

# GlobeHopper<sup>SM</sup>

## Multi-Trip Policy Wording

*Short-term international travel & expatriate medical insurance for individuals and groups taking multiple trips annually*

**Important!**

*Please read this document carefully and take it with you*



INTERNATIONAL MEDICAL GROUP<sup>®</sup>

Effective 1<sup>st</sup> July 2013

SM

## IMPORTANT INFORMATION

This *Policy Wording* is only valid when issued with a valid IMG Europe Ltd. *Certificate of Insurance*, as long as *You* have paid the appropriate insurance premium. Please read these documents, keep them in a safe place and carry them and *Your* IMG Europe Membership ID card with *You* when *You* travel.

This Important Information Section (Pages 1-4) provides a summary of key important general information relating to your *Plan*. Refer to the full *Policy Wording* from page 5 onwards for the full *Terms*, conditions, limitations and exclusions (and any attaching *Endorsements* that were issued with, or attach to, *Your Certificate of Insurance*).

### General Information

#### Insurers

This insurance is underwritten by Sirius International Insurance Corp (publ.)

#### Health Agreements

Some countries operate reciprocal health agreements between visiting citizens. These agreements often give *You* access to free or reduced cost medical treatment and services within participating government or state hospitals or clinics. Before *You* travel check with *Your* embassy to see if a reciprocal health agreement operates between *Your* country of citizenship and destination country. If it does then it is recommended *You* should enroll in the reciprocal health programme. This *Plan* contains additional benefits for *Insured Persons* who subscribe to a reciprocal health agreement before travel and a saving is made by *Us* as a result of the reciprocal health agreement in the event of an eligible claim.

#### EU Citizens :

When *You* are travelling to a country in the European Union (EU), *You* should collect an application form and apply for a European Health Insurance Card (EHIC) (EHIC forms are available from *Your* local Post Office, or download an application form from [www.ehic.org.uk](http://www.ehic.org.uk) (for UK Citizens) Other websites are available for other EU Nationals. This allows EU citizens to benefit from the health agreements there are between countries in the EU. (This used to be known as the E111).

When *You* are travelling to Australia or New Zealand and *You* have to go to *Hospital*, if *You* are eligible then it is recommended that you register for treatment under the national Medicare or equivalent scheme of those countries.

#### State / Government Hospitals

This *Plan* contains additional benefits for *Insured Persons* who choose to undergo *Eligible Treatment* in a State / Government or Charitable Hospital that results in no costs or charges being paid by *You*, or *Us*.

### Important Information

#### Important Information - Multi-Trip Plans:

This gives *You* cover to travel on as many trips as *You* like outside *Your Home Country*, but within *Your Area of Cover*, during any one *Period of Insurance*, as long as no single trip lasts longer than the *Maximum Trip Duration* as shown on *Your Certificate of Insurance*, as selected by *You* at time of *Application*.

#### Independent travel on Multi-Trip Plans

All *Insured Persons* within a family that are insured on a Multi-Trip *Plan* will be issued with their own individual *Certificate of Insurance* and are entitled to travel independently of one another.

#### Travel Medical Insurance Contract

The *Policy Wording* is *Your* insurance contract. It contains *Terms*, certain conditions and exclusions in each section, and general conditions and exclusions apply to all the sections. *You* must meet these *Terms* and conditions or *We* may not accept *Your* claim.

#### Data Protection

*We* will need to obtain personal information from *You*. This means any information obtained from *You* in connection with a service or product provided to *You* by *Us* (or *Our* subsidiaries or representatives). Information is collected lawfully and in accordance with the Data Protection Act 1998.

*We* will use *Your* personal data in the following circumstances for the purpose of:

- Processing *Your Application* and provide on-going insurance and customer service
- Processing and giving effect to credit/debit card payments
- Providing marketing material in respect of insurance related services of IMG or its associated companies
- Processing claims or analysing the insurance
- The identification and prevention of fraud and crime.

This may include disclosing it to the *Insurer*, other Insurers, IMG and IMG Europe Ltd., their employees, representatives, agents and any other persons or organisations (both within the

EU and outside of the EU), performing services for them or on their behalf. They may use, disclose or transfer to any organization about *You* obtained or collected in connection with *Your Plan*.

*You* hereby expressly waive the requirement to be notified when *Your* data is transferred by *Us*.

*You* are entitled on payment of a fee to receive a copy of the personal information *We* hold about *You*. This will be information that *You* have given us during *Your Plan*. If you would like a copy of *Your* information, please write to *Us* at:

Data Protection Department, IMG Europe Ltd.,  
36-38 Church Road, Burgess Hill, West  
Sussex, RH15 9AE, United Kingdom

*We* are hereby released from any liability for any claim if *You* refuse disclosure of *Your* data to a third party, which in turn prevents *Us* from providing cover under this *Plan*.

#### **Eligible People**

Refer to Eligibility Section E7 Page 31 for full details:

#### **Age Limits**

*Plans* are only available for eligible persons aged 15 days old or more and under 76 years of age at the *Effective Date*.

Note a reduced *Maximum Limit* Sum Insured of \$50,000/£30,000/€40,000 will apply to Persons Aged 70 - 75 years. There is no cover for persons aged 76 years or more.

#### **Nationality, Home Country Cover & Departure & Residence Requirements.**

i) This *Plan* is available to eligible persons of any nationality worldwide.

ii) There is however no coverage within *Your Home Country* (refer to Definitions Section for further details) For US Citizens, both *Your Country of Residence* and the USA will be deemed *Your Home Country*.

iii) *You* may apply for *Your Plan* either before or after *You* have departed your *Home Country*. There are no residence requirements or restrictions in regards to applying for the *Plan*:

#### **Health Conditions**

This insurance has conditions and exclusions that are about *Your* health. *We* do not cover claims directly or indirectly in relation to *Pre-Existing Conditions* and medical problems that *You* had before the cover started.

#### **Pregnancy and childbirth**

*We* do not provide cover under this *Plan* for *Pregnancy* complications, *Pregnancy* or childbirth, nor if something happens in relation to, or as a result, of *Pregnancy* complications, *Pregnancy* or childbirth.

#### **Excesses & Co-Insurance**

Under most sections of this *Plan*, before any benefits are paid under *Your Plan*, and exclusive of any *Co-Insurance* (if applicable), *You* are required to pay the first part of all *Eligible Charges* up to the *Excess* amount as stated on *Your Certificate of Insurance*, for each *Illness* and for each *Period of Insurance* (unless where a different *Excess* is stated within any relevant *Policy Wording* Section).

The *Excess* is waived for claims incurred due to a covered *Accident*.

#### **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* will be injured Refer to Exclusion 15 (g) on page 28 for details of activities which are not covered.

At time of initial *Application* *You* may also choose to apply for the Adventure Sports Optional Coverage, which upon payment of an additional *Premium*, will give *You* coverage, up to *Sub-Limits* and subject to *Terms*, for participation in a wider range of Adventure Sports.

#### **Cancellations & 'Cooling-off' Period 14 Day Money Back Guarantee**

Please read through the *Policy Wording* carefully and check the details on the *Certificate of Insurance* to confirm that the cover chosen meets with *Your* requirements.

If *You* are not satisfied, or this cover is not suitable for *You* and *You* want to cancel *Your Plan*, please provide written cancellation instructions (by e-mail, fax or post) and return the *Policy Wording* with the *Certificate of Insurance* within 14 days after receipt, to:

IMG Europe Ltd.,  
36-38 Church Road,  
Burgess Hill,  
West Sussex,  
RH15 9AE,  
United Kingdom

Fax : +44 (0) 1444 46 55 50  
E-mail : [info@imgeurope.co.uk](mailto:info@imgeurope.co.uk)

Provided *You* have no claims paid or that are in progress:

i) For *Plans* cancelled within 14 days of *Application*:  
- *You* will receive a full refund of premium paid;

ii) For *Plans* cancelled after 14 days from the date of *Application*:

- there will be no refund payable;

Of course, if *You* cancel *Your Plan* *You* cannot make a claim under it and neither *You* nor *Us* will have any further rights, liabilities or obligations under the *Plan*.

*Your* request for cancellation will be dealt with promptly and *Your Plan* will be retroactively cancelled.

If *You* have any doubts regarding the *Terms of Your Plan*, please contact the *Plan Manager* directly for clarification, otherwise it shall be assumed that all *Terms* are understood and acceptable to *You*.

#### **Law**

The laws of England govern this insurance. *Your Plan* is deemed issued in London, England.

#### **Conditions, Exclusions and Limitations**

Conditions and exclusions will apply to individual sections of *Your Plan*, while general exclusions, conditions and limitations will apply to the whole of *Your Plan*.

#### **Property Claims**

*We* pay these claims based on the *Sub-Limits* in the applicable *Section of Cover* and the value of the items at the time *You* lose them, unless it says otherwise in *Your Plan*. (This means *You* will not get back all of the money *You* paid for the item).

Property is only covered once it is checked in with *Your* airline or *Common Carrier*. Property on *your* person, or left in any other location (other than Travel Documents in a locked Hotel Safety Deposit Box), or with any other person, that is not checked-in with a *Common Carrier* is not covered.

There is no cover under *your Plan* for loss or theft of cash, money, travellers cheques or other financial documents.

#### **Policy Limits**

Most sections of *Your Plan* have limits on the amount *We* will pay up to. *You* should check *Your Plan*. If *You* plan on taking expensive items with *You*, we suggest *You* insure them separately under a household or other all-risks policy.

#### **Reasonable Care & Mitigation**

*You* need to take all reasonable care to protect yourself and *Your* belongings. *You* are also required to take all reasonable actions to reduce the costs of any claim and mitigate any loss.

#### **If you have any questions**

If *You* have any questions about the cover *We* provide or *You* would like more information,

please phone IMG Europe Ltd. customer services on:

UK +44 (0)1444 46 55 55

or e-mail: [info@imgeurope.co.uk](mailto:info@imgeurope.co.uk)

#### **Medical Emergencies**

*We* will help *You* if *You* are ill or injured outside *Your Home Country*. *We* provide a 24-hour medical emergency assistance service 365 days a year, and *You, Your Medical Practitioner, Hospital* administrator or a *Relative* can contact *Us* on the following numbers:

#### **Emergency 24hr Medical Helpline**

##### **Numbers:**

UK +44 (0)1444 46 55 99

USA +1 317 655 45 00

##### **Fax Number (not 24hr):**

UK +44 (0) 1444 46 55 50

USA +1 317 655 45 05

When *You* contact us *You* will need to give *Us* the following information:

- Name of *Insured Person*
- Policy Number
- Telephone and/or fax number
- Location of *Insured Person*
- The medical *Emergency*

#### **Hospitals, Treatment & Costs Abroad**

If *You* go into hospital abroad as an *In-Patient* or *Day-Patient*, or *You* are to receive certain treatments, services or supplies, or incur costs in excess of \$900/£500/€750 then *You* MUST contact *Us* before incurring costs (or within 48 hours if an emergency) and follow the *Pre-Certification* procedure outlined within the Policy Wording (see page 38), if *You* do not, *We* may not provide cover and *We* may also reduce the amount *We* pay for medical expenses. If *You* receive medical *Treatment* abroad as an *Out-Patient*, unless the medical provider has confirmed to *You* they agree to bill IMG Europe Ltd. directly (with *You* first paying any required *Excess* or *Co-Insurance* locally to the medical provider) then *You* should pay the *Hospital* or clinic and claim back *Your* eligible charges from IMG Europe Ltd.

#### **A note to all Insured People, Doctors and Hospitals**

This is Travel Medical Insurance providing coverage subject to *Policy Wording*, Limits, *Terms*, Conditions and Exclusions for sudden and unforeseen *Accidents, Injuries* and *Illnesses*. It is not a comprehensive private medical insurance plan and **it provides no cover for claims or charges incurred directly or indirectly due to a Pre-Existing Condition, related conditions or other exclusions**. If *You* need any medical *Treatment*, *You* must tell us immediately or *We* may not cover medical expenses. Any guarantees given will be subject to *Plan Terms*

and Conditions. If You need any medical Treatment, You must allow Us or our

representatives to see all of Your medical records and information.

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## Important Notice For Insured Persons:

### Statements Made in the Application

Please also read the *Certificate of Insurance* and accompanying fulfilment documentation that accompanies this Policy Wording. Omissions, errors or misstatements in *Your Application* or on *Your Certificate of Insurance* could cause an otherwise valid claim to be denied. Carefully check the *Certificate of Insurance* and write to the *Plan Manager* within 10 days if any information shown on it is not correct and complete. *Your Application* and *Certificate of Insurance* forms a part of the Policy Wording, and *Your Plan* was issued on the basis that the answers to all questions and the information given on the *Application* are true, accurate, complete and correctly recorded.

### How to Contact Us

Claims should be advised immediately in writing to the *Plan Manager*. You can download a claim form from the website [www.imgeurope.co.uk](http://www.imgeurope.co.uk), which should be completed in accordance with the instructions contained therein and returned together with the original invoices and all supporting documentation.

#### Mailing Address:

IMG Europe Ltd.  
36-38 Church Road  
Burgess Hill, West Sussex,  
RH15 9AE, United Kingdom

#### Telephone Numbers

Customer Service (UK)	+44	(0)	1444 46 55 77
Claims (UK)	+44	(0)	1444 46 55 88
Pre-Certification (UK)	+44	(0)	1444 46 55 88
(calling from outside the USA) (US)	+1		317 655 45 00
(calling from inside the USA) (US)			800 628 46 64
US Medical Concierge (Toll Free Within USA)	+1		877 654 62 29

#### Emergency Medical Helpline

Emergency calls only to the UK	+44	(0)	1444 46 55 99
Emergency calls only to the USA	+1		317 655 45 00

#### Useful E-Mail Addresses

Customer Services	<a href="mailto:info@imgeurope.co.uk">info@imgeurope.co.uk</a>
Claims	<a href="mailto:claims@imgeurope.co.uk">claims@imgeurope.co.uk</a>
Pre-Certification	<a href="mailto:acm@imglobal.com">acm@imglobal.com</a>
US Medical Concierge	<a href="mailto:mcs@akesocare.com">mcs@akesocare.com</a>

#### Fax Numbers

UK	+44	(0)	1444 46 55 50
USA	+1		317 655 45 05

## Our Agreement

We promise and agree to provide *You* with the cover and benefits described in this Policy Wording, subject to all of the *Terms* contained herein. We make this promise and agreement and issue *Your Plan* in consideration of the accuracy and truthfulness of *Your Application* and the payment of *Premium*.

## Commencement of Cover

*Your* cover will commence from the 00:01Hrs Greenwich Mean Time (GMT) on the *Effective Date*, as stated on the *Certificate of Insurance*. We will not commence *Your* cover unless and until We have accepted *Your Application*, received payment of *Your Premium*, and issued *Your Plan*.

## Eligibility and Age Limits

Eligibility is subject to *Our* acceptance of *Your Application*. The minimum age at entry is 15 days attained. If *You* are a *child* under the age of 18 years attained, a parent or guardian is required to sign the *Application* on *Your* behalf. The maximum age at entry is 75 years of age.

Refer to Section E7. Eligibility (Page 31) for further Eligibility details, *Terms* and conditions.

## Definitions

Certain words and phrases used in this Policy Wording have specific meanings and are defined in this section. The defined words and phrases are capitalised and printed in italics wherever they appear in the Policy Wording.

***Accident:*** A sudden, unintentional, unforeseen and *Unexpected* incident caused by external, visible means and resulting in physical *Injury* to *You* occurring whilst *Your Plan* is in effect.

***AIDS:*** Acquired Immune Deficiency Syndrome.

***Alcohol and Substance Abuse:*** A misuse, illegal use, over use or abuse of, or a dependency on, or an addiction to any alcohol, *Drug*, medicine, controlled substance, narcotic, toxin or chemical.

***Amateur Athletics:*** 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 (collectively, "organised athletic activities"). This definition does not include non-organised athletic activities that are non-contact and engaged in by *You* solely for recreational, entertainment or fitness purposes.

***Application:*** The fully answered and signed form entitled "Application Form/Enrolment Form" and all amendments and supplements to that form submitted by *You* or on *Your* behalf for acceptance into, renewal or extension of cover under, or reinstatement in the *Plan*, which *Application* shall be incorporated in and become part of the *Plan* and Policy Wording. Any insurance agent, broker or other intermediary assigned to or assisting with the *Application* is *Your* agent and representative, and is not an agent or representative for or on behalf of *Us* or *Our Plan Administrator* or the *Plan Manager*.

***ARC:*** AIDS related complex.

***Area of Cover:*** One of the three geographical areas within which *You* are, or will be, travelling within and to which *Your* cover is restricted, as selected by *You* during *Your* original *Application* and for which the appropriate *Premium* has been paid, and as shown on the *Certificate of Insurance*. Any charges incurred by *You* for *Treatment* or supplies within *Your Home Country*, or whilst outside the selected *Area of Cover* are excluded. The *Areas of Cover* are defined as follows:

**Europe Only:\*** Europe including Albania, Andorra, Armenia, Austria, Azerbaijan, Belgium, Bosnia and Herzegovina, Bulgaria, Canary Islands, Channel Islands, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Gibraltar, Greece, Greenland, Holland, Hungary, Iceland, Ireland, Italy, Jersey, Kazakhstan, Kyrgyzstan, Latvia, Liechtenstein, Lithuania,

Luxembourg, Macedonia, Madiera, Malta, Moldova, Monaco, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation, San Marino, Serbia, the Slovak Republic, Slovenia, Spain (including the Balearics and Canary Islands), Sweden, Switzerland, Tajikistan, Turkey, Turkmenistan, Ukraine, United Kingdom, Uzbekistan, the Vatican City and Yugoslavia.

### **Worldwide excluding USA and Canada\***

#### **Worldwide\***

\* All areas exclude coverage within *Your Home Country*

Certificate of Insurance: A document issued by *Us* to *You* in conjunction with the *Plan* evidencing *Your* cover under the *Plan* including the *Period of Insurance*, the level and *Geographic Area of Travel Cover*, *Your Excess* and any *Endorsements* that may apply.

Child; Children: An *Insured Person* who is less than eighteen (18) years of age.

Chronic Condition: A Medical Condition which has at least one of the following characteristics:

- It continues indefinitely and has no known cure.
- It comes back or is likely to come back.
- It is persistent or permanent.
- You need to be rehabilitated or specially trained to cope with it.
- It needs long term monitoring, consultations, checkups, examinations or tests.

Co-Insurance: The payment by *You* (or *Your* obligations for payment) of *Eligible Charges* at the percentage specified in the *Schedule of Cover* contained herein and exclusive of the applicable *Excess* chosen by *You*. *Co-Insurance* maximum must be satisfied only once by the *Insured Person* during twelve months of continuous coverage. After the first twelve (12) months of continuous coverage under this insurance, a new coinsurance maximum will apply for each period of twelve (12) months of continuous coverage thereafter. No more than 2 *Co-Insurance* maximums per *Insured Person* must be satisfied within the maximum twenty-four (24) continuous coverage period.

Common Carrier: A company or organisation that holds itself out to the public as engaging in the business of transporting persons from place to place by air, rail, bus and/or sea for compensation, offering its scheduled services to the public generally, and is licensed by a recognised and approved government authority to transport fare-paying passengers. The term *Common Carrier* does not include taxi, motorcar, motorcycle, or limousine services, or transportation by animal or human means (for example, by horse, camel, elephant or rickshaw).

Congenital Disorder: Physical abnormality that is present at birth.

Country of Citizenship: The country in which the *Insured Person* is born (and has not renounced or lost citizenship) or naturalised and to which that person owes allegiance and by which he or she is entitled to be protected.

Country of Residence: the country of which *You* are a citizen or national; including any country where *You* maintain *Your* primary residence or usual place of abode and any country of which *You* pay income taxes or are the possessor of a validly issued passport.

Coverage Extension Period: If a covered *Injury* or *Illness* requires continuing *Treatment* after the expiration of the *Period of Insurance*, a supplemental *Coverage Extension Period* may provide continuing coverage for the covered *Injury* or *Illness* for up to thirty (30) continuous days, not to exceed \$5,000/£3,000/€4,000, subject to the following: when the *Period of Insurance* expires while a covered *Injury* or *Illness* requires continuing *Treatment*, *We* will review and determine the date of initial *Treatment* for the covered *Injury* or *Illness*, and if such date is less than thirty (30) days prior to the expiration of the *Period of Insurance*, coverage for the covered *Injury* or *Illness* will continue until there has been at least thirty (30) days of continuous coverage for the covered *Injury* or *Illness*, subject to the limits and sub-limits set forth in the *Schedule of Cover*, and subject to all other *Terms* of the *Plan*.



*Custodial Care:* Those types of *Treatment*, care or services, wherever furnished and by whatever name called, that are designed primarily to assist an individual in activities of daily life.

*Day-Patient:* An *Insured Person* who is admitted to a *Hospital* solely to receive *Medically Necessary Treatment* for an *Eligible Medical Condition*, occupies a bed and stays for a period of clinically-supervised recovery or *Treatment*, but does not stay in *Hospital* overnight.

*Dental Practitioner:* A person who is licensed by the relevant authority to practice dentistry in the state or country where the *Dental Treatment* is given.

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

*Dependent Child:* *Your* or *Your Spouse's*, natural or adopted child, who is unmarried and living with *You* and/or such *Spouse*, who is under the age of 18 years old but older than 14 days and otherwise eligible for this insurance pursuant to Section 7 - Eligibility, and who has been properly listed and identified on the *Application* and for whom the proper *Premium* has been timely paid.

*Direct Settlement:* (Only available in certain countries): Where *You* are able to obtain *Treatment* for an *Eligible Medical Condition* at a medical provider and where the charges will be settled directly by *Us*.

Please Note: *You* are still responsible for any *Co-Insurance* and *Excess* applicable to *Your Plan* which must be settled directly with the medical provider at time of *Treatment*. Where *You* receive *Treatment* for a *Medical Condition* that is not covered under the *Terms of Your Plan*, *You* remain liable for the cost of such *Treatment*, which must be settled in full upon request. Failure to act accordingly will result in the suspension or cancellation of *Your Plan*, without refund of *Premium*.

*Disabled:* A person who has a congenital or acquired mental or physical defect that interferes with normal functioning of the body system or the ability to be self-sufficient.

*Drugs:* *Medically Necessary* drugs or medicines prescribed by a *Medical Practitioner* or *Specialist*, which are not available without prescription and which are not *Experimental*.

*Durable Medical Equipment:* A standard basic *Hospital* bed and a standard basic wheel chair.

*Educational or Rehabilitative Care:* Care for restoration (by education or training) of a person's ability to function in a normal or near normal manner following an *Illness* or *Injury*. This type of care includes, but is not limited to, vocational or occupational therapy, and speech therapy.

*Effective Date:* The date shown on the *Certificate of Insurance* on which *You* were first covered under *Your Plan*.

*Eligible Charges:* The *Reasonable and Customary Charges* for those costs, charges and expenses incurred by *You* during a *Period of Insurance* for *Medically Necessary Treatment* or supplies which are directly related to an *Eligible Medical Condition*, and for which *You* or *Your* beneficiary will make a claim or seek payment under *Your Plan*.

*Eligible Medical Condition:* Any *Medical Condition* for which there is cover under *Your Plan*.

*Emergency:* 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 twenty-four (24) hours, based upon a reasonable medical certainty.

*Emergency Medical Evacuation:* Emergency transportation provided by designated, licensed, qualified, professional emergency personnel acting within the scope of such license from the *Hospital* or medical facility where *You* are located to a non-local *Hospital* or medical facility, recommended by the attending *Medical Practitioner* who certifies, to a reasonable medical certainty, that *You* have experienced:

- 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 twenty-four (24) hours; and

- where *Medically Necessary Treatment* cannot be provided locally, either in the facility of the attending *Medical Practitioner* or another local facility.

**Endorsement:** Any exhibit, schedule, attachment, amendment, endorsement, rider 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 the Policy Wording, *Plan*, the *Certificate of Insurance*, or the *Application*, as the case may be.

**Excess:** The first amount payable by *You* (or on *Your* behalf) per *Illness*, per *Period of Insurance* in respect of *Eligible Charges* and covers, before any benefits are paid under *Your Plan*, and exclusive of *Co-Insurance*. If *Treatment* has gone on for more than one *Period of Insurance*, *We* will treat it as a new claim for any further *Treatment* after that date and will reapply any *Excess*.

**Experimental:** Any *Treatment* or supply, including a new, untested *Drug*, procedure, therapies, or service or the use of that: by nature or composition deviates from, or is used or applied in a way which deviates from, generally accepted standards or current medical practice; or is under investigation to determine its safety and effectiveness; or is only available to individuals who are participating in a research study or clinical trials; or is investigational or unproven.

**Extended Care Facility:** An institution, or a distinct part of an institution, which is licensed as a *Hospital*, *Extended Care Facility* or rehabilitation facility by the state or country in which it operates; and is regularly engaged in providing 24-hour skilled nursing care under the regular supervision of a *Medical Practitioner* and the direct supervision of a *Registered Nurse*; and maintains a daily record on each patient; and provides each patient with a planned program of observation prescribed by a *Medical Practitioner*; and provides each patient with active *Treatment* of a *Medical Condition*. *Extended Care Facility* does not include a facility primarily for rest, the aged, the *Treatment of Alcohol and Substance Abuse*, *Custodial Care*, nursing care, or for care of *Mental or Nervous Disorders* or the mentally incompetent.

**Home Country:** The country which is *Your Country of Residence*; or where *You* have multiple residences, dual citizenship, or *You* hold more than one passport, in the absence of other evidence, *Your Home Country* will mean the country declared on the *Application*. For USA Citizens, the *Home Country* is both the United States of America and *Your Country of Residence*.

**Home Health Care Agency:** A public or private agency or one of its subdivisions, which operates pursuant to law; and is regularly engaged in providing *Home Nursing Care* under the supervision of a *Registered Nurse*; and maintains a daily record on each patient; and provides each patient with a planned program of observation and *Treatment* prescribed by a *Medical Practitioner*.

**Home Nursing Care:** Services and/or *Treatment*, provided by a *Home Health Care Agency* and supervised by a *Registered Nurse*, which are directed toward the personal care of a patient, provided always that such care is in lieu of *Medically Necessary In-Patient* care.

**Hospice:** An institution which operates as a hospice; and 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 six (6) months.

**Hospital:** An institution which operates as a *hospital* pursuant to law; and 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-Patients*; and provides 24-hour nursing service by *Registered Nurses* on duty or call; and has a staff of one 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, custodial care, or convalescent home, or a place for the aged, the *Treatment of Alcohol and Substance Abuse*, or runaways or similar establishment.

**Hospitalisation/Hospitalised:** Confined or treated in a *Hospital* as an *In-Patient*.

**Host Country:** The country or countries other than the *Home Country* that the *Insured Person* is travelling to/in.

**Illness:** A sickness, disorder, *Illness*, pathology, abnormality, malady, morbidity, affliction, disability, defect, handicap, deformity, birth defect, congenital defect, symptomatology, syndrome, malaise, infection, infirmity, ailment, disease of any kind, or any other medical, physical or health condition. Provided, however, that *Illness* does not include a learning disabilities, or an attitudinal or disciplinary problem. All *Illnesses* that exist simultaneously or which arise subsequent to a prior *Illness* and which directly or indirectly relate to or result or arise from the same or related causes or as a consequence thereof or from one another are considered to be one *Illness*. Further, if a subsequent *Illness* results or arises from causes or consequences that are the same as or related to the causes or consequences of a prior *Illness*, the subsequent *Illness* will be deemed to be a continuation of the prior *Illness* and not a separate *Illness*.

**Implant:** Any device, object, or medical item that is surgically imbedded, inserted, or installed for medical purposes within or on a patient's body, including for orthotic or prosthetic reasons.

**Injury:** Bodily injury resulting or arising directly from an *Accident*. All *Injuries* resulting or arising from the same *Accident* shall be deemed to be one *Injury*.

**In-Patient:** A person who has been admitted to and charged by a Hospital for bed occupancy for purposes of receiving inpatient 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 will occupy a bed and (1) remain at least overnight or (2) is expected to need *Hospital* care for 24 hours or more.

**Insured Person; You; Your:** The person in whose name the *Plan* is effected, as indicated on the *Certificate of Insurance*.

**Insurer; We; Us; Our:** Sirius International Insurance Corporation (publ), headquartered in Stockholm, Sweden is the underwriter of the *Plan* and its risks. *We* are solely obligated and liable for all covers and benefits provided under the *Terms* of this Policy Wording and *Plan*.

**Intensive Care Unit:** 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:** *Treatment* that includes *drugs* not yet released for distribution by the US Food and Drug Administration or European Medicines Agency and/or procedures or services which are still in the clinical stages of evaluation.

**Lifetime Limit:** The cumulative total amount of benefit payments or reimbursements available to *You* during *Your* lifetime under the *Plan*.

**Local Ambulance Transport/Local Ambulance Expense:** 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. *Local Ambulance Transport* does not include subsequent inter-facility transfers of admitted patients.

**Maximum Limit:** The cumulative total financial amount of benefit payments and/or reimbursements available to an *Insured Person* under this *Plan* during the *Insured Person's Period of Insurance*. When the *Maximum Limit* is reached, no further benefits, reimbursements or payments will be available under this *Plan* during the *Insured Person's Period of Insurance*.

**Maximum Trip Duration:** This is the maximum number of days for each and every trip outside *Your Home Country*, as shown on *Your Certificate of Insurance*, that this *Plan* provides coverage for. No one trip may exceed the *Maximum Trip Duration*, or the *Expiry Date* of *Your Certificate of Insurance*, and if *You* choose to stay abroad for a longer period, then cover will not be provided for any period beyond the *Maximum Trip Duration*, or *Expiry Date* of *Your Certificate of Insurance*. An unlimited number of trips may be made within the *Period of Insurance*.

**Medical Condition:** Any *Injury*, *Illness* (including *Mental* or *Nervous Disorders*), disease or symptom, and any related condition in which one is a result of the other or each is the result of the same *Medical Condition*.

Medically Necessary; Medical Necessity: A *Treatment, service, medicine, or supply* which is necessary, appropriate and required for the diagnosis or *Treatment* an *Eligible Medical Condition* and which is provided in accordance with generally accepted medical standards or current medical practice as determined by *Us*. A *Treatment, service, medicine, or supply* will not be considered *Medically Necessary* or of a *Medical Necessity* if it is provided or obtained solely as a convenience to *You* or *Your* provider or *Medical Practitioner*, or if it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate, and appropriate diagnosis or *Treatment*.

Medical Practitioner: A qualified practitioner of the medical arts who is currently licensed by the state or country in which the *Treatment* is provided and who is acting within the scope of that license, other than *You* or a *Relative* or a person who resides or has resided in *Your* home.

Mental or Nervous Disorder: Any mental, nervous, or emotional *Illness* which generally denotes an *Illness* of the brain with predominant behavioral symptoms; or an *Illness* of the mind or personality, evidenced by abnormal behavior; or an *Illness* or disorder of conduct evidenced by socially deviant behavior. *Mental or Nervous Disorders* include without limitation: psychosis; depression; schizophrenia; bipolar affective disorder; learning disabilities and attitudinal or disciplinary problems; any disease or condition, regardless of whether the cause is organic, that is classified as a *Mental Disorder* in the current edition of the International Statistical Classification of Diseases and Related Health Problems (ICD) as produced by the World Health Organisation; For purposes of this insurance, *Mental or Nervous Disorder* does not include learning disabilities, or attitudinal or disciplinary problems or *Alcohol and Substance Abuse*.

Mortal Remains: The bodily remains or ashes of an *Insured Person*.

Natural Disaster: Widespread disruption of human lives by disasters such as flood, drought, tidal wave, fire, hurricane, earthquake, windstorm, or other storm, landslide, or other natural catastrophe or event resulting in migration of the population for its safety.

Newborn: An infant born from *You* or *Your* spouse from the moment of birth through the first 31 days of life.

Non-Disclosed Condition: An *Illness* or *Injury* diagnosed, treated, or known to *You* prior to completing the *Application* for coverage under this *Plan*, but not disclosed, revealed, listed or otherwise made known on the *Application* or any subsequent Claim Form.

Out-Patient: An *Insured Person* who receives *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.

Palliative Care: Any *Treatment* given to offer temporary relief of symptoms, rather than to cure the *Medical Condition* causing the symptoms.

Partner: A person who is residing with *You* in a conjugal relationship.

Period of Insurance: The first *Period of Insurance* is the period starting on the *Effective Date* and ending on the earliest of the following dates: a) the expiry date specified in the *Certificate of Insurance*, or (b) the termination date as determined in accordance with General Condition 17 Termination of Cover. The *Period of Insurance* can be no more than twelve (12) consecutive months.

Plan: The contract of insurance between *You* and *Us*. *Your Plan* consists of *Your Application*, the *Certificate of Insurance*, this Policy Wording including the *Schedule of Cover*, and any *Endorsements*. *We* are solely liable and responsible for the cover and benefits provided under the *Plan*.

Plan Administrator: The person appointed by *Us* to administer the *Plan*. The appointed *Plan Administrator* is International Medical Group, Inc., and it 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 responsibility, liability or obligation of any kind whatsoever under the *Plan, Policy Wordings, or Certificate of Insurance*.

Plan Manager: The person appointed to act as co-ordinator between the *Plan Administrator* and *Us*. The *Plan Manager* is also an authorised agent for *Us* and on *Our* behalf for the purposes of: receiving

*Premiums* from or on behalf of *Insured Persons*; receiving and holding claims money prior to transmission to the *Insured Person* making the claim in question; and receiving and holding *Premium* refunds prior to transmission to the *Insured Person* entitled to the *Premium* refund in question. The appointed *Plan Manager* is IMG Europe Limited, 36-38 Church Road, Burgess Hill, West Sussex, RH15 9AE, United Kingdom, and it has and shall have no direct, indirect, joint, several, separate, individual, responsibility, or independent liability or obligation of any kind under the *Plan, Policy Wordings, or Certificate of Insurance*.

*Pre-Certification; Pre-Certified:* A process through which *You* are responsible for providing notification to *Us* prior to incurring costs or undertaking *Treatment* for many of the benefits under *Your Plan*. It also involves a general determination of *Medical Necessity*, made by *Us* in reliance and based upon the completeness and accuracy of the information provided to *Us* at the time thereof. *Pre-Certification* does not assure, authorize, verify, or guarantee that *We* will pay charges incurred by *You*. See Section labelled 'Pre-Certification' (page 38) for further details, *Terms* and conditions.

*Pre-Existing Condition:* Any *Injury, Illness, sickness, disease, Medical Condition* or other physical, medical, *Mental or Nervous Disorder*, condition or ailment that with reasonable medical certainty, existed at the time of the *Application* or at any time during the three years prior to the *Effective Date* of this *Plan*; whether or not previously manifested, symptomatic or known, diagnosed, *Treated*, or *You* were aware it existed, even if disclosed on the *Application* or on any claim form, or otherwise to *Us*, and including any and all subsequent, *Chronic* or recurring complications or consequences related thereto or resulting or arising therefrom.

*Pregnancy; Pregnant:* 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 fetus develops to birth.

*Premium:* The payments required to activate and maintain *Your* cover and benefits under *Your Plan*, in the amounts and at the times ("Due Dates") established by *Us* in *Our* sole discretion from time to time.

*Professional Athletics:* A sport activity, including practice, preparation, and actual sporting events, for any individual or organised team that is a member of a recognised professional sports organisation, is directly supported or sponsored by a professional team or professional sports organisation, is a member of a playing league that is directly supported or sponsored by a professional team or professional sports organisation; or has any athlete receiving for his or her participation any kind of payment or compensation, directly or indirectly, from a professional team or professional sports organisation.

*Qualified Facility:* A *Hospital* or other medical facility that can successfully perform the needed procedure or *Treatment*.

*Reasonable and Customary Charges:* A typical and reasonable amount of reimbursement for similar services, medicines, or supplies within the area in which the charge is incurred. In determining the typical and reasonable amount of reimbursement, *We* may, in *Our* reasonable discretion, consider one or more of the following factors, without limitation: the amount charged by the provider; the amount charged by similar providers or providers in the same or similar locality; the amount reimbursed by other payors for the same or comparable services, medicines or supplies in the same or similar locality; the amount reimbursed by other payors for the same or comparable services, medicines or supplies in other parts of the country; the cost to the provider of providing the service, medicine or supply; the level of skill, extent of training, and experience required to perform the procedure or service; the length of time required to perform the procedure or service as compared to the length of time required to perform other similar services; the length of time required to perform the procedure or service as compared to national standards and/or benchmarks; the severity or nature of the *Illness* or *Injury* being treated; and such other factors as *We*, in the reasonable exercise of *Our* discretion, determine are appropriate.

*Registered Nurse:* A graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other government authority, and who is legally entitled to place the letters "R.N." after his or her name, or whose name is currently on any register or roll of nurses, maintained by any statutory nursing registration body within the country in which he or she is a resident.

**Relative:** Your spouse, *Partner*, husband- or wife-to-be, child, son- or daughter-in-law, parent, step-parent, parent-in-law, legal guardian, grandparent, grandchild, sibling, brother-in-law or sister-in-law or immediate family member.

**Renewal Date:** An anniversary of the *Effective Date*, that is twelve (12) months following the *Effective Date*.

**Routine Physical Exam:** Examination of the physical body by a *Medical Practitioner* for preventative or informative purposes only, and not for the *Treatment* of any *Illness* or *Injury*.

**Schedule of Cover:** The summarised schedule of benefits, coverage, limits and sub-limits as set forth for ease of reference in this Policy Wording, all of which are subject to the full *Terms* of this *Plan*.

**Self-inflicted:** 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:** 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.

**Sub-Limit:** The maximum amount of benefit payments or reimbursements available to *You* per *Period of Insurance* for *Eligible Charges* with respect to an *Eligible Medical Condition* or section of cover. The *Sub-Limit* is subject to the overall *Maximum Limit* sum insured per *Period of Insurance*.

**Substance Abuse:** Alcohol, drug or chemical abuse, misuse, illegal use, overuse or dependency.

**Surgery:** A generally accepted invasive diagnostic or operative procedure or *Treatment* of a *Medical Condition* by manual or instrumental operations performed by a *Medical Practitioner* while *You* are under general or local anaesthesia.

**Telemedicine:** Telemedicine is the use of medical information (beyond a verbal history) exchanged from one healthcare provider site to another via electronic communications to improve patients' health status. Videoconferencing, transmission of still images, and remote monitoring of vital signs are all considered part of Telemedicine. Telemedicine services that would be considered for *Medical Necessity* and appropriateness by the Company under the Plan would include without limit:

- Specialist referral services which typically involves of a specialist assisting a general practitioner in rendering a diagnosis to guide *Treatment*.
- Patient consultations using telecommunications to provide medical data, which may include audio, still or live images, between a patient and a *Medical Practitioner* or other healthcare provider for use in rendering a diagnosis and *Treatment* plan. This might originate from a remote clinic to a *Medical Practitioner's* office using a direct transmission link or may include communicating electronically.
- Remote patient monitoring uses devices to remotely collect and send data from a medical facility to a monitoring station for interpretation. Such applications might include a specific vital sign, such as blood glucose or heart ECG.

**Terms:** Terminology, provisions, conditions, definitions, limits, *Sub-Limits*, limitations, wordings, restrictions, qualifications and/or exclusions.

**Terrorism:** Criminal acts, including against civilians, committed with the intent to cause fear, death or serious bodily injury, or taking of hostages, with the purpose to provide a state of terror in the general public or in a group of persons or particular persons, intimidate a population or group or particular persons, or compel a government or international organisation to do or to abstain from doing an act.

**Travel Warning:** Published statement or document issued by the United States Department of State, Bureau of Consular Affairs, or similar government agency of the *Insured Person's Country of Citizenship or Residence*, warning that travel to specific identified countries, or regions therein, is hazardous and is not advised.

Treated/Treatment/Treat: Any and all undertakings, services and/or procedures rendered or employed with respect to the management and/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 combating any *Illness* or *Injury* or the symptoms or manifestations thereof, including without limitation: verbal or written advice, consultation, examination, discussion, diagnostic or laboratory testing or evaluation of any kind, pharmacotherapy or other medication, and/or *Surgery*.

Unexpected: Sudden, unintentional, not expected, and unforeseen.

Valuables: Audio, photographic video and electrical equipment (including camcorders, CDs, DVDs, cartridges, storage devices, video and audio tapes and electronic games), MP3 players, games consoles, personal organisers, eReaders (including ebooks and Kindles), computer equipment, tablet PCs (including iPads), netbook computers, binoculars, antiques, jewellery, watches, furs, leather goods, animal skins, perfumes, scents, silks, precious or semi-precious stones and items made of or containing gold, silver or precious metals, hearing aids, sports and leisure equipment and musical instruments.

## **Your Cover**

We will provide cover for benefits within *Your Area of Cover*, as shown under the *Schedule of Cover*, subject to the *Terms of Your Plan*. Any and all benefits listed below which do not appear in the *Schedule of Cover* relevant to *Your Plan*, We will be liable for only those benefits relating to *Reasonable and Customary Charges for Medically Necessary Treatment* and supplies which are directly related to *Eligible Medical Conditions* and for which such charges are incurred by *You* whilst *Your Plan* is in effect.

## Schedule of Cover & Plan Highlights

Subject to the *Terms of Your Plan* and if no other limitations apply, after deduction of any *Excesses* and *Co-Insurance*, We will pay *Eligible Charges* up to the *Maximum Limit* maximum sum insured per *Insured Person*, per *Period of Insurance*. Please note: *Eligible Charges* for certain benefits under *Your Plan* are payable only up to a *Sub-Limit* per *Insured Person* per *Period of Insurance* and/or only up to a *Maximum Limit* per *Insured Person*, as shown in the *Schedule of Cover*.

All benefit limits and *Excesses* in this table are set in \$US Dollar, £Sterling and €Euros. The currency in which You pay *Your Premium* being either \$US Dollar, £Sterling and €Euros, is the currency that applies to *Your Plan* for the purposes of the benefit limits and *Excesses*.

GlobeHopper Plan Information	Multi Trip (Individual & Group)
<b>Summary Schedule of Cover &amp; Plan Highlights</b>	
<small>Refer to Policy Wording for full details of coverage, exclusions, terms, conditions and limitations</small>	
<b>Plan Information &amp; Highlights</b>	
<b>Plan Maximum Limit</b> - Maximum Limit Aggregate Sum Insured - Per <i>Insured Person</i>	\$1,000,000 / £600,000 / €800,000
Senior Citizen Traveller Plan Maximum Limit	Age: 70-75                    \$50,000 / £30,000 / €40,000 76+                        Not Available
<b>Excess</b> - Per <i>Insured Person</i>	\$250 / £150 / €200 per <i>Insured Person</i> per each covered <i>Illness</i> .  <i>Excess</i> waived for claims incurred due to a covered <i>Accident</i> .
<b>Area of Cover Options</b> (*Regardless of Area of Coverage selected, no coverage applies to Home Country, as defined herein, except as specifically provided for within this Policy Wording)).	As shown on <i>Your Certificate of Insurance</i> <ul style="list-style-type: none"> <li>• Europe* (as defined)</li> <li>• Worldwide excluding USA &amp; Canada*</li> <li>• Worldwide*</li> </ul>
<b>Maximum Trip Duration Options</b>	Unlimited Number of Trips Per Period of Insurance.  Options: As shown on <i>Your Certificate of Insurance</i> :  30 Days Maximum Duration Per Trip 45 Days Maximum Duration Per Trip
<b>Available After Departure</b>	Yes
<b>Coverage Extension Period</b>	Up to 30 days past <i>Plan Expiry Date</i> for continued treatment, to a maximum of \$5,000/ £3,000 / €4,000
<b>Co-Insurance</b>	
For Treatment Received outside of the USA / Canada	No Co-Insurance
For Treatment Received within the USA/Canada	<b>In the PPO Network:</b> Plan pays 90% of eligible expenses up to \$5,000/£3,000/€4,000, then 100% up to the Maximum Plan Limit  <b>Out of the PPO Network:</b> Plan pays 80% of eligible expenses up to \$5,000/£3,000/€4,000, then 100% up to the Maximum Plan Limit
<b>World-Class Medical Benefits &amp; Freedom of Choice</b>	Coverage available for In-Patient and Out-Patient Medical Expenses. Freedom to choose any Hospital, Clinic or Doctor in your Area of Cover
<b>24 Hour International Emergency Care</b>	24Hr Medical Emergency Helpline plus a wide range of international emergency benefits including emergency evacuation, emergency reunion, return of mortal remains, return of minor children and more.
<b>MyIMG</b>	24hr secure access from anywhere worldwide to manage your account online



<b>Schedule of Cover</b>	
<b>A. Medical Benefits</b>	
<i>Usual, reasonable and customary charges. Subject to Excess and Co-Insurance when applicable</i>	
A1. Hospital Room & Board	Up to Maximum Limit
A2. Intensive Care	Up to Maximum Limit
A3. Medical Expenses	Up to Maximum Limit
A4. Out-Patient Medical Expenses	Up to Maximum Limit
A5. Emergency Local Ambulance	Injury: Up to Maximum Limit Illness resulting in In-Patient Admission: Up to Maximum Limit
A6. Prescription Drugs	Up to Maximum Limit
A7. Emergency Room Accident	Up to Maximum Limit
A8. Emergency Room Illness with In-Patient Admission	Up to Maximum Limit
A9. Emergency Room Illness without In-Patient Admission	Up to Maximum Limit with an additional \$250 / £150 / €200 Excess
A10. Dental – Injury due to Accident	Up to Maximum Limit
A11. Sudden Dental Pain	Up to \$150 / £90 / €115
A12. State Hospital Cash Benefit	\$100 / £60 / €75 Per night up to a maximum of 14 nights
A13. Reciprocal Health Agreement Benefit	Nil Excess When a claims saving is made due to a European Health Insurance Card (EHIC) or Reciprocal Health Agreement
<b>B. International Emergency Care &amp; Assistance</b>	
<i>When co-ordinated through the Plan Administrator</i>	
24 Hour Emergency Medical Help Line	Included
B1. Emergency Medical Evacuation	Up to Maximum Limit
B2. Emergency Reunion	Up to \$50,000 / £30,000 / €40,000
B3. Cremation/Burial, or Repatriation of Remains	Up to \$50,000 / £30,000 / €40,000
B4. Return of Minor Children	Up to \$50,000 / £30,000 / €40,000
B5. Identity Theft Assistance	Up to \$500 / £300 / €400 Per Period of Insurance
B6. Security and Political Evacuation	Up to \$10,000 / £6,000 / €7,500
<b>C. Additional Benefits</b>	
C1. Lost Checked-In Luggage/Travel Documents	Up to \$50 / £30 / €40 per Item of personal property; Maximum of Up to \$250 / £160 / €200 Per Period of Insurance
C2. Trip Interruption	Up to \$5,000 / £3,000 / €4,000
C3. Terrorism Coverage	Up to \$50,000 / £30,000 / €40,000 Lifetime Maximum
C4. Common Carrier Accidental Death	Up to \$50,000 / £30,000 / €40,000 to beneficiary; Maximum Per Family \$250,000 / £160,000 / €200,000
C5. Accidental Death and Dismemberment (AD&D)	Up to \$25,000 / £16,000 / €20,000 principle sum
C6. Citizenship Return Coverage	You are covered for trips back to your Country of Citizenship – any one trip may not exceed your elected Maximum Trip Duration. Area of Cover must include Country of Citizenship. Additional Requirements for USA Citizens, refer to Section C6 for details.

## SECTION A: Medical Benefits

Subject to the *Terms* of this Policy Wording, including without limitation the *Excess*, *Co-Insurance*, and limits and *Sub-Limits* set forth in the *Schedule of Cover*, We will pay *In-Patient* and *Day-Patient* charges You incur during the *Period of Insurance* or any applicable *Coverage Extension Period* with respect to an *Illness* or *Injury* suffered or sustained by the *Insured Person* during the *Period of Insurance* and while Your *Certificate of Insurance* is in effect, as follows, as long as the costs, charges or expenses are *Reasonable and Customary* ("*Eligible Charges*"):

### **A1. Hospital Room & Board**

We will pay *Eligible Charges* for *Hospital* accommodation, food and nursing services, limited to a standard private room up to a maximum of 150% of the average semi-private room rate (except for *Treatment* in the USA and Canada where cover is limited to a semi-private room); Unbundled services or Personal items such as telephone calls, newspapers and guest meals are excluded from cover.

### **A2. Intensive Care**

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

### **A3. Medical Expenses**

We will pay *Eligible Charges* in respect of ;

- (1) Charges incurred at a *Hospital* for:
  - (a) use of operating theatre, *Treatment* or recovery room; and
  - (b) services and supplies which are routinely provided by the *Hospital* to persons for use while *In-Patient* or *Day-Patient*; and
- (2) *Medical Practitioners*, *Surgery*, *Consultants*, *Surgeons*, *Anaesthetists*, *Nurses*, *Treatment*, *Services and Supplies* and *Ancillary Charges*:

*Eligible charges* for professional services, supplies, *Treatment* and referrals (including *Ancillary Charges*) rendered by *Medical Practitioners* (including family doctors and general practitioners who are also *Medical Practitioners*), *Consultants*, *Surgeons*, *Anaesthetists*, and *Nurses*, including *Pre-Certified Surgery*; provided, however, that charges by or for an assistant surgeon will be limited and covered at the rate of twenty percent (20%) of the *Reasonable and Customary* charge of the primary surgeon; and provided, further, that standby availability of a *Medical Practitioner* or surgeon will not be deemed to be a professional service and is not eligible for coverage; and

- (3) Other *Eligible Charges* incurred for:
  - (a) dressings, sutures, casts or other supplies that are *Medically Necessary*; and
  - (b) x-rays, pathology, diagnostic testing and procedures including radiology, ultrasonographic or laboratory services (psychometric, behavioral and educational testing are not included); and
  - (c) *Pre-Certified Implant* devices that are *Medically Necessary*; however any *Implants* provided by a non-PPO provider are limited to payment of no more than 150% of the established invoice price and/or list price for that item; and
  - (d) *Pre-Certified* basic functional artificial limbs, eye or larynx or breast prostheses, but not the replacement or repair thereof; and
  - (e) haemodialysis and the *Eligible Charges* by a *Hospital* for processing and administration of blood or blood components, but not the cost of the actual blood or blood components; and
  - (f) oxygen and other gasses and their administration; and
  - (g) anaesthetics and their administration by a *Medical Practitioner*; and
  - (h) care in a licensed *Extended Care Facility* upon direct transfer from a *Hospital* in which You were an *In-Patient*; and
  - (i) *Home Nursing Care* recommended by a *Specialist* and provided to You while in bed in Your home by a home nursing care agency which operates pursuant to law, and is regularly engaged in providing such care under the supervision of a *Registered Nurse*. Cover is provided only for such home nursing care which is immediately received subsequent to *In-Patient Treatment* or *Day-Patient Treatment*; and
  - (j) *Physiotherapy* prescribed in advance by a *Medical Practitioner* and performed by a professional *Physiotherapist*, and necessarily incurred to continue recovery from an *Eligible Medical Condition*. Such *Physiotherapy* is initially restricted to 10 visits per

- Eligible Medical Condition*, after which it must be further reviewed by a *Specialist* and subsequently *Pre-Certified*; and
- (k) *Pre-Certified Medically Necessary rental of Durable Medical Equipment* prescribed by a *Medical Practitioner*, up to the purchase price; and

#### **A4. Out-Patient Medical Expenses**

We will pay *Eligible Charges* for *Out-Patient Medical Expenses*, including:

- a) *Pre-Certified Out-Patient Surgery including services and supplies*, undertaken by a recognised medical facility; and
- b) *Pre-Certified: MRI and CAT scans, Echocardiography, Endoscopy, Gastroscopy, Colonoscopy and Cystoscopy* and undertaken by a recognised medical facility; and

#### **A5. Emergency Local Ambulance**

We will pay *Eligible Charges* incurred by *You* for *Emergency Local Ambulance Transport to Hospital* by the most appropriate transport considered *Medically Necessary* by a *Medical Practitioner* or *Specialist to Treat an Eligible Medical Condition*, in connection with any covered *Illness* resulting in *Hospitalisation* and *Injury*.

#### **A6. Prescription Drugs**

*Drugs* which require prescription by a *Medical Practitioner* for *Treatment of Illness or Injury*, but not for the replacement of lost, stolen, damaged, expired or otherwise compromised *drugs*, and for a maximum supply of ninety (90) days of any one prescription; and

#### **A7. Emergency Room Accident**

We will pay for *Your* use of the *Emergency Room* for *Treatment* of an *Injury* following an *Accident*, no additional *Excess* will be charged, even if *Hospital* confinement is not required.

#### **A8. Emergency Room Illness with In-Patient Admission**

We will pay for *Your* use of the *Emergency Room* for *Treatment* of an *Illness* that is considered an *Eligible Medical Condition* and *You* are directly admitted to the *Hospital* as an *In-Patient* or *Day-Patient* for further *Treatment* of that *Medical Condition*.

#### **A9. Emergency Room Illness without In-Patient Admission**

We will pay for *Your* use of the *Emergency Room* for *Treatment* of an *Illness* that is considered an *Eligible Medical Condition*, however if *You* are not directly admitted to the *Hospital* as an *In-Patient* or *Day-Patient* for further *Treatment* of that *Medical Condition*, an additional *Excess* of \$250/£138/€168 will be required for each *Emergency Room* visit.

#### **A10. Dental – Injury Due To Accident**

We will pay *Eligible Charges* for *Emergency Dental Treatment* and dental *Surgery* necessary to restore or replace sound natural teeth lost or damaged in an *Accident* that is covered under this *Plan*, except when the damage has been caused through eating. *Treatment* must be received within five (5) days from the date of the *Accident* occurring.

#### **A11. Sudden Dental Pain**

We will pay *Eligible Charges* for *Emergency Dental Treatment* when given by a *Medical Practitioner* or *Dental Practitioner* for necessary *Treatment* for the express relief of sudden and *Unexpected* pain in sound, natural teeth, including, but not limited to fillings.

#### **A12. State Hospital Cash Benefit**

When *You* are admitted to a *Hospital* as an *In-Patient* and *You* receive *Treatment* for an *Eligible Medical Condition* which is not an admission to, or overnight stay in, an *Accident* and *Emergency* Department, and no costs are incurred by *You* or *Us* for accommodation and *Treatment*, We will pay a cash benefit up to the *Sub-Limit* and up to a maximum number of nights in *Hospital* per *Period of Insurance*, as shown in the *Schedule of Cover*. No *Excess* or *Co-Insurance* applies to this benefit. To claim this benefit, please ask the *Hospital* to sign and stamp *Your* claim form.

#### **A13. Reciprocal Health Agreement Benefit**

If *You* receive *Treatment* for an *Eligible Medical Condition*, and *We* make a saving in respect of *Our* claims costs as direct a result of *You* utilising a European Health Insurance Card (EHIC) or other Reciprocal Health Agreement, then *Your Excess* in respect of this *Treatment* shall be Nil.

## SECTION B: International Emergency Care & Assistance

### 24 Hour Emergency Medical Helpline

The services of an assistance helpline are available 24 hours a day, 365 days a year to assist You where possible with any *Medical Emergency* or *Emergency Medical Evacuation* covered under Your *Plan*. We will liaise with Your *Specialist* or *Medical Practitioner* in arranging Your admission to *Hospital*, *emergency local ambulance transfers* and *air evacuations* where *Medically Necessary*.

During an *Emergency Medical Evacuation*, Our *Plan Administrator* will co-ordinate evacuation to a qualified facility equipped to handle Your *Eligible Medical Condition*. A team of independently contracted pilots and medical professional will transport You as is medically required under the *Terms* of this *Plan*.

### Our 24 hour emergency medical telephone number is:

Outside the USA/Canada (UK)	:	+44 (0)	1444 46 55 99
Within the USA/Canada (USA)	:	+1	317 655 45 00

Please ensure that You or Your representative have the following information to hand when calling:

- Name of *Insured Person*
- Policy Number
- Telephone and/or fax number
- Location of *Insured Person*
- The medical *Emergency*

In the event of an *Emergency* or *Emergency* admission, please do not delay obtaining *Emergency Treatment*.

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Subject to the *Terms* of this Policy Wording, including without limitation the *Excess*, *Co-insurance*, and limits and *Sub-Limits* set forth in the *Schedule of Cover*, We will pay *Emergency Care & Assistance* Benefits and other *Eligible Charges* You incur as follows, when co-ordinated through and arranged by the *Plan Administrator* and as long as the costs, charges or expenses are *Reasonable and Customary* (“*Eligible Charges*”):

### **B1. Emergency Medical Evacuation**

We will reimburse You, subject to the Lifetime Maximum Limits (independent of the *Maximum Limit* selected by You) as indicated in the *Schedule of Cover* for Your *Plan*, and other *Terms* of this *Plan*, including the *Conditions and Restriction* set forth below, *Reasonable and Customary Charges* incurred by You arising out of, or in connection with Your *Pre-Certified Emergency Medical Evacuation* occurring while Your *Plan* is in effect and during the *Period of Insurance*:

- (1) *Emergency* air transportation to a suitable airport nearest to the nearest appropriate medical facility within Your selected *Area of Cover* for the purpose of admission to *Hospital* where You will receive *Medically Necessary Treatment* directly related to an *Eligible Medical Condition*; and
- (2) *Emergency* ground transportation necessarily preceding *Emergency* air transportation and from the destination airport to the *Hospital* where You will receive *Treatment*; and
- (3) Return ground and air transportation, upon medical release by the attending *Medical Practitioner*, to the country where the evacuation initially occurred or to the *Insured Person’s Home Country*, at the *Insured Person’s* option.

Conditions and Restrictions: To be eligible for coverage under this Section B1:

- a) Your *Eligible Medical Condition* is an *Emergency* and You must be in compliance with all *Terms* of this *Plan*; and
- b) The *Medical Condition*, *Illness*, *Injury* or occurrence necessitating *Emergency Medical Evacuation* is covered under the *Terms* of this *Plan*; and
- c) *Emergency Medical Evacuation* must be recommended by Your attending *Medical Practitioner*, who must provide certified instructions in writing to Us confirming that *Medically Necessary Treatment* for Your *Eligible Medical Condition* is not available locally and transportation by any other method may result in loss of Your life or limb based upon reasonable medical certainty; and
- d) You or Your *Relative* agree to the *Emergency Medical Evacuation*; and
- e) *Emergency Medical Evacuation* is subject to *Pre-Certification* and approved by Us prior to transportation and all arrangements must be coordinated and approved by Us;

- Transportation will be limited to economy class unless it is Medically Necessary to do otherwise; and
- f) The *Eligible Medical Condition, Illness, Injury* or occurrence giving rise to the *Emergency Medical Evacuation* occurred suddenly and/or spontaneously, and without: (i) advance warning, (ii) advance *Treatment*, diagnosis or recommendation for *Treatment* by a *Medical Practitioner*, or (iii) prior manifestation of symptoms or conditions which would have caused a prudent person to seek medical attention prior to the onset of the *Emergency*; and was not a *Pre-Existing Condition*;

We will arrange *Emergency Medical Evacuation* only to the nearest *Hospital* that is qualified to provide the *Medically Necessary Treatment* to prevent *Your* loss of life or limb.

The *Insured Person* may select a different *Hospital* in his/her Home Country at his/her option, but in such event shall retain for the *Insured Person's* own account and responsibility all costs and expenses in excess of the amounts that would have been incurred to the nearest qualified *Hospital*. If a *Hospital* other than the nearest qualified *Hospital* is selected by the *Insured Person*, the attending *Medical Practitioner, Insured Person, or a Relative* of the *Insured Person* shall certify to *Us* the *Insured Person's* understanding and acknowledgement of such responsibility for excess costs and expenses in addition to the matters set forth in subsection c) of the *Conditions and Restrictions*, above. In all cases the *Plan Administrator* will make the necessary arrangements for the *Emergency Medical Evacuation*,

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. By acceptance of this *Plan* and request for *Emergency Medical Evacuation* coverage herein, the *Insured Person* understands and agree that the timeliness, duration, and outcome of an *Emergency Medical Evacuation* can 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, telecommunications problems, non-availability of routes and/or other travel, geographical or weather conditions; and other acts of God and unforeseeable and/or uncontrollable occurrences. *You* agree to release and hold *Us, Our Plan Administrator, the Plan Manager* and *Our* agents and representatives harmless from, and agree that *We, Our Plan Administrator, the Plan Manager* and *Our* agents and representatives shall not be held liable for any delays, losses, damages, further injuries or illnesses or other claims that arise from or are caused by the acts or omissions of such independent third-party contractors, or that 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, Our Plan Administrator, the Plan Manager* and/or *Our* authorised agents and representatives, including without limitation the events and circumstances set forth above.

*You* further agree that upon seeking an *Emergency Medical Evacuation*, *You* will cooperate fully as required above and that failure to so cooperate and/or failure to use or accept *Emergency Medical Evacuation* once it has been arranged by *Us* will require the *Insured Person* to reimburse *Us* for costs incurred for any *Emergency Medical Evacuation* that was arranged, but not used, by the *Insured Person*. Furthermore, the *Insured Person* may be required to arrange for payment of any subsequent *Emergency Medical Evacuation* and seek reimbursement thereafter for eligible costs associated with that subsequent *Emergency Medical Evacuation*, and/or result in denial of future claims for *Emergency Medical Evacuation* or, at *Our* discretion, only reimbursement for eligible costs associated with any *Emergency Medical Evacuation* request subsequently made and paid for by *You*.

## **B2. Emergency Reunion**

We will reimburse to an *Insured Person*, *Emergency Reunion* expenses up to the amount as shown in the *Schedule of Cover per Period of Insurance*, in cases where there has been an *Emergency Medical Evacuation* covered under the *Terms* of this *Plan* and the *Relative* or friend were not responsible for *Injury* or *Illness*.

Subject to the applicable *Excess* and *Co-Insurance* and other limits and Sub-Limits as specified in the *Schedule of Cover*, and subject to the Conditions and Restrictions set forth below, the following *Pre-Certified* costs and expenses incurred in respect of travel by a *Relative* or friend of the *Insured Person* will be reimbursable to the *Insured Person* upon *Our* recommendation and prior approval:

- i) the reasonable cost of a round-trip economy air ticket for one *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 the *Insured Person* is Hospitalised as a result of the *Emergency* or is to be Hospitalised as a result of the *Emergency Medical Evacuation* (to be determined pursuant to the *Terms* of subsection (c) of the Conditions and Restrictions,

below), and return from whichever of such locations is actually selected to the point of the original departure; and

- ii) reasonable and necessary travel costs, meals (up to a maximum of \$25 /£15 / €20 per person, per day), transportation and accommodation expenses incurred in relation to the Emergency Reunion (but excluding entertainment).

**Conditions and Restrictions:**

- i) The allowable period of coverage for the Emergency Reunion shall not exceed fifteen (15) days, including travel days, and all costs and expenses incurred beyond such *Period of Insurance* shall be retained for the sole account and responsibility of the *Insured Person*, *Relative*, or friend; and
- ii) the Emergency Reunion must be due to an *Emergency Medical Evacuation* covered under the *Terms* of this *Plan*; and
- iii) the *Insured Person* must be so seriously ill that the attending *Medical Practitioner* deems it necessary and recommends the presence of a *Relative* or friend at either the location where the *Insured Person* is being evacuated from or the destination of the evacuation, whichever is considered by the attending *Medical Practitioner* and Us to be the more reasonable; and
- iv) all Emergency Reunion travel, transportation and accommodation arrangements and benefits must be coordinated and approved in advance by Us in order to be eligible for coverage under this *Plan*; and
- v) The *Insured Person*, *Relative* and/or friend must submit to Us upon completion of the Emergency Reunion travel legible and verifiable copies of all paid receipts for the travel and transportation costs and expenses so incurred

**B3. Cremation/Burial or Repatriation of Remains**

In the event You die during a *Period of Insurance* as a result of an *Eligible Medical Condition* while You are outside of *Your Home Country*, We will reimburse the authorized personal representative or Your estate for *Reasonable and Customary Charges* toward the costs of: transportation of *Your* mortal remains (but not including any costs of burial of *Your* body) from place of death to *Your Home Country* and thereafter to the place of burial or other final disposition (but not including any costs of burial or other disposition), provided that all transportation charges are *Pre-Certified* and coordinated by Us; or preparation, local burial or cremation of *Your* mortal remains at the place of death in accordance with the commonly recognised, accepted cultural and religious beliefs practiced by *You*.

Cover is not provided for burial and cremation costs incurred for religious practitioners, flowers, music, food or beverages. No cover is provided under this Section B3 for any costs incurred where *Your* death has occurred within *Your Home Country*.

**B4. Return of Minor Children**

In the event the *Insured Person* is *Hospitalised* as an *In-Patient*, or dies, 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* the *Insured Person* is travelling alone with a *Dependent Child* or *Children*, We will reimburse the *Insured Person's* actual expense up to the amount as shown in the *Schedule of Cover* for the costs of one-way economy airfare to return the *Dependent Child* or *Children* to their *Home Country*, including such costs for a chaperone if necessary for the safety of the *Dependent Child* or *Children*, subject to the following conditions and limitations:

- i. The *Insured Person* must be outside the *Home Country* at the time of death or the *Hospitalisation* as an *In-Patient*; and
- ii. The return of the *Dependent Child* or *Children* must occur during the *Hospitalisation*; and
- iii. Reimbursable costs are only for one-way economy airfares from the International airport nearest to where the *Dependent Child* or *Children* were located at the time of the *Insured Person's* death or *Hospitalisation*, to the International airport nearest to the *Dependent Child's* or *Children's* principal residence in the *Home Country*; and
- iv. All travel and transportation arrangements for the *Dependent Child* or *Children* must be coordinated and approved in advance by Us in order to be eligible for coverage under this *Plan*; and
- v. We will deduct from the return transportation benefits payable hereunder the value, if any, of the unused return ticket(s) held by or for the benefit of the *Dependent Child* or *Children* at the time of the *Insured Person's* death or *Hospitalisation*, which value the *Insured Person* and/or the *Dependent Child* or *Children* must attempt to receive credit for or apply towards the costs of the return trip.

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

### **B5. Identity Theft Assistance**

We will pay for *Your Reasonable, Customary and necessary* costs, solely and in direct relation to, a stolen identity event, occurring and incurred, during the *Period of Insurance* for:

- i) Restoring, re-filing, loan or other credit applications that are rejected;
- ii) Notarisation of legal documents, including replacement passports and driving licenses, long distance telephone calls and postage that has been solely incurred as a result of reporting, amending and/or rectifying records;
- iii) up to three credit reports obtained from a credit reference agency within one year of *Your* knowledge of the stolen identity event;
- iv) Stopped payment orders placed on missing or unauthorised cheques as a result of the stolen identity event.

Please Note : Cover is not provided where the Identity Theft Event was undertaken by a *Relative* of *You*. Coverage is not subject to *Excess* or *Co-Insurance*.

### **B6. Security & Political Evacuation**

If the Bureau of Consular Affairs (or similar Governmental Organisation) or Local Embassy, of the Government of *Your Home Country* issues a mandatory evacuation order of all non-emergency governmental personnel from the *Host Country* in which *You* are located due to political unrest, that becomes effective on or after *Your* date of arrival in the *Host Country* and within *Your Period of Insurance*, We will pay, up to *Lifetime Limit* as shown in the *Schedule of Cover*, for the most appropriate and economical means of transportation, to the nearest place of safety or for repatriation to *Your Home Country* or *Country of Residence*;

Provided that:

- i) The evacuation order applies specifically to *You* and is in effect; and
- ii) *You* contact *Us* within 10 days of the evacuation order being issued; and
- iii) The Security and Political Evacuation is approved and co-ordinated by *Us*.

In no event will We pay for a Security and Political Evacuation if *Your Home Country* government issues a travel advisory or warning that travel is hazardous or not advised, covering the country in which *You* are travelling at the time of purchase or that is in effect on or within six months prior to *Your* date of arrival in the *Host Country*.

## **SECTION C: Additional Benefits**

Subject to all the *Terms* of this Policy Wording, including the *Sub-limits* and *Lifetime Limits*, as indicated in the *Schedule of Cover*, We will pay the following:

### **C1. Lost Checked-In Luggage/Travel Documents**

We will reimburse the *Insured Person*, up to the amount in total shown and *Sub-Limits* in the *Schedule of Cover* for:

- i) Lost Checked-In Luggage: When such luggage was permanently lost in transit by a *Common Carrier* during the *Period of Insurance*, and;
- ii) Lost Travel Documents: We will pay reasonable and necessary additional travel and accommodation expenses that *You* incur outside *Your Home Country*, in necessarily replacing *Your* Passport, Green Card and/or Visa (including the pro rata value of the original Passport at the time of loss) when permanently lost or stolen outside *Your Home Country* and during the *Period of Insurance*;

Subject to the following conditions:

- i) *You* must submit to *Us* a copy of the *Common Carrier's* or *Hotel's* Property Irregularity Report (PIR) and/or claim form and such other documentation as *We* may reasonably require to prove *Your* proof of ownership prior to date of loss, costs incurred and that the *Insured Person's* luggage and/or Travel Documents were permanently lost; and

- ii) The *Common Carrier* or Hotel must have first reimbursed the *Insured Person* the full amount that it is legally required to pay for lost checked-in luggage or items from a locked safety deposit box, and proof of such reimbursement shall be provided to *Us* by the *Insured Person*. Lost Luggage and Lost Travel Document coverage under this *Plan* will be provided only if and to the extent the amount of the *Insured Person's* loss suffered as a result of lost Checked-In Luggage or Lost Travel Document exceeds any such reimbursement by the *Common Carrier* or Hotel (and subject to the limits set forth in the *Schedule of Cover*).
- iii) Passports, Green Cards and/or Visas must be kept on *Your* person, in *Your* hand luggage, or if unattended, in a locked Hotel safety deposit box. Any claims for loss from a locked safety deposit box must be verified by a written report from the Hotel, must be reported to the local Police within 24 hours of loss and a written Police Report obtained and submitted to *Us*.
- iv) Lost or stolen Passports, Green Cards and/or Visas must be reported to the embassy or consulate representative of *Your Country of Citizenship* within 24 hours of discovering *You* have lost it; and *You* must get a report from them confirming the date *You* lost it and the date *You* received a replacement Passport, Green Card and/or Visa.

There is no cover for:

- i) more than \$100/£60/€75 in total for Baggage or personal item claims; for which original receipts, proof of purchases or insurance valuations (obtained prior to loss, theft or damage) are not supplied to *Us*;
- ii) Any property that is legally taken or damaged by any government or public or local authority or customs or other officials;
- iii) Damage caused to suitcases, holdalls or similar luggage unless you cannot use the damaged item and it was due to unreasonable wear and tear;
- iv) Any *Valuables* within Checked-In Luggage;
- v) Fragile items (including china, glass, sculpture, paintings, musical instruments or bottles) or sport equipment lost or damaged whilst within Check-In Luggage with a *Common Carrier*, unless damaged is caused by fire or other accident to *Common Carrier* they are being carried in;
- vi) Cash, money, travellers cheques or other financial documents, Pre-Paid Cards, Mobile phones and mobile phone accessories, prepaid minutes *You* have not used, mobile rental charges or pre-payments, false teeth or bridgework, downloaded music, books or games, contact or corneal lenses, prescription sunglasses or spectacles, artificial limbs or perishable items, stamps and documents (other than travel documents listed above), business items or samples;
- vii) loss or damage to perishable goods, bottles, cartons and any damage caused by them or their contents;
- ix) loss or damage to your property caused by wear, tear, decay, moth, vermin, atmospheric or climatic conditions.

Coverage is not subject to *Excess* or *Co-Insurance*.

## **C2. Trip Interruption**

We will reimburse the *Insured Person's* actual expense up to the amounts shown in the *Schedule of Cover*, in the event of:

- i) the *Unexpected* death of a *Relative* of the *Insured Person*, or
- ii) the *Insured Person's* trip or travel plans must be cancelled or interrupted as a result of a break-in or substantial destruction due to a fire or *Natural Disaster* of an *Insured Person's* principal residence in his/her *Home Country*;

for the costs of a one-way air or ground transportation ticket of the same class as the unused travel ticket to return an *Insured Person* from the International airport nearest to where the *Insured Person* was located at the time of learning of such death or destruction to the International airport nearest to:

- (i) the location of the funeral or place of burial in the case of the *Unexpected* death of a *Relative*, or



- (ii) the *Insured Person's* principal residence in the case of substantial destruction thereof;

Subject to the following conditions and limitations:

- i) The *Insured Person* must be outside of their *Home Country* at the time of the *Unexpected* death of the *Relative* or the substantial destruction of the principal residence; and
- ii) The *Unexpected* death of the *Relative* or the substantial destruction of the residence must have occurred during the *Period of Insurance* and was not caused by, due to, or a result of actions or inactions by the *Insured Person*; and
- iii) We will deduct from the Trip Interruption coverage payable hereunder the value, if any, of the unused return ticket held by the *Insured Person* at the time of the death or destruction, for which value the *Insured Person* must attempt to receive credit for or apply towards the costs of the return trip.

We will not provide any benefits, reimbursements or coverage for any of the costs or expenses incurred by the *Insured Person* for a re-return trip, if any, to the original location of the *Insured Person* at the time of learning of such death or destruction.

Coverage is not subject to *Excess* or *Co-Insurance*.

### **C3. Terrorism Coverage**

Subject to the *Terms* of Section D Exclusions subsections 1 and 2 We will pay or reimburse the *Insured Person* up to the amounts and *Lifetime Limit* shown in the *Schedule of Cover*, for *Eligible Charges* in total under this *Plan*, arising out of *Injury* or *Illness* incurred by the *Insured Person* as a result of, or in connection with, an Act of *Terrorism* whilst they are outside of their *Home Country* and during the *Period of Insurance*.

### **C4. Common Carrier Accidental Death**

Subject to the *Terms* of this Plan, including the *Pre-Existing Conditions* exclusion as defined herein, in the event of the *Unexpected* death of an *Insured Person* during the *Period of Insurance* as a result of an *Injury* that was suffered due to an *Accident outside of their Home Country* that occurred during the *Period of Insurance* and while the *Insured Person* was travelling on a *Common Carrier*, We will pay a *Common Carrier Accidental Death* benefit up to the amount shown in the *Schedule of Cover*; provided, however, that such *Common Carrier Accidental Death* benefits shall not exceed the Maximum Per Family shown in the *Schedule of Cover*, for those involved in the same *Accident*.

We will pay the benefit owed, upon proper application therefor, in the following order (1) to the beneficiary designated in writing by the *Insured Person* (2) to the *Insured Person's* closest surviving *Relative* in the following order (a) spouse, (b) children, (c) issue of deceased children (d) parent(s), (e) siblings, (f) issue of siblings, (g) grandparents (h) siblings of parents, (3) the *Insured Person's* estate; (4) to a claimant entitled to payment under applicable small estate affidavit laws. Coverage is not subject to *Excess* or *Co-Insurance*.

### **C5. Accidental Death and Dismemberment (AD&D)**

1. Accidental Death Benefit: Subject to the *Terms* of this Plan, including all the Exclusions contained in Section D, in the event of the *Unexpected* death of an *Insured Person* during the *Period of Insurance* as a result of a covered *Injury* that was suffered due to an *Accident* that occurred outside their *Home Country* during the *Period of Insurance*, regardless of whether or not a claim for medical expenses is submitted, We will pay the benefit owed, upon proper application therefor, in the following (1) to the beneficiary designated in writing by the *Insured Person* (2) to the *Insured Person's* closest surviving *Relative* in the following order (a) spouse, (b) children, (c) issue of deceased children (d) parent(s), (e) siblings, (f) issue of siblings, (g) grandparents (h) siblings of parents, (3) the *Insured Person's* estate; (4) to a claimant entitled to payment under applicable small estate affidavit laws. The *Accidental Death Benefit* up to the Principle Sum Amount as shown in the *Schedule of Cover* based upon the following schedule

Accidental Death Benefit (aged under 18 Years): \$5,000 / £3,000 / €3,750

Accidental Death Benefit (aged 18 to 65 Years): \$25,000 / £16,000 / €20,000

Accidental Death Benefit (aged 66 Years and over): \$10,000 / £6,000 / €7,500

(2) Dismemberment - Subject to the *Terms* of this Plan, including all the Exclusions contained in Section D, in the event of an *Unexpected* dismemberment/loss suffered by an *Insured Person*, as

detailed below, during the *Period of Insurance* as a result of an *Injury* or *Illness* that was suffered due to an *Accident* that occurred outside their *Home Country* during the *Period of Insurance*, We will pay to the *Insured Person* the applicable loss/dismemberment benefit as specified below.

<u>Loss</u>	<u>Benefit</u>
Dismemberment Benefit (aged under 18 years):	\$5,000 / £3,000 / €3,750
Dismemberment Benefit (aged 18 to 65 Years):	
Sight of one Eye	\$12,500 / £8,000 / €10,000
One hand or one foot	\$12,500 / £8,000 / €10,000
One hand and the loss of sight of one eye	\$25,000 / £16,000 / €20,000
One foot and the loss of sight of one eye	\$25,000 / £16,000 / €20,000
One hand and one foot	\$25,000 / £16,000 / €20,000
Both hands or both feet	\$25,000 / £16,000 / €20,000
Sight of both eyes	\$25,000 / £16,000 / €20,000
Dismemberment Benefit (aged 66 Years and over):	\$5,000 / £3,000 / €3,750

The maximum benefit payable for all dismemberment or losses resulting from any one *Accident* or *Injury* shall not exceed \$25,000 / £16,000 / €20,000.

The loss of a hand or foot means the complete severance at or above the wrist or ankle joint. The loss of sight means the entire and irrecoverable loss of sight.

Coverage is not subject to *Excess* or *Co-Insurance*.

## **C6. Citizenship Return Coverage**

*Your Plan* provides coverage for trips to Your Country of Citizenship, subject to the *Terms* of *Your Plan*, anywhere within *Your Area of Cover*, including *Your Country of Citizenship* provided it is within *Your Area of Cover* and during a *Period of Insurance*.

For USA Citizens : Cover is provided for up to a maximum of no more than 60 days per any twelve (12) month *Period of Insurance*, with any one trip limited to your *Maximum Trip Duration* for brief returns to the USA provided that You:

- i) maintain a current health plan in force; and
- ii) have resided outside the USA continuously for the past six months prior to arrival in the USA.
- iii) *Your Area of Cover* is Worldwide.

No coverage is available after the *Expiry Date* of *Your Certificate of Insurance*.

## **SECTION D. Exclusions**

We will not pay any charges, fees, costs, expenses and/or claims (collectively called "charges") You incur which directly or indirectly relate to, or arise from, or are in connection with any of the following acts, omissions, events, conditions, charges, consequences, claims, *Treatments* (including diagnosis, consultations, tests, examinations, and evaluations related thereto), services and/or supplies are expressly excluded from coverage under this *Plan*, and We shall provide no benefits or reimbursements and shall have no liability or obligation for any coverage thereof or herefor:

1. **War; Military Action:** Subject to the *Terms* of Section C3 above and Section D item 2 below, We shall not be liable for and will provide coverage or benefits for any claim or charges incurred with respect to any *Illness*, *Injury* or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising or incurred in connection with or as a result of any of the following acts or events (collectively, "Occurrences"):

- a) War or any act of war (whether declared or not), invasion, act of foreign enemy hostilities, warlike operations, civil war;
- b) Mutiny, riot, strike, military or popular uprising, insurrection, rebellion, revolution, military or usurped power;
- c) Attempted overthrow of government, any act of any person acting on behalf of or in connection with any organisation with activities directed towards the overthrow by force of the government de jure or de facto or to the influencing of it by violence of any type;

- d) Martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege; or
- e) Any use of any radiological, chemical, nuclear or biological weapons or any other radiological, chemical, nuclear or biological events of any type (including in connection with an act of *Terrorism*).

Any claim, charges, *Illness*, *Injury* or other consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether or not directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Occurrences shall be deemed and considered to be consequences for which *We* shall not be liable under this *Plan*, except to the extent that *You* shall prove that such claim, charges, *Illness*, *Injury* or other consequence happened independently of the existence of such abnormal conditions and/or Occurrences.

2. **Terrorism:** *We* shall not be liable for and will not provide coverage or benefits in excess of a \$50,000/£30,000 / €40,000 lifetime maximum benefit for any claim or charges, *Illness*, *Injury* or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with any act of *Terrorism*; and provided, further, *We* shall not be liable for and will not provide any coverage or benefits for any claim, charges, *Illness*, *Injury* or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with the following:

- a) the *Insured Person's* active and voluntary planning or coordination of or participation in any act of *Terrorism*; and/or
  - b) any act of *Terrorism* that takes place in a location, post, area, territory or country for which the United States Department of State, Bureau of Consular Affairs and/or the Government of *Your Country of Citizenship*, issued a *Travel Warning* that was in effect on or within six (6) months prior to the *Insured Person's* date of arrival in said location, post, area, territory or country; and/or
  - c) any act of *Terrorism* that takes place in a location, post, area, territory or country for which the United States Department of State, Bureau of Consular Affairs and/or the Government of *Your Country of Citizenship*, issues a *Travel Warning* that becomes effective or is in effect on or after the *Insured Person's* date of arrival in said location, post, area, territory or country, and the *Insured Person* unreasonably fails or refuses to heed such warning and thereafter remains in said location, post, area, territory or country.
3. Any charges arising or resulting directly or indirectly from or relating to any *Pre-Existing Condition*.
4. Any charges incurred by *You* for *Treatment* or supplies within *Your Home Country*, or whilst outside the *Area of Cover* are excluded, other than as expressly provided for under Section C6 Citizenship Return Coverage.
5. Maternity, *Pregnancy* and *Newborn* care, including charges for pre-natal care, delivery, post-natal care, and care of *Newborns*, including complications of *Pregnancy*, miscarriage, complications of delivery and/or complications of *Newborns*.
6. *Treatment of Mental or Nervous Disorders*.
7. *Charges* for any *Treatment*, service or supply that is:
- (a) not incurred, obtained or received by an *Insured Person* during the *Maximum Trip Duration* and *Period of Insurance*
  - (b) not presented to *Us* for payment by way of a complete Proof of Claim within ninety (90) days of the date such *Charges* are incurred;
  - (c) not administered or ordered by a *Medical Practitioner*;
  - (d) not *Medically Necessary*;
  - (e) provided at no cost to the *Insured Person* or for which the *Insured Person* is not otherwise liable;
  - (f) in excess of *Reasonable and Customary Charges*;
  - (g) incurred by an *Insured Person* who was HIV + on or before the *Effective Date* of this *Plan* relating to or arising or resulting directly or indirectly from HIV, AIDS virus, AIDS related *Illness*, ARC Syndrome, AIDS and/or any other *Illness* arising or resulting from any complications or consequences of any of the foregoing conditions; whether or not the *Insured Person* had knowledge of their HIV status prior to the *Effective Date*, and whether or not the *Charges* are incurred in relation to or as a result of said status;

- (h) provided by or at the direction or recommendation of a Chiropractor, unless ordered in advance by a *Medical Practitioner*;
  - (i) performed or provided by a *Relative* of the *Insured Person*;
  - (j) not expressly included as *Eligible Charges* within a Section of Cover of this *Plan*, above;
  - (k) provided by a person who resides or has resided with the *Insured Person* or in the *Insured Person's* home;
  - (l) required or recommended as a result of complications or consequences arising from or related to any *Treatment, Injury, Illness* or supply which is excluded from cover or which is otherwise not insured under *Your Plan*;
  - (m) any *In-Patient Treatment* which could have been provided on a *Day-Patient* basis or as an *Out-Patient*.
8. For *Congenital Disorders* and conditions arising out of or resulting there from.
  9. Charges for Telephone consultations except *Telemedicine* consultations through an established *Telemedicine* protocol system will be considered individually based on medical necessity and appropriateness as determined by *Us* under the *Plan*; completion of *Treatment*; completion of claim forms; or *Your* failure to keep a scheduled appointment.
  10. Charges incurred for Surgeries or *Treatment* or supplies which are:
    - (a) Investigational, Experimental, or for research purposes, and/or
    - (b) related to genetic medicine, genetic testing, surveillance testing and/or wellness screening procedures for genetically predisposed conditions indicated by genetic medicine or genetic testing, including, but not limited to amniocentesis, genetic screening, risk assessment, preventive and prophylactic surgeries recommended by genetic testing, and/or any procedures used to determine pre-disposition, provide genetic counseling, or administration of gene therapy.
  11. Rest cures, institutionalisation, isolation, quarantine, or sanatorium care.
  12. Confinement primarily to receive Custodial Care, Educational or Rehabilitative Care.
  13. Education or training aimed at restoring *Your* ability to function in a normal or near normal manner following a *Medical Condition*; including, but not limited to, vocational therapy, occupational therapy, and speech therapy.
  14. *Treatment* or supply received in 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.
  15. Charges incurred for any *Surgery, Treatment* or supplies relating to, arising from or in connection with, for, or as a result of:
    - (a) weight loss or weight modification, obesity (including without limitation morbid obesity), including without limitation wiring of the teeth and all forms or procedures of bariatric *Surgery* by whatever name called, or reversal thereof, including without limitation intestinal bypass, gastric bypass, gastric banding, vertical banded gastroplasty, biliopancreatic diversion, duodenal switch, or stomach reduction or stapling; or the reversal by *Surgery* of any such *Treatment*; or removal of fat or other surplus tissue from any part of the body, whether or not for medical or psychological purposes, and any associated consequent *Treatment*;
    - (b) Any medical prescription relating to a special diet, weight control, *children's* food, baby supplies or vitamin/mineral supplements (unless expressly covered herein); or any alternative medicine (such as chiroprodists, optometrists and podiatrists, non-prescription medicines, vitamins, food extracts, or nutritional supplements); vitamin or herbal therapy; *Drugs* not approved by the U.S. Food and Drug Administration, European Medicines Agency, or which are considered "off label" use; non-prescription *Drugs* or medicines, or *Drugs* or medicines not prescribed by a *Medical Practitioner*;
    - (c) modification of the physical body in order to change or improve or attempt to change or improve the physical appearance or psychological, mental or emotional well-being of the *Insured Person* (such as but not limited to sex-change *Surgery* or *Surgery* relating to sexual performance or enhancement thereof);

- (d) *Treatment* to correct or deal with a problem that arises out of any *Treatment You* receive if the charges incurred by *You* for that *Treatment* were not covered under the *Terms of Your Plan*;
- (e) elective *Surgery* or *Treatment* of any kind;
- (f) cosmetic or aesthetic reasons, whether or not for psychological purposes, except for reconstructive *Surgery* when such *Surgery* is *Medically Necessary* and is directly related to and follows a *Surgery* which was covered under this *Plan*; or ear or body piercing;
- (g) any *Illness* or *Injury* sustained while taking part in: *Amateur Athletics*, *Professional Athletics*, athletic activity that is sponsored or sanctioned by any collegiate sanctioning or governing body, or the International Olympic Committee, and adventure sports and activities, including, without limitation the following (including any combination or derivative of the following): abseiling; mountaineering activities where specialised climbing equipment, ropes or guides are normally or reasonably should have been used; athletic or sporting activities (except for activities that are non-contact, non-professional, and engaged in by *You* solely for recreational, entertainment or fitness purposes); aviation (except when travelling solely as a passenger in a commercial aircraft); motocross (MOTO-X); BMX; BASE jumping; bobsledding; bungee jumping; canyoning; caving; hang gliding; heli-skiing; high diving; hot air ballooning; inline skating; jet skiing; jungle zip lining; kiteboarding; kayaking; luge; mountain biking; parachuting; paragliding; parascending; rappelling; racing of any kind including without limitation by horse, motor or other vehicle (of any type) or motorcycle; rock climbing; any rodeo activity; ski jumping; sky diving; snow skiing except for recreational downhill and/or cross country snow skiing (provided that there is no coverage for any *Illness* or *Injury* sustained while skiing in violation of applicable laws, rules or regulations, away from prepared and marked in-bound territories, and/or against the advice of the local ski school or local authoritative body); snowboarding; snowmobiling; spelunking; surfing; trekking; whitewater rafting; windsurfing; wildlife safaris; and subaqua pursuits involving underwater breathing apparatus below a depth of 10 meters. Practice or training in preparation for any excluded activity which results in *Illness* or *Injury* will be considered as activity while taking part in such activity; and/or
- (h) any *Medical Condition* sustained while 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;
- (i) any *Medical Condition* sustained while participating in any activity where such activity is undertaken in disregard of or against the recommendations, *Treatment* programs, or medical advice of a *Medical Practitioner* or other healthcare provider;
- (j) *Treatment of Alcohol and Substance Abuse*;
- (k) any *Medical Condition* sustained as a result of being under the influence of or due wholly or partly to the effects of alcohol, liquor, intoxicating substances, narcotics or *Drugs*, other than *Drugs* taken in strict accordance with *Treatment* prescribed and directed by a *Medical Practitioner*, but not for the *Treatment of Substance Abuse*;
- (l) any *Medical Condition* sustained while operating a moving vehicle after consumption of intoxicating liquor or *Drugs* other than *Drugs* taken in strict accordance with *Treatment* prescribed and directed by a *Medical Practitioner*. For purposes of this exclusion, "vehicle" shall include both motorised devices regardless of whether or not a driver or operator license is required (including watercraft and aircraft) and non-motorized bicycles and scooters for which no permit or license is required;
- (m) Suicide or attempted suicide, or any wilfully *Self-inflicted Injury* or *Illness*, or wilful exposure to danger (other than in an attempt to save human life);
- (n) any venereal disease or any other sexually transmitted disease;
- (o) any testing for the following: HIV, seropositivity to the AIDS virus, AIDS related *Illnesses*, ARC Syndrome, AIDS;
- (p) any *Medical Condition* resulting from or occurring during the commission of a violation of law by the *Insured Person*, including, without limitation, the engaging in an illegal or malicious occupation or act, but excluding minor traffic violations;
- (q) Professional services performed by a psychotherapist, psychologist, family therapist or bereavement counsellor for the *Treatment* for learning difficulties, hyperactivity, attention deficit disorder, developmental or behavioural problems in *children*; or speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy;
- (r) orthoptics, visual therapy or visual eye training;
- (s) any *Illness* or *Treatment* of the feet, including without limitation: orthopaedic shoes; orthopaedic prescription devices to be attached to or placed in 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; provided, however, that claims for *Treatment* or supplies for the feet may be

- eligible for coverage under this insurance at *Our* sole option and subject to all other *Terms* of this *Plan* when related to:
- (i) an *Injury* to the foot arising from an *Accident* covered hereunder;
  - (ii) an *Illness* for which foot *Surgery* is *Medically Necessary* and determined to be the only appropriate method of *Treatment*;
- (t) hair loss, including without limitation wigs, hair *Treatments*, hair transplants or any *Drug* that promises to promote hair growth, whether or not prescribed by a *Medical Practitioner*;
  - (u) Any sleep disorder, including sleep apnoea (temporarily stopping breathing during sleeping), snoring, fatigue, jet lag or work related stress;
  - (v) any exercise program, whether or not prescribed or recommended by a *Medical Practitioner*;
  - (w) Exposure to any 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;
  - (x) any organ or tissue or other transplant or related services, *Treatment* or supplies;
  - (y) any artificial or mechanical devices designed to replace human organs temporarily or permanently;
  - (z) any efforts to keep a donor alive for a transplant procedure;
16. *Charges* incurred for any *Treatment* or supply that either promotes or prevents or attempts to promote or prevent conception or birth; including but not limited to: birth control, sterilisation (or its reversal), vasectomy (or its reversal), contraception, infertility, fertility, surrogacy or abortion, oral contraceptives, artificial insemination, *Treatment* for infertility or any form of assisted conception or assisted reproduction or any complication thereof including but not limited to premature or multiple births following assisted conception.
  17. *Charges* incurred for any *Treatment* or supply that either promotes, enhances, prevents or corrects or attempts to promote, enhance, prevent or correct impotency, sexual performance or sexual dysfunction or any consequence thereof.
  18. *Charges* incurred for Dental *Treatment* (except as provided for under Sections A10 Dental – Injury due to Accident and A11 Sudden Dental Pain); 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 as a result of an Accident); tooth whitening of any kind; missed dental appointments; *Charges* for services and supplies (to include crowns, dentures and bridges) to replace extracted or missing teeth prior to coverage.
  19. *Treatment*, supplies, examination or fitting related to vision correcting spectacles, eyeglasses or contact lenses; eye refraction for any reason; non-medical or natural degenerative eye defects, including but not limited to myopia, presbyopia and astigmatism; or any corrective *Surgery* for non-medical or natural degenerative sight defects and eye *Surgery*, such as but not limited to radial keratotomy, when the primary purpose is to correct or attempt to correct nearsightedness, farsightedness, or astigmatism. However, *We* will pay *Eligible Charges* for corrective sight *Surgery* consequent of an *Injury*.
  20. *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.
  21. *Charges* incurred for *Treatment* of the temporomandibular joint, unless required as a result of an *Accident*.
  22. *Charges* incurred for any immunisations and/or Routine Physical Exams.
  23. *Charges* incurred for *Illness* or *Injury* where the trip to the *Host Country* is undertaken for the purpose of securing medical *treatment* or advice for such *Illness* or *Injury*.
  24. *Charges* incurred for any travel, meals, transportation and/or accommodations, except as otherwise expressly provided for in this *Plan*.
  25. Any taxes, involuntary or forced contributions, assessments, charges, fees or surcharges imposed by any governmental agency or authority;
    - (a) arising out of or as a result of any *Treatment* or supplies received by the *Insured Person*;

- (b) based upon *Our* election hereunder, if any, to pay benefits directly to providers as an accommodation to the *Insured Person*;
  - (c) for any other reason.
26. Serving in the military, navy or air force in time of declared war, or while under orders for war-like operations, or restorations of public orders, or any *Medical Conditions* sustained whilst on military, naval or air force training exercise.
  27. Travelling against the advice of a *Medical Practitioner*.
  28. *Treatment* or supplies obtained or received after the expiry date of *Your Plan* or after termination of *Your Plan* for whatever reason including non-renewal and non-payment of *Premium*.
  29. Any second or subsequent medical opinion from a *Medical Practitioner* or *Specialist* which is not required by *Us*.
  30. *Any Treatment* or *Surgery* which *We* think *You* do not need immediately and can wait until *You* return home at the end of *Your Trip*. *Our* decision is final.
  31. *Any charges* that are as a result of a tropical disease, if *You* have not had the recommended vaccinations or taken the recommended medication.
  32. Any claim if *You* refuse disclosure of the data to a third party, which in turn prevents *Us* from providing cover under this *Plan*.
  33. Loss or theft of cash, money, travellers cheques or other financial documents.
  34. Any infection of the urinary tract (including, without limitation, infection of the kidney, ureter, bladder, prostate or urethra) and any complication, medical condition or other *Illness* directly or indirectly arising therefrom, that occurs within ninety (90) days of the *Effective Date* of this *Plan* and that requires *Treatment* of the *Insured Person* in a *Hospital*; provided that any such *Illness*, infection, complication or condition shall be deemed by *Us* to be a *Pre-existing Condition* and eligible for coverage as otherwise provided herein.
  35. Charges incurred for *Illness* or *Injury* beyond the *Maximum Trip Duration*, except as may be provided for under the *Coverage Extension Period* of *Your Plan*.

## **SECTION E: General Conditions**

The following *Terms* shall apply to all sections of this Policy Wording and are precedent to *Our* liability under *Your Plan*:

### **1. Entire Agreement**

The *Application*, the *Certificate of Insurance*, the Policy Wording, any *Endorsements*, *Our* written acceptance, and the Schedule of Cover relevant to *Your* chosen *Plan* form the basis of *Your* contract with *Us* and shall constitute the entire agreement between *You* and *Us* and must be read together to avoid any misunderstanding.

### **2. Third Parties, Assignment, Change or Waiver**

The only parties to the *Plan* are *You* and *Us*. No other person is a third party beneficiary or has any right to enforce the Policy Wording or any part of it.

Notwithstanding any law, statute, judicial decision, or rule to the contrary which may be or may purport to be otherwise applicable within the jurisdiction, locale or forum state of any healthcare or medical service provider, no transfer or assignment of any of the *Insured Person's* rights, benefits or interests under this *Plan* shall be valid, binding on, or enforceable against *Us* (or the *Plan Administrator*, or *Plan Manager*) unless first expressly agreed and consented to in writing by *Us*. Any such purported transfer or assignment not in compliance with the foregoing *Terms* shall be void *ab initio* and without effect as against *Us* (or the *Plan Administrator*, or *Plan Manager*), and *We* shall have no liability of any kind under this *Plan* to any such purported transferee or assignee with respect thereto. The *Terms* of the *Plan* shall not be waived, modified or changed except by *Our* express written agreement.

### **3. Compliance with Policy Terms**

We shall not be liable under *Your Plan* in the event of any failure by *You* to comply with the *Terms* of this Policy Wording.

### **4. Your Duty of Care**

*You* shall at all times act in a prudent manner and shall exercise reasonable care and take reasonable precautions to prevent *Injury* or *Illness*, to minimise any costs incurred, and *You* shall comply with recommended vaccination schedules and take appropriate malaria and other medicinal prophylaxis.

### **5. Premiums and Plan Duration**

Payment of required *Premium* shall be remitted to *Us* on or before the *Effective Date* of coverage. *Your Plan* is effective for the *Period of Insurance* as indicated on *Your Certificate of Insurance*. All *Premiums* are payable in advance of any cover under *Your Plan* being provided.

*Premiums* are payable in £ Sterling, \$ US dollars or € Euros.

### **6. Government Law and Taxes**

We reserve the right to amend *Your Plan*, this Policy Wording and the *Premiums* at any time in order to reflect any change in regulatory requirements, insurance law, insurance premium tax or other government levies as may be imposed upon *Us*.

### **7. Eligibility**

If an *Insured Person* is not eligible, this *Plan* is void *ab initio* and all *Premium* paid will be refunded. This *Plan* is available to eligible persons of any nationality worldwide. In order to be eligible and qualified for coverage under this *Plan*, a person must:

- a) complete and sign an *Application* as the *Insured Person* (or be listed thereon by proxy as an applicant and proposed *Insured Person*), and/or as the *Insured Person's* spouse and/or *Dependent Child*
- b) be at least 15 days and under age of 76 years at the *Effective Date*;
- c) intend to legally depart the Home Country and legally entered the *Host Country* one or more times during the *Period of Insurance*;
- d) pay the required *Premium* on or before the *Effective Date* of coverage;
- e) must be covered by an individual or group medical plan for expenses incurred in *Home Country*, or have access to state or government provided public healthcare facilities in their *Home Country*, which is in effect on the *Effective Date* of this *Plan* and remains in effect during the duration of this *Plan*.

### **8. Acceptance Clause**

We are entitled to refuse to accept an *Application* from any person without giving a reason. We reserve the right to apply additional *Terms*, options, exclusions or *Premium* increases to reflect any circumstances *You* advised in *Your Application* or declared to *Us* as a material fact.

### **9. Choice of Law**

The law applicable to *Your Plan* shall be as specified in the *Certificate of Insurance*. If no law is specified then *Your Plan* shall be construed according to the laws of England and shall be subject to the non-exclusive jurisdiction of the courts of England and Wales.

The subjects, risks and benefits of insurance covered by *Your Plan* are not intended or considered by *You* or *Us* to be resident, located, or to be performed in any particular state of the USA or in any particular country.

### **10. Misrepresentation/Fraud**

Any false representation incomplete information, misleading statement, misstatement, omission, concealment or fraud, whether or not innocently made, in *Your Application* which forms a part of the *Plan* and Policy Wording, including any statement, certification or warranty made by *You* or *Your* representatives, agents or proxies, whether in writing or otherwise, to *Us* as well any claim under *Your Plan* in which *You* fail to act with utmost good faith, or any claim that is in any respect fraudulent, unfounded, misrepresented, or any claim where *You* otherwise fail to observe the *Terms* of the Policy Wording, shall render *Your Plan* null and void and all claims and benefits under *Your Plan* shall be forfeited and waived and (if appropriate) recoverable by *Us*, and *We* shall have no liability for such benefits or claims. In addition, *Your Plan* shall be cancelled and rendered void from the *Effective Date* without refund of *Premiums*.

Please note that *We* may use, share or disclose information about *You* and *your* claims with third parties for the purpose of the identification and prevention of fraud and crime.



## **11. Several Liability**

The various underwriters which may be referenced in *Your Plan* are several and not joint and are limited solely to the extent of their individual covers. *We* are not responsible for the cover of any other underwriter referenced by *Us* that for any reason does not satisfy all or part of its obligations.

## **12. Subrogation**

*We* retain all rights of subrogation. Other than with *Our* written consent *You* have no entitlement to admit liability for any eventuality or give promise of any undertaking which is binding upon *You* or *Us*. *Your* submission of a claim or acceptance of cover or benefits under *Your Plan* shall be deemed to constitute an assignment of such subrogation rights by *You* to *Us*. Any amount recovered by *Us* shall first be used to pay the costs and expenses of collection incurred by *Us*, including reasonable lawyer's fees, and for reimbursement to *Us* for any amount that *We* may have paid or become liable to pay under *Your Plan*. Any remaining amounts recovered shall be paid to *You* or other persons lawfully entitled thereto, as applicable. *We* shall be entitled to conduct all proceedings arising out of, or in connection with, claims in *Your* name and to instruct lawyers of *Our* own choice for any such purpose.

## **13. Other Insurance**

*You* must inform *Us* if any of the benefits covered under *Your Plan* are covered or otherwise payable by any other insurance, membership benefit, reimbursement or indemnification cover, right of contribution, recoupment or recovery, contract, or other third party obligation or provision of benefits. *We* shall not be liable to pay more than *Our* rateable proportion of the claim. *We* shall not be obligated to provide any benefit or to pay any claim in respect to *Treatment* or supplies furnished by any program or agency funded by any government.

Where charges are made for *Treatment* of a *Medical Condition* for which payment is made or available through workers compensation, employer's liability, similar law or government program, any payment made by *Us* will be secondary to any payment or cover available elsewhere. If it is found that *You* were repaid for all or some of those expenses by any other source, *We* will have the right to a refund from *You*. Where necessary, *We* retain the right to deduct such refund from any impending or future claim settlements or to cancel *Your Plan* from the *Effective Date*.

## **14. Cancellation and Premium Refunds**

Provided *You* have not travelled and no claims have been paid or are in progress, *You* may cancel *Your Plan*, by providing written cancellation instructions (by e-mail, fax or post) and return the Policy Wording with the *Certificate of Insurance* within 14 days after receipt to the *Plan Manager*:

- i) For *Plans* cancelled within 14 days of *Application*:  
- *You* will receive a full refund;
- ii) For *Plans* that are cancelled after 14 days from the date of *Application*  
- there will be no refund payable;

Of course, if *You* cancel *Your Plan* *You* cannot make a claim under it and neither *You* nor *Us* will have any further rights, liabilities or obligations under the *Plan*.

*Your* request for cancellation will be dealt with promptly and *Your Plan* will be retroactively cancelled.

If *You* have any doubts regarding the *Terms of Your Plan*, please contact the *Plan Manager* directly for clarification, otherwise it shall be assumed that all *Terms* are understood and acceptable to *You*.

*We* reserve the right to require *You* to execute a release of claims as a condition to granting such refund. Upon cancellation and refund, neither *We* nor *You* shall have any further rights, liabilities or obligations under this *Plan*.

## **15. Liability**

*Our* liability shall cease immediately upon cancellation or termination of *Your Plan* for whatever reason, including without limitation non-renewal and non-payment of *Premium*, or if *You* are no longer eligible.

## **16. Arbitration**

No claim for benefits for which liability, eligibility, or cover under *Your Plan* has been denied in whole or in part by *Us* nor any other dispute or controversy arising under or related to *Your Plan* shall be arbitrable or subject to arbitration under any circumstances or for any reason, other than in the United Kingdom by the Financial Ombudsman Service.

## **17. Termination of Cover**

Whilst *We* shall not cancel *Your Plan* because of eligible claims made by *You*, *We* may at any time terminate *Your Plan* in the event of any non-payment of *Premium*, fraud or misrepresentation, non-refund of an over-paid claim, or if *You* no longer meet the eligibility requirements of *Your Plan*.

Coverage and benefits for the *Insured Person* under this *Plan* will terminate effective at 12:01 AM, GMT, on the earliest of the following dates:

- (a) the next day following the end of the *Period of Insurance* for which *Premium* has been fully and timely paid; or
- (b) the Expiration Date as shown on the *Certificate of Insurance*; or
- (c) the date that the *Insured Person* no longer is insured under either a group or individual medical insurance plan for medical expenses incurred in *Home Country*; or
- (d) the date the *Insured Person* first fails to meet or no longer meets the eligibility requirements for this *Plan* as outlined in Section E, General Condition 7. Eligibility of this *Plan*; or
- (e) the date specified by *Us* in any notice of cancellation, forfeiture or rescission issued pursuant to or as a result of the circumstances set forth in Sections E General Conditions: 10. Misrepresentation/Fraud, above, or below 18. Right of Recovery.

Coverage for the *Insured Person* shall remain in full force and effect unless terminated pursuant to the provisions of this Section E General Condition 17, except as otherwise provided in the *Plan* or *Certificate of Insurance*.

## **18. Right of Recovery**

In the event of overpayment by *Us* of any claim for benefits under *Your Plan*, for any reason, *We* shall have the right to a prompt refund and to recover the amount of overpayment from *You*, the *Hospital*, *Medical Practitioner*, or other provider of services or supplies, as the case may be.

If *You* or the *Hospital*, *Medical Practitioner* or other provider of services or supplies does not promptly make any such refund to *Us*, *We* may, in addition to any other rights or remedies available to *Us*: reduce or deduct from the amount of any future claim that is otherwise eligible for cover or payment under *Your Plan*, to the full extent of the refund due to *Us*; and/or terminate *Your Plan* by giving 30 days advance written notice by mail to *Your* last known residence or mailing address; and/or charge such amount to any valid credit card if the details of which are held by *Us*, if the overpayment was made to *You*.

## **19. Renewal & Amendment**

*Your Plan* may be renewed for extended *Periods of Insurance* in increments of 12 months up to a maximum total of thirty-six (36) continuous months and will be renewed subject to the *Terms* in force at each *Renewal Date*. Any one *Period of Insurance* may not exceed twelve (12) months.

If any *Period of Insurance* under this *Plan* has lapsed or terminated for any reason, coverage under this *Plan* cannot be renewed, but may be separately written under a new *Plan* (only after all applicable eligibility guidelines are met). A new *Application* with *Premium* must be received by *Us* in order to effect newly written coverage, and upon acceptance, a new *Plan* and Policy Wording will be issued and a new initial *Period of Insurance* will be established. New *Excesses*, *Schedule of Cover* including benefit limits and sub-limits, *Terms* and conditions of coverage, eligibility requirements, and *Pre-Existing Condition* exclusions will apply to any separately written and non-continuous *Periods of Insurance*.

- (a) At the time of any request for renewal, the *Insured Person* must satisfy all of the then current eligibility requirements for this *Plan*, as established by *Us* at *Our* sole discretions (see e.g., Section E General Conditions 7 - Eligibility);

With specific reference to *Insured Persons* aged 75 years but under 76 years at Date of Renewal, subject to the *Terms* of the *Plan*, they will remain eligible until the *Date of Expiry* of the *Plan* following their 76<sup>th</sup> birthday;

and

- (b) The maximum period of continuous coverage under this *Plan*, including the initial *Period of Insurance* and any renewed and extended *Period(s) of Insurance*, may not exceed a total of thirty-six (36) continuous months; and
- (c) After the first twelve (12) months of continuous coverage under this *Plan*, a new *Excess and Co- Insurance* requirement will apply for each period of twelve (12) months of continuous coverage thereafter, under this *Plan*,
- (d) Upon *Our* acceptance of a renewal *Application*, a new *Certificate of Insurance* and the then current form of Policy Wording for this *Plan* will be issued to the *Insured Person by Us* and will supersede and replace all previously issued Policy Wordings.

We will write to *You* and/or *Your* Intermediary through whom *You* applied for cover, with *Our* renewal *Terms* and provide *You* with a renewal *Premium* notice prior to each *Renewal Date*. *Our* commitment and the *Insured Person's* ability to renew is also subject to termination upon thirty (30) days written notice to the other party prior to the expiration date of the then existing *Period of Insurance*.

The renewal *Premium* must be received by *Us* prior to the *Renewal Date*, and no cover is in effect until *We* have received *Your Premium* and such time as *We* have confirmed *Your* renewal has been accepted in writing by *Us*.

If *You* cancel or fail to renew *Your Plan* upon renewal, *You* cannot make a claim under it and neither *You* nor *Us* shall have any further rights, liabilities or obligations under *Your Plan*.

We reserve the right, at our sole discretion to alter, amend or discontinue the benefits, and/or other make other changes to the *Terms* of *Your Plan*, renewals or replacement of either (including issuing *Endorsements* to effect such change) at any time or from time to time after the *Effective Date* of this *Plan*, upon no less than ninety (90) days prior written notice to *You* (Notice of Endorsement). The Notice of Endorsement shall include a complete description of the changes, additional and/or deletions to be made, the effective date thereof (the Change Date), and the notice of *Your* cancellation rights as set forth below, and shall be sent to your last known mailing address. Failure to receive notice for whatever reason shall not invalidate the change.

Upon issuance of the Notice of Endorsement *You* shall have the right to request cancellation of *Your Plan* at any time prior to the Change Date; provided, however that cancellation under this Section E19 shall be at *Your* option and coverage under this Plan shall terminate with effect from the cancellation date specified by *You* (subject to the provisions of Section E17 (a-e)). If *You* do not elect to cancel this Plan, the changes, additions and/or deletions *We* made and specified in the Notice of Amendment shall take effect as of the Change Date and this Plan shall thereafter continue in effect as amended and modified.

## **20. Mid Term Adjustments and Changes at Renewal**

No changes may be made to *Your Plan* mid-term or at renewal, with the exception of:

- i) Cancellation in accordance to the *Terms* of this *Plan*,
- ii) Change of your name or address;

## **21. Medical Evaluation**

We reserve the right to request further tests and/or independent evaluation where *We* reasonably decide that a condition being claimed for may be directly or indirectly related to an excluded condition.

## **22. Waiver**

Waiver by *Us* in any instance of any term of *Your Plan* will not prevent *Us* from relying on such term in other instances.

## **23. Local Insurance Law, Taxation & Regulations**

We accept no liability in the unlikely event that *You* infringe any local insurance law, regulation or taxation issue by purchasing the *Plan*. *Your Plan* is deemed made and issued in London, England.

*You* warrant that *You* are not infringing any local insurance law, regulation or taxation issue by purchasing *Your Plan*, and *You* understand and agree that *Your Plan* is not designed to comply with any particular local insurance law or regulation. It is agreed by *You* and *Us* that the subjects of this insurance are not considered to be resident, located, or to be performed in any particular state of the USA, or any particular country. *You* further agree that *You* are solely responsible for compliance with applicable laws to *You*.

## **24. Insolvency**

The insolvency, bankruptcy, financial impairment, receivership, voluntary plan of arrangement with creditors or dissolution of *You* or *Us* shall not impose upon *Us* any liability or obligation other than that specifically included under the *Terms* of this Policy Wording.

## **25. Patient Protection And Affordable Care Act (PPACA) - Important Notice**

This *Plan* is not subject to, and does not provide benefits required by, PPACA. On 1<sup>st</sup> January 2014, PPACA will require USA citizens and certain USA residents to obtain PPACA compliant insurance coverage unless they are exempt from PPACA. Penalties may be imposed on USA citizens and USA residents who are required to maintain PPACA compliant coverage but do not do so. Eligibility to purchase, extend or renew this product, or its terms and conditions, may be modified or amended based upon changes to applicable law, including PPACA. Please note that it is solely *Your* responsibility to determine if PPACA is applicable to *You*.

## **How to Make a Claim**

Please follow the guidelines below to help *Us* process *Your* claims promptly and efficiently.

- All claims should be submitted to *Us* with a fully completed claim form, original invoices, receipts and all other supporting documentation within 90 days of *Your* initial *Treatment*. *We* may deny cover for any claim submitted thereafter.
- Before *You* make a claim, it is important for *You* to review the *Terms* of this Policy Wording with respect to covers for the *Treatment* *You* are seeking and *Pre-Certification* requirements. *You* must follow any and all *Pre-Certification* procedures.
- *We* supply a personalised membership card to *You*, which contains essential contact numbers and addresses. *We* therefore suggest *You* keep this card with *You* at all times and that *You* also take a printed copy of this Policy Wording with *You* on *Your* trip.

### **A. Emergency Admissions**

In the event of *Emergency* admissions, *You* should contact the *Pre-Certification* helpline as soon as possible after admission, giving full details of the *Medical Condition* and *Treatment* (including dates and name of procedure if known) together with the name of the *Specialist* and *Hospital* details. (The telephone number is provided on the back of *Your* membership card and below). Please do not delay obtaining *Emergency Treatment*.

### **B. Planned In-Patient & Day-Patient Treatment**

In the event of a planned admission on an *In-Patient* or *Day-Patient* basis to a *Hospital*, *You* should contact *Our Pre-Certification* helpline as soon as possible prior to *Your* admission, giving full details of the *Medical Condition*, proposed *Treatment* (including dates and name of procedure if known) together with the name of the *Specialist* and *Hospital* details. (The telephone number is provided on the back of *Your* membership card and below).

Where possible *We* will make arrangements with the *Hospital* or *Treatment* provider for all *Eligible Charges* to be settled directly (*Direct Settlement*). Where this has been arranged, *You* should send the original claim form and the unpaid invoices (if given to *You* by the *Hospital*) to *Us*. *You* are responsible for paying any *Excess* and *Co-Insurance* to the *Treatment* provider. If *Direct Settlement* has not been arranged, *You* should pay all of the charges and submit the originals to *Us*, together with the claim form.

### **C. Out-Patient Treatment**

*You* should pay for any *Treatment* *You* receive as an *Out-Patient* and then submit *Your* charges, as per the cover and instructions in this Policy Wording.

- Whenever *You* visit a *Medical Practitioner* or *Specialist* on an *Out-Patient* basis, please make sure *You* take *Our* claim form with *You*.
- Fill in the section that is assigned to *You*, then date and sign the claim form. Make sure that *Your Medical Practitioner* or *Specialist* provides all relevant medical information in the specified section and then dates, signs and stamps the claim form.
- Attach all original supporting documentation, invoices and receipts to the claim form (e.g. *Medical Practitioner* invoices, pharmacy receipts with related prescriptions), and post to *Us* at the address below.

### **ALL CLAIM FORMS SHOULD BE SENT TO:**

Claims Department  
IMG Europe Ltd  
36-38 Church Road

Burgess Hill  
West Sussex  
RH15 9AE  
United Kingdom

Tel : +44 (0) 1444 46 55 88  
Fax : +44 (0) 1444 46 55 50  
E-mail : claims@imgeurope.co.uk

The above numbers are for the Claims Department only and should be used to discuss claims submitted and on-going issues. The emergency medical assistance helpline number can be found on the back of *Your* membership card.

## Claims Handling Service Standards

Upon receipt of all complete final claims documentation required by *Us*, *We* will aim to complete *Your* claim and make payment to *You* or the *Hospital* or provider as follows:

Sterling, Euro and USD payments : within 15 working days  
For other payments : within 20 working days

## General Claims Conditions and Information

1. *Proof Of Claim*: When *We* receive notice of a claim for benefits under this *Plan* from or on behalf of an *Insured Person* it will provide the *Insured Person* with Claimant's Statement and Authorisation Forms ("Claim Forms") for filing *Proof of Claim*. The following items must be submitted by or on behalf of the *Insured Person* to be considered a complete *Proof of Claim* eligible for consideration of coverage under this insurance ("Proof of Claim"):
  - (a) a duly completed, timely submitted, and signed Claim Form and authorization for release of information; and
  - (b) all original itemised bills and statements of services rendered from all *Medical Practitioners, Hospitals* and other healthcare or medical service providers involved with respect to the claim; and
  - (c) all original receipts for any costs, fees or expenses that have been incurred or paid by or on behalf of the *Insured Person* with respect to the claim, including without limitation all original receipts for any cash and/or credit card payments.

The *Insured Person* shall have ninety (90) days from the date a claim is incurred to submit a complete *Proof of Claim*, and *We* at *Our* option may pend resolution and adjudication of submitted claims and/or may deny coverage: for *Proofs of Claim* submitted thereafter; or for incomplete *Proofs of Claim*; and/or for failure to submit a *Proof of Claim*; provided, however, that *We* at *Our* option may waive the requirements of subsection (a) above, regarding submission of a new Claim Form for subsequent claims incurred by an *Insured Person* relating to a continuing *Illness, Injury* or other *Eligible Medical Condition* for which a properly completed and signed Claim Form has previously been submitted and received.

2. Claims may only be made for *Treatment* actually given during a *Period of Insurance* and benefits will be considered only for *Eligible Charges You* incur prior to expiry or termination of *Your Plan*.
3. All documents, medical reports and other materials that *We* require and request to support a claim shall be provided without expense to *Us*. In instances where medical information is required by *Us* for consideration of a claim but it is not available to *Us*, it is *Your* responsibility to obtain such information from *Your* current or previous *Medical Practitioner*, as appropriate.
4. Where *We* deem a consequence is not covered under *Your Plan* by reasons of an exclusion in the Policy Wording, the burden of proof to the contrary shall be upon *You*.
5. Where an *Excess* applies to *Your Plan*, the payment of any benefit will occur only if the total amount of *Eligible Charges* for *Treatment* and supplies covered under *Your Plan* exceeds the *Excess* in each *Period of Insurance*. *You* are liable for the amount of the *Excess* and any *Co-Insurance*, and this should be settled directly with the relevant medical provider.
6. *We* will reapply the *Excess* after each 12 month *Period of Insurance*, regardless of whether or not the *Treatment* is for a continuation of a *Medical Condition* for which *Treatment* had been previously sought in a prior *Period of Insurance*.
7. *You* may choose to have *Your* claim reimbursement paid in any currency convenient to *Your* location. However, the payment to *You* will be converted to the equivalent amount in the base currency of *Your Plan*. If *We* have to make a conversion from one currency to another, *We*

will choose a fair exchange rate on the date on which *You* paid for *Your Treatment*, or if *Your Treatment* spanned a period of time and *We* pay the provider, *We* will choose a fair exchange rate at the date of processing the payment. *We* are not responsible for any loss *You* may incur due to fluctuations in exchange rates, or for any bank charges *You* may suffer when *You* cash a foreign currency draft, a cheque or when *You* receive a bank transfer or payment from *Us*.

8. Without delay, *You* must give *Us* written notification of any claim or right of action against any third party arising out of circumstances which gave rise to a claim under *Your Plan*. *You* must continue to keep *Us* fully informed in writing and take all steps reasonably required in making a claim upon that other party. To the extent permissible under the laws of *Your Home Country*, *We* shall be entitled to take legal action in *Your* name for *Our* own benefit and claim for indemnity or damages or otherwise which relates to any benefit and cost paid or payable under *Your Plan*. *We* shall have full discretion in the conduct of any such proceedings and in the settlement of any claim.
9. In the event *We* deny all or part of a claim, the Insured Person shall have a reasonable opportunity to appeal the denial under which there will be a review of the claim and the determination. Insured Persons shall have sixty (60) days from the date that the notice of denial was mailed to the Insured Person's last known residence or mailing address within which to appeal the determination, and shall have the opportunity to submit written comments, documents, records, and other information relating to the claim. Our review will take into account all comments, documents, records, and other information submitted by the Insured Person relating to the claim, without regard to whether such information was submitted or considered in the initial claim determination. Insured Persons must file two (2) appeals of a claim denial prior to bringing any legal action. Upon receipt of a written appeal, *We* shall have an opportunity for further reasonable investigation and/or review, and will respond in writing as soon as reasonably practicable, and in any event within ninety (90) days from receipt thereof. An appeal is considered to be part of the claims process and not a complaint.
10. You cannot bring a legal action to recover under Your Plan within the first 90 days after *We* have been furnished with proof of claim in accordance with the requirements or after 12 months from the date proof of loss is required to be given to *Us*. You must file two (2) appeals of a claim denial prior to bringing any legal action under the Plan. No action at law or in equity can be brought after the expiration of three (3) years after the time written Proof of Claim is required to be furnished.
11. *You*, and *Your Medical Practitioners, Hospitals* and other healthcare and medical service providers and suppliers shall undertake to cooperate fully with *Us* in reviewing, investigating, adjudicating, considering an appeal of, and/or administering any claim for benefits, including granting full right of access to all relevant, pertinent or related records, medical documentation, medical histories, reports, lab or test results, x-rays, and all other available evidence relating to or affecting the review, investigation, adjudication or administration of the claim. *We* shall have the right and opportunity to examine all evidence related to a claim when and as often as it may reasonably require during the pendency of a claim hereunder and to request an autopsy in case of death where it is not forbidden by law. *We* at *Our* option may suspend or pend adjudication of a claim, and/or may deny benefits and/or coverage for a claim, when there has been: (i) a refusal to so cooperate, (ii) an unreasonable delay in such cooperation, and/or (iii) any other act or omission on the part of the Insured Person and/or his/her healthcare providers which hinders, delays, impairs, or otherwise prejudices the performance of *Our* obligations under this insurance.
12. *Eligible Charges* will be paid by cheque, or electronic funds transfer, or direct payment onto *Your* preferred VISA or MasterCard, to *You* at *Your* last known residence or mailing address, or, at *Our* sole option and discretion directly to the provider. All claim settlements are subject to the applicable *Excess* and *Co-Insurance*, and to all limits and other *Terms* of this Policy Wording. Where *Direct Settlement* has been undertaken *You* are responsible for direct payment of the *Excess* and *Co-Insurance* amounts and any non-*Eligible Charges*. In the rare event that a provider refuses *Direct Settlement*, or *We* are prevented from making *Direct Settlement* for operational or legal reasons (such restrictions on payments with certain countries which may be subject to a comprehensive sanctions programs as published by the United States Office of Foreign Assets Control), then *You* will be responsible for settling direct with the provider and seeking reimbursement from *Us*.
13. Under *Your Plan*, *You* can claim benefit from start of *Treatment* until the time when it is medically confirmed that the *Treatment* is no longer necessary, or until *Your Maximum Trip Duration* has been reached or *Your Plan* is no longer in force, whichever is the earlier. If *You* subsequently claim for a new course of *Treatment*, which is not in any way connected with the former *Treatment*, the subsequent claim will be regarded as a new claim.
14. If *You* are under 18 years of age, claim payments will be made payable to the parent or guardian who signed *Your Application*.

15. Explanation or Verification of Benefits: In the event of any verbal or telephone enquiry, every attempt will be made to help the *Insured Person* and his/her healthcare providers and suppliers understand the status, scope and extent of available benefits and coverage under this Plan; provided, however, that no statement made by any agent, employee or representative of *Us*, the *Plan Administrator* or *Plan Manager* will be deemed or construed as an actionable representation, promise, or an estoppel, or will create any liability against *Us*, or the *Plan Administrator* or *Plan Manager* or be deemed or construed to bind *Us* or to modify, replace, waive, extend or amend any of the *Terms* of the *Plan* or this Policy Wording, unless expressly set forth in writing and signed by an authorised agent or representative of *Us*. Actual eligibility determinations, benefit verifications, final coverage decisions and claim adjudications, and final payments and/or reimbursements of benefits or claims shall be determined and adjudicated only after or at the time a proper and complete *Application* and/or *Proof of Claim* is submitted (as the case may be), an opportunity for reasonable investigation and/or review is provided, cooperation required hereunder received, and all facts and supporting information, including relevant data, information and medical records when deemed necessary or appropriate by *Us*, are presented in writing. Appealed claims may be further investigated and/or reviewed. The *Terms of Plan* govern all available coverage and payments made or to be made. If a definite answer to a specific benefits or coverage question is required for any reason, the *Insured Person* or his/her healthcare providers may submit a written request to *Us*, including all pertinent medical information and a statement from the attending *Medical Practitioner* (if applicable), and a written reply will be sent by *Us* and kept on file. If *We* elects to verify generally and/or preliminarily to a provider or the *Insured Person* that an *Injury, Illness*, diagnosis or proposed *Treatment* is or may be covered under this *Plan*, or that benefits for same are or may be available as outlined in this *Plan*, any such verification of benefits does not guarantee either payment of benefits or the amount or eligibility of benefits. Final eligibility determinations, coverage decisions, claim appeals, and actual reimbursement or payment of claims or benefits are subject to all *Terms* of this *Plan*, including without limitation filing a proper and complete *Proof of Claim* under General Claims Conditions Section 1 above and cooperation under General Claims Conditions Section 11 above.

## Medical Management Services

### 1. Pre-Certification

For many of the benefits under *Your Plan* You are required to notify *Us* PRIOR to incurring or undertaking any *Treatment* and before being admitted to *Hospital*. *Pre-Certification* is a general determination of *Medical Necessity* only and all such determinations are made by *Us* in reliance and based upon the completeness and accuracy of the information provided by *You* or on *Your* behalf at the time of *Pre-Certification*. Subject to all of the *Terms* of this Policy Wording, if *You* comply with the *Pre-Certification* requirements under *Your Plan*, *We* will pay *Eligible Charges* for the costs or *Treatment* which is *Pre-Certified* as *Medically Necessary*.

*We* reserve the right under the *Terms* of this Policy Wording to challenge, dispute, or retrospectively revoke a prior determination of *Medical Necessity* based on information obtained. *Pre-certification* is not an assurance, authorisation, preauthorisation, or verification of *Treatment* or coverage, a verification of benefits, or a guarantee of payment. The fact that *Treatment* or supplies are *Pre-certified* by *Us* does not guarantee the payment of benefits, the availability of cover, or the amount of or eligibility for benefits.

Notification to *Us* for purposes of *Pre-Certification* may be undertaken by *You*, *Your Medical Practitioner*, the *Hospital* administrator or a *Relative*.

- i. *Pre-Certification* is required within 48 hours after an *Emergency* admission to the *Hospital*.

*Pre-Certification* for *Medical Necessity* must always be obtained through the *Plan Administrator* or *Plan Manager* before any of the following *Treatments* and/or supplies:

- Incurring any costs in an amount beyond \$900 / £500 / €750 (if *You* are unsure, always check with *Your Medical Practitioner*, *Hospital* or *Medical Provider* before incurring any costs).
- *In-Patient* or *Day-Patient: Admission, Treatment* and/or *supplies* of any kind, or *Surgery* in *Hospital*
- *Out-Patient Surgery*
- *Second Surgical Opinion*

- CAT and MRI scans, Echocardiography, Endoscopy, Gastroscopy, Colonoscopy and Cytoscopy
  - *Home nursing care*
  - Care in an *Extended Care Facility* or rehabilitation facility
  - Incurring charges for *Emergency* evacuation/ repatriation
  - Incurring charges for travel and accommodation
  - Cremation/burial or repatriation of *Your* remains
  - Incurring charges for *Durable Medical Equipment*
  - *Physiotherapy* of more than 10 visits
  - Incurring charges for prosthetic devices or artificial limbs
- ii. Loss of Cover for Non-Compliance with *Pre-Certification* Requirements:  
If *You* are not *Pre-Certified* or fail to comply or co-operate with the *Pre-Certification* requirements the following reductions in cover will apply:

For *Treatment* and supplies requiring *Pre-Certification*, eligible charges will be reduced by 50%.

- iii. For *Pre-Certification* *You* must follow the following procedure:

Contact *Us* at the telephone numbers printed on the membership card, as follows:

Outside North America	:	Tel	+44	(0) 1444 46 55 88
Within North America	:	Tel	+1	800 628 46 64
(Collect if necessary)	:		+1	317 655 45 00
E-mail	:			acm@imglobal.com

- Contact *Us* as soon as possible, preferably at least four weeks prior to admission or before *Treatment* is obtained.
- In the event of an *Emergency Hospital* admission, *Pre-Certification* must be completed within 48 hours after the admission, or as soon as is reasonably possible.
- Comply with *Our* instructions and submit any information or documents required by *Us*; and
- Notify all *Medical Practitioners*, *Hospitals* and other healthcare providers that *Your Plan* contains *Pre-Certification* requirements and ask them to fully cooperate with *Us*.

*Pre-Certification* will be confirmed to *You* in writing. A verbal confirmation does not constitute pre-approval. If in doubt, please contact the *Pre-Certification* helpline, as shown on *Your* membership card.

If *You* give *Us* less than 30 days notice, *We* will endeavour to confirm *Your* cover, but this may not be possible due to short timescales and the inability of outside parties (such as the *Hospital*, *Specialist* or *Your Medical Practitioner*) to assist in the process.

- iv. Pre-Certification Appeal Process

If *You* disagree with a *Pre-Certification* decision, *You* may ask *Us* to reconsider the decision within 90 days of *Our* decision and may supply additional documentation to support *Your* appeal. *We* will reconsider *Our* decision based on review of the additional documentation and facts, if any. *We* will advise *You* of *Our* decision.

## **2. USA Medical Concierge Service**

The Medical Concierge Service is a proprietary service of IMG that helps *You* navigate the US Healthcare system to identify the highest quality, most cost-effective providers for scheduled *In-Patient*, *Day-Patient* and certain *Out-Patient Treatments*. With Medical Concierge, when *You* are scheduling *Inpatient* or *Outpatient Treatment* in the USA *You* will receive important information to help *You* choose *Your Medical Practitioner*, including information on the number of procedures performed by the highest quality practitioners, the reported quality of the outcomes, the cost of the *Treatment* and other important information, thereby maximising the benefits provided under the *Plan*.

For non-*Emergency In-Patient Treatment* and the additional services listed below incurred within the United States of America, use of *Our* USA Medical Concierge Service will provide *You* with the ability to choose *Your Medical Practitioner* or *Hospital* from a list of high quality, yet competitively priced providers within the geographical area they are located when *Treatment* is *Medically Necessary*.

In order to maximise the effectiveness of the Medical Concierge for these enhanced benefits, *You* must notify *Us* immediately upon recommendation of their *Medical Practitioner* of any of the following:



- *In-Patient or Day-Patient Treatment or Surgery in Hospital*
- *Out-Patient Surgery*
- CT and MRI scans, Echocardiography, Endoscopy, Gastroscopy, Colonoscopy and Cytoscopy
- Home nursing care
- Care in an *Extended Care Facility* or rehabilitation facility

Contact *Us* as soon as possible PRIOR to the scheduling of *Treatment* on:

Telephone (USA) +1 877 654 62 29 (Toll Free within the USA)  
Or E-Mail: [mcs@akesocare.com](mailto:mcs@akesocare.com)

### **3. Concurrent Review**

While *You* are an *In-Patient*, *We* reserve the right to conduct an ongoing review of *Your Treatment* for purposes of detecting unnecessary *Treatment*, to help assure quality medical care and to contain costs. Beginning with *Your* admission as an *In-Patient*, *We* will approve a limited number of days of confinement based upon the *Eligible Medical Condition*. Thereafter, if additional days of *In-Patient Treatment* are necessary, *Your* continued stay in *Hospital* must again be reviewed and approved.

### **4. Plan Administrator's Provider Network United States Preferred Provider Organisation (PPO)**

*You* are free to choose the provider and location for *Your Treatment* within *Your Area of Cover*. It is not a requirement of *Your Plan* that *You* seek *Treatment* or supplies exclusively from a provider within *Our Plan Administrator's* network of providers. However, *Your* use or non-use of *Our Plan Administrator's* network of providers may affect the scope and extent of benefits available under *Your Plan*, including the applicable *Co-Insurance*, as set forth below:

#### **(i) Special benefit When Using the United States PPO Network**

If *Treatment* or supplies eligible for coverage under this *Plan* are received directly from *Our* approved list of independent PPO providers while *You* are in the USA:

(a) *We* will pay eligible expenses at 90% *Co-Insurance* (up to the maximum as indicated in the Schedule of Cover and Plan Highlights) *to such claim for Outpatient and any In-Patient Treatment*.

However, all *Eligible Charges* received in the USA from a provider that is not within *Our Plan Administrators* United States PPO will remain subject to the 80% *Co-Insurance* as stated in the Schedule of Cover and Plan Highlights.

#### **(ii) Utilisation of the Provider Network**

*You* may contact *Our Plan Administrator* and request a directory of providers within the USA PPO Network, or within the network for the area where *You* will be receiving *Treatment* (therein listing the Medical Practitioners, *Hospitals* and other healthcare providers within the provider network by location and speciality), or *You* may obtain such information by accessing the website [www.imglobal.com](http://www.imglobal.com)

**PPO Information.** *We*, through the *Plan Administrator*, endeavor to maintain a contractual arrangement with independent Preferred Provider Organisations (PPOs) that have established and maintained networks of U.S. and Non-US based *Medical Practitioners*, *Hospitals* and other healthcare and health service providers who are contracted separately and directly with the PPO and who may provide re-pricings, discounts or reduced charges for *Treatment* or supplies provided to *You*. Neither *Us* nor the *Plan Administrator*, or *Plan Manager* have any authority or control over the operations or business of the PPO, or over the operations or business of any provider within the independent PPO network. Neither the PPO nor any provider within the PPO network nor any of their respective agents, employees or representatives has or shall have any power or authority whatsoever to act for or on behalf of *Us*, the *Plan Administrator* or the *Plan Manager* in any respect, including without limitation no power or authority to:

(i) approve applications or enrollments for initial, renewal or reinstated coverage under this insurance plan or to accept *Premium* payments,

(ii) accept risks for or on behalf of *Us*,

(iii) act for, speak for, or bind *Us* or the *Plan Administrator* in any way,

(iv) waive, alter or amend any of the *Terms* of this Plan or waive, release, compromise or settle any of *Our* rights, remedies, or interests thereunder or hereunder, or

(v) determine *Pre-Certification*, eligibility for coverage, verification of benefits, or make any coverage, benefit or claim adjudications or decisions of any kind.

## **5. Medical Case Management**

We reserve the right to make recommendations in respect of any *Treatment* or supply with respect to an *Eligible Medical Condition*. Such recommendations will be based on *Our* assessing, coordinating and collaborating with *You*, *Your* guardians, family members, *Medical Practitioners* and other healthcare providers to help ensure a well-coordinated continuity of care.

*You* are under no obligation to accept or follow any of *Our* recommendations. However, by accepting or following any of *Our* recommendations, *You* are agreeing to hold *Us* harmless from same, and *We* shall not be held liable or otherwise responsible for any *Treatment* or supply provided to *You* except for the payment of *Eligible Charges* under the *Terms* of this Policy Wording.

After *You* have been notified of *Our* medical case management recommendations, *We* reserve the right, at *Our* option and in *Our* sole discretion without liability, to:

- (a) pay for *Treatment* and supplies which, although not expressly covered under *Your Plan*, may be beneficial to *You* and cost effective to *Us*; and
- (b) deny cover or benefits for any charges which exceed the amount *We* would have covered had *You* accepted and followed *Our* recommendations.

## **Making a Complaint**

*Our* aim is to provide *You* with a first class standard of service at all times. Nevertheless, there may be an occasion when *You* may feel this objective has not been achieved by *Us*. In the unlikely event of this happening, should *You* have any complaint or query regarding *Your Plan* and/or the service provided by *Us*, then please contact one of *Our* customer service advisors in the first instance.

IMG Europe Ltd:  
Telephone (UK) : +44 (0) 1444 46 55 77  
Fax (UK) : +44 (0) 1444 46 55 50  
E-mail : info@imgeurope.co.uk

They will try and resolve *Your* complaint.

If *You* are unhappy with the response, *You* are advised to write explaining the nature of *Your* complaint to:

The General Manager  
Sirius International Insurance Corporation (publ)  
The London Underwriting Centre  
3 Minster Court,  
Mincing Lane,  
London,  
EC3R 7DD,  
United Kingdom

Please quote *Your Certificate of Insurance* number and give full information regarding the query or complaint. Also include details of where *You* can be contacted. *We* will send a written acknowledgment of receipt and give *You* details of who is handling *Your* complaint and how to contact him or her.

*We* or *Our Plan Manager* will resolve, or issue a final response to *Your* complaint within 8 weeks of receiving the complaint.

In the unlikely event *You* are not satisfied with *Our* final response, *You* may refer eligible complaints within 6 months to the Financial Ombudsman Service (FOS) if *You* are: a personal customer, or a business customer with a turnover under £ 1 million per year. The FOS can be contacted at:

The Financial Ombudsman Service  
South Quay Plaza

183 Marsh Wall  
London E14 9SR  
United Kingdom

Please make sure *You* follow the above procedure for submitting or escalating *Your* complaint or query, since failure to do so may inadvertently delay *Our* response to *You*.

IMG Europe Ltd is authorised and regulated by the Financial Conduct Authority.