

Personal Accident Group Policy Wording

This document contains the terms
and conditions of the Medicash
Health Benefits Limited Personal
Accident Group Policy

CHUBB®

Contact Information

If you need details in Large Print, Braille, or Audio please call us on 0345 841 0056 for details.

If you have a hearing or speech impairment and would like to speak to us and have a textphone available, you can do so by using the Action on Hearing Loss Next Generation Text service. This is available 24 hours a day, seven days a week and allows customers to contact us via a Text Relay Operator who will relay instructions and other requests verbally to us. To use the Next Generation Text service, You must have access to a textphone or a smartphone with a compatible operating system, tablet, laptop or PC with an internet connection. To use the Next Generation Text service, just dial 18001 and then our number - once the call is connected, a Text Relay Operator will join the call to relay the message. Our responses will then appear as text on Your textphone, smartphone, tablet, laptop or PC. For the Next Generation Text service, please call 18001 0345 841 0056.

Calls may be recorded for training and quality purposes.

Customer Services

Phone +44 (0) 345 841 0056
Email cust.servuk@chubb.com

Claims

Phone +44 (0) 345 841 0059
Email uk.claims@chubb.com
Website www.chubbclaims.co.uk

Complaints

Phone +44 (0) 800 519 8026
Email customerrelations@chubb.com
Website www.chubb.com/uk

Insurer:

Chubb European Group SE (CEG) is a Societas Europaea, a public company registered in accordance with the corporate law of the European Union. Members' liability is limited. CEG is headquartered in France and governed by the provisions of the French insurance code. Risks falling within the European Economic Area are underwritten by CEG, which is authorised and regulated by the French Prudential Supervision and Resolution Authority (4 Place de Budapest, CS 92459, 75436 Paris Cedex 09, France). Registered company number: 450 327 374 RCS Nanterre. Registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. Fully paid share capital of €896,176,662.

CEG's UK branch is registered in England & Wales. Registered address: 100 Leadenhall Street, London EC3A 3BP. Authorised by the Prudential Regulation Authority and with deemed variation of permission. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website (FS Register number 820988).

Additional information can be found at: www.chubb.com/uk

Insurance Agreement between Chubb and Medicash (the Group Policyholder)

Note: Where this document refers to the **Group Policyholder**, this is Medicash Health Benefits Limited (Medicash). As a Medicash customer you are the **Insured Person** (the beneficiary) of this Group Policy.

This Policy is underwritten by Chubb European Group SE.

The Policy pays benefits, in accordance with this Policy wording, in the event that **You** suffer injuries following an **Accident**, and has been made available to **You** through the **Group Policyholder** (as specified in the **Group Policy Schedule**). The **Group Policyholder** and **We** agree that the **Group Policyholder** will pay the premium as agreed. The **Group Policy Schedule** and this Policy constitute the full terms and conditions of the insurance with **Us**. The **Group Policyholder** acknowledges that **We** have offered this Policy and calculated the premium using the information which **We** have asked for and the **Group Policyholder** has provided, and that any change to the responses provided by the **Group Policyholder** may result in a change in the terms and conditions of the Policy and/or a change in the premium.

The **Group Policyholder** should check over the Policy wording and **Group Policy Schedule** carefully to ensure they are correct and meet the **Group Policyholder's** requirements, and notify **Us** immediately, if anything is incorrect, as this could affect Policy cover in the event of a **Claim**. The **Group Policyholder** should keep these documents in a safe place and should make them available to the **Insured Persons**, telling them where the documents can be viewed. The **Group Policyholder** must tell **Us** if either their insurance needs or any of the information they have given **Us** changes. A change in circumstances may affect Policy cover, even if the **Group Policyholder** does not think a change is significant, and **We** may need to change this Policy. **We** will update the Policy and issue a new **Group Policy Schedule** each time a change is agreed.

Important Notes

Providing Information to You

You can request a copy of the **Group Policy Schedule** at any time by contacting Medicash on 0151 702 0265 or by emailing claims@medicash.org

Eligibility

To be covered under this Policy, **You** must:

- be permanently resident in the **United Kingdom** or the Republic of Ireland; and
- be under the **Maximum Age Limit** at the **Start Date**; and
- not be a full time member of the armed forces of any nation or international authority.

Scope of Cover

The Policy does not cover illness or sickness unless they are the direct result of **Accidental Bodily Injury** and does not cover any psychological impacts either.

Policy Definitions

Certain words in this Policy have a specific meaning. They have this specific meaning wherever they appear in this Policy and are shown by using bold text and capital letters. All Policy definitions are applicable to this Policy as a whole, and are detailed on pages 17 to 20 in this Policy.

Making a Claim

Telling Us about Your Claim

If anything happens that may result in a **Claim** under this Policy, **You** must tell **Us** within 26 weeks of the **Accident**, or as soon as reasonably possible after that. If **You** cannot do this, a personal representative can do this for **You**.

Claims should be notified to Medicash in the first instance. Please call 0151 702 0265 to request a Claim form.

Once you have notified Medicash of a claim, your claim will be passed to Chubb European Group SE to process. Our details are:

Chubb
(Claims Dept.),
PO Box 682,
Winchester, SO23 5AG

Phone +44 (0) 345 841 0059
Email uk.claims@chubb.com
Website www.chubbclaims.co.uk

If **You** delay notifying a **Claim** to **Us** and the delay prejudices **Us** in investigating or assessing **Your Claim**, this may impact the **Claim** being paid at all, or the amount of the **Claim** that is paid.

Information We may need about Your Claim

You or the **Group Policyholder** will at their own expense provide **Us** with such certificates, information and evidence as **We** may from time to time reasonably require in the form prescribed by **Us**, in order to action a relevant **Claim**. **We** will need to be sent any medical certificates or other documents, which **We** ask for. **We** will not pay for these.

Fraudulent Claims

We will not pay dishonest **Claims**. If **You** make a dishonest **Claim**, **We** may cancel **Your** cover.

Co-operation in the Claim Process

After any **Accidental Bodily Injury**, **You** should obtain and follow the advice of a **Doctor**. **You** must agree to a medical examination if **We** ask for it. **We** will pay for this.

You may be required to meet with external third parties, approved by **Us**, to substantiate **Your Claim**.

We may insist on a post-mortem examination if the law allows **Us** to ask for one. **We** will pay for this.

Paying Claims

If **You** have a **Claim**, **We** will deal with it based on the cover details stated in **Group Policy Schedule** which is in force at the time of the **Accident**.

All benefit payments on valid **Claims** will be paid in **GBP** and will be paid into **Your** bank account.

For **Accidental Death**, **We** will pay the **Benefit Amount** to **Your** estate and the receipt given to **Us** by **Your** personal representative will be a full discharge of liability by **Us** in respect of the **Claim** for such **Benefit Amount**.

For all benefits excluding **Accidental death**, **We** will pay the **Benefit Amount** or the assessed percentage to **You** and **Your** receipt will be a full discharge of all liability by **Us** in respect of the **Claim** for such **Benefit Amount** or the assessed percentage. If **You** are under 18 years of age, **We** will pay the **Benefit Amount** to **Your Parent**, for **Your** benefit. The **Parent's** receipt will be a full discharge of all liability by **Us** in respect of the **Claim** for such **Benefit Amount**.

The Cover

Important note: Where **We** say **Your** Personal Accident Benefit Amount below, this is the amount shown in the benefit table in **Your** Medicash Health Cash Plan.

The type of cover and **Benefit Amount** is stated in the **Group Policy Schedule**, which is held by the **Group Policyholder**, and the Insurance Product Information Document (IPID), which is held by **You**. The cover applies during the **Effective Time** stated in the **Group Policy Schedule**.

The **Benefit Amounts** payable under this Policy will not take into account any psychological effects.

Section 1 - Serious Injury

If during a **Period of Insurance** and **Effective Time** You have an **Accident** which causes **You Bodily Injury**, **We** will pay the stated Percentage shown in the Table of Cover below under Items A, B, C, D or E of **Your** Personal Accident Benefit Amount.

- A. Accidental Death**
Where **Bodily Injury** results in **Accidental** death **We** will pay the Personal Accident Benefit Amount. This **Benefit Amount** will only become payable on production of the final Death Certificate.

- B. Permanent Total Disablement**
Where **Bodily Injury** results in **Permanent Total Disablement**, **We** will pay the percentage shown in the Table of Cover below of the maximum Personal Accident Benefit Amount.
- C. Quadriplegia**
Where **Bodily Injury** results in **Quadriplegia**, **We** will pay the percentage shown in the Table of Cover below of the maximum Personal Accident Benefit Amount.
- D. Paraplegia**
Where **Bodily Injury** results in **Paraplegia**, **We** will pay the percentage shown in the Table of Cover below of the maximum Personal Accident Benefit Amount.
- E. Permanent Partial Disablement**
Where **Bodily Injury** results in **Permanent Partial Disablement**, **We** will pay the percentage shown in the Table of Cover below of the maximum Personal Accident Benefit Amount, based on the degree of disability.

Table of Cover		
Benefit		Maximum % of Benefit Amount
A.	Accidental Death (Adults Only)	
i)	Death as a result of an Accident	100%

Table of Cover		
Benefit		Maximum % of Benefit Amount
B.	Permanent Total Disablement	
i)	Bodily Injury resulting in Permanent Total Disablement	85%
C.	Quadriplegia	
i)	Bodily injury resulting in Quadriplegia	85%
D.	Paraplegia	
i)	Bodily injury resulting in Paraplegia	85%
E.	Permanent Partial Disablement Scale	
i)	Loss of Sight in Both Eyes or Loss of Limb (one or more)	85%
ii)	Loss of Sight in One Eye	45%
iii)	Permanent total Loss of Hearing in both ears	45%
iv)	Loss of Hearing in one ear	12.50%
v)	Permanent total loss of or loss of use of:	
	• both hands or feet	85%
	• one hand or foot	45%
vi)	Permanent total loss of or loss of use of four fingers and a thumb of either hand	35%
vii)	Permanent total loss of or loss of use four fingers on one hand	20%
viii)	Permanent total loss of, or permanent total loss of use, of:	
	• one thumb either hand - both joints	20%
	• one thumb either hand - one joint	10%
	• one finger either hand - three joints	5%
	• one finger either hand - two joints	3%
	• one finger either hand - one joint	2%

Table of Cover

Benefit		Maximum % of Benefit Amount
ix)	Permanent total loss of, or permanent total loss of use, of: <ul style="list-style-type: none"> • all toes - one foot • big toe - both joints • big toe - one joint • toe other than big - each complete toe 	12.50% 5% 2% 2%
x)	Established non union of fractured leg or knee cap	10%
xi)	Shortening of leg by at least 5cm	8%
xii)	To ensure You are provided with a payment for a Permanent Disability that is not listed above, We will assess medical evidence to calculate the degree of disablement relative to this Scale. No account will be taken of Your occupation. For example if Bodily Injury results in 25% of the Loss of Sight in one of Your eyes, We will pay You 25% of the Benefit Amount for item (ii) in this Scale.	

Specific Information for Section 1 - Serious Injury

1. A **Benefit Amount** will not be payable under more than one of Items A, B, C, D or E for **You** in respect of any one **Accident**.
2. The total amount payable will not exceed 100% of the Personal Accident Benefit Amount stated in **Your** Medicash benefit table in respect of any one **Accident**.
3. If **You** were already disabled before the **Accident** or already had a condition which was gradually getting worse, **We** will assess medical evidence of the difference between **Your Permanent Disability** before and after the **Accident**, and may reduce **Our** payment proportionately.
4. If benefit is payable for **Loss of Limb** then benefit for parts of that limb cannot also be claimed.
5. If **You** disappear and it is reasonable for the police or registration authorities to believe that **You** have died as a result of **Bodily Injury**, **We** will pay the **Accidental death Benefit Amount**. **Our** payment will be subject to a signed undertaking given by **Your** legal representatives that if **You** are later found to be alive, the **Accidental death Benefit Amount** will be refunded to **Us**.

Section 2 - Home and Car Modification

If during the **Period of Insurance** and **Effective Time** a **Bodily Injury** results in **Permanent Total Disablement, Quadriplegia** or **Paraplegia** and the full **Benefit Amount** for **Permanent Total Disablement, Quadriplegia or Paraplegia** becomes payable, **We** will reimburse **You** for expenses incurred, for adapting **Your** home and/or car and/or place of work or for relocating to another home to cater for the practical changes involved in living with the disablement. **We** will pay up to 25% the **Permanent Total Disablement Benefit Amount** up to a maximum of £5,000

General Exclusions

These General Exclusions apply to all sections of this Policy, and Specific Information under Section 1 (Serious Injury) of this Policy.

We will not be liable for payment of any benefit for **Bodily Injury**, loss or expense due to:

- any illness or disease not directly resulting from **Bodily Injury**;
- **War** or any act of **War**;
- suicide, attempted suicide or deliberate self-inflicted injury by **You** regardless of the state of **Your** mental health;
- **You** being a member of any reserve armed forces whilst called out for active service;
- **You** engaging in any form of **Dangerous Activities or Sports**
- **You** taking part in air travel, unless travelling as a fare-paying passenger in an aircraft which is provided and operated by an airline or air charter company which must be licensed for this;
- **Your** illegal acts;
- repetitive stress (strain) injury or syndrome or any gradually operating cause;
- post-traumatic stress disorder or related syndromes or any psychological or psychiatric condition;
- bacterial or viral infection except where it is the direct result of **Accidental Bodily Injury**.
- **We** will not pay any **Claims** which would result in **Us** being in breach of United Nations resolutions or

trade or economic sanctions or other laws of the European Union, United Kingdom, or United States of America. **You** should contact **Our** Customer Services Team on 0345 841 0056 for clarification of Policy cover for travel to countries which may be subject to United Nations resolutions or trade or economic sanctions or other laws of the European Union, United Kingdom, or United States of America. Applicable to US Persons only: Policy cover for a journey involving travel to/from/through Cuba will only be effective if the US Person's travel has been authorised by a general or specific licence from OFAC (US Treasury's Office of Foreign Asset Control). For any **Claim** from a US Person relating to Cuba travel, **We** will require verification from the US Person of such OFAC licence to be submitted with the **Claim**. US Persons will be deemed to include any individual wherever located who is a citizen or ordinarily resident in the United States (including Green Card Holders) as well as any corporation, partnership, association, or other organisation, wherever organised or doing business, that is owned or controlled by such persons.

- **We** will not be liable to make any payment under this Policy where **You** do not meet the Eligibility Criteria detailed on page 5 of this Policy.

When Cover Starts and Ends

Cover will begin on the **Start Date** or the date a person is included in this insurance through the **Insurance Arrangement**, whichever is the later.

A person's insurance cover will cease at midnight on the day that one of the following events occur:

- when their current Medicash Health Cash Plan ends or where they move to a Medicash Health Cash Plan which does not include Personal Accident Cover; or
- the end of the **Period of Insurance** in which they reach the **Maximum Age Limit**; or
- they choose to opt-out of cover under this Policy; or
- they die; or
- **We** terminate this Policy following the agreed notice period; or
- this Policy expires,

whichever happens first.

Group Policy Conditions

Assignment

Subject to the Policy Condition headed 'Paying Claims', the benefits under this Policy may not be assigned or transferred by **You** or the **Group Policyholder** unless agreed by **Us** in writing.

Bank Charges

We will not be liable for any charges applied by the receiving bank for any transactions made in relation to a **Claim**.

Cancellation

The **Group Policyholder** may not cancel this Policy prior to the Renewal Date as shown on the **Group Policy Schedule**.

If for any reason, **You** do not wish to continue with the cover under this Policy, **You** should contact the **Group Policyholder**.

We may cancel:-

- a) this Policy by giving 90 days written notice to the **Group Policyholder**. In the event of cancellation by **Us**, and if no replacement cover is put in place, the **Group Policyholder** must notify **You** of such cancellation.
- b) **Your** cover, if **You** have knowingly provided incomplete, false or misleading information that **We** have asked for at any time during the **Period of Insurance**, or in respect of a **Claim**. If **we** think that **you** have committed fraud, **we** will notify the **Group Policyholder** of this

who may subsequently cancel your policy effective from the date of the fraudulent act, notify your employer and may take legal action or contact the police.

Changing Cover

The **Group Policyholder** may, during the **Period of Insurance**, add or delete **Insured Persons** from the Policy through **Declarations**. The **Group Policyholder** may not make any other changes to this Policy except where specifically agreed in writing by **Us**.

We reserve the right to make changes, add to the Policy terms and/or to change the total amount payable for this insurance for legal, regulatory or taxation reasons. If this happens, **We** will write to the **Group Policyholder** with details of the changes at least 30 days before **We** make them. It is the **Group Policyholder's** responsibility to inform **You** of such changes. Any changes **We** make will be the same for all **Insured Persons** under the Policy. **We** will not make changes that only apply to a particular **Insured Person**, other than as stated in part b) of Cancellation above.

Choice of Law

This Policy, and any non-contractual obligation arising out of or in connection with it, will be governed by and construed in accordance with the laws of England and Wales and the English Courts alone will have jurisdiction in any dispute. All communication in connection with this Policy will be in English.

Compliance with Policy Requirements

The **Group Policyholder** (and where relevant the **Group Policyholder's** representatives) and **You**, will comply with all applicable terms and conditions specified in this Policy. If they or **You** do not comply, **We** reserve the right not to pay a **Claim**.

Contracts (Rights of Third Parties) Act

The Contracts (Rights of Third Parties) Act 1999, or any amendment to it will not apply to this Policy. Only **We**, **You** and the **Group Policyholder** can enforce the terms of this Policy. No other party may benefit from this contract as of right. This Policy may be varied or cancelled without the consent of any third party.

Misrepresentation and Non-Disclosure

The **Group Policyholder** and, where applicable, **You** must ensure that all of the information provided to **Us** in correspondence, over the telephone, on claim forms and in other documents is true, complete and accurate. Please note that providing incomplete, false or misleading information could affect the validity of this Policy and may mean that all or part of a **Claim** may not be paid. The **Group Policyholder** acknowledges that **We** have offered the Policy and calculated the premium using the information which **We** have asked for and the **Group Policyholder** has provided, and that any change to the responses provided may result in a change in the terms and conditions of the Policy and/or a change in the premium.

Interest

No sum payable by **Us** under this Policy will carry interest unless payment has been unreasonably delayed by **Us** following receipt of all the required certificates, information and evidence necessary to support the **Claim**. Where interest becomes payable by **Us**, it will be calculated only from the date of final receipt of such certificates, information or evidence.

Other Taxes and Costs

We are required to notify **You** and the **Group Policyholder** that other taxes or costs may exist which are not imposed or charged by **Us**.

Complaints Procedures

We are committed to providing a high quality service and want to maintain this at all times.

If **You** have a complaint about the sale or provision of this insurance please contact the **Group Policyholder** or the intermediary that arranged the policy on behalf of the **Group Policyholder**.

If **You** or the **Group Policyholder** are not happy with **Our** claims service, or any other service that **We** have provided, please contact **Us**, quoting the Policy details, so that **We** can deal with the complaint as soon as possible. **Our** contact details are:

The Customer Relations Manager,
Chubb
PO Box 682,
Winchester, SO23 5AG

Phone +44 (0) 800 519 8026
Email customerrelations@chubb.com

You may be able to approach the Financial Ombudsman Service for assistance if there is dissatisfaction with **Our** final response or after eight weeks from making the complaint if not resolved satisfactorily. Any approach to the Financial Ombudsman Service must be made within six months of **Our** final response.

Contact details are given below. A leaflet explaining the procedure is available on request.

The Financial Ombudsman Service,
Exchange Tower,
Harbour Exchange Square,
London, E14 9SR

Phone +44 (0) 800 023 4 567
(Monday to Friday - 8am to 8pm,
Saturday - 9am to 1pm) Calls are free
from a UK landline or mobile.

Phone +44 (0) 300 123 9 123
Calls to this number are charged at
the same rate as 01 or 02 numbers on
mobile phone tariffs.

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

Website www.financial-ombudsman.org.uk

Following this complaints procedure does not affect **Your** statutory rights relating to this Policy. For more information about statutory rights, **You** should contact Citizens Advice.

Policy Definitions

Certain words in this Policy have a specific meaning. They have this specific meaning wherever they appear in this Policy and are shown by using bold text and capital letters. Plural forms of the defined words have the same meanings as the singular form. The following definitions apply to this Policy as a whole.

Accident and Accidental

A sudden identifiable violent external event that happens by chance and which could not be expected; or unavoidable exposure to severe weather.

Benefit Amount

The maximum amount **We** will pay based on the level of Personal Accident Cover stated in **Your** Medicash benefit table, the **Group Policy Schedule**, and the Policy (as detailed in Sections 1 and 2).

Bodily Injury

Injury to **You** which happens while the Policy is in force and which is caused only by an **Accident** and on its own:

within 24 months of the **Accident**, leads to **Permanent Disability** or death, and results in a **Claim** covered under this Policy.

Body

The head (excluding the **Face**) neck, trunk, legs and arms.

Child

Any person under 18 years old, or under 24 years old if still in **Full Time Education**.

Claim

A single loss or series of losses due to one cause insured by this Policy.

Dangerous Activities & Sports

This includes but is not limited to:

- ballooning;
- bungee-jumping;
- canyoning
- gliding;
- gorge walking
- hang-gliding;
- high diving
- horse jumping
- micro lighting;
- mountain boarding
- parachuting;
- paragliding;
- parasailing;
- parascending;
- riding/driving in any kind of race; or
- rock climbing

Declarations

The information supplied to Us by the **Group Policyholder** confirming **Your** up to date details and the premium due to **Us**.

Doctor

A doctor or specialist registered or licensed to practice medicine under the laws of the country in which they practice who is neither:

- **You**; or
- one of **Your** relatives unless approved by **Us**.

Effective Time

When the insurance provided by this Policy applies as specified in the **Group Policy Schedule**.

Full Time Education

A programme of learning provided by a recognised educational body, which leads to qualification by examination or assessment which is either:

- full time study; or
- a mixture of study and work experience as long as at least two thirds of the total time for the course is spent on study.

We do not cover apprenticeships or any form of educational programme for which the participant receives a salary.

GBP/£

United Kingdom pounds sterling.

Group Policy Schedule

The document issued to the **Group Policyholder** by **Us**, detailing **Your** cover and other important information. A copy of this is available via Medicash on request.

Group Policyholder

The person, firm, company or organisation named in the **Group Policy Schedule**.

Insurance Arrangement

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

Insured Person

Any person or category of persons shown in the **Group Policy Schedule** and who is also specified in the **Declarations** as appropriate.

Loss of Hearing

Permanent profound deafness, which means the quietest sound **You** can hear is louder than 90 decibels when tested by a qualified audiologist.

Loss of Limb

With reference to:

- an arm - amputation or complete and permanent loss of all functional use - at or above the wrist joint;
- a leg - amputation or complete and permanent loss of all functional use - at or above the ankle (talo-tibia joint).

Loss of Sight in Both Eyes

Permanent blindness which, based on medical evidence, **You** will never recover from and which results in **Your** name being added (on the authority of a qualified ophthalmic specialist) to the Register of Blind Persons maintained by the government.

Loss of Sight in One Eye

Permanent blindness which, based on medical evidence, **You** will never recover from, in an eye to the degree that, after correction using spectacles, lenses or surgery, objects that should be clear from 60 feet away can only be seen from 3 feet away or less.

Maximum Age Limit

The age stated in the description of **Insured Persons** in the **Group Policy Schedule** when cover for an **Insured Person** will cease. This is also shown on Your Medicash benefit table.

Paraplegia

Complete paralysis of the lower half of the body including both legs.

Parent

A natural or legally adoptive parent of a **Child**.

Partner

Your:

- spouse; or
- civil partner registered pursuant to the Civil Partnership Act; or
- someone of either sex with whom **You** have been living as though they were **Your** spouse.

Period of Insurance

As set out in the “Period of Insurance” section on the **Group Policy Schedule** commencing at 00.01 hours on the earliest date stated and expiring at midnight on the latest date stated.

Permanent Disability

Any form of functional disability which has lasted for at least 12 months and from which, based on medical evidence, **You** will never recover.

Permanent Partial Disablement

Any **Permanent Disability** other than **Quadriplegia**, **Paraplegia** or **Permanent Total Disablement**, that is not otherwise excluded.

Permanent Total Disablement

If **You** were in paid work at the date of the **Accident**:

A **Permanent Disability** which stops **You** from carrying out occupational duties for which **You** are fitted by way of training, education or experience; or

If **You** were not in paid work at the date of the **Accident**:

A form of **Permanent Disability** calculated on a medical assessment by **Us** or an independent medical expert appointed by **Us**, which results in **Your** inability to perform, without assistance from another person, at least two of the following activities of daily living:

- eating;
- getting in and out of bed;
- dressing and undressing;
- toileting; or
- walking 200 metres on level ground.

Quadriplegia

Complete paralysis of all four limbs.

Start Date

The date specified in the **Group Policy Schedule** showing when the insurance will start for the **Group Policyholder**.

United Kingdom

England, Scotland, Wales and Northern Ireland, (including the Channel Islands and the Isle of Man).

War

Armed conflict between nations, invasion, act of foreign enemy, civil war, or taking power by organised military force.

We, Our, Us

Chubb European Group SE.

You, Your

The **Insured Person**.

Our Regulators

Chubb European Group SE (CEG) is a Societas Europaea, a public company registered in accordance with the corporate law of the European Union. Members' liability is limited. CEG is headquartered in France and governed by the provisions of the French insurance code. Risks falling within the European Economic Area are underwritten by CEG, which is authorised and regulated by the French Prudential Supervision and Resolution Authority (4 Place de Budapest, CS 92459, 75436 Paris Cedex 09, France). Registered company number: 450 327 374 RCS Nanterre. Registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. Fully paid share capital of €896,176,662.

CEG's UK branch is registered in England & Wales. Registered address: 100 Leadenhall Street, London EC3A 3BP. Authorised by the Prudential Regulation Authority and with deemed variation of permission. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website (FS Register number 820988).

Financial Services Compensation Scheme

Whilst only the **Group Policyholder** and **Us** have legal rights under this Policy, in the unlikely event of **Us** being unable to meet **Our** liabilities, policyholders who are located in the UK, Channel Islands, Isle of Man or Gibraltar (or who have risks located in these jurisdictions) may be entitled to compensation under the Financial Services Compensation Scheme. Further information can be obtained from the Company or from the Financial Services Compensation Scheme at the following address:

Financial Services Compensation Scheme
PO Box 300
Mitcheldean
GL17 1DY

Tel: 0800 678 1100 or 020 7741 4100
Website: www.fscs.org.uk
On-Line Form: <https://claims.fscs.org.uk/>

Data Protection

The Personal Information You provide

We use personal information which the **Group Policyholder** supplies to **Us** or, where applicable, the **Group Policyholder's** insurance broker, in order to write and administer this Policy, including any claims arising from it.

This information will include basic contact details such as **Your** name, address, and policy number, but may also include more detailed information about **You** (for example, your age, health, details of assets, claims history) where this is relevant to the risk **We** are insuring, services **We** are providing or to a claim the **Group Policyholder** or **You** are reporting.

We are part of a global group, and **Your** personal information may be shared with its group companies in other countries as required to provide coverage under this policy or to store **Your** information. **We** also use a

number of trusted service providers, who will also have access to **Your** personal information subject to **Our** instructions and control.

You have a number of rights in relation to **Your** personal information, including rights of access and, in certain circumstances, erasure.

This section represents a condensed explanation of how we use personal information. For more information, **We** strongly recommend the **Group Policyholder** and **You** read **Our** user-friendly Master Privacy Policy, available here: <https://www.chubb.com/uk-en/footer/privacy-policy.aspx>. The **Group Policyholder** and **You** can ask us for a paper copy of the Privacy Policy at any time, by contacting **Us** at <mailto:dataprotectionoffice.europe@chubb.com>.

Chubb European Group SE (CEG) is a Societas Europaea, a public company registered in accordance with the corporate law of the European Union. Members' liability is limited. CEG is headquartered in France and governed by the provisions of the French insurance code. Risks falling within the European Economic Area are underwritten by CEG, which is authorised and regulated by the French Prudential Supervision and Resolution Authority (4 Place de Budapest, CS 92459, 75436 Paris Cedex 09, France). Registered company number: 450 327 374 RCS Nanterre. Registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. Fully paid share capital of €896,176,662.

CEG's UK branch is registered in England & Wales. Registered address: 100 Leadenhall Street, London EC3A 3BP. Authorised by the Prudential Regulation Authority and with deemed variation of permission. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website (FS Register number 820988).

Contact Us

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About Chubb

On 14 January 2016, ACE Limited acquired The Chubb Corporation, creating a global insurance leader operating under the renowned Chubb name.

The new Chubb is the world's largest publicly traded property and casualty insurer. With operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients.

The company is distinguished by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength, underwriting excellence, superior claims handling expertise and local operations globally.

The insurance companies of Chubb serve multinational corporations, midsize and small businesses with property and casualty insurance and services; affluent and high net worth individuals with substantial assets to protect; individuals purchasing life, personal accident, supplemental health, home and car insurance and other specialty insurance coverage; companies and affinity groups providing or offering accident and health insurance programmes and life insurance to their employees or members; and insurers managing exposures with reinsurance coverage.

Chubb's core operating insurance companies maintain financial strength ratings of AA from Standard & Poor's and A++ from A.M. Best.

Chubb's parent company is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index.

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