



DEFENCE POLICE FEDERATION INSURANCE SCHEME

SCHEME BENEFITS with effect from 1 July 2008

Member

Accidental Death	£25,000
Permanent Total Disablement (due to accident)	£25,000
Accidental Loss of Use of Eye, Limb or Hearing	£25,000
Temporary Total Disablement (excluding first 7 days)	£50 per week Up to 104 weeks
Hospitalisation Benefit up to 7 nights (unplanned)	£25 per night
Sick Pay Benefit (after 26 weeks absence)	£50 per week up to 26 weeks
Critical Illness	£5,000
Child Critical Illness	£1,000
Denplan	Key Cover
Home Emergency Assistance	Included
Family Travel Policy	Worldwide
CALENDAR MONTHLY SUBSCRIPTION	£8.00

The benefits arranged under this insurance scheme are provided strictly under the terms of insurance policies taken out and owned by the Trust. Copies of the policies are available to view at the Police Federation Office. Subscription to the Trust entitles the member to the benefits provided by the Trust but confers no ownership of any of the underlying policies, which are vested in the Trustees.



Philip Williams and Company, 35 Walton Road, Stockton Heath, Warrington, WA4 6NW
Tel: 01925 604421 Fax: 01925 861351

Philip Williams and Company are authorised and regulated by the Financial Services Authority

Personal Injury Insurance

Benefit Description	Benefit Amount
Accidental Death	£25,000
Permanent Total Disablement	£25,000
Loss of one or more Limbs	£25,000
Loss of Sight in one or both Eyes	£25,000
Loss of Hearing in both ears	£25,000
Loss of Hearing in one ear	£6,250
Temporary Total Disablement up to 104 weeks	£50 per week (excluding first 7 days)
Hospital Confinement (unplanned)	£25 per night up to 7 nights
Sick Pay	£50 per week
- Qualifying period	After 26 weeks absence
- Benefit period	Up to 26 weeks

Accidental Death

This benefit is provided should the member suffer injuries, as a result of an accident, which results in death within 24 months of the incident.

Permanent Total Disablement

This benefit is provided should the member suffer injuries, as a result of an accident, which have lasted for at least 12 months and will in all probability entirely prevent the insured person from engaging in any occupation for the remainder of his or her life.

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Accidental Loss of Use Benefit

This benefit is provided if the member is unfortunate enough to lose the use of one or more limbs, eyes or hearing as a result of an accident.

Hospitalisation Benefit

For each night's stay, up to seven nights in hospital, immediately following an accident or illness this benefit will pay the member the amount listed per night to a maximum of 7 nights.

Temporary Total Disablement

This benefit will be paid should the member suffer injuries which cause the member to be prevented from carrying out their usual occupation as a result of an accident for up to 104 weeks (excluding the first 7 days).

Regulation 28 Cover (Sick Pay)

In the event of the Chief Constable cutting the member's pay to half pay as the result of absence through sickness or injury the disability benefit listed will be paid for up to 26 weeks.

Significant Exclusions or Limitations to Personal Injury Insurance

Covers Bodily Injury which is caused solely by accidental means and which is independent of illness or any other cause.

Excludes suicide; self-inflicted injury; illegal acts; engaging in aviation as a pilot or crew (other than when in the course of police duty whilst engaged in aerial observation including navigation) or in air sports; mountaineering; riding, driving or sailing in any kind of race; professional sports or professional entertainment; armed forces or War.

In addition sickness or disease not directly resulting from Bodily Injury; Repetitive Stress (Strain) Injury or Post Traumatic Stress Disorder or any psychological or psychiatric condition. The latter however do not apply to 28 Sick Pay cover.

Insurer - ACE European Group Ltd

Critical Illness

Serious illness can add financial worries to the emotional upset that accompanies it. This benefit provides cash in the event of a member being diagnosed with one of the listed critical illnesses and surviving for 28 days following diagnosis. No benefit will be payable for any illness where the condition or any related condition, or symptom existed before the member became insured for this benefit. Claims should be made within 90 days following diagnosis.

Insurer - The Ancient Order of Foresters Friendly Society Limited

Child Critical Illness

This benefit is paid when a dependent child, of a member, who is aged between 6 months and 17 years is first diagnosed with one of the listed critical illnesses. This benefit is payable only once in respect of any child.

Insurer - The Ancient Order of Foresters Friendly Society Limited

The listed illnesses are:-

- Alzheimer's Disease
- Aorta Surgery
- Benign Brain Tumour
- Cancer
- CJD
- Coma
- Coronary Artery (By-Pass) Surgery
- Heart Attack
- Heart Valve Replacement or Repair
- H.I.V. (A.I.D.S.) & Hepatitis B Virus (Contracted in a documented duty related situation)
- Total Loss of Hearing
- Total Loss of Sight
- Total Loss of Speech
- Major Organ Transplant
- Motor Neurone Disease
- Multiple Sclerosis
- Parkinson's Disease
- Paralysis
- Irreversible Renal Failure
- Severe Burns
- Stroke

Summary of main conditions applicable to Critical Illness

1. All non-invasive cancers in situ, tumours in the presence of any human immunodeficiency virus, Lymphoma and Kaposi's sarcoma in presence of any human immunodeficiency virus and any skin cancer other than malignant melanoma are excluded.
2. Coronary artery bypass surgery means the undergoing of open heart surgery on the advice of a consultant cardiologist to correct narrowing or blockage of two or more coronary arteries with bypass grafts is covered. Balloon angioplasty, laser relief or any other procedures are excluded.
3. Aorta Surgery means the thoracic and abdominal aorta but excludes its branches.
4. Major organ transplant includes actual undergoing as a recipient of a transplant of a heart, liver, lung, pancreas or bone marrow.
5. Benign Brain Tumour is a non-cancerous tumour in the brain, which has resulted in neurological deficit for a continuous period of six months. Cysts, granulomas, malformations in, or of, the arteries or veins in the brain, haematomas and tumours in the pituitary gland or spine are specifically excluded.
6. Coma is defined as an unconsciousness, with no reaction to stimuli, continuing for at least 96 hours. Life support systems must be required throughout the period of unconsciousness.
7. Stroke is defined as any cerebrovascular incident producing neurological sequelae lasting more than 24 hours and including infarction of brain tissue, haemorrhage and embolism from an extra cranial source. Evidence of permanent neurological deficit must be produced.
8. Parkinson's Disease caused by carbon monoxide self poisoning or drug induced Parkinson's Disease is not covered under this policy.
9. Severe burns constitutes First degree burns covering at least 60% of the total body surface area or Second Degree Burns covering at least 40% of the total body surface area or Third degree burns covering at least 20% of the total body surface area.

10. Heart Attack - Death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. Diagnosis will be based on all of the following criteria:-
 - a) a history of chest pain
 - b) new electrocardiographic changes
 - c) elevation of cardiac enzymes.
11. Complete and Permanent Loss of Use of two or more limbs through paralysis. Disability must be established for a continuous period of 12 months and must be supported by neurological evidence.
12. Irreversible Renal Failure relates to end stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which either renal dialysis or renal transplant as a recipient is initiated.

Emergency and Injury Dental Benefits (Key Dental Cover)

Key Dental Cover from Denplan provides you with cover for treatment necessary as a result of a dental injury or emergency anywhere in the world.



- **Worldwide dental injury**

Cover for up to £2,500 of treatment per dental injury (for up to four incidents per policy year) to the teeth or supporting structures which is directly caused suddenly and unexpectedly by means of a direct external impact/blow to the mouth.

- **Worldwide emergency dental treatment**

In the UK: up to £200 of treatment per incident for up to four incidents per policy year. Outside the UK: up to £400 of treatment per incident for up to two incidents per policy year. A dental emergency is dental treatment provided at the initial emergency appointment urgently required for the relief of severe pain, arrest of haemorrhage, the control of acute infection or a condition which causes a severe threat to your general health. There is an overall maximum of £800 per policy year for this benefit.

- **Hospital cash benefit**

£50 for each night you stay overnight in hospital, up to £1000 per policy year, for dental treatment under the care of a consultant specialising in dental or maxillofacial surgery in relation to a head or neck condition.

- **Dentist call-out fees**

Up to £100 per incident for up to two incidents per policy year for a dentist in the UK to re-open the practice between the hours of 6.00pm and 8.00am on weekdays or weekend and bank holidays or outside the UK, outside the practice's normal working hours to provide emergency dental treatment or treatment in the event of an accidental dental injury.

- **Mouth cancer cover**

Up to £12,000 towards one course of treatment for up to eighteen months following diagnosis (smokers are included).

- **24 hour worldwide emergency helpline, Access a dental emergency helpline anywhere in the world**

Key Dental Cover provides you with a 24-hour dental emergency helpline to help you find a dentist anywhere in the world if you need one as a result of a dental injury or emergency. Just call 0800 7315 052 (in the UK) or +44(0)1962 844571 (outside the UK).

Receive treatment from all types of dentists

You can enjoy the benefits of Key Dental Cover whether you are treated by a Denplan, private or NHS dentist.

Claiming couldn't be simpler

Claiming is easy as you are not required to gain authorisation prior to receiving treatment. Simply pay your dentist for all treatment received, obtain proof of treatment and a receipt, complete a simple claim form and you should receive settlement within ten working days. Claim forms are available by calling Denplan free on 0800 838 951 and are also available to download from the Federation internet and intranet sites.

Exclusions

- Treatment prescribed, planned, advised or taking place on or before the commencement date of the policy or for claims under the injury or emergency benefit for treatment required as a result of an incident that occurred prior to the commencement date of the policy.
- Treatments in connection with dental injuries must commence within a period of 6 months and must be completed within 24 months of the date of the original incident.
- Any treatment relating to damage or injury caused whilst participating in contact sports (including training) unless the recommended mouth protection is worn.
- Any treatment not deemed to be clinically necessary including tooth whitening and orthodontics unless the treatment is specifically related to a dental injury covered by this policy.
- Implants and all costs associated with the preparation and fitting of such a device.
- Treatment for mouth cancer diagnosed before or within 90 days after you joined Denplan or for which tests or consultations began within those 90 days, even if the diagnosis is not made until later.

Should you wish to supplement the Key Dental Cover detailed earlier, you may upgrade your cover as detailed below:

UPGRADE OPTIONS FOR YOUR EMERGENCY AND INJURY DENTAL COVER

Benefits	Elementary Dental Cover	Essential Dental Cover	Essential Plus Dental Cover	Extensive Plus Dental Cover
Routine examinations (and NHS band 1 treatment)	100% reimbursement for NHS treatment	Up to £50 per policy year	Up to £50 per policy year	Up to £100 per policy year
Hygiene treatments (and NHS band 1 treatment)	100% reimbursement for NHS treatment	Up to £60 per policy year	Up to £60 per policy year	Up to £120 per policy year
Dental x-rays (and NHS band 1 treatment)	100% reimbursement for NHS treatment	Up to £40 per policy year	Up to £40 per policy year	Up to £80 per policy year
Remedial or restorative treatments (and NHS band 2 & 3 treatment) Including, but not limited to, fillings, crowns, bridges and dentures	100% reimbursement for NHS treatment	75% of the cost up to £200 per policy year	75% of the cost up to £1000 per policy year	75% of the cost up to £2000 per policy year

Member	£6.30	£12.00	£14.00	£25.20
Member/Partner	£12.60	£22.15	£25.80	£46.45
Member & Children	N/A	£19.15	£22.30	£40.15
Family	N/A	£29.65	£34.55	£62.20

Rates are per person per month payable by direct debit. There are no forms to fill in and acceptance is guaranteed.

For further details call **0845 230 1654**

Home Emergency Assistance

WHAT IS COVERED

We will:

- Provide initial advice to **you**;
- Arrange for a **tradesman** to attend **your** home;
- Pay up to **£300** (including VAT) for each **emergency** claim incident, towards labour costs (including call out charges, materials and parts required to effect emergency repairs in **your home**);

We will only provide this cover if the **emergency** happens during the **period of cover** and it is caused by one or more of the following:

Electricity supply

Complete failure or breakdown of the electricity supply system within **your home**.

Primary heating system

Complete failure or breakdown of either the heating and/or hot-water supply provided by the **primary heating system**. The heating system must have been properly installed, maintained or repaired as recommended by the manufacturer or installer.

We will expect there to be evidence of servicing and that a valid gas and safety certificate is in force.

Plumbing and drainage

Failure of, or damage to, the plumbing or drainage system which will result in water damage inside **your home**. This includes:

- burst pipes;
- overflowing water tanks;
- blocked waste outlets (including toilets); and
- blocked drains.

Gutters and downpipes

The downpiping and guttering has either failed or been damaged, and flooding or water damage inside **your home** is a likely result of that failure or damage.

Security and glazing

Failure of, or damage not caused by you to, outside locks, doors or windows which means that **your home** is no longer secure.

Roofing

Damage to the roof of **your home** caused by adverse weather conditions or fallen trees.

Vermin

If **you** need to remove rats, mice, cockroaches, and wasps or bees nests from **your home** (this does not apply to animals and insects already in **your home** before **you** took out cover).

WHAT IS NOT COVERED

- Any **emergency** arising from circumstances known to **you** before commencement of cover under **your** policy.
- Costs we have not authorised. Always phone **us** first.
- Routine maintenance of equipment, supplies or services in **your home**.
- Repairs to any system, equipment or facility which has not been installed, maintained or repaired according to the manufacturer's instructions or has been incorrectly used or modified, or which is faulty or inadequate as a result of any manufacturer's or designer's fault.
- Materials or labour charges covered by a manufacturer's, supplier's or installer's guarantee or warranty.
- Cesspits, septic tanks and central-heating fuel tanks.
- Any wilful act by **you**, or something **you** fail to do that causes an **emergency**.
- Claims that happen when **your home** is left unoccupied for more than 30 days in a row.
- Claims arising from the interruption, failure or disconnection of public services to **your home** (including the electricity, water or gas supply), however they are caused.
- Claims arising as a result of wear and tear.
- Any destruction or damage to any property or any consequential loss or any legal liability directly or indirectly caused by, or arising from:
 - radioactive contamination;
 - war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution or military or usurped power;
 - riot, violent disorder, civil commotion, strikes or labour disturbances; or
 - pollution or contamination of any kind.
- **your** property being held, taken, destroyed or damaged under the order of any government or customs officials
- Any additional loss resulting from a claim covered by this policy.
- Any form of solar heating and any non-domestic central heating boiler and associated system.
- Boilers not serviced in accordance with the manufacturer's recommendations.

MAKING A CLAIM

Please phone home emergency assistance on 0208 603 9597 within 24 hours of the emergency happening. Lines are open 24 hours a day, 365 days a year. (Please note calls may be recorded). Please quote policy number VOYHA/PWDPF/2008.

It is important to remember that you must phone home emergency assistance first. Please do not make any arrangements yourself as we cannot refund any costs if you do not get our prior authorisation.

Home emergency assistance insurance is underwritten by ELVIA Travel Insurance International N.V. (Netherlands) and is administered in the UK by: Mondial Assistance (UK) Limited.

- Failure of the primary heating system if this is due to you not lighting it or turning it on, or failing to adjust timing or temperature controls.
- Replacement boilers, heaters, water tanks or radiators.
- Boilers which are over 12 years old or where the work relates to maintenance or a fault in the heating system.
- Blocked toilets and drains not causing water damage inside your home or replacement water tanks or hot-water cylinders.
- Accidental damage to glass or replacement glass.
- Any matters relating to security alarms.
- Flat roofs.
- Any occurrence where there is a risk of exposure to materials or fixtures containing asbestos or related products.
- Any emergency which happens within 14 days of the policy start date, This does not apply to home emergency assistance policies that have renewed.

Worldwide Family Travel Insurance

Benefit Description	Benefit Amount Worldwide	Benefit Amount United Kingdom
Medical Expenses	£5,000,000	Not Covered
Personal Property	£1,500	£1,500
Personal Money	£500	£500
Cancellation/Curtailment	£3,000	£3,000
Missed Departure	£500	Not Covered
Delayed Departure	£60	£60
Abandonment	£3,000	£3,000
Personal Injury	£20,000	£20,000
Personal Liability	£1,000,000	£1,000,000
Legal Expenses	£25,000	Not Covered

Family policy provides cover for the subscribing member, the members spouse/partner and dependant children under 18 years or 22 years if in full-time education, all normally resident with the member. The spouse/partner and/or dependant children are covered if travelling independently from the member. The maximum duration of any one trip is 60 days. Winter sports is automatically included but it should be noted that this is not a bespoke winter sports policy and therefore does not provide certain special extensions, e.g. piste closure.

The policy covers travel worldwide including the United Kingdom and the cover and benefits provided are comparable with those offered by travel agents and tour operators. Full travel policy details are provided in a separate travel insurance document, which is also being circulated. This should be kept in a safe place and taken when travelling.

In the event of medical emergency overseas the 24 hour assistance number is (+44) 0207 173 7798.

Insurer - ACE European Group Ltd - Policy number UKBOTC37003.

Claims Procedures and Assistance

Travel Insurance policy number UKBOTC37003.

24 hour Overseas Emergency Assistance +44 (0)207 173 7798

Non Emergency Claims 0845 230 1656 during office hours

Personal Injury and Critical Illness

0845 230 1656 during office hours

Denplan

24 hour Dental Emergency Helpline 0800 735052 or +44 (0)1962 844 571 if outside the UK

Emergency Home Assistance

Call Home Emergency Assistance on 0208603 9597 quoting VOYHA/PWDPF/2008

General Enquiries

Call Philip Williams and Company on 0845 230 1650 during office hours or visit www.philipwilliams.co.uk

Claims forms are also available to download at www.dpf.org.uk

Complaints Procedure

The Federation Insurance Scheme is arranged on behalf of the Federation by Philip Williams and Company who are authorised and regulated by the Financial Services Authority, as are all of the Insurers who underwrite the Federation Policies. All brokers have to handle business in a particular way and deal with complaints in accordance with the Financial Service Authority Codes of business. The Federation are responsible for dealing with the insurance brokers and organising the Policies.

Any complaints about any aspect of the Federation Insurance Scheme should in the first instance be directed to the Federation. We will then investigate any complaint; identify the appropriate person to speak to and then either resolve the matter with that organisation and the Member or arrange for the appropriate organisation to resolve it directly with the Member.

Therefore if you have any complaints about the Federation Insurance Scheme please contact the Federation Office on:

Telephone 0207 218 9619

Fax 0207 218 9785

Or simply write, giving details of your complaint to:

The Secretary
Defence Police Federation
Head Office
Room 01, Old War Office Building
Whitehall, London
SW1A 2EU

These booklets are produced by



Philip Williams & Company, 35 Walton Road, Stockton Heath, Warrington WA4 6NW