition existed at any time prior to the date of the Beneficiary's inclusion in the scheme unless at least two years has elapsed from the date of inclusion in the Scheme. The conditions which apply as related conditions under the pre-existing conditions for the various Critical Illness will include those listed below

	ulcerative colitis or abnormal smear test
<b>Heart attack and Coronary artery by-pass surgery</b>	Hypertension or any disorders of the heart This will include congenital malformations that have been treated such as heart valve defects Any obstructive or occlusive arterial disease such as arteriosclerosis aorta graft surgery stroke
<b>Kidney Failure</b>	Hypertension polycystic kidney disease pyelonephritis or glomerulonephritis chronic renal disease
<b>Major Organ Transplant</b>	Cardiomyopathy coronary artery disease cardiac failure chronic liver disease pancreatitis pulmonary hypertension chronic lung disease chronic kidney disease leukaemia
<b>Multiple Sclerosis</b>	Any form of neuropathy encephalopathy or myelopathy (disorder of the function of the nerves) including but not restricted to the following Abnormal sensation (numbness) of the extremities ,trunk or face, weakness or clumsiness of a limb, double vision, partial blindness, ocular palsy, nystagmus, vertigo, (dizziness) difficulty with bladder control, optic neuritis spinal cord lesion abnormal MRI scan
<b>Parkinson's Disease</b>	Treatment with Psychotropic medication, tremor
<b>Stroke</b>	Hypertension Transient Ischaemic Attacks intracranial aneurysm and any obstructive or occlusive arterial disease

### **C) Children's Critical Illness Pre-existing Medical Condition**

A claim will not be covered for a Child's Critical Illness if: -

- ◆ the Child's condition was present at birth ; or
- ◆ the symptoms first arose before the Child was covered ; or
- ◆ the Child dies within 28 days of meeting the definition of the Critical Illness ; or
- ◆ the Child's illness is proved to be hereditary

### **D) Second or subsequent claims**

Once the Company has accepted a claim and paid out a Benefit to a Beneficiary for a specified Critical Illness no further claim will be paid in the event of a repeat of that Critical Illness. No further payment would be made to that Beneficiary for a specified Critical Illness that in the opinion of the Company's Chief Medical Officer or clients own medical opinion can be attributable either directly or indirectly to the first Insured Illness suffered



SCHEDULE

**Policy Number** PA - RTT261225

**Insured** The trustees of Dorset police federation joint branch board

**Period of Insurance**

From 1<sup>st</sup> April 2014

To 31st March 2015 -both dates inclusive

**Renewal Date** 1<sup>st</sup> April

**Premium**

Actual number of Beneficiaries under Categories A & B as declared by the Insured to Philip Williams & Co based on the following rates and declared every month

IPT is included in the premium at a rate of 6% (other than Critical Illness)

**Maximum Incident Limit**

The liability of the Company under this Policy in respect of any one Incident shall not exceed the Maximum Incident Limit of £25,000,000 subject to the following inner limits:

1) Aircraft Accumulation	
a) Multi engined aircraft	£ 5,000,000
b) All other aircraft or airship	£ 1,000,000
2) War outside Britain or	£ 5,000,000
3) Terrorism (other than Nuclear Chemical or Biological Cause or Radioactive Incident)	£ 10,000,000
4) Terrorism occasioned by Nuclear Chemical or Biological Cause or Radioactive Incident	£ 10,000,000

## Schedule of Benefits

### Category A

#### Beneficiary

Any Serving Police Officer in Dorset police for whom premiums have been paid by the Insured

#### Benefit

- | 1  | Loss of Use of one eye or both eyes or loss of one or more limbs  | £80,000     |         |        |           |     |       |                  |     |       |                  |     |      |                   |     |     |       |     |     |             |  |  |     |  |  |               |  |  |    |  |  |                |  |  |     |  |  |  |  |  |     |  |  |  |  |  |     |  |  |  |
|--|---|-------------|---------|--------|-----------|-----|-------|------------------|-----|-------|------------------|-----|------|-------------------|-----|-----|-------|-----|-----|-------------|--|--|-----|--|--|---------------|--|--|----|--|--|----------------|--|--|-----|--|--|--|--|--|-----|--|--|--|--|--|-----|--|--|--|
| 2  | Permanent Total loss of<br>A) hearing in both ears<br>£80,000<br>B) hearing in one ear<br>£32,000<br>C) loss of speech<br>£35,000   |             |         |        |           |     |       |                  |     |       |                  |     |      |                   |     |     |       |     |     |             |  |  |     |  |  |               |  |  |    |  |  |                |  |  |     |  |  |  |  |  |     |  |  |  |  |  |     |  |  |  |
| 3.   | Loss by permanent physical severance or permanent or irrecoverable loss of use of ( based on 100% benefit of £80,000 )<br><br><table><thead><tr><th></th><th>Right *</th><th>Left *</th></tr></thead><tbody><tr><td>one thumb</td><td>20%</td><td>17.5%</td></tr><tr><td>one index finger</td><td>15%</td><td>12.5%</td></tr><tr><td>any other finger</td><td>10%</td><td>7.5%</td></tr><tr><td>shoulder or elbow</td><td>25%</td><td>20%</td></tr><tr><td>wrist</td><td>20%</td><td>15%</td></tr><tr><td>one big toe</td><td></td><td></td></tr><tr><td>10%</td><td></td><td></td></tr><tr><td>any other toe</td><td></td><td></td></tr><tr><td>3%</td><td></td><td></td></tr><tr><td>hip knee ankle</td><td></td><td></td></tr><tr><td>20%</td><td></td><td></td></tr><tr><td>removal of lower jaw by surgical operation</td><td></td><td></td></tr><tr><td>30%</td><td></td><td></td></tr><tr><td>shortening of at least 5cm of lower limb</td><td></td><td></td></tr><tr><td>15%</td><td></td><td></td></tr></tbody></table><br>* To be reversed if the Beneficiary is left hand dominant |             | Right * | Left * | one thumb | 20% | 17.5% | one index finger | 15% | 12.5% | any other finger | 10% | 7.5% | shoulder or elbow | 25% | 20% | wrist | 20% | 15% | one big toe |  |  | 10% |  |  | any other toe |  |  | 3% |  |  | hip knee ankle |  |  | 20% |  |  | removal of lower jaw by surgical operation |  |  | 30% |  |  | shortening of at least 5cm of lower limb |  |  | 15% |  |  |  |
|  | Right *   | Left *      |         |        |           |     |       |                  |     |       |                  |     |      |                   |     |     |       |     |     |             |  |  |     |  |  |               |  |  |    |  |  |                |  |  |     |  |  |  |  |  |     |  |  |  |  |  |     |  |  |  |
| one thumb                                  | 20%   | 17.5%       |         |        |           |     |       |                  |     |       |                  |     |      |                   |     |     |       |     |     |             |  |  |     |  |  |               |  |  |    |  |  |                |  |  |     |  |  |  |  |  |     |  |  |  |  |  |     |  |  |  |
| one index finger                           | 15%   | 12.5%       |         |        |           |     |       |                  |     |       |                  |     |      |                   |     |     |       |     |     |             |  |  |     |  |  |               |  |  |    |  |  |                |  |  |     |  |  |  |  |  |     |  |  |  |  |  |     |  |  |  |
| any other finger                           | 10%   | 7.5%        |         |        |           |     |       |                  |     |       |                  |     |      |                   |     |     |       |     |     |             |  |  |     |  |  |               |  |  |    |  |  |                |  |  |     |  |  |  |  |  |     |  |  |  |  |  |     |  |  |  |
| shoulder or elbow                          | 25%   | 20%         |         |        |           |     |       |                  |     |       |                  |     |      |                   |     |     |       |     |     |             |  |  |     |  |  |               |  |  |    |  |  |                |  |  |     |  |  |  |  |  |     |  |  |  |  |  |     |  |  |  |
| wrist                                      | 20%   | 15%         |         |        |           |     |       |                  |     |       |                  |     |      |                   |     |     |       |     |     |             |  |  |     |  |  |               |  |  |    |  |  |                |  |  |     |  |  |  |  |  |     |  |  |  |  |  |     |  |  |  |
| one big toe                                |   |             |         |        |           |     |       |                  |     |       |                  |     |      |                   |     |     |       |     |     |             |  |  |     |  |  |               |  |  |    |  |  |                |  |  |     |  |  |  |  |  |     |  |  |  |  |  |     |  |  |  |
| 10%  |   |             |         |        |           |     |       |                  |     |       |                  |     |      |                   |     |     |       |     |     |             |  |  |     |  |  |               |  |  |    |  |  |                |  |  |     |  |  |  |  |  |     |  |  |  |  |  |     |  |  |  |
| any other toe                              |   |             |         |        |           |     |       |                  |     |       |                  |     |      |                   |     |     |       |     |     |             |  |  |     |  |  |               |  |  |    |  |  |                |  |  |     |  |  |  |  |  |     |  |  |  |  |  |     |  |  |  |
| 3%   |   |             |         |        |           |     |       |                  |     |       |                  |     |      |                   |     |     |       |     |     |             |  |  |     |  |  |               |  |  |    |  |  |                |  |  |     |  |  |  |  |  |     |  |  |  |  |  |     |  |  |  |
| hip knee ankle                             |   |             |         |        |           |     |       |                  |     |       |                  |     |      |                   |     |     |       |     |     |             |  |  |     |  |  |               |  |  |    |  |  |                |  |  |     |  |  |  |  |  |     |  |  |  |  |  |     |  |  |  |
| 20%  |   |             |         |        |           |     |       |                  |     |       |                  |     |      |                   |     |     |       |     |     |             |  |  |     |  |  |               |  |  |    |  |  |                |  |  |     |  |  |  |  |  |     |  |  |  |  |  |     |  |  |  |
| removal of lower jaw by surgical operation |   |             |         |        |           |     |       |                  |     |       |                  |     |      |                   |     |     |       |     |     |             |  |  |     |  |  |               |  |  |    |  |  |                |  |  |     |  |  |  |  |  |     |  |  |  |  |  |     |  |  |  |
| 30%  |   |             |         |        |           |     |       |                  |     |       |                  |     |      |                   |     |     |       |     |     |             |  |  |     |  |  |               |  |  |    |  |  |                |  |  |     |  |  |  |  |  |     |  |  |  |  |  |     |  |  |  |
| shortening of at least 5cm of lower limb   |   |             |         |        |           |     |       |                  |     |       |                  |     |      |                   |     |     |       |     |     |             |  |  |     |  |  |               |  |  |    |  |  |                |  |  |     |  |  |  |  |  |     |  |  |  |  |  |     |  |  |  |
| 15%  |   |             |         |        |           |     |       |                  |     |       |                  |     |      |                   |     |     |       |     |     |             |  |  |     |  |  |               |  |  |    |  |  |                |  |  |     |  |  |  |  |  |     |  |  |  |  |  |     |  |  |  |
| 4  | Permanent Total Disablement from any gainful employment   | £110,000    |         |        |           |     |       |                  |     |       |                  |     |      |                   |     |     |       |     |     |             |  |  |     |  |  |               |  |  |    |  |  |                |  |  |     |  |  |  |  |  |     |  |  |  |  |  |     |  |  |  |
|  | Temporary Total Disablement   |             |         |        |           |     |       |                  |     |       |                  |     |      |                   |     |     |       |     |     |             |  |  |     |  |  |               |  |  |    |  |  |                |  |  |     |  |  |  |  |  |     |  |  |  |  |  |     |  |  |  |
| 5  | £50 per week for a maximum of 104 weeks in all not necessarily consecutive<br><br>Benefit 5 shall not be payable for the first 7 days of any period of disablement  |             |         |        |           |     |       |                  |     |       |                  |     |      |                   |     |     |       |     |     |             |  |  |     |  |  |               |  |  |    |  |  |                |  |  |     |  |  |  |  |  |     |  |  |  |  |  |     |  |  |  |
| 6  | Unrecovered Criminal Court Compensation   | Up to £ 250 |         |        |           |     |       |                  |     |       |                  |     |      |                   |     |     |       |     |     |             |  |  |     |  |  |               |  |  |    |  |  |                |  |  |     |  |  |  |  |  |     |  |  |  |  |  |     |  |  |  |

7 Salary Replacement

- a) 25% of Gross Salary when pay cut to half
- b) 35% of Gross Salary when pay cut to nil

Benefit 7 shall not be payable until such time as the Beneficiary's pay is reduced to half pay or nil pay in accordance with current police regulations and determinations or an employee's terms and conditions and shall be payable thereafter for a maximum period of 52 weeks

In the case of police staff the benefit will be payable once 26 weeks absence has elapsed

The maximum period payable for 35% of Gross Salary when pay cut to nil is 26 weeks but 25% of Gross Salary when pay cut to half could be payable for upto 52 weeks

Gross salary is capped at Chief Inspector Scale Pay

8. Hospitalisation

Unplanned Admission

£50 per Night for a maximum of seven consecutive Nights

9 On Duty Acquired HIV

£35,000

10 Critical Illness

£10,000

Child Critical Illness

£2,000

**Schedule of Benefits**

**Category B**

**Beneficiary**

The Spouse /Partner of a Serving Police Officer in Dorset police for whom premiums have been paid by the insured

**Benefit**

<b>1</b>	Loss of Use of one eye or both eyes or loss of one or more limbs	£40,000
<b>2</b>	Permanent Total loss of A) hearing in both ears B) hearing in one ear C) loss of speech	£40,000 £16,000 £40,000
<b>3.</b>	Loss by permanent physical severance or permanent or irrecoverable loss of use of :-  one thumb one index finger any other finger shoulder or elbow wrist one big toe any other toe hip knee ankle removal of lower jaw by surgical operation shortening of at least 5cm of lower limb	NIL
<b>4</b>	Permanent Total Disablement from any gainful employment	£50,000
	Temporary Total Disablement	NIL
<b>5</b>	£ NIL per week for a maximum of NIL weeks in all not necessarily consecutive  Benefit 5 shall not be payable for the first NIL days of any period of disablement	
<b>6</b>	Unrecovered Criminal Court Compensation	NIL
<b>7.</b>	Salary Replacement	NIL
<b>8.</b>	Hospitalisation	NIL
<b>9</b>	On Duty Acquired HIV	NIL
<b>10</b>	Critical Illness	NIL

### **Claims Handling Process**

Conditions that apply to the Policy and in the event of a claim are set out in this Policy wording. It is important that you comply with all Policy conditions and you should familiarise yourself with any requirements

Directions for claim notifications are included under General Claims Settlement Conditions and Claims Settlement Conditions applying to each Section

Please be aware that events that may give rise to a claim under the insurance must be notified to us as soon as reasonably possible further guidance is contained in this Policy wording

Claims Conditions require you to provide us with any reasonable assistance and evidence that we require concerning the cause and value of any claim ideally as part of the initial notification you will provide

- The Beneficiary's name address home and mobile telephone numbers
- Personal details necessary to confirm their identity
- The date of the incident
- The cause of the illness or injury
- Nature and extent of the illness or injury along with prognosis if known

This information will enable us to make an initial evaluation on Policy liability and claim value We may however request additional information depending upon circumstances which may include additional medical information or medical examination

## COMPLAINTS PROCEDURE

We are committed to going the extra mile for our customers

We aim to resolve your concerns by close of play the next business day

Experience tells us that most difficulties can be sorted out within this time

If you believe that we have not delivered the service you expected we want to hear from you so that we can try to put things right we take all complaints seriously and following the steps below will help us understand your concerns and give you a fair response

### Step 1

If your complaint relates to your Policy or a claim then please contact Philip Williams & Co.

Their contacts details are as follows :-

Post  
Schemes Department  
35 Walton Road  
Stockton Heath  
Warrington  
Cheshire WA4 6NW

Email [enquiries@philipwilliams.co.uk](mailto:enquiries@philipwilliams.co.uk)

Phone 0845 2301650

### Step 2

In the unlikely event that your concerns have not been resolved within this time your complaint will be referred to RSA Customer Relations Team who will arrange for an investigation on behalf of their Chief Executive

Their contact details are as follows:-

Post  
RSA Customer Relations Team  
PO Box 2075  
Livingston  
EH54 0EP

Email; [crt.halifax@uk.rsagroup.com](mailto:crt.halifax@uk.rsagroup.com)

### Our Promise to you

We will:

- Acknowledge all complaints promptly
- Investigate quickly and thoroughly
- Keep you informed of any progress
- Do everything possible to resolve your complaint
- Use the information from your complaint to proactively improve our service in the future.

Once we have reviewed your complaint we will issue our final decision in writing within 8 weeks of the date we received your complaint

If you are still unhappy after our review or you have not received a written offer of resolution within 8 weeks of the date we received your complaint you may be eligible to refer your case to the Financial Ombudsman Service (FOS) The FOS is an independent body that arbitrates on complaints

They can be contacted at:

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

Telephone:-  
0800 0234567 (for landline users)  
0300 1239123 (for mobile users)

E mail [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

You have six months from the date of our final response to refer your complaints to the FOS This does not affect your right to take legal action however the FOS will not adjudicate on any case where litigation has commenced

**Thank you for your feedback**

We value your feedback and at the heart of our brand we remain dedicated to treating our customers as individuals and giving them the best possible service at all times If we have fallen short of this promise we apologise and aim to do everything possible to put things right



## Fair Processing Notice

### How we use your Information

Please read the following carefully as it contains important information relating to the details that you have given us. You should show this notice to any other party related to this insurance.

### Who we are

This product is underwritten by Royal & Sun Alliance Insurance plc. You are giving your information to Royal & Sun Alliance Insurance plc, which is a member of the RSA Group of companies (the Group). In this information statement, 'we' 'us' and 'our' refers to the Group unless otherwise stated.

### How your information will be used and who we share it with

Your information comprises of all the details we hold about you and your transactions and includes information obtained from third parties.

We may use and share your information with other members of the Group to help us and them:

- Assess financial and insurance risks;
- Recover debt;
- Prevent and detect crime;
- Develop our services, systems and relationships with you;
- Understand our customers' requirements;
- Develop and test products and services

We do not disclose your information to anyone outside the Group except:

- Where we have your permission; or
- Where we are required or permitted to do so by law; or
- To credit reference and fraud prevention agencies and other companies that provide a service to us, our partners or you; or
- Where we may transfer rights and obligations under this agreement.

We may transfer your information to other countries on the basis that anyone we pass it to provide an adequate level of protection. In such cases, the Group will ensure it is kept securely and used only for the purpose for which you provided it. Details of the companies and countries involved can be provided on request.

From time to time we may change the way we use your information. Where we believe you may not reasonably expect such as change we shall write to you. If you do not object, you will consent to that change.

We will not keep your information for longer than is necessary.

### Sensitive Information

Some of the information we ask you for may be sensitive personal data, as defined by the Data Protection Act 1998 (such as information about health or criminal convictions). We will not use such sensitive personal data about you or others except for the specific purpose for which you provide it and to carry out the services described in your Policy documents. Please ensure that you only provide us with sensitive information about other people with their agreement.



**How to contact us**

On payment of a small fee, you are entitled to receive a copy of the information we hold about you. If you have any questions, or you would like to find out more about this notice you can write to:

Data Protection Liaison Officer,  
Customer Relations Office,  
RSA,  
Bowling Mill,  
Dean Clough Industrial Estate,  
Halifax  
HX3 5WA

Royal & Sun Alliance Insurance plc (No. 93792)

Registered in England & Wales at St Mark's Court, Chart Way, Horsham, West Sussex, RH12 1XL

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

March 2014