

GlobeHopper[®] International Medical Expenses Insurance Policy



INTRODUCTION

Welcome to **your** GlobeHopper Insurance **Policy**.

In return for payment of the **Premium** shown in the **Certificate of Insurance**, **we** agree to provide **you**, subject to the **Terms** and conditions contained in or endorsed on this **Policy**, with the cover and benefits described in this **Policy** for **Medically Necessary Non-Elective Treatment**.

The **Policy** is a legal contract. It is a contract of insurance, together with this **Policy** wording, the **Schedule**, the **Certificate of Insurance**, the **Application** and any **Endorsements**.

Please read the whole **Policy** carefully and keep it in a safe place.

Certain words in this **Policy** have a specific meaning. Wherever words appear in bold in this **Policy**, they will have the meanings shown in the Definitions section.

All documentation and correspondence relating to this **Policy** will be written in English.

This **Policy** is underwritten by Sirius International Insurance Corporation UK Branch, Floor 4, 20 Fenchurch Street, London EC3M 3BY, UK, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under registration number 202912.

We recognise International Medical Group, Inc., as **our** authorised agent and representative and as the **Policy Administrator**. **We** further recognise London Global S.r.l. trading as IMG Europe as **our** authorised agent for the purposes of receiving **Premium**, receiving and holding claims money prior to transmission, and receiving and holding **Premium** refunds prior to transmission, and as **our Policy Manager**, Kingsgate, High Street, Redhill, Surrey RH1 1SH, United Kingdom. IMG Europe is authorised and regulated by the Financial Conduct Authority under registration number 302948. London Global S.r.l., trading as IMG Europe, is regulated by IVASS, Italy (A000620496) and the Financial Conduct Authority (849073).

We recognise the **Claims Administrators** as International Medical Administrators and Global Response, GlobeHopper Claims Department, PO Box 1114, Cardiff CF11 1UL, United Kingdom, who are appointed representatives of the **Policy Manager**.

CONTENTS

| | |
|--|----|
| INFORMATION YOU HAVE GIVEN US | 4 |
| IMPORTANT INFORMATION | 5 |
| DEFINITIONS | 9 |
| SCHEDULE..... | 18 |
| YOUR COVER | 21 |
| Section A: Medical Benefits | 21 |
| Section B: Additional Benefits..... | 24 |
| Section C: International Emergency Care and Assistance | 26 |
| EXCLUSIONS..... | 32 |
| GENERAL CONDITIONS | 38 |
| CLAIMS CONDITIONS | 42 |
| CLAIMS PROCEDURES | 46 |
| DATA PROTECTION | 48 |
| MAKING A COMPLAINT..... | 50 |
| REGULATORY INFORMATION | 51 |

INFORMATION YOU HAVE GIVEN US

We rely on **you** to provide **us** with complete and accurate information. **You** must take care to tell **us** about any facts or changes which affect the **Policy** and to provide complete and accurate answers to the questions **we** ask, when **you** take out, make changes to, or extend or renew the **Policy**. **You** must also tell **us** about any changes which occur during the **Period of Insurance**.

If **you** are not sure whether certain facts are relevant, **you** should ask the **Policy Manager**. If **you** do not tell **us** about relevant facts or changes when asked in **your Application**, or if **you** do not provide **us** with complete and accurate information, the **Policy** may be voided (treated as if it never existed), or may be cancelled, or may not provide full cover, or **your** claim under the **Policy** may be rejected or may not be paid in full.

It is important that:

- **You** check that the information **you** have given **us** is correct and accurate;
- **You** notify the **Policy Manager** as soon as practicable of any inaccuracies in the information **you** have given **us**;
- **You** check that the cover and benefits **you** have requested are included in the **Schedule**; and
- **You** comply with **your** duties under the **Policy**.

IMPORTANT INFORMATION

ASSISTANCE

Customer Service

If **you** have any questions about this **Policy**, or if **you** would like more information, please contact the **Policy Manager** at:

IMG Europe
Kingsgate
High Street
Redhill
Surrey RH1 1SH
United Kingdom
Telephone Number: +44 (0) 1737 306710
Fax Number: +44 (0) 1737 860600
E-mail: info@imgeurope.co.uk

CLAIMS

If **you** wish to make a claim under this **Policy**, please contact the **Claims Administrators** at:

International Medical Administrators
GlobeHopper Claims Department
PO Box 1114
Cardiff CF11 1UL
United Kingdom
Telephone Number: +44 (0) 2920 474 236
Fax Number: +44 (0) 2920 468 797
E-mail: IMGEuropeClaims@imgeurope.co.uk

There are certain Claims Conditions which **you** must comply with. Please refer to the Claims Conditions.

Medical Emergency Assistance

Medical emergency assistance is available 24 hours a day, 365 days a year to assist **you** where possible with any medical **Emergency** or **Emergency Medical Evacuation** covered under this **Policy**.

This service is provided by the **Claims Administrators**, who will liaise with **your Medical Practitioner** in arranging **your** admission to **Hospital**, **Emergency** ambulance transfers and air evacuations where this is **Medically Necessary**.

The 24-hour Medical Emergency Helpline is:

Telephone Number: +44 (0) 2920 474 235
Fax Number: +44 (0) 2920 468 797

You will need to provide the following information:

- Name of **Insured Person**;
- **Policy** number;

- Contact telephone number, fax number and/or e-mail;
- Location of **Insured Person**; and
- A description of the medical **Emergency**.

CANCELLATION

Your Cancellation Rights

You have a statutory right to cancel this **Policy** within 14 days from the date of purchase or renewal of the **Policy** or the day on which **you** receive the **Policy** or renewal documentation, whichever is the later (the cooling off period).

If **you** wish to cancel the **Policy** within the cooling off period:

- If **you** have not travelled, or made a claim, **you** will receive a full refund of the **Premium** paid;
- If **you** have travelled, but not made a claim, the amount of refund will be calculated proportionately for the time for which **you** have been covered based on the annual **Premium** paid; and
- If **you** have made a claim, **you** will not be entitled to any refund of the **Premium** paid.

For cancellation of the **Policy**, please contact:

IMG Europe
 Kingsgate
 High Street
 Redhill
 Surrey RH1 1 SH
 United Kingdom
 Telephone Number: +44 (0) 1737 306710
 Fax Number: +44 (0) 1737 860600
 E-mail: info@imgeurope.co.uk

If **you** do not exercise **your** statutory right to cancel the **Policy** within the cooling off period, the **Policy** will continue in force.

For **your** cancellation rights outside of the cooling off period, please refer to the General Conditions.

Our Cancellation Rights

For **our** cancellation rights, please refer to the General Conditions.

COMPLAINTS

If **you** wish to make a complaint regarding this **Policy**, please follow the procedure explained in the section for Making A Complaint.

DATA PROTECTION

For **our** privacy notice, please refer to the section for Data Protection.

EXCESSES

You may be required to pay the **Excess** before any benefits are paid under the **Policy**. Please refer to the **Schedule**.

EXCLUSIONS AND CONDITIONS

This **Policy** contains certain Exclusions, General Conditions and Claims Conditions. Please refer to these sections for more details.

COUNTRY OF HABITUAL RESIDENCE

There is no cover within **your Country of Habitual Residence** except as provided in the section Incidental Return Trip.

LAW AND JURISDICTION

Unless agreed otherwise, this **Policy** shall be governed by the law of England and Wales and shall be subject to the exclusive jurisdiction of the courts of England and Wales.

BENEFIT LIMITS

Most sections of the **Policy** have limits on the maximum amount **we** will pay up to. Please refer to the **Schedule**.

PRE-AUTHORISATION

For certain benefits under this **Policy**, **you** must contact the **Claims Administrator** for **Pre-Authorisation** before incurring any costs and **you** must follow the **Pre-Authorisation** procedure set out in the Claims Conditions.

This includes, but is not limited, to the following situations:

- **You** are to go into **Hospital** abroad as an **In-Patient** or **Day-Patient**; or
- **You** are to receive certain **Treatments**, services or medical supplies.

Please read the **Pre-Authorisation** requirements set out in the Claims Conditions carefully.

If **you** do not contact the **Claims Administrator** or follow the **Pre-Authorisation** procedure where this is required, coverage may be declined or **we** may not pay the full amount of **your** claim.

PRE-EXISTING MEDICAL CONDITIONS

There is no cover for any **Pre-existing Medical Conditions**.

Please read the **Pre-existing Medical Condition** Exclusions carefully as these explain what is excluded.

SPORTS AND OTHER LEISURE ACTIVITIES

You may not be covered when **you** take part in certain sports or activities where there is a high risk **you** may be injured. Please refer to the Medical Exclusions.

TREATMENT IN A HOSPITAL

This **Policy** contains additional benefits for **Insured Persons** who undergo **Treatment** in a **Hospital** that results in no costs or charges being paid by **you** or **us**. Please refer to the Additional Benefits section.

VISA REQUIREMENTS

You must have the appropriate visa in order to enter **your Host Country**. Failure to obtain a valid visa(s) may result in **you** being denied entry into **your Host Country** and invalidated **your Policy**.

WHO IS COVERED

This **Policy** only covers **Insured Persons, Spouses** and **Dependant Children** who, at the **Effective Date**, are:

- Aged 15 days of age or over;
- Under 70 years of age;
- A person who has legally entered the **Host Country** on a valid visa; and
- A person whose **Country of Habitual Residence** is the European Union.

DEFINITIONS

Certain words in this **Policy** have a specific meaning. Wherever words appear in bold in this **Policy**, they will have the meanings shown below.

Accident

Means a sudden, unintentional, unforeseen and unexpected incident caused by external, visible means and resulting in **Injury to you**.

Adventure Sports

Means activities undertaken for the purposes of recreation, an unusual experience or excitement. These activities are typically undertaken outdoors and involve a medium degree of risk.

Affected Area(s)

Means any and all countries, states, provinces, territories, cities or other areas experiencing ongoing transmission of an **Epidemic, Pandemic** or other disease outbreak, or **Natural Disaster**.

Against Medical Advice; Discharge Against Medical Advice

Means a term used with a patient who checks himself or herself out of a **Hospital** against the advice of their **Treating Medical Practitioner**, sometimes known as DAMA, **Discharge Against Medical Advice**.

AIDS

Means Acquired Immune Deficiency Syndrome.

Alcohol and Substance Abuse

Means misuse, illegal use, over use or abuse of, or a dependency on, or addiction to any alcohol, drugs, medicine, controlled substance, narcotic, toxin or chemical.

Amateur Athletics

Means an amateur or other non-professional sporting, recreational, or athletic activity that is organised, sponsored and/or sanctioned, and/or involves regular or scheduled practices, games and/or competitions. **Amateur Athletics** does not include activities that are engaged in by **you** solely for recreational, entertainment or fitness purposes.

Ancillary Charges

Means the charges made by a **Hospital** for particular services provided during the course of **In-Patient** or **Day-Patient Treatment**, such as charges for operating theatre, surgical appliances used by a **Specialist** during **Surgery** and special nursing requirements.

Application

Means the **Application** form and all amendments and accompanying information submitted by **you** or on **your** behalf for acceptance into, extension or renewal of cover under this **Policy**.

Area of Cover

Means the geographical area within which **you** are, or will be, travelling within and to which **your** cover is restricted, as selected by **you** in **your Application** as shown in the **Certificate of Insurance**.

The available Areas of Cover are:

- (1) Europe: Albania, Andorra, Armenia, Austria, Azerbaijan, Azores, Belgium, Belarus, Bosnia-Herzegovina, Bulgaria, Channel Islands, Corsica, Croatia, Cyprus, Czech Republic, Denmark (including Faroe Islands), Estonia, Finland, France (including Corsica), Georgia, Germany, Gibraltar, Greece (including Greek Islands), Hungary, Iceland, Ireland, Italy (including Aeolian Islands, Sardinia & Sicily), Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Malta, Moldova, Monaco, Montenegro, Netherlands, Norway (including Jan Mayen, Svalbard Islands), Poland, Portugal (including Azores & Madeira), Romania, Russia (West of Urals), San Marino, Serbia (including Kosovo), Slovakia, Slovenia,

Spain (including Balearic and Canary Islands), Sweden, Switzerland, Turkey, Ukraine, United Kingdom (including Great Britain, Northern Ireland and the Isle of Man) and Vatican City.

(2) Worldwide excluding USA.

(3) Worldwide.

Cancellation Date

Means the date specified in any Notice of Cancellation sent by **you** or **us**, or if there is no date specified, the date that the Notice of Cancellation is received by **us** (if sent by **you**) or received by **you** (if sent by **us**).

Certificate of Insurance

Means the document issued by **us** to **you** for this **Policy** showing **your** cover under this **Policy**, including the **Period of Insurance**, the **Area of Cover**, the level of cover and the **Excess**.

Chronic Condition

Means a **Medical Condition** which has at least 1 of the following characteristics:

- (1) It continues indefinitely and has no known cure;
- (2) It comes back or is likely to come back;
- (3) It is persistent or permanent;
- (4) **You** need to be rehabilitated or specially trained to cope with it; and/or
- (5) It needs long term monitoring, consultations, check-ups, examinations or tests.

Claims Administrator

Means the organisation(s) appointed by the **Policy Manager** to administer claims under the **Policy**. The appointed **Claims Administrators** are International Medical Administrators and Global Response. They act as the appointed representatives of the **Policy Manager**.

Co-insurance

Means the percentage of cost of a covered medical procedure or service paid by **you** after the **Excess** has been met.

Congenital Disorder

Means a physical abnormality that is present at birth.

Country of Habitual Residence

Means the country where **you** are a habitual resident and have **your** primary residence or usual place of abode.

Custodial Care

Means **Treatment**, services or care however described, that are designed primarily to assist an individual in activities of daily life.

Day-Patient

Means an **Insured Person** who is admitted to a **Hospital** solely to receive **Medically Necessary Treatment** for an **Injury** or **Illness**, occupies a bed and stays for a period of clinically-supervised recovery or **Treatment**, but does not stay in **Hospital** overnight.

Dental Treatment

Means **Treatment** and supplies relating to the care, maintenance or repair of teeth, gums or bones supporting the teeth, including dentures and preparation for dentures.

Dependant Child, Dependant Children

Means **your** or **your Spouse's** natural or adopted child, or step-child, who is:

- (1) Unmarried;
- (2) Living with **you** or **your Spouse**;
- (3) Depends on **you** or **your Spouse** for maintenance and support;
- (4) Under the age of 18 years; and
- (5) Listed on the **Certificate of Insurance**.

Drugs

Means **Medically Necessary Drugs** or medicines prescribed by a **Medical Practitioner** or **Specialist**.

Durable Medical Equipment

Means a standard basic **Hospital** bed, standard basic wheel chair, walkers, crutches and portable oxygen equipment.

Educational or Rehabilitative Care

Means care for restoration (by education or training) of a person's ability to function in a normal or near normal manner following an **Eligible Medical Condition**. It includes, but is not limited to, vocational or occupational therapy, and speech therapy.

Effective Date

Means the date shown on **your Certificate of Insurance** from which the **Period of Insurance** starts.

Elective

Means **Treatment** or **Surgery** that is elected by **you** or a **Medical Provider**, that is scheduled in advance, is not urgent, and does not involve a medical **Emergency**.

Eligible Charges

Means the **Reasonable and Customary Charges** for charges, costs, and expenses incurred by **you** during the **Period of Insurance** for **Treatment**, services or medical supplies which are **Medically Necessary** and which are directly related to an **Eligible Medical Condition**.

Eligible Medical Condition

Means any **Medical Condition** that is covered under this **Policy**.

Emergency

Means a **Medical Condition** manifesting itself by acute signs or symptoms which could reasonably result in placing **your** life or limb in danger if medical attention is not provided within 24 hours, based upon a reasonable medical certainty.

Emergency Local Ambulance Transport

Means transportation and accompanying care provided by designated, licensed, qualified, professional emergency personnel from the location of an **Accident** or acute **Illness** to a **Hospital** or other appropriate health care facility. **Emergency Local Ambulance Transport** does not include subsequent interfacility transfers of admitted patients.

Emergency Medical Evacuation

Means **Emergency** transportation provided by designated, licensed, qualified, professional emergency personnel from the **Hospital** or medical facility where **you** are located, to another **Hospital** or medical facility recommended by the attending **Medical Practitioner**.

Emergency Use Authorisation (EUA)

Means a temporary authorisation issued by the U.S. Food and Drug Administration (FDA) or the European Medicines Agency (EMA) to allow the use of unapproved medical product, service, a **Surgery** or surgical procedure, prescription medication, drug, biological product, **Durable Medical Equipment (DME)** or device; or by allowing an otherwise unapproved use or application of an approved medical product, service, **Surgery** or surgical procedure, prescription medication, drug, biological product, **Durable Medical Equipment (DME)** or device.

Endorsement

Means any exhibit, **Schedule**, attachment, amendment, or other document which is prepared by **us** and attached to, issued in connection with, accompanying or otherwise expressly made a part of or applicable to this **Policy**, the **Policy Terms**, the **Certificate of Insurance**, or the **Application**, as the case may be.

Epidemic

Means the occurrence of more cases of disease than expected in a given area or among a specific group of people over a particular period of time.

Excess

Means the amount that **you** are required to pay once every 12 months as specified in the **Schedule**.

Experimental

Any **Treatment** that includes completely new, untested drugs, procedures, or services, or the use of which is for a purpose other than the use for which they have previously been approved by the U.S. Food and Drug Administration (FDA) or the European Medicines Agency (EMA); new drug procedure or service combinations; and/or alternative therapies which are not generally accepted standards of current medical practice.

Expiry Date

Means the date shown on the **Certificate of Insurance** on which cover under this **Policy** expires.

Extended Care Facility

Means a facility licensed to provide full time skilled nursing care under the regular supervision of a **Medical Practitioner** and which provides each patient with active **Treatment** of a **Medical Condition**. It does not include a facility primarily for rest, the aged, **Treatment of Alcohol and Substance Abuse**, **Custodial Care**, or nursing care.

Extreme Sports

Means recreational activities involving a high degree of risk. These activities often involve speed, height, a high level of physical exertion, and/or highly specialised equipment and often carry the potential risk of serious or permanent physical **Injury** and even death.

Global Travel Warning

Means a published statement, warning or advisory, including any website document, issued by the World Health Organisation (WHO), United States Centers for Disease Control & Prevention (CDC), United States Department of State, United States Bureau of Consular Affairs, Public Health England, European Centre for Disease Prevention & Control or similar government or non-governmental agency of **your Country of Habitual Residence** or **Host Country**, warning that any global travel (travel anywhere) poses serious risks to health, safety and security or exposes **you** to a greater likelihood of life-threatening risks, including all United States Department of State global advisories or global warnings Levels "3 - reconsider travel" and "4 -do not travel" and CDC global advisories or global warnings Level "3 – avoid nonessential travel" or any higher level. For the avoidance of doubt, a **Global Travel Warning** covers all **Affected Areas**, including the United States of America and all of its territories.

Home Nursing Care

Means services and/or **Treatment** provided by a home health care agency and supervised by a registered nurse that are directed toward the convalescent care of a patient, provided always that such care is **Medically Necessary** and in lieu of **Medically Necessary In-Patient** care.

Hospice

Means an institution which is licensed by the state or country in which it operates; and operates primarily for the reception, care and palliative control of pain for terminally ill persons who have, as certified by a **Medical Practitioner**, a life expectancy of not more than 6 months.

Hospital

Means an institution which is licensed by the state or country in which it operates; and operates primarily for the reception, care, and **Treatment** of sick or injured persons as **In-Patient**; and provides 24-hour nursing service by registered nurses on duty or call; and has a staff of 1 or more **Medical Practitioners** available at all times; and provides organised facilities and equipment for diagnosis and **Treatment** of **Medical Conditions**, or **Mental or Nervous Disorders** on its premises. **Hospital** does not include a place that is primarily a long-term care facility, **Extended Care Facility**, or a nursing, rest, or convalescent home, or a place for the aged, the **Treatment** of **Alcohol and Substance Abuse**, or runaways or similar establishment.

Hospitalisation; Hospitalised

Means confined and/or treated in a **Hospital** as an **In-Patient**.

Host Country

Means the country, other than **your Country of Habitual Residence**, where **you** are travelling to or in.

Illness

Means any physical sickness, disorder, infection, symptom or disease. It does not include learning disabilities, attitudinal or disciplinary problems, or any **Mental or Nervous Disorder**. All **Illnesses** which exist simultaneously, or which arise after a prior **Illness**, that are directly or indirectly related to the same cause, shall be considered 1 **Illness**.

Implant

Means any device, object, or medical item that is surgically embedded, inserted, or installed for medical purposes within or on a patient's body, including for orthotic or prosthetic reasons.

Injury

Means physical bodily **Injury** resulting or arising directly from an **Accident**. All **Injuries** arising from the same **Accident** shall be considered as a single **Injury**.

In-Patient

Means a person who has been admitted to and charged by a **Hospital** for bed occupancy for purposes of receiving **In-Patient Hospital** services. Generally, a patient is considered an **In-Patient** if billed by the **Hospital** for charges as an **In-Patient**, and formally admitted as an **In-Patient** with the expectation he/she will occupy a bed and (a) remain at least overnight or (b) is expected to need **Hospital** care for 24 hours or more.

Insured Person, you, your

Means the person who is insured under this **Policy** as named in the **Certificate of Insurance**.

Insurers, we, us, our

Means Sirius International Insurance Corporation UK Branch, Floor 4, 20 Fenchurch Street, London EC3M 3BY, UK, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under registration number 202912.

Intensive Care Unit

Means an area of a **Hospital** set up for very ill or seriously injured patients who must be closely, constantly monitored. The unit must have specially trained staff and special equipment and supplies at all times. **Intensive Care Unit** includes a cardiac care unit and special care unit, such as a neonatal care unit and burn unit.

Investigational

Means any **Treatment** that includes drugs, procedures, or services that are still in the clinical stages of evaluation and not yet approved for use by the U.S. Food and Drug Administration (FDA) or European Medicines Agency (EMA) including an **Emergency Use Authorisation** by the FDA or EMA.

Maximum Limit

Means the total amount of payments available to an **Insured Person** during the **Period of Insurance** under this **Policy** as shown in the **Schedule**.

Medical Condition

Means any **Illness** or **Injury**.

Medically Necessary, Medical Necessity

Means a **Treatment**, service or supply which is necessary, appropriate and required for the diagnosis or **Treatment** of an **Eligible Medical Condition**.

Medical Practitioner

Means a qualified **Medical Practitioner** who is duly educated, trained and licensed by the country in which the **Treatment** is provided, who is acting within the scope of such licence, and who is not **you**, a **Relative** or a person who resides or has resided in **your** home.

Mental or Nervous Disorder

Means any mental, nervous or emotional illness which is an illness of the brain with predominant behavioural symptoms; an illness of the mind or personality; or an illness or disorder evidenced by socially deviant behaviour. It includes any disease or condition that is classified as a Mental Disorder by the World Health Organisation. It does not include learning disabilities, attitudinal or disciplinary problems, or **Alcohol and Substance Abuse**.

Mortal Remains

Means **your** bodily remains or ashes.

Natural Disaster

Means flood, drought, tidal wave, fire, hurricane, earthquake, windstorm or other storm, landslide or other natural catastrophe or event resulting in human migration for safety.

Network Provider

Means **Medical Practitioners** or medical facilities contracted with the **Policy Administrator** to provide services for specific pre-negotiated rates.

Newborn

Means an infant born from **you** or **your Spouse** from the moment of birth through the first 31 days of life.

Non-Elective

Means **Treatment** or **Surgery** that is urgent or essential to the survival of the patient.

Out-Patient

Means **Medically Necessary Treatment** by a **Medical Practitioner** or other healthcare provider that does not require an overnight stay in a **Hospital**, nor is admitted as an **In-Patient** or **Day-Patient**, regardless of the hour that the person arrived at the **Hospital**, whether a bed was used, or whether the person remained in the **Hospital** past midnight.

Pandemic

Means a global outbreak of a disease.

Period of Insurance

Means the period starting on the **Effective Date** and ending on the **Expiry Date** or the **Cancellation Date**, whichever is the earlier as stated on the **Certificate of Insurance**. The **Period of Insurance** can be no less than 30 days and no more than 12 consecutive months.

Policy

Means the contract of insurance between **you** and **us**. It consists of this **Policy** wording, the **Schedule**, the **Certificate of Insurance**, the **Application** and any **Endorsements**.

Policy Administrator

Means the organisation appointed by **us** to administer the **Policy**. The appointed **Policy Administrator** is International Medical Group, Inc. and acts solely as the disclosed and authorised agent and representative for **us** and on **our** behalf, and has and shall have no direct, indirect, joint, several, separate, individual, or independent liability or obligation of any kind whatsoever under the **Policy**.

Policy Limit

Means the maximum total amount of benefit payments or reimbursements available to **you** under the **Policy**, including any renewals or extensions.

Policy Manager

Means the organisation appointed to act as coordinator between the **Policy Administrator** and **us**. The **Policy Manager** is also an authorised agent for **us** and on **our** behalf for the purposes of: receiving **Premiums**; receiving and holding claims money prior to transmission; and receiving and holding **Premium** refunds. The appointed **Policy Manager** is London Global S.r.l. trading as IMG Europe, Kingsgate, High Street, Redhill, Surrey RH1 1SH, United Kingdom, and it has and shall have no direct, indirect, joint, several, separate, individual, or independent liability or obligation of any kind under the **Policy**.

Pre-Authorisation, Pre-Authorised

Means the process which **you** have to undergo before incurring costs or obtaining **Treatment**, service or supply for certain benefits under this **Policy**.

Pre-existing Medical Condition

Means any **Medical Condition** or any chronic, subsequent or reoccurring complication or consequence associated with or arising from any symptoms or **Medical Condition** where, at any time prior to the original **Effective Date** any of the following has occurred:

- (1) Medication (including **Drugs**, medicines, special diets, injections or other forms of medication), advice or **Treatment** was sought by, recommended for or received by **you**; and **you** were aware or should reasonably have been aware **you** had the **Medical Condition**;
- (2) **You** have experienced or displayed symptoms, where **you** were aware or should reasonably have been aware **you** had the **Medical Condition**;
- (3) **You** were aware or should reasonably have been aware **you** had the **Medical Condition**; whether or not:
 - (a) The **Medical Condition** has been investigated or diagnosed on or at any time prior to the original **Effective Date**;
 - (b) The **Medical Condition** was known or unknown to be connected to or related to the medication, advice or **Treatment** referred to in paragraph (1) above, or to the symptoms referred to in paragraph (2) above;
 - (c) The **Medical Condition** was historical or dormant; or
 - (d) The **Medical Condition** was disclosed on the **Application** or any claim form or otherwise.

Pregnancy

Means the process of growth and development within a woman's reproductive organs of a new individual from the time of conception through the phases where the embryo grows and foetus develops to birth.

Premium

Means the payment due from **you** in the amount shown on the **Certificate of Insurance**.

Public Health Emergency of International Concern

Means a formal declaration by the World Health Organisation (WHO) of an extraordinary event which is determined to constitute a public health risk through the international spread of disease, **Epidemic, Pandemic** and potentially requires a coordinated international response.

Reasonable and Customary Charges

Means in **our** sole discretion, the reasonable and customary amount charged for similar **Treatment**, services, or medical supplies within the area in which the charge is incurred.

Relative

Means **your Spouse**, partner, fiancé or fiancée, child, son or daughter in law, parent, step parent, parent in law, legal guardian, grandparent, grandchild, sibling, brother or sister in law, or immediate family member.

Renewal Date

Means 12 months from **your** first **Effective Date** on which the **Policy** may be renewed.

Routine Physical Examination

Means an examination of the physical body by a **Medical Practitioner** for preventative or informative purposes only, and not for the **Treatment** of any previously manifested, symptomatic, diagnosed or known **Illness** or **Injury**.

Schedule

Means the schedule of benefits, coverage, and limits of cover contained in this **Policy** wording.

Self-Inflicted

Means an action or inaction by **you** that **you** consciously understand will or may cause or contribute, directly or indirectly, to **your Injury** or **Illness**. **Self-Inflicted** specifically includes failure of **you** to follow **your Medical Practitioner's** orders, complete prescriptions as directed, or follow any health care protocol or procedures designed to return or maintain **your** health.

Specialist

Means a registered **Medical Practitioner**, skilled in a generally accepted medical or surgical specialty or subspecialty, who currently holds a substantive consultant appointment in that **Specialty**, which is recognised as such by the statutory bodies of the relevant country.

Spouse

Means **your** spouse or domestic partner. Such relationship must have met all requirements of a valid marriage contract, domestic partnership, or civil union where the parties' ceremony was performed.

Surgery

Means a generally accepted invasive diagnostic or operative procedure or **Treatment** of a **Medical Condition** by manual or instrumental operations performed by a **Medical Practitioner** whilst **you** are under general or local anaesthesia.

Teleconsultation

Means **Treatment** of an **Illness** or **Injury** involving the **Insured Person** and a **Medical Practitioner** at different locations, and who are connected by video, audio and computers.

Telehealth

Means the distribution of health-related services and information via electronic information and telecommunication technologies. It allows long-distance patient and clinician contact, care, advice, reminders, education, intervention, monitoring, and remote admissions.

Telemedicine

Means a process where an **Insured Person** is teleconferenced for a **Teleconsultation** with a qualified **Medical Practitioner** but is attended at the remote point by a **Telepresenter**. This **Telepresenter** may be equipped with either an exam camera or a stethoscope, and possibly other medical equipment as well, for the purpose of using

those medical devices to gather and relay data to the **Medical Practitioner's** office or to the **Treating Medical Practitioner**.

Telepresenter

Means a medical assistant who is present with the **Insured Person** during a **Teleconsultation** led by a remote **Medical Practitioner**.

Terms

Means terminology, provisions, conditions, definitions, limits, sub-limits, limitations, wordings, restrictions, qualifications and/or exclusions.

Terrorism

Means an act or series of acts, including but not limited to, the use of force or violence and/or threat of, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s), committed for political, religious or ideological purposes, including any intention to influence any government and/or to put the public in fear for such purposes.

Travel Warning, Emergency Travel Advisory, Travel Advisory

Means a published statement, warning or advisory, including any website document, issued by the World Health Organisation (WHO), United States Centers for Disease Control & Prevention (CDC), United States Department of State, United States Bureau of Consular Affairs, Public Health England, European Centre for Disease Prevention & Control or similar government or non-governmental agency of the **Insured Person's Country of Habitual Residence** or **Host Country**, warning that travel to **Affected Areas** poses serious risks to health, safety and security or exposes the **Insured Person** to a greater likelihood of life-threatening risks, including all United States Department of State Travel Advisories or Warnings Levels "3 - reconsider travel" and "4 -do not travel" and CDC Travel Advisories or Warnings Level "3 – avoid nonessential travel" or any higher level. For the avoidance of doubt, a **Travel Warning** covers all specified **Affected Areas**, including the United States of America as applicable.

Treat, Treating, Treatment

Means any and all undertakings, services and/or procedures rendered for the management or care of **you** for the purpose of identifying, testing for, analysing, diagnosing, **Treating**, curing, resolving, preventing, monitoring, attending to, caring for, controlling and/or combatting any **Eligible Medical Condition** or the symptoms or manifestations of it, including but not limited to verbal or written advice, consultation, examination, discussion, diagnostic or laboratory testing or evaluation of any kind, pharmacotherapy or other medication, and/or **Surgery**.

Tropical Disease

Means any infectious disease that occurs solely, or principally, in the tropics and thrive in hot, humid climates.

Virtual Physician Visit

Means a live consultation conducted over the internet or phone between a **Medical Practitioner** and the **Insured Person**.

Worsening

Means deterioration of an **Insured Person's** medical condition, symptoms or diagnosis that may lead to further complications following a **Discharge Against Medical Advice** or an increased likelihood or need for readmission.

SCHEDULE

Subject to the **Terms of your Policy** and if no other limitations apply, after deduction of any **Excesses**, we will pay **Eligible Charges** for **Medically Necessary Non-Elective Treatment** up to the **Maximum Limit** per **Insured Person** per **Period of Insurance**, as shown on your **Certificate of Insurance**.

All **Maximum Limits** and **Excesses** in this table are set in Pounds, Euros and US Dollars. The currency in which you pay your **Premium**, being either Pounds, Euros or US Dollars, is the currency that applies to your **Policy** for the purposes of the **Maximum Limits** and **Excesses**.

| Period of Insurance | 12 months | | |
|--|---|----------|-------------|
| Maximum Limit options <ul style="list-style-type: none"> • Per Insured Person • Per Period of Insurance • As shown on your Certificate of Insurance | £60,000 | €75,000 | \$100,000 |
| | £150,000 | €200,000 | \$250,000 |
| | £300,000 | €400,000 | \$500,000 |
| | £600,000 | €800,000 | \$1,000,000 |
| £60,000/€75,000/\$100,000 Maximum Limit option only available for Area 1 and 2 | | | |
| Excess options <ul style="list-style-type: none"> • Per Insured Person • Per Period of Insurance • As shown on your Certificate of Insurance | £0 | €0 | \$0 |
| | £60 | €75 | \$100 |
| | £150 | €200 | \$250 |
| | £300 | €400 | \$500 |
| Treatment in the United States <ul style="list-style-type: none"> • Co-insurance in addition to Excess | Treatment received through a Network Provider will be paid at 90% for the first £3,000/€4,000/\$5,000 of Eligible Charges then plan pays full cover | | |
| | Treatment <u>not</u> received through a Network Provider will be paid at 80% for the first £3,000/€4,000/\$5,000 of Eligible Charges then plan pays full cover | | |
| Area of Cover options <ul style="list-style-type: none"> • As shown on your Certificate of Insurance • Refer to Area of Cover definition for further details | Area 1: Europe Area 2: Worldwide excluding USA Area 3: Worldwide | | |
| Coverage Duration options | 30 days to 12 months | | |
| Extension / Renewal options | Incrementally extendable from 5 days until reaching a maximum of 24 months | | |
| Pre-existing Medical Conditions | No Cover | | |
| Pre-Authorisation | | | |
| <p>*Pre-Authorisation must be obtained before any of the following Treatment, service or medical supply:</p> <ul style="list-style-type: none"> • In-Patient or Day-Patient admission in Hospital; • Treatment, services or medical supplies of any kind in Hospital; • Surgery in Hospital or in a surgical centre; • Out-Patient MRI and CAT scans, echocardiograph, endoscopy, gastroscopy, colonoscopy and cystoscopy; • Care in a licensed Extended Care Facility; • Home Nursing Care; • Physiotherapy; • Durable Medical Equipment; • Emergency Medical Evacuation; and • Mortal Remains. <p>*Except in the case of Emergency admission to a Hospital.</p> | | | |

| Section A: Medical Benefits | |
|---|--|
| Maximum Limits are per Period of Insurance unless otherwise stated | |
| Hospitalisation / Room & Board | Full Cover |
| Intensive Care Unit | Full Cover |
| Medical Expenses | Full Cover |
| Out-Patient Medical Expenses | Full Cover |
| Emergency Local Ambulance Transport | Full Cover |
| Prescription Drugs <ul style="list-style-type: none"> • Maximum supply of 90 days per prescription | <p>If you selected Maximum Limit option £60,000/€75,000/\$100,000, the Prescription Drugs Maximum Limit is £15,000/€20,000/\$25,000</p> <p>If you selected Maximum Limit option £150,000/€200,000/\$250,000 the Prescription Drugs Maximum Limit is £30,000/€40,000/\$50,000</p> <p>If you selected Maximum Limit option £300,000/€400,000/\$500,000, the Prescription Drugs Maximum Limit is £150,000/€200,000/\$250,000</p> <p>If you selected Maximum Limit option £600,000/€800,000/\$1,000,000, the Prescription Drugs Maximum Limit is £150,000/€200,000/\$250,000</p> |
| Emergency Room – Accident and Emergency | Full Cover |
| Dental Treatment - Injury due to an Accident | Full Cover |
| Dental Treatment - Sudden Dental Pain | Up to £90/€115/\$150 |
| Section B: Additional Benefits | |
| Maximum Limits are per Period of Insurance unless otherwise stated | |
| Hospital Cash Benefit | Up to £60/€75/\$100 Up to a Maximum of 14 nights Nil Excess |
| Incidental Return Trip | Full cover up to a cumulative period of 2 weeks within a 12-month Period of Insurance Subject to Excess |
| Identity Theft Assistance | Up to £300/€400/\$500 |
| Terrorism | Full Cover |
| Section B: Additional Benefits | |
| Maximum Limits are per Period of Insurance unless otherwise stated | |
| Personal Accident | |
| Up to the principal sum of £16,000/€20,000/\$25,000 Nil Excess | |
| Death <ul style="list-style-type: none"> • Age at point of death | <ul style="list-style-type: none"> • 15 days to 16 years of age: £3,000/€3,750/\$5,000 • 17 to 65 years of age: £16,000/€20,000/\$25,000 • 66 to 70 years of age: £6,000/€7,500/\$10,000 |

| Section B: Additional Benefits | |
|---|---|
| Maximum Limits are per Period of Insurance unless otherwise stated | |
| Personal Accident | |
| Loss of sight/Loss of Limb | <ul style="list-style-type: none"> • 15 days to 16 years of age: £3,000/€3,750/\$5,000 • 17 to 65 years of age: <ul style="list-style-type: none"> ○ Sight of 1 eye: £8,000/€10,000/\$12,500 ○ 1 hand or 1 foot: £8,000/€10,000/\$12,500 ○ 1 hand and sight of 1 eye: £16,000/€20,000/\$25,000 ○ 1 foot and sight of 1 eye: £16,000/€20,000/\$25,000 ○ 1 hand and 1 foot: £16,000/€20,000/\$25,000 ○ Both hands or both feet: £16,000/€20,000/\$25,000 ○ Sight of both eyes: £16,000/€20,000/\$25,000 • 66 to 70 years of age: £3,000/€3,750/\$5,000 |
| Section C: International Emergency Care and Assistance | |
| Maximum Limits are per Period of Insurance unless otherwise stated | |
| Emergency Medical Evacuation | Up to £300,000/€400,000/\$500,000 Policy Limit |
| Emergency Reunion | Up to £30,000/€40,000/\$50,000 |
| Cremation/Burial or Repatriation of Remains | Up to £30,000/€40,000/\$50,000 |
| Return of Dependant Children | Up to £30,000/€40,000/\$50,000 |
| Security and Political Evacuation | Up to £6,000/€7,500/\$10,000 |
| Natural Disaster Evacuation and Accommodation | Up to £60/€75/\$100 per day Up to a maximum of 5 days |

INSURING CLAUSE

If **we** accept **your Application**, in return for payment of the **Premium** shown in the **Certificate of Insurance**, **we** agree to provide **you**, subject to the **Terms** and conditions contained in or endorsed on this **Policy**, with the cover and benefits described in this **Policy**.

YOUR COVER

Section A: Medical Benefits

The **Effective Date** for cover under the Medical Benefits section is the **Effective Date** as shown on the **Certificate of Insurance**.

We will pay **Eligible Charges** for **Medical Necessary Non-Elective Treatment** for the Medical Expenses set out below in respect of an **Eligible Medical Condition** suffered or sustained by the **Insured Person** during the **Period of Insurance**.

1. Hospital Room and Board

What is Covered

We will pay for **Eligible Charges** for **Hospital** accommodation, food and nursing.

What is Not Covered

We will not pay for unbundled services or personal items such as telephone calls, newspapers and guest meals.

2. Intensive Care

What is Covered

We will pay for **Eligible Charges** for **Hospital** accommodation, food, **Medical Practitioner** services, services and medical supplies routinely provided in an **Intensive Care Unit**.

3. Medical Expenses

What is Covered

We will pay for **Eligible Charges** for:

- (1) Charges incurred at a **Hospital** for:
 - (a) Use of operating theatre, **Treatment** room or recovery room; or
 - (b) Services and medical supplies routinely provided by the **Hospital** to **In-Patients** or **Day-Patients**.
- (2) **Treatment**, services, medical supplies, and **Ancillary Charges** provided by **Medical Practitioners**, Consultants, Surgeons, Anaesthetists, Nurses.
- (3) Charges incurred for:
 - (a) Dressings, suture, casts or other medical supplies;

- (b) X-rays, pathology, diagnostic testing and procedures (including radiology, ultra sonographic or laboratory services);
- (c) **Implant** devices;
- (d) Basic functional artificial limbs, eye or larynx or breast prostheses;
- (e) Haemodialysis and **Eligible Charges** by a **Hospital** for processing and administration of blood or blood components;
- (f) Oxygen and other gasses and their administration;
- (g) Anaesthetics and their administration by a **Medical Practitioner**;
- (h) Care in a licensed **Extended Care Facility** following direct transfer from a **Hospital** in which **you** were an **In-Patient** provided that this has been **Pre-Authorised**;
- (i) **Home Nursing Care** provided to **you** while in bed in **your** home by a **Home Nursing Care** agency under the supervision of a registered nurse, provided that:
 - (i) The **Home Nursing Care** is recommended by a **Medical Practitioner**;
 - (ii) The **Home Nursing Care** agency regularly engages in providing such care;
 - (iii) The **Home Nursing Care** is immediately received after **Treatment** as an **In-Patient** or **Day-Patient**; and
 - (iv) The **Home Nursing Care** is **Pre-Authorised**;
- (j) **Hospice** care;
- (k) Chiropractic **Treatment** ordered in advance by a **Medical Practitioner** and performed by a licensed therapist practising within the scope of their license;
- (l) Physiotherapy performed by a professional Physiotherapist, which is necessarily incurred to continue recovery from an **Eligible Medical Condition**, provided that:
 - (i) The physiotherapy is prescribed in advance by a **Medical Practitioner**;
 - (ii) The physiotherapy is restricted to 10 visits per **Eligible Medical Condition**, after which it must be reviewed by a **Medical Practitioner** and subsequently **Pre-Authorised**; and
- (m) Any rental of **Durable Medical Equipment**, up to the purchase price, which is prescribed by a **Medical Practitioner**, provided that it has been **Pre-Authorised**;
- (n) a Teleconsultation or Virtual Physician Visit.

What is Not Covered

We will not pay for:

- (1) Charges by or for an assistant Surgeon which exceed the primary Surgeon's charges.
- (2) Standby availability of a **Medical Practitioner**.

(3) Charges incurred for:

- (a) Psychometric, behavioural and educational testing;
- (b) **Implant** devices which exceed the established invoice price and/or list price; or
- (c) Replacement or repair of basic functional artificial limbs, eye or larynx or breast prostheses.

4. Out-Patient Medical Expenses

What is Covered

We will pay for **Eligible Charges** for **Out-Patient** Medical Expenses, including **Out-Patient Surgery** (including services and medical supplies), MRI and CAT scans, echocardiograph, endoscopy, gastroscopy, colonoscopy and cystoscopy.

Conditions

We will only pay **Eligible Charges** for **Treatment**, services or medical supplies which is/are:

- (1) Undertaken or **provided** by a recognised medical facility; and
- (2) **Pre-Authorised**.

5. Emergency Local Ambulance Transport

We will pay for **Eligible Charges** for **Emergency Local Ambulance Transport** to a **Hospital**, provided that:

- (1) The **Emergency Local Ambulance Transport** is determined **Medically Necessary** by a **Medical Practitioner** to **Treat** an **Eligible Medical Condition**; or
- (2) The **Emergency Local Ambulance Transport** use for an **Illness** results in an **In-Patient or Day-Patient Hospital** admission.

6. Prescription Drugs

What is Covered

We will pay for **Eligible Charges** for **Drugs** which are prescribed by a **Medical Practitioner** for **Treatment** of an **Eligible Medical Condition** for a maximum supply of 90 days of a single prescription.

7. Emergency Room - Accident and Emergency

What is Covered

We will pay for **Eligible Charges** for **your** use of the **Emergency** Room for **Treatment** of an **Injury** following an **Accident**.

We will pay for **Eligible Charges** for **your** use of the **Emergency** Room for **Treatment** of an **Illness** that is an **Eligible Medical Condition**.

8. Dental Treatment - Injury Due to Accident

What is Covered

We will pay for **Eligible Charges** for **Emergency Dental Treatment** and dental **Surgery** which is necessary to restore or replace natural teeth lost or damaged in an **Accident** covered under this **Policy**.

Conditions

We will only provide cover under this section for Dental – **Injury** Due to **Accident** if the **Treatment** or **Surgery** is received within 5 days from the date of the **Accident**. This condition does not apply where the loss or damage has been caused through eating.

9. Dental Treatment - Sudden Dental Pain

What is Covered

We will pay for **Eligible Charges** for **Emergency Dental Treatment** provided by a **Medical Practitioner** or dental practitioner for **Treatment** which is necessary for the express relief of sudden and unexpected pain in natural teeth, including, but not limited to fillings.

10. Public Health Emergency

In the event of a **Public Health Emergency of International Concern, Epidemic, Pandemic**, other disease outbreak, or **Natural Disaster**, that may affect an **Insured Person's** health, we will cover any **Illness** or **Injury** incurred during the **Period of Insurance** and caused by the **Public Health Emergency of International Concern, Epidemic, Pandemic**, other disease outbreak, or **Natural Disaster** when, prior to the issuance of a **Travel Warning** for the **Host Country** or a **Global Travel Warning**:

- (1) the **Effective Date** has occurred; and
- (2) **you** have arrived in **your Host Country** or **Affected Area**.

In the event that the applicable **Travel Warning** is removed for the **Host Country** or **Affected Area**, coverage for an **Illness** or **Injury** incurred during the **Period of Insurance** after the **Travel Warning** is removed, which was caused by the **Public Health Emergency of International Concern, Epidemic, Pandemic**, other disease outbreak, or **Natural Disaster** will be considered by **us** the same as any other **Illness** or **Injury**, subject to all other **Terms** and conditions of this **insurance**.

Section B: Additional Benefits

1. Hospital Cash Benefit

If **you** are admitted to a **Hospital** as an **In-Patient** and **you** receive **Treatment**, service or supply for an **Eligible Medical Condition** and no costs are incurred by **you** or **us** for the accommodation and/or the **Treatment**, service or supply, **we** will pay **you** a cash benefit up to the amount and maximum number of nights in **Hospital** per **Period of Insurance** as shown on the **Schedule**. No **Excess** applies to this benefit.

To claim this benefit, please ask the **Hospital** concerned to sign and stamp **your** claim form.

2. Incidental Return Trip

What is Covered

We will provide **you** with cover under this **Policy** for incidental return trips to **your Country of Habitual Residence** for up to a maximum cumulative period of 14 days during the **Period of Insurance**, starting from the date that **you** first arrive back in **your Country of Habitual Residence**.

Conditions

The following conditions apply to Incidental Return Trip:

- (1) **You** have departed **your Country of Habitual Residence** before any incidental return trip.
- (2) **You** have paid **Premium** for at least 30 days of continuous cover.
- (3) The intention or purpose of **your** incidental return trip to **your Country of Habitual Residence** is not to receive **Treatment**, service or supply for an **Illness** or **Injury** incurred or sustained while travelling outside of **your Country of Habitual Residence**.
- (4) **Your** incidental return trip to **your Country of Habitual Residence** does not result in **you** receiving **Treatment**, service or supply for an **Illness** or **Injury** incurred or sustained while travelling outside of **your Country of Habitual Residence**.
- (5) At the start of the incidental return trip to **your Country of Habitual Residence**, **you** planned to depart the **Country of Habitual Residence** within less than 15 days from the date of arrival to their **Host Country**.
- (6) There is no cover after the **Expiry Date** or the **Cancellation Date**, whichever is the earlier.

3. Identity Theft Assistance

What is Covered

In the event **your** identity is stolen during the **Period of Insurance**, **we** will provide cover for **Reasonable and Customary Charges** for:

- (1) Re-filing loan or other credit applications that are rejected solely as a result of **your** identity being stolen;
- (2) Notarisation of legal documents, including replacement driving licenses, long distance telephone calls and postage that has been solely incurred as a result of reporting, amending and/or rectifying records;
- (3) Up to 3 credit reports obtained from a credit reference agency within 1 year of **your** identity being stolen; and
- (4) Stopped payment orders placed on missing or unauthorised cheques as a result of **your** identity being stolen.

Cover under this section for Identity Theft Assistance is not subject to any **Excess**.

What is Not Covered

We will not provide cover if **your** identity is stolen by a **Relative**.

4. Terrorism

What is Covered

If **you** are admitted to a **Hospital** as an **In-Patient** or **Day-Patient** for **Treatment** an **Illness** or **Injury** as a result of an act of **Terrorism**, **we** will pay **Eligible Charges** up to the amount shown in the **Schedule**, provided that **you** were an innocent bystander.

What is Not Covered

We will not pay for:

- (1) Any **Treatment** for an **Illness** or **Injury** as a result of **your** active and voluntary planning or co-ordination of or participation in any act of **Terrorism**;
- (2) Any act of **Terrorism** that takes place in a location, area, territory or country for which the government of **your Country of Habitual Residence** has issued a **Travel Warning** that travel there is hazardous and not advised, where such warning was in effect on or within 6 months prior to **your** date of arrival there; or
- (3) Any act of **Terrorism** that takes place in a location, area, territory or country for which the government of **your Country of Habitual Residence** has issued a **Travel Warning** that travel there is hazardous and not advised, where such warning becomes effective or is in effect on or after **your** date of arrival there and **you** unreasonably fail or refuse to heed such warning and remain there.

5. Personal Accident

What is Covered

If **you** suffer an **Injury** due to an **Accident** that occurred outside of **your Country of Habitual Residence** during the **Period of Insurance** which directly and solely results in **your** death, loss of sight, or loss of limb within 12 months of the **Accident**, **we** will pay **you** or upon **your** death, **your** authorised personal representatives or estate, up to the amount shown in the **Schedule**.

Cover under this section for Personal **Accident** is not subject to any **Excess**.

Conditions

The following conditions apply to Personal Accident:

- (1) **We** will not pay more than the principal sum shown in the **Schedule** for all deaths and losses resulting from any one **Accident**.
- (2) The loss of a hand or foot means the complete severance at or above the wrist or ankle joint.
- (3) The loss of sight means the entire and irrecoverable loss of sight.

Section C: International Emergency Care and Assistance

We will pay the benefits set out below which must be co-ordinated through and arranged by the **Claims Administrator** for cover to apply under this section.

1. Emergency Medical Evacuation

What is Covered

We will provide cover for the **Reasonable and Customary Charges** arising out of, or in connection with **your Emergency Medical Evacuation** taking place during the **Period of Insurance**, for the following:

- (1) **Emergency** air transportation to a suitable airport for the nearest appropriate medical facility within **your Area of Cover** for **you** to be admitted to a **Hospital** where **you** will receive **Medically Necessary Treatment**, service or supply directly related to an **Eligible Medical Condition**;
- (2) **Emergency** ground transportation necessarily preceding the **Emergency** air transportation, and from the destination airport to the **Hospital** where **you** will receive such **Treatment**, service or supply; and
- (3) After **you** are released by the attending **Medical Practitioner**, return ground and air transportation to the country where the evacuation initially occurred, or to **your Country of Habitual Residence**, at **your** option.

Conditions

The following conditions apply to **Emergency Medical Evacuation**:

- (1) **We** will only provide cover for **Emergency Medical Evacuation** if:
 - (a) **Your Eligible Medical Condition** is an **Emergency**;
 - (b) The **Eligible Medical Condition** causing the **Emergency Medical Evacuation**:
 - (i) Is covered under this **Policy**;
 - (ii) Occurred suddenly and/or spontaneously without:
 - a. Advance warning;
 - b. Advance **Treatment**, diagnosis or recommendation for **Treatment** by a **Medical Practitioner**; or
 - c. Any prior manifestation of symptoms or conditions which would have caused a prudent person to seek medical attention prior to the onset of the **Emergency**;
 - (c) **You** are physically present in the **Host Country** at time of the requested **Emergency Medical Evacuation**
 - (d) **Your** attending **Medical Practitioner** confirms to **us** that:
 - (i) The **Emergency Medical Evacuation** is recommended;
 - (ii) The **Medically Necessary Treatment**, service or supply for **your Eligible Medical Condition** is not available locally; and
 - (iii) Based on reasonable medical certainty, transportation by any other method may result in loss of **your** life or limb within 24 hours;
 - (e) **You** or **your Relative** agree to the **Emergency Medical Evacuation**;

- (f) The **Emergency Medical Evacuation** is **Pre-Authorised** and has been approved by the **Claims Administrator** prior to transportation; and
 - (g) All arrangements are approved and co-ordinated by the **Claims Administrator**.
- (2) Transportation will be limited to economy class unless it is **Medically Necessary** to do otherwise.
 - (3) The **Claims Administrator** will arrange **Emergency Medical Evacuation** only to the nearest **Hospital** that is qualified to provide the **Medically Necessary Treatment**, service or supply to prevent **your** loss of life or limb.
 - (4) **You** may select a different **Hospital** in **your Country of Habitual Residence**. If **you** do so:
 - (a) **You** shall be responsible for all costs and expenses in excess of the amounts that would have been incurred had the nearest qualified **Hospital** been used;
 - (b) The attending **Medical Practitioner**, and either **you** or **your Relative**, shall confirm to the **Claims Administrator** in writing that **you** understand and agree **your** responsibility for the excess costs and expenses; and
 - (c) The necessary arrangements for the **Emergency Medical Evacuation** shall still be made by the **Claims Administrator**.
 - (5) **You** shall co-operate fully with **us** including the **Policy Administrator** and the **Claims Administrators**.
 - (6) If **you** fail to co-operate or if **you** do not use or accept the **Emergency Medical Evacuation** once it has been arranged by the **Claims Administrator**:
 - (a) **You** will reimburse **us** for any costs and expenses incurred for any **Emergency Medical Evacuation** that was arranged but not used by **you**; and
 - (b) **You** may be required to pay for any subsequent **Emergency Medical Evacuation** and/or associated costs and expenses.

Disclaimer

We will use **our** best efforts to arrange with independent third party contractors any **Emergency Medical Evacuation** within the least amount of time reasonably possible.

However, the timeliness, duration and outcome of an **Emergency Medical Evacuation** may be affected by events and/or circumstances which are not within **our** direct control or supervision, including but not limited to availability and performance of competent transportation equipment and staff; delays or restrictions on flights or other modes of transportation caused by mechanical problems, government officials, telecommunication problems, non-availability of routes and/or other travel, geographical or weather conditions; and other acts of God and unforeseeable and/or uncontrollable occurrences.

We, including the **Policy Administrator** and the **Claims Administrator**, shall not be liable for any delays, losses, damages, further **Injuries** or **Illnesses**, or any **Medical or Nervous Disorders** or other claims that may arise from or are caused by the acts or omissions of such independent third party contractors, or that may arise from or are caused by any acts, omissions, events or circumstances that are not within the direct and immediate supervision or control of **us**, including the **Policy Administrator** and the **Claims Administrator**, including but not limited to the events and circumstances set out above.

2. Emergency Reunion

What is Covered

We will provide cover for the Emergency Reunion expenses set out below where there has been an **Emergency Medical Evacuation** covered under this **Policy**:

- (1) The reasonable cost of a round trip economy air ticket for a **Relative** or friend from the airport nearest to the location of the **Relative** or friend at the time of the **Emergency** to the airport serving the area where **you** are **Hospitalised** as a result of the **Emergency**, or to be **Hospitalised** as a result of the **Emergency Medical Evacuation**, and return from whichever of such locations as is actually selected to be the original departure point; and
- (2) The reasonable and necessary travel costs, meals (up to a maximum of £15/€20/\$25 per person per day), transportation and accommodation expenses incurred in relation to the Emergency Reunion (but excluding entertainment).

Conditions

The following conditions apply to Emergency Reunion:

- (1) **We** will only provide cover under this section for Emergency Reunion if:
 - (a) **Your Relative** or friend concerned has not been responsible for the **Eligible Medical Condition** or occurrence causing the **Emergency Medical Evacuation**;
 - (b) The Emergency Reunion is due to an **Emergency Medical Evacuation** covered under this **Policy**;
 - (c) **You** must be so seriously ill that the attending **Medical Practitioner** considers it necessary and recommends the presence of a **Relative** or a friend at either the location where **you** are being evacuated from or the destination of the evacuation, as is considered reasonable;
 - (d) All Emergency Reunion travel, transportation and accommodation arrangements and benefits must be approved in advance and co-ordinated by the **Claims Administrator**; and
 - (e) **You, your Relative** and/or friend must submit to the **Claims Administrator** upon completion of the Emergency Reunion travel, legible and verifiable copies of all paid receipts for the travel and transportation costs and expenses.
- (2) Cover under this section for Emergency Reunion is subject to the maximum amount as shown in the **Schedule**.
- (3) The period covered by Emergency Reunion is a maximum of 15 days, including travel days, and **we** shall not be liable for any costs and expenses incurred outside this 15-day period.

3. Cremation/Burial or Repatriation of Remains

What is Covered

If **you** die during a **Period of Insurance** as a result of an **Eligible Medical Condition** while **you** are outside of **your Country of Habitual Residence**, **we** will provide cover for **Reasonable and Customary Charges** towards the costs of:

- (1) Transportation of **your Mortal Remains** from place of death to **your Country of Habitual Residence**, and to the place of burial or other final disposition (but not any costs of burial or other disposition of **your** body) provided that all transportation charges are approved and co-ordinated by the **Claims Administrator**; or

- (2) Preparation, local burial or cremation of **your Mortal Remains** at the place of death in accordance with commonly recognised, accepted cultural and religious beliefs practised by **you**.

What is Not Covered

We will not cover:

- (1) Burial and cremation costs incurred for religious practitioners;
- (2) Costs of flowers, music, food or beverages; or
- (3) Any costs incurred where **your** death has occurred within **your Country of Habitual Residence** including during any **Incidental Return Trip**.

Conditions

We will only pay the **Reasonable and Customary Charges** of the costs covered for Cremation/Burial or Repatriation of Remains if such costs have been **Pre-Authorised** by the **Claims Administrator**.

4. Return of Dependant Children

What is Covered

If **you** are **Hospitalised** as an **In-Patient** or **you** die during the **Period of Insurance** as a result of an **Eligible Medical Condition** suffered during the **Period of Insurance**, and at the time of such **Hospitalisation** or death, **you** are travelling alone with a **Dependant Child** or **Children**, **we** will provide cover for the actual expense incurred for a one-way economy airfare to return the **Dependant Child** or **Children** to their **Country of Habitual Residence**, including the one-way expense for a chaperone if necessary for the safety of the **Dependant Child** or **Children**.

What is Not Covered

We will not provide any benefits, reimbursements or coverage for any costs or expenses incurred by **you** and/or the **Dependant Child** or **Children** for a re-return trip, if any, to the original location of the **Dependant Child** or **Children** at the time of **Hospitalisation** or death.

Conditions

The following conditions apply to Return of **Dependant Children**:

- (1) **We** will only provide cover under this section for Return of **Dependant Children** if:
 - (a) **You** are outside **your Country of Habitual Residence** at the time of the **Hospitalisation** as an **In-Patient**, or death;
 - (b) Where **you** are **Hospitalised** as an **In-Patient**, the return of the **Dependant Child** or **Children** occurs during the **Hospitalisation**; and
 - (c) All travel and transportation arrangements for the **Dependant Child** or **Children** is approved and coordinated by the **Claims Administrator**.
- (2) Cover under this section for Return of **Dependant Children** is subject to the maximum amount as shown in the **Schedule**.

- (3) **We** will only reimburse costs for one-way economy airfares from the international airport nearest to where the **Dependant Child** or **Children** were located at the time of **your Hospitalisation** or death, to the international airport nearest to the **Dependant Child** or **Children's** principal residence in their **Country of Habitual Residence**.
- (4) **We** will deduct from the amount payable under this section for Return of **Dependant Children** the value, if any, of the unused return ticket(s) held by or for the benefit of the **Dependant Child** or **Children** at the time of **your Hospitalisation** or death. **You** and/or **Dependant Child** or **Children** must attempt to receive credit for such value.

5. Security and Political Evacuation

What is Covered

If the Bureau of Consular Affairs (or similar Governmental Organisation), or Local Embassy of the Government of **your Country of Habitual Residence** issues a mandatory evacuation order of all non-emergency governmental personnel from the **Host Country** in which **you** are located as a result of political unrest which is effective on or after **your** date of arrival in the **Host Country** and within the **Period of Insurance**, **we** will provide cover for the most appropriate and economical means of transportation to the nearest place of safety or for repatriation to **your Country of Habitual Residence**.

What is Not Covered

We will not cover a Security and Political Evacuation if the government of **your Country of Habitual Residence** has issued a travel advice or warning that travel is hazardous or not advised, covering the country in which **you** are traveling to at the date of purchase.

Conditions

The following conditions apply to Security and Political Evacuation:

- (1) **We** will only provide cover under this section for Security and Political Evacuation if:
 - (a) The evacuation order applies specifically to **you** and is in effect;
 - (b) **You** contact the **Claims Administrator** as soon as responsibly possible after the evacuation order being issued; and
- (2) **Cover** under this section for Security and Political Evacuation is subject to the maximum amount as shown in the **Schedule**.

6. Natural Disaster Evacuation and Accommodation

What is Covered

We will provide cover for **your** reasonable, customary and necessary **Emergency** travel, accommodation and subsistence costs solely and directly incurred as a result of a **Natural Disaster** arising during the **Period of Insurance** if **you** are displaced from planned, paid accommodation due to evacuation from forecasted **Natural Disaster**, or during or following a **Natural Disaster**.

Conditions

The following conditions apply to **Natural Disaster** Evacuation and Accommodation:

- (1) **We** will only provide cover under this section for **Natural Disaster** Evacuation and Accommodation if the evacuation was ordered by the responsible civil or military authorities governing the location of the predicted or actual **Natural Disaster**.
- (2) Cover under this section for **Natural Disaster** Evacuation and Accommodation is subject to the maximum amount as shown in the **Schedule**.

EXCLUSIONS

These set out the Exclusions to cover under the **Policy**. The following Exclusions apply to the whole of this **Policy**.

- (1) **We** will not pay any claim under this **Policy** which would result in **us** being exposed 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.
- (2) **We** will not provide cover for any benefits, charges, fees, costs, expenses, and/or claim under this **Policy** directly or indirectly arising from or relating to:
 - (a) **Alcohol and Substance Abuse**.
 - (b) Non-medical nuclear or atomic radiation, and/or radioactive material(s), chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel, asbestosis or any related condition.
 - (c) Suicide or attempted suicide, or any wilfully **Self-Inflicted Injury** or **Illness**, or wilful exposure to danger (other than trying to save human life).
 - (d) Travel, meals, transportation and/or accommodation, except as expressly covered under this **Policy**.
 - (e) Venereal disease or any other sexually transmitted disease.
 - (f) War:
 - (i) War, or any act or war (whether declared or not), invasion, act of foreign enemy hostilities, warlike operations, civil war;
 - (ii) Mutiny, riot, strike, military or popular uprising, insurrection, rebellion, revolution, military or usurped power, civil commotion;
 - (iii) Attempted overthrow of government, any act directed towards overthrow of government or influencing any overthrow by violence; martial law or state of siege;
 - (iv) Any use of or exposure to any radiological, chemical, nuclear or biological weapons or any other radiological, chemical, nuclear or biological events; or
 - (v) Confiscation or nationalisation; requisition or destruction of or damage to property by or under the order of any government or local authority.
 - (g) **Your** breaking or failing to comply with any law whatsoever.
 - (h) **Your** travelling against the advice of a **Medical Practitioner**.
- (3) **We** will not provide cover for any benefits, charges, fees, costs, expenses, and/or claim under this **Policy** directly or indirectly arising from or relating to any **Pre-existing Condition**.

- (4) **We** will not provide cover for any benefits, charges, fees, costs, expenses, and/or claim under this **Policy** directly or indirectly arising from or relating to:
- (a) Confinement of the **Insured Person** to receive **Custodial Care, Educational or Rehabilitative Care**.
 - (b) Non-skilled personal care, **Treatment**, or services, wherever furnished and by whatever name called, that are designed primarily to assist an individual in activities of daily living.
 - (c) Any **Congenital Disorders** and related conditions.
 - (d) Any **Chronic Condition** which is a **Pre-existing Medical Condition**.
 - (e) **Treatment** of any condition of: allergies; asthma; any condition of the breast or the prostate; tonsillectomy; adenoidectomy; haemorrhoids or haemorrhoidectomy; any disorder of the reproductive system; hysterectomy; intervertebral disc disease; hernia; gall stones or kidney stones; which:
 - (i) Exist;
 - (ii) Manifest themselves; or
 - (iii) Involve procedures which take place or are recommended, during the first 30 up to 180 days of cover under **your Policy**, beginning on the **Effective Date**.
 - (f) Cosmetic or aesthetic **Treatment** or **Surgery**, whether or not for psychological purposes. However, **we** will cover reconstructive **Surgery** where such **Surgery** is **Medically Necessary** and is directly related to and follows a **Surgery** which is covered under this **Policy**.
 - (g) Except where covered under the section for Dental – **Injury** Due to Accident and Sudden Dental Pain, **Dental Treatment**, orthodontic **Treatment**, gingivitis, gum disease of any kind, or periodontitis; damage to dentures whilst not being worn; dental veneers (unless as a result of damage to existing veneers because of an **Accident**); tooth whitening of any kind; missed dental appointments; services and supplies to replace extracted or missing teeth (including crowns, dentures and bridges).
 - (h) Ear or body piercing.
 - (i) Education or training to restore **your** ability to function in a normal or near normal manner after an **Eligible Medical Condition** (including but not limited to vocational therapy, occupational therapy and speech therapy).
 - (j) **Elective Surgery** or **Treatment** of any kind.
 - (k) Any exercise programme, whether or not prescribed or recommended by a **Medical Practitioner**.
 - (l) Genetic medicine, genetic testing, surveillance testing and/or wellness screening procedures for genetically predisposed conditions indicated by genetic medicine or genetic testing.
 - (m) Hair loss (including but not limited to wigs, hair **Treatments**, hair transplants or any drug that promises to promote hair growth, whether or not prescribed or recommended by a **Medical Practitioner**).
 - (n) Any **Treatment**, supplies, examination or fitting related to hearing aids; providing, maintaining or fitting any hearing **Implants** or hearing transplants; or any corrective **Surgery** for non-medical or natural degenerative hearing defects.

(o) HIV, **AIDS** virus, **AIDS** related **Illness**, **AIDS** related complex, **AIDS** and/or any other **Illness** arising from or relating to any complications or consequences of any of these conditions, whether or not the **Insured Person** had knowledge of their HIV status prior to the **Effective Date**. This exclusion includes testing for HIV, seropositivity to the **AIDS** virus, **AIDS** related **Illness**, **AIDS** related complex, or **AIDS**.

(p) Any **Illness** or **Injury** sustained while taking part in:

(i) athletic or sporting activities not engaged in by **you** solely for recreational, entertainment or fitness purposes;

(ii) **Amateur Athletics**, professional athletics, athletic activity that is sponsored or sanctioned by any collegiate sanctioning or governing body, or the International Olympic Committee;

(iii) **Adventure Sports** and activities, including but not limited to the following (including any combination or derivative of them):

- Abseiling;
- BMX;
- Bobsledding;
- Bungee jumping;
- Canyoning;
- Caving;
- Hot air ballooning;
- Jungle zip lining;
- Mountaineering activities where specialised climbing equipment, ropes or guides are normally or reasonably should have been used;
- Parachuting;
- Paragliding;
- Parascending;
- Rappelling;
- Sky diving; and
- Wildlife safaris.

(iv) **Extreme Sports** and activities, including but not limited to the following (including any combination or derivative of them):

- Aviation (except when travelling solely as a passenger in a commercial aircraft);
- BASE jumping;
- Hang gliding;
- Heli-skiing;
- Luge;
- Motocross (MOTO-X);
- mountaineering above elevation of 4500 meters from ground level;
- Racing of any kind, including but not limited to by horse, motor or other vehicle (of any type), or motorcycle;
- Rodeo activities;
- Ski jumping;

- Snow skiing, snowboarding or snowmobiling where **you** are in violation of applicable laws, rules or regulations of a ski resort, out of bounds or in unmarked or unpatrolled areas; taking part in backcountry skiing; taking part in skiing off-piste; and
 - Sub aqua pursuits below a depth of 50 meters.
- (q) Any **Treatment**, services or supplies of or concerned with the feet (including but not limited to orthopaedic shoes; orthopaedic prescription devices for shoes); **Treatment** of weak, strained, flat, unstable or unbalanced feet; metatarsalgia; bone spurs, hammer toes or bunions; and any **Treatment** or supplies for corns, calluses or toenails.

However, claims for **Treatment**, services or supplies of the feet may be covered, in **our** sole discretion, when related to:

- (i) An **Injury** to the foot arising from an **Accident** covered under this **Policy**; or
 - (ii) An **Illness** for which foot **Surgery** is **Medically Necessary** and a **Medical Practitioner** has advised it to be the only appropriate method of **Treatment**.
- (r) Immunisations and/or **Routine Physical Examination** for preventative or informative purposes only.
- (s) Infection of the urinary tract (including but not limited to infection of the kidney, ureter, bladder, prostate or urethra), and any complication, **Medical Condition** or other condition directly or indirectly arising from it, where such infection, complication, **Medical Condition** or condition occurs within 90 days of the **Departure Date** and requires **Treatment** of the **Insured Person** in a **Hospital**.
- (t) **In-Patient Treatment** which could have been provided on a **Day-Patient** basis or as an **Out-Patient**.
- (u) Maternity, **Pregnancy** and **Newborn** care (including but not limited to pre-natal care, delivery, post natal care, care of **Newborns**), complications of **Pregnancy**, miscarriage, complications of delivery and/or complications of **Newborns**.
- (v) Any **Medical Condition** sustained:
- (i) As a result of **your** being under the influence of alcohol, intoxicating substances, or drugs (other than **Drugs** taken in strict accordance with prescribed **Treatment** and directed by a **Medical Practitioner**) including whilst driving or operating a moving vehicle. For the purposes of this Exclusion, "vehicle" shall include both motorised devices, regardless of whether or not a driver or operator licence is required (including watercraft and aircraft), and non-motorised bicycles and scooters for which no permit or licence is required.
 - (ii) As a result of a **Tropical Disease**, if **you** have not had the vaccinations or taken the medication recommended by the department of health for **your Country of Habitual Residence** or the authorities in the country **you** are visiting.
 - (iii) While **you** are participating in any activity where such activity is undertaken in disregard of or against the recommendations, **Treatment** programmes, or medical advice of a **Medical Practitioner** or other healthcare provider.
 - (iv) While **you** are participating in any sporting, recreational or adventure activity where such activity is undertaken against the advice or direction of any local authority or any qualified instructor or contrary to the rules, recommendations and procedures of a recognised governing body for the sport or activity.
- (w) Medical prescription relating to a special diet, weight control, children's food, baby supplies or vitamin/mineral supplements; or any alternative medicine (such as chiropractors, optometrists and

podiatrist, non-prescription medicines, vitamins, food extracts, or nutritional supplements); vitamin or herbal therapy; drugs not approved by the U.S. Food and Drug Administration (FDA) or the European Medicines Agency (EMA) which are considered “off label” use; non-drugs or medicines; or drugs or medicines not prescribed by a **Medical Practitioner**.

- (x) Any **Treatment** for an **Illness** or **Injury** requiring an unapproved U.S. Food and Drug Administration (FDA) or European Medicines Agency (EMA) medical product, services, **Surgery**, surgical procedure, prescription medication, drug, biological product, **Durable Medical Equipment** (DME) or device when an Emergency Use Authorisation (EUA) is in place issued by the U.S. Food and Drug Administration (FDA) or European Medicines Agency (EMA)
- (y) **Mental or Nervous Disorder**.
- (z) Modification of the **Insured Person’s** physical body in order to change or improve the physical appearance or psychological, mental or emotional wellbeing of the **Insured Person** (including but not limited to sex change **Surgery** or **Surgery** relating to sexual performance or enhancement of it).
- (aa) Any organ, tissue or other transplant or related **Treatment**, service or supply; any artificial or mechanical devices designed to replace human organs temporarily or permanently; or any efforts to keep a donor alive for a transplant procedure.
- (bb) Orthoptics, visual therapy or visual eye training.
- (cc) Professional services provided by a psychotherapist, psychologist, family therapist or bereavement counsellor for the **Treatment** of learning difficulties, hyperactivity, attention deficit disorder, developmental or behavioural problems in children; or speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy.
- (dd) Rest cures, institutionalisation, isolation, quarantine or sanatorium care.
- (ee) Any second or subsequent medical opinion from a **Medical Practitioner** that is not required by **us**.
- (ff) Sleep disorder (including but not limited to sleep apnoea, snoring, fatigue, jet lag or work related stress).
- (gg) Any **Treatment** of the temporomandibular joint.
- (hh) Any **Treatment**, service or supply that is/are:
 - (i) **Investigational, Experimental**, or for research purposes.
 - (ii) Not obtained or received by an **Insured Person** during the **Period of Insurance**.
 - (iii) Not administered or ordered by a **Medical Practitioner**.
 - (iv) Not **Medically Necessary**.
 - (v) Provided at no cost to the **Insured Person** or for which the **Insured Person** is not otherwise liable.
 - (vi) Provided, directed or recommended by a chiropractor, unless it is ordered in advance by a **Medical Practitioner**.
 - (vii) Provided or performed by a **Relative** of the **Insured Person**.

- (viii) Received at a health hydro, nature cure clinic, spa, health farm or similar establishment, or private bed registered as a nursing home attached to such establishment or a **Hospital** where the **Hospital** has effectively become **your** home or permanent abode or where admission is arranged wholly or partly for domestic reasons.
 - (ix) Required or recommended as a result of complications or consequences or a problem arising from or related to any **Treatment**, service, supply, **Injury** or **Illness** which is excluded from this **Policy** or otherwise not insured under this **Policy**.
 - (x) Related to vision correcting spectacles, eyeglasses or contact lenses; eye refraction for any reason; non-medical or natural degenerative sight defects and eye **Surgery** where the primary purpose is to correct near sightedness, farsightedness or astigmatism. However, **we** will pay **Eligible Charges** for corrective sight **Surgery** caused by an **Injury**.
 - (ii) Any **Treatment**, service or supply that promotes, enhances, prevents or corrects impotency, sexual performance or sexual dysfunction or any consequence from it.
 - (jj) Any **Treatment**, service or supply that promotes or prevents conception of birth (including but not limited to birth control, sterilisation or its reversal), contraception, infertility, fertility, surrogacy or abortion, oral contraceptives, or artificial insemination; any **Treatment**, service or supply for infertility or any form of assisted conception or assisted reproduction or any complication from it (including but not limited to premature or multiple births after assisted conception).
 - (kk) Any **Treatment**, service or supply within **your Country of Habitual Residence** or outside the **Area of Cover** unless covered under Incidental Return Trip.
 - (ll) Any **Illness** or **Injury** incurred in the **Host Country**, **Affected Areas** or **Country of Habitual Residence** as a result of a **Public Health Emergency of International Concern**, **Epidemic**, **Pandemic**, other disease outbreak, or **Natural Disaster**, that may affect a person's health, unless coverage is expressly provided under the Public Health Emergency provision of this **Policy**.
 - (mm) Entering into or remaining in any **Host Country** for which **you** do not possess the proper license, permits, authority, or exemption from such requirements.
 - (nn) Weight loss or weight modification, obesity (including but not limited to wiring of teeth and all forms or procedures of bariatric **Surgery** or reversal).
 - (oo) **You** serving in the military, navy or air force during declared war, or while under orders for war-like operations, or restorations of public orders, or any **Medical Condition** sustained whilst on military, naval or air force training exercise
 - (pp) Any charges incurred at a **Hospital** or facility when the **Insured Person** checks himself or herself out **Against Medical Advice** of their **Medical Practitioner** and leaves before reaching a **Medically Necessary** specified endpoint of **Treatment**.
 - (qq) Any charges incurred for the **Worsening** of an **Illness** or **Injury** after the **Insured Person** left a **Hospital** or facility **Against Medical Advice** or was a **Discharge Against Medical Advice**.
- (5) **We do not provide cover for:**
- (a) Any charges, fees, costs, or expenses in excess of **Reasonable and Customary Charges**.
 - (b) Any charges, fees, costs, or expenses not expressly included as **Eligible Charges**.
 - (c) Any charges, fees, costs, or expenses relating to **Hospital** or **Medical Provider** membership plans or similar schemes.

- (d) Any claim under the **Policy** if **you** refuse disclosure of data to a third party such as a **Medical Practitioner** which prevents **us** from assessing cover under this **Policy**.

GENERAL CONDITIONS

These are the conditions of this **Policy** that **you** need to meet as **your** part of the contract. If **you** do not meet these conditions, the **Policy** may be voided (treated as if it never existed), or may be cancelled, or may not provide full cover, or **your** claim under the **Policy** may be rejected or not fully paid.

- Please read the General Conditions carefully

1. Acceptance

We have the right to refuse to accept an **Application** from any person without giving any reason.

2. Assignment, Change or Waiver

This **Policy** cannot be assigned, and any of the **Terms** of the **Policy** cannot be changed or waived, without **our** prior written consent.

3. Cancellation

Your Right to Cancel

- (1) **You** have a statutory right to cancel this **Policy** within 14 days from the **Effective Date** or renewal of the contract or the day on which **you** receive the **Policy** or renewal documentation, whichever is the later (cooling off period).
- (2) If **you** cancel the **Policy** within the cooling off period:
 - (a) If **you** have not travelled or made a claim, **you** will receive a full refund of the **Premium** paid;
 - (b) If **you** have travelled but not made a claim, **you** will receive a proportionate refund of the **Premium** paid calculated by reference to the time for which **you** have been covered;
 - (c) If **you** have made a claim, **you** will not be entitled to receive any refund of the **Premium** paid.
- (3) **You** may cancel this **Policy** at any time after the cooling off period. If **you** do so:
 - (a) If **you** have not made a claim, **you** will receive a proportionate refund of the **Premium** paid calculated by reference to the time for which **you** have been covered;
 - (b) If **you** have made a claim, **you** will not be entitled to receive any refund of the **Premium** paid.
- (4) Any cancellation by **you** will take effect from the **Cancellation Date** and **we** shall have no further liability as from that date.

Our Right to Cancel

- (1) **We** can cancel this **Policy** at any time by giving **you** 30 days' notice in writing to **your** last known address and **your** e-mail address if such e-mail address was provided at the **Effective Date**.
- (2) **We** will only cancel if there is a valid reason to do so, which includes but is not limited to:
 - (a) Non-payment of **Premium**;
 - (b) Non-refund of an over-paid claim;
 - (c) Fraud;
 - (d) Misrepresentation or non-disclosure;
 - (e) **You** no longer meet the eligibility requirements of the **Policy**; or
 - (f) **You** do not co-operate or **you** fail to supply any information or documentation **we** request.
- (3) If **we** cancel the **Policy**:
 - (a) If **you** have not made a claim, **you** will receive a proportionate refund of the **Premium** paid calculated by reference to the time for which **you** have been covered;
 - (b) If **you** have made a claim, **you** will not be entitled to receive any refund of the **Premium** paid;
 - (c) The **Policy** will be cancelled from the **Cancellation Date** and **we** shall have no further liability as from **that date**.

4. Eligibility

This **Policy** is only available to **you** if **you** meet the requirements below:

Residential

We will provide cover for an **Insured Person** whose **Country of Habitual Residence** is a member state of the European Union.

If **you** are a citizen of the USA, who has purchased Area 3 Worldwide as **your Area of Cover**, and **you** return to the USA, cover under **your Policy** will be terminated automatically when the time **you** spend in the USA during any one **Period of Insurance** exceeds 180 days, or **you** become eligible for any other USA domestic medical insurance which is available to persons similarly situated and located within the USA.

Please Note: If **you** no longer meet the eligibility requirements set forth in this section, then **your Policy** will automatically terminate.

Age

You, your Spouse and **your Dependant Child** must be at least 15 days of age, and under 70 years of age at the **Effective Date**.

5. Entire Agreement

This **Policy**, together with the **Application**, the **Schedule**, the **Policy** wording, the **Certificate of Insurance** and any **Endorsements**, is the entire agreement between **you** and **us** and must be read together.

6. Excess

- (1) Where an **Excess** applies, **we** will only pay any amount of the claim covered under the **Policy** which exceeds the **Excess** in each **Period of Insurance**.
- (2) **You** are liable to pay the **Excess**.
- (3) The **Excess** applies for each **Insured Person**.
- (4) The **Excess** applies for each 12 months of the **Period of Insurance**.

7. Fraud

If **you** make a fraudulent claim under the **Policy**:

- (1) **We** are not liable to pay the claim;
- (2) **We** may recover from **you** any sums paid by **us** to **you** in respect of the claim; and
- (3) **We** may, by notice in writing to **you**, treat the **Policy** as having been cancelled with effect from the time of the fraudulent act.

8. Economic Sanctions

We will not cover any person as an **Insured Person** if such cover would result in **us** being exposed 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.

9. Changes in Law and Taxation

We shall have the right to change the **Terms** of this **Policy**, including the **Premium**, if at any time, there is a change to the law, regulatory requirements, tax or government levies.

10. Law and Jurisdiction

This **Policy** shall be governed by the law of England and Wales and shall be subject to the exclusive jurisdiction of the courts of England and Wales.

11. Misrepresentation and Non-Disclosure

- (1) In deciding to accept the **Application** and to provide this **Policy**, **we** have relied on the information **you** have given **us**. **You** must take care that all information provided to **us** is complete and accurate.
- (2) If **we** establish that **you** deliberately or recklessly provided **us** with false or misleading information, **we** will treat the **Policy** as if it never existed and not pay any claim.
- (3) If **we** establish that **you** carelessly provided **us** with false or misleading information, **we** may:
 - (a) Treat this **Policy** as if it never existed and not pay any claim;
 - (b) Amend the **Terms** of this **Policy** and apply these **Terms** as if they were already in place;
 - (c) Reduce the amount **we** pay on a claim; or
 - (d) Cancel the **Policy** in accordance with our cancellation rights.

12. Other Insurance

If at the time of any loss, damage or liability covered by this **Policy**, or at the time of any incident which results in a claim under this **Policy**, there is another insurance covering the same loss, damage, liability, benefits, charges, fees, costs, expenses or claim, **we** will only pay **our** proportionate share. (This does not apply to cover under the section for Personal Accident.)

13. Premium Payment

- (1) **You** must pay the **Premium** before the **Effective Date**.
- (2) **We** will not provide any cover under this **Policy** unless **you** have paid the **Premium**.

14. Reasonable Care and Precautions

You shall take reasonable care and precautions:

- (1) To prevent any **Injury** or **Illness** which may be covered under this **Policy**; and
- (2) To minimise any potential claim under this **Policy**.

15. Extensions; Renewal

- (1) **You** may request for this **Policy** to be extended or renewed on the following basis.
 - (a) **You** may request the **Policy** to be extended for **Periods of Insurance** from 5 days to 12 months;
 - (b) Any one **Period of Insurance** may not exceed 12 months;
 - (c) The **Policy** cannot be extended or renewed after a maximum total of 24 continuous months from the **Effective Date** of this **Policy**;
 - (d) **We** have the right to refuse any request for a renewal on any lawful basis;
 - (e) If **we** agree to renew the **Policy**, subject to the **Terms** and conditions of the new **Policy**:
 - (i) Any renewal is subject to **your** continued Eligibility under this **Policy**.
 - (ii) **You** will take care to provide **us** with complete and accurate answers to any questions **we** may ask and **you** must tell **us** about any changes which have occurred since the **Policy** started or since the last **Renewal Date**.
 - (iii) **We** will write to **you** with **our** renewal **Terms** and provide **you** with a renewal **Premium** notice before the **Renewal Date**.
 - (iv) The renewal **Premium** must be received by **us** before the **Renewal Date**.
 - (v) No renewal is in effect until such time as **we** confirm that the renewal has been accepted in writing by **us**.
 - (vi) On the **Renewal Date**, the **Maximum Limits** and **Excess** will restart.
 - (vii) Each renewal is a new contract of insurance between **you** and **us**.

- (2) **You** may not renew the **Policy** if the **Period of Insurance** has lapsed or ended for any reason. However, **you** can apply for a new **Policy** by submitting a new **Application** which **we** will consider in the normal way.

16. Notice of Amendment

We may make changes, additions and/or deletions to this **Policy**, and any **Riders**, at any time during the **Period of Insurance** by giving **you** notice in writing to **your** last known address, or **your** e-mail address if such e-mail address was provided at the **Effective Date**, as soon as reasonably possible but always within 30 days from the date the changes, additions and/or deletions are to take effect. The notice shall include a complete description of the changes, additions and/or deletions to be made, the effective date thereof and notice of **your** cancellation rights as set forth above. If **you** do not elect to cancel this **Policy**, the changes, additions and/or deletions shall take effect as of the date specified in the notice.

17. Third Party Rights

The Contracts (Rights of Third Parties) Act 1999, or any subsequent amendment, shall not apply to this **Policy**. Only **you** and **us** can enforce the **Terms** of this **Policy**. This **Policy** may be changed or cancelled without the consent of any third party.

18. Waiver

Any waiver by **us** of any term or condition of this **Policy** will not prevent **us** from relying on such term or condition in other instances.

CLAIMS CONDITIONS

These are the Claims Conditions of this **Policy** that **you** need to meet as **your** part of the contract. If **you** do not meet these conditions, this **Policy** may be voided (treated as if it never existed), or may be cancelled, or may not provide full cover, or **your** claim under this **Policy** may be rejected or not fully paid.

1. Medical Evaluation

We have the right to request further tests and/or independent medical evaluation where **we** reasonably decide that a **Medical Condition** being claimed for may be directly or indirectly related to an Exclusion.

2. Medical Management Services

Pre-Authorisation

Please read this section carefully before obtaining any **Treatment**, service or supply.

- (1) For many benefits under this **Policy**, **you** must notify the **Claims Administrator** and obtain **Pre-Authorisation** before undergoing any **Treatment** or before being admitted to **Hospital**.
- (a) **Pre-Authorisation** must be obtained before any of the following **Treatment**, service or supply:
For all cover under the Medical Benefits section:
- (i) **In-Patient** or **Day-Patient** admission in **Hospital**;
 - (ii) **Treatment**, **services** or medical supplies of any kind in **Hospital**;
 - (iii) **Surgery** in **Hospital** or in a surgical centre;

- (iv) **Out-Patient** MRI and CAT scans, echocardiograph, endoscopy, gastroscopy, colonoscopy and cystoscopy;
 - (v) Care in a licensed **Extended Care Facility**;
 - (vi) **Home Nursing Care**;
 - (vii) Physiotherapy;
 - (viii) Any rental or purchase of **Durable Medical Equipment**.
- (b) For cover under the International Emergency Care and Assistance section:
- (i) **Emergency Medical Evacuation**;
 - (ii) Costs of transportation of **your Mortal Remains**; or costs of preparation, local burial or cremation of **your Mortal Remains**.
- (2) Any decision that the **Claims Administrator** makes on **Pre-Authorisation** is based on the completeness and accuracy of the information provided by **you** or on **your** behalf at the time of the **Pre-Authorisation**.
- (3) The **Claims Administrator** has the right to change or revoke a previous decision on **Pre-Authorisation** if the information it has changes.
- (4) For purposes of **Pre-Authorisation**, notice to the **Claims Administrator** may be made by **you**, the **Hospital**, **your Medical Practitioner** or a **Relative**.
- (5) **We** understand that it may not be possible for **you** to notify the **Claims Administrator** in advance of an **Emergency** admission to **Hospital**. If this should happen, **you** must notify the **Claims Administrator** and obtain **Pre-Authorisation** within 48 hours or as soon as reasonably possible after such **Emergency** admission.
- (6) If **you** are not **Pre-Authorised**, or if **you** fail to comply or co-operate with the **Pre-Authorisation** requirements, subject to the **Terms** and conditions of this **Policy**, **we** may deny all cover for **your** claim or **we** may not pay **your** claim in full.
- (7) Where **Pre-Authorisation** is required, **you** must follow the following procedure:
- (a) Please contact the **Claims Administrator**, on:
 - Telephone number: +44 (0) 2920 474 236
 - Fax number: +44 (0) 2920 468 797
 - E-mail: IMGEuropeClaims@imgeurope.co.uk
 - (b) Please contact the **Claims Administrator** as soon as possible, and preferably, within 7 days before admission or before the **Treatment**, service or supply is obtained;
 - (c) For **Emergency Hospital** admission, **Pre-Authorisation** must be obtained within 48 hours after admission, or as soon as is reasonably possible;
 - (d) Please comply with the **Claims Administrator's** instructions and submit any information or documentation required by the **Claims Administrator**; and

- (e) Please notify all **Medical Practitioners, Hospitals** and other **Treatment**, service or supply providers that this **Policy** contains **Pre-Authorisation** requirements and please ask them to co-operate fully with the **Claims Administrator**.
- (8) Any **Pre-Authorisation** will be confirmed to **you** in writing. A verbal confirmation is not pre-approval. If **you** are in doubt, please contact the Medical Emergency Helpline.

Concurrent / Continuing Review

- (1) While **you** are an **In-Patient** in **Hospital**, the **Claims Administrator** has the right to carry an ongoing review of **your Treatment** to make sure that **you** are not receiving unnecessary **Treatment** and to help assure quality medical care.
- (2) When **you** are first admitted as an **In-Patient**, the **Claims Administrator** will approve a limited number of days of confinement based on the **Eligible Medical Condition**.
- (3) After that, if additional days of **In-Patient Treatment** is necessary, **your** continued stay in **Hospital** must be reviewed and approved by the **Claims Administrator**.

Medical Case Management

- (1) The **Claims Administrator** has the right to make recommendations in respect of any **Treatment**, service or supply with respect to an **Eligible Medical Condition**.
- (2) Such recommendations will be based on the **Claims Administrator's** assessment of and collaboration with **you, your Relatives, Medical Practitioners** or other **Treatment**, service or supply providers, to help ensure a well co-ordinated continuity of care.
- (3) **You** are under no obligation to accept or follow any of the **Claims Administrator's** recommendations.
- (4) If **you** accept or follow any of the **Claims Administrator's** recommendations, **you** agree that **we** shall not be held liable or otherwise responsible for any **Treatment**, service or supply provided to **you** except for the payment of **Eligible Charges** under the **Terms** and conditions of this **Policy**.
- (5) After the **Claims Administrator** has notified **you** of its recommendations, **we** may, at **our** sole option and discretion, pay for **Treatment**, service or medical supplies, which may not be covered under this **Policy** but which may be beneficial to **you**.

3. Notice of Claims

In the event of a claim, you should give notice to:

International Medical Group, Inc.
GlobeHopper Claims Department
PO Box 1114
Cardiff
CF11 1UL
United Kingdom

Telephone number: +44 (0) 2920 474 236
Fax number: +44 (0) 2920 468 797
E-mail: IMGEuropeClaims@imgeurope.co.uk

A claim form may be obtained at <https://www.imgeurope.co.uk/client-resources/forms-library.aspx> or completed online via the customer portal at <https://www.imglobal.com/member/login>.

- (1) When the **Claims Administrator** receives notice of a claim under this **Policy** from **you** or on **your** behalf, the **Claims Administrator** may provide **you** with a claim form for completion.
- (2) All decisions regarding the available benefits and cover under this **Policy** are made after the required claim form is submitted to the **Claims Administrator** and **we** have had the opportunity to investigate the claim. **We** reserve the right to make a final benefit determination once complete proof of claim is presented to **us**.

4. Assistance and Co-operation

- (1) **You** must give **us** all necessary assistance which **we** reasonably require and co-operate fully with **us** in dealing with any claim under the **Policy**, or **we** may suspend handling of **your** claim, or deny payment in full or in part of **your** claim
- (2) **You** shall provide all documents, medical reports and other materials that **we** reasonably request at **your** expense, or **we** may suspend handling of **your** claim, or deny payment in full or in part of **your** claim.
- (3) **We** have the right to examine all evidence relating to **your** claim when and as often as **we** may reasonably require.

5. Settlement of Claims

- (1) All settlement of claims is in accordance with the **Terms** and conditions of this **Policy**, including the applicable **Excess**.
- (2) **You** may choose to have any reimbursement of **your** claim paid in any currency (but not cryptocurrency) provided that:
 - (a) Any payment will be converted to the equivalent amount in the currency of this **Policy**;
 - (b) **We** will use the Bank of England exchange rate applying:
 - (i) For claims under the Medical Benefits and International Emergency Care and Assistance sections: on the date on which **you** paid for **your Treatment**, service or supply, or, if **your Treatment**, service or supply was over a period of time, on the date that **we** process payment;
 - (ii) For claims under the section for Personal Accident: on the date of **your** death;
 - (iii) For claims under the section for Incidental Return Trip: on the date of **your** incidental return trip;
 - (c) **We** will not be liable for any loss **you** may incur due to fluctuations in exchange rates, or for any bank charges due, when **you** receive payment from **us**.
- (3) If **you** are under the age of 18, **we** will make any payment for claims to the parent or guardian who signed **your Application**.

6. Payment of Claims

- (1) At **our** option, **we** may pay **Eligible Charges** directly to:
 - (a) The **Treatment**, supply or service provider; or

- (b) **You** by cheque, electronic funds transfer or direct payment onto **your** VISA or MasterCard, or cheque sent to **you** at **your** last known address.
- (2) Where **we** pay or arrange to pay **Eligible Charges** directly with the **Treatment**, service or supply provider, **you** are responsible for direct payment of the **Excess** amounts, and any non-**Eligible Charges** to the **Treatment**, supply or service provider.
- (3) Where **we** do not pay or arrange to pay **Eligible Charges** directly with the **Treatment**, service or supply provider, **you** will be responsible for paying the provider direct, and then seek reimbursement from **us**.

7. Right of Recovery

- (1) If **we** over-pay any claim for benefits under this **Policy** for any reason, **we** shall have the right to a prompt refund and to recover the amount of over-payment from **you**, or the third party to whom the over-payment was made, as the case may be.
- (2) If **you**, or the relevant third party, do/does not promptly make any such refund to **us**:
 - (a) **We** may reduce or deduct the amount due from any future claim under this **Policy**;
 - (b) **We** may cancel this **Policy** by giving 30 days notice in writing to **your** last known mailing address or **your** e-mail address at the **Effective Date**.

8. Subrogation

- (1) **You** must notify **us** without delay of any claim or right of action **you** may have against any third party arising out of circumstances which gave rise to a claim under this **Policy**.
- (2) **You** must take all reasonable steps to make a claim upon such third party and keep **us** informed in writing.
- (3) **We** are entitled to take legal action in **your** name for **our** benefit, and claim against any third party to recover any payments made under this **Policy**. **We** shall have full discretion in the conduct and settlement of any such claim. **You** must give **us** all necessary assistance that **we** reasonably require to pursue any such claim.

9. Explanation or Verification of Benefits

- (1) **We**, including the **Policy Administrator** and the **Claims Administrator**, will try to help **you** and any **Treatment**, supply or service provider understand the scope and extent of the available benefits and cover under this **Policy**.
- (2) If **you** have a specific question on a benefit or cover under this **Policy** and **you** need a definitive answer to it, **you** may contact the **Policy Administrator** for help. If **you** request it, the **Policy Administrator** will send **you** a written reply.
- (3) Nothing stated by **us**, the **Policy Administrator** and the **Claims Administrator**, shall change or waive any **Terms** and conditions of this **Policy** unless the change or waiver is confirmed by a Notice of Endorsement or other written notice.

CLAIMS PROCEDURES

1. General

- (1) All claims should be submitted to the **Claims Administrator** with a fully completed claim form, original invoices, receipts and all other supporting documents within 180 days of **your Treatment**.

- (2) **We** may deny cover for any claim submitted after this time.
- (3) **You** must follow any and all **Pre-Authorisation** procedures, or **we** may not pay the full amount of **your** claim.
- (4) **We** provide **you** with a personalised membership card which contains essential contact numbers and addresses. Please keep this card with **you** at all times.

2. Emergency Admissions

- (1) In the event of **Emergency** admissions to **Hospital**, **you** should contact the Medical Emergency helpline as soon as possible after admission.
- (2) **You** will need to give them full details of the **Medical Condition** and **Treatment** (including dates and name of procedure, if known), together with the name of the **Medical Practitioner** and **Treatment**.
- (3) Where **Pre-Authorisation** is required, **you** must still seek **Pre-Authorisation** from the **Claims Administrator** before undergoing any **Treatment** or before being admitted to **Hospital**.
- (4) Where it is not possible for **you** to notify the **Claims Administrator** in advance of an **Emergency** admission to **Hospital** to obtain **Pre-Authorisation**, **you** must notify the **Claims Administrator** and obtain **Pre-Authorisation** within 48 hours, or as soon as reasonably possible after such **Emergency** admission.
- (5) Any failure to obtain such **Pre-Authorisation** may result in **our** denying all cover for **your** claim, or **our** not paying **your** claim in full.

3. Planned In-Patient and Day-Patient Treatment

- (1) In the event of a planned admission on an **In-Patient** or **Day-Patient** basis to a **Hospital**, **you** should contact the **Claims Administrator** at the **Pre-Authorisation** contact information as soon as possible before **your** admission.
- (2) **You** will need to give them full details of the **Medical Condition** and proposed **Treatment** (including dates and names of the procedure, if known), together with the name of the **Medical Practitioner** and **Treatment**.
- (3) **We** may, in **our** sole discretion, arrange to settle **Eligible Charges** directly with the **Treatment**, service or supply provider. When **we** do this, **you** should still send the **Claims Administrator** the claim form and any unpaid invoices.
- (4) If **we** do not pay the **Treatment**, service or supply provider directly, **you** should pay all of the charges and then submit the claim form and invoices to the **Claims Administrator**.
- (5) In some cases, **you** may be responsible for paying any **Excess** to the **Hospital** or **Treatment**, service or supply provider.

4. Out-Patient Treatment

- (1) If **you** pay for any **Treatment**, service or supply which **you** receive as an **Out-Patient**, then **you** should submit all charges and a claim form to the **Claims Administrator** in accordance with the **Terms** and conditions of this **Policy**.
- (2) **You** should fill in the section that is assigned to **you** on the claim form, and date and sign the claim form.

- (3) Please attach all original supporting documentation, invoices and receipts to the claim form and send it to the **Claims Administrator**.

5. Claim Criteria

- (1) **You** may only claim for:
 - (a) **Treatment**, service or supply actually given during a **Period of Insurance**; and
 - (b) **Eligible Charges** which **you** incur before the **Expiry Date** or the **Cancellation Date**, whichever is the earlier.
- (2) **You** may claim for benefit from the start of the **Treatment** or service or from the date that **you** received the supply, until the time when it is medically confirmed that the **Treatment** or service or supply is no longer necessary or until this **Policy** is no longer in force, whichever is the earlier.
- (3) If **you** claim subsequently for a new course of **Treatment** or service or new supply which is not connected with the earlier **Treatment**, service or supply, the subsequent **Treatment**, service or supply will be treated as a new claim under the **Policy**.

DATA PROTECTION

Protecting Your Data

Protecting **your** privacy is very important to **us**.

Personal Data You Provide To Us

If **you** provide **us** with personal data about other people to be insured on the **Policy**, such as family or friends, **you** agree to obtain their agreement and notify them of **our** use of their personal data.

How We Use Your Personal Data

We will use **your** personal data to arrange **your** insurance contract with **us** and for other related insurance purposes such as to administer **your Policy**, handle claims and offer renewal of **your Policy**. **We** may also use **your** personal data for modelling or statistical purposes and underwriting decisions made via automated means.

Special Categories of Personal Data

Some personal data is defined by the current Data Protection legislation as special categories of sensitive personal data such as information about health. **We** may collect such data from **you** for insurance purposes where permitted by relevant legislation. **We** will only use this data for the specific purpose **you** supplied it and to provide the services described in this **Policy**.

Who We Share Your Information With

We may share **your** personal data with other insurance market participants that **you** have not had direct contact with. These can include other insurers, intermediaries, reinsurers, claims administrators, loss adjusters and solicitors. **We** may also disclose certain personal data to **our** service providers, contractors, agents and group companies that perform activities on **our** behalf. These transfers would always be made in compliance with relevant Data Protection legislation.

We do not disclose the information to anyone else except:

- Where **we** have **your** permission;
- Where required or permitted to do so by law;
- To credit reference;
- To other companies that provide a service to **you** or **us**.

We may transfer **your** data to insurance market participants which are located outside of the European Economic Area. These transfers would always be made in compliance with relevant Data Protection legislation.

Data Retention and Erasure

We will not keep **your** data for longer than is necessary for the purposes for which the data is processed and for compliance with legal or regulatory obligations.

Your Rights

If **you** have any questions about **our** use of **your** personal data, **you** should contact **our** Data

Protection Officer. In certain circumstances **you** have the right to request that **we**:

- Provide more detail on how **we** use **your** personal data;
- Provide **you** with a copy of **your** personal data that **you** provided to **us**;
- Correct inaccurate information **we** hold about **you**;
- Delete **your** data;
- Provide an electronic copy of **your** personal data to another data controller.

If **you** ask **us** to delete **your** data, **we** may no longer be able to provide **you** with insurance services or deal with any claims, but **we** may still be required to process data about **you** for legal or regulatory reasons.

Our Contact Details

Data Protection Officer
 Sirius International Insurance Corporation
 Floor 4, 20 Fenchurch Street
 London
 EC3M 3BY
 United Kingdom
 Telephone: +44 (0)203 772 1000 (Switchboard)
 E-mail: DPOLondon@siriusgroup.com

Your Right to Complain to A Supervisory Authority

If **you** are not satisfied with the way **we** have handled **your** personal data **you** have the right to complain to a supervisory authority in **your Country of Habitual Residence**, place of work or place of the alleged infringement. Below are contact details to the supervisory authority in the UK, where SINT has an establishment.

UK - the Information Commissioners Office (ICO), www.ico.org.uk/concerns, telephone 0303 123 1113 or +44 1625 545 700 if you are calling from outside the UK.

For more information on how **we** process **your** personal data, refer to:
<http://www.siriusgroup.com/about/sirius-international/data-protection>

MAKING A COMPLAINT

Complaints Procedure

IMG Europe, London Global S.r.l trading as IMG Europe, is the product provider. Sirius International Insurance Corporation – UK Branch is the underwriter. Claims are managed by the **Claims Administrators** International Medical Administrators and Global Response.

We all aim to provide **you** at all times with a high standard of service but **we** acknowledge that there may be times when **you** may be unhappy with **us**. If **we** are unable to resolve matters to **your** satisfaction and **you** wish to make a complaint, please contact:

The Managing Director, IMG Europe, Kingsgate High Street Redhill, Surrey RH1 1SH United Kingdom, or email info@imgeurope.co.uk or telephone +44 (0) 1737 306710, or alternatively email complaints.imgeurope@londonglobal.eu.

If **your** complaint relates to a claim on **your Policy**, please contact:

Compliance Manager
Sirius International Insurance Corporation UK Branch
Floor 4
20 Fenchurch Street
London EC3M 3BY
E-mail: SiriusLondon.Complaints@Siriusgroup.com

We expect that the majority of complaints will be quickly and satisfactorily resolved at this stage, but if **you** are not satisfied, **you** can take the issue further.

Beyond Your Insurers

Should **you** remain dissatisfied following the final written response, **you** may be eligible to refer **your** case to the Financial Ombudsman Service (FOS). The FOS is an independent body that adjudicates on complaints about general insurance products. **You** have 6 months from the date of **our** final response to refer **your** complaint to the FOS. This does not affect **your** right to take legal action. If **we** cannot resolve **your** complaint, **you** may refer it to the Financial Ombudsman Service at the address given below.

The Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London, E14 9SR
United Kingdom
Telephone Number: 0800 023 4567 (UK landline); 0300 123 9123 (UK mobile)
E-mail: complaint.info@financial-ombudsman.org.uk

The European Commission also provides an on-line dispute resolution (ODR) platform that allows consumers to submit their complaint through a central site, which will forward the complaint to the right Alternative Dispute Resolution (ADR) scheme. The ADR scheme for Sirius International Insurance Corporation UK Branch is the Financial Services and Pensions Ombudsman, which can be contacted directly using the contact details above. For more information about ODR please visit <http://ec.europa.eu/odr>

Financial Services Compensation Scheme Clause

We are covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation under the Scheme if **We** are unable to meet its obligations to **you** under this **Policy**.

If **you** are entitled to compensation under the Scheme, the level and extent of the compensation will depend on the nature of this **Policy**. Further information about the Scheme is available from:

The Financial Services Compensation Scheme
10th Floor,
Beaufort House
15 St Botolph Street
London EC3A 7QU
Telephone Number: 0800 678 1100 or +44 207 741 4100 if calling from outside the United Kingdom.
www.fscs.org.uk.

REGULATORY INFORMATION

London Global S.r.l. trading as IMG Europe. Trading address Kingsgate High Street Redhill, Surrey RH1 1SH United Kingdom. London Global S.r.l. trading as IMG Europe is authorised and regulated by IVASS, Italy (A000620496) and the Financial Conduct Authority (849073).

Sirius International Insurance Corporation, UK branch is authorised by the Financial Conduct Authority under number 202912 and regulated by the Swedish Financial Regulator.

Registered in Sweden under number FCO18332 at having its registered office at Birger Jarlsgatan 57b, 113 96 Stockholm, Sweden, acting through its London branch situated at 4th Floor, 20 Fenchurch Street, London, EC3M 3BY, United Kingdom.

IMG Europe's register number with the FCA is 302948.

This information can be checked by visiting the FCA register which is on their website www.fca.org.uk or by contacting the FCA on +44 (0)20 7066 8348.

The FCA is committed to securing the appropriate degree of protection for consumers and promoting public understanding of the financial system. The FCA have set out rules which regulate the sale and administration of general insurance which **we** must follow when **we** deal with **you**.

IMG Europe provides advice and information only on **our** own products. If **you** require advice on other available products which may be more suitable to **your** needs, **you** should consult an appropriately qualified insurance broker or intermediary.