

TRAVEL INSURANCE SCHEDULE

Agency	Policy Number
Philip Williams Insurance Management	MT17/1090

The Insurer	Millstream Underwriting Limited on behalf of AWP P&C SA. AWP P&C SA is owned by Allianz Worldwide Partners SAS, part of the global Allianz Group, a market leading international financial services	
The Insured	Gwent Police Federation	
Address	Federation Office, The Highway, New Inn, Pontypool, NP4 0PW	
Business	Police Federation	
Period of Insurance (both dates inclusive)	Effective Date 01.01.2017	Expiry Date 31.12.2017

Insured Persons

The subscribing Member, Spouse (or co-habiting partner) and their children, under the age of 18 years (21 years if in full time education), all normally resident with the Member.

IMPORTANT NOTE:

The Policy contains a Health Warranty and certain medical exclusions. If **You** are aware of any of the following that apply to you or a travelling companion, the medical assessors must be contacted on 0330 660 0563:

1. You/they were aware of any reason why the trip could be cancelled or curtailed or of any medical condition which could result in a claim.
2. You/they have, during the 12 months before this insurance started, suffered from, received treatment, advice or medication for any chronic or recurring illness. (A chronic condition is one lasting three months or more).
3. You/they were travelling against the advice of a medical practitioner or in order to get medical treatment abroad.
4. You/they have been diagnosed as having a terminal illness.
5. You/they were receiving, recovering from, or on a waiting list for in-patient treatment in a hospital or nursing home.
6. You/they were waiting for the results of tests or investigations, or awaiting a referral for an existing medical condition.

Failure to contact us could leave you with no right to make a claim, and may mean that you travel with insufficient cover.

IMPORTANT TELEPHONE NUMBERS	TELEPHONE NUMBER:
Claims Department:	0330 660 0549
24 hour Overseas Emergency Medical Assistance:	+44 (0) 20 7183 3751

Please ensure that you take this Schedule and your Policy on holiday for proof of scheme membership and for medical treatment.

This schedule forms part of and should be read with the policy wording.

Complaints Procedure

We aim to provide **you** with a first class policy and unrivalled service. However, there may be times when **you** feel **we** have not done so. If this is the case, please tell **us** about it so that **we** can do **our** best to solve the problem. If **you** make a complaint **your** legal rights will not be affected.

You should address any enquiries or complaints **you** may have to:

**The Managing Director
Millstream Underwriting Limited
PO Box 18381
London
EC3V 4QT**

Please supply **us** with **your** name, address, policy number or claim number and enclose copies of relevant correspondence as this will help **us** to deal with **your** complaint, in the shortest possible time.

If **you** are not satisfied with **our** final response, **you** can refer the matter to the Financial Ombudsman Service:

**The Insurance Ombudsman Service
Exchange Tower
Harbour Exchange Square
London
E14 9SR**