



Specialty Markets

ChildCare

Personal Accident Policy

This group policy is evidence of the contract between the **group policyholder** and **us**, AIG Europe Limited.

We agree to give the insurance cover set out in this group policy document. **We** will provide cover only to those people who are shown as being **insured persons** as long as the required premium has been paid and **we** have accepted it.

This group policy, the **schedule** and any attached memoranda or endorsements show details of the cover and the terms and conditions applying to it. The **group policyholder** should read these documents to make sure that they understand the cover provided and the limitations which apply.

It is the **group policyholder's** responsibility to ensure that the **insured persons** are given full details of this insurance and that the **insured persons** agree to observe, fulfil and comply with the terms and conditions of this group policy.

If there are any elements of the cover that require clarification or do not meet the needs of the **group policyholder**, the **group policyholder** should in the first instance raise these with their insurance intermediary.

AIG Europe Limited

This insurance is underwritten by AIG Europe Limited which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (FRN 202628). This can be checked by visiting the FS Register (<http://www.fca.org.uk>).

AIG Europe Limited is registered in England: company number 1486260.
Registered address: The AIG Building, 58 Fenchurch Street, London EC3M 4AB, United Kingdom.

Contents page

	Page
Scope of insurance	3
Policy definitions	4
What is not covered	8
Benefit limitations	9
Claims procedure	10
General policy conditions	12
Disputes and complaints	14
Financial Services Compensation Scheme	15
Fraud or false information	15
Start and finish of cover for an insured person	15
Cancellation & cooling off period	16
How we use Personal Information	17

Scope of insurance

If an **insured person** suffers **bodily injury** which, within two years solely and independently of any other cause, results in death or **disablement** during the **period of insurance** and **operative time of cover**, we will pay the **sum insured** specified on the **schedule**.

Disappearance

If an **insured person** disappears and after a suitable period of time **we** believe that **they** have died as a result of **bodily injury**, **we** will pay the amount for Section C item 1, death as specified on the **schedule** provided the **insured person's** legal representative or executor signs an agreement that if it later transpires that an **insured person** has not died, any amount **we** have paid will be refunded to **us** and the **insured person** must repay **us** immediately.

Exposure

If the **insured person** dies or becomes disabled as a result of being exposed to the elements, **we** will consider the death or disability to have been caused by **bodily injury**.

General Policy definitions

We use certain words and expressions in this policy which have a specific meaning and sometimes those meanings are unique to this group policy. They have this specific meaning wherever they appear in this group policy document, policy summary and the **schedule** and any endorsements or memoranda attached to the **schedule** and are shown in bold type. Plural forms of the words defined have the same meaning as the singular form.

Accident

A sudden, unexpected and specific event, external to the body, which occurs at an identifiable time and place.

Bodily injury

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 and is not as a result of a **gradually operating cause**.

Brain damage

Total and permanent loss of ability to reason, receive ideas, understand and have intelligent thoughts.

Child

A person who is under 19 years of age, or under 23 years of age if in full-time education.

Dental injury

Damage to teeth (but not milk teeth) and any resulting damage to gums, caused by a force arising outside of the mouth.

Dental injury expenses

The reasonable costs necessarily incurred for the treatment of **dental injury** including dental examination, dental treatment and dentures but not including repairs or charges paid under dental care contracts. The treatment must be carried out by a dental practitioner registered with the general dental council in a dental surgery.

Disablement

A loss as described in the Sections shown on the **schedule**.

Doctor

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

Employee

Any person under a contract of service or apprenticeship with the **group policyholder**.

Facial scarring

Scarring (a mark left on the skin after a surface injury or wound has healed) of more than 3 cms long on the visible part of the face, from the natural hairline surrounding the forehead to the chin and from ear to ear.

Foot

All parts of the foot below the ankle.

Full-thickness burns

Burns which result in the destruction of both the epidermis (the outer layers of the skin) and dermis (the layers of the skin that contain hair follicles, nerve endings, sweat and sebaceous glands), and which require surgery or a skin grafting to treat.

Gradually operating cause

A cause that is the result of a series of events which occur or develop over time that cannot be attributable to a single **accident**.

Group policyholder

The educational establishment specified on the **schedule**.

Hand

All parts of the hand below the wrist.

Insured person

The person shown on the **schedule**.

Loss (in relation to shoulder, elbow, **foot, hand**, hip, knee, ankle, wrist, lung, kidney, or the spleen).

Permanent, total and irrecoverable loss of use or the permanent and total loss caused 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 sight

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

Loss of speech

Permanent, total and irrecoverable loss of the ability to speak.

Medical consultant

A **doctor** or **medical specialist** who is not an **insured person**, a relative of an **insured person**, or an **employee** of the **group policyholder** or of 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 EC Medical Directives (or foreign equivalents) or other similarly recognised body. In respect of dental treatment only, a dental practitioner who is registered with the British Dental Association (or foreign equivalent) and who either holds an NHS Consultant post (or foreign equivalent) or who specialises in a specific branch of dentistry.

Medical expenses

Medical, surgical or other remedial attention or treatment given or prescribed by a **doctor** including all hospital, nursing home and ambulance charges if a valid claim is made under Sections B, D or E of the table shown on the **schedule**. **Dental injury expenses** are not covered.

Medical specialist

A person who is not an **insured person**, or related to an **insured person**, or an **employee** of the **group policyholder** or of an **insured person**, who currently holds a recognised qualification and all required accreditation to practise in a specific medical field in the **United Kingdom**, including, but not limited to, audiology or optometry, from a recognised body registered in the **United Kingdom** (or foreign equivalent).

Operative time of cover

The period of time during the **period of insurance** when an **insured person** is covered by this policy as described on the **schedule**.

Paralysis from the neck down

Permanent, total and irrecoverable paralysis of both arms, forearms and **hands** and both legs and **feet**.

Paralysis from the waist down

Permanent, total and irrecoverable paralysis of both legs, **feet**, bladder and rectum.

Parent

A person with parental responsibility including a legal guardian acting in that capacity.

Period of insurance

The period shown on the **schedule** commencing from the **start date of cover** shown until the 'To' date shown on the **schedule**. (Please see the section "Start and finish of cover for an insured person" relating to the period of insurance for an **insured person**).

Permanent total disability

The **insured person** being prevented from doing any paid work 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 500HZ and 3,000HZ.

Pupil

Any **child** who is attending an occupational establishment operated by and under the control of the **group policyholder**.

Schedule

The document including the Table of Benefits showing details of the cover purchased and which should be read in conjunction with this policy. A new document is issued at the end of each **period of insurance**.

Start date of cover

The date on which cover commences for the **insured person**.

Sum insured

The maximum amount of cover for the item specified up to which an **insured person** can claim.

They or their

The **insured person**.

United Kingdom

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

War

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

We, us or our

AIG Europe Limited.

What is not covered

We will not cover **bodily injury** to an **insured person**:

- (a) if it occurs in a country where a state of **war** exists (declared or not) if it was the direct consequence of the **war**;
- (b) participation in any airborne activities, unless the **insured person** is a fare-paying passenger on a commercial flight;
- (c) committing or attempting to commit suicide;
- (d) committing or attempting to commit a crime;
- (e) if **their** injuries are intentionally self-inflicted;
- (f) resulting in a diagnosis of 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;
- (g) resulting from a **gradually operating cause**;
- (h) taking a drug or drugs other than according to the manufacturer's instructions or as prescribed by a **doctor**;
- (i) taking a drug or drugs to treat drug addiction; or
- (j) under the influence of alcohol or solvents.

Benefit limitations

1. Under Section B when more than one form of disability results from one **bodily injury**, we will pay the largest amount from the table shown on the **schedule**.
2. The **insured person** can only claim under one of the Sections A, B or C as a result of **bodily injury**.
3. **We** will only pay the **paralysis from the neck down, paralysis from the waist down** or **brain damage** benefit as a result of one event causing **bodily injury**.
4. If the **insured person** dies within 26 weeks of suffering **bodily injury**, **we** will pay the amount under Section C (as long as the death was as a result of **bodily injury**) and not the amounts under Sections A or B.
5. **We** will pay the amounts shown under Sections D, E, F and G as well as those under Section B as a result of **bodily injury**.
6. The most **we** will pay for **bodily injury** is the **sum insured** shown for Section A Item 1 for each **child**.
7. **We** will not pay a claim for **loss** of a whole part of the body as well as a claim for any component of that whole part under Section B.

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:

Personal Accident Claims Department

AIG Europe Limited, 2-8 Altyre Road, Croydon CR9 2LG.

Telephone: +44 (0) 345 602 9429

Facsimile : +44 (0) 20 8253 7569

Email: claimsuk@aig.com

We will ask the claimant to complete a claim form and 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 by this policy 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 reasonable travelling expenses of the **insured person** (and **their parent** if the **insured person** is a **child** under 18 years of age), 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** (or **their parent** if **they** are under 18 years of age) must give **us** permission to obtain any medical reports or records needed from any **doctor** who has treated the **insured person** otherwise **we** may not pay any claim.

If the **insured person** has an existing physical impairment or medical condition, **we** may also ask an independent **medical consultant** to assess:

- (a) whether the **insured person's** existing physical impairment or medical condition has contributed to **their** disability for which **they** are claiming;
or
- (b) whether **their** disability makes **their** existing physical impairment or medical condition worse.

In either case, **we** will ask the independent **medical consultant** to assess the difference between the **insured person's** physical impairment or medical condition before and after the **accident**. Any payment made by **us** will be based on this difference and will be expressed as a percentage of the **sum insured** shown on the **schedule** to which the claim relates.

We will deal with covered death claims as follows:

- a. If an **insured person** is 18 years of age or over **we** will pay the **sum insured** to the executor or legal representative of the deceased **insured person's** estate.
- b. If an **insured person** is under 18 years of age **we** will pay the **sum insured** to a **parent** of the deceased **insured person**.

We will deal with all covered claims, other than death claims, as follows:

- a. If an **insured person** is 18 years of age or over **we** will pay the **sum insured** to the **insured person**.
- b. If an **insured person** is under 18 years of age **we** will pay the **sum insured** to a **parent** of the **insured person** for the benefit of the **insured person**.

However, **we** can insist on placing any claim payments in trust for the **insured person's** benefit. **We**, the **insured person**, and **their parent** will agree on the trustees. The money will be held in trust until the **insured person** has reached **their** 18th birthday when the money will be paid to the **insured person**. If **we** cannot agree on the identity of the trustees they will be appointed by the President of the Law Society. **We** will decide the terms, conditions and powers which apply to any trust.

The receipt of the payment shall be a full discharge of all liability by **us** in respect of the claim.

General policy conditions

1. The policy or benefit cannot be assigned or transferred to anyone else unless **we** agree.
2. If the **parent** or an **employee** is contributing, or paying the premium, the insurance will not be affected by the **group policyholder's** failure to send reports, pay premiums or keep to any of the conditions of the policy.
3. 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. To have the full protection of this policy an **insured person** must comply with the conditions outlined in the 'Claims procedure' section, which are conditions of the policy. Failure to comply with these conditions may determine whether **we** pay to the **insured person** in the event of a claim.
5. When completing an application for this policy, or to vary or renew 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. If **we** have paid a claim under this policy and the **group policyholder** or the **insured person** has accepted this as full and final payment then **we** will not have to make any further payments for the same claim.
7. **We** may change the terms and conditions, including the premium, of this policy at any time as considered necessary in order to reflect a change to an **insured person's** circumstances or in the event of any change in the law affecting this policy, for example a change in Insurance Premium Tax or other tax. Before **we** make any changes, **we** will give the **group policyholder** 30 days' notice in writing.

If the changes are acceptable to the **group policyholder** then this cover will continue. The **group policyholder** is responsible for notifying **insured persons** of the changes applicable.

If the changes are not acceptable, the **group policyholder** may cancel this policy. If this happens no claims will be paid for any **bodily injury** suffered by an **insured person** after the date of the cancellation. **We** will return to the **group policyholder** any premium already paid to **us** in advance for cover that is unused at the date of cancellation. The **group policyholder** will be responsible for returning any premium to an **insured person** included in this insurance who has paid the premium. The **group policyholder** is responsible for promptly notifying **insured persons** of such cancellation.

8. The premiums are to be paid as agreed and information will be supplied to **us** in the form and at the frequency reasonably required by **us** for the cover to remain in force.
9. This policy will be governed by English law, and the **group policyholder** 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 **group policyholder** resides in Scotland, Northern Ireland or the Isle of Man, in which case the law applicable to that jurisdiction will apply and it's courts will have exclusive jurisdiction, unless agreed to the contrary by the **group policyholder** and **us** before the **start date of cover**.

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

10. Only the **group policyholder**, an **insured person** (or **their parent** if they are under 18 years of age or their executor or legal representative in the event of the death of an **insured person**) or **we** may enforce the terms of this policy and the provisions of the Contract (Rights of Third Parties) Act 1999 do not apply.
11. **We** will not pay interest on any amount paid under this policy.
12. **We** will not be deemed to provide cover and **we** shall not be liable to pay any claim or provide any benefit under this policy to the extent that the provision of cover, payment of claim or provision of benefit would expose **us**, **our** parent company or **our** parent company's 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, United Kingdom or United States of America.

Disputes and complaints

We believe the **group policyholder** and an **insured person** deserve a courteous, fair and prompt service. If there is any occasion when **our** service does not meet the expectations of the **group policyholder** or an **insured person**, please contact **us** using the appropriate contact details below providing the policy/claim number and the name of the **group policyholder/insured person** to help **us** to deal with your comments quickly.

Claims related complaints

Write to: Personal Accident Claims Manager, AIG Europe Limited,
2-8 Altyre Road, Croydon CR9 2LG.
Call: +44 (0) 345 602 9429
Facsimile: +44 (0) 20 8253 7569
Email: claimsuk@aig.com
Online: <http://www.aig.co.uk/your-feedback>

Sales & Service complaints:

Write to: Customer Relations, AIG Europe Limited,
2-8 Altyre Road, Croydon CR9 2LG.
Call: +44 (0) 800 012 1301
Email: uk.customer.relations@aig.com
Online: <http://www.aig.co.uk/your-feedback>

We will acknowledge the complaint within 5 business days of receiving it, keep you informed of progress and do **our** best to resolve matters to your satisfaction within 8 weeks. If **we** are unable to do this you may be entitled to refer the complaint to the Financial Ombudsman Service. **We** will provide full details of how to do this when **we** provide **our** final response letter addressing the issues raised.

Please note that the Financial Ombudsman Service may not be able to consider a complaint if the complainant:

- has not provided **us** with the opportunity to resolve the complaint; or
- is a business with more than 10 employees and a group annual turnover of more than €2 million; or
- is a trustee of a trust with a net asset value of more than £1 million; or
- is a charity with an annual income of more than £1 million.

The Financial Ombudsman Service can be contacted at:

Write to: The Financial Ombudsman Service, Exchange Tower, London E14 9SR.
Call: 0800 023 4567 or 0300 123 9 123
Email: complaint.info@financial-ombudsman.org.uk
Online: www.financial-ombudsman.org.uk

Following this complaint procedure does not affect your right to take legal action.

Financial Services Compensation Scheme (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if **we** cannot meet **our** financial obligations depending on the type of insurance and the circumstances of the claim.

For this type of insurance 90% of the claim is covered, without any upper limit. Further information about compensation scheme arrangements is available at www.fscs.org.uk and on 020 7741 4100 or 0800 678 1100.

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 group policy or in connection with a claim, will make this group policy invalid.

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 so far as concerns cover 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.

In this event, **we** will not refund any premiums in respect of that **insured person**.

Start and finish of cover for an insured person

The cover provided to the **group policyholder** for each **insured person** will begin on the **start date of cover** or the date the **insured person** is included in this insurance and will end on the earliest of the following.

- a) The end of the period for which payment of premium was paid to **us**;
- b) The **group policyholder** or **we** cancel the policy;
- c) The policy is not renewed on the renewal date;
- d) An **insured person** notifies the **group policyholder** that **they** no longer wish to be included in this policy;
- e) An **insured person** dying (although the policy will extend to such death if it is in the scope of this insurance); or
- f) An **insured person's** 19th birthday (or 23rd birthday if still in full-time education.
- g) A **pupil** is no longer registered with the **group policyholder**.

Cancellation & cooling off period

Cancellation of cover – Us and group policyholder

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

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

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

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

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 to the **group policyholder**.

Cancellation of cover – Insured person

An **insured person** may cancel **their** inclusion under this policy by giving notice in writing to the **group policyholder**.

An **insured person** or **parent** has no rights to cancel the policy held by the **group policyholder**.

If the **group policyholder** collects the premium from an **insured person** or **parent**, it is the **group policyholder's** responsibility to give back any premium **we** have returned to them and make them aware that the premium will no longer be collected from them.

We will refund all premiums paid, within 30 days from the date **we** received the notice of the cancellation from the **group policyholder**. **We** will not refund any premiums if a claim has been made within 15 days of the **start date of cover** shown on the **schedule**.

Cooling off period – Insured person

If the premium is paid by the **insured person** and this insurance does not meet an **insured person's** needs, **they** can choose not to be covered by this policy by notifying the **group policyholder** and returning the documentation provided to them within 15 days of the **start date of cover** or the date the **insured person** was included in this insurance, or the date upon which an **insured person** receives their insurance documents, whichever is the later.

If within this cooling off period an **insured person** sustains a **bodily injury** which results in a covered claim under this policy, **we** will only refund the part of the premium in proportion to the period of unused cover less any claims. This will be returned to the **group policyholder** for them to pass on to the **insured person** if the cost of their inclusion in this insurance has been collected from the **insured person**.

How we use Personal Information

We are committed to protecting the privacy of customers, claimants and other business contacts. “**Personal Information**” means information that identifies and relates to an **insured person** or other individuals (e.g. the dependants of an **insured person**). By providing **Personal Information** an **insured person** gives permission for its use as described below. If an **insured person** or the **group policyholder** provides **Personal Information** about another individual, they confirm that they are authorised to provide it for use as described below.

The types of Personal Information we may collect and why - Depending on the relationship between **us** and an **insured person**, **Personal Information** collected may include: identification and contact information, payment card and bank account, credit reference and scoring information, sensitive information about health or medical condition, and other **Personal Information** provided by the **group policyholder** or **insured person**. **Personal Information** may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Decision-making on provision of insurance cover and payment plan eligibility
- Assistance and advice on medical and travel matters
- Management and audit of **our** business operations
- 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 outside the **group policyholder's** or **insured person's** country of residence
- Monitoring and recording of telephone calls for quality, training and security purposes
- Marketing, market research and analysis

To opt-out of any marketing communications **we** may send please contact **us** by e-mail at: marketing.uk@aig.com or by writing to: **Head of Marketing, AIG Europe Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB, United Kingdom**. If the **group policyholder** or **insured person** opts-out **we** may still send the **group policyholder** or **insured person** other important communications, e.g. communications relating to administration of the insurance policy or a claim.

Sharing of Personal Information - For the above purposes **Personal Information** may be shared with **our** group companies, brokers and other 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 law. **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 detect and prevent fraud or to validate 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 the **our** business, **Personal Information** may be transferred to parties located in other countries, including the United States and other countries with different data protection laws than in the **group policyholder's** or **insured person's** country of residence.

Security and retention of Personal Information – Appropriate legal and security measures are used to protect **Personal Information**. **Our** service providers are also selected carefully and required to use appropriate protective measures. **Personal Information** will be retained for the period necessary to fulfil the purposes described above.

Requests or questions - To request access or correct inaccurate **Personal Information**, or to request the deletion or suppression of **Personal Information**, or object to its use, please e-mail: DataProtectionOfficer@aig.com or write to Data Protection Officer, Legal Department, AIG Europe Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB. More details about the use of **Personal Information** by **us** can be found in **our** full Privacy Policy at www.aig.com/uk/privacypolicy or the **group policyholder** or **insured person** may request a copy using the contact details above.

AIG Europe Limited

The AIG Building, 58 Fenchurch Street, London EC3M 4AB. Tel: +44 (0) 20 7954 7000 Fax: +44 (0) 20 7954 7001

This Insurance is underwritten by AIG Europe Limited which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (FRN 202628). This can be checked by visiting the FS Register (<http://www.fca.org.uk>).

AIG Europe Limited is a member of the Association of British Insurers. Registered in England: company number 1486260. Registered address: The AIG Building, 58 Fenchurch Street, London EC3M 4AB, United Kingdom.

Copyright © AIG Europe Limited 2015 All Rights Reserved.