



Personal accident and illness insurance

POLICY

Customer satisfaction

Thank **you** for choosing **us** for **your** insurance. This document sets out what is and is not covered. The schedule shows the sections of cover **you** have chosen and any special terms that apply. Certain words shown in **bold** in this insurance have specific meanings and these are explained under **definitions**.

Please check that the cover explained in this document and the schedule meets **your** needs and that **you** understand it. If **you** have any questions about **your** insurance, please contact **your** insurance adviser who arranged this insurance for **you**.

Our promise to you

- **We** aim to provide a first-class service. If **you** want to make a complaint, or feel that **we** have not kept **our** promise, please contact **your** insurance adviser who arranged this insurance for **you**. (The address is shown on the schedule.) When **you** do this, quote the policy number shown on **your** schedule.
- If **you** are still not satisfied, please send **your** complaint to the Chief Executive of **Equity Red Star** at:

52 Leadenhall Street
London
EC3A 2BJ.
- If **you** are still not satisfied with the way a complaint has been dealt with, **you** may ask the following to review **your** case:

If this insurance was issued in the United Kingdom

Lloyd's Underwriters
Their address is:
Policyholder and Market Assistance
Lloyd's Market Services
Lloyd's
One Lime Street
London EC3M 7HA
Phone: 020 7327 5693
Fax: 020 7327 5225
E-mail: complaints@lloyds.com

If **you** are still not satisfied, **you** may refer **your** complaint to the Financial Ombudsman Service (FOS).
The address is:
The Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London
E14 9SR
Phone: 0845 080 1800
E-mail: enquiries@financial-ombudsman.org.uk
Website: www.financial-ombudsman.org.uk

If this insurance was issued in Ireland

Lloyd's Underwriters' Representative in Ireland. Their address is:

Lloyd's Ireland Representative Limited
7/8 Wilton Terrace
Dublin 2
Ireland

If **you** are still not satisfied, **you** may refer **your** complaint to the Financial Service Ombudsman.

The address is:

The Financial Service Ombudsman Bureau
3rd Floor
Lincoln House
Lincoln Place
Dublin 2
Ireland

These procedures would not affect **your** rights to take legal action if necessary.



The contract of insurance

This document, the schedule and any endorsements form a legally-binding contract of insurance between **you** and **us**. The contract does not give, or intend to give, rights to anyone else. No-one else has the right to enforce any part of this contract. **We** may cancel or change any part of the contract without getting anyone else's permission.

The contract is based on the information **you** provided in **your** proposal or statement. The insurance provided by this document covers death or disability that happens during any **period of insurance** for which **you** have paid, or agreed to pay, the premium. This insurance is provided under the terms and conditions contained in this document or in any endorsement applying to it.

Currency

Where this document, the schedule and any endorsement shows a currency in sterling (£) this currency will apply to insurance solely arranged in the United Kingdom or if the currency is shown in euros (€) this currency will apply solely to insurance arranged in Ireland.

Language

This insurance is written in English and all communications about it will be in English.

Governing law

Unless **we** have agreed otherwise with **you**, this contract is governed by the following laws.

If this insurance was issued in the United Kingdom

English law

If this insurance was issued in Ireland

Irish law

The insurance cover that this document relates to was granted to Equity Red Star (Accident & Health) Ltd, under a legal agreement in Ireland by the insurer, **Equity Red Star**. It has been issued in Ireland under section 94 of the Insurance Act 1936.

Equity Red Star (Accident & Health) Ltd, whose name and address is shown on the schedule, along with the Lloyd's Underwriters' Representative in Ireland has all the powers set out in the Insurance Acts and Regulations 1909 to 2000.

Lloyd's Underwriters' Representative in Ireland.

Lloyd's Ireland Representative Limited

7/8 Wilton Terrace

Dublin 2

Ireland

Phone: 0163 13600 (00 353 1 6313 600 if **you** are phoning from outside Ireland)

Without affecting what **we** have already mentioned in this document, the underwriters agree that Irish law applies to this contract. If there is a disagreement under the policy, any suitable court in Ireland can deal with the case. Any disagreement will be settled in line with the law and practice that applies in the court.

Any summons, notice or process will be served on Lloyd's Underwriters' General Representative at the address shown above.

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Claims Procedure

If **you** need to make a claim please contact:

Cega Claims Service
PO Box 127
Chichester
West Sussex
PO18 8WQ
England.

Phone: + 44(0)1243 621233
Fax: + 44 (0)1243 621035
Email: claims@cegagroup.com

You must report any claim as soon as possible.

Definitions

The words and phrases below have the meanings shown whenever they appear in this document, schedule and endorsements.

Accident

A sudden, unexpected specific event which happens during the **period of insurance** at a time and place which can be identified. It includes being exposed to severe or exceptional weather conditions.

Accident accumulation limit

The most **we** will pay under this contract of insurance for an **accident** involving more than one **insured person**. If a claim goes over the limit shown on the schedule, **we** will pay each **insured person** an amount equal to this limit divided by the number of insured people **you** are claiming for.

Average weekly wage

An **insured person's average weekly wage** (not including payments for overtime, commission or bonuses) before tax and National Insurance for the 13 weeks immediately before the first date they are off work due to **accident** or **illness**. If the **insured person** is self-employed or a director or shareholder of a small private company, this will be 1/52 of the total of:

- the **insured person's** net profit as declared to HM Revenue & Customs or the Irish Revenue; plus
- the **insured person's** regular dividend payment for the 13 weeks before the first day they are off work due to the **accident** or **illness**; plus
- any items which **we** consider to be non-refundable **overheads** in the **insured person's** trading accounts. In this calculation, **we** will not include any items **we** consider to be **variable costs**.

Bodily injury

Physical injury (including **illness** directly resulting from that physical injury) caused only by an **accident** and which results in an **insured person's** death or disability within 12 months of the date of the **accident**.

Dangerous activities

- Flying (including hot-air ballooning, hang-gliding, gliding and micro-lighting) other than as a fare-paying passenger in a licensed passenger aircraft
- Activities relating to horse-riding
- Hunting or shooting
- Martial arts, boxing, wrestling or judo
- Motor sports, rallies or competitions
- Motorcycling (including motor tri-cycling and motor quadric-cycling), whether as a rider or as a passenger, unless **you** are on a public highway, are wearing a crash helmet and the rider has the appropriate licence
- Mountaineering, abseiling or rock climbing when ropes or guides need to be used
- Organised team football (including American, Australian and Association football)
- Ice hockey, hockey, lacrosse, hurling, camogie, shinty or rugby
- Parachuting, parasailing or parascending
- Pot-holing
- Professional sport of any kind
- Speedboating or powerboating in a vessel that can reach speeds of more than 20 knots
- Yachting
- Racing (other than on foot or while swimming)
- Rafting, canoeing or kayaking in white-water rapids

- Swimming at a depth of 30 metres or more, swimming using breathing apparatus other than a snorkel (unless **you** are a qualified diver accompanied by a fellow diver or are unqualified but accompanied by a qualified instructor)
- Waterskiing
- **Winter sports**

Equity Red Star

The group of Lloyd's underwriters who have insured **you** under this contract. Each underwriter is only liable for their own share of the risk and not for any other underwriter's share. **You** can ask **us** for the names of the underwriters and the share of the risk each one has taken on.

Excess period

The initial period of **temporary total disability** or **temporary partial disability** during which **we** will not pay the benefit under items 5 or 6 in section A or item 3 in section B. The **excess period** is shown in the schedule.

Hospital

An establishment licensed for caring for and treating inpatients who are sick and injured, but not mainly a clinic, a nursing, rest or convalescent home, and not a place to treat alcoholism or drug addiction.

Hospitalisation

Staying in a **hospital** overnight as an inpatient when this is considered to be necessary by a legally-qualified medical practitioner other than **you**, an **insured person** or a member of **your** or an **insured person's** immediate family.

Illness

Sickness or disease, the symptoms of which first appear during the **period of insurance** and which within 12 months of the symptoms appearing, result in an **insured person** first becoming unable to work.

Insured person

Any person shown in the schedule as being an '**insured person**'.

Loss of a limb

The permanent physical loss of a hand at or above the wrist, or of a foot at or above the ankle, or the permanent and total loss of use of a hand, arm, foot or leg.

Loss of sight (Section A: Personal accident)

The permanent and total **loss of sight** which **we** consider as having happened:

- 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; or
- in one eye if, after correction, the degree of sight an **insured person** has left in that eye is 3/60 or less on the Snellen Scale (meaning they can see at three feet what they should be able to see at 60 feet).

Loss of sight (Section B: Illness)

The permanent and total **loss of sight** which **we** consider as having happened:

- 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.

Medical expenses

Expenses **you** or an **insured person** have paid following **bodily injury** or **illness** for necessary medical treatment, **hospital** surgery, manipulative massage, therapeutic treatment, X-rays or nursing treatment, including the cost of medical supplies and ambulance hire.

Overheads

Business costs that generally stay the same no matter what goods or services are provided (for example, rent, phone line rental, standing charges for gas, electricity and water supplies, franchise fees,

business insurance premiums, accountancy fees, road tax for business vehicles).

Period of insurance

This is the length of time covered by this insurance (as shown in the schedule) and any extra period for which **we** accept **your** premium.

Permanent total disability

Disability which entirely prevents an **insured person** from carrying out all parts of their usual business or occupation for at least 52 weeks, and shows no signs of ever improving.

Pre-existing condition

A physical or mental disability, or ongoing or recurring medical condition (one that keeps coming back), which an **insured person** had, knew they were likely to have, or had symptoms of, before the **period of insurance** (unless **we** have agreed to provide cover in writing).

Temporary partial disability

A disability which prevents an **insured person** from carrying out a major part of their usual business or occupation.

Temporary total disability

A disability which entirely prevents an **insured person** from carrying out all parts of their usual business or occupation.

Variable costs

Business costs that change in line with the cost of selling goods or services (for example, the cost of goods, shipping costs, postage, handling and storage fees, sales commission, the cost of phone calls and fuel).

We, us, our

Equity Red Star, managed by Equity Syndicate Management Ltd, which in the United Kingdom is authorised and regulated by the Financial Services Authority. The Financial Services Authority website includes a register of all regulated firms (www.fsa.gov.uk/pages/register), or **you** can contact the Financial Services Authority on 0845 606 1234. **Our** FSA registration number is 204851.

Equity Syndicate Management Ltd is registered in England and Wales, registration number 426475. Registered office: Library House, New Road, Brentwood, Essex, CM14 4GD.

As **we** are members of the Financial Services Compensation Scheme (FSCS), **you** may be entitled to compensation from the scheme if **we** cannot pay out all valid claims under this insurance. This depends on the type of business and the circumstances of the claim. The scheme will cover 90% of the claim with no upper limit. For types of insurance **you** must have by law (such as third party insurance for motor claims), the scheme will cover the whole claim. **You** can get more information about the scheme from the FSCS or **you** can visit their website at www.fscs.org.uk.

Winter sports

Any type of skiing, ice-skating and using sledges, skeletons, snow boards, snow mobiles, bobsleighs, toboggans or luge.

You, your

The person or people named in the schedule as being the 'insured'.

Section A – Personal accident

Cover – what is covered

We will pay up to the sum insured shown in the schedule if, during the **period of insurance**, an **insured person** suffers **bodily injury** which results in any of the following.

- 1 Death (**we** will also pay the sum insured for death if an **insured person** that disappears is not found within 52 weeks and **we** receive enough evidence to assume that a **bodily injury** caused their death)
- 2 **Loss of sight** in one or both eyes
- 3 **Loss of a limb**
- 4 **Permanent total disability**
- 5 **Temporary total disability** (while an **insured person** continues to be disabled **we** will pay the weekly benefit shown in the schedule for up to 104 weeks from the date of an **accident**, less the **excess period**)
- 6 **Temporary partial disability** (while an **insured person** continues to be disabled **we** will pay the weekly benefit shown in the schedule for up to 104 weeks from the date of an **accident**, less the **excess period**)

Extra benefit

1 Medical expenses

We will also pay any necessary **medical expenses you** have paid as a result of insured events 5 and 6. The most **we** will pay for **medical expenses** is 15% of any claim that **we** pay for that event.

2 Extra permanent disability cover

Cover is extended to include the following permanent disabilities an **insured person** suffers as a result of **bodily injury**. The amounts **we** will pay are shown as a percentage of the sum insured in the schedule for insured event 4 shown above in this section A – Personal accident.

- Severe brain damage which entirely prevents an **insured person** from performing at least four of the following activities of daily living without another person helping them or them using special equipment – 100%
 - **Feeding and eating**
Cutting meat, buttering bread, getting food and drink to the mouth using fingers or utensils
 - **Dressing**
Dressing, including fastening zips and buttons, and getting clothes from wardrobes and drawers
 - **Bathing and grooming**
Turning on taps, getting in and out of a bath or shower, washing face, hands and so on, drying, combing hair
 - **Toileting**
Moving into and out of the bathroom, getting on and off the toilet without help, recognising the need to go to the toilet in time to get there
 - **Mobility and transfer**
Getting into and out of bed, transferring from one place to another (for example, a chair to bed, chair to standing, chair to chair)
 - **Walking**
Moving from one place to another, including when using a wheelchair or walking frame

- Total bodily paralysis – 100%
- Permanent and total loss of hearing in both ears – 40%
- Permanent and total loss of hearing in one ear – 10%
- Permanent and total loss of speech – 40%

3 Hospitalisation

We will pay £50 or €50, for each full 24 hours of **hospitalisation** (after the first 72 hours) if an **insured person** suffers **bodily injury** during the **period of insurance** for which they need inpatient **hospital** treatment in the United Kingdom or Ireland, whichever country they have their permanent home in. The most **we** will pay is up to £1,500 or €1,500 in total.

Exclusions – what is not covered

The following exclusions apply to section A – Personal accident. Please see the general exclusions on page 10, which apply to all of this insurance.

We will not pay the following.

- The sum insured for insured event 1 if the **bodily injury** does not lead to death within 52 weeks of an **accident**.
- The sum insured for insured events 2 or 3 if the loss results in death within 52 weeks of an **accident**.
- The sum insured for insured event 4 if the disability results in death within 52 weeks of an **accident**.
- The **excess period** of any claim under insured events 5 and 6, for each person insured.
- Any claim under insured events 5 or 6 for a period after 104 weeks from the date that an **accident** happened.
- For insured event 5, any amount over 65% of an **insured person's average weekly wage** before deductions.
- For insured event 6, any amount over 40% of the maximum weekly benefit **we** will pay under insured event 5.
- Any claim for **medical expenses** if **you** or an **insured person** have cover for them under any other insurance.
- Any amount over the **accident accumulation limit** shown in the schedule.

Special conditions

The following conditions apply to section A - Personal accident. The general conditions on page 11 also apply to all of this insurance.

- 1 **We** will only pay a claim for disappearance under insured event 1 if the person or people receiving the claim payment from **us** agree, in writing, to return the payment if the **insured person** is later found to be alive.
- 2 **We** will only pay for one insured event, other than any **medical expenses** that **we** have agreed to.
- 3 If loss or disability, covered by this insurance, causes death (within 52 weeks of an **accident**) before **we** have paid any claim for loss or disability, **we** will only pay the amount shown in the schedule for insured event 1 – Death.
- 4 If **we** have made any payment for weekly benefit under insured event 5 or 6, **we** will take this amount from any fixed benefit **we** later pay for the **accident**.
- 5 If the consequences of an **accident** are more serious than they would otherwise be because of any physical disability or condition an **insured person** had before the **accident** happened, the amount **we** will pay will be the amount **we** would reasonably consider to have paid if those consequences had not been so serious.

Section B – Illness

Cover – what is covered

We will pay up to the sum insured shown in the schedule if an **insured person** suffers an **illness**, the symptoms of which first appear during the **period of insurance** and which results in any one of the following events.

- 1 **Loss of sight** in both eyes.
- 2 **Permanent total disability** by paralysis.
- 3 **Temporary total disability** (while the **insured person** continues to be disabled, **we** will pay the weekly benefit shown in the schedule for up to 52 weeks from the first date of absence due to **illness**, less the **excess period**)

Extra benefit – medical expenses

We will also pay any necessary **medical expenses you** have paid as a result of insured event 3. The most **we** will pay for **medical expenses** is 15% of any claim that **we** pay for that event.

Exclusions – what is not covered

The following exclusions apply to section B - Illness. The general exclusions on page 10 also apply to all of this insurance.

We will not pay the following.

- The sum insured for insured event 1 if the loss results in death within 52 weeks of an **illness**.
- The sum insured for insured event 2 if the disability results in death within 52 weeks of an **illness**.
- The **excess period** of any claim under insured event 3, for each person insured.
- Any claim under insured event 3 for a period after 52 weeks from the date that the symptoms of an **illness** first appeared.
- For insured event 3, any amount over 65% of an **insured person's average weekly wage** before deductions.

Special Conditions

The following conditions apply to section B - Illness. The general conditions on page 11 also apply to all of this insurance.

- 1 **We** will only pay for one insured event, other than any **medical expenses** that **we** have agreed to.
- 2 If **we** have made any payment for weekly benefit under insured event 3, **we** will take this amount from any fixed benefit **we** later pay for the **illness**.

General exclusions

The following exclusions apply to the whole of this insurance.

This insurance does not cover death, loss, disability or expense directly or indirectly caused or contributed to, by, resulting from or in connection with the following.

- 1 Radioactive contamination from:
 - Ionising radiation or contamination from any nuclear fuel, or from any nuclear waste arising from burning nuclear fuel; or
 - The radioactive, toxic, explosive or other dangerous effect of any explosive nuclear equipment or part of that equipment
- 2 Active service in the armed forces
- 3 Flying other than as a fare-paying passenger
- 4 **You** taking part in any **dangerous activity**, unless **we** have agreed to provide cover in writing or by adding an endorsement to the policy.
- 5 Suicide, attempted suicide or intentional self-injury
- 6 Sexually transmitted diseases, including Human Immune Deficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or any related condition
- 7 Any psychiatric, mental or nervous disorder, including dementia, stress, anxiety or depression
- 8 An **insured person** taking part in a criminal act, civil commotion or riot of any kind
- 9 An **insured person** being under the influence of alcohol or drugs
- 10 Any surgery or treatment that is not medically necessary, cosmetic surgery, reversing cosmetic surgery, or any corrective treatment needed as a result of previous cosmetic surgery
- 11 Any **pre-existing condition**
- 12 War, riot, act of foreign enemy (whether war is declared or not), civil war, revolution, power being seized unlawfully, nuclear, chemical or biological materials being released or escaping, or any similar event. If any part of this exclusion is found not valid, or **we** cannot enforce any part of it, the rest will still apply.
- 13 Terrorism

For the purpose of this exclusion, terrorism means an act, or acts, committed for political, religious or similar purposes, with the aim of influencing any government or putting the public, or any section of the public, in fear. Terrorism can include, but is not limited to, using or threatening to use force or violence. The people who carry out acts of terrorism can either be acting alone, or acting on behalf of or in connection with any group, organisation or government.

General conditions

The following conditions apply to the whole of this insurance.

1 Claims under two sections

We will only pay a claim resulting from a single event under either section A or section B, but not both.

2 Reasonable care

Every **insured person** must take all reasonable care to prevent loss, damage or **bodily injury**.

3 Telling us about a change

You must tell **us** as soon as possible about any change in the information **you** have given **us** which is relevant to this insurance (for example, if the information **you** gave **us** when the insurance started or was last renewed changes). If **you** do not tell **us**, **your** insurance may not be valid or may not fully cover **you** or any **insured person**. If **you** are not sure whether any information is relevant, **you** should tell **us** anyway.

We have the right to change any terms and conditions of this insurance when **you** tell **us** about a change.

4 Claims

When a claim or possible claim arises, **you** or an **insured person** must tell **us**, in writing, as soon as possible (see Claims procedure on page 3). **You** or the **insured person** must get and act on advice from a registered medical practitioner, and have any medical examination that **we** ask and pay for. If an **insured person** dies, **we** will be entitled to ask for, at **our** expense, a postmortem examination. **You** or any **insured person** must give **us** (at **your** or their own expense) any documents, information and evidence **we** need.

When **we** pay a claim for insured event 5 or 6 of section A or insured event 3 of section B **we** will normally pay the total due to **you** at the end of **your** or the **insured person's** disability. **We** will consider paying the benefit each month in arrears (for the previous month) if **you** ask for this in writing and any **excess period** has passed. **We** have the right to stop these payments at any time.

5 Fraudulent claims

If a claim is made which **you**, an **insured person**, or anyone acting on **your** or their behalf, knows is false, fraudulent or exaggerated, **we** will not pay the claim and cover under this insurance will end.

6 Cancellation

Your right to change your mind if you are a private policyholder

You may cancel the insurance, without giving reason, by sending **us** written notice within 14 days of the policy starting or within 14 days of **you** receiving the insurance documents, whichever is later. **We** will make a charge equal to the period of cover **you** have had, as long as **we** have not paid a claim or are not due to pay one. This charge will be at least £25 plus insurance premium tax (IPT) in the United Kingdom, or €25 plus insurance levy in Ireland.

You can cancel this insurance by giving **us** 14 days' notice in writing. **We** will refund the part of **your** premium which applies to the remaining **period of insurance** (as long as a claim has not been made), after taking a minimum charge of £50 plus insurance premium tax (IPT) in the United Kingdom, or €50 plus insurance levy in Ireland.

We may cancel this insurance by sending **you** 28 days' notice, by recorded delivery, to **your** insurance adviser as shown in the schedule. **We** will refund the part of **your** premium which applies to the remaining **period of insurance**.

Endorsements

Important - This appendix forms part of the insurance.

An endorsement only applies if the endorsement's number is shown in the relevant place in the schedule. Details of all endorsements are shown either in this appendix or on a separate sheet supplied with the schedule.

Endorsement number PA501 - Extended scale of benefits

If an **insured person** suffers **bodily injury**, cover is extended to include the following permanent disabilities. The amounts **we** will pay are shown as a percentage of the sum insured for insured event 4 of Section A – Personal accident – in the schedule.

Permanent and total loss of the use of the following.

	Right	Left
One thumb	20%	17.5%
One index finger	15%	12.5%
Any other finger	10%	7.5%
A shoulder or elbow	25%	20%
A wrist	20%	15%
One big toe		10%
Any other toe		3%
A hip, knee or ankle		20%
The lower jaw, as a result of having it surgically removed		30%
Shortening of a leg by at least five centimetres		15%

Specific conditions that apply to this endorsement

- If an **insured person** is left-handed, the amounts **we** will pay for the events shown above under 'Right' and 'Left' are reversed.
- If an **insured person** suffers from more than one of the disabilities shown above, as a result of a single **accident**, the most that **we** will pay for that **accident** is the amount shown in insured event 4 of section A - Personal accident.
- If **we** pay a benefit for loss of, or loss of the use of, a whole arm or leg, **we** will not pay benefits for parts of that arm or leg.

Endorsement number PA502 - Increased excess - soccer

Under insured events 5 and 6 of section A - Personal accident, the first 14 days of each claim are not covered if an **accident** happens while an **insured person** is training or playing soccer (football).

Endorsement number PA503 - Increased excess - rugby

Under insured events 5 and 6 of section A - Personal accident, the first 21 days of each claim are not covered if an **accident** happens while an **insured person** is training or playing rugby.

Endorsement number PA504 - Increased excess - winter sports

Under insured events 5 and 6 of section A - Personal accident, the first 21 days of each claim are not covered if an **accident** happens while an **insured person** is taking part in **winter sports**.

Endorsement number PA505 - Extended weekly benefit - temporary total disability

Under insured event 3 of section B – Illness, cover is extended so that while the **insured person** continues to be disabled, **we** will pay the weekly benefit for up to 104 weeks from the date that the symptoms of the **illness** first appeared.

Endorsement number PA506 - Restricted weekly benefits for disability - 52 weeks

Under insured events 5 and 6 of section A – Personal accident, while the **insured person** continues to be disabled **we** will only pay the weekly benefit for up to 52 weeks from the date of an **accident**.

Endorsement number PA507 - Restricted weekly benefits for disability – 26 weeks

Under insured events 5 and 6 of section A – Personal accident, while the **insured person** continues to be disabled **we** will only pay the weekly benefit for up to 26 weeks from the date of an **accident**.

Endorsement number PA508 - Restricted weekly benefits for disability – 13 weeks

Under insured events 5 and 6 of section A – Personal accident, while the **insured person** continues to be disabled **we** will only pay the weekly benefit for up to 13 weeks from the date of an **accident**.

Endorsement number PA509 - Permanent total disability – amended definition

We have amended the definition of **permanent total disability** to read as follows.

‘Disability which entirely prevents an **insured person** from working in any business or occupation which they are reasonably suited to by training, education or experience, and which, after a period of 52 weeks from the date of disability, shows no signs of ever improving.’

Endorsement number PA510 - Permanent total disability – definition for students

We have amended the definition of **permanent total disability** to read as follows.

‘**Bodily injury** which entirely prevents an **insured person** from attending full-time education for a continuous period of 52 weeks and which, at the end of that period, shows no signs of ever improving and leaves them without the prospect of being able to do any paid work or of being able to support themselves financially.’

Endorsement number PA511 - Permanent total disability - any and every occupation

We have amended the definition of **permanent total disability** to read as follows.

‘**Bodily injury** which entirely prevents an **insured person** from working in any business or occupation of any and every kind and which, after a period of 52 weeks from the date of disability, shows no signs of ever improving.’

Endorsement number PA512 - Permanent total disability - illness

Insured event 2 of section B - Illness is deleted and replaced with the following.

‘**2 Permanent total disability by illness**’

Endorsement number PA513 – Married Women’s Property Act 1882 or Married Women’s Policies of Assurance (Scotland) (Amendment) Act 1980

If the policyholder of this insurance dies, **we** will pay any amount that is due under this insurance to the person (or people) who is (are) entitled to it under section 2 of the Married Women’s Property Act 1882 or section 11 of the Married Women’s Policies of Assurance (Scotland) (Amendment) Act 1980.

Endorsement number PA514 - Permanent total disability - Loss of independent existence

We have amended the definition of **permanent total disability** to read as follows.

‘Disability which entirely prevents an **insured person** from performing at least four of the following activities of daily living without another person helping them or them using special equipment, and which, after a period of 52 weeks from the date of disability, shows no sign of ever improving.’

- **Feeding and eating**
Cutting meat, buttering bread, getting food and drink to the mouth using fingers or utensils
- **Dressing**
Dressing, including fastening zips and buttons, getting clothes from wardrobes and drawers.
- **Bathing and grooming**
Turning on taps, getting in and out of a bath or shower, washing face, hands and so on, drying, combing hair.
- **Toileting**
Moving into and out of the bathroom, getting on and off the toilet without help, recognising the need to go to the toilet in time to get there.

- **Mobility and transfer**

Getting into and out of bed, transferring from one place to another (for example, a chair to bed, chair to standing, chair to chair.)

- **Walking**

Moving from one place to another, including when using a wheelchair or walking frame.

Endorsement number PA515 - Out-of-pocket expenses

Under item 5 of section A and item 3 of section B - **Temporary total disability**, the description of what is covered is amended to the following.

We will only pay claims for necessary extra expenses **you** have paid as a direct result of an **accident** or **illness**, and which the **insured person** has receipts for.'

Endorsement number PA516 - Scuba-diving

This insurance is extended to include scuba-diving.

The **insured person** must hold a recognised dive qualification by PADI or BSAC or CMAS and the dive must be within the recommended dive club guidelines, keeping at all times to their safety rules and regulations and remaining at all times within the limits of the **insured person's** own qualification.

If the **insured person** does not hold a recognised dive qualification, a person who is qualified must accompany them.

Unless **we** have agreed otherwise, this insurance does not cover cave diving, wreck diving, diving at depths greater than 30 metres, decompression dives, solo diving or diving for gain or reward.

The **insured person** should not engage in any form of flying within 24-hours of diving.

Endorsement number PA517 – Temporary total disability – more than one occupation

The definition of **Temporary total disability** is amended to read as follows.

A disability which entirely prevents an **insured person** from carrying out all parts of the businesses or occupations shown on the schedule.

