

Group Personal Accident and Sickpay Schedule

Group Policy Details			
Policy Number:	FB6190AHA210		
Insured:	Gwent Police Federation		
Address:	9 The Highway, New Inn, Pontypool NP4 0PW		
Business description	Police Federation		
Period of Insurance	Effective Date:	01 March 2021	Expiry Date: 28 February 2023
Insurer:	The policy is underwritten by Millstream Underwriting Ltd, Registration No. 3896220. Registered Office: 52-56 Leadenhall Street, London, EC3A 2EB on behalf of: Arch Insurance Company (UK) Limited, 5 th Floor, Plantation Place South, 60 Great Tower Street, London, EC3R 5AZ. Financial Conduct Authority Firm reference number: 229887		
Premium:	Premiums are calculated in accordance with rates agreed between Millstream Underwriting Limited and the Insured and included as part of the premium for the Gwent Police Federation Insurance Scheme paid by the Member to the Insured.		
Intermediary Name:	Philip Williams Insurance Management		

Insured Persons and Operative Times			
Insured Persons		Sections Operative	Operative Time
Category A	Any Member serving as a police officer or police staff up to the age of 65	Section A and all Extensions	24 Hours

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

Section A: Personal Accident		
	Benefit Description	Insured Persons
		Category A
1.	Death	Not Covered
2.	Permanent Total Disablement	£100,000
3.	Permanent Disabling Injury: Maximum Benefit	£50,000
4.	Loss of sight in one eye	£50,000
5.	Loss of sight in both eyes	£50,000
6.	Loss of one limb	£50,000
7.	Loss of two or more limbs	£50,000
8.	Loss of hearing in one ear	£12,500
9.	Loss of hearing in both ears	£50,000
10.	Loss of Speech	£50,000
11.	Temporary Total Disablement	Not Covered
	Deferment Period	N/A
	Benefit Period	N/A
Extensions of Cover		
12.	a. Un-planned Hospital Confinement (per overnight stay)	£50 per night up to a maximum of £350
	b. Planned Hospital Confinement (per overnight stay)	£50 per night up to a maximum of £350
	Deferment Period - Planned	3 nights
13.	Unsociable Hours Benefit	Covered
14.	Dental Injury and Emergency including Partner	Covered
15.	Criminal Court Compensation Award	Up to £500
16.	On Duty Assault Firearm/Stabbing	£1,500/£750
17.	Burns causing Disfigurement or Scarring	Covered
18.	On Duty Acquired HIV or Hepatitis B	£50,000
19.	Convalescent Benefit	£70

Section B: On-Duty Post Traumatic Stress Disorder	
Benefit Description	Insured Persons
	Category A
Post Traumatic Stress Disorder	Not Covered
Deferment Period	N/A
Benefit Period	N/A

Section C: Sickpay	
Benefit Description	Insured Persons
	Category A
Sickpay	Not Covered
Qualifying Period	N/A
Benefit Period	N/A

Endorsement 1: Permanent Disabling Injuries – Scale of Benefits

Benefit 3. **Permanent Disabling Injuries** is extended to include the following benefit:

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

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

Provided that:

- a. The total benefit payable shall not exceed 100% of the Maximum Benefit for each **Insured Person** in respect of any one **Accident**.
- b. If benefit is payable for Loss of or Loss of use of a Limb then benefits for parts of that limb cannot be claimed.