

PUPILS' £600K PERSONAL ACCIDENT INSURANCE SCHEME (INCORPORATING DENTAL)

POLICY WORDING EFFECTIVE FROM WINTER TERM 2015 (382/15)

Benefits for permanent disability or death, loss or Loss of Vitality of permanent natural teeth, Dental Injury, Emergency Dental Treatment costs.

INSURANCE AGREEMENT

The Insured (as specified in the policy schedule) and the Insurers agree that:

The Insured will pay the premium as agreed.

The Insurers will, subject to the terms, conditions, provisions and exclusions of this policy, provide the Insurance in the manner and to the extent set out in this policy. The Insured acknowledges that Insurers have offered this policy and calculated the premium using the information which the Insured has provided, and that any change to the responses provided by the Insured may result in a change in the terms and conditions of the policy and/or a change in the premium.

This policy, the schedule(s), scale of benefits and endorsements, if any, shall be read together as one contract and any word or expression to which specific meaning has been attached shall unless the context otherwise requires bear such meaning wherever it may appear.

COMPLAINTS PROCEDURE

The Official Managers, Marsh Ltd are dedicated to providing a high quality service and want to maintain this at all times. If you are not satisfied with the service please contact:

Marsh Ltd, Education Practice, Capital House, 1–5 Perrymount Road, Haywards Heath, West Sussex RH16 3SY
Telephone: 01444 313174, Facsimile: 01444 415088

Alternatively you may contact the Insurers if your complaint is about a claim:

ACE Customer Relations Manager, PO Box 4510, Dunstable LU6 9PZ.
Telephone: 0845 445 0087 (Within UK only) Int: +44 (0) 141 285 2999
Facsimile: +44 (0) 1293 597 376
Email: customerrelations@acegroup.com

Your complaint will be dealt with fairly, speedily and in accordance with the FCA rules on complaints handling. However, if following receipt of a final response you are still dissatisfied, you may have the right to refer your complaint to the Financial Ombudsman Service within six months of receipt of the final response. Contact details are provided below.

Financial Ombudsman Service, Exchange Tower, London E14 9SR
Telephone: +44 (0) 800 023 4567 (free from most landlines, charges may apply from a mobile phone) +44 (0) 300 123 9 123 (calls charged at the same rate as 01 or 02 numbers on a mobile phone)
Email: complaint.info@financial-ombudsman.org.uk
Facsimile: 0207 964 1001 Web: www.financial-ombudsman.org.uk

FINANCIAL SERVICES COMPENSATION SCHEME

The Insurers and Marsh Ltd are covered by the Financial Services Compensation Scheme (FSCS). If they are unable to meet their obligations, you may be entitled to compensation from the scheme, depending on the type of insurance and the circumstances of the claim. Further information is available from the FSCS at www.fscs.org.uk or by contacting them at 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU or by telephone on 0800 678 1100.

DATA PROTECTION

Your information (including information Marsh Ltd already hold and may receive now and in the future as well as information about lapsed policies) will be shared by Marsh Ltd with the Insurers. In addition Marsh Ltd may hold your information on a group database and it may be shared with other MMC group companies. This will allow Marsh Ltd to reflect all the connections that you have with the MMC group. Your information will be used by Marsh Ltd and

the Insurers for general insurance administration purposes, for offering renewal, for research and statistical purposes and for crime prevention. In the course of Marsh Ltd performing its obligations to you, your information may be disclosed to agents and service providers appointed by Marsh Ltd or the Insurers, including claims handlers, consultants, market research and quality assurance companies. Your information may be transferred to any country including countries outside the European Economic Area for any of these purposes and for systems administration. Such information may include "sensitive data".

The Data Protection Act 1998 defines sensitive data as information about your racial or ethnic origin, political opinions, religious beliefs or beliefs of a similar nature, trade union membership, physical condition or mental health, sexual life, criminal record, pending court proceedings or sentence or any alleged offence.

You have a right to access (subject to limited exceptions) and if necessary rectify the information that Marsh Ltd hold about you.

The Insurers will pass information to the Claims and Underwriting Exchange Register. This register has been established to help check the information provided and also to reduce fraudulent claims. This register may be searched when dealing with your request for insurance. Under the conditions of your Policy, you must declare all incidents whether or not they may result in a claim. This information may be passed to the register.

GOVERNING LAW AND JURISDICTION

This policy shall be governed by and construed in accordance with the Law of England and Wales and the English Courts alone shall have jurisdiction in any dispute. Communication of and in connection with this policy shall be in the English language.

CLAIMS PROCEDURE

How to make a claim

Obtain a claim form direct from the Official Managers, Marsh Ltd, Education Practice, Capital House, 1-5 Perrymount Road, Haywards Heath, West Sussex RH16 3SY
Telephone: 01444 313173 Email: schemes.claims@marsh.com

Please return the fully completed claim form to the Official Managers.

Please also see Claims provisions and exclusions (which appear later in this policy wording).

24 hour dental helpline

The Insurers provide access 365 days a year to a telephone helpline for help in contacting a Dentist at any time of the day or night in times of need. The number to ring is **0800 525631**. In the event of dental problems abroad, they can help in contacting an English-speaking Dentist. Just call **+44 1747 820841** — this service is also 24 hours a day.

What to do in a dental emergency

Visit a Dentist (if necessary, call one of the above helplines to ask for details of the nearest one in the vicinity). Ask the Dentist to provide a receipt, if a charge is made and to agree to complete a claim form. If you are away from home or overseas, your hotel, holiday representative or hosts may also be able to provide contact details for a dentist in the area. If you need help in obtaining emergency dental treatment, you may call the dental helpline.

GENERAL DEFINITIONS

Accident — Accident shall mean a sudden, single, external, unforeseen and identifiable event rather than a gradual process occurring over a period of time and the word accidental shall be construed accordingly.

Bodily Injury — Physical Injury that is caused solely by accidental means and that, independently of any other cause and not by operation of any degree of degenerative process, results within 24 months from the date of the Accident in the Insured Person's:

1. Death or;
2. Permanent disability as specified in the scale of benefits in Section 1

Effective Time —

1. In respect of an Insured Person who is a pupil it is the duration of each Term commencing during the Period of Insurance, for which the premium has been paid for such pupil unless the pupil is not returning to the school.

If the pupil is not returning to the school:

- a) because he/she is transferring to another primary or secondary school within the United Kingdom, the cover will continue until the commencement of the uninterrupted journey to the new school
 - b) because he/she has completed his/her secondary education or is transferring to another school outside the United Kingdom, cover will be provided during the following holiday break only while such pupil participates in any officially organised school activity, including the uninterrupted journey to the place of activity and the uninterrupted journey home. Cover will cease when the pupil returns home or at midnight before the commencement date of the new Term, whichever is sooner
 - c) for any reason other than a) or b) above, the cover will terminate after the uninterrupted journey home at the end of such pupil's last day as a pupil of the school.
2. In respect of an Insured Person who is a member of staff it is 24 hours a day during the Period of Insurance stated in the Schedule.

Insured — The Insured named and shown in the Schedule.

Insured Person —

1. Any pupil attending the school, for whom the appropriate premium has been paid and accepted by the Official Managers on behalf of the Insurers.
2. Any member of staff while employed by the school, being a member of the category of staff shown as insured in the schedule, for whom the appropriate premium has been paid and accepted by the Official Managers on behalf of the Insurers.

Insurers —

ACE European Group Limited is registered in England and Wales registered number 01112892, registered office 100 Leadenhall Street, London, EC3A 3BP. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, reference number 202803. This can be checked on the Financial Services Register at www.fca.org.uk/register or by contacting the FCA on 0800 111 6768.

Ecclesiastical Insurance Office plc. Registered in England at Beaufort House, Brunswick Road, Gloucester GL1 1JZ. Authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority (PRA). Registration number 113848.

QBE Insurance (Europe) Limited. Registered in England and Wales at Plantation Place, 30 Fenchurch Street, London EC3M 3BD. Authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority (PRA). Registration number 202842.

Royal & Sun Alliance Insurance plc. Registered in England and Wales at St Mark's Court, Chart Way, Horsham, West Sussex RH12 1XL. Authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority (PRA). Registration number 202323.

AIG Europe Limited. Registered in England and Wales at The AIG Building, 58 Fenchurch Street, London EC3M 4AB. Authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority (PRA). Registration number 202628

The Cover provided under Section 3 of this policy is wholly underwritten by ACE European Group Limited whose details are as stated above.

Official Managers — Marsh Ltd, Education Practice, Capital House, 1-5 Perrymount Road, Haywards Heath, West Sussex RH16 3SY. Telephone: 01444 458144 Facsimile: 01444 415088. A Lloyd's Broker. Authorised and regulated by the Financial Conduct Authority. FCA firm reference number 307511.

Period of Insurance — The period between and inclusive of the dates shown From: and To: in the Schedule commencing at 00.01 hours on the earliest date shown and expiring at midnight on the latest date shown. Both dates refer to local standard time at the address of the school.

Term — The duration of one of the three periods of attendance at the school during a school year, including the uninterrupted journey to the school prior to commencement of the period plus the holiday break that immediately follows.

£ — Pounds sterling (GBP shall mean pounds sterling, where referred to in the Policy).

PLEASE NOTE that Specific Definitions relating to individual sections of this policy are located and contained in the appropriate sections.

GENERAL CONDITIONS

1. The Insured and the Insured Persons must ensure that all of the information, which they have provided to the Insurers in the Application Form, by 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.
2. No sum payable under this policy shall carry interest unless payment has been unreasonably delayed following Insurers receipt of all the required information, documents or other evidence necessary to support the claim.
3. The Insurers are required to notify the Insured and Insured Persons that other taxes or costs may exist which are not imposed by the Insurers.
4. The Insurers reserve the right to make changes, add to the policy terms and/or change the total amount payable for this insurance where these changes are required to be made for legal, regulatory or taxation reasons.
5. The Insured may cancel this policy at any time by giving the Insurers 30 days' notice in writing and cover for all Insured Persons shall cease from the end of the term during which written notice of cancellation is issued. The Insured is responsible for informing all Insured Persons of cancellation. No refund will be provided as the insured and Insured person will have paid only for the period already covered.
6. If the Insured or Insured Person makes a representation which was untrue or misleading and;
 - (a) they knew it was, or did not care whether or not it was, untrue or misleading and knew that the information was, or did not care whether it was, relevant to Insurers then Insurers may have the option to void the policy.
 - or
 - (b) they made it carelessly then Insurers may be able to avoid the policy and return the premium or vary the policy including varying the terms and conditions or increasing the premium depending upon the impact the information would have had on Insurers decision to issue the policy.

- 7 The Insurer and Insured Person have agreed that it is not intended for any third party to this contract to have the right to enforce the terms of this contract. The Insurer and Insured Person can rescind or vary the terms of this contract without the consent of any third party to this contract, who might seek to assert that they have rights under the Contracts (Rights of Third Parties) Act 1999.

PLEASE NOTE that Specific Conditions relating to the individual sections of this policy are located and contained in the appropriate sections.

CLAIMS PROVISIONS

1. On the happening of any Accident or occurrence likely to give rise to a claim under this policy, WRITTEN NOTICE shall be given to the Official Managers as soon as reasonably possible and in any event WITHIN 30 DAYS after the date of the injury or death of the Insured Person, or the incident occurring or WITHIN 90 DAYS after the date of the injury for claims payable under section 3 relating to Dental injury.
2. The Insured Person or his/her legal or personal representatives shall at their expense furnish to the Insurers or where appropriate the Dental Claims Managers, such certificates, information and evidence as the Insurers may from time to time reasonably require in the forms prescribed by the Insurers.
3. The Insurers and Dental Claims Managers shall be allowed at their own expense, upon reasonable notice to the Insured Person, to have a medical or dental examination of the Insured Person for the purpose of the preparation of a medical or dental report for use in connection with any claim under this policy including, where agreed, reasonable transportation costs.
4. The Insured Person or his/her legal or personal representatives must also take all steps that the Dental Claims Managers may reasonably require to recover costs and expenses from any third party. Should there be any other insurance in force under which benefits are payable for the same incident, Insurers shall not be liable for more than its rateable proportion of any costs and expenses incurred.
5. Settlement of any claim under Section 3, Dental Injury and Emergency Treatment Insurance, may, at the Dental Claims Managers' sole discretion, be made to the provider of any services whose account is the subject of the claim or to the Insured Person or his/her legal or personal representatives.

GENERAL EXCLUSIONS

The Insurers shall not be liable in respect of Bodily Injury, Dental Treatment, loss, damage or expense directly or indirectly consequent upon:

1. a) suicide
b) attempted suicide resulting in self-injury
c) any other intentionally inflicted self-injury not resulting in death.
2. war, whether declared or not, between any of the following nations:
The United Kingdom, The United States of America, France, The People's Republic of China, The constituent parts of the former USSR or war in Europe, whether declared or not (other than civil war but including any action involving forces of, or forces acting for, the United Nations), in which the above nations or their forces are engaged.
This exclusion shall not apply where the Accident giving rise to the claim occurs while the Insured Person is actually on a journey abroad or in any country during the course of such a journey, subject otherwise to the terms, conditions and limitations of this insurance.
3. Repetitive stress (strain) injury or syndrome or any gradually operating cause
4. The Insurers will not pay any claims which would result in the Insurers 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.

PLEASE NOTE that Specific Exclusions relating to individual sections of this policy are located and contained in the appropriate sections.

SECTION 1.

PERSONAL ACCIDENT INSURANCE

Cover

If during the Effective Time the Insured Person sustains Bodily Injury the Insurers will pay, subject to the terms and conditions and exclusions, the benefit specified to the Insured Person below:

Scale of benefits		
The maximum amount claimable under Section 1 is £600,000 (See Supplemental Benefit).		
1	Total Organic Paralysis	£250,000
2	Total Loss of Intellectual Capacity	£250,000
3	Total Loss of Sight in both eyes	£250,000
4	Total Loss of both Upper Limbs or both hands in respect of: a) both Upper Limbs – amputation or complete and permanent Total Loss of both Upper Limbs; b) both hands – amputation or complete and permanent Total Loss at or below both wrists.	£250,000
5	Total Loss of both Lower Limbs or both feet In respect of: a) both Lower Limbs – amputation or complete and permanent Total Loss of both Lower Limbs; b) both feet – amputation or complete and permanent Total Loss at or below both ankles.	£250,000
6	Total Loss of one Upper Limb and one Lower Limb In respect of: a) one Upper Limb – amputation or complete and permanent Total Loss of one Upper Limb; b) one Lower Limb – amputation or complete and permanent Total Loss of one Lower Limb.	£250,000
7	Total Loss of one hand and one foot In respect of: a) one hand – amputation or complete and permanent Total Loss at or below one wrist; b) one foot – amputation or complete and permanent Total Loss at or below the ankle.	£250,000
8	Total Loss of one Upper Limb or one hand In respect of: a) one Upper Limb – amputation or complete and permanent Total Loss of one Upper Limb; b) one hand – amputation or complete and permanent Total Loss at or below one wrist.	£120,000
9	Total Loss of one Lower Limb or one foot In respect of: a) one Lower Limb – amputation or complete and permanent Total Loss of one Lower Limb; b) one foot – amputation or complete and permanent Total Loss at or below the ankle.	£120,000
10	Total Loss of Sight in one eye	£120,000
11	Total Loss of hearing in both ears; to be deemed to have occurred when there is irrecoverable deafness in both ears confirmed by audiometer and sound threshold tests.	£120,000
12	Total Loss of use of lung total and permanent: a) loss by removal: or b) effective loss of use of one lung.	£120,000
13	Total Loss of use of hip or knee or ankle In respect of: a) a hip - complete and permanent Total Loss of use of the hip; b) a knee - complete and permanent Total Loss of use of the knee joint; c) an ankle - complete and permanent Total Loss of use of the ankle.	£100,000
14	Total loss of use of back/spine below the neck (no spinal cord damage)	£100,000
15	Total loss of use of neck/cervical spine (no spinal cord damage)	£75,000
16	Total Loss of use of shoulder or elbow In respect of: a) a shoulder - complete and permanent Total Loss of the shoulder; b) an elbow - complete and permanent Total Loss of the elbow.	£75,000
17	Total Loss of one thumb; amputation or complete and permanent Total Loss of the thumb.	£65,000
18	Total Loss of use of wrist; complete and permanent Total Loss of use of the wrist.	£65,000
19	Total Loss of use of jaw; complete and permanent Total Loss of use of the Jaw.	£40,000
20	Total Loss of use of kidney total and permanent: a) loss by removal: or b) effective loss of use of one kidney.	£35,000
21	Total Loss of big toe; amputation or complete and permanent Total Loss of the big toe.	£35,000
22	Total Loss of hearing in one ear; to be deemed to have occurred when there is irrecoverable deafness in one ear confirmed by audiometer and sound threshold tests.	£25,000
23	Total Loss of finger; amputation or complete and permanent Total Loss of the finger (one of the four digits other than the thumb).	£25,000
24	Total Loss of taste and smell	£25,000

25	Total Loss of use of spleen; total and permanent: a) loss by removal: or b) effective loss of use of the spleen.	£20,000
26	Total Loss of any other toe; amputation or complete and permanent Total Loss of any toe other than the big toe.	£10,000
27	Death	£7,500
28	In the event of any Insured Person sustaining any permanent disability NOT SPECIFIED ABOVE the benefit payable shall be calculated by assessing the degree of disability in relation to benefits 1 to 26 specified above.	

FACIAL DISFIGUREMENT BENEFIT

This benefit relates to disfigurement, scarring and burns on any part of the neck, face or head exposed to view. The benefit amount payable will not take into account any psychological effects.

Maximum benefit	£5,000
Minimum benefit	£ 250

If as a result of an Accident the Insured Person sustains facial disfigurement such as permanent scarring or permanent burns to the face, and the permanent scarring or permanent burns affects an area of one square centimetre or is two centimetres in length the minimum benefit of £250 will be paid. Permanent scarring or permanent burns covering a greater area or length will be assessed according to size, area it covers, visual impact, and in relation to the minimum benefit payable of £250 and the maximum benefit payable of £5,000 for permanent scarring or permanent burns covering the whole face.

BURNS AND SCALDS BENEFIT

If as a result of an Accident the Insured Person sustains permanent scarring caused by a burn or scald the benefit payable will be assessed according to the body surface area affected (excluding any part of the neck, face or head exposed to view). This benefit relates to full thickness burns (3rd degree burns or burns of greater severity) or permanent scarring caused by burns or scalds to the body surface (excluding scarring and burns on part of the neck, face or head exposed to view).

Permanent scarring caused by burns to:

at least 4% but to less than 15% of the body surface —	benefit payable £3,000
at least 15% but to less than 25% of the body surface —	benefit payable £6,000
to 25% or more of the body surface —	benefit payable £10,000

SUPPLEMENTAL BENEFIT

In the event of the Insured Person sustaining one, or more than one, form of permanent disability where total compensation becomes payable of £250,000 or more under benefits 1 to 26 and 28 above and/or the Burns and Scalds and the Facial disfigurement benefit, a Supplemental benefit of up to £350,000 will be paid, making a total compensation of £600,000.

ESTATE ADMINISTRATION

In the event of the Insured Person's Accidental Death up to an additional £1,000 will be paid for the cost of obtaining letters of administration incurred in relation to the death of the Insured Person whilst the Insured Person's estate is being arranged.

SPECIFIC DEFINITIONS APPLICABLE TO PERSONAL ACCIDENT INSURANCE

Lower Limb — shall mean leg and will be defined as hip to toes.

Total Loss — total loss or total loss of use of

Total Loss of Intellectual Capacity — total and permanent loss of ability to remember, reason, perceive, understand, express, and give effect to ideas.

Total Loss of Sight —

- a) in both eyes when the Insured Person's name has been added to the register of Blind Persons maintained by the government on the authority of a qualified ophthalmic specialist; or
- b) in one eye when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale (which means the Insured Person is only able to see at 3 feet that which they should normally be able to see at 60 feet) and Insurers are satisfied that the condition is permanent and without expectation of recovery.

Total Organic Paralysis — total organic permanent loss of muscle function and sensation across the entire and complete body.

Upper Limb — shall mean arm and will be defined as shoulder to fingertips.

SPECIFIC CONDITIONS APPLICABLE TO PERSONAL ACCIDENT INSURANCE

1. The maximum compensation payable in respect of one Insured Person as a result of one Accident shall not exceed £250,000 (or £600,000 when the Supplemental benefit is payable).
2. If compensation is payable for Total Loss of part of the body that contains within it other parts of the body for which specific benefits are listed, an Insured Person may not claim for both the Total Loss of part of the body and also the Total Loss of the parts contained within it. For the avoidance of doubt this includes but is not limited to benefits payable for Upper Limbs or Lower Limbs.
3. In relation to Insured Persons aged 25 years or over at the date of Accident, any claim shall be determined according to the Insured Person's actual disability as at the expiry of 24 months from the date of the accident or sooner if the maximum point of recovery has been reached prior to 24 months from the date of the accident.
4. The Insurers shall not be liable to make any payments under this section in respect of medical and/or dental treatment expenses incurred by or on behalf of the Insured Person.
5. Disappearance - If the Insured Person disappears and after 12 months it is reasonable to believe that such an Insured Person has died as a result of Bodily Injury, the death benefit shall become payable subject to a signed undertaking that if the belief is subsequently found to be wrong such death benefit shall be refunded to the Insurers.
6. Exposure - Injury to the Insured Person as a result of unavoidable exposure to the elements shall be deemed to have been caused by Bodily Injury

SECTION 2.

COMPENSATION FOR LOSS OR LOSS OF VITALITY OF PERMANENT NATURAL TEETH

Cover

If during the Effective Time the Insured Person sustains injury caused solely by accidental means that directly results in the loss of, or Loss of Vitality of, permanent natural teeth, the Insurers will pay compensation of up to a total overall maximum each Period of Insurance of £7,500 subject to the following inner limits:-

1. Total permanent physical loss of anterior tooth (canine or incisor) £2,000 per tooth
2. Total permanent physical loss of posterior tooth (molar or pre-molar) £1,250 per tooth
3. a) partial loss of anterior and/or posterior tooth up to £500 per tooth
b) the total Loss of Vitality of a permanent natural tooth £500 per tooth

but not exceeding £2,000 in total for all teeth partially lost and/or all teeth suffering total Loss of Vitality.

SPECIFIC DEFINITION APPLICABLE TO COMPENSATION FOR LOSS OR LOSS OF VITALITY OF PERMANENT NATURAL TEETH

Loss of Vitality — death of nerve of tooth.

SPECIFIC CONDITIONS APPLICABLE TO COMPENSATION FOR LOSS OR LOSS OF VITALITY OF PERMANENT NATURAL TEETH

1. Any loss (partial or total) under the above section must occur within 3 years from the date of the Accident resulting in dental injury.
2. Claims for partial loss of tooth or teeth shall be calculated by assessing the percentage of tooth lost in relation to the maximum benefit payable for partial loss of a single tooth. Where more than 90% of a tooth has been lost Insurers will deem it to be total Loss of Vitality of tooth for the purposes of a claim under this section.

3. Where an Insured Person subsequently loses the remaining part of a tooth for which a partial loss of tooth or total Loss of Vitality of a permanent natural tooth claim has been paid by Insurers, the Insurers shall be entitled to deduct such amount paid from any subsequent claim for the total loss of such tooth.

SPECIFIC EXCLUSIONS APPLICABLE TO COMPENSATION FOR LOSS OR LOSS OF VITALITY OF PERMANENT NATURAL TEETH

The Insurers shall not be liable to pay compensation for:

1. Total or partial loss of any:
 - a) i) deciduous (milk) tooth
 - ii) dental implant
 - iii) crown, veneer, denture or bridge
- b) tooth caused intra orally by wear and tear.
2. Loss of Vitality of any:
 - a) deciduous (milk) tooth
 - b) tooth caused intra orally by wear and tear.

SECTION 3.

TREATMENT FOR DENTAL INJURY, EMERGENCY DENTAL TREATMENT AND ADDITIONAL DENTAL COVERS

Cover

Treatment for Dental Injury

If an Insured person is under 18 years of age and during the Effective Time suffers Dental Injury, the Insurers will pay Reasonable Fees for the necessary treatment and services provided to the Insured Person up to the age of 23 years for the purpose of Treatment for Dental Injury, up to a total overall maximum of £10,000 per Period of Insurance.

If an Insured person is 18 years of age or over and during the Effective Time suffers Dental Injury, the Insurers will pay Reasonable Fees for the necessary treatment and services provided to the Insured Person for up to 5 years from the date of the Accident for the purpose of Treatment for Dental Injury, up to a total overall maximum of £10,000 per Period of Insurance.

Emergency Dental Treatment

If during the Effective Time the Insured Person receives Emergency Dental Treatment the Insurers will pay Reasonable Fees incurred for all such Dental Treatment up to a total overall maximum each Period of Insurance of £2,000 which includes treatment received at initial emergency consultation as well as any subsequent treatment identified as being required solely as a result of the dental emergency. Where appropriate, the Dentist Call-Out Fee will be included as part of the cost of treatment. If a visit is not required, the cost of a telephone consultation is included.

Surgical Extraction of Third Molars (Wisdom Teeth)

If during the Effective Time the Insured Person is first diagnosed as requiring the extraction of one or more wisdom teeth, the Insurers will pay the Insured Person £125 for each such wisdom tooth extracted.

In-patient Hospital Cash Benefit

The Insurers will pay the Insured Person £125 for each night spent in hospital during the Effective Time for the primary purpose of receiving in-patient Dental Treatment or dentoalveolar surgery under the care of a recognised oral specialist, up to a maximum of 365 nights provided that the condition for which treatment or surgery is required, is diagnosed during the Period of Insurance.

Mouth Cancer Treatment

If during the Effective Time the Insured Person is first diagnosed by a qualified doctor licensed to practise in the United Kingdom, as having Mouth Cancer, the Insurers will pay up to £12,000 for the cost of treatment given by a consultant recognised as a specialist in cancer treatment.

Incidental Expenses

The Insurers will reimburse expenses incurred in transporting or accompanying the Insured Person to and from a Dentist, of up to £125 as a result of any one incident giving rise to a valid claim under this policy.

SPECIFIC DEFINITIONS APPLICABLE TO DENTAL INJURY AND EMERGENCY TREATMENT INSURANCE

Call-Out Fee — The fee incurred in the necessary re-opening of a dental practice in the United Kingdom outside of the practice's normal working hours to provide Emergency Dental Treatment or treatment in the event of a Dental Injury and/or the cost of an emergency telephone consultation with a Dentist.

Cosmetic Treatment — treatment which is unnecessary for the maintenance of dental health.

Dental Claims Managers — DPAS Ltd, Place Farm Courtyard, Tisbury, Salisbury SP3 6LW.

Dental Implant — a dental Implant inserted into the jawbone for the support or retention of dental appliances or prostheses.

Dental Injury — an injury to the teeth and supporting structures (including damage to dentures or orthodontic appliance whilst being worn) which is directly caused by:

1. A sudden, external and identifiable event that happens by chance and could not have been expected, or
2. Intra-orally, whilst consuming food.

Dental Treatment — necessary Dental Treatment which Dentists in the United Kingdom would normally provide to their patients.

Dentist — a general dental practitioner who is, for the time being, included on the General Dental Council's register of Dentists. For the purpose of Dental Treatment provided outside the United Kingdom, Dentist shall mean a general dental practitioner who is authorised to provide such Dental Treatment in the country in which such Dental Treatment is received.

Emergency Dental Treatment — Dental Treatment which the Insured Person needs urgently to alleviate pain, inability to eat or an acute dental condition which presents an immediate and serious threat to the Insured Person's general health.

Mouth Cancer — a malignant tumour with its primary site being in the Oral Cavity.

Oral Cavity — the hard and soft palate: accessory, salivary, lymph and other gland tissue in the mucosal lining of the oral cavity but excluding the tonsils.

Orthodontic Treatment — treatment for the correction or prevention of malocclusion or any other regular alignment or positioning of teeth.

Reasonable Fees — fees not exceeding the published private fee rates normally charged by the treating Dentist for private and uninsured treatment in the location where treatment is given and which in the opinion of the Dental Claims Managers are reasonably in line with those charged by private Dentists in that area for providing the treatment concerned on an uninsured basis.

Treatment for Dental Injury — Dental Treatment provided by a Dentist which is necessary to put right any damage to the Insured Person's teeth directly caused by Dental Injury.

United Kingdom — England, Scotland, Wales and Northern Ireland including the Isle of Man and the Channel Islands.

SPECIFIC CONDITIONS APPLICABLE TO DENTAL INJURY AND EMERGENCY TREATMENT INSURANCE

If the treating Dentist considers the fitting of a Dental Implant or Implants to be the most appropriate Treatment for Dental Injury, Insurers will pay Reasonable Fees incurred for the fitting of such Dental Implant or Implants up to a maximum amount of £2,500 for any one Dental Implant (including the cost of any necessary abutment and crown) and subject always to a total maximum of £10,000 per Period of Insurance.

SPECIFIC EXCLUSIONS APPLICABLE TO DENTAL INJURY AND EMERGENCY TREATMENT INSURANCE

The Insurers shall not be liable for:

1. Treatment for Dental Injury:
 - a) caused intra-orally by wear and tear; or
 - b) to the extent that it exceeds £750, unless the Dentist providing Dental Treatment has obtained the prior approval of the Dental Claims Managers that such Dental Treatment was necessary; or
 - c) if the Dental Injury giving rise to the need for Dental Treatment was reported to the Official Managers of the scheme more than 3 months after the occurrence of the injury.
2. Any amount claimed for:
 - a) Treatment for Dental Injury and/or
 - b) Emergency Dental Treatment which in the sole opinion of the Dental Claims Managers exceeds Reasonable Fees.
3. Routine dental care or check-ups.
4. Loss of, or damage to dentures or Orthodontic appliances occurring other than whilst being worn.
5. Routine Orthodontic Treatment.
6. Cosmetic Treatment (except Cosmetic Treatment forming part of Treatment for Dental Injury following an Accident).
7. Mouth Cancer diagnosed before or within 90 days of the cover being first provided or for which tests or consultation began within 90 days of the cover being first provided.
8. Any amount claimed for the failure of a Dental Implant to integrate with the bone

