



MERSEYSIDE POLICE FEDERATION INSURANCE SCHEME

SCHEME BENEFITS with effect from 1 September 2011

Serving Member

Life Insurance	£100,000
Terminal Prognosis Advance on Life Insurance	20% of sum insured
Permanent Total Disablement (due to accident)	£100,000
Accidental Loss of Use Benefit	£60,000
Infection of HIV/AIDS on duty	£60,000
Temporary Total Disablement (up to 104 weeks excluding first 7 days)	£21 per week
Critical Illness	£10,000
Child Critical Illness	£2,000
Child Death Grant	£2,000
Red Arc Assistance	Family Cover
Hospitalisation Benefit up to 5 nights	
Accident/incident/emergency admission	£50 per night
Planned admission after first 3 nights	£50 per night
Sick Pay Benefit (when pay cut to half) up to 26 weeks, then a further 4 weeks when on no pay	20% Scale Pay
Family Travel Policy	Worldwide
Legal Expenses including ID Theft Protection	Included
Emergency and Injury Dental Benefit	Included
Home Emergency Assistance	Included
Free Financial Advice with Kinsella Clarke	Included
Motor Breakdown Cover	Member and Partner
CALENDAR MONTHLY SUBSCRIPTION	£25.00
Weeks of Service 1–52	£Nil
Weeks of Service 53–104	£15.20

Cohabiting Partner of Serving Member

Life Insurance	£50,000
Terminal Prognosis Advance on Life Insurance	20% of sum insured
Critical Illness	£5,000
CALENDAR MONTHLY SUBSCRIPTION	£5.50

NB - Subscriptions for the first 52 weeks of service are free of charge for Serving Members and Cohabiting Partners.

The benefits arranged under this insurance trust 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.

Where two members are cohabiting spouse/partners and both paying the full member subscription, a reduction for ONE member is available. This is due to the duplication of the family benefits of travel insurance, Red Arc Assistance, Motor Breakdown and Home Emergency Assistance. To apply for this discount, please contact the Federation Office.

RETIRED MEMBER BENEFITS

with effect from 1 September 2011

Retired Member Aged Under 60

Life Insurance	£50,000
Terminal Prognosis Advance on Life Insurance	20% of sum insured
Permanent Total Disablement	£10,000
Accidental Loss of Use Benefit	£5,000
Critical Illness	£5,000
Child Critical Illness	£1,000
Family Travel Policy	Worldwide
Red Arc Assistance	Family Cover
Legal Expenses including ID Theft Protection	Included
Emergency and Injury Dental Benefit	Included
Home Emergency Assistance	Included
Motor Breakdown Cover	Member and Partner

CALENDAR MONTHLY SUBSCRIPTION

£27.40

Retired Member Aged 60 to 64 inclusive

Life Insurance	£25,000
Terminal Prognosis Advance on Life Insurance	20% of sum insured
Permanent Total Disablement	£10,000
Accidental Loss of Use Benefit	£5,000
Critical Illness	£5,000
Child Critical Illness	£1,000
Family Travel Policy	Worldwide
Red Arc Assistance	Family Cover
Legal Expenses including ID Theft Protection	Included
Emergency and Injury Dental Benefit	Included
Home Emergency Assistance	Included
Motor Breakdown Cover	Member and Partner

CALENDAR MONTHLY SUBSCRIPTION

£27.40

Retired Member Aged 65 to 69 inclusive

Life Insurance	£5,000
Family Travel Policy	Worldwide
Red Arc Assistance	Family Cover
Legal Expenses including ID Theft Protection	Included
Emergency and Injury Dental Benefit	Included
Home Emergency Assistance	Included
Motor Breakdown Cover	Member and Partner

CALENDAR MONTHLY SUBSCRIPTION

£27.40

Cohabiting Partner Aged under 60 of Retired Member

Life Insurance	£25,000
Terminal Prognosis Advance on Life Insurance	20% of sum insured

CALENDAR MONTHLY SUBSCRIPTION

£6.25

Cohabiting Partner Aged 60 to 64 (inclusive) of Retired Member

Life Insurance	£12,500
Terminal Prognosis Advance on Life Insurance	20% of sum insured

CALENDAR MONTHLY SUBSCRIPTION

£6.25

Cohabiting Partner Aged 65 to 69 (inclusive) of Retired Member

Life Insurance	£2,500
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CALENDAR MONTHLY SUBSCRIPTION

£6.25

Explanation of Benefits

Benefits are in accordance to the membership category which is applicable

Life Insurance

On death of a member or cohabiting partner who are covered under the Trust the cash benefit detailed in the current benefits table becomes payable. The scheme is written in Trust so that if a member dies, the proceeds can be paid, by the Trustees, to the member's dependants quickly, free of tax and without having to wait for probate. Members should ensure that they have an up-to-date beneficiary nominated and have lodged the details with the Federation Office, to assist the Trustees in the event of a claim. If a beneficiary aged 63 or under receives a terminal prognosis of 12 months or less, they may apply to the Trustees for an advance of the life insurance of 20% of the relevant sum insured.

Child Death Grant

This benefit is paid upon the death of a dependent child of a member, aged between 6 months and 17 years.

Permanent Total Disablement

Permanent Total Disablement such that the Beneficiary is unable to perform any gainful employment and such that the Beneficiary is unable to exist independently and requires continual supervision and frequent attention of a third party for the activities of daily living.

Accidental Loss of Use Benefit

This benefit is payable should the Beneficiary suffer permanent loss of sight in one or both eyes, the use of one or more limbs at or above the palm or ankle or permanent total loss of hearing in one or both ears or total loss of speech. This benefit is payable only if the loss of use occurs as the result of an accident occurring during the currency of this policy.

Occupationally acquired HIV/AIDS

Cover is provided for serving officers only. If, as a result of a documented duty related incident you become infected with the HIV/AIDS virus, a benefit payment will be made.

Temporary Total Disablement (including Post Traumatic Stress Disorder)

This benefit is payable as a result of an accident that results in the temporary and total disablement of a Beneficiary. A member will be considered temporarily totally disabled if the member is unable to perform the usual police duties. Benefit will also be paid under this section if a member suffers Post Traumatic Stress Disorder as a result of attending an incident on police duty. Such Post Traumatic Stress Disorder must be the clear result of a single incident that was documented in the police records and be of sufficient severity to prevent the performing of the duties of a police officer. The benefit will be paid for a maximum of 104 weeks, excluding the first 7 days. Benefit ceases on return to duty or discharge from the police service.

Hospitalisation Benefit

A) Unplanned Admission

The Benefit is payable in the event of a Beneficiary making an overnight stay in a hospital provided that such hospitalisation occurs as a result of an Accident or Emergency. Benefit will be payable for up to five consecutive nights.

B) Planned Admission

The Benefit is payable in the event of a Beneficiary making an overnight stay in a Hospital provided that such hospitalisation occurs as a result of an illness or injury which does not qualify under (A) Unplanned Admission. No Benefit will be paid for any hospital stay for the first three nights or less. The benefit payable is subject to a maximum of five consecutive nights. This applies per hospital stay. An overnight stay shall mean that the Beneficiary remains a Hospital in-patient between midnight and 7 am the following morning.

Sick Pay Benefit (Regulation 28 cover)

If a member suffers a pay cut under regulations or terms of employment, the benefits illustrated on the scheme benefits table will become payable.

Conditions applicable to Personal Accident Benefits

- A) The Insurer will not pay in respect of any one Beneficiary, more than one of the Benefits under the Accidental loss of use benefit and Permanent Total Disablement 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 the Benefits for Accidental loss of use or Permanent Total Disablement this Insurance will not cover any further Accidents to that Beneficiary.
- C) Benefit shall not be payable in respect of any Insured Person who had ceased to be eligible for the scheme prior to the Accident or illness giving rise to the claim.
- D) Loss of Limb or Eye or speech or hearing must be proved to the reasonable satisfaction of the Insurer to be permanent and without expectation of recovery before the Insurer will pay the Benefit.
- E) Permanent Total Disablement must be proved to the reasonable satisfaction of the Insurer to be permanent and without expectation of recovery and any claim for weekly compensation must have been settled in full before the Insurer will pay the Benefit.
- F) The Insurer will not pay any amount for any Benefit solely because the Insured Person is unable to take part in sports or pastimes.
- G) Reg 28 Salary Replacement Benefit shall not be payable if the member has been offered recuperative duties with a return to full pay and has declined such duties without reasonable cause.

Exclusions to Personal Accident

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

1. The member committing or attempting to commit suicide or as a result of a self inflicted injury
2. The member engaging in a Hazardous Activity (as defined in the master policy)
3. Illness or disease (other than resulting from bodily injury following an accident)
4. Any gradually operating cause

General Policy Exclusions

The Company will not pay any claim

1. which is directly or indirectly as a result of War in Britain
2. after the expiry of the Period of Insurance in which the member attains the age of 65 years
3. which is directly or indirectly as a result of a breach of the law by the member

Critical Illness

In the event of a Beneficiary surviving 28 days after the date of Diagnosis of one of the following Critical Illnesses provided that at the date of Diagnosis the claimant was an Eligible Beneficiary. Eligible dependent unmarried children of the member must be aged between 6 months and 17 years at first diagnosis.

The listed illnesses are:-

- Alzheimer's Disease
- Bacterial Meningitis
- Benign Brain Tumour
- Burns
- Cancer
- CJD
- Coma
- Coronary Artery (By-Pass) Surgery
- Chronic Liver Disease
- Chronic Lung Disease
- Heart Attack
- Heart Valve Replacement/Repair
- H.I.V. (A.I.D.S.) and Hepatitis B Virus
(Contracted in a documented duty related situation)
- Kidney Failure
- Loss of Hearing
- Loss of Limbs
- Loss of Sight
- Loss of Speech
- Major Organ Transplant
- Motor Neurone Disease
- Multiple Sclerosis
- Parkinson's Disease
- Paralysis
- Rheumatoid Arthritis
- Stroke
- Total and Permanent Disability

Summary of main conditions applicable to Critical Illness

Alzheimer's Disease

The unequivocal Diagnosis by a Consultant Neurologist of Alzheimer's Disease. The Diagnosis must be supported by evidence of progressive deterioration of memory and of the ability to reason and to perceive, understand, express and give effect to ideas.

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 in the brain, resulting in permanent deficit to the neurological system. Tumours or lesions in and on the pituitary gland are not covered.

Burns

Third degree burns covering at least 20% of the body surface area with destruction of the full thickness of the skin.

Cancer

A malignant Tumour characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The term "cancer" includes leukaemia and Hodgkin's disease but the following cancers are excluded:-

- All Tumours which are histologically described as pre-malignant, as non-invasive or as cancer in-situ.
- All forms of lymphoma in the presence of any Human Immunodeficiency Virus.
- All Tumours directly related to the Human Immunodeficiency Virus (e.g. Kaposi's sarcoma).
- Any skin cancer other than invasive malignant melanoma.

Coronary Artery Bypass Graft Surgery

The undergoing of open heart surgery on the undisputed advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts, but excluding balloon angioplasty, laser or any other procedures.

Prostate Cancer

Prostate cancer will be admitted where the score is 7 up to 10 on the Gleason Scale or having progressed to at least TNM classification T2NOMO where it can be diagnosed using a specific physical examination. The Gleason Scale is a measure of how differentiated the cancer cells are compared with normal cells.

Chronic Liver Disease

End stage liver failure as evidenced by the following:

- Permanent jaundice
- Ascites
- Hepatic encephalopathy

Liver disease secondary to alcohol or drug abuse is excluded.

Chronic Lung Disease

Severe restrictive lung disease where there is dyspnoea at rest with markedly abnormal pulmonary function tests. The Diagnosis must be evidenced by all of the following:

- The need for continuous daily oxygen supply
- Vital capacity being less than 50% of normal
- FEV1 (Forced expiratory volume at 1 second) being less than 50% of normal.

Coma

A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously with the use of life support for a period of at least 96 hours and resulting in permanent neurological deficit. Coma secondary to alcohol or drugs misuse is not covered.

Creutzfeldt - Jacob Disease (CJD)

Diagnosis by a Consultant Neurologist of Creutzfeldt-Jacob Disease. This must be evidenced by the typical symptoms of dementia.

Heart Attack

The death of a portion of heart muscle as a result of inadequate blood supply as evidenced by an episode of typical chest pain, new electrocardiograph changes and elevation of cardiac enzymes together with a troponin test. The evidence must be consistent with the Diagnosis of a heart attack.

Heart Valve Replacement/Repair

Undergoing open heart surgery from medical necessity to replace or repair one or more heart valves.

HIV/AIDS and Hepatitis B

Infection with Human Immunodeficiency Virus or Hepatitis B Virus as a result of an incident occurring whilst on police duty. Such incident must have been documented at the time of the occurrence. Benefit is also payable if the infection can be shown to be acquired as a result of medical treatment in Britain.

Kidney Failure

End stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis or renal transplantation is performed.

Loss of Hearing

Total and permanent loss of hearing in both ears.

Loss of Speech

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

Loss of Limbs

The permanent physical severance of two or more limbs from above the wrist or knee joint.

Loss of Sight

Total and permanent loss of sight in both eyes.

Major Organ Transplant

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

Motor Neurone Disease

Confirmation by a Consultant Neurologist of a definite Diagnosis of Motor Neurone Disease and evidenced by typical symptoms of muscular atrophy.

Multiple Sclerosis

An unequivocal Diagnosis by a Consultant Neurologist of Multiple Sclerosis which satisfies all of the following criteria:

- There must be current impairment of motor or sensory function, which must have persisted for a continuous period of at least six months.
- The Diagnosis must be confirmed by diagnostic techniques current at the time of the claim.

Paralysis

Total loss of muscle function or sensation to the whole of any two limbs as a result of injury or disease. The paralysis must be permanent and supported by appropriate neurological evidence.

Parkinson's Disease

An unequivocal Diagnosis of Parkinson's Disease made by a Consultant Neurologist and evidenced by typical symptoms of muscular atrophy. Parkinson's Disease secondary to alcohol or drug misuse is not covered.

Rheumatoid Arthritis

An unequivocal Diagnosis by a Consultant Neurologist of an advanced stage of Rheumatoid Arthritis. The disease must cause persistent disability and have a severe impact on mobility (for example, unable to walk up a flight of stairs or unable to bend to pick an object from the floor). The disease must affect at least three joint groups and be evidenced by symmetrical arthritis, subcutaneous nodules and a positive rheumatoid factor test. The disease must have been continually active for at least 12 months and must not be responsive to anti-inflammatory treatment.

Stroke

A cerebrovascular incident resulting in permanent neurological damage. Transient Ischaemic Attack is specifically excluded.

Total and Permanent Disability

In the event of a Beneficiary being disabled for at least six consecutive months from the date that notice of the claim was received by the Company. Total and Permanent Disability means that the Beneficiary is totally and permanently unable to perform at least four of the following six Activities of Daily Living without the continual assistance of someone else, or suffers from cognitive

impairment. In this context, cognitive impairment means mental deterioration and loss of intellectual ability evidenced by deterioration in memory, orientation and reasoning which is measurable and results from a demonstrable cause as diagnosed by a qualified medical practitioner.

Activities of Daily Living means:-

- Ability to take a bath or shower or otherwise maintain adequate personal cleanliness, with or without the aid of special equipment.
- Dressing and undressing, including putting on and taking off medically necessary surgical appliances unless permanently worn.
- Getting to and from the toilet, getting on and off the toilet and maintaining an adequate level of personal hygiene.
- Voluntarily controlling bowel and bladder function with or without the use of catheters, incontinence pads or other artificial aids.
- Moving in and out of a chair or bed, with or without the aid of equipment.
- Eating and drinking once food or drink has been prepared and made available.

Pre-existing Conditions

a. Same Insured Illness

No Benefit will be payable in respect of an Insured Illness or a repeat of the same Illness which the member has previously been aware of suffered from or received treatment for prior to the date of their inclusion in the Scheme. Nor will benefit be payable for any Insured Illness where the member had previously received benefit under the Scheme for that Insured Illness

b. Related Conditions

No benefit will be payable for an Insured Illness in respect of which any related condition existed at any time prior to the date of the member's inclusion in the scheme unless at least two years has elapsed from the date of inclusion in the Scheme.

RED ARC is an independent care advisory service specialising in welfare-based added value services.

The diagnosis of a serious health condition such as cancer, a heart attack, stroke or MS invariably means a worrying time for everyone close to the patient. That's the time that you need access to someone who understands your condition and has the time to listen to your concern and allay your fears. That goes for your spouse, partner and children too. Advice and counselling are also available for other conditions such as disability. The cornerstone of the RED ARC service is the personal nurse adviser - highly experienced, registered nurses who will be the focal point for you and your family and tailor the support you need to your particular circumstances.

Your personal nurse adviser will be available to you by telephone in normal business hours, and will be able to provide information and support for as long as you need it. Where appropriate, they may commission additional services such as a one off visit by a specialist nurse, counselling or therapy.

RED ARC also has links with many charities specialising in your particular health condition, and can often direct you to self-help groups that will help you come to terms, and cope better, with your problem. Home adaptation and special equipment to aid everyday living are other important areas where we can provide guidance.

The RED ARC service is free of charge and confidential. If you think you may be eligible you should ring RED ARC on 01244 625183 in normal business hours.

Family Travel Policy

This policy covers the member, their partner and dependant children under 21 years of age, all normally residing together in their family home. For any number of trips in any year up to 31 days per trip. It covers travel worldwide and also in the United Kingdom.

The main sections of cover are:

- Cancellation and curtailment up to £3,000
- Emergency medical expenses up to £5,000,000
- Personal Effects up to £1,500
- Personal Money up to £500

- Public liability up to £2,000,000
- Personal Accident up to £20,000

Other benefits are included. Please see travel policy for full details.

Insurer: This travel insurance policy is underwritten by Millstream Underwriting Ltd (insured by AGA International S.A.), arranged through Philip Williams and Company.

Main Conditions and Exclusions to Family Travel Policy

The policy contains an important Warranty and exclusions relating to existing health conditions. Please follow the instructions in the policy document and contact the Medical Pre-Screening service on **0845 643 2634** quoting reference **MT11/1092**, if you have any medical condition or circumstance which may affect your ability to travel.

An excess of £50 is applicable for most policy sections. The excess is payable per person, per section, per insured incident subject to a maximum of £100.

There are significant limitations and exclusions of cover for property, including valuables and money, that is left unattended or out of your immediate control and supervision. Please also note the requirements for notifications of loss/theft and the need for reports. Full policy terms and conditions have been made available. If you require further copies please contact the Federation Office.

Legal Expenses

Some important facts about the Professional Fees policy are summarised below. This summary does not describe all of the terms and conditions of the policy. All references below to the cover provided are contained within the full policy wording. Please note that a full policy wording is available for your inspection at the Federation Office upon request.

Section of Cover	Cover Provided	Specific Section Exclusions (Please note that this only shows the significant exclusions and reference should be made to the policy wording for a definitive list)
Criminal Prosecution Defence	<p>Defence of criminal court Legal Proceedings brought against a Beneficiary as a result of any act or omission or alleged act or omission.</p> <p>1) Police Station Representation Legal Expenses incurred in representing a Beneficiary at a Police Station where they are being interviewed under caution in relation to an alleged criminal act.</p> <p>2) Magistrates' Court Representation Legal Expenses incurred in representing a Beneficiary at a Magistrates Court.</p> <p>3) Crown Court Representation A sum equal to any assessed income based contribution payable by the Beneficiary towards Professional Fees incurred under the Crown Court Means Testing scheme.</p> <p>4) Arrest/Detention Overseas. Professional Fees incurred in representing a Beneficiary: Where the Beneficiary is Arrested or Detained overseas (worldwide) £2500 will be made available for any representation or Bail-Bond</p>	<p>Where representation or indemnity is provided under the rules of the Federation Fund or by the Chief Constable.</p> <p>1) Police Station Representation Any matter where the Appointed Representative assesses that reasonable prospects of success do not exist.</p> <p>2) Magistrates' Court Representation Any matter where the Appointed Representative assesses that reasonable prospects of success do not exist.</p> <p>3) Crown Court Representation a) Professional Fees required to be paid by a Beneficiary in excess of the pre-conviction assessed income based contribution under the Crown Court Means Testing scheme following conviction. b) Any matter where the Appointed Representative assesses that reasonable prospects of success do not exist. c) Assessed income based contributions payable by the Beneficiary towards Professional Fees incurred under the Crown Court Means Testing scheme which exceed the Limit of Indemnity. d) Any Professional Fees where the Beneficiary fails to: i) apply for a Representation Order under</p>

		<p>the Crown Court Means Testing scheme.</p> <p>ii) submit any required information under the Crown Court Means Testing scheme.</p> <p>iii) comply with the terms of the Representation Order,</p> <p>iv) use a representative that can act under the terms of a Representation Order under the Crown Court Means Testing Scheme.</p> <p>e) The defence of any action, enforcement, or recovery of sums payable against a Beneficiary under the terms of or for a breach of the terms and conditions of a Representation Order under the Crown Court Means Testing scheme.</p>
Personal Injury	Recovery of damages or compensation following any event causing death of or bodily injury to a Beneficiary.	Cover does not apply to a serving Police Officer unless the anticipated damages do not exceed £1000, Legal Proceedings are not funded by the Policyholder and the claim is one alleging negligence by a clinical or medical practitioner.
Residential Protection	Pursuit of Legal Proceedings following any event causing loss of or damage to the Home.	
Peaceful Occupation	Pursuing or defending a Beneficiaries legal rights arising out of the ownership or rightful occupation of the Home.	<p>Any lease tenancy or rental dispute other than where the Beneficiary has been unlawfully evicted from the Home.</p> <p>Any dispute relating to the letting or subletting of or licence to occupy the Home.</p> <p>Any dispute which in the first instance falls within the jurisdiction of the Rent, Rates or Land Tribunals or any appeals therefrom.</p>
Consumer Protection	Pursuing or defending a claim which arises from a contract for services including insurance, sale, purchase or hire purchase of personal goods.	We do not cover claims where the value in dispute is less than £50,00, or which arise from a contract entered into prior to the inception of the first Period of Insurance or a contract of insurance dispute relating solely to quantum.
Data Protection	Defence of Legal Proceedings taken against the Beneficiary for compensation relating to the way that they have kept or used personal information about another person or organisation.	
Uninsured Loss Recovery & Motor Prosecution Defence	<p>The recovery of uninsured losses of a Beneficiary resulting from a motor accident in the Vehicle.</p> <p>The defence of Legal Proceedings taken against the Beneficiary arising from a breach of road traffic regulations relating to the Vehicle.</p>	<p>Any claim where a Beneficiary does not have a valid driving licence, the appropriate motor insurance policy, valid road tax certificate/disc or MOT certificate for the Vehicle.</p> <p>We do not cover Legal Proceedings relating to parking offences.</p> <p>Any claim where funding is available from the Police Federation, Chief Constable or any other appropriate body.</p> <p>A £50 excess applies to Motor Prosecution Defence claims.</p> <p>Any Professional Fees in excess of £5000 in respect of Motor Prosecution Defence claims.</p>

Discrimination	Defence of Civil Legal Proceedings brought against the Beneficiary alleging discrimination related to sex, race, age, religion or disability at work.	
Probate	Pursuing a claim in respect of a probate dispute involving the will of the Beneficiary's parents, grandparents, children, step-children or adopted children.	Where a will has not been previously made, concluded, or cannot be traced.
Employment	Pursuing Legal Proceedings between a Beneficiary and their employer in respect of a contract of employment dispute.	We do not cover disputes where this relates to a Beneficiary's employment as a Police Officer, or employees of the Police force in respect of their activities outside of serving as an Officer unless the Chief Constable has approved the activity and this can be evidenced.
Fund Trustee Defence	Defence of any civil Legal Proceedings against the Beneficiary in respect of any act or omission or alleged act or omission as a trustee of a fund set up by the Beneficiary's employer.	
Representation at Public Enquiries	Representation of a Beneficiary at a public enquiry ordered by a District Auditor.	
Independent Police Complaints Commission Investigations	Representation by an Appointed Representative at an investigation by the Independent Police Complaints Commission provided that the Beneficiary is a civilian member of the Police Federation at the time at which the investigation occurs.	
Disciplinary Hearings	Representation at a Disciplinary Hearing before the Misconduct Tribunal Panel or the Police Appeals Tribunal following a disciplinary procedure.	Any matter where funding is available from the Police Federation or any other body. Any Professional Fees in excess of £10,000.
Bankruptcy	Where payable, the fee required for filing for Bankruptcy (a Debtor's Petition) and the deposit towards the administration of Your Bankruptcy.	Any Professional Fees related to an application for Bankruptcy.
Education	Appealing against a decision of a Local Education Authority (LEA) arising out of the LEA's failure to comply with its published admission policy resulting in the refusal to accept the Beneficiary's child at the school of their preference.	Where acceptance at the school involves examinations or other selection criteria. Where the refusal occurred within 6 months of the first Period of Insurance. Where the child has been expelled, suspended or permanently excluded from another school. Where the procedure for appealing against the decision to refuse a place at the school has not been followed. Children under 5 years other than for admission disputes arising where entry shall be in the academic year prior to their 5th birthday.
Taxation	Professional Fees arising from or relating to a Full Enquiry by HM Revenue & Customs of a Beneficiary's personal tax affairs.	Any tax, interest or penalties imposed. Anything to do with a tax return which arrived after the legal deadline, or did not arrive at all. Any HM Revenue & Customs investigation or enquiry when they allege, or it becomes clear

		that they suspect fraud. Any business activity or venture for gain other than the Beneficiary's contract of employment or a normal private investment.
Identity Theft	<p>Defending a claim from a financial institution, merchants or their collection agencies.</p> <p>The removal of any criminal or civil judgments wrongly entered against the Beneficiary.</p> <p>Challenging the accuracy or completeness of any information in a Credit Reference Agency report.</p> <p>Creating documents needed to prove the Beneficiary's innocence in terms of any financial irregularities committed unlawfully.</p> <p>Postal and phone costs the Beneficiary has to pay in dealing with financial institutions, the Police and Credit Reference Agencies to report or discuss an actual Identity Theft.</p> <p>Fees charged for reapplying for a loan due to the original application being rejected solely because the lender received incorrect credit information.</p> <p>The Beneficiary's lost earnings as a result of time away from work to go and see the Police, financial institutions or Credit Reference Agencies to report or discuss an actual Identity Theft.</p>	<p>Any Identity Theft connected with the Beneficiary's business, profession, or occupation.</p> <p>Any legal action where the Beneficiary does not have a reasonable prospect of success.</p> <p>Any costs, expenses or losses incurred due to any fraudulent, dishonest or criminal act by a Beneficiary, or any other person acting in collusion with a Beneficiary.</p> <p>Any Indirect Losses other than as identified above.</p>
Assistance	The provision of professional assistance and guidance to the Beneficiary in respect of any personal legal or quasi legal problem of the Beneficiary.	<p>We shall not be obliged to correspond negotiate or otherwise deal on the Beneficiary's behalf with any third party.</p> <p>We will not provide assistance on matters relating to a dispute under this policy between the Policyholder, any Beneficiary, the Agent and Us, the Insurer, their servants or agents.</p>

The limit of indemnity for any one claim is £100,000.

Legal Helpline

There is a 24 hour legal helpline and this can be contacted on 0844 800 0129 for initial advice and further instructions in how to make a claim.

Please quote scheme number LES/256/0631

Arranged by Legal Insurance Management Ltd underwritten by Ageas Insurance Ltd

Identity Theft Helpline

You must contact the identify theft helpline on 01384 377000 quoting LES/256/0631 before you pay or agree to pay any costs. Failure to do so may lead us to decline your claim. We will give you a dedicated case manager who will assist you in identifying the extent of your problem. They will offer advice, guidance, and assist in the preparation of documentation to ensure the extent of your problem and any potential losses are minimized.

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 from us 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 10 working days. Claim forms are available by calling Denplan free on 0800 838 951

Summary of Main 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.
- Injury caused in the consumption of food (including foreign bodies contained within the food).
- 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

13

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	80% of the cost up to £200 per policy year	80% of the cost up to £1000 per policy year	80% of the cost up to £2000 per policy year
Member	£8.70	£13.20	£17.75	£31.50
Member/Partner	£16.20	£24.60	£33.25	£58.95
Member & Children	£13.95	£21.20	£28.65	£50.80
Family	£21.65	£32.95	£44.60	£79.10

Rates are per person per month payable by direct debit. There are no forms to fill in and acceptance is guaranteed. Rates are subject to change on the 1st April each year.

For further details call **0845 230 1654**

Home Emergency Assistance

Home Emergency Insurance is a cost-effective insurance product that provides immediate assistance in the event of a domestic emergency. Home emergencies can be stressful and sometimes difficult to resolve, but with Home Emergency Insurance you will have peace of mind knowing that we are with you every step of the way, by not only appointing a suitably qualified contractor to attend your home but also meeting the costs associated with this.

Cover is provided 24 hours a day, 365 days a year for:

- Call-out charge
- Labour up to a maximum of 3 hours
- Parts and materials up to a maximum of £150 (inc VAT)
- Alternative accommodation up to a maximum of £250 (inc VAT)

The maximum payable per claim is £1,000 (inc VAT)

Emergencies covered are:

- Breakdown of the heating system*
- Plumbing and drainage problems
- Home security including locks and windows
- Breakage or failure of your sole toilet unit
- Loss of domestic power supply
- Lost keys
- Vermin infestation

*For breakdown of the heating system, it is a requirement under the terms and conditions that the boiler is under 15 years old and subject to an annual service. The cost of this service is NOT covered under this policy. You are free to determine who you use for an annual service. For your convenience and peace of mind, we can arrange for boiler servicing Nationwide. A standard service should cost between £65–£70. To arrange a service please call 0844 880 1139

Claims Procedure

In the event of an emergency in the home, please telephone 0844 249 8473 as soon as possible providing us with your name, address, postcode, and the nature of the problem. It is important you notify us as soon as possible and do not appoint your own contractors as we will not pay the costs incurred and it could invalidate your cover. If the incident is not covered by this policy then we can still provide assistance which will be at your own cost. This may also be an event covered by your main buildings and/or contents insurance and we will seek to advise you accordingly. Please note that you should report any major emergency which could result in serious damage to the home or injury, to the Emergency Services or the company that supplies the service.

Significant Features & Benefits	Significant Exclusions or Limitations
The Insurer will pay Costs & Expenses up to the Limit of Indemnity for claims reported during the period of insurance for the insured events shown below	You always agree to use the Contractor nominated by us and the claim must be reported to us immediately after you first become aware of circumstances which could give rise to a claim under this policy
	<p>Limit of Indemnity The Insurer will pay the following:</p> <ul style="list-style-type: none"> a) Call-out charge, and/or b) Labour up to a maximum of 3 hours, and/or c) Parts and materials up to a maximum of £150, and/or d) Alternative accommodation costs up to a maximum of £250 <p>The maximum payable per claim is £1,000</p>

1 MAIN HEATING SYSTEM

The total failure or breakdown of the main heating system in your home

Any claim

- relating to the central heating boiler which
 - is more than 15 years old and/or
 - has not been subject to an annual service
- relating to LPG fuelled, oil fired, warm air, solar and un-vented heating systems or boilers with an output over 60Kw/hr

2 PLUMBING & DRAINAGE

The sudden damage to, or blockage or breakage or flooding of, the drains or plumbing system likely to cause damage to the home or its contents

3 HOME SECURITY

Damage to or the failure of external doors, windows or locks which compromises the security of the home

4 TOILET UNIT

Breakage to or mechanical failure of the toilet bowl or cistern resulting in the loss of function providing there is no other toilet in the home

5 DOMESTIC POWER SUPPLY

The failure of the domestic electricity or gas supply

Any claim relating to the interruption, failure or disconnection of the mains electricity, mains gas or mains water supply

6 LOST KEYS

The loss of the only available keys, if you cannot replace them, to gain access to the home

Any claim relating to damage incurred in gaining access to the home

7 VERMIN INFESTATION

Vermin causing damage inside your home or a health risk to you

8 ALTERNATIVE ACCOMMODATION COSTS

Your overnight accommodation costs including transport to such accommodation up to a maximum of £250 (including VAT) following a home emergency which renders the home uninhabitable

Exclusions Applicable to All Sections

Any claim

- where costs have been incurred before we accept a claim
- where there is no one at home when the contractor arrives
- involving a pre-existing problem
- arising from any wilful or negligent act or faulty workmanship (including any attempted repair or DIY)
- for effecting permanent repairs once the emergency situation has been resolved
- arising out of the failure to maintain any system or equipment or the replacement of parts that gradually wear and tear over time
- relating to garages, outbuildings, boundary walls, fences, hedges, cess pits, fuel tanks or septic tanks
- where the property has been left unoccupied for more than 30 days consecutively
- covered by a manufacturer's, supplier's or installer's warranty

Territorial Limit

The United Kingdom, Channel Islands and the Isle of Man.

Insurer - The policy is administered by ARAG plc and underwritten by Brit Insurance Limited.

Motor Breakdown Cover

The following summary for Police Federation Rescue Breakdown Cover does not contain the full terms and conditions of your breakdown policy contract. For a full explanation of the terms and conditions, please refer to the main policy wording. This service is provided by Call Assist Limited and underwritten by Groupama Insurance Company Limited, both companies are authorised and regulated by the Financial Services Authority.

How to make a claim

If your or your partner's car, motorcycle, or car derived van suffers a breakdown caused by a mechanical or electrical failure please call our 24 hour Control Centre on 0333 600 7340. If you are unable to make a connection, please contact us on 01206 714 305. Please have the collar number of the covered member, your return telephone number, vehicle registration number and precise location available when requesting assistance. 0333 numbers are chargeable at a local rate including from mobile telephones. They are usually included in network providers "free minute" packages. Please program the Control Centres' telephone number in your and your partner's mobile telephones.

All use of this service is available for the covered member and their partner (the person married/civil partnered/cohabiting) with the covered member at the time of the incident. Any claim will be validated with the Police Federation, with costs for any claims from non-eligible persons being the responsibility of the claimant.

We will provide cover as detailed within the policy wording for any breakdown. Cover will apply during the period of insurance and within Great Britain, Northern Ireland, the Isle of Man, and (for residents only) Jersey and Guernsey. There is no age limit to the car or motorcycle.

Features & Benefits	Additional Notes (Please see policy terms & conditions for full details of the below)
Indigo Cover Summary: Roadside/ Recovery	We will arrange and pay for your vehicle, you and up to 6 passengers to be recovered to the nearest garage able to undertake the repair. If your vehicle cannot be repaired locally within the same working day, your vehicle can be recovered to your home or original destination.
Home Assist	Your vehicle will be covered at your home address or within a one mile radius of your home address.
Alternative Travel	We will pay up to £100 (maximum) towards the cost of alternative transport or car hire. We will also pay the cost of a single standard rail ticket for one person to return and collect the vehicle.
Emergency Overnight Accommodation	We will pay a maximum of £60 for a lone traveller or £40 per person for one night for you and up to 6 passengers. The maximum payment per incident is £240.
Message Service	If you require, we will pass on two messages to your home or place of work to let them know of your predicament and ease your worry.
Caravans & Trailers	Maximum length 7 metres (23 feet) recovered with the vehicle if the vehicle cannot be repaired roadside.
Keys	Callout and mileage back to the recovery operator's base. All other costs incurred will be at your expense.

Significant Exclusions

(For a full list of exclusions, please refer to the policy terms and conditions)

- Assistance following an accident, theft or vandalism
- Breakdowns caused by insufficient fuel.
- The recovery of the vehicle and passengers if repairs can be carried out at or near the scene of the breakdown within the same working day. If recovery takes effect we will only recover to one address in respect of any one breakdown.
- Any subsequent callouts for any symptoms related to a claim which has been made within the last 28 days, unless Your Vehicle has been fully repaired at a Suitable Garage, declared fit to drive by the Recover Operator or is in transit to a pre-booked appointment at a Suitable Garage.
- Any request for service if the vehicle is being used for motor racing, rallies, rental, hire, public hire, private hire, courier services or any contest or speed trial or practice for any of these activities.
- The cost of parts, components or materials used to repair the vehicle.
- Any winching charges or the use of specialist equipment
- Any breakdown that occurred before you were provided with this cover.
- More than six callouts in any twelve month period.
- Claims totalling more than £15,000 in any one year.
- The cost of alternative transport other than to your destination and a return trip to collect your repaired vehicle.
- Overnight accommodation or car hire charges if repairs can be carried out at or near the scene of the breakdown within an agreed time.
- Any damage to your vehicle or its contents whilst being recovered, stored or repaired and any liability arising from any act performed in the execution of the assistance services provided. We will not pay for any losses that are not directly covered by the terms and conditions of this policy. For example, we will not pay for you to collect your vehicle from a repairer or for any time that has to be taken off work because of a breakdown.

If you require cover for a trip to Europe, a discounted policy is available by visiting www.startrescue.co.uk/european. An additional 15% discount is available from the stated rates by entering the code POLICEFED0115 towards the end of the purchase process.

SUPPLEMENTARY LIFE INSURANCE

The option to purchase additional (Top Up) life insurance cover is available to existing subscribing members of the scheme only, we invite you to consider the options to increase your life cover for both yourself and your spouse / partner.

Serving Officer

Additional £25,000

Additional £50,000

£2.17 per pay period

£4.33 per pay period

Spouse / Partner

Additional £12,500

Additional £25,000

£1.08 per pay period

£2.17 per pay period

The additional Life Insurance cover is payable by payroll deduction and ceases upon retirement. Please contact the Federation Office to apply.

Financial Advice

Membership of the Group Insurance Scheme also entitles you to free financial advice across a range of issues including: help finding a mortgage, advice on issues arising from debt and help with bankruptcy, a free simple will writing service, initial investment advice, understanding your tax entitlements and more.

This advice is offered as part of this package through Kinsella Clarke, chartered accountants, 61 Stanley Road, Bootle. L20 7BZ - Tel No 0151 933 3400.

Claims Procedure

All claims with the exception of Legal Expenses, Motor Breakdown, Denplan, Home Emergency Assistance and Emergency Medical claims under the Travel Insurance should be reported to the Federation Office on 0151 259 2535 who will provide a claim form and further guidance on how to make a claim.

Immediate notice must be given to the Federation Office of any event which a member believes is likely to give rise to a claim. If claims are not reported with three months of the date of the incident they may not be met.

The onus is on the member to notify a claim and it is not the responsibility of the Federation to make a member aware of their entitlement to claim.

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 Trustees of the Merseyside Police Federation Insurance Scheme. 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 0151 259 2535 or 0151 777 7500-04

Fax 0151 228 0973

Or simply write, giving details of your complaint to:

Office Manager
Merseyside Police Federation
Malvern House
13 Green Lane
Tuebrook
Liverpool
L13 7DT



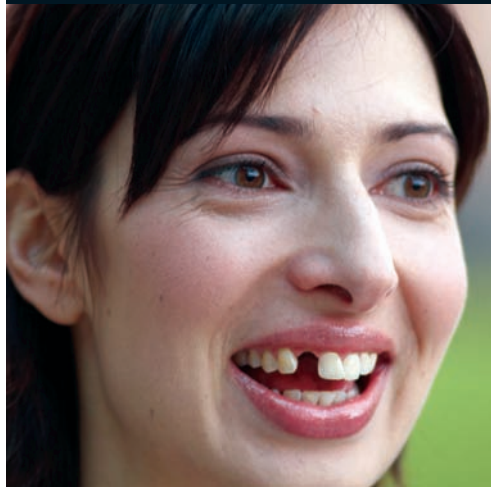
35 Walton Road, Stockton Heath, Warrington, Cheshire WA4 6NW
Tel 01925 604 421 Fax 01925 861 351

Philip Williams and Company are Authorised and Regulated by the Financial Services Authority

NOTES



Don't Forget!



Your Police Federation Insurance Scheme now has cover for dental accidents & emergencies!

Should you or a covered partner have an accident, or simply a toothache that requires an urgent or emergency appointment with a dentist, you can claim costs back. This cover applies even if you visit your usual dentist. If you do not have a dentist or are away from home, Denplan will find you a dentist anywhere in the World. Claim forms are available by calling 0800 838 951 or by contacting the Federation Office.

If you wish to upgrade your cover to include routine and remedial treatment call Philip Williams & Company on:

0845 230 1654



We're here to help you stay healthy

- Get prompt medical treatment when you need it from the UK's leading provider of private medical treatment
- Cover for treatment at a nationwide network of over 180 hospitals
- Simple Claims service, usually with no forms to complete
- 24-7 BUPA Healthline for advice and information from fully qualified nurses



Call us today for further information on:

0800 0858 999

Opening times 9am – 5pm Monday – Friday. Calls are recorded.

All applications are subject to full medical underwriting. Acceptance is not guaranteed. The policy is subject to an annual £100 policy excess.