

# Personal Accident Insurance

## Policy Document

Your Financial Ally

Call us 00 800 00 01 02 03  
0044 (0)345 658 1140  
[www.forcesmutual.org](http://www.forcesmutual.org)

**Forces**  
**Mutual**

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## Your policy

Welcome to **your** Forces Mutual Personal Accident insurance **policy**.

This **policy** describes the insurance cover provided during the period of insurance as shown in **your** schedule which **you** have paid for, or have agreed to pay for, and for which **we** have accepted the premium.

The contract between **you** and **your insurer** is made up of this **policy**, the schedule and any endorsements shown in the schedule.

Please read this **policy** booklet with **your policy** schedule to make sure that **you** are satisfied with **your** insurance. If **you** have any questions please contact Forces Mutual.

Please also take some time to read **our** complaints procedure in the Making a complaint section on page 5.

## Important information

### The insurers

The cover for Personal Accident, other than Death by Natural Causes & Funeral Expenses is underwritten by Ageas Insurance Limited whose registered office address is Ageas House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire, SO53 3YA. Registered In England and Wales No. 354568. Ageas Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Financial Services Register no 202039.

The cover for Death by Natural Causes and Funeral Expenses is underwritten by The Ancient Order of Foresters Friendly Society Limited. The Ancient Order of Foresters Friendly Society Limited is an incorporated Friendly Society (registration no. 511F) and is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (registration no. 110029).

### The law which applies to this policy

This **policy** will be governed by English law, and **you** and **the insurers** agree to submit to the non-exclusive jurisdiction of the courts of England and Wales unless **you** live in Jersey in which case the law of Jersey will apply and the Jersey courts will have exclusive jurisdiction.

### Language

The contractual terms and conditions, and other information relating to this contract will be in the English language.

### Payment of Premiums

This **policy** is a monthly **policy**, which means that **we** will collect a premium by Direct Debit from **your** bank account on the first working day of each month\* and, subject to the successful collection of that premium, **your insurer** will provide the cover detailed in this **policy** wording for the month in which the premium has been collected. This insurance commences on the date shown on **your policy** schedule and continues by periods of one month upon receipt of **your monthly premium payment**. This insurance does not have a specified end date and cover will continue until either **you** or **your insurer** cancel the **policy**. However, if **you** fail to make a **monthly premium payment** when it is due, **we** will attempt to recollect the payment on the next available collection date (15th or 1st of the month). If **you** fail to make this payment, or if the payment instruction has been cancelled for any reason, cover under this insurance will be cancelled. Cover will cease with effect from the end of the month immediately before the date of the first failed collection. **We** will then send **you** confirmation of the cancellation.

\*The first payment date may fall on the 15th of the month depending upon inception date, however all subsequent monthly collections will take place on the first working day of the month

## Information provided by the insured

In deciding to accept this **policy** and in setting the terms and premium, **your insurer** have relied on the information **you** have provided.

**You** must take care when answering any questions **we** ask and ensure that all information provided is accurate and complete.

If **your insurer** establish that **you** deliberately or recklessly provided **us** with false or misleading information **your insurer** will treat this **policy** as if it never existed and decline all claims.

If **your insurer** establish that **you** carelessly provided **us** with false or misleading information it could adversely affect **your policy** and any claim. For example, **your insurer** may:

1. Treat this **policy** as if it had never existed and refuse to pay all claims and return the premium paid. **Your insurer** will only do this if **we** provided **you** with insurance cover which **we** would not otherwise have offered;
2. Amend the terms of **your** insurance. **Your insurer** may apply these amended terms as if they were already in place if a claim has been adversely impacted by **your** carelessness;
3. Reduce the amount **we** pay on a claim in the proportion the premium **you** have actually paid bears to the premium **your insurer** would have charged **you** had **you** not provided false or misleading information; or
4. Cancel this **policy** in accordance with the right to cancel below.

**We** agree to write to **you** if **your insurer**:

1. Intend to treat this **policy** as if it never existed; or
2. Need to amend the terms of this **policy**.

If **you** become aware that information that **you** have given to **us** is inaccurate, **you** agree to inform **us** as soon as practicable by contacting Forces Mutual.

## Making a claim

If **you** sustain an injury **we** recommend that **you** check **your policy** cover and if **you** wish to make a claim **you** should contact:

Forces Mutual  
100 Cedarwood  
Crockford Lane  
Chineham Park  
Basingstoke  
RG24 8WD

Telephone: 00800 00 01 02 03 or +44 (0) 345 658 1140.

Email: [claims@forcesmutual.org](mailto:claims@forcesmutual.org)

When **you** have contacted **us**, a claim form will be sent to **you**. This should be completed and returned to **us** at the address above along with any information, evidence or medical certificates that will be needed to deal with **your** claim.

If **you** do not notify **us** of the claim within 90 days and this prejudices **our** ability to verify the claim, then, other than in exceptional circumstances, no benefit(s) will be paid in respect of the claim.

Please note that when contacting **us** by telephone, calls may be monitored or recorded for reference purposes and to assist with staff training and for quality control purposes.

**You** should refer to the General Conditions and Claims Conditions on pages 13-14 of this **policy** for full details of the claims procedures and conditions. Please note also the Provisions relating to the benefits tables, for each area of cover.

### **Making a complaint**

**We** are committed to providing **you** with an exceptional level of service and customer care. **We** do realise that things can sometimes go wrong and when this happens, **we** want to hear about it.

If **you** have a complaint to raise about a **policy** or a claim that relates to Fatal Injury or Injury Cover **you** can do this by telephoning **us** on 00 800 00 01 02 03 or +44 (0) 345 658 1140, alternatively **you** can write to:

Forces Mutual  
100 Cedarwood  
Crockford Lane  
Chineham Park  
Basingstoke  
RG24 8WD  
Email: [groupcomplaintsteam@forcesmutual.org](mailto:groupcomplaintsteam@forcesmutual.org)

If **your** complaint is relating to either a Funeral Expenses or Death by Natural Causes claim, **you** should contact The Ancient Order of Foresters Friendly Society Limited on 0800 101 8313 or alternatively **you** can write to:

Complaints  
Foresters Friendly Society  
Foresters House  
29/33 Shirley Road  
Southampton  
SO15 3EW  
Email: [complaints@forestersfriendlysociety.co.uk](mailto:complaints@forestersfriendlysociety.co.uk)

When contacting either **us** or The Ancient Order of Foresters Friendly Society Limited please ensure **you** provide the following information in addition to **your** complaint:

- a. **your** full name, postcode and contact phone number(s); and
- b. the type of **policy** and **your policy** and/or claim number

If **you** remain dissatisfied after **we** or The Ancient Order of Foresters Friendly Society Limited have considered **your** complaint, **you** have the right to ask the Financial Ombudsman Service to review **your** complaint, free of charge, if for any reason **you** are still dissatisfied with either the summary resolution or final response letter, or if **we** or The Ancient Order of Foresters Friendly Society Limited have not issued **our** final response within eight weeks from **you** first raising the complaint. However, **you** must do so within six months of the date of the summary resolution or final response letter.

**You** can contact the Financial Ombudsman Service as follows:

In writing:  
Financial Ombudsman Service  
Exchange Tower  
London  
E14 9SR

By telephone: 0800 023 4567 or 0300 123 9123  
Or by email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

Web: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

Please note that if **you** do not refer **your** complaint within the six months, the Ombudsman will not have **our** / The Ancient Order of Foresters Friendly Society Limited's permission to consider **your** complaint and therefore will only be able to do so in very limited circumstances. For example, if it believes that the delay was as a result of exceptional circumstances.

Following the above complaints procedure does not affect **your** right to take legal proceedings.

### **Financial Services Compensation Scheme**

Ageas Insurance Ltd is covered by the FSCS. **You** may be entitled to compensation under the scheme if **they** are unable to meet **their** financial obligations **you** may be entitled to compensation under the scheme.

For further information see [www.fscs.org.uk](http://www.fscs.org.uk) or telephone 0207 741 4100.

### **Cancelling your cover**

**You** may cancel this policy at any time by; telephoning **us** on 00 800 00 01 02 03 or +44 (0) 345 658 1140, or by writing to Forces Mutual 100 Cedarwood, Crockford Lane, Chineham Park, Basingstoke, RG24 8WD - Please quote **your policy** number.

**You** have a statutory right to cancel **your policy** within 14 days from the day of purchase of **your policy** or the day on which **you** receive **your policy** documentation, whichever is later. Providing there has been no claim or incident giving rise to a claim, **we** will refund any premium paid.

If **you** cancel **your policy** at any other time, as **you** pay monthly by direct debit, **we** will continue to provide cover until the end of that calendar month and no refund will be provided.

**We** and **your insurer** reserve the right to cancel this policy at any time by giving **you** no less than 90 days written notice by recorded delivery or email to **you** at **your** last known address. Any such written notice will explain **our** or **your insurer's** reasons for cancellation.

**We** and **your insurer** reserve the right to cancel this **policy** as soon as practicable in the event that;

- **you** fail to pay the premium when it is due;
- **you** are no longer eligible for this insurance; or
- **you** or anyone acting for **you** acts fraudulently as detailed on page 13.

## Definitions

### Benefit(s)

The amount shown in the table of benefits multiplied by the number of units chosen as shown on the schedule. This does not apply to benefit 15 **hospitalisation**.

Other than in respect of benefits 16 Funeral Expenses and 17 Death by Natural Causes, the **benefit** applicable will be determined after a waiting period of 26 weeks from the date of the accident, unless **we** agree to pay sooner.

No **benefit** shall be payable for the further deterioration of injuries beyond 52 weeks from the date of the accident other than for **hospitalisation**, or benefit 16 Funeral Expenses.

### Basilar fracture

A linear fracture that occurs in the floor of the cranial vault.

### Bodily Injury

Physical injury caused solely and directly by a sudden external unforeseen and identifiable accident, event or assault and shall include exposure to the elements.

### Child / children

All unmarried children of **the insured** and or **partner** provided they are between the ages of 30 days and 18 years (or 23 years if in full time education) and they normally live with either **the insured** or **partner** at the time of injury.

### Depressed fracture

A comminuted fracture of the **skull** in which broken bone(s) is displaced inwards.

### Diastatic fracture

A fracture where the fracture line transverses one or more sutures of the **skull** causing a widening of the suture

### Effective date

The date on which **you** were accepted on the **policy** for Personal Accident cover as stated in **your policy** schedule under the section "Operative From".

### Endorsement

A change to the terms of the **policy** as shown under Endorsement(s) in **your policy** schedule under the section "Operative From".

### Expert Medical Practitioner

A person other than **you**, a member of **your** immediate family or an employee of **yours**, who is qualified as a consultant in the branch of medicine to which the **bodily injury** relates.

### Facial scarring (including burns)

Any permanent sign of damage or injury to the area from the hairline to and including the lower jaw and ears of at least a total of 5 square centimetres or more in area or a total of 5 centimetres or more in length.

See table of benefits page 16-17 item 9 b) for a higher limit of cover should facial scarring exceed 10 square centimetres in area or 10 centimetres in length

**Flesh wounds (including shrapnel)**

An injury to any part of the body resulting in a restriction of movement, loss of strength and/or permanent physical disfigurement which covers at least in total 10 square centimetres in area or in total 10 centimetres in length which occurs whilst engaging in occupational duties only.

Fractured leg or kneecap with established non-union

A non-union fracture occurs when a cartilage-like link forms between the fractured bone ends.

**Gunshot wound**

Injury resulting from the penetration of the body which is caused by an object fired from a gun by means of an explosive charge including but not limited to a bullet shell rocket or grenade.

**Hospital**

An institution which has accommodation for residential patients and facilities for diagnosis surgery and treatment. It does not include a convalescence home, an extended care facility, a geriatric home, a long term nursing home or **a rehabilitation centre**.

**Hospitalisation**

An overnight stay in a **hospital** or **rehabilitation centre** other than for extended care.

**Hostilities**

A public announcement of the formation and deployment comprising 2,000 or more UK Service personnel to participate in and continue to be deployed in an armed conflict.

**Insured person**

**The insured** and / or **partner** together with any **children** of the insured or **partner**.

**Insurer / the insurer**

Ageas Insurance Limited in respect of Fatal Injury or Injury cover and/or The Ancient Order of Foresters Friendly Society Limited. in respect of death by natural cause and funeral expenses cover.

**Linear Fracture**

A break in the **skull** bone(s) that transverse the full thickness of the **skull** from the outer to the inner table.

**Loss of hearing**

Total and irrecoverable loss in one or both ears to the extent that the hearing in one or both ears is greater than 95 decibels across all frequencies using a pure tone audiogram that has lasted 52 consecutive weeks and that in the opinion of an **expert medical practitioner** will not be recovered.

**Loss of limb**

Loss by permanent severance of an entire hand or foot or the total and permanent **loss of use** of an entire hand or foot that in the opinion of an **expert medical practitioner** will not be recovered.



### **Loss of sexual organs**

An injury resulting in the loss of penis, testicles, uterus or ovaries as outlined in the levels below. Loss of penis will be considered as the loss of the glans where the remaining proportion functions for urination only.

**Level 1** – The complete loss of two testicles and penis or the complete loss of two ovaries and uterus

**Level 2** – The complete loss of two testicles or the complete loss of two ovaries

**Level 3** – The complete loss of one testicle or the complete loss of one ovary

**Level 4** – The complete loss of penis or the complete loss of uterus.

### **Loss of speech**

Total and irrecoverable **loss of speech** that has lasted 52 consecutive weeks and that in the opinion of an **expert medical practitioner** will not be recovered.

### **Loss of use**

The permanent and irrecoverable loss of all function and sensation regardless of the use of medically prescribed mobility aids.

### **Military Vehicle**

A vehicle owned by Her Majesty's Forces and registered as such.

### **Motorcycling**

Travelling as a passenger or rider of a two wheeled motor vehicle including whilst mounting, dismounting and attending to roadside repairs.

### **Operational Tour**

A tour of duty for which an operational allowance is paid to **you**.

### **Partner**

The person normally residing with **the insured** at the time of injury.

### **Period of insurance**

The dates shown in **your policy** schedule and any further calendar month provided that **you** pay the current monthly premium due on the first working day of the calendar month and **we** accept it and will continue until;

- **you** or **we** cancel this **policy** or
- **you** are no longer a member of H.M. Forces
- **you** reach the age of 65 years

### **Permanent total disablement**

Disablement which has incapacitated **you** or any **insured** person (limited to the **insured** and **partner** only) as outlined by the levels listed below and in the opinion of an **expert medical practitioner** there is no expectation of medical recovery.

**Level 1** – **You** being unable to follow any and every gainful occupation for the remainder of **your** life.  
**We** may choose to review your condition over a period of 52 consecutive weeks.

**Level 2** – **You** being unable to continue **your usual occupation**.

**Level 3** – **You** are unable to receive **specialist pay** following a change in duties.

Only one level of benefit is payable for any one accident and in the event **your** claim changes in level the maximum benefit payable in total will be the amount shown under the new level.

## Policy

Your personal accident policy booklet and most recent schedule which includes any **endorsement(s)**.

## Rehabilitation centre

An institution dedicated to the care of H.M. Forces personnel which has accommodation for residential patients and facilities available for rehabilitation from **bodily injury**. It does not include a convalescence home, an extended care facility, a geriatric home or a long term nursing home.

## Severely sight impaired

Registered as **severely sight impaired** by an **expert medical practitioner** specialising in the relevant field with one of the following attributes:

- Visual acuity of less than 3 / 60 on the Snellen Scale with a full visual field (which means seeing at 3 feet what **you** should see at 60 feet)
- Visual acuity between 3 / 60 and 6 / 60 on the Snellen Scale with a severe reduction of field of vision such as tunnel vision.

## Sight impaired

Registered as sight impaired by an **expert medical practitioner** specialising in the relevant field with one of the following attributes:

- Visual acuity of 3 / 60 to 6 / 60 on the Snellen Scale with a full field of vision (which means seeing at 3 to 6 feet what **you** should see at 60 feet)
- Visual acuity of up to 6 / 24 on the Snellen Scale with a moderate reduction of field of vision or with a central part of vision that is cloudy or blurry.
- Visual acuity of up to 6 / 18 on the Snellen Scale if a large part of your field of vision for example a whole half of **your** vision is missing or a lot of **your** peripheral vision is missing.

## Skull

The 8 cranial bones which constitute the neurocranium.

## Specialist pay

Any additional remuneration paid by H.M. Forces for undertaking particular tasks or activities relating to your specific role. This does not include extra pay for active duties.

## The insured

The person named on the schedule.

## Usual occupation

If the **insured person** is a serving member of H.M. Forces, usual occupation means being employed in any role by H.M. Forces and in respect of a **partner** it is their normal full time paid occupation provided it is 30 hours a week or more.

## We / us / our

PMGI Limited, trading as Forces Mutual.

## You / your

The policyholder whose name appears in the policy schedule.

## Notices

### Assignment

This **policy** is not assignable. This means that payment of **benefit(s)** will only be made to the insured or their legal representative(s) whose receipt shall be a discharge to **us**.

### Changes to cover terms or premiums

This clause explains how **we / your insurer** may make changes to **your policy**.

**We / your insurer** may change the price, **benefits**, terms, cover and/or exclusions of **your policy** by giving **you** no less than 30 days notice in writing to **your** last known address. Any such written notice will explain **our / your insurer's** reasons for making the changes. This does not apply to any changes in the law, regulation and/or taxation of insurance business within the UK, when changes will be made in accordance with **our / your insurer's** statutory and regulatory obligations without prior notice.

**We / your insurer** will only exercise **our / your insurer's** ability to make changes to **your policy** in order to make reasonable and proportionate changes to reflect;

- any changes that are required to give effect to decisions and/or guidance of a regulator or an Ombudsman;
- any changes that are required to give effect to new or revised insurance industry codes of practice that **we / your insurer** intend to comply with;
- inflationary increases in general claims costs or administrative costs which affect the cost to **us / your insurer** of providing cover under and administering **your policy**;
- other increases or decreases in the relative cost and/or relative number of claims which affect the cost to **us / your insurer** of providing cover under and administering **your policy**;
- increases in the relative cost of purchasing reinsurance, which affects the cost to **your insurer** of providing cover under **your policy**

**We / your insurer** will not make any change to **your policy** during the first 3 months of **your policy**, unless **we** told **you** before **you** purchased **your policy** that these changes would happen or such changes are required by law or regulation (in which case **we** will give **you** a reasonable and proportionate amount of notice).

Where **we / your insurer** make a change to **your policy**, **we / your insurer** will not make any further changes to **your policy** for at least 6 months, unless **we / your insurer** are required to do so by law or regulation.

**We / your insurer** may change the benefits, terms, cover or exclusions of **your policy** at any time and on giving **you** a reasonable and proportionate amount of notice, where such change does not restrict **your** cover or benefits, makes the policy easier for **you** to understand and/or makes the policy fairer to **you**.

If **you** are on an operational tour when **we** notify **you** of any changes to **your policy** or **you** start an operational tour within 30 days of that notification, **we** will treat any claim arising during that same operational tour under the previous policy wording if it is beneficial to **you** to do so.

### Suspension Period

**We** may declare a Suspension Period in the event of hostilities, either actual or imminent. The Suspension Period may take effect immediately or at a specified future date and will operate as follows:

- (a) New applications or increases in cover will not be accepted by **us** during a Suspension Period or 30 days before a Suspension Period commences.
- (b) Any premium received by **us** for applications or increases in cover during the 30 days before a Suspension Period commences will be refunded.
- (c) Cover starting more than 30 days before the commencement of a Suspension Period will not be affected.

## Communications

**We** will write to **you** or email **you** at **your** last known address at least annually and will include the following:

- Details of how to contact **us**;
- A reminder that the **policy** wording is shown on **our** website and that **you** also have a right to a copy of the **policy** wording;
- A reminder that **you** have a duty to inform **us** of any changes in **your** circumstances;
- A summary of the key facts held about **you**;
- An explanation as to why **we** consider that **your policy** still remains suitable for **your** demands and needs and that **you** need take no further action;
- Confirmation that **your policy** will continue on a monthly basis, provided that **you** remain eligible for the cover, continue to pay the current premium and that **we** accept it.

## Fraud

1. If **you** or any **insured person** make a fraudulent claim under this **policy** knowing it to be false or fraudulent in amount or any other respect, **we / your insurer**:

- a. are not liable to pay the claim; and
- b. may recover from **you** any sums paid by us to **you** in respect of the claim; and
- c. may by notice to **you** treat the **policy** as having been terminated with effect from the time of the fraudulent act.

2. If **we / your insurer** exercise **our / your insurer's** right under clause 1c above:

- a. **we / your insurer** shall not be liable to **you** in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to **our / your insurer's** liability under the insurance contract (such as the making of a claim, or the notification of a potential claim); and
- b. **we** need not return any of the premiums paid.

## General Conditions

These are the conditions of the Insurance that **you** need to meet as **your** part of this contract. If **you** do not meet these conditions, **we / your insurer** may be entitled to reject a claim payment or a claim payment could be reduced. In some circumstances **your policy** may not be valid.

## Changes in your circumstances

It is important that **you** tell **us** as soon as possible if **you** change **your** employment status such as leaving H.M. Forces for any reason including retirement, or if **you** change **your** regiment or trade.

## Eligibility

**The insured** must be a serving member of H.M. Forces and aged under 65 years of age.

## Multiple Policies

Multiple forces mutual personal accident policies are not permitted.

**The insured** can, at anyone time, hold only one forces mutual personal accident policy. If **you** hold two or more forces mutual personal accident policies, the **policy** with the highest **benefit** will be the only **policy** to respond.

## Claims Conditions

**You** or any **insured person** must comply with the following terms to have the full protection of **your policy**. If **you** or any **insured person** do not do so, then **we / your insurer** may at **our / your insurer** option cancel the **policy** or refuse to deal with **your** claim or reduce the amount of any claims payment.

**You** must notify **us** as soon as possible following an injury which may give rise to a claim and in any event within 90 days of such injury. If **you** fail to do so and this prejudices **our** ability to verify the claim, then, other than in exceptional circumstances, no **benefit(s)** will be paid in respect of the claim.

**You** must provide any information evidence or medical certificates **we** may reasonably need to deal with **your** claim at **your** expense. Other than in exceptional circumstances no **benefit(s)** shall be payable for any period for which the required substantiating proof is not provided.

**We** may require **you** at our expense to be examined by a medical examiner of **our** choice and **we** may request an independent medical report.

Unless otherwise agreed by **us**, **benefit(s)** shall not become payable until the total amount due has been ascertained.

As part of **our** commitment to customer care **we** may arrange for support agents to visit **you**. The purpose of any such visit will be to gather details relating to **your** claim in order to ensure an accurate assessment. It is essential that **you** make yourself available for any such visit.

If **you** die within 26 weeks of **bodily injury**, the only amounts payable from the table of **benefits** will be Item 14 – Fatal Injury and item 16 Funeral Expenses.

## Cover

### Fatal Injury or Injury Cover

#### What is Covered

**We** will, subject to the provisions of this **policy**, pay to the insured or the insured's estate the relevant **benefit(s)**, if during the period of insurance an **insured person** sustains **bodily injury**, resulting directly and independently of any other cause within two years in death, loss, disablement or confinement to hospital as described in the table of **benefits**.

For any accident (irrespective of the number of injuries sustained in relation to that accident), the maximum benefit payable for one unit is £30,000 except where the **insured person** is struck by a **military vehicle** which results in a valid claim in which case the maximum benefit payable for one unit is £37,500.

#### Extensions

##### 1. Exposure

Accidental **bodily injury** shall include exposure to the elements.

##### 2. Disappearance

In the event of the disappearance of an **insured person**, if after a period of time it is reasonable to believe that such **insured person** has died as the result of **bodily injury** within the scope of this **policy**, the fatal accident **benefit(s)** shall become payable subject to a signed undertaking that if the belief is subsequently found to be wrong, such fatal accident **benefit(s)** shall be refunded to **us**.

##### 3. Military vehicle accident

In the event that an **insured person** is struck by a **military vehicle** which results in a valid claim under one or more of **benefits** 1 –11 and **benefits** 13 and 14 as detailed in the table of **benefits**, the amount payable shall be increased by 25% subject to a maximum amount payable of £37,500 per one unit of cover.

## What is not Covered

We will not pay **benefit(s)** for injury of an **insured person** in the following circumstances:

1. Any claim arising directly or indirectly as a result of post-traumatic stress disorder and/or any related and/or associated conditions.
2. If the injury arises from the **insured person** taking a drug which is not lawfully available or is lawfully only available on prescription by a qualified doctor or dentist. This exception does not apply if the drug was taken under the specific direction of a doctor or dentist.
3. If the injury arises whilst the **insured person** is under the influence of, or being affected by, alcohol.
4. If the injury consists solely of illness, disease or disorder.
5. If the injury arises from, is traceable to or is caused by, any gradually developing bodily deterioration whatever the cause of that deterioration.
6. If the injury results from any existing defect or chronic or recurring disease disorder or other condition whether diagnosed or not of which the **insured** or **insured person** was aware at the start date of this **policy** or has suffered in the 12 months immediately preceding the start date of this **policy**.
7. For fractures where osteoporosis was diagnosed and known about.
8. If the injury arises from suicide attempted suicide, or is an intentional self inflicted injury'.
9. If the injury is sustained by any **child** under the age of 30 days or after the **period of insurance** in which he/she attains the age of 18 or 23 if in full time education.
10. If the injury is sustained after the **period of insurance** in which the **insured person** attains the age of 65.
11. If **you** cease to be a member of H.M. Forces this **policy** will cease and no **benefit(s)** will be payable.
12. If the injury arises from any medical or surgical procedures.
13. If the injury results from participating in professional sports.
14. If the injury results from motorcycling or quadbiking any claim shall be limited to 50% of **benefit(s)**.
15. If the injury occurs as a result of the use of or release of any Nuclear Weapon or device or Chemical or Biological agent.

## Table of Benefits

Indicating the amount payable for one unit of cover. The maximum number of units **you** can buy is five.

The cover applies to each insured person, other than for Section 1 **Permanent Total Disablement** where cover only applies to the **insured** and their **partner** if the appropriate premium has been paid.

Please note the provisions which appear at the end of this table of benefits.

Item	Description	Amount Payable
1	<b>Permanent total disablement</b>	
	a) Level 1 – An <b>insured person</b> being unable to follow any and every gainful occupation	£ 30,000
	b) Level 2 – An <b>insured person</b> being unable to continue their <b>usual occupation</b>	£ 3,000
	c) Level 3 – An <b>insured person</b> unable to receive <b>specialist pay</b> following a change in duties	£ 1,500
2	a) Complete loss of sight in both eyes – (Registered as ' <b>severely sight impaired</b> ')	£ 30,000
	b) Partial loss of sight in both eyes – (Registered as ' <b>sight impaired</b> ')	£ 7,500
	c) Complete loss of sight in one eye – (Registered as ' <b>severely sight impaired</b> ')	£ 15,000
	d) Partial loss of sight in one eye – (Registered as ' <b>sight impaired</b> ')	£ 3,750
3	a) <b>Loss</b> of two or more <b>limbs</b>	£ 30,000
	b) <b>Loss</b> of one <b>limb</b>	£ 22,500
4	<b>Loss of speech</b>	£ 30,000
5	a) Complete <b>loss of hearing</b> in both ears	£ 30,000
	b) Complete <b>loss of hearing</b> in one ear	£ 7,500
6	Permanent total loss of or <b>loss of use</b> of any one –	
	a) shoulder or elbow or hip or knee or ankle or wrist	£ 7,500
	b) finger (at least one complete bone)	£ 3,000
	c) thumb (at least one complete bone)	£ 4,500
	d) big toe (at least one complete bone)	£ 1,500
e) other toes (at least one complete bone)	£ 1,500	
7	Fractures – A break in the full thickness of the bone	
	a) <b>Fractured leg or kneecap with established non-union</b>	£ 1,250
	b) Fracture to the arm which includes humerus ulna radius and/or any of the bones of the wrist	£ 75
	c) Fracture to the leg which includes femur patella tibia fibula and/or any of the bones of the ankle	£ 150
	d) Fracture to at least one vertebra (excluding those forming the coccyx)	£ 200

<b>Item</b>	<b>Description</b>	<b>Amount Payable</b>
8	Fracture of the <b>skull</b> a) <b>Linear fracture</b> of the <b>skull</b> b) <b>Depressed, diastatic</b> or <b>basilar fracture</b> of the skull	£ 200 £ 500
9	<b>Facial scarring – (including burns)</b> of at least a total of: a) 5 square centimetres or more in area or a total of 5 centimetres or more in length b) 10 square centimetres or more in area or a total of 10 centimetres or more in length	£ 1,000 £ 2,000
10	Third degree burns (excluding <b>facial scarring</b> ) covering – a) 27% or more of the total body surface b) 18% or more of the total body surface c) 9% or more of the total body surface d) 4.5% or more of the total body surface	£ 4,800 £ 3,600 £ 2,400 £ 1,200
11	<b>Flesh wounds – (including shrapnel)</b> which covers at least in total 10 square centimetres in area or in total 10 centimetres in length	£ 200
12	<b>Gunshot wound</b>	£ 200
13	<b>Loss of sexual organs</b> a) Level 1 – The complete loss of two testicles and penis or the complete loss of two ovaries and uterus b) Level 2 – The complete loss of two testicles or the complete loss of two ovaries c) Level 3 – The complete loss of one testicle or the complete loss of one ovary d) Level 4 – The complete loss of penis or the complete loss of uterus	£ 5,000 £ 1,000 £ 500 £ 500
14	Fatal injury	£ 2,000
15	<b>Hospitalisation</b> a) <b>Hospital</b> admission – as a result of an accident. Payment of benefit will commence from the 5th consecutive night for each night up to a maximum of 365 nights b) <b>Rehabilitation centre</b> admission – payable following a qualifying hospital admission – claim for each night up to a maximum of 365 nights within 4 years of the <b>hospital</b> admission.  <i>Benefit 15 does not increase with the number of units purchased.</i>	£ 40 £ 10



## Provisions

1. For any one accident the maximum **benefit** payable for one unit of cover is £30,000.
2. If **you** or an insured person suffers partial loss of sight within 52 weeks from date of the accident which later becomes complete loss of sight the maximum **benefit** payable in total will be the amount shown for complete loss of sight.
3. Should **benefit** be paid for any combination of items 6 (a) (b) (c) (d) (e) which within 52 weeks from date of the accident becomes a claim under item 3 **loss of limb**, the maximum **benefit** payable in total will be the amount shown for **loss of limb**.
4. Should **benefit** be paid for a fracture under item 7 (c) which later becomes a **fracture with established non-union within 52 weeks from date of the accident**, the maximum **benefit** payable in total will be the amount shown under item 7 (a).
5. Should **benefit** be paid for a fracture under item 8 (a) which is later diagnosed as a fracture under items 8 (b) within 52 weeks from date of the accident, the maximum **benefit** payable in total will be the amount shown under item 8 (b).
6. The **benefits** under item 13 are not cumulative with the maximum **benefit** payable being £5,000.
7. The maximum amount payable for **children** in respect of fatal injury is £5,000 irrespective of the number of units.
8. The maximum amount payable in respect of any claim resulting from **motorcycling** shall be limited to 50% of the limits stated in the table of **benefits** above.
9. If **you** or an insured person dies within 26 weeks of bodily injury, the only **benefit** payable from the table of **benefits** will be item 14 – Fatal Injury.
10. The maximum **benefit** payable under item 12 shall be £200 irrespective of the number of **gunshot wounds** suffered in a single event.
11. Only one of **benefits** 11 and 12 shall be payable in the event that a **gunshot wound** results in a **flesh wound**.
12. In the event that an insured person is struck by a military vehicle which results in a valid claim under one or more of **benefits** 1 – 11 inclusive and **benefits** 13 & 14 as detailed in the table of **benefits**, the amount payable shall be increased by 25% subject to a maximum amount payable of £37,500 per one unit of cover.
13. No **benefit** shall be payable for the further deterioration of injuries beyond 52 weeks from the date of the accident other than for **benefit** 15 **Hospitalisation**, or **benefit** 16 Funeral Expenses.

## Funeral Expenses Cover

Item	Description	Amount Payable
16	Funeral Expenses	£4,000

### What is Covered

**The insurer** will, subject to the notices and conditions of this **policy**, and the provisions below, pay to **the insured** or the insured's estate the amount payable, if during the period of insurance an **insured person** dies from any cause not otherwise excluded.

### What is not Covered

**The insurer** will not pay in the following circumstances:

1. If the death is a result of the **insured person** taking a drug which is not lawfully available or is lawfully only available on prescription by a qualified doctor or dentist. This exception shall not apply if the drug was taken under the specific direction of a qualified doctor or dentist.
2. If the death occurred whilst the **insured person** was under the influence of or being affected by alcohol.
3. If the death is a result of the **insured persons'** suicide or wilful exposure to danger.
4. If the death occurred after the period of insurance in which the **insured person** attains age 65.
5. If the death is of a **child** of the **insured** under the age of 30 days or after the **period of insurance** in which he/she attains the age of 18 (or 23 if in full time education).
6. If **you** cease to be a member of H.M. Forces.
7. If the death is a result of terrorism involving the use or release of any nuclear weapon or device or chemical or biological agent.

### Provisions

1. Cover under this section is not designed to pay for a funeral. The amount payable is a fixed amount that can be used by **the insured** or the insureds estate towards the costs of a funeral.
2. The amount payable shall be due in respect of each **insured persons** death.
3. The amount payable is a fixed amount irrespective of the number of units of cover purchased.

## Death by Natural Causes Cover

**Your** schedule will tell **you** if **you** have selected this cover.

The table below shows the amount payable for one unit of cover. The maximum number of units **you** can buy is five.

Item	Description	Amount Payable
17	Death by Natural Causes	£30,000

## What is Covered

The **insurer** will, subject to the notices and conditions of this **policy**, and the provisions below, pay to **the insured** or **the insured's** estate the amount payable, if during the **period of insurance** an **insured person** dies as a result of natural causes.

Death by Natural Causes is where death is directly or indirectly caused by, or preceded by a physical disease process or as a result of an identifiable medical condition or disorder of or failure of an organ or physical structure of the body – except where the disease, condition, disorder or failure has been caused by an **accident** or **bodily injury**.

## What is not Covered

The insurer will not pay in the following circumstances:

1. If the death is a result of an **accident** or **bodily injury**.
2. If death is a result of a **pre-existing medical condition**.
3. If the death is a result of the **insured person** taking a drug which is not lawfully available or is lawfully only available on prescription by a qualified doctor or dentist. This exception shall not apply if the drug was taken under the specific direction of a qualified doctor or dentist.
4. If the death occurred whilst the **insured person** was under the influence of or being affected by alcohol.
5. If the death is a result of the **insured persons'** wilful exposure to danger
6. If the death is a result of the **insured persons'** suicide, unless such death was more than 12 months after the date cover for death by natural causes was first taken out under this **policy**.
7. If the death occurred after the period of insurance in which the **insured person** attains the age of 65.
8. If **you** cease to be a member of H.M. Forces.
9. If the death is a result of terrorism involving the use or release of any nuclear weapon or device or chemical or biological agent.

## Provisions

1. **Children** are not covered for death by natural causes.
2. This **policy** shall not acquire a surrender value.

## Special Definitions (applicable to Death by Natural Causes only)

### Accident

A sudden, unexpected and specific event which is external, violent and visible to the body and which occurs at an identifiable place and time and results in **bodily injury**.

### Bodily Injury

An identifiable physical injury caused solely by an **accident**.

### Pre-existing Medical Condition

Any condition, injury, illness, disease or related conditions and/or associated symptoms, whether diagnosed or not, which in the 12 month period immediately prior to the start of death by natural causes cover under this **policy**:

- a) The **insured person** knew about or should reasonably have known about, or
- b) The **insured person** had seen, or arranged to see a registered medical practitioner about.

A condition will cease to be a **pre-existing medical condition** if the **insured person** remains symptom free and does not seek treatment or advice for a continuous period of 12 months.

## How we use your Information

For the purpose of this notice on how **we** use **your** personal information “**We, Us, Our**” refers to any or all of the below companies who handle **your** data:

Ageas Insurance Limited  
PMGI Trading as Forces Mutual  
The Ancient Order of Foresters Friendly Society Limited

**We** collect and maintain personal information in order to administer this **policy** and provide the service detailed within this policy wording. All personal information is safeguarded with appropriate levels of security and in accordance with the Data Protection Act.

**We** will only share **your** information in the following circumstances:

- It is allowed by law
- It has been authorised by **you**
- It is to prevent fraud
- It is provided to recovery operators or other suppliers as required to fulfil **our** obligations in this policy wording and in which case **your** information will be limited to the minimum information ordinarily required.

Under the terms of the Data Protection Act **you** have the right to ask for a copy of any personal information **we** hold about **you**. **You** also have the right to ask for correction of any information held. Any inaccurate or misleading data will be corrected as soon as possible.

## Privacy Notice

Ageas Insurance Limited is part of the Ageas group of companies. The following information is a summary of how **we** collect, use, share, transfer and store **your** information. But if you'd like to read **our** full Privacy notice please visit **our** website [www.ageas.co.uk](http://www.ageas.co.uk) or contact **our** Data Protection Officer at:

Ageas House  
Hampshire Corporate Park  
Templars Way  
Eastleigh  
Hampshire SO53 3YA  
or by emailing: [thedpo@ageas.co.uk](mailto:thedpo@ageas.co.uk).

Forces Mutual is part of the PMGI trading group. The following information is a summary of how **we** collect, use, share, transfer and store **your** information. But if you'd like to read **our** full Privacy notice please visit **our** website [www.forcesmutual.org/about/privacy-policy/](http://www.forcesmutual.org/about/privacy-policy/) or contact **our** Data Protection Officer by emailing [compliance@pmas.co.uk](mailto:compliance@pmas.co.uk) or by writing to them at the following address: Compliance Department, Alexandra House, Queen Street, Lichfield, Staffordshire. WS13 6QS

Foresters Friendly Society is the trading name of The Ancient Order of Foresters Friendly Society Limited. The following information is a summary of how **we** collect, use, share, transfer and store **your** information. But if you'd like to read **our** full Privacy notice please visit **our** website [www.forestersfriendlysociety.co.uk/privacy-policy/](http://www.forestersfriendlysociety.co.uk/privacy-policy/) or contact **our** Data Protection Officer at: Foresters House, 29-33 Shirley Road, Southampton, SO15 3EW.

## Collecting your information

**We** ask **you** to share lots of information, such as **your** name, address, contact details, date of birth and IP address if accessing **our** website (which is a unique number identifying **your** computer). **We** may also ask **you** to share sensitive personal information such as information regarding **your** health, credit history and/or criminal convictions.

**We** also collect information from a number of different places for example: publically available sources such as social media and networking sites; third party databases available to the insurance industry; firms, loss adjustors and/or suppliers appointed in the process of handling a claim.

## Using your information

The main reason **we** collect **your** personal and/or sensitive information is because **we** need it to provide **you** with an appropriate insurance quotation, policy and price. **We** may also need it to manage **your** policy such as when **we** deal with a claim or send **your** documents to **you**. When **you** apply for insurance, **our** decision to provide **you** with a quotation may involve an automated process. If **you** object to this being done, **we** won't be able to provide **you** with an insurance quotation.

**We** will also use **your** information where **we** feel there is a good reason for doing so, for example: to prevent and detect fraud and financial crime (which may include processes which profile **you**); collecting information about previous insurance policies **you** may have purchased; carrying out research and analysis (including profiling); and recording and monitoring calls.

There may be situations where **we** will only use **your** information if **you** have given **us** permission to do so, such as using or collecting sensitive information. If **you** have given **us** such information about someone else, **you** must have their permission to do so.

## Sharing your information

**We** share **your** information with a number of different organisations. This may include, but is not limited to: other insurers; regulatory bodies; carefully selected third parties providing a service to **us** or on **our** behalf; fraud prevention and credit reference agencies and other companies, for example, when **we** are trialling their products and services which **we** think may improve **our** service to **you** or **our** business processes.

Unless required to by law, **we** would never share **your** personal information without the appropriate care and protection in place.

## Keeping your information

**We** will only keep **your** information for as long as is necessary in providing **our** products and services to **you** and/or to fulfil **our** legal and regulatory obligations. Please refer to **our** full Privacy notice for more information.

## Use and storage of your information overseas

**Your** personal information may be transferred to, stored and processed outside the European Economic Area (EEA). Where **we** do this we'll take all reasonable steps to ensure **your** personal information is adequately protected to the same level as if it has remained in the European Economic Area.

## Your rights

**You** have a number of rights in relation to the information **we** hold about **you**, including: the right to have a copy of **your** personal information **we** hold; object to the use of **your** personal information; withdraw any permission **you** have previously provided and complain to the Information Commissioner's Office at any time if **you** are not satisfied with **our** use of **your** information. For a full list of **your** rights please refer to the full Privacy notices via the contact details listed above.

There may be times when **we** won't be able to delete **your** information. This might be because **we** need to fulfill **our** legal and regulatory obligations or if there is a minimum period of time which **we** have to keep **your** information. If **we** are unable to fulfill a request **we** will always let **you** know **our** reasons.





# Your Financial Ally

Your Financial Ally

Call us 00 800 00 01 02 03  
0044 (0)345 658 1140  
[www.forcesmutual.org](http://www.forcesmutual.org)

**Forces**  
**Mutual**

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