



Personal accident
insurance for members

Personal accident insurance for members

This policy covers death, loss of limb, or loss of one or both eyes as a result of an accident. Unlike other personal accident insurance, this unique policy also covers accidents caused by or causing epileptic seizures.

Only registered Epilepsy Action members are eligible for this policy. Members automatically receive £1,000 worth of Personal Accident Insurance (PAI) for the duration of their membership subscription and can top-up this cover by purchasing extra units of insurance at their own cost.

Whoever is the member has the insurance cover. Therefore, if you have a child with epilepsy and would like them to receive the benefit of the insurance cover, the membership must be in the child's name. The parent can, of course, make payments on the child's behalf.

This insurance cover is available to all members living in the United Kingdom, subject to the age restrictions shown on page 2 of this document.

Summary of benefits

Personal Accident Insurance is payable in the event of death, loss of one or more limbs, loss of sight in one or both eyes or permanent total disablement resulting from an accident.

The personal accident insurance included with membership of Epilepsy Action provides £1,000 worth of cover to each member. That means a total payment of £1,000 in the event of any or all of the following:

- death resulting from an accident, which results in a visible sign of physical injury
- loss of one or more limbs resulting from an accident
- loss of sight in one or both eyes resulting from an accident
- loss of speech or loss of hearing resulting from an accident
- permanent total disablement resulting from an accident.

Purchasing extra cover

Additional units of insurance can be purchased, with the following options:-

Package	Annual additional cost to you	Extra cover purchased	Total cover provided
Automatic	-	-	£1,000
Bronze	£5	£2,500	£3,500
Silver	£10	£5,000	£6,000
Gold	£25	£12,500	£13,500
Platinum	£40	£20,000	£21,000

*The premiums shown are net of Insurance Premium Tax, which will be paid on your behalf by PIB Insurance Brokers

To buy extra personal accident insurance, please complete and return the form at the back of this booklet.

Age restrictions

Insurance is only available to UK citizens aged 85 or younger at the time of joining. Not available to anyone over 84 years old.

In the case of members who are aged under 16 or over 66 the Permanent Total Disablement benefit is excluded unless you are in paid employment.

Definitions and exceptions

The terms used by insurers have very specific meanings. It is important that you understand these so that you know exactly what you and your family can claim. Like all insurance policies, there are certain situations and activities for which the policy does not apply. Please carefully read the definitions and exceptions sections in this booklet.

If you wish to take part in an excluded activity you may be able to obtain cover on a one off basis. You will need to convince the Insurers that your epilepsy is controlled.

Making a claim

All claims must fall within the categories above and be for injuries sustained as a result of an accident. However, our policy covers you against death, loss of limb/eye or permanent disability even if the accident causes a seizure or is the result of a seizure. This cover is not available under other accident policies.

If you wish to make a claim, please contact:

PIB Risk Services Limited t/as PIB Insurance Brokers
Poppleton Grange
Low Poppleton Lane
York
YO26 6GZ

Telephone – 01904 784 141

www.pib-insurance.com

PIB Insurance Brokers can also provide further advice on any aspect of your Epilepsy Action personal accident insurance policy.

Personal accident insurance

Arranged by:

PIB Risk Services Limited t/as PIB Insurance Brokers

Poppleton Grange

Low Poppleton Lane

York

YO26 6GZ

Underwritten by:

American International Group UK Limited

5th Floor Gallery House

123-131 The Headrow

Leeds

LS1 5RD

Section 1 - Introduction

This group policy sets out the terms of the British Epilepsy Association Personal Accident cover insured by American International Group UK Limited, please read it carefully. It tells an **insured person** what is covered, what is not covered, what to do if they want to make a claim and who to call if they need help.

We agree to provide the insurance cover described in this policy and **certificate of membership** during the **period of insurance** to **insured persons** who have been included in the **insurance arrangement** provided that the required premium is paid and **we** agree to accept it.

This policy document, together with the **certificate of membership** and any endorsements, collectively form evidence of the contract between the **group policyholder** and **us** and provided to **insured persons** as a member benefit. A **certificate of membership** will be issued to **insured persons** detailing the cover provided to them including the sections of the policy that apply and the limits provided. The **group policyholder** and **we** agree that an **insured person** may increase the amount payable by enrolling into the Bronze, Silver, Gold or Platinum Plans. This selection will be shown in the **certificate of membership**.

Please familiarise yourself with the cover provided by this policy and all the terms, conditions, limitations and exclusions that apply. This group policy document should be read in conjunction with the **certificate of membership** and reviewed periodically to ensure it continues to meet the needs of the persons covered under this insurance.

The **group policyholder** agrees to make available a copy of the policy to any **insured person** who is eligible to receive benefits under the group policy.

Section 2 - Definitions

We use words in this policy which have a specific meaning, and sometimes those meanings are unique to this policy. These words are shown below and each time one of them is used in the policy and **certificate of membership** (and any endorsements or memoranda attached to the **certificate of membership**), it is shown in bold type. Any word or expression in bold type has the same meaning whenever it is used throughout this policy. Plural forms of the words defined have the same meaning as the singular form. Please read each section (and subsection) of the policy to see if there are additional definitions applicable to that section (and subsection).

Accident

A sudden, unexpected and specific event, external to the body, which occurs at an identifiable time and place and which may or may not be caused as the direct result of an epileptic seizure.

Bodily injury

An identifiable physical injury to an **insured person's** body which is caused directly and solely by an **accident**, is not intentionally self-inflicted, and does not result from sickness or disease other than as the result of an epileptic seizure.

Certificate of membership

The certificate showing the name of the **insured person**, the **effective date** of cover, the level of cover purchased (Standard, Bronze, Silver, Gold or Platinum) and the premium, which forms part of this policy and should be read in conjunction with this policy document.

Channel Islands

Jersey, Guernsey, Alderney, Sark, Herm, Jethou, Brecqhou and Lihou.

Doctor

A registered medical practitioner who is not an **insured person**, or related to **insured person**, or works for or with an **insured person**, who is currently registered with the General Medical Council in the **United Kingdom** (or foreign equivalent) to practise medicine.

Effective date

The start date of the policy cover for an **insured person** shown on the **certificate of membership**.

Foot

The parts of the foot below the ankle, including the toes.

Gradually operating cause

A cause that is the result of a series of events, which occur or develop over time and that cannot be attributable to a single **accident**, or do not singularly cause **bodily injury**.

Group policyholder

The British Epilepsy Association.

Hand

The parts of the hand below the wrist, including the fingers and thumb.

Insurance arrangement

The process by which an **insured person** has been included or added to this insurance operated by the **group policyholder**.

Insured person

- a) In respect of Standard cover (see Section 3 – Personal Accident -Table of Benefits) any member of the **group policyholder**, resident in the **United Kingdom**, and who has paid the required membership fee to the **group policyholder**;
- b) In respect of Bronze, Silver, Gold and Platinum cover (see Section 3 – Personal Accident -Table of Benefits) any member of the **group policyholder's** scheme, resident in the **United Kingdom**, and who has paid the required membership fee and any required additional premium to the **group policyholder**.

Loss

Permanent, total and irrecoverable loss of use or the permanent and total loss by physical severance, resulting in separation.

Loss of hearing

Permanent, total and irrecoverable loss of hearing resulting in the **insured person** being classified as **profoundly deaf**.

Loss of limb

In the case of a leg or **lower limb**:

- a) loss by permanent physical severance at or above the ankle; or
- b) permanent, total and irrecoverable loss of use of a complete leg or **foot**.

In the case of an arm or **upper limb**:

- a) loss by permanent physical severance of the four fingers at or above the metacarpophalangeal joints (where the fingers join the palm of the **hand**); or
- b) permanent, total and irrecoverable loss of use of a complete arm or **hand**.

Loss of sight

Permanent, total and irrecoverable loss of sight in both eyes if the **insured person's** degree of sight remaining after correction is 3/60 or less on the Snellen Scale (seeing at 3 feet what the **insured person** should see at 60 feet).

Lower limbs

The thigh, knee, leg below the knee and **foot**.

Medical consultant

A **doctor** or **medical specialist** who is not an **insured person**, or related to an **insured person**, or works for or with an **insured person**, who either holds a full-time NHS Consultant Post or holds a current Certificate of Completion of Specialist Training (CCST), or is on the Specialist Register held by the General Medical Council (GMC) and holds a specialist accreditation issued by the General Medical Council in accordance with EU Medical Directives (or foreign equivalents) or other similarly recognised body.

Medical specialist

A person who is not an **insured person**, or related to an **insured person**, or works for or with an **insured person**, who currently holds a recognised qualification and all required accreditation issued by the General Medical Council in accordance with EU Medical Directives (or foreign equivalents) or other similarly recognised body.

Operative time

24 hours a day.

Period of insurance

The period of time agreed between the **group policyholder** and **us** to provide the cover to **insured persons** detailed in this policy and the **insured person's certificate of membership**.

Permanent disability

A disability which is permanent, total and irrecoverable, as specifically listed in items 2-5 in the **table of benefits** applicable to Section 3.

Permanent total disablement

For an **insured person** who is in employment for which they receive regular income, the inability of the **insured person** to continue in any occupation for which they are fitted by way of training, education or employment which in all probability will continue for the rest of their life. For an **insured person** who is not in employment for which they receive regular income, the inability to work in any paid employment whatsoever and which in all probability will continue for the rest of their life.

Profoundly deaf

The inability to hear sounds when tested by a qualified audiologist quieter than 90 decibels across frequencies between 500 Hz and 3,000 Hz.

Table of benefits

The part of this document that describes how much **we** will pay to an **insured person** for the level of cover provided (Standard) or selected by the **insured person** (Bronze, Silver, Gold or Platinum).

United Kingdom

England, Scotland, Wales, Northern Ireland, the **Channel Islands** and the Isle of Man.

Upper limb

The arm below the shoulder, the elbow, forearm and **hand**.

War

Military action, either between nations or resulting from civil war or revolution.

We, us or our

American International Group UK Limited.

Section 3 - Personal Accident Section

Please check the certificate of membership to determine if cover under this section is operative and the level of cover that applies.

What is covered

If an **insured person** has an **accident** during the **operative time**, after their **effective date** and before the end of the **period of insurance** is reached, which results in the **insured person** suffering **bodily injury** which solely and independently of any other cause (other than an epileptic seizure) and within 24 months of the date of the **accident**, causes a loss specifically mentioned in the **table of benefits**, **we** will pay up to the amount shown in the **table of benefits**.

Table of benefits applicable to Section 3

The **table of benefits** below shows the item numbers, a description of those items and amounts an **insured person** is covered for by this policy dependent on the benefit limit selected (Standard, Bronze, Silver, Gold or Platinum) which will be shown in the **certificate of membership**. The cover is provided subject to the terms of the policy, including the conditions set out in 'Benefit limitations applicable to Section 3' and the exclusions set out in 'What is not covered under Section 3'.

Table of Benefits						
Item	Description	Benefit Limit				
	Death & Permanent Disabilities	Standard Cover	Bronze Cover	Silver Cover	Gold Cover	Platinum Cover
1)	Death	£1,000	£2,500	£5,000	£12,500	£20,000
2)	Loss of limb (one or more):	£1,000	£2,500	£5,000	£12,500	£20,000
3)	Loss of sight in one or both eyes:	£1,000	£2,500	£5,000	£12,500	£20,000
4)	Loss of hearing in one or both ears:	£1,000	£2,500	£5,000	£12,500	£20,000
5)	Permanent total disablement	£1,000	£2,500	£5,000	£12,500	£20,000

What is not covered under Section 3

I. No benefit for **bodily injury** will be payable:

- if the **accident** occurs in a country where a state of **war** exists (declared or not) if the **accident** was the direct consequence of the **war**;
- if the **bodily injury** is as the result of the **insured person** participating in any airborne activities, unless as a fare-paying passenger on a commercial flight;

- c) if the **bodily injury** is as the result of the **insured person** driving a mechanically propelled vehicle in any kind of race;
- d) if the **bodily injury** is due to the **insured person** taking a drug or drugs other than according to the manufacturer's instructions or as prescribed by a **doctor**;
- e) if the **bodily injury** is due to the **insured person** taking a drug or drugs for the treatment of drug addiction;
- f) if the **insured person's bodily injury** is sustained whilst they are directly involved in an unlawful act;
- g) if the **insured person** deliberately or recklessly exposes themselves to danger except where they are attempting to avoid serious harm to themselves or others;
- h) where the **bodily injury** results in fibromyalgia (a syndrome characterised by chronic pain in the muscles and soft tissues surrounding joints, fatigue and tenderness at specific sites in the body), myalgic encephalomyelitis (muscle pains and inflammation of the brain and spinal cord), chronic fatigue syndrome, post-traumatic stress disorder or other anxiety disorder, any mental disorder or any disease of the nervous system;
- i) if the **accident** occurs when the **insured person's** blood/urine alcohol level is above the legal limit stated in the laws of the country where the **accident** occurs;
- j) if the **bodily injury** is contributed to by the **insured person's** participating in, practising or training for a sport as a professional or semi-professional;
- k) if it results from sickness or disease (other than epilepsy);
- l) if the **insured person's** injuries are intentionally self-inflicted;
- m) if the **bodily injury** is sustained whilst the **insured person** commits or attempts to commit suicide;
- n) if it results from a **gradually operating cause**; or
- o) If the **accident** occurs outside the territorial limits.

2. Cover under this policy will stop at the end of the calendar month in which the **insured person** attains 85 years of age.

Benefit limitations applicable to Section 3

1. In the **table of benefits** for each **insured person**:
 - a) **we** will only pay one of items 1 to 5 to an **insured person** in respect of any one **accident** and cover will stop from the date of payment.
 - b) **we** will not pay the benefit under item 5, **permanent total disablement** if the **insured person** is under 16 years of age or 66 years of age or over other than if the **insured person** is 66 years of age or over and is still in paid employment at the date of the **accident**.
 - c) the maximum amount payable is £2,500 for Bronze cover, £5,000 for Silver cover, £12,500 for Gold cover and £20,000 for Platinum cover. If purchased by an **insured person** these benefits are payable in addition to the £1,000 for Standard cover. All of an **insured person's** cover will end from the date of the claim payment.
2. **We** will not pay any benefit if the **insured person** resides outside of the **United Kingdom** for more than 180 consecutive days (see 'Section 4 - General policy conditions' for more details).

Existing medical conditions

We will only pay for the **bodily injury** that the **insured person** has suffered if it is directly as a result of the **accident**. Any existing physical impairment or medical condition (except epilepsy) that existed before the **accident** will be taken into consideration in calculating the amount payable on the basis of the difference between the **insured person's** physical impairment or medical condition before and after the **accident**.

We will ask the **insured person's doctor** (if suitably qualified) or **medical consultant** who treated the **insured person** to make these assessments (or an independent **medical consultant** or other suitably qualified person if they are unable or unwilling to do so). The assessment will be converted into a percentage by **us** and applied to the policy benefit payable.

Example

An **insured person** is partially blind in their left eye and they then had an **accident** which leaves them totally blind in that eye and they make a claim under item 3 for **loss of sight** in one eye. **We** will ask an independent ophthalmic specialist to assess the difference between the amount of vision they had before and after the **accident** and if the partial blindness contributed to the cause of the **accident**. If the independent ophthalmic specialist assesses the pre-**accident** vision in the left eye at 50%, **we** will pay 50% of the benefit payable but under item 3 for **loss of sight** in one eye. If the **insured person** had selected Silver cover, they will receive a payment of £5,000, plus the Standard cover of £1,000 available to all **insured persons**. The total payment they will receive is £6,000.

Section 4 - General policy conditions

1. Assignment

This policy may not be assigned or transferred unless agreed by **us** in writing.

2. Associated companies and change in risk

If relevant and subject to **our** prior written consent, this group policy will cover associated companies of the **group policyholder** as long as a list of these companies has been provided to and accepted by **us**. If the **group policyholder** changes its business activities from those described in the business description advised to **us**, during a **period of insurance** it must tell **us** immediately.

3. Claim notification

All claims must be notified as soon as is reasonably practical after the event which causes the claim. Failure to do so may result in **our** rejection of the claim if it is made so long after the event that **we** are unable to investigate it fully, or may result in the **insured person** not receiving the full amount claimed for if the amount claimed is increased as a result of the delay.

4. Interest on amounts payable

We will not pay interest on any amount paid under this policy.

5. Disclosure of information

When completing an application for this policy, or to vary this policy, reasonable care must be taken by the **insured person** to ensure that any information given to **us** by the **insured person** (whether directly or indirectly) is accurate and complete, including when answering questions **we** may ask and/or in providing confirmation of or amending any information previously given to **us**. If there are any changes to an **insured person's** circumstances and/or the information they have provided is no longer true, valid or up-to-date the **insured person** must tell **us** as soon as is reasonably possible as this may affect their policy and their ability to claim under it.

6. Law and jurisdiction

This policy will be governed by English law, and the **group policyholder, insured persons** and **we** agree to submit to the courts of England and Wales to determine any dispute arising under or in connection with it, unless the **insured person** resides in Scotland, Northern Ireland, **Channel Islands** or the Isle of Man, in which case the law applicable to that jurisdiction will apply and its courts will have exclusive jurisdiction, unless agreed to the contrary by the **group policyholder** and **us** before the start of the **period of insurance**.

The terms and conditions of this policy will only be available in English and all communication relating to this policy will be in English.

7. Policy and premium alteration

We will notify the **group policyholder** of any changes to the terms and conditions, including the premium, of the policy by giving the **group policyholder** 30 days' notice in writing the **group policyholder's** last known address. **We** will only make a change to this group policy during each **period of insurance** in order to reflect a change to the **group policyholder's** circumstances or in the event of any change in the law affecting this group policy, for example a change in Insurance Premium Tax or other tax.

If the changes are acceptable to the **group policyholder** then this cover will continue.

If the changes are not acceptable, the **group policyholder** may cancel this policy (please see Section 6 - 'Cancellation and cooling off period' for further details). If this happens no claims will be paid if the **bodily injury**, loss or damage occurs after the date of the cancellation. Any premium for the unused portion of the **period of insurance** will be returned to the **group policyholder**.

The **group policyholder** is responsible for notifying **insured persons** included in this group policy of cancellation or any changes to the terms and conditions.

8. Residence outside the United Kingdom

Cover under this policy cannot continue for an **insured person** who resides outside the **United Kingdom** for more than 180 consecutive days. Cover will be cancelled from the 181st day that an **insured person** resides outside the **United Kingdom**. Please tell us as soon as this happens so there is no overpayment of premium.

9. Rights of third parties

Only the **group policyholder**, an **insured person** (or their executor or legal representative in the event of the death of an **insured person**) and American International Group UK Limited may enforce the terms of this policy and the provisions of the Contracts (Rights of Third Parties) Act 1999 do not apply.

10. Sanctions

We shall not be deemed to provide cover and **we** shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose **us, our** parent company or **our** ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.

11. Duty of Disclosure

Remedies for **group policyholder's** breach of duty of fair representation of risk

If the **group policyholder** breaches its duty of fair presentation of the risk and, but for the breach, **we**

- a) would not have entered into the policy or
- b) would have done so only on different terms

we will have remedies as against the **group policyholder** as follows:

- a) **We** may avoid the policy and refuse all claims if:
 - i) the breach is deliberate or reckless, in which event **we** may retain the premium paid; or
 - ii) but for the breach **our** underwriter would not have entered into the policy on any terms, in which event **we** shall return the premium.
- b) In all other cases:
 - i) where **our** underwriter would have charged more premium, any amounts payable by **us**

will be scaled down to the ratio that the premium actually charged (the “Actual Premium”) bears to the premium that he would have charged to assume that risk (the “Reference Premium”); and in addition

- ii) where **our** underwriter would have written the risk on different terms (other than in relation to premium) the policy is to be treated as if it had been entered into on those terms.

Where this policy provides cover for:

- i) any person other than the named **group policyholder** (hereinafter referred to as an “**insured person**”); and
- ii) that person would, if they had taken out such cover in their own name, have done so for purposes wholly or mainly unconnected with their trade, business or profession,

We will not invoke the remedies which might otherwise have been available under this Fair Presentation clause as against the **group policyholder**, if the failure to make a fair presentation of the risk concerns only facts or information which relate to a particular **insured person**. However, if the **insured person** concerned (or the **group policyholder** acting on their behalf) makes a careless misrepresentation of fact, **we** may invoke the remedies available under this clause as against that particular person, as if a separate insurance contract had been issued to them, leaving the remainder of the policy unaffected. In those circumstances references within this clause to premium should be read as if they were references to that part of the premium which relates to the **insured person** concerned and any additional terms which might be applied will only be applied to the cover for that particular **insured person**.

Section 5 - Start and finish of cover for an insured person

An **insured person's** cover will begin on the date they are included in this insurance through the **insurance arrangement**. Cover will end on the earliest of the following dates:

- a) The end of the period for which payment of premium was paid to **us** (unless this is due to a mistake by the **group policyholder**);
- b) The **group policyholder** or **we** cancel this group policy (please see Section 6 - ‘Cancellation and cooling off period’ for further details);
- c) An **insured person** notifies the **group policyholder** that they no longer wish to be included in this group policy;
- d) An **insured person** ceases their membership with the **group policyholder**;
- e) An **insured person** dies (although the policy will extend to such death if it is within the scope of this insurance);
- f) The end of the calendar month in which the **insured person** attains 85 years of age;
- g) The end of the **period of insurance** is reached.

Section 6 - Cancellation and cooling off period

Cancellation of cover - The **group policyholder** and **us**

The **group policyholder** may cancel this group policy by giving 30 days notice in writing to **us** at the address below:

The Group Personal Accident Manager
American International Group UK Limited, The AIG Building, 58 Fenchurch Street,
London EC3M 4AB.

We may cancel this group policy by giving 30 days notice in writing to the **group policyholder** at the **group policyholder's** last known address.

It is the responsibility of the **group policyholder** to notify **insured persons** that the policy has been cancelled.

If the premium is paid annually, the premium for the period up to the date when the cancellation takes effect will be calculated and any unused portion of the premium paid will be returned, less any claims. Any unpaid premium owed to **us** for received cover will be requested. If the premium is paid monthly, cancellation takes effect from the end of the period for which the premium is paid by. It is the **group policyholder's** responsibility to tell an **insured person** contributing that the premium will no longer be collected.

Cancellation of Cover – Insured person

Other than specifically detailed under the cooling-off period, an **insured person** may withdraw from their inclusion of cover under this group policy by giving notice to the **group policyholder**. Cover will cease at the end of the period for which payment of premium was paid to **us** unless the premium is paid annually when a proportionate return will be given to the **group policyholder**, less any claims.

An **insured person** has no rights to cancel the group policy held by the **group policyholder**, only the right not to be included.

Cooling Off Period – Insured person

If this group policy does not meet an **insured person's** needs, they can choose not to be covered by this group policy by writing to the **group policyholder** or **us** and returning the policy documentation provided within 15 days of their inclusion on this group policy or the date upon which the **insured person** receives their insurance documents, whichever is the later.

We will refund the premium in full less any valid claims, to the **group policyholder** to pass on to the **insured person** if the cost of their inclusion in this insurance has been collected from the **insured person**.

Section 7 - Fraud or false information

By the **group policyholder**

Any fraud, deliberate dishonesty or deliberate hiding of information connected with the **group policyholder's** application for this policy or in connection with a claim, will entitle **us** to terminate the policy with effect from the date of such act.

In this event **we** will not refund any premiums and **we** will not consider for payment any claims which have not already been submitted to **us**.

Where claims have been made by **insured persons** under this policy, but remain unpaid, prior to the discovery of such fraud, deliberate dishonesty or deliberate hiding of information, where the **insured person** making the claim had no involvement in it, such claims will be considered for payment in the usual way.

By the **insured person**

Any fraud, deliberate dishonesty or deliberate hiding of information by an **insured person** at any time will make this policy invalid for that **insured person**. If this happens, the **insured person** will lose any benefit due to them and they must pay back any benefit that **we** have already paid. If this occurs, **we** will not refund any premiums in respect of that **insured person**.

Section 8 - Payment of benefits

Any benefit due will be paid to the **insured person** who is the subject of the claim (or their executor or legal representative in the event of the death of an **insured person**).

Section 9 - Claims procedure

We should be notified as soon as reasonably practicable after the event that a claim is to be made.

The claim may be rejected if it is made so long after the event that **we** are unable to investigate the claim fully, or may result in the **insured person** not receiving the full amount claimed for if the amount claimed is increased as a result of the delay.

Claims are to be notified to:

Claims Manager, Personal Accident Customer Service Centre,
American International Group UK Limited, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG.
Tele: +44 (0) **345 602 9429** (9am to 5pm Monday to Friday excluding public holidays).
Email: claimsuk@aig.com

We will ask for the completion of a claim form and for the claimant to provide at their own expense all reasonable and necessary evidence required by **us** to support a claim including information to show that the **bodily injury** is a result of an **accident**. If the information supplied is insufficient, **we** will identify the further information which is required. This evidence may include written confirmation from the **group policyholder** that the **insured person** was insured at the time of the **accident** and, if applicable, that they have paid the premium for the period of their inclusion under this group policy. If **we** do not receive the information **we** need, **we** may reject the claim.

We may ask the **insured person** to attend one or more medical examinations. If **we** do, **we** will pay the cost of the examination(s) and for any medical reports and records and the **insured person's** reasonable travelling expenses to attend and any person required to travel with them, if these expenses are agreed by **us** in advance. If the **insured person** fails to attend without reasonable cause, **we** may reject the claim.

The **insured person** must give **us** permission to obtain any medical reports or records needed from any **doctor** or **medical consultant** who has treated them; otherwise **we** may not pay the claim. If the **insured person** dies, **we** have the right to ask for a post-mortem examination if **we** believe it necessary to assess their claim at **our** expense. If this is refused, **we** may not pay the claim.

Section 10 - How we use personal information

American International Group UK Limited is committed to protecting the privacy of customers, claimants and other business contacts.

“Personal Information” identifies and relates to you or other individuals (e.g. your partner or other members of your family). If you provide Personal Information about another individual, you must (unless we agree otherwise) inform the individual about the content of this notice and our Privacy Policy and obtain their permission (where possible) for sharing of their Personal Information with us.

The types of Personal Information we may collect and why – Depending on our relationship with you, Personal Information collected may include: contact information, financial information and account details, credit reference and scoring information, sensitive information about health or medical conditions (collected with your consent where required by applicable law) as well as other Personal Information provided by you or that we obtain in connection with our relationship with you. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Make assessments and decisions about the provision and terms of insurance and settlement of claims
- Assistance and advice on medical and travel matters
- Management of our business operations and IT infrastructure
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance (including compliance with laws and regulations outside your country of residence)
- Monitoring and recording of telephone calls for quality, training and security purposes
- Market research and analysis

To opt-out of any marketing communications that we may send you, contact us by e-mail at: AIGDirect.Queries@aig.com or by writing to: Customer Support Team, The AIG Building, 2-8 Altyre Road, Croydon, Surrey, CR9 2LG. If you opt-out we may still send you other important service and administration communications relating to the services.

Sharing of Personal Information - For the above purposes Personal Information may be shared with our group companies and third parties (such as brokers and other insurance distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers). Personal Information will be shared with other third parties (including government authorities) if required by laws or regulations. Personal Information (including details of injuries) may be recorded on claims registers shared with other insurers. We are required to register all third party claims for compensation relating to bodily injury to workers' compensation boards. We may search these registers to prevent, detect and investigate fraud or to validate your claims history or that of any other person or property likely to be involved in the policy or claim. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of our company or transfer of business assets.

International transfer - Due to the global nature of our business, Personal Information may be transferred to parties located in other countries (including the United States, China, Mexico Malaysia, Philippines, Bermuda and other countries which may have a data protection regime which is different to that in your country of residence). When making these transfers, we will take steps to ensure that your Personal Information is adequately protected and transferred in accordance with the requirements of data protection law. Further information about international transfers is set out in our Privacy Policy (see below).

Security of Personal Information - Appropriate technical and physical security measures are used to keep your Personal Information safe and secure. When we provide Personal Information to a third party (including our service providers) or engage a third party to collect Personal Information on our behalf, the third party will be selected carefully and required to use appropriate security measures.

Your rights - You have a number of rights under data protection law in connection with our use of Personal Information. These rights may only apply in certain circumstances and are subject to certain exemptions. These rights may include a right to access Personal Information, a right to correct inaccurate data, a right to erase data or suspend our use of data. These rights may also include a right to transfer your data to another organisation, a right to object to our use of your Personal Information, a right to request that certain automated decisions we make have human involvement, a right to withdraw consent and a right to complain to the data protection regulator. Further information about your rights and how you may exercise them is set out in full in our Privacy Policy (see below).

Privacy Policy - More details about your rights and how we collect, use and disclose your Personal Information can be found in our full Privacy Policy at: <https://www.aig.co.uk/privacy-policy> or you may request a copy by writing to: Data Protection Officer, American International Group UK Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB or by email at: dataprotectionofficer.uk@aig.com

Section 11 - If something goes wrong with our service

Our commitment to you

What to do if you are unhappy with any aspect of your insurance

We believe that you deserve to be treated in a courteous, fair and prompt manner. **Our** goal is to provide an excellent service to all of **our** customers. If there is an occasion when you feel let down then please let **us** know immediately providing **us** with as much information as possible to help **us** resolve your concerns.

For Claims related complaints Please Contact:

In writing: Claims Manager, Personal Accident, American International Group UK Limited,
The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG.

Telephone: 0800 731 6396

Email: aigdirect.claims@aig.com

Online: <http://www.aig.co.uk/your-feedback>

Lines are open Monday to Friday 9am to 5pm, excluding public holidays.

All Other Complaints: The AIG Customer Relations Unit, which can be contacted as follows:

In writing: American International Group UK Limited, The AIG Building, 2-8 Altyre Road,
Croydon CR9 2LG.

Telephone: 0800 012 1301 or +44 (0) 20 8649 6666 (if calling from overseas)

Email: uk.customer.relations@aig.com

Online: <http://www.aig.co.uk/your-feedback>

Lines are open Monday to Friday 9.15am to 5pm, excluding public holidays.

We take all customer complaints seriously and **we** have established the following complaint procedure to resolve your concerns quickly, fairly and by the appropriate department.

Step 1: Within three business days of receiving your complaint:

In the first instance **we** would encourage you to contact the department you are unhappy with. Members of staff are empowered to support you and will aim to resolve your concerns within three business days, following receipt of your complaint. A written summary resolution communication will be provided to you if the complaint is resolved to your satisfaction.

Step 2: If your complaint cannot be resolved within three business days:

We will send you an acknowledgement letter to explain your complaint has been escalated to the Customer Relations Unit who will appoint a dedicated Complaint Manager to support you, keep you informed of progress and provide one of the following within 8 weeks:

- A final response letter explaining the outcome of **our** investigation, the reason for it and the next steps; or
- A holding letter confirming when **we** anticipate **we** will have concluded **our** investigation.

Step 3: Referring to the Financial Ombudsman Service:

After receiving **our** final response or if **we** have been unable to conclude **our** investigation within 8 weeks, you may be able to refer your complaint to the Financial Ombudsman Service. **We** will provide full details of how to do this in our final response or holding letter. The Financial Ombudsman Service can be contacted as follows:

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

Telephone: 0800 023 4567 or 0300 123 9123

Email: complaint.info@financial-ombudsman.org.uk

Online: www.financial-ombudsman.org.uk

Please note that the Financial Ombudsman Service may not be able to consider a complaint if you have not provided **us** with the opportunity to resolve it.

If you wish to complain about an insurance policy purchased online you may be able to use the European Commission's Online Dispute Resolution platform, which can be found at <http://ec.europa.eu/consumers/odr/>

Following this complaint procedure does not affect your rights to take legal action. Calls may be recorded for quality, training and monitoring purposes.

Section 12 - Financial Services Compensation Scheme (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS). If **we** are unable to meet our financial obligations you may be entitled to compensation from the scheme, depending on whether you are an eligible claimant, the type of insurance and the circumstances of the claim.

Further information on the scheme is available from the FSCS at www.fscs.org.uk and by calling +44 (0) **20 7741 4100** or **0800 678 1100**.

Section 13 - Other information

This Insurance is underwritten by American International Group UK Limited. American International Group UK Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (FRN 781109). This can be checked by visiting the FS Register (<https://register.fca.org.uk/>).

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Buying extra personal accident insurance

I am a member of Epilepsy Action and would like to increase my personal accident insurance. I have read and understand the age restrictions.

Name: _____

Address: _____

Postcode: _____

Date of birth: _____ Membership number: _____

Signature: _____

In addition to the £1,000 worth of cover that I receive as part of my membership, I would like to purchase the following additional cover (please tick on option).

☐

Bronze £2,500 for £5.00 p/a

☐

Silver £5,000 for £10.00 p/a

☐

Gold £12,500 for £25.00 p/a

☐

Platinum £20,000 for £40.00 p/a

By cheque/postal order

Please make your cheque or postal order payable to Epilepsy Action

By credit/debit card

I wish to pay using my Mastercard / Visa / Maestro / Solo / Amex* card. (*Please circle the card type)

Card number:

Start date: / Expiry date: / Security

Name on card:

If the billing address is different to the address above, please attach details.

Please send this form and your payment to
Epilepsy Action, New Anstey House, Gate Way Drive, Yeadon, Leeds LS19 7XY

Epilepsy Action

New Anstey House, Gate Way Drive, Yeadon, Leeds LS19 7XY

tel. 0113 210 8800

email membership@epilepsy.org.uk

Epilepsy Action is a working name of British Epilepsy Association.
A company limited by guarantee (registered in England No. 797997)
Registered charity in England and Wales (No. 234343)



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