

Specialty Markets

Lifeline Recruitment Staff

Personal Accident Policy

This policy is evidence of the contract between you (also referred to in this document as the "*Group Policyholder*") and Chartis Insurance UK Limited (also referred to in this document as "*the Company*").

The *Company* agrees to give the insurance cover set out in this policy. The *Company* will only provide cover to those people who are shown as being insured in the *Schedule* (also referred to in this document as *Insured Persons*) and who have been included in the *Insurance Arrangement* and as long as the appropriate premium has been paid and the *Company* has accepted it.

This policy, the *Schedule* and any attached memoranda or endorsements, show details of the cover and the terms and conditions applying to it. The *Group Policyholder* must read this policy to make sure that they understand the cover provided. It is the *Group Policyholder's* responsibility to ensure that the *Insured Persons* have notice of this policy and that they agree to observe, fulfill and comply with the terms and conditions of this policy as far as it is practicable to do so.

Chartis Insurance UK Limited

This insurance is underwritten by Chartis Insurance UK Limited which is authorised and regulated by the Financial Services Authority (FSA number 202628).

Chartis Insurance UK Limited is a member of the Association of British Insurers. Registered in England: company number 1486260. Registered address: The Chartis Building, 58 Fenchurch Street, London, EC3M 4AB.

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Policy Definitions

The following words and expressions in this policy have a specific meaning. They have this specific meaning wherever they appear in the policy document, policy summary and policy schedule (and any endorsements or memoranda attached to the schedule) and are shown in italic print.

Accident

A sudden, unexpected and specific event, external to the body, which occurs at an identifiable time and place.

Annual Salary

The total gross basic annual salary excluding payments for overtime, commission or bonus payable by the *Group Policyholder* to an *Insured Person* at the date accidental *Bodily Injury* is sustained. For weekly paid *Insured Persons*, Annual Salary will be calculated by taking the average gross basic weekly salary of an *Insured Person* for the thirteen weeks prior to sustaining accidental *Bodily Injury* and multiplying this amount by fifty-two.

Associated Company

A company or organisation of the *Group Policyholder* which is a subsidiary or other business entity whose name has been advised to and accepted by the *Company*.

Benefit Period

The period of *Temporary Total Disablement* or *Temporary Partial Disablement* during which the *Sum Insured* under items 5 or 6 on the *Schedule* is payable.

Bodily Injury

Identifiable physical injury to an *Insured Person's* body which is caused directly and solely by an *Accident*, is not intentionally self-inflicted and does not result from sickness or disease.

Channel Islands

Jersey, Guernsey, Alderney and Sark.

Child or Children

Any person whose parent is an *Insured Person* (including legally adopted children and stepchildren) who are unmarried and under 18 years of age or 23 years of age if in full-time education.

Company

Chartis Insurance UK Limited.

Deferment Period

The initial period of *Temporary Total Disablement* or *Temporary Partial Disablement* during which the Benefit under items 5 or 6 on the *Schedule* is not payable.

Director(s)

Any person holding the position of director with the *Group Policyholder* but excluding non-executive directors unless otherwise agreed in writing with the *Company*.

Disability

Loss of Limb, Loss of Eye, Loss of Speech, Loss of Hearing, Permanent Total Disablement, Permanent Partial Disablement, Paraplegia, Quadriplegia, Temporary Total Disablement and Temporary Partial Disablement.

Employee

Any person working for the *Group Policyholder* under a contract of employment or apprenticeship in connection with the business of the *Group Policyholder* but not including *Temporary Employees*.

Employer

a) In respect of *Temporary Employees*:

The company, partnership or organisation where an *Insured Person* is placed to work where such work has been arranged by the *Group Policyholder* and an *Insured Person* is paid by the *Group Policyholder*.

b) In respect of *Employees*:

The *Group Policyholder*.

Gross Weekly Wage

For weekly paid *Insured Persons* this means the average weekly gross basic salary excluding payments for overtime, commission or bonuses for the thirteen weeks prior to sustaining accidental *Bodily Injury*. For monthly paid *Insured Persons* this will be calculated by dividing an *Insured Person's Annual Salary* by fifty-two.

Group Policyholder

The company (including any *Associated Company*), or organisation shown in the *Schedule*.

Hospital

An institution which has accommodation for in-patients, residential patients and facilities for diagnosis, surgery and treatment. It does not include a long term nursing home, a rehabilitation centre, a retirement home or a convalescence home or an extended-care facility.

Insurance Arrangement

The process by which an *Insured Person* has been added to this insurance operated by the *Group Policyholder*.

Insured Person

Any person(s) shown in the *Schedule* as being an *Insured Person(s)*.

Loss of Limb

In the case of a leg or lower limb

- a) loss by permanent physical severance at or above the ankle or
- b) permanent and total loss of use of a complete foot or leg.

In the case of an arm or upper limb

- a) loss by permanent physical severance of the four fingers at or above the meta carpo phalangeal joints (where the fingers join the palm of the hand) or
- b) permanent and total loss of use of a complete arm or hand.

Loss of Eye

Permanent and total loss of sight:

- a) in both eyes if an *Insured Person'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 (seeing at 3 feet what an *Insured Person* should see at 60 feet).

Loss of Speech

Total and permanent loss of speech.

Loss of Hearing

Total and permanent loss of hearing resulting in complete deafness.

Medical Expenses

The cost of medical, surgical or other remedial attention or treatment given or prescribed by a *Medical Practitioner* and all *Hospital*, nursing home and ambulance charges connected with a valid claim under items 1-6 on the *Schedule*.

Medical Practitioner

Any suitably qualified Medical Practitioner other than:

- a) an *Insured Person*,
- b) a relative of an *Insured Person*,
- c) an *Employee* of the *Group Policyholder*,

who is currently registered with the General Medical Council in the *United Kingdom* to practice medicine.

Medical Consultant

A *Medical Practitioner* who either holds a substantive NHS Consultant Post or holds a current Certificate of Completion of Specialist Training (CCST), or is on the Specialist Register held by the General Medical Council (GMC) and holds a specialist accreditation issued by the General Medical Council in accordance with EC Medical Directives (or foreign equivalents). In respect of dental treatment only, a dental practitioner who is registered with the British Dental Association (or foreign equivalent) and who either holds an NHS Consultant post (or foreign equivalent) or who specialises in a specific branch of dentistry.

Operative Time

The period of time during which the *Group Policyholder* or an *Insured Person* is covered by this policy (as outlined in the *Schedule* and described later in this policy wording).

Paraplegia

The permanent and total paralysis of the two lower limbs, bladder and rectum.

Partner

The spouse, common-law spouse or civil partner of an *Insured Person*.

Period of Insurance

The period of time shown in the *Schedule* for which this policy covers.

Permanent Country of Residence

A country in which an *Insured Person* has resided or intends to reside for a period of 12 months or longer for reasons of employment or self-employment.

Permanent Partial Disablement

Disablement other than *Loss of Limb, Loss of Eye, Loss of Speech, Loss of Hearing, or Permanent Total Disablement*, which is beyond hope of recovery and will in all probability continue for the remainder of an *Insured Person's* natural life.

Permanent Total Disablement

Disablement which totally prevents an *Insured Person* from working in gainful employment for which they are fitted by way of training, education or employment which in all probability will continue for the remainder of their natural life.

Quadriplegia

The permanent and total paralysis of the two upper limbs and two lower limbs.

Schedule

The document showing details of the cover the *Group Policyholder* has arranged on behalf of an *Insured Person*.

Sum Insured

The maximum amount of cover for the item specified up to which an *Insured Person* can claim.

Temporary Employee

Any person who is provided by the *Group Policyholder* to work for the *Employer* on a temporary basis.

Temporary Total Disablement

Disablement which prevents an *Insured Person* from carrying out all parts of their usual occupation for the *Employer*.

Temporary Partial Disablement

Disablement which prevents an *Insured Person* from carrying out the majority of their usual occupation for the *Employer*.

United Kingdom

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

War

Military action, either between nations or resulting from civil war or revolution.

Policy Conditions

1. **Acceptance of Benefit**

If the *Company* has paid a claim under this policy and an *Insured Person* has accepted this as full and final payment then the *Company* will not have to make any further payments for the same claim.

2. **Assignment**

This policy will not be assigned or transferred unless otherwise agreed by the *Company* in writing.

3. **Associated Companies and Change in Risk**

If relevant and subject to the prior written consent of the *Company*, this policy will cover *Associated Companies* as long as a list of these companies has been provided to and accepted by the *Company*. If the *Group Policyholder* changes its business activities from those described in the Business Description on the *Schedule* during a *Period of Insurance* it must tell the *Company* immediately.

4. **Change in premiums and conditions**

The *Company* may change the premium and conditions of this insurance at the start of each *Period of Insurance*.

5. **Interest on Benefit Payable**

The *Company* will not pay interest on any amount payable.

6. **Law and Jurisdiction**

This policy is evidence of the contract of insurance between the *Company* and the *Group Policyholder* and it will be governed, construed and interpreted by the law applying in the country where the *Group Policyholder's* registered office is located, as long as:

a) the *Company* has not agreed otherwise at the start date of the policy, and

b) it is in the *United Kingdom*,

otherwise the laws of England and will apply and the policy will be subject to the exclusive jurisdiction of the English Courts.

If an *Insured Person* normally lives in the United Kingdom, the English Courts (or that part of the United Kingdom in which an *Insured Person* normally lives) will have authority. If an *Insured Person* normally lives outside the United Kingdom, only the English Courts will have authority.

7. **Payment of Premium**

Where the premium is paid as a payroll deduction, it is an *Insured Person's* responsibility to make sure that the premiums are taken from their pay by the *Group Policyholder* at the correct time and for the correct amount to make sure cover is continuous. Each premium (e.g. weekly or monthly) buys cover for the period this premium relates to during the *Period of Insurance*.

8. **Premium Adjustment**

If the Premium Adjustment clause in the *Schedule* is shown as being Operative, the premium shown in the *Schedule* is provisional and will be adjusted as follows:

a) Unless specifically agreed otherwise, at the end of each *Period of Insurance* or each declaration period as agreed the *Group Policyholder* will advise the *Company* such information as it may require relative to the expiring *Period of Insurance* and the actual premium required will be calculated.

b) If the actual premium calculated is greater than the premium already paid for the *Period of Insurance*, the *Group Policyholder* will pay the balance to the *Company*. If it is less, the difference will be repaid to the *Group Policyholder* subject to any agreed minimum retained premium.

c) Any permanent alterations to the policy during the *Period of Insurance* for which an additional premium has been or would have been charged will be included in the adjustment calculation.

9. **Reasonable Care**

The *Group Policyholder* and each *Insured Person* must take all reasonable steps to avoid and/or minimise any injury.

Start and finish of cover

An *Insured Person's* cover will begin on the date they are included in this insurance through the *Insurance Arrangement* and will end on the earliest of the following dates:

- a) The end of the period for which payment of premium was paid to the *Company* (unless this is due to a mistake by the *Group Policyholder*);
- b) The *Group Policyholder* or the *Company* cancels this policy;
- c) An *Insured Person* notifies the *Group Policyholder* that they no longer wish to be included in this policy;
- d) An *Insured Person* ceases their employment with the *Group Policyholder*;
- e) An *Insured Person* dies;
- f) The end of the *Period of Insurance* is reached.

Disputes and Complaints

Every effort is made by the *Company* to ensure that the *Group Policyholder* or an *Insured Person* receives a high standard of service. If the *Group Policyholder* or an *Insured Person* is not satisfied with the service they have received, they should contact one of the following:

If the complaint is not about a claim:

The Customer Relations Manager

Chartis Insurance UK Limited
2-8 Altyre Road
Croydon
CR9 2LG

Email: uk.customer.relations@chartisinsurance.com

If the complaint is about a claim:

The Accident & Health Claims Manager

Chartis Insurance UK Limited
2-8 Altyre Road
Croydon
CR9 2LG

To help the *Company* deal with the complaint quickly, please quote the policy number or claim number (or both), the name of the person who has the complaint and the name of the *Group Policyholder* as shown on the *Schedule*.

The *Company* will do its best to resolve any difficulty directly with the *Group Policyholder* or an *Insured Person*, but if the *Company* is unable to do this to the *Group Policyholder* or an *Insured Person's* satisfaction they may be entitled to refer any disagreement to the Financial Ombudsman Service (FOS) who will review their case. Using the FOS does not affect the right to take legal action. The address is:

The Financial Ombudsman Service

South Quay Plaza
183 Marsh Wall
London E14 9SR

Telephone 0845 080 1800*

Email complaint.info@financial-ombudsman.org.uk

*Calls to this number cost no more than 5p per minute for BT customers (other networks may vary).

If the *Group Policyholder* or an *Insured Person* has any questions about this insurance they should contact:

The Group Accident & Health Manager

Chartis Insurance UK Limited,
The Chartis Building,
58 Fenchurch Street,
London
EC3M 4AB.

Telephone: 0207 954 7000

Financial Services Compensation Scheme

The *Company* is covered by the Financial Services Compensation Scheme (FSCS). The *Group Policyholder* or an *Insured Person* may be entitled to compensation from the scheme if the *Company* cannot meet its financial obligations depending on the type of insurance and the circumstances of the claim.

For this type of insurance 90% of the claim is covered, without any upper limit. Further information about compensation scheme arrangements is available at www.fscs.org.uk, and on 0207 892 7300, or 0800 678 1100.

Fraud

Any fraud, deliberate dishonesty, or deliberate withholding of information connected with the *Group Policyholder's* application for this policy, or in connection with a claim made by an *Insured Person*, will make this policy invalid.

If this happens, an *Insured Person* will lose any benefit due to them and they must pay back any benefit that the *Company* has already paid.

If this happens, the *Company* will not refund any premiums.

Cancellation and Cooling Off Period

Cancellation of Cover – The Company and Group Policyholder

The *Company* can cancel this Policy by giving 30 days written notice to the *Group Policyholder* at the *Group Policyholder's* last known address.

The *Group Policyholder* can cancel this Policy by giving 30 days written notice to the *Company* at the *Company's* head office address in the *United Kingdom*:

The Group Accident & Health Manager
Chartis Insurance UK Limited,
The Chartis Building,
58 Fenchurch Street,
London
EC3M 4AB.

If the premium is paid annually, the premium for the period up to the date when the cancellation takes effect will be calculated and any unearned portion of the premium paid will be returned.

If the premium is paid by payroll deduction, cancellation takes effect from the end of the period for which the premium is paid by an *Insured Person*. It is the *Group Policyholder's* responsibility to tell an *Insured Person* contributing that the premium will no longer be collected.

The *Company* can cancel any cover provided by this Policy for *War* by sending seven days notice to the *Group Policyholder* at the *Group*

Policyholder's last known address. If the premium is paid by payroll deduction it is the *Group Policyholder's* responsibility to tell an *Insured Person* contributing that this cover has been withdrawn.

Cancellation of Cover – Insured Person

An *Insured Person* has no rights to cancel the policy held by the *Group Policyholder*.

Other than specifically detailed under the *Cooling-off Period*, an *Insured Person* may withdraw from their inclusion of cover under this policy by giving written notice to the *Group Policyholder* or their appointed administrators. Cover will cease at the end of the period for which payment of premium was paid to the *Company* unless the premium is paid annually when a pro rata return will be given.

Cooling Off Period – Insured Person

If this policy does not meet an *Insured Person's* needs, they can choose not to be covered by this policy by writing to the *Group Policyholder* or the *Company* and returning the policy documentation within 15 days of the inception date of this policy or the date upon which an *Insured Person* receives their insurance documents, whichever is later.

If within this *Cooling-off Period* an *Insured Person* receives a *Bodily Injury* which results in a valid claim under this policy, the *Company* will only refund a part of the premium in proportion to the period of unused cover. This will be returned to the *Group Policyholder* for them to remit to an *Insured Person*.

Claims Procedure

An *Insured Person* must tell the *Company* as soon as possible of any potential claim by contacting:-

The Accident & Health Claims Department,

Chartis Insurance UK Limited,
2-8 Altyre Road,
Croydon
CR9 2LG

Telephone: 020 8253 7401

Facsimile: 020 8253 7569

E Mail: A&H.Claims@chartisinsurance.com

The *Company* will ask an *Insured Person* to fill in a claim form and provide at their own expense all reasonable and necessary evidence required by the *Company* to support a claim.

This evidence may include written confirmation from the *Group Policyholder* that an *Insured Person* is insured at the time of the accidental *Bodily Injury* which gives rise to a claim and that they have paid the premium for the appropriate period of their inclusion under this policy.

If an *Insured Person* suffers accidental *Bodily Injury* resulting in death, the *Company* has the right to ask for a post-mortem examination.

An *Insured Person* must undergo any reasonable medical examinations in connection with any claim as the *Company* may require. The *Company* will pay for any medical examinations and for any medical reports and records it may request. An *Insured Person* must give the *Company* permission to obtain any medical reports or records needed from any *Medical Practitioner* who has treated an *Insured Person* otherwise the *Company* may not pay any claim.

If an *Insured Person* does not comply with any reasonable request by the *Company* under this Claims Procedure, the *Company* may not pay the claim.

Data Protection

The *Company* understands and respects the importance of privacy. The information that is provided to us by the *Group Policyholder* when taking out this policy, together with any other information (including, but not limited to, personal information relating to *Insured Persons* that is provided, or will be provided, by the *Group Policyholder* or any *Insured Person* in connection with the policy, may be used by the *Company* and any of our subsidiaries and affiliates for a variety of purposes which include:

- to help make decisions about any *Insured Person* under the policy including whether to provide insurance cover
- for insurance administration, including claims processing and payment and policy renewals
- for the provision of assistance, advice and information on medical and travel issues;
- for the prevention and investigation of crime, including fraud and money laundering; and
- for compliance with legal and regulatory requirements on the *Company* and our subsidiaries, affiliates, contractors and agents.

For these purposes personal data may be shared by our subsidiaries, affiliates and our contractors and agents (including health professionals and other service providers, insurers, reinsurers, brokers and representatives). For example, details relating to physical and mental health or condition) in order that we can assess and settle a claim (where such claim is valid). Information about claims may be put on a register of claims and shared with other insurers for fraud prevention and any personal data will be shared with other third parties if required by law.

The *Company* may only obtain sensitive personal data, or ask third parties, such as independent medical examiners, to obtain this information, with the *Insured Person's* express prior consent. By submitting a claim, an *Insured Person* is expressly consenting to the *Company* obtaining and using such information in order to assess and settle such claim.

Except as set out above, we will not disclose any information relating to the *Group Policyholder* or an *Insured Person* to any other third party without written permission from the *Group Policyholder* or any other *Insured Person* under the policy, as appropriate. The *Company* will only disclose sensitive

personal data relating to an *Insured Person* with such *Insured Person's* explicit consent. The *Company* may send information relating to the *Group Policyholder* or an *Insured Person* outside of the European Economic Area (EEA) for the purposes set out above and including data storage. In such circumstances, the *Company* will ensure that the information is duly protected. The *Group Policyholder* consents to such transfer by taking out this policy and an *Insured Person* expressly consents to such transfer by submitting a claim.

Calls to any telephone number referred to in this policy may be monitored or recorded for service quality, training and security purposes.

Insured Person and other individuals have the right to request a copy of the personal data that is held about them, and to ask for the correction or removal of inaccurate information. The *Company* may make a small charge to provide access to this data.

Our Data Protection Officer can be contacted by e-mail at DataProtectionOfficer@chartisinsurance.com or by post to Data Protection Officer, Legal Department, Chartis Insurance UK Limited, The Chartis Building, 58 Fenchurch Street, London EC3M 4AB.

Operative Times

An *Insured Person* is only covered for the period of time shown in the *Schedule*. A full explanation of this *Operative Time* is shown below:

OP1 - 24 Hours a Day Worldwide Cover

At any time.

OP2 – All Occupational Related Cover Including Commuting

- While an *Insured Person* is carrying out their occupational duties for their *Employer* either on or away from the *Employer's* premises.
- At any time while an *Insured Person* is on their *Employer's* premises.
- While an *Insured Person* is travelling between their place of residence and place of work for their *Employer*.
- While an *Insured Person* is travelling between their places of work where the travel is at the expense of their *Employer*.
- While an *Insured Person* is getting in and out of, travelling in, loading or unloading, carrying out emergency road-side repairs to and re-fuelling a motor vehicle owned, hired by, or leased to their *Employer*, or an *Insured Person* (in respect of an *Insured Person*, where travel is at the expense of the *Employer*, or any vehicle temporarily replacing it.
- At any time where accidental *Bodily Injury* is suffered by an *Insured Person* and is the direct result of an unprovoked malicious assault by another person or where accidental *Bodily Injury* is the direct result of theft or attempted theft of their *Employer's* or an *Insured Person's* property.

Section A – Personal Accident

Scope of Insurance

If an *Insured Person* sustains accidental *Bodily Injury* during the *Operative Time* and occurring during the *Period of Insurance* which within two years solely and independently of any other cause results in death, *Disability* or the incurring of *Medical Expenses*, the *Company* will pay an *Insured Person* (or their estate or legal representative in the event of death), the amount appropriate to the applicable benefit shown in the *Schedule*.

Provisions applicable to Section A

1. The benefit will be reduced to 10% of the *Sum Insured* shown on the *Schedule* or £50,000, whichever is less, in respect of items 1-3 and no benefit will be payable in respect of items 4, 4a, 5 and 6, for any *Insured Person* after expiry of the *Period of Insurance* during which that *Insured Person* reaches age 75.
2. If an *Insured Person* is not covered under item 1 as shown in the *Schedule*, the *Company* will not pay for items 2 - 4b as shown in the *Schedule* until at least 13 weeks after the date of the *Accident* and the *Company* will only then pay if an *Insured Person* has not in the meantime died as a result of the *Accident*.
3. If an *Insured Person* is covered under item 1 as shown in the *Schedule* but the benefit payable is less than for items 2 - 4b as shown in the *Schedule*, the *Company* will not pay more than the amount of the death benefit if accidental *Bodily Injury* does not immediately result in death until at least 13 weeks after the date of the *Accident*.
4. The *Company* will not pay more than 15% of any amount paid under items 1- 4b or 30% under items 5 or 6, whichever is the greater, up to a maximum of £15,000 per *Insured Person* for *Medical Expenses*.

Automatic Extensions applicable to Section A

1. If an *Insured Person* disappears and after a suitable period of time it is reasonable to believe that death resulted from accidental *Bodily Injury*, the *Company* agrees to pay the benefit as shown in the *Schedule* providing an *Insured Person's* legal representative signs an agreement that if it later transpires that an *Insured Person* has not died, any amount paid will be refunded to the *Company*.
2. The *Company* agrees that Death or *Disability* resulting from exposure to severe weather conditions will be considered to have been caused by accidental *Bodily Injury*.
3. The *Company* agrees to pay an *Insured Person* a benefit of £50 per day or part thereof up to a maximum of 365 days in the event of an *Insured Person* being admitted to a *Hospital* as an in-patient as a result of accidental *Bodily Injury*. The benefit will be increased to £100 per day or part thereof on public or bank holidays. This benefit will be in addition to any amount paid under extension 4 below.

4. In the event of accidental *Bodily Injury* being sustained by an *Insured Person* which results in the continuous unconscious state of an *Insured Person*, the *Company* agrees to pay an *Insured Person* a benefit of £50 per day or part thereof of continuous unconsciousness, up to a maximum period of 730 days. This benefit will be in addition to any amount paid under extension 3 above.
5. In the event of a claim being paid for death by *Accident*, the benefit payable under item 1 will be increased by 5% per dependant *Child* up to a maximum of 25% of the benefit but no less than £5,000, subject to a maximum cumulative benefit payable of £500,000.
6. In the event that an *Insured Person* and their *Partner* suffer fatal injury in the same *Accident* resulting in a claim being paid for death by *Accident* and leave dependent *Children*, the *Company* agree to double the benefit under item 1, subject to a maximum benefit payable of £500,000.
7. In the event of a claim being paid for death by *Accident*, the *Company* will pay reasonable funeral expenses incurred up to a maximum of £5,000 any one *Insured Person*.
8. In the event of an *Insured Person* being admitted to a *Hospital* as an inpatient in the *United Kingdom* or their *Permanent Country of Residence*, which is beyond a 10 mile distance from their normal place of residence in the *United Kingdom* or *Permanent Country of Residence*, the *Company* will pay the costs of transporting any person requested by an *Insured Person* to visit them, up to a maximum of £2,500.
9. In the event of a claim being paid for items 2 to 6, the *Company* agrees to pay up to 5% of the total benefit claimed, subject to a maximum of £10,000, for an in-home domestic service while recovery is in progress, as well as a chauffer service to and from an *Insured Person's* usual place of work if an *Insured Person* recovers sufficiently to return to work but is medically certified as being unable to drive a vehicle or travel on public transport.

Permanent Partial Disablement

This optional extension is applicable if shown as Operative in the *Schedule* Item 4b - Permanent Partial Disablement extension to Permanent Total Disablement

In the event an *Insured Person* sustains accidental *Bodily Injury* which does not result in a payment under items 1-4a, and item 4b is shown as being Operative in the *Schedule*, the *Company* will pay a *Permanent Partial Disablement* benefit as a percentage of the *Sum Insured* under item 4a, shown on the *Schedule*, depending on the degree of permanent disability. The benefits payable for specific disabilities are:

Permanent severance or permanent total loss of use of:

- | | |
|-------------------------------------|-----|
| a) one thumb | 30% |
| b) forefinger | 20% |
| c) any finger other than forefinger | 10% |

d) big toe	15%
e) any toe other than big toe	5%
f) shoulder or elbow	25%
g) wrist, hip, knee or ankle	20%
h) lower jaw by surgical operation	30%
i) Permanent disability which is not provided for under items 2, 3a, 3b, 3c(i) & (ii), 4a of the <i>Schedule</i> or any of the benefits above, up to a maximum of 100% of item 4a of the <i>Schedule</i> .	
j) <i>Paraplegia</i>	£ 25,000
k) <i>Quadriplegia</i>	£100,000

Any *Permanent Partial Disablement* payable under item i) will be assessed by considering the severity of the disablement in conjunction with the stated percentages for the specific types of disablement mentioned above. An *Insured Person's* occupation will not be a relevant factor.

When more than one form of disablement results from one *Accident* the percentages from each are added together but the *Company* will not pay more than 100% of the *Sum Insured* under item 4a other than for *Paraplegia* or *Quadriplegia* which will be payable in addition to item 4a.

If a claim is payable for loss of, or loss of use of a whole part of the body a claim for any component of that whole part cannot also be made.

Exclusions applicable to Section A of the policy

The policy does not cover:

1. Any claim which is the result of *Bodily Injury*, death, *Disability* or the incurring of *Medical Expenses* caused by:
 - a) intentional self-injury, suicide or attempted suicide;
 - b) flying as a pilot,
2. *Bodily Injury* or death, *Disablement* or the incurring of *Medical Expenses* as the result of or contributed to by:
 - a) *Illness* not resulting from accidental *Bodily Injury*, or
 - b) any naturally occurring condition or degenerative process which is known to an *Insured Person* and their General Practitioner, or
 - c) any gradually operating cause.
3. *Bodily Injury* or *Disablement* or the incurring of *Medical Expenses* as the result of or contributed to by any displacement or affection of the spine, its discs or associated musculature unless supported by a diagnosis using appropriate medical imaging techniques (such as X-rays or CT/MRI scans).-

Section B – Second Opinion Medical Service

Scope of Service

If an *Insured Person* (or their *Partner* or their *Child* or *Children*) sustains any accidental *Bodily Injury* or *Illness* which is diagnosed during the *Period of Insurance*, regardless of the *Operative Time* shown in the *Schedule* or the exclusions applicable under this policy, access to a medical second opinion service is provided by the *Company*.

To use this service an *Insured Person* (or their *Partner* or their *Child* or *Children*) should either:

- access www.mylifeline.co.uk or
- contact Second Opinion by telephoning +44 (0)20 7486 2300,

and provide details of their current *Medical Consultant* as prompted.

An *Insured Person* (or their *Partner* or their *Child* or *Children*) should then request that their medical file be forwarded to Second Opinion by their *Medical Consultant* (this may require written authorisation).

In most cases it will not be necessary for an *Insured Person* (or their *Partner* or their *Child* or *Children*) to visit Second Opinion. However, if Second Opinion considers this necessary, the *Company* will pay for the cost of the first consultation (excluding the cost of travel and accommodation).

Health Portal

Healthline Plus also provides access to 24 hour, 7 days a week remote nursing services, details available from the website and includes:

The ability for an *Insured Person* (or their *Partner* or their *Child* or *Children*) to interact with fully trained nurses located in the *United Kingdom* through the website (including via web camera), via telephone, via SMS text messaging and via video mobile phone.

Remote nursing is available to an *Insured Person* (or their *Partner* or their *Child* or *Children*) for all conditions whether recovering from major surgery through to daily medical problems, avoiding the need to refer to a General Practitioner.

Health Information

Health Information is available from the website which provides an *Insured Person* (or their *Partner* or their *Child* or *Children*) instant access to general and educational health information including:

- Preventative services such as weight loss, quit smoking, blood pressure or cholesterol control.
- Holistic services and details on alternative medicine available in the *United Kingdom*.
- Specialist condition self management tools.
- The ability to create an electronic health record.
- Subscriptions to newsletters and news flashes.