

**This section includes cover for accidental bodily injury resulting in permanent total disablement, temporary partial disablement and temporary total disablement.**

The General terms and conditions and the following terms and conditions all apply to this section.

---

### Special definitions for this section

<b>Accidental bodily injury</b>	An identifiable physical injury (including illness solely and directly resulting from the injury but not including any other illness, sickness, disease or naturally occurring condition), which is caused by a sudden, unexpected, specific event occurring at an identifiable time and place during both the <b>period of insurance</b> and the <b>operative time</b> and which results in the <b>insured person's</b> death, <b>permanent total disablement</b> , <b>temporary total disablement</b> or <b>temporary partial disablement</b> , within 24 calendar-months of the date of the event.
<b>Disablement period</b>	The time period commencing from the date of disablement and lasting uninterrupted for the length of time shown as the 'disablement period' in the schedule.
<b>Funeral expenses</b>	Reasonable costs of funeral provision and expenses reasonably incurred in connection with a valid claim under this section for an <b>insured person's</b> death arising directly from <b>accidental bodily injury</b> . This includes repatriation expenses.
<b>Incapacitation</b>	<b>Loss of sight, loss of hearing, loss of limb or loss of speech.</b>
<b>Inception</b>	Start date of the <b>period of insurance</b> as shown in the schedule.
<b>Insured person</b>	As stated in the schedule, provided that they are: <ol style="list-style-type: none"><li>1. a member of the Federation of Holistic Therapists; and</li><li>2. legally resident in the United Kingdom of Great Britain and Northern Ireland, the Channel Islands, the Isle of Man or the Republic of Ireland.</li></ol>
<b>Home alteration expenses</b>	Reasonable expenses of home alteration incurred with <b>our</b> prior written agreement and in connection with a valid claim under this section for an <b>insured person's permanent total disablement</b> arising directly from <b>accidental bodily injury</b> .
<b>Loss of sight</b>	Total loss of sight in an eye.
<b>Loss of hearing</b>	Total loss of hearing in an ear.
<b>Loss of limb</b>	Loss by physical separation of an arm or hand at or above the wrist, or of a foot or leg at or above the ankle, or total loss of use of a complete arm, hand, foot or leg.
<b>Loss of speech</b>	Total loss of speech.
<b>Medical expenses</b>	The reasonable cost of medical, surgical or other remedial attention or treatment given or prescribed by a suitably qualified medical practitioner and all hospital, nursing home and ambulance charges reasonably incurred in connection with a valid claim under this section.
<b>Operative time</b>	The time when the <b>insured person</b> is covered under this section as shown in the schedule.
<b>Permanent total disablement</b>	<b>Incapacitation</b> which entirely prevents the <b>insured person</b> from attending to any business or occupation for which the <b>insured person</b> is reasonably suited by training, education or experience and which lasts continuously for 12 calendar-months and which at the end of that period is without prospect of improvement.
<b>Temporary partial disablement</b>	Disablement lasting without interruption for longer than the <b>time excess</b> and which prevents the <b>insured person</b> from carrying out a substantial part, but not all, of their usual occupation.
<b>Temporary total disablement</b>	Disablement, other than <b>permanent total disablement</b> , lasting without interruption for longer than the <b>time excess</b> and which totally prevents the <b>insured person</b> from carrying out all parts of their usual occupation.

**Time excess** The time period shown in the schedule as the 'time excess', being the minimum period for which **temporary total disablement** or **temporary partial disablement** must be suffered in order for cover to be provided under this section.

**You** The **insured person**, company or organisation shown in the schedule.

### What is covered

We will pay **you** if an **insured person** suffers **accidental bodily injury**.

We will also pay:

1. **medical expenses** and **funeral expenses**:
  - i. incurred with **our** prior written consent by **you** on behalf of an **insured person**; or
  - ii. incurred by or on behalf of an **insured person** where **you** have agreed with **our** prior written consent to reimburse or pay for such expenses; and
2. **home alteration expenses** incurred by **you** directly as a result of a **permanent total disablement**.

### What is not covered

We will not make any payment under this section due to **accidental bodily injury**:

- Hazardous pursuits
1. sustained while taking part in:
    - a. the following winter sports: off piste skiing unless accompanied by a suitably experienced guide, free-style skiing, ski jumping, ice hockey, use of bobsleighs or skeletons, repetitive travel in ski run helicopters or any competition;
    - b. the following scuba diving activities: any unaccompanied dive, any dive involving visits to wrecks or caves, any dive for gain or reward, or any dive below 30 metres. Any other scuba diving activities are only covered if the **insured person**:
      - i. holds the British Sub Aqua Club 'Sports Diver' certificate or the Professional Association of Diving Instructors 'Open Water' certificate and follows the relevant Club or Association rules and guidelines at all times; or
      - ii. dives under the constant supervision of a properly licensed diving school and follows their rules and instructions at all times;
    - c. potholing, caving, hang-gliding, parachuting, parasailing, paragliding, mountaineering, coastering or rock-climbing for which the **insured person** would normally need to use ropes or guides, bungee jumping, white-water rafting or any other activity with a similar increased risk of physical injury;
    - d. armed forces activities including operations, exercises or training;
    - e. flying as a pilot or aircrew or any other aerial activities other than travel by commercial airlines as a passenger.
- Other exclusions
2. directly or indirectly arising out of or contributed to by:
    - a. any emotional or psychiatric disorder or condition;
    - b. the **insured person** taking or using drugs or controlled substances (other than drugs prescribed by their medical practitioner and used properly);
    - c. the **insured person** committing or attempting suicide or deliberately injuring themselves;
    - d. the **insured person** deliberately exposing themselves to exceptional danger unless trying to save a human life;
    - e. any criminal act:
      - i. by the **insured person**; or
      - ii. by **you** or on **your** behalf;
    - f. any physical defect, infirmity or medical condition known to the **insured person** at **inception**, unless the defect, infirmity or condition has been without the need of any medical advice or treatment during the 24 months before **inception**;

## Personal accident for FHT members

### Policy wording

- g. HIV (Human Immune Deficiency Virus), AIDS (Acquired Immune Deficiency Syndrome), AIDS-related complex (ARC) or any related virus or illness, or any sexually-transmitted disease;
- h. pregnancy or childbirth;
- i. **war, terrorism or nuclear risks.**

---

### How much we will pay

Payment of benefit	<b>We will pay you</b> the benefit shown in the schedule for <b>accidental bodily injury</b> to each <b>insured person</b> . Only one benefit shall be payable for each <b>insured person</b> in respect of the consequences of any one <b>accidental bodily injury</b> .
Total event limit	The most <b>we</b> will pay in total for all benefits and expenses in respect of all <b>insured persons</b> injured in any one event is the total event limit shown in the schedule.
Benefit limit for temporary disablement	For <b>temporary partial disablement</b> and <b>temporary total disablement</b> , <b>we</b> will pay <b>you</b> the benefit shown in the schedule from the date of disablement until the earlier of: <ul style="list-style-type: none"><li>1. the <b>insured person</b> no longer suffering from a <b>temporary partial disablement</b> or <b>temporary total disablement</b>; or</li><li>2. the end of the <b>disablement period</b>;</li></ul> for each <b>insured person</b> in respect of the consequences of any one <b>accidental bodily injury</b> . This is included within, and not in addition to, the total event limit shown in the schedule.
<b>Additional cover</b>	The following are included within, and not in addition to, the total event limit shown in the schedule.
Home alteration expenses	<b>We</b> will also pay <b>you home alteration expenses</b> incurred in connection with an <b>accidental bodily injury</b> resulting in <b>permanent total disablement</b> , up to the amount shown in the schedule for each <b>insured person</b> .
Medical expenses	<b>We</b> will also pay <b>you medical expenses</b> incurred in connection with an <b>accidental bodily injury</b> up to the amount shown in the schedule for each <b>insured person</b> .
Funeral expenses	<b>We</b> will also pay <b>you funeral expenses</b> incurred in connection with an <b>accidental bodily injury</b> up to the amount shown in the schedule for each <b>insured person</b> .

---

### Your obligations

- We** will not make any payment under this section unless:
- 1. **you** notify **us** promptly of any injury to or death of an **insured person** which might be covered under this section;
  - 2. the **insured person** sees a suitably qualified medical practitioner as soon as possible after suffering injury and follows any medical advice they are given.
- If **we** consider it necessary, the **insured person** must allow a medical adviser chosen by **us** to examine them and to see all medical records.