

Policy Schedule

Policy No. RTT306140

Branch	Professional & Financial Risks 17 York Street Manchester M2 3RS	
Agency	Creative Risk Solutions Limited - XN0904	
Insured	The Gwent Hospital Workmen's Contributory Fund trading as Plutus Health	
Business	Health Plan Provider	
Registered Address	13 Cardiff Road Newport South Wales NP20 2EH	
Period of Insurance		
From	1 st January 2017	
To	31 st December 2017	both dates inclusive
Renewal Date	1 st January	
Premium	Quarterly Declaration	
Insurance Premium Tax	Quarterly Declaration	
Premium including Insurance Premium Tax	Quarterly Declaration	

Insured Person		Operative Time
Category	Description	Personal Accident Insurance
A	Any Insured Person enrolled on the Foundation plan of the Insured resident in Britain	24 Hour subject to cover effective date and cover termination date
B	Any Insured Person enrolled on the Bronze plan of the Insured resident in Britain	24 Hour subject to cover effective date and cover termination date
C	Any Insured Person enrolled on the Silver plan of the Insured resident in Britain	24 Hour subject to cover effective date and cover termination date
D	Any Insured Person enrolled on the Gold plan of the Insured resident in Britain	24 Hour subject to cover effective date and cover termination date
E	Any Insured Person enrolled on the Executive plan of the Insured resident in Britain	24 Hour subject to cover effective date and cover termination date

Personal Accident Section

Benefit	A	B	C	D	E
	1	£5,000	£10,000	£15,000	£20,000
2	£5,000	£10,000	£15,000	£20,000	£25,000
3	£5,000	£10,000	£15,000	£20,000	£25,000
4	£5,000	£10,000	£15,000	£20,000	£25,000
5	£75	£150	£225	£300	£375
Scale	Continental	Continental	Continental	Continental	Continental

Limit per Person

If the Benefits are expressed as a multiple of Annual Salary the maximum benefit for any one Insured Person shall not exceed

- | | | |
|----|--------------------------|----------|
| a) | under Benefits 1 2 and 4 | £ 25,000 |
| b) | under Benefit 3 | £ 25,000 |

Maximum Incident Limit

The liability of the Company under this Policy in respect of any one Incident shall not exceed the Maximum Incident Limit of £25,000,000 subject to the following inner limits:

- | | |
|--|-----------------|
| 1) Aircraft Accumulation | |
| a) Multi engaged aircraft | £ 5,000,000 |
| b) Any other aircraft or airship | £ 5,000,000 |
| 2) War while on an External Journey | £ 5,000,000 |
| 3) Terrorism (other than Nuclear Chemical or Biological Cause) | £ 5,000,000 |
| 4) Nuclear Chemical or Biological Cause | £ 5,000,000 |
| 5) Limit per Person | as stated above |

Endorsements attaching to and forming part of Policy No. RTT306140

Endorsement A – Permanent Total Disablement

The Company will not pay any claim for Benefit 4 Permanent Total Disablement after the expiry of the Period of Insurance in which the Insured Person attains the age of 80 years

GROUP PERSONAL ACCIDENT

This Policy is a contract between The Insured and Royal & Sun Alliance Insurance plc (herein call the Company)

This Policy and any Schedule, Endorsements, Clauses and Certificates should be read as if they are one document

The Company's acceptance of this risk is based on the information presented to them being a fair presentation of the Insured's business including any unusual or special circumstances which increase the risk and any particular concerns which have led the Insured to seek insurance

Any reference to the singular will include the plural or vice versa

Any reference to any statute or statutory instrument will include any modifications or re-enactment thereto Any

heading in this Policy is for ease of reference only and does not affect its interpretation

The Company will provide the insurance described in this policy (subject to the terms set out herein) for the Period of Insurance shown in the Schedule and any subsequent period for which the Insured shall pay and the Company shall agree to accept the premium

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GENERAL DEFINITIONS

Accident

A sudden unexpected unforeseen and identifiable incident

Aircraft Accumulation

All Insured Persons travelling in any aircraft or airship

Benefits - Continental Scale

1 Death

2 Loss of two or more Limbs or Loss of both Eyes or one of each

The amount payable for Benefit 3 shall be a percentage of the amount shown in the Schedule The following scale states the percentages applicable to the forms of disablement specified For forms of permanent disablement not specified the degree of disability will be assessed by comparison with the percentages shown in the scale without taking into account the Insured Person's occupation The appropriate percentage shall be applied to the amount for Benefit 3 shown in the Schedule or to the Limit per Person under Benefit 3 whichever is the lesser

3 A) Loss of Eye 100%

B) Permanent and total loss of speech 100%

C) Permanent and total loss of hearing

i) in both ears 100%

ii) in one ear 15%

Loss by permanent physical severance or permanent and total loss of use of

D) one Limb	100%
E) one big toe	5%
F) any other toe	2%
G) one thumb	20%
H) one forefinger	5%
I) any other finger	5%

Permanent total loss of use of

J) shoulder or elbow	25%
K) wrist hip knee or ankle	22%

Removal by surgical operation of

L) lower jaw	30%
M) established non-union of fractured leg or knee cap	10%
N) shortening of leg by at least 5 centimetres	7.5%

4 Permanent Total Disablement

If the Insured Person is in gainful employment Benefit 4 shall be defined as Permanent Total Disablement from the Insured Person's usual occupation in the Business

If the Insured Person is not in gainful employment Benefit 4 shall be defined as Permanent Total Disablement from any gainful employment for which the Insured Person is fitted by way of training education or experience

5 A) Break in the continuity of major arm bone(s) (Radius, Ulna &/or Humerus)

B) Break in the continuity of major leg bone(s) (Femur, Tibia &/or Fibula)

Business

The Business description as detailed in the Schedule

Child

Any child of an Insured Person who is an unmarried dependent and under 18 years of age **A** The Amount

for Benefit 1 – 5 shall be reduced by 50%

B Benefit 4 shall be defined as Permanent Total Disablement from gainful employment of any and every kind

Incident

All individual losses arising out of and directly occasioned by one sudden unexpected specific event occurring at an identifiable time and place

Insured

As detailed in the Schedule

Insured Person

Any person who has been accepted by the Insured for a Plutus Health scheme including his/her Partner and/or Child if the Partner and/or Child Scheme option has been opted for

Loss of Eye

Permanent and total loss of sight which will be considered as having occurred

A in both eyes if the Insured Person's name is added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist

B in one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen scale (meaning seeing at 3 feet what the Insured Person should see at 60 feet)

Loss of Limb

A in the case of a leg loss by permanent physical severance at or above the ankle or permanent and total loss of use of a complete foot or leg

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

Medical Expenses

The cost of medical surgical or other remedial attention treatment or appliances given or prescribed by a Medical Practitioner and all hospital nursing home and ambulance charges

Medical Practitioner

Any legally qualified medical practitioner other than

A an Insured Person

B a member of the immediate family of an Insured Person

Partner

The legally married spouse or civil or cohabiting partner of an Insured Person whom the Insured consents to be covered by this Policy and whose enrolment details are held by the Insured

Terrorism

Any act including but not limited to the use of force or violence and/or threat thereof of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s) committed for political religious ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear

United Kingdom

England Scotland Wales and Northern Ireland

War

War invasion act of foreign enemy hostilities (whether war be declared or not) civil war rebellion revolution insurrection or military or usurped power

GENERAL CONDITIONS**Consumer Credit Termination Clause**

Where the Company has agreed to the Insured paying their premium by monthly instalments, then in the event that there is a default in the instalments due under the payment schedule, the Company reserves the right to terminate the Policy and the Insured will no longer be insured by the Company

If the Insured's monthly premium payment has a Fixed Sum Loan Agreement regulated by The Consumer Credit Act 2006, then this shall be deemed to be a linked loan agreement. In the event that there is a default in the instalments due under the payment schedule, the Company reserves the right to also terminate that linked loan agreement

Cover Termination

An Insured Person's cover under this Policy shall terminate on the date he/she ceases to be a current member or eligible dependent of a current member of a Plutus Health scheme

The insurance shall terminate on any day described above at 00.01 hours Greenwich Mean Time or British Summer Time

Effective Date

Cover for an Insured Person will commence upon acceptance of their application form by the Insured

Financial and Trade Sanctions

The Company shall not provide coverage or be liable to provide any indemnity or payment or other Benefit under this Policy if and to the extent that doing so would breach any Prohibition

If any Prohibition takes effect during the Policy period the Insured or the Company may cancel that part of this Policy which is prohibited or restricted with immediate effect by giving written notice to the other at their last known address

If the whole or any part of the Policy is cancelled the Company shall, if and to the extent that it does not breach any Prohibition, return a proportionate amount of the premium for the unexpired period subject to minimum premium requirements and provided no claims have been paid or are outstanding

For the purposes of this clause a Prohibition shall mean any prohibition or restriction imposed by law or regulation

Law and Jurisdiction

Under the laws of the United Kingdom (England, Scotland, Wales and Northern Ireland) both parties may choose the law which applies to this contract, to the extent permitted by those laws. Unless the parties agree otherwise in writing, the Insurer has agreed with the Insured that the law which applies to this contract is the law which applies to the part of the United Kingdom in which the Insured is based, or, if based in the Channel Islands or the Isle of Man, the law of whichever of those two places in which the Insured is based.

The parties have agreed that any legal proceedings between them in connection with this contract will only take place in the courts of the part of the United Kingdom in which the Insured is based, or, if the Insured is based in either the Channel Islands or the Isle of Man, the courts of whichever of those two places in which the Insured is based

Premium Due Dates

- a) From the Insured Person

Premium for the cover at the rate agreed between the Insured and the Company is automatically included within the premium payable by the Insured Person for a Plutus Health scheme. This premium shall be collected by the Insured in accordance with the procedures as agreed with the Company.

- b) From the Insured

The total of all such premiums collected including Insurance Premium Tax at the prevailing rate based on the number of Insured Persons at the end of each quarter shall be sent to the Company in the agreed manner within 28 days at the end of each quarterly period

Policy Cancellation

This Policy may be cancelled by either the Insured or the Company by giving 30 days written notice to the Company or the Insured at their last known registered address.

If the whole or any part of the Policy is cancelled the Company shall return a proportionate amount of the premium for the unexpired period subject to minimum premium requirements and provided no claims have been paid or are outstanding

Reporting Requirements

Within 10 days of the end of each calendar quarter the Insured or its agent shall deliver to the Company the following information for each of the previous 3 months for both new and renewing business transacted:

- Total number of Insured Persons under each level of membership

GENERAL CLAIMS SETTLEMENT CONDITIONS

Assignment

The Company will not be bound to accept or be affected by any trust charge lien assignment or other dealing with or relating to this Policy

Claims Notification

The Company will have no liability in respect of any matter which the Insured does not notify to the Company in accordance with the requirements of this condition

As a condition precedent to the Insured's right to be indemnified under this Policy the Insured must provide notification to the Company no later than 90 days of the occurring of any Accident Incident event or circumstance which may give rise to a loss which is covered under this Policy except as provided herein

Evidence Required

In connection with any claim:

- A all medical certificates, reports, information and evidence required by the Company to substantiate that claim must be supplied at the Insured Person's own expense and in such form as the Company may reasonably require;
- B the Insured Person must undergo a medical examination and provide medical evidence to the Company (at the Company's expense) as often as the Company may reasonably require following receipt of that claim; and
- C no Benefit shall be payable in respect of that claim where the Insured Person fails to undergo such medical examination or provide such medical evidence as referred to in B above.

Foreign Currency

Claims involving foreign currency will be converted into the appropriate currency at the selling rate of exchange published on www.oanda.com on the day nearest to the date of the loss or as otherwise paid via documented credit or debit card transaction or as agreed in advance in writing with the Company

Interest

Interest will not be added to any amount paid

Other Interests

The Insured's receipt shall discharge the Company's liability to pay any amount in respect of a claim. The Insured Person or the Insured Person's personal representatives shall have no right to claim from or sue the Company. If the Insured comprises more than one party having an interest in the Insured Person or the property insured the settlement made by the Company shall represent the total amount payable in respect of that Insured Person or property for all interests covered by this Policy

Reasonable Care

The Insured and each Insured Person must take all reasonable steps to avoid or minimise any injury or loss

Third Party Contract Rights

No person other than the Insured or the Company may enforce the terms of this Policy and the provisions of the Contract (Rights of Third Parties) Act 1999 do not apply

PERSONAL ACCIDENT INSURANCE SECTION

The Cover

If at any time during the Period of Insurance the Insured Person sustains bodily injury following an Accident which within two years is the sole and independent cause of Death or Disablement the Company will pay to the Insured Person the appropriate Benefit shown in the schedule subject to the Maximum Incident Limit as detailed in the schedule

Special Conditions applying to this Section Benefits

A The Company will not pay in respect of any one Insured Person in connection with the same Accident more than one of Benefits 1 to 4

B The Company will pay any amount claimed for Benefit 5 in addition to any amount claimed under benefits 1 to 4 in connection with the same Accident

C Any Disablement under Benefits 2 to 4 must be proved to the reasonable satisfaction of the Company to be permanent and without expectation of recovery before the Company will pay the Benefit

D If Benefit 3 under Continental Scale is claimed in respect of the same Insured Person for more than one form of permanent disablement as the result of the same Accident the total of the percentages payable shall not exceed 100% of the amount for Benefit 3. If a claim is payable for loss of use of a whole member of the body a claim for parts of that member cannot also be made

Disappearance

In the event of the disappearance of an Insured Person if after a suitable period of time it is reasonable to believe that Death has occurred as a result of bodily injury following an Accident Benefit 1 shall become payable subject to a signed undertaking by the Insured that if the belief is subsequently found to be wrong such amount shall be refunded to the Company

Exposure

If an Insured Person suffers Death or Disablement as a result of exposure to the elements the Company will consider that as having been caused by bodily injury following an Accident

Exclusions to this Section

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

Bodily Injury resulting directly or indirectly from or contributed to by

- a) an Insured Person engaging in active service in the armed forces of any nation
- b) an Insured Person committing or attempting to commit suicide or intentionally inflicting self-injury
- c) illness or disease (not resulting from bodily injury following an Accident)
- d) any naturally occurring condition or degenerative process
- e) any gradually operating process

- f) post-traumatic stress disorder or any psychological or psychiatric condition (not resulting from bodily injury following an Accident)
- g) an Insured Person engaging in flying or other aerial activity other than as a passenger
- h) injuries resulting from osteoporosis disease
- i) deliberate exposure to exceptional danger (except in an attempt to save a human life) the Insured Person's own criminal act or an Insured Person engaging or taking part in civil commotion or riots of any kind
- j) an Insured Person engaging in or taking part in rock climbing or mountaineering normally involving ropes or guides hang gliding parachuting or driving or riding in any kind of race
- k) an Insured Person participating in any sport as a professional
- l) radioactive contamination (not resulting from bodily injury following an Accident)
- m) which is directly or indirectly as a result of or contributed to by War in the Insured Person's normal country of residence

Claims Handling Process

Conditions that apply to the policy and in the event of a claim are set out in this policy wording. It is important that you comply with all policy conditions and you should familiarise yourself with any requirements

Directions for claim notification are included under General Claims Settlement Conditions and Claims Settlement Conditions applying to each Section.

Please be aware that events that may give rise to a claim under the insurance must be notified to us as soon as reasonably possible although there are some situations where immediate notice is required. Further guidance is contained in this policy wording.

Claims Conditions require you to provide us with any reasonable assistance and evidence that we require concerning the cause and value of any claim. Ideally, as part of the initial notification, you will provide:

- Your name, address, and your home and mobile telephone numbers
- Personal details necessary to confirm your identity
- Policy number
- The date of the incident
- The cause of the loss damage or injury
- Details of the loss damage or injury together with the claim value, if known
- Names and addresses of any other parties involved or responsible for the incident

Sometimes we, or someone acting on our behalf, may wish to meet with you to discuss the circumstances of the claim, or to undertake further investigations

Initially a notification of any claim should be sent to:

Plutus Health
13 Cardiff Road
Newport
NP20 2EH

Telephone: 01633 266152

To request a
Claim form email: admin@plutushealth.co.uk

For general
Correspondence email: admin@plutushealth.co.uk

Complaints Procedure

OUR COMMITMENT TO CUSTOMER SERVICE

At RSA we are committed to going the extra mile for our customers. If you believe that we have not delivered the service you expected, we want to hear from you so that we can try to put things right. We take all complaints seriously and following the steps below will help us understand your concerns and give you a fair response.

Step 1

If your complaint relates to your policy then please contact the sales and service team in the office which issued the Policy or your Broker. If your complaint relates to a claim then please call the claims helpline number shown in your policy booklet.

We aim to resolve your concerns by close of the next business day. Experience tells us that most difficulties can be sorted out within this time.

Step 2

In the unlikely event that your concerns have not been resolved within this time, your complaint will be referred to our Customer Relations Team who will arrange for an investigation on behalf of our Chief Executive. Their contact details are as follows:

Post:

RSA Customer Relations Team P
O Box 255
Wymondham
NR14 8DP

Email: crt.halifax@uk.rsagroup.com

Our promise to you

We will:

- Acknowledge all complaints promptly
- Investigate quickly and thoroughly
- Keep you informed of progress
- Do everything possible to resolve your complaint
- Use the information from your complaint to proactively improve our service in the future.

Once we have reviewed your complaint we will issue our final decision in writing within 8 weeks of the date we received your complaint.

If you are still not happy

If you are still unhappy after our review, or you have not received a written offer of resolution within 8 weeks of the date we received your complaint, you may be eligible to refer your case to the Financial Ombudsman Service. The Financial Ombudsman Service is an independent body that arbitrates on complaints. They can be contacted at:

Post:

Financial Ombudsman Service
Exchange Tower
Harbour Exchange Road
London E14 9SR

Email:

complaint.info@financial-ombudsman.org.uk

Website:

www.financial-ombudsman.org.uk

Telephone:

0800 0234567 (free from standard landline, mobiles maybe charged) 0300
1239123 (same rate as 01 or 02 numbers, on mobile phone tariffs)

You have six months from the date of our final response to refer your complaints to the Financial Ombudsman Service. This does not affect your right to take legal action, however, the Financial Ombudsman Service will not adjudicate on any case where litigation has commenced.

Thank you for your feedback

We value your feedback and at the heart of our brand we remain dedicated to treating our customers as individuals and giving them the best possible service at all times. If we have fallen short of this promise, we apologise and aim to do everything possible to put things right.

Fair Processing Notice



How we use your

Information

Please read the following carefully as it contains important information relating to the details that you have given us. You should show this notice to any other party related to this insurance.

Who we are

This product is underwritten by Royal & Sun Alliance Insurance plc. You are giving your information to Royal & Sun Alliance Insurance plc, which is a member of the RSA Group of companies (the Group). In this information statement, **we** and **our**, refers to the Group unless otherwise stated.

How your information will be used and who we share it with

Your information comprises of all the details we hold about you and your transactions and includes information obtained from third parties.

If you contact us electronically, we may collect your information identifier, e.g. Internet Protocol (IP) Address or telephone number supplied by your Service Provider.

We may use and share your information with other members of the Group to help us and them:

- Assess financial and insurance risks;
- Recover debt;
- Prevent and detect crime;
- Develop our services, systems and relationships with you;
- Understand our customers' requirements;
- Develop and test products and services

We do not disclose your information to anyone outside the Group except:

- Where we have your permission; or
- Where we are required or permitted to do so by law; or
- To credit reference and fraud prevention agencies and other companies that provide a service to us, our partners or you; or
- Where we may transfer rights and obligations under this agreement.

We may transfer your information to other countries on the basis that anyone we pass it to provides an adequate level of protection. In such cases, the Group will ensure it is kept securely and used only for the purpose for which you provided it. Details of the companies and countries involved can be provided on request.

From time to time we may change the way we use your information. Where we believe you may not reasonably expect such a change we shall write to you. If you do not object, you will consent to that change. We will not keep your information for longer than is necessary.

Sensitive Information

Some of the information we ask you for may be sensitive personal data, as defined by the Data Protection Act 1998 (such as information about health or criminal convictions). We will not use such sensitive personal data about you or others except for the specific purpose for which you provide it and to carry out the services described in your policy documents. Please ensure that you only provide us with sensitive information about other people with their agreement.

How to contact us

On payment of a small fee, you are entitled to receive a copy of the information we hold about you. If you have any questions, or you would like to find out more about this notice you can write to: Data Protection Liaison Officer, Customer Relations Office, RSA, Bowling Mill, Dean Clough Industrial Estate, Halifax HX3 5