



GLOUCESTERSHIRE POLICE FEDERATION INSURANCE SCHEME

SCHEME BENEFITS with effect from 1 November 2011

Serving Member

	Entry Level Scheme	Full Scheme
Life Insurance	£60,000	£120,000
Terminal Prognosis Advance on Life Insurance	20% of sum insured	20% of sum insured
Permanent Total Disablement (due to accident)	£50,000	£75,000
Accidental Loss of Use Benefit		
One Eye, Limb or Hearing in one ear	£10,000	£10,000
Two Eyes, Limbs or Hearing in both ears	£25,000	£25,000
Hospitalisation Benefit up to 5 nights		
Accident/incident/emergency admission	£40 per night	£40 per night
Planned admission after first 3 nights	£40 per night	£40 per night
Critical Illness	£5,000	£15,000
Child Critical Illness	£1,000	£3,000
Child Death Grant	£2,000	£2,000
Red Arc	Family Cover	Family Cover
Sick Pay Benefit	20 % Scale Pay up to 52 weeks	20 % Scale Pay up to 52 weeks
Legal Expenses including ID Theft Protection	Family Cover	Family Cover
Denplan Emergency & Injury Key Cover	Included	Included
Family Travel Policy	Worldwide	Worldwide

CALENDAR MONTHLY SUBSCRIPTION

Weeks of service 1–52

Weeks of service 53–104

£Nil

£9.20

£21.90

Spouse or Cohabiting Partner of Serving Member

Life Insurance	£30,000	£60,000
Terminal Prognosis Advance on Life Insurance	20% of sum insured	20% of sum insured
Critical Illness	£2,500	£5,000
Child Critical Illness	£500	£1,000
Denplan Emergency & Injury Key Cover	Included	Included

CALENDAR MONTHLY SUBSCRIPTION

Weeks of service 1–52

Weeks of service 53–104

£Nil

£3.70

£7.55

The benefits arranged under this insurance scheme are provided strictly under the terms of insurance policies taken out and owned by the Trust. This Scheme Benefits booklet is only a summary of the cover provided. Full details are contained in the Master Policies. 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.

Officers going on a Career Break are not able to remain in the Scheme, but can apply to rejoin when they return to Force.

RETIRED MEMBER BENEFITS with effect from 1 November 2011

Retired Member Aged Under 60

Life Insurance
Terminal Prognosis Advance on Life Insurance
Permanent Total Disablement
Accidental Loss of Use Benefit
 One Eye, Limb or Hearing in one ear
 Two Eyes, Limbs or Hearing in both ears
Red Arc
Legal Expenses including ID Theft Protection
Denplan Emergency & Injury Key Cover
Family Travel Policy

CALENDAR MONTHLY SUBSCRIPTION

£55,000
20% of sum insured
£10,000

£5,000
£10,000
Family Cover
Family Cover
Included
Worldwide
£21.30

Retired Member Aged 60 to 64 inclusive

Life Insurance
Terminal Prognosis Advance on Life Insurance
Permanent Total Disablement
Accidental Loss of Use Benefit
 One Eye, Limb or Hearing in one ear
 Two Eyes, Limbs or Hearing in both ears
Red Arc
Legal Expenses including ID Theft Protection
Denplan Emergency & Injury Key Cover
Family Travel Policy

CALENDAR MONTHLY SUBSCRIPTION

£27,500
20% of sum insured
£10,000

£5,000
£10,000
Family Cover
Family Cover
Included
Worldwide
£21.30

Retired Member Aged 65 to 69 inclusive

Life Insurance
Red Arc
Legal Expenses including ID Theft Protection
Denplan Emergency & Injury Key Cover
Family Travel Policy

CALENDAR MONTHLY SUBSCRIPTION

£5,000
Family Cover
Family Cover
Included
Worldwide
£21.30

Spouse or Cohabiting Partner Aged under 60 of Retired Member

Life Insurance
Terminal Prognosis Advance on Life Insurance
Denplan Emergency & Injury Key Cover

CALENDAR MONTHLY SUBSCRIPTION

£30,000
20% of sum insured
Included
£7.75

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

Life Insurance
Terminal Prognosis Advance on Life Insurance
Denplan Emergency & Injury Key Cover

CALENDAR MONTHLY SUBSCRIPTION

£15,000
20% of sum insured
Included
£7.75

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

Life Insurance
Denplan Emergency & Injury Key Cover

CALENDAR MONTHLY SUBSCRIPTION

£2,500
Included
£7.75

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

This benefit is provided should the member suffer an accident during the currency of this policy, resulting in total permanent and irreversible disability such that the benefit member is unable to perform any gainful employment and such that the member is unable to exist independently and requires continual supervision and frequent attention of a third party for activities of daily living. Such disabilities must be established for a continuous period of twelve calendar months before the benefit can be paid.

Accidental Loss of Use Benefit

This benefit is payable should the member suffer an accident during the currency of the policy resulting in a permanent loss of sight of one or two eyes, the use of one or more limbs at or above the wrist or ankle or the permanent total loss of hearing in one or both ears.

Sick Pay Benefit (Regulation 28)

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 Sick Pay Benefit (Regulation 28)

Benefits will cease after the benefit period or on early return to work or discharge. If a benefit member is offered recuperative duties and a return to full pay and such duties are declined without reasonable cause, the benefit will cease. Shift allowance and other allowances are not included.

Hospitalisation Benefit

Should a member be admitted to hospital in the UK immediately following an accident, incident or emergency, this benefit will pay £40 per night for up to 5 nights. Should a member be admitted to hospital in the UK for a planned procedure, a benefit of £40 per night will become payable after the first 3 nights for up to a further 5 nights.

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 or undergoing surgery as defined in the Master policy, with one of the listed critical illnesses and surviving for 28 days following diagnosis or surgery. 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. Critical Illness Benefit is payable once only in respect of conditions in a common Group. Illnesses may belong to more than one Group. Please see full policy wording for details.

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.

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.) and 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
- Renal Failure
- Severe Burns
- Stroke

Summary of main conditions applicable to Critical Illness

1. Cancer manifested by the presence of malignant tumours characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The term cancer includes leukaemia and Hodgkin's disease. All non-invasive cancers, cancer in situ, tumours in the presence of any human immunodeficiency virus and any skin cancer other than malignant melanoma are specifically excluded. Malignant melanoma is included provided that it is histologically classified as having caused invasion beyond the outer layer of skin - the epidermis.
The diagnosis must be supported by histological evidence of malignancy.
2. Coronary artery bypass surgery means the undergoing of surgery to correct narrowing or blockage of two or more coronary arteries with bypass grafts in persons of limiting anginal systems. Balloon angioplasty, laser relief or any other procedures are excluded.
3. Aorta Surgery means the actual undergoing of surgery of the aorta requiring excision and surgical replacement of the diseased aorta with a graft.
4. Major organ transplant means the 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 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 must be an unequivocal diagnosis by a consultant neurologist holding an appointment at a major hospital in the UK. Only idiopathic Parkinson's Disease is covered.
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. Paralysis means the complete and Permanent Loss of Use of two or more limbs. Disability must be established for a continuous period of 12 months and must be supported by neurological evidence.

12. 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.

Exclusions applicable to Permanent Total Disablement, Accidental Loss of Use, Sick Pay Benefit, Hospitalisation Benefit and Critical Illness

No exclusions apply due to illness or injury incurred in the bona fide execution of police duty, whether or not the Benefit Member is formally on duty at the time. Otherwise no Benefit shall be payable under this Policy if a claim occurs directly or indirectly from any of the following causes:-

- 1) War (whether declared or not) other than civil war or any act incidental thereto.
- 2) Whilst engaged as a passenger, or otherwise, in aeronautics (other than as a fare-paying passenger) or in underwater operations.
- 3) Any breach of the law by the Member.
- 4) Misuse of alcohol or drugs.
- 5) Taking part in any Hazardous Pursuit. Other than in the Bona Fide execution of Police duty the following pursuits are deemed to be hazardous.
 - a) Diving or skin diving involving the use of underwater breathing apparatus.
 - b) Rock climbing or mountaineering involving the use of ropes or guides.
 - c) Potholing.
 - d) Aerial activity other than as a fare-paying passenger in a recognised airline.
 - e) Hunting on horseback.
 - f) Driving or riding in any form of race.
 - g) Bungee jumping.

Red Arc

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 stress and 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 can commission additional services such as a home 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 01273 716700 in normal business hours.

Provider - Red Arc Assured

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 at the Federation Office for your inspection 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 the Crown Court Means Testing scheme. ii) submit any required information under the Crown Court Means Testing scheme. iii) comply with the terms of the Representation Order, iv) use a representative that can act under the terms of a Representation Order under the Crown Court Means Testing Scheme. 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	<p>Recovery of damages or compensation following any event causing death of or bodily injury to a Beneficiary.</p>	<p>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.</p>
Residential Protection	<p>Pursuit of Legal Proceedings following any event causing loss of or damage to the Home.</p>	
Peaceful Occupation	<p>Pursuing or defending a Beneficiaries legal rights arising out of the ownership or rightful occupation of the Home.</p>	<p>Any lease tenancy or rental dispute other than where the Beneficiary has been unlawfully evicted from the Home. Any dispute relating to the letting or subletting of or licence to occupy the Home. 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	The recovery of uninsured losses of a Beneficiary resulting from a motor accident in the Vehicle. The defence of Legal Proceedings taken against the Beneficiary arising from a breach of road traffic regulations relating to the Vehicle.	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. We do not cover Legal Proceedings relating to parking offences. Any claim where funding is available from the Police Federation, Chief Constable or any other appropriate body. A £50 excess applies to Motor Prosecution Defence claims. Any Professional Fees in excess of £5000 in respect of Motor Prosecution Defence claims.
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. The removal of any criminal or civil judgments wrongly entered against the Beneficiary. Challenging the accuracy or completeness of any information in a Credit Reference Agency report. 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. Fees charged for reapplying for a loan due to the original application being rejected solely because the lender received incorrect credit information. 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. Any legal action where the Beneficiary does not have a reasonable prospect of success. 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. 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. 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 0870 900 2168 for initial advice and further instructions in how to make a claim.

Please quote scheme number LES/256/0278

Arranged by Legal Insurance Management Ltd underwritten by Ageas Insurance Ltd

Identity Theft Protection

If you become aware of an occurrence of identify theft we agree to pay up to £100,000 for:

1. reasonable legal and ancillary costs incurred:
 - a) to defend a claim from a financial institution, merchants or their collection agencies;
 - b) for the removal of any criminal or civil judgments wrongly entered against the insured;
 - c) challenging the accuracy or completeness of any information in a credit reference agency report; and
 - d) to create documents needed to prove your innocence in terms of any financial irregularities committed unlawfully;
2. postal and phone costs you pay in dealing with financial institutions, the Police and credit reference agencies to report or discuss an actual identify theft.
3. fees charged for reapplying for a loan which has been rejected due to the original application being rejected solely because the lender received incorrect credit information.
4. 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 identify theft.

The events above must be as a result of an actual identify theft.

What is not Covered

1. Any identify theft connected with your business, profession, or occupation.
2. Any legal action where you do not have a reasonable prospect of success.
3. Any costs, expenses or losses incurred due to any fraudulent, dishonest or criminal act by an insured person, or any other person acting in collusion with an insured person.
4. Any indirect losses other than as identified under the section 'What is Covered'.

Claims Process

You must contact the identify theft helpline on 01384 377000 quoting LES/256/0278 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.

Arranged by Legal Insurance Management Ltd underwritten by Ageas Insurance Ltd

Denplan Key Cover

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



Member of the Global AXA Group

• 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 and are also available to download from the Federation internet and intranet sites.

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.
- Dental Injury caused in the consumption of food (including foreign bodies contained within the food). Please note that cover for emergency dental treatment for the relief of pain, is not excluded if caused in the consumption of 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, you may upgrade your cover as detailed on the next page.

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	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	£7.85	£12.30	£15.35	£27.90
Member/Partner	£14.45	£22.75	£28.35	£51.70
Member & Children	£12.50	£19.65	£24.60	£44.65
Family	£19.35	£30.45	£38.15	£69.30

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**

Family Travel Policy

This policy covers the member, their partner and dependant children under 18 years or 22 years if in full time education, all normally resident with the member, 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 Baggage up to £1,500
- Personal Money up to £500
- Personal Liability up to £1,000,000
- 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 Arch Insurance Company Europe Ltd), 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 **MT09/1084**, 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.

Claims Procedure

All claims with the exception of Legal Expenses, Denplan and Emergency Medical claims under the travel insurance should be reported to the Federation Office on 0844 612 0012 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 within 60 days 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. A list of insurers under the scheme is available upon request.

Any complaints about any aspect of the Federation Insurance Scheme should in the first instance be directed to the Trustees of the 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 0844 612 0012
Fax 0844 612 0013

Or simply write, giving details of your complaint to:

Police Federation Office, Gloucestershire Constabulary, 6A Kingscroft Road,
Hucclecote, Gloucester GL3 3RF



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

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