



Dale  
Underwriting  
Partners

**Group International Travel Insurance**

**LLOYD'S**

Underwriters

# Travel Insurance Plan – Intern/Work in Britain

## Health and Accident Insurance

Medical Expenses - Maximum in case of illness or accident

**GBP 1,000,000**  
per plan participant for  
all injuries and illness

Deductible:

**GBP 50**  
per plan participant  
injury or illness out-  
patient services only

## Part A: Accident and Sickness Benefits

### Schedule of Benefits

<b>Medical Expenses and Hospitalisation</b>	Covered	GBP 1,000,000 per plan participant for all injuries and illnesses
Deductible	Covered	GBP 50 per plan participant injury or illness out-patient services only
Mental Health Disorders – Outpatient	Covered	URC, 80% of costs up to a maximum of GBP 5,000 per person
Mental Health Disorders – Inpatient	Covered	URC, 80% of costs up to a maximum of GBP 10,000 per person
Physiotherapy – Outpatient	Covered	URC
Physiotherapy – Inpatient	Covered	Up to GBP 2,500 per plan participant for all injuries or illnesses
Acute Onset of a Pre-existing medical condition	Covered	URC, up to a maximum of GBP 10,000 per plan participant for all injuries or illnesses
Home Country Injury and illness benefit	Covered	URC, up to a maximum of GBP 1,000
Continuing Medical Treatment in Home Country	Covered	URC, up a maximum of GBP 1,000 for a maximum of 30 days
Emergency Dental Treatment	Covered	URC, up to a maximum of GBP 200 per tooth

<b>Emergency Medical Evacuation and Repatriation</b>	Covered	GBP 1,000,000 per person for all injuries and illnesses
Emergency Reunion Benefit	Covered	Up to GBP 10,000 per plan participant
Repatriation of Remains or Burial Benefit	Covered	Up to GBP 25,000 per plan participant
Return of Children Benefit	Covered	Up to GBP 10,000 per plan participant
<b>Accidental death, Loss of Sight, Loss of Limb(s), Permanent Total Disablement</b>	Covered	GBP 10,000 per plan participant
Search and Rescue Benefit	Covered	Up to GBP 25,000 per plan participant
<b>Plan Enhancements</b>		
Catastrophe Cover	Covered	Up to GBP 3,000 per plan participant
Emergency Bail Bond Benefit	Covered	Up to GBP 5,000 per plan participant
Pre-Trip Disruption Benefit	Covered	Up to GBP 5,000 per plan participant
Pre-Trip Terrorist Disruption Benefit	Not covered	Up to GBP 5,000 per plan participant

Public Transport Disruption Benefit	Covered	Up to GBP 500 per plan participant
<b>Loss of Personal Belongings</b>	Covered if Purchased	Up to GBP 2,000 per plan participant
Delay of Checked in Luggage Benefit	Covered	Up to GBP 350 per plan participant
<b>Lost Document or Money Benefit</b>	Covered	Up to GBP 500 per plan participant
<b>Pre-Trip Cancellation</b>	Covered if Purchased	Up to GBP 2,000 per plan participant
Pre-Trip Cancellation due to Security Reasons Benefit	Not covered	Up to GBP 0 per plan participant
Trip Curtailment Benefit	Covered	Up to GBP 500 per plan participant
<b>Security and Natural Disaster Evacuation</b>	Not Covered	Up to GBP 0 per plan participant
Crisis or Threat Response		Up to GBP 25,000 per plan participant
Emergency Assistance		
<b>Personal Liability</b>	Covered	Up to GBP 1,000,000 per plan participant
Legal Expenses	Covered	Up to GBP 25,000 per plan participant

## Endorsements and Additional Conditions

To include the following benefits (shown as covered above but can be purchased as required):

**Loss of Personal Belongings:** Additional Premium GBP 45 per trip

**Pre-Trip Cancellation:** Additional Premium GBP 54 per trip

## Contents – a guide to the **insured persons** insurance policy

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## The Contract of Insurance

In return for the **participating organisation** having paid the premium **we** shall provide insurance to the **plan participant** during the **plan period** to the extent of and subject to the terms conditions and exclusions contained in or endorsed on this **plan document**.

## Important Information

This **plan document**, **certificate of insurance**, the **benefits table** and any **endorsement(s)** attaching to the **plan document** during the **coverage period** form this insurance. This insurance sets out the conditions of the insurance between the **plan organisation**, **plan participant** and **us**. Please read the whole document carefully and keep it in a safe place.

It is important that the **plan participant** complies with the “Things the **plan participant** must do” in the event of a claim, **their** duties under each section and under this insurance.

Failure to comply with the above could adversely affect the **plans participant’s** insurance or any claim they make.

In deciding to accept this insurance and in setting the terms and premium, **we** have relied on the information provided by the **plan organisation** and care should be taken when answering any questions, **we** ask by ensuring that all information provided is accurate and complete.

If **we** establish that false or misleading information was deliberately or recklessly provided, **we** will treat this insurance as if it never existed and decline all claims.

If **we** establish that false or misleading information was carelessly provided it could adversely affect this insurance and any claim. For example, **we** may:

- treat this insurance as if it had never existed and refuse to pay all claims and return the premium paid. **We** will only do this if **we** provided insurance cover which **we** would not otherwise have offered; or
- amend the terms of the insurance, and **we** may apply these amended terms as if they were already in place if a claim has been adversely impacted by the carelessness; or
- charge more for insurance or reduce the amount **we** pay on a claim in the proportion the premium paid bears to the premium **we** would have charged; or
- cancel this insurance in accordance with the “Cancelling this insurance” section below.

## Cancelling this insurance

The **participating organisation** may cancel this insurance at any time by providing **us** with 30 days written notice of cancellation. If any **certificate of insurance coverage period** exceeds the cancellation notice the certificate of insurance shall remain in force until the **end date** shown on the **certificate of insurance** provided the premium due for such **coverage period** has been paid to **us** by the **participating organisation**.

**We** can cancel this insurance by giving the **participating organisation** thirty (30) days' notice in writing. **We** will only do this for non-payment of premium.

## Refund of premium

This insurance has a cooling off period of fourteen (14) days from either:

- the date the **plan participant** receives this insurance documentation; or
- the start of the **coverage period** on the **certificate of insurance**

whichever is the later.

If the **plan participant** cancels this insurance within the cooling off period then, provided they have not made a claim and the **participating organisation** has paid **us** the premium, **we** will refund in full any premium paid.

If this insurance is cancelled outside the cooling off period then, provided the **plan participant** has not made a claim and the **participating organisation** has paid **us** the premium, **we** will refund any unused premium paid, subject to a deduction for any time for which the **plan participant** has been on cover. This will be calculated on a proportional

basis. For example, if they have been covered for six (6) months, the deduction for the time they would be covered will be half the annual premium.

If they cancel this insurance outside the cooling off period, there will be an additional charge, as stated in the **schedule**, to cover the administrative cost of providing the insurance.

If **we** pay any claim, in whole or in part, then no refund of premium will be allowed.

## Termination of cover for the participating organisation

Cover under this **plan document** terminates on the earlier of:

1. 11.59 P.M. at the address of the **participating organization** on the **plan document expiration date**
2. 11.59 P.M. at the address of the **participating organization** on the last day of the notice period required if the **plan organization** has cancelled this **plan document** in accordance with the cancelling this insurance section
3. 11.59 P.M. at the address of the **participating organization** on the last day of the notice period given if **we** cancel this **plan document** in accordance with the cancelling this insurance section

## Termination of cover for the plan participant

Cover under this **plan document** terminates on the earlier of:

1. date the **plan participant** ceases to be an **eligible person**
2. 11.59 PM. at the address of the **participating organization** on the last day of the **coverage period** stated in the **certificate of insurance** for which premium has been paid, or
3. 11.59 PM. at the address of the **participating organization** after the expiration of 12 months from the **effective date** shown on the **certificate of insurance** unless an extension is declared to and accepted by **us** in writing; or
4. the moment the **plan participant** returns to their **home country**

## Grace Period for the plan participant

Following a termination of cover as a result of the **plan participant** ceasing to be an **eligible person**, they shall have the benefit of a temporary extension of cover under this **plan document** for a maximum period of 14 days grace (Grace Period). If, within the Grace Period, they acquire the benefit of alternative insurance cover, such temporary extension of cover will cease immediately.

## Extensions

The **participating organization** may extend the **plan participant's coverage period**, provided that;

- **they** pay the additional premium required for the extension
- **the plan participant** must continue to satisfy the **eligibility criteria**.
- at the time of extending this **plan document** the **plan participant** must be within the **host country**
- the **plan participant** must not be in hospital as an **inpatient** undergoing treatment or as an **inpatient** or **outpatient** awaiting treatment or investigation.
- any such extension request must be made prior to 11.59 P.M. at the address of the **participating organization** no longer than 14 days after the **end date** shown on their **certificate of insurance**

The maximum aggregate **coverage period** for any previous **coverage period** and extensions must not be greater than 18 months in all.

**We** may refuse to extend the **coverage period** if the **plan participant** has made or intends making any claims on their previous **coverage period**. For all such extensions all conditions, restrictions and exclusions set out in this **plan document** will continue to apply.

## Termination date of this Insurance

Termination takes effect at 11.59 PM at the address of the **participating organisation** on the date of termination.

The **plan document** terminates automatically on the earlier of:

1. The **plan document expiration date**, or
2. At the expiration of the 30 days of cancellation for non-payment of premiums.

## Choice of Law

The appropriate law as set out below will apply unless the **plan participant** and **we** agree otherwise.

This contract will be subject to the law of **England and Wales**

The **plan participant** and **we** shall submit to the exclusive Jurisdiction of the courts of the **England and Wales**.

All communication between the **plan participant** and us shall be conducted in English except as otherwise provided in this insurance.

## Patient Protection and Affordable Care Act

For **plan participants** travelling to the USA this insurance is not subject to the and will not be administered as PPACA (Patient Protection and Affordable Care Act) insurance plan. The PPACA requires certain U.S. residents and citizens obtain PPACA compliant insurance coverage. This plan is not designed to cover U.S. residents and citizens. This **pan document** is not subject to guaranteed insurance or renewal.

## Sanction Limitation and Exclusion Clause

**We** shall not provide cover or pay or be liable for any claims or provide any benefit under this **plan document** if by providing any cover, paying any claims or providing any benefit under this **plan document** it would expose **us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

## Complaints Procedure

Dale Underwriting Partners are committed to providing the **plan participant** with a high-quality service, which **we** expect to maintain throughout the duration of the insurance. In order for this level of service to be fully appreciated by the **plan participant**, **we** would first ask the **plan participant** to read through this **plan document** and their **certificate of insurance** carefully to ensure the **plan participant** understand the extent of the coverage provided and the conditions and exclusions that apply particularly what is required of the **plan participant** if and when the **plan participant** becomes aware of a claim or a circumstance which may give rise to a claim being made against the **plan participant**.

If the **plan participant** has any questions or concerns about the **plan participant** insurance, which cannot be answered to the **plan participant's** satisfaction by the **plan participant's** insurance broker, then please contact **us** at the address set out below. If the **plan participant** has any complaint or issues over the handling of a claim the **plan participant** should, in the first instance please contact the Executive Director & Head of Claims at the address set out below.

If the **plan participant** feels that **we** have not offered the **plan participant** a first-class service, please write and tell **us** at the address set out below and **we** will do **our** best to resolve the matter with the **plan participant**.

Contact Address:

Complaints  
6<sup>th</sup> Floor Bevis Marks  
6 Bevis Marks  
London EC3A 7BA

E-Mail address: [complaints@daleuw.com](mailto:complaints@daleuw.com)  
Tel: +44 (0) 20 3307 1498

If the **plan participant** is unable to resolve the situation with **us** and wish to make a complaint, the **plan participant** can do so at any time by referring the matter to the Lloyd's Complaints department, whose contact details are as follows:

Complaints  
Lloyd's  
One Lime Street  
London EC3M 7HA

E-Mail address: [complaints@Lloyds.com](mailto:complaints@Lloyds.com)  
Tel: +44 (0) 20 7327 5693  
Facsimile: +44 (0) 20 7327 5225

If the **plan participant** remains dissatisfied after Lloyd's has considered the **plan participant's** complaint, the **plan participant** may have the right to refer the **plan participant's** complaint to the Financial Ombudsman Service (FOS). The Financial Ombudsman Service is an independent service in the UK for settling disputes between consumers and businesses providing financial services:

Financial Ombudsman Service E-Mail [complaint.info@financialombudsman.org.uk](mailto:complaint.info@financialombudsman.org.uk)

Exchange Tower Telephone: +44 (0)30 0123 9123

London E14 9SRLloyd's

**We** are covered by the Financial Services Compensation Scheme. The **plan participant** may be entitled to compensation from the scheme if a Lloyd's underwriter is unable to meet its obligations to the **plan participant** under this contract. If the **plan participant** is entitled to compensation under the scheme, the level and extent of the compensation would depend on the nature of this contract. Further information about the Scheme is available from the Financial Services Compensation Scheme (7th floor, Lloyds Chambers, Portsoken Street, London E1 8BN) and on their website ([www.fscs.org.uk](http://www.fscs.org.uk)).

## Compensation

Lloyd's insurers are covered by the Financial Services Compensation Scheme. The **plan participant** may be entitled to compensation from the scheme if a Lloyd's insurer is unable to meet its obligations to the **plan participant** under this insurance.

If the **plan participant** is entitled to compensation under the scheme, the level and extent of the compensation would depend on the nature of this insurance. Further Information about the scheme is available from the Financial Services Compensation Scheme (PO Box 300, Mitcheldean, GL17 1DY) and on their website: [www.fscs.org.uk](http://www.fscs.org.uk).

## Data Protection

### *The basics*

**We** collect and use relevant information about the **plan participant** to provide them with insurance cover or the insurance cover that benefits them and to meet **our** legal obligations.

This information includes details such as their name, address and contact details and any other information that **we** collect about them in connection with the insurance cover from which they benefit. This information may include more sensitive details such as information about their health and any criminal convictions they may have.

The way insurance works means that their information may be shared with, and used by, a number of third parties in the insurance sector for example, insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. **We** will only disclose their personal information in connection with the insurance cover that **we** provide and to the extent required or permitted by law.

### *Want more details?*

For more information about how **we** use the **plan participant's** personal information please see **our** full privacy notice(s), which is/are available online on **our** website(s) or in other formats on request.

### *Contacting us and the plan participant's rights*

The **plan participant** has rights in relation to the information **we** hold about them, including the right to access their information. If **they** wish to exercise their rights, discuss how **we** use their information or want to request a copy of **our** full privacy notice(s), please contact **us**, and **we** will provide them with **our** contact details.

In this insurance **our** syndicate numbers and proportions are shown in the attached table. **We** bind ourselves severally and not jointly, that is, in the event of a claim, each of **us** (and **our** Executors and Administrators) is liable only for their own share of their syndicate's proportion of the risk.

**We** are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority.

**Our** Firm Reference Number(s) and other details can be found on the Financial Services Register at [www.fca.org.uk](http://www.fca.org.uk)



## Emergency Medical Assistance

For emergency medical assistance anywhere in the world at any time, the **plan participant** should contact **our claims handler**. Their team will help with medical problems, locating nearest medical facilities, as well as keeping them in touch with their family in an emergency.

Provided medical treatment, or costs, charges or expenses have been pre-authorized by **our claims handler** they will pay all associated costs incurred by the **plan participant** for the following and provide the following benefits:

**We will**

- Take charge of enquiries 24 hours a day 365 days a year.
- Where necessary contact hospitals on the **plan participants** behalf and guarantee and pay for any pre-authorized and necessary treatments, costs, charges or expenses.
- Talk to doctors and hospital staff in their own language.
- Ensure medical advisers are consulted at the outset for their views on the possibility of arranging **emergency medical evacuations** or **repatriation** and the best method of transportation to be adopted.
- Make arrangements to return the **plan participant** to travel home to their **home country** and where necessary ensure the **pan participants** are escorted by a medical attendant and provided with reasonable assistance.
- Make arrangements for the outward and return journeys for the next of kin or another nominated person to visit the **plan participant** if they are ill or Injured.
- Assist in locating and sending **medically necessary** drugs if not available locally.
- Provide advice on minor ailments.

## Prior Approval of Hospitalisation costs

In the event of the **plan participant** requiring **hospitalisation**, they must where reasonably possible obtain prior approval from our **claim's handler**. If the **plan participant** does not comply with this pre-authorization requirement, **we** may be unable to pay for treatments, costs, charges or expenses that they incur.

## Arrangement of Emergency Medical Evacuations and Repatriations

**Our claims handler** will have sole responsibility for the arrangement of all Emergency Medical Evacuations, and Repatriations.

Failure to arrange Emergency Medical Evacuations and Repatriations through **our claim's handler** will mean **we** will be unable to pay in costs or expenses the **plan participant** incurs.

For Emergency Medical Assistance or Prior Approval of Hospitalisation costs or Arrangement of Emergency Medical Evacuations and Repatriations please contact **our claims** On Call International

24/7 Global Response Centre

Call collect from anywhere in the world: +1 603 328 1347

Toll Free from US or Canada: 1 888 226 9566

[mail@oncallinternational.com](mailto:mail@oncallinternational.com)

In order to obtain Prior Approval of Hospitalisation costs or arrange Emergency Medical Evacuation or Repatriation through **our claims handler** the **plan participant** must provide them with them with all the authorisation to access or obtain all their necessary medical records, notes and correspondence referring to the subject of a claim or a related **pre-existing medical condition**.

Failure to provide such authorisation may mean **our claims handler** is unable to provide such Authorisation or arrange for Emergency Medical Evacuations or Repatriation.

## Claims Information

### *How to make a claim*

#### *Things the plan participant must do*

The **plan participant** must comply with the obligations set out below. If **we** determine that any claim the **plan participant** make under this insurance has been adversely impacted directly by the **plan participant's** failure to comply with the obligations below, **we** may refuse to pay the **plan participant's** claim or reduce the amount of any payment **we** make for the claim.

1. In the event of the **plan participant** sustaining an **injury** or suffering from an **illness** they should contact a **physician**.
2. In the event of a claim the **plan participant** must contact **our claims handler** as soon as practicable and, in any event, no later than 60 days after the event leading to a claim.
3. The **plan participant** must provide **our claims handler** with the necessary authorisation to access or obtain all the **plan participant's** medical records, notes and correspondence referring to the subject of a claim or a related **pre-existing medical condition**. The **claims handler** must, for the purpose of reviewing the claim, be allowed to examine them as **we** consider necessary.
4. The **plan participant** must provide **our claims handler** with all information **we** may reasonably require including a fully completed claim form, which will include receipts and invoices as applicable, medical certificates, police evidence or in the case of **injury** evidence to show that this was caused as a result of an **accident**. If the information supplied is insufficient, **our claims handler** will identify the further information required. If they do not receive this information, they may reject the claim or withhold payment until the information they may reasonably require is received.
5. In the event of the **plan participant** requiring **hospitalisation** or wanting to curtail **their trip** they must where reasonably possible obtain prior approval from our **claim's handler**. If the **plan participant** does not comply with this pre-authorization requirement, **we** may be unable to pay for the **plan participant's** treatments or costs, charges or expenses that they incur.

### **For all non-emergency reimbursement claims**

On Call International

24/7 Global Response Centre

Call collect from anywhere in the world: +1 603 328 1347

Toll Free from US or Canada: 1 888 226 9566

[mail@oncallinternational.com](mailto:mail@oncallinternational.com)

**Our claims handler** will require the following details:

- The plan **participating organization's** name.
- The **plan participant's** name and address
- **Certificate of insurance** number.
- The **certificate of insurance** effective and **end date**.
- Date and nature of claim

- The **plan participant's home country**
- The **plan participant's** location
- The **plan participant's details** (including passport/visa etc.).
- The name and phone number of the **physician** and hospital treating the **plan participant**.
- Any additional people that should be updated throughout the case
- Any other pertinent information on the incident that may affect the **claims handler's** response.

## Fraudulent claims

1. If the **plan participant** makes a fraudulent claim under this insurance, **we**:
  - a) are not liable to pay the claim; and
  - b) may recover from the **plan participant** any sums paid by **us** to the **plan participant** in respect of the claim; and
  - c) may by notice to the **plan participant** treat this insurance as having been terminated with effect from the time of the fraudulent act.
2. If **we** exercise **our** right under clause 1. c) above:
  - a) **we** shall not be liable to the **plan participant** in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to **our** liability under this insurance (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim); and
  - b) **we** need not return any of the premiums paid.

## Reciprocal Health Arrangements

### EU, EEA or Switzerland

If travelling from a **home country** within the European Union (EU), the European Economic Area (EEA) or Switzerland to another EU, EEA or Switzerland the **plan participant** should check if they are entitled to reciprocal health care arrangements which exist between them.

### Australia

If a **plan participant** travels to Australia, they may be entitled to Reciprocal Health Care Arrangements (RHCA) which gives them free treatment in public hospitals (although some services are not covered). The **plan participant** should check if they are covered by RHCA by checking with their local MEDICARE office or visiting their website at [www.humanservices.gov.au](http://www.humanservices.gov.au) when they first require treatment, otherwise they may have to pay for the full cost of their treatment.

If the plan participant is unsure about their entitlement to reciprocal health arrangements in the EU, EEA, Switzerland or Australia they should contact our **claims** On Call International

24/7 Global Response Centre

Call collect from anywhere in the world: +1 603 328 1347

Toll Free from US or Canada: 1 888 226 9566

[mail@oncallinternational.com](mailto:mail@oncallinternational.com)

## Definitions

Each time the words or phrases listed below are used, they will have the same meaning wherever they appear in this **plan document** unless stated otherwise. A defined word or phrase will appear in bold and each time it appears in the insurance policy, except for headings and titles. Each Section of the **plan document** contains definitions which apply to that particular Section and they must be read in conjunction with the following **plan document** Definitions.

### **Accident/Accidental**

A sudden, unintentional and unexpected occurrence caused by external, visible means and resulting in the **plan participant's physical injury**.

### **Bodily injury**

**Injury** which is sustained by the **plan participant** as the result of an **accident** which solely and independently of any other cause, except surgical treatment rendered necessary by the **accident**, results in **the plan participant's death**, disablement or injury that incurs Medical Expenses.

### **Act of Terrorism**

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

### **Acute Onset of a Pre-existing Medical Condition**

A sudden and unexpected occurrence of a **pre-existing medical condition** during the **coverage period** which occurs spontaneously and without such advance warning as would have caused a prudent person to seek medical or dental attention prior to the onset of pain.

### **Acute Onset of Pain (Emergency Dental)**

A sudden and unexpected occurrence of pain which occurs spontaneously and without such advance warning as would have caused a prudent person to seek medical or dental attention prior to the onset of pain.

### **AIDS**

Acquired Immune Deficiency Syndrome as that term is defined by the United States Centers for Disease Control.

### **Appropriate authorities**

The United States Department of State, the Foreign Office of Canada, The Foreign and Commonwealth Office of the United Kingdom, or similar authority of the **plan participant's** Home country.

### **ARC**

AIDS Related Complex as that term is defined by the United States Centers for Disease Control.

### **Benefits Table**

Means the table of benefits set out in the **plan participant's certificate of insurance**

### **Certificate of Insurance**

The document issued to the **plan participant** by the **participating organization** which provides details of the **plan participant's geographical location, coverage period** and the benefits payable under this insurance.

### **Children**

Any person who is unmarried and under 19 years of age or 23 years of age if in full time education and is travelling with an adult insured under this policy.

### **Chronic**

Means a **medical condition** that is persistent and otherwise long lasting in its effects

### **Claims Handler**

Means the company named in this **plan document** as **our** claims handler whose contact details are set out in this insurance policy.

### **Close Relative**

The **plan participant's partner**, parent(s) or parent(s) in law, grandparent(s), brother(s), brother(s) -in-law sister(s), sister(s)-in-law, **dependents**, grandchildren.

### **Coinsurance**

Means the percentage of **eligible expenses** for which we are responsible stated in the **benefit table** and/or as

shown on the **certificate of insurance**.

### **Complications of Pregnancy**

**Illnesses** prior to the 26<sup>th</sup> week of the **plan participant's** pregnancy whose diagnoses are distinct from **pregnancy** but are adversely affected by **pregnancy** or caused by **pregnancy** and not associated with a normal **pregnancy**. This includes ectopic **pregnancy**, spontaneous abortion, hyperemesis gravidarum, pre-eclampsia, eclampsia, missed abortion and conditions of comparable severity. **Complications of pregnancy** does not include false labor, edema, prolonged labor, prescribed rest during the period of **pregnancy**, morning sickness and conditions of comparable severity associated with management of a difficult **pregnancy**, and not constituting a medically distinct condition.

### **Congenital**

Means a **medical condition** that is present at or before birth

### **Contact Sports**

A sport or other athletic activity that necessarily involves physical contact with opposing players as part of normal play.

### **Coverage Period**

Means the dates of coverage period set out in the **plan participant's certificate of insurance**. The maximum date of coverage period is 12 months unless declared by the **plan participant to us** and accepted by **us** in writing.

### **Cosmetic Surgery**

Means the surgical alteration of tissue primarily for the improvement of appearance rather than to improve or restore bodily functions.

### **Crisis Management Company**

Means the company named in this **plan document** as **our crisis management company** whose contact details are set out in this insurance policy

### **Crisis**

A **crisis** means a **violent crime** or **malicious act** that puts a **plan participants** in a **life-threatening situation** and has caused or has the potential to causes them serious **accidentalbodily injury** or death or put them in a **life-threatening situation(s)**.

### **Custodial Care**

The type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist **the plan participant** in performing the activities of daily living. **Custodial care** also includes non-acute care for the comatose, semi-comatose, paralyzed or mentally incompetent patients.

### **Deductible / Emergency Room Deductible**

A defined currency amount, as stated in the **benefit table** that the **plan participant** must pay per claim prior to any payment by **us**.

### **Dental Treatment**

The care of teeth, gums or bones supporting the teeth, including dentures and preparation for dentures.

### **Dependents**

**The plan participant** natural or legally adopted **children** or legal wards, foster or step-child(ren) of the **plan participant** or those of the **plan participant's partner** (where applicable) living at the same address who are no older than 19 years of age or 23 years of age if in full time education at the time of the event giving rise to a claim under this insurance policy.

### **Documents**

Means travel tickets, passports and driving licenses held by the **plan participant** for social, domestic and/or pleasure purposes.

### **Educational or Rehabilitative Care**

Care for restoration (by education or training) of one'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**

Means the date stated in the **certificate of insurance** when the **coverage period** starts.

### Eligibility Criteria

The requirements needed for the **plan participant** to purchase this plan documentation which are:

- when applying for this insurance, they must be resident in their **home country**
- they must not be a permanent resident citizen or Legal Permanent Resident of the **host country**.
- during the **coverage period** the **plan participant** must be on a **trip** outside of their **home country** (including **incidental travel days**) and travelling on the activities of the **participating organisation**.

### Eligible Expenses

Means the **usual, reasonable and customary** charges for services or supplies which are incurred by the **plan participant** for the **medically necessary** treatment incurred during the **coverage period**.

### Eligible Person

Means a person satisfying the **eligibility criteria**.

### Emergency

A medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the **plan participant's** life or limb in danger if medical attention is not provided within 24 hours.

### Emergency Medical Evacuation

The cost of transportation by air and/or surface transportation If the **plan participant** suffers a **serious medical condition** which warrants immediate transportation (due to inadequate medical facilities) by **our assistance company** from the place where the **plan participant** is located to the nearest adequate medical facility where medical treatment can be obtained, including the costs of all medical care and ancillary costs associated with that transportation.

### Epidemic

A widespread occurrence of infectious disease in a community at a particular time

### Excluded Territories

Afghanistan, Africa (except South Africa), Iran, Iraq, Lebanon, North Korea, Pakistan, Syria, Ukraine, West Bank and Gaza Strip, Yemen, or any Country/Region where the **appropriate authorities** have advised against all such travel.

### Expiration date

Means the date stated in the **certificate of insurance** when the **coverage period** ends

### 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 **physician** 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 **physician**; and provides each patient with active treatment of an **illness** or **injury**. **Extended care facility** does not include a facility primarily for rest, the aged, Substance Abuse treatment, Custodial Care, nursing care or for care of Mental Health Disorders or the mentally incompetent.

### Geographic Location

The country or region stated on the **certificate of insurance** that the **plan participant** is travelling to.

### Hazardous Activities and Sports

**Contact sports**, American Football, Bamboo Boat Rafting, Big Foot Skiing, Black Water Rafting, Bobsleigh/Skeleton/Luge, Boccer, Boogie Boarding, Bouldering, Bungee Jumping (more than 2 jumps in all during your **trip**, Canyoning, Cave Tubing, Caving, Dog Sleighing, Glacier Crossing/Hiking, Gliding, Hang Gliding, Heliskiing/Boarding, Ice Climbing, Jet Boating/Shotover Jet, Jet Skiing, Kite Surfing, Kite Skiing, Kite Buggy, Micro Lighting, Motorcycling up to 125cc where claims and conviction free for previous 3 years and where wearing a helmet, Mountaineering (with ropes), Off-Road Mountain Biking, Parachuting, Paragliding, Parapenting (behind a motorised vehicle), Polo, Potholing/Caving (as part of a group), River Kayaking, Rock Climbing (with ropes), Scuba Diving (down to 30 metres only), Sea Canoeing, Sea Kayaking, Shark Cage Diving, Show-jumping, Skate Boarding (if participating in competition), Skiing Cross Country, Skiing (on piste only or off piste with a guide), Skydiving, Snowboarding, (on piste only or off piste with a guide), Snow Blading (on piste only), Snow Kiting, Snow

Mobiles/Skidoos, Tobogganing, Trekking (that requires the use of ropes, guides or supplementary oxygen or under 6000 metres), Wake Boarding, Water Skiing, White Water Rafting (grade 4-5).

#### **Home country**

The country in which the **plan participant** permanent is a resident of and hold a passport for.

#### **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 by a **physician**.

#### **Home Nursing Care**

Services 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 provided in lieu of **medically necessary** Inpatient care in a **hospital**.

#### **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 **ill** or **injured** persons as **inpatients**; and provides 24-hour nursing service by **registered nurses** on duty or call; and has a staff of one or more **physicians** available at all times; and provides organized facilities and equipment for diagnosis and treatment of acute medical conditions on its premises; and is not primarily a long-term care facility, **extended care facility**, nursing, rest, **custodial care** or convalescent home, a place for the aged, drug addicts, alcoholics or runaways, or similar establishment.

#### **Hospitalized or Hospitalization**

Means admitted to a **hospital** and receiving treatment for a **medical condition** as an **in-patient**

#### **Host country**

Means the country the **plan participant** is residing in whilst on a **trip**.

#### **Illness/ill**

A sickness, disorder, pathology, abnormality, ailment, disease or any other medical, physical or health condition that first manifests itself during the **coverage period** whilst on a **trip**. For the purposes of this insurance, **illness** does not include learning disabilities, attitudinal disorders or disciplinary problems.

#### **Incurred**

A charge is incurred on the date the service is provided or supply is purchased.

#### **Injury**

**Bodily injury** resulting from an **accident**.

#### **Inpatient**

When **the plan participant** is an overnight resident patient of a **hospital**, using and being charged for room and board.

#### **Incidental Travel Days**

A related trip up to a maximum of 72 hours taken during and/or immediately after the **coverage period** for overnight stays outside the **plan participant's home country** or **the plan participant's host country**.

#### **Intensive Care Unit**

A cardiac care unit or other unit or area of a **hospital** that, where applicable, meets the required standards of the Joint Commission on Accreditation of **hospitals** for Special Care Units.

#### **Investigational, Experimental or for Research Purposes**

Terms used to describe procedures, services or supplies that are by nature or composition, or are used or applied, in a way which deviates from generally accepted standards of current medical practice.

#### **Legal Permanent Resident**

Means a person who has been granted full lawful permanent residence as defined by the immigration law in the United States of America.

**Life-threatening situation**

Any situation occurring outside the **plan participant's home country** where **our crisis management company** have agreed that the **plan participants'** life is in danger.

**Loss of limb(s)**

Loss by physical separation of a hand at or above the wrist or a foot at or above the ankle and includes total and irrecoverable loss of use of hand, arm or leg.

**Loss of Sight**

Means the permanent and total loss of sight which must be irrecoverable by natural surgical or artificial means.

**Luggage**

Means the **plan participants personal belongings** which have been checked in as luggage by the **public transport** provider the plan participant is travelling with.

**Malicious Act**

An act by any or all persons with the express or whose implied intention is to cause the serious **bodily injury** or death of a **plan participant**.

**Manual Work**

Any kind of work other than clerical office work of any kind or work in hospitality, entertainment, retail consumer or tourism.

**Medically Necessary**

A service or supply which is necessary and appropriate for the diagnosis or treatment of an **illness** or **accidental bodily injury** based on generally accepted current medical practice. A service or supply will not be considered **medically necessary** if it is provided only as a convenience to the **plan participant** and/or is not appropriate for the **plan participant's** diagnosed symptoms, and/or exceeds in scope, duration or intensity that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment of an **illness** or **injury**.

**Medical Condition**

Means any disease, **illness** or **injury** (including symptoms of undiagnosed condition).

**Mental Health Disorder**

Mental or emotional disease or disorder which generally denotes a disease of the brain with predominant behavioral symptoms; or a disease of the mind or personality, evidenced by abnormal behavior; or a disorder of conduct evidenced by socially deviant behavior. **Mental health disorders** include psychosis, depression, schizophrenia, bipolar affective disorder, and those psychiatric **illnesses** listed in the current edition of the diagnostic and Statistical Manual for Mental Disorders of the American Psychiatric Association.

**Money**

Coins, bank notes, postal or money orders, signed travelers cheques and other cheques, letters of credit, travel tickets, petrol coupons or other prepaid coupons which belong to or are in the custody and control of the **plan participant** and are intended for travel, meals, accommodation and personal expenditure only.

**Natural Disaster**

Any event caused by natural phenomenon including earthquake, flood, hurricane, landslide, tornado, tsunami, volcanic eruption.

**Outpatient**

When the **plan participant** receives **medically necessary** treatment by a **physician** for **accidental bodily injury** or **illness** that does not require overnight stay in a **hospital**.

**Palliative Dental**

The emergency dental treatment for the relief of pain or discomfort.

**Participating Organization:**

The organization that organizes the **trip** on the **plan participant's** behalf and pays the premium.

**Pandemic**

A disease which is prevalent throughout a country or region and is declared as a **pandemic** by the World Health Organisation

**Partner**

The **plan participant's** spouse or civil partner living at the same address as the **plan participant's** for the last 12



months and sharing financial living expenses and where applicable is also responsible for **the plan participants' dependents**.

**Public Health Emergency of International Concern**

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

**Permanent Total Disablement**

Disablement that has lasted for at least twelve months and which in the opinion of a **physician** is beyond hope of recovery and shall in all probability continue for the remainder of the **plan participant's** life and result in **the plan participant's** inability to perform or give attention to gainful occupation of any and every kind.

**Personal Belongings**

Means personal articles, which the **plans participants** property; or property for which they are responsible, and which is taken on or acquired during their **trip**.

**Physician**

Means someone who is lawfully licensed to practice in the place where medical services are performed but this does not include the **plan participant** or a relative of **the plan participant**.

**Physiotherapy**

Means treatment by a **physician**, who is affiliated with a physical therapy practice, of **illness** or **injury** by physical method such as heat treatment, diathermy, ultra-sonic therapy or manipulation or massage

**Plan Participant**

Means the person who meets the eligibility requirement, is on a **trip** organized by the **participating organization** and whose name appears on the **certificate of insurance**.

**Plan Document**

Means this document and the **benefit table, certificate of insurance** and any endorsement(s) that will attach during the coverage period.

**Pre-existing Medical Condition**

Any **medical condition** which the **plan participant** has had or has been diagnosed with or received treatment for or for any **medical condition** for which they are waiting for treatment, surgery, consultation or investigation in the 12 months before the **effective date** of their **coverage period**.

**Pregnancy**

Routine pre-natal care, child birth, and postnatal care false labor, edema, prolonged labor, prescribed rest during the period of **pregnancy**, morning sickness and conditions of comparable severity associated with the management of a difficult **pregnancy**, and not constituting a medically distinct condition, and all charges related to **pregnancy** other than for conditions constituting a medically distinct **complication** of **pregnancy** and only prior to the 26<sup>th</sup> week of **pregnancy** or abortions, except in connection with covered **complications of pregnancy**.

**Proof of Claim**

A completed and signed Claimant's Statement and Authorization Form provided by **our claims handler**, together with any/all required attachments, original itemized bills from treating **physicians, hospitals** and other medical providers, original receipts for any expenses which have already been paid by or on behalf of the **plan participant**, and any other documentation that is deemed necessary by **us**.

**Public Transport**

Means airlines, coach or train operators that offers transport to the public for a set fare and run on a published time table and routes.

**Public Health Emergency of International Concern(PHEIC)**

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

**Registered Nurse**

A nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority, and who is legally entitled to place the letters "RN" after his or her name.

**Repatriation**

The **plan participant** transportation by air and/or surface transportation with a **registered nurse** in attendance to **the plan participant's home country** to obtain further medical treatment or to recover or both.

**Repatriation of Remains**

The ground or air transportation of the **plan participant's** bodily remains or ashes to the **plan participant's home country** including the costs of preparation of the remains necessary for transportation.

**Routine Physical Exam**

Examination of the physical body by a **physician** for preventative or informative purposes only, and not for the diagnosis or treatment of any condition.

**Serious Medical Condition**

An **emergency medical condition** that in the opinion of **our claim's handler physician** requires immediate **emergency** medical treatment to avoid **the plan participant's** certain death or serious impairment to **the plan participant's** health and such emergency medical treatment is not available or is not adequate in **the plan participant's host country** to avoid death or serious impairment of health.

**Sporting or Athletic Activity**

A sport or other athletic activity that is organized and/or sanctioned, involving regular or scheduled practices and/or regular or scheduled games.

**Substance Abuse**

Alcohol, drug or chemical abuse, overuse or dependency.

**Surgery or Surgical Procedure**

An invasive diagnostic procedure, or the treatment of **illness** or **injury** by manual or instrumental operations performed by a **physician** while the patient is under general or local anesthesia.

**Trip**

Means a scheduled trip undertaken outside the **plan participant's home country** organized by **the participating organization** for which they have paid the premium.

**Threat(s)**

A credible menacing **threat** or **threats** made by a person or persons without an accompanying **ransom** or **extortion** demand to inflict harm to, wrongfully abduct or detain a **plan participant person**,

In the event that any one or more **threats** are or were carried out to further one another they shall be deemed to be connected and to constitute a single insured event.

**Threat Response**

Services provided by **our crisis management company** or the assessment of and advice concerning **athreat** or **threats** as well as the temporary protection of the threatened plan participant(s) for a period not exceeding 90 days from the day the **threat** was first issued.

**Threat Response Expenses**

The cost incurred by **our crisis management company** in providing assessment and advice concerning a **threat** or **threats** and the protection of threatened plan participant for a period not exceeding 90 days from the date the **threat** is received.

**Unattended**

**Baggage** or **money** outside of **plan participant's** custody, care and control and beyond the reasonable prospect of them being able to prevent any unauthorized interference.

**Us, we or our**

Dale Underwriting Partners

**Usual, Reasonable and Customary or URC**

In relation to a charge, the most common charge for similar services, medicines or supplies within the area in which the charge is incurred, so long as those charges are reasonable. What is defined as Usual, Reasonable and Customary charges will be determined by the following factors: 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 services as compared to the length of time required to perform other similar services; the severity or nature of the **illness** or **injury** being treated; the amount charged for the same or comparable services, medicines or supplies in the locality.

## Valuable

Cameras, photographic, audio, video, computer, telecommunications and electrical equipment, telescopes, binoculars, spectacles, sunglasses, antiques, watches, jewelry, furs and articles made of precious stones and metals.

## Violent Crime

Any act or threat of violence to a **plan participant person** that puts them in a **life-threatening situation** and has caused or has the potential to causes them serious **accidentalbodily injury** or death.

## General Exceptions

**We** will not pay any expenses resulting indirectly or directly from:

- a. Any losses that are not directly covered by the terms and conditions of this **plan document**.
- b. The **plan participants** failure to comply with the condition and provisions of the **plan document**
- c. Any **trip** undertaken after a **Public Health Emergency of International Concern, Epidemic, Pandemic or Natural Disaster** has been issued. This exclusion does not apply to COVID 19/SARS -Co-V-2 or mutation of variance thereof.
- d. The **plan participant's** claim occurring from them committing or attempting to commit an assault, or felony or being engaged in any illegal occupation.
- e. The **plan participant** being in control of a motorcycle or vehicle without a current motorcycle or vehicle license valid for the country the **plan participant** is travelling in.
- f. The **plan participant** traveling to a country against the advice of the **plan participant's appropriate authorities** unless this has been accepted by **us** and the appropriate additional premium has been paid by **the plan participant**.
- g. The **plan participant's** claim arising from any act of war, whether war is declared or not, or from any rebellion, revolution, insurrection or taking of power by the military other than for Medical Expenses and Hospitalization, Emergency Medical Evacuation or Repatriation, Repatriation of Remains, Emergency Reunion Accidental Death, Loss of Sight, Loss of Limb or Permanent Total Disablement or Security and Natural Disaster Evocation where the **plan participant** had no active involvement in such events.
- h. The **plan participant** entering the service of any military, naval, air service, security or police force, national guard or reserve forces of any country. When they enter such service and **we** will return any un-earned portion of the premium paid.
- i. The **plan participants** undertaking any form of **manual work** unless agreed by **us** and the appropriate additional premium has been paid.
- j. The use of nuclear, chemical or biological weapons, Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties or any nuclear assembly or nuclear component of such assembly.
- k. The **plan participant's** voluntary active participation in any riot, civil commotion or insurrection.
- l. The **plan participant's** claim arising from them in any intramural, intercollegiate, professional or semiprofessional sporting or athletic competition or contest.
- m. The **plan participant's** participation in any **hazardous activity** or **contact sport** unless agreed by **us** and the appropriate additional premium is paid.
- n. The **plan participant's** claim arising where they participate in any contact sport or activity where they fail to comply with the current safety rules and regulations in place for the sport or activity they are undertaking.
- o. The **plan participant's** claim arising from their intoxication, or use of illegal drugs, narcotic agents or **substance abuse**, other than drugs taken in accordance with treatment prescribed and directed by a **physician** but not for the treatment of drug, narcotic agents or **substance abuse**.
- p. The **plan participant's** claim arising as a result of or in connection with intentionally self-inflicted **injury** or **illness**, suicide or attempted suicide.
- q. The **plan participant's** claim occurring out of them flying other than as a passenger in a licensed passenger carrying aircraft or charter company or any rotary wing aircraft.
- r. The **plan participant's** claims once they have attained the age of 65.
- s. Any losses recoverable under any Workmen's Compensation scheme, Employers Liability laws or similar occupational benefits or any other insurance policy covering such losses more specifically.
- t. The **plan participant's** claim arising directly or indirectly from a **cyber act** other than in respect of Medical Expenses and Hospitalisation, Emergency Medical Evacuation or Repatriation, Accidental Death, Loss of Sight, Loss of Limb or Permanent Total Disablement

## What is covered

The following benefits are provided under this **plan document** provided they are shown as Covered in the **benefit table**.

### Medical Expenses and Hospitalization

**We** will pay up to the amount stated in the **benefits table** if the **plan participant** sustains an **injury** or suffers from an **illness** which first manifests itself during the **coverage period** whilst on a **trip** which, results in the **plan participant** being charged by a **hospital** for **eligible expenses** services and relate to services and supplies that are **medically necessary** for:

1. A semi-private room and board including daily room and board and nursing services in an Intensive Care Unit, and other necessary services and supplies whilst confined in a **hospital** for medical reasons.
2. **Surgery** at an **outpatient surgical** facility, including services and supplies, the use of operating, treatment or recovery room, dressings, sutures, casts or other supplies which are **medically necessary** and administered by or under the supervision of a **physician**.
3. Charges made by a **physician** for professional services, including **surgery** and reconstructive **surgery** when it is directly related to **surgery** which is covered hereunder.
4. Artificial limbs, eyes or larynx, breast prosthesis or basic functional artificial limbs, but not the replacement or repair thereof.
5. Prescription drugs which require prescription by a **physician** for treatment of a covered **injury** or **illness**, but not for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs, for a maximum supply of 60 days per prescription.
6. Care in a licensed **extended care facility** upon direct transfer from an acute care **hospital**.
7. **Home nursing care** provided by a qualified licensed professional, provided by a **home health care agency** upon direct transfer from an acute care **hospital** and only in lieu of **medically necessary inpatient hospitalization**.
8. Emergency local ambulance transport necessarily incurred in connection with the **plan participant's injury** or **illness**.
9. **Emergency dental treatment** and dental surgery necessary to restore or replace sound natural teeth lost or damaged in an **accident** which was covered under this insurance.

### Additional Medical Expenses and Hospitalization benefits

#### Acute Onset of a Pre-existing Medical Condition Exceptions

If a **pre-existing medical condition** is not covered under this **plan document** and during the plan **coverage period** whilst on a **trip** the **plan participant** suffers a sudden and unexpected occurrence of a **pre-existing medical condition** which occurs spontaneously and without such advance warning as would have caused a prudent person to seek medical or dental attention prior to the onset of pain, **we** will pay up to the amount shown in the **benefit table**.

**Acute onset of a pre-existing medical condition** will not be covered if the **plan participant** is travelling against the advice of their **physician**, suffering from a **medical condition** for which **the plan participant** is on an in-patient waiting list for, or for the purposes of obtaining medical treatment.

A **pre-existing medical condition** that is **chronic** or **congenital** or gradually becomes worse over time shall not be considered a sudden and unexpected occurrence.

#### Continuing Medical Treatment in Home country

In the event the **plan participant** incurs **eligible expenses** whilst on a **trip** to their **host country** **we** will pay up to the amount stated in the **benefits table** for them to continue the treatment when they return to their **home country**

#### Emergency Dental Treatment

In the event the **plan participant** requires **palliative dental** treatment during the **coverage period** whilst on a **trip** **we** will pay up to the amounts stated in the **table of benefits**.

### Emergency Medical Evacuation or Repatriation

**Our claims handler** will arrange and pay for the **emergency medical evacuation or repatriation** of the **plan participant** up to the amount stated in the **benefits table**.

All **emergency medical evacuations and repatriations** must be arranged and approved by our **claim's handler**.

## Additional Repatriation benefits

### Emergency Reunion Benefit.

We will pay up to the amount stated in the **benefits table** if as a result of a medical emergency the **plan participant** is hospitalised.

1. The cost of an economy round-trip air or ground transportation ticket for one of the **plan participants' close relatives** to visit the them if they are or are to be hospitalized for more than 7 days
2. Reasonable expenses for lodging and meals for that **close relative** to remain whilst **the plan participant** is hospitalised, for a period not to exceed 15 days.
3. The cost of any additional Hotel charges the **plan participant** may incur following discharge but during any convalescence period with the **close relative** prior to **the plan participant's** return to their **home country**, for a period not exceeding 30 days.

### Repatriation of Remains or Burial Benefits

Following **the plan participant's** death and with the agreement of the **plan participant's** executors or administrators we will pay up to the amount stated in the **benefits table** for the **repatriation of the plan participant's** remains following their death, including costs of preparation of the remains necessary for transportation, or for the cost of preparing **the plan participant's** remains for cremation or burial and a burial plot in the **host country** where **the plan participant's** death occurred.

### Return of Children Benefit

In the event of the **plan participant's dependant(s)** being left unattended in the **host country** as the result of **the plan participant's medical evacuation or repatriation** we will pay up to the amount stated in the **benefits table** for the airfare to send them back to the **plan participant's home country**. We will also arrange and pay for the services and transport of a qualified escort to accompany them back to their **home country**.

## Exceptions applicable to Medical Expenses and Hospitalisation Expenses and Emergency Medical Evacuation and Repatriation.

The following exceptions apply to this section. Please also refer to the General Exceptions at the front of this **plan document**.

We will not be liable for any claims resulting from or (if applicable) attributable to:

- a. Expenses incurred in **the plan participant's home country** other than for those eligible under the Continuing Medical in Home Country benefit.
- b. **Expenses** for treatment incurred after the **expiration date** of the **plan document** or the **end date** of the **coverage period** on the **certificate of insurance** or the **plan participant ceases to meet the eligibility criteria**.
- c. Expenses incurred for Emergency Medical Evacuation or Repatriation of a **plan participant** following COVID 19/SARS -Co-V-2 or mutation of variance if they not received a Positive PCR test and have been hospitalized for treatment.
- d. **The plan participant's pre-existing medical condition**.
- e. **The plan participant** travelling against the advice of their **physician**, suffering from a medical condition for which the **plan participant** is on an in-patient waiting list for the purposes of obtaining medical treatment or after receiving a terminal prognosis.
- f. Any charges arising from **hospitalizations, emergency medical evacuations or repatriation** that does not have the prior approval of **our claim's handler**.
- g. **The plan participants pregnancy** or childbirth unless as a result of **complication of pregnancy**.
- h. Treatment for or related to any **congenital condition or mental health disorders**, as defined herein other than covered under the **mental health disorder** Benefit
- i. **Surgeries**, treatment, services or supplies which **are for experimental or research purposes**, weight modification or **urgical** treatment of obesity, including wiring of teeth and all forms of intestinal bypass. Or

- j. **Surgical** modification of the physical body in order to improve the **plan participant's** psychological, mental or emotional wellbeing such as sex change **surgery**.
- k. **Elective or cosmetic surgery and elective treatment** or treatment of **congenital** anomalies except for reconstructive surgery following **injury**.
- l. Eyeglasses, contact lenses hearing aids, hearing implants, eye refraction, visual therapy and any examination or fitting related to these devices and all vision and hearing tests and examinations for eye surgery, such as radial keratotomy, when the primary purpose is to correct near-sightedness farsightedness or astigmatism Immunizations and **routine physical examination**.
  - a. Any costs incurred for Catastrophe cover following the **plan participant's** decision not to remain in their booked accommodation when official directives from local or national authorities state that it is acceptable to do so.
  - b. Any costs or expenses payable incurred for Catastrophe cover that recoverable from other source such as but not limited too- **participating organization**, travel agent, tour operator, airline, hotel or other provider of services.

## Accidental Death Loss of Sight, Loss of Limbs or Permanent Total Disablement

If as a result of an **accident** during the **trip** the **plan participant** suffers **accidental bodily injury** which results in their **accidental death, loss of sight, loss of limb(s) or permanent total disablement** we will pay them, or in the case of their **accidental death** their executors or administrators, the amount stated in the **benefit table**.

### Payment of Benefit

We will not pay a claim for more than one of the **accidental death, loss of sight, loss of limb(s) or permanent total disablement** benefit arising in conjunction with the same accident.

### Disappearance

If the **plan participant** has been missing for a period of 180 consecutive days and there is sufficient evidence to support the conclusion that their death has been caused by **accidental bodily injury**, they will be presumed to have died and the amount stated in the **benefit table** will be paid to their executors or administrators. However, they will repay any benefit if they are subsequently found to have been alive or are found alive.

### Aggregate Limit accidental death, loss of sight, loss of limb(s) or permanent total disablement

If the total amount of benefits to be paid for **accidental death, loss of sight, loss of limb(s) or permanent total disablement** under this **plan document** is more than the Aggregate Limit shown in the **table of benefits**, the benefit amount payable for the **plan participant's** loss will be determined as a proportionate share of the Aggregate Limit for all **the plan participants**.

## Conditions

The following conditions apply to this Section. Please also refer to the General Conditions at the end of this **plan document**

### Payment of benefit

We will not pay under more than one of the benefits listed in the **table of benefits** for **death or capital benefits** in conjunction with the same **accident** for the same **plan participant**. After payment has been made for a **death or loss of sight, loss of limb(s) or permanent total disablement** no further liability shall attach to them in respect of that **plan participant** during the current **period of insurance**.

### Payment of Permanent Total Disablement

Benefit under **permanent total disablement** will be payable after expiry of 52 consecutive weeks disablement and on certification that disablement is permanent and without expectation of recovery by a medical examiner appointed by **us**.

## Additional Accidental Death Loss of Sight, Loss of Limbs or Permanent Total Disablement benefits

### Search and Rescue Expenses

We **will indemnify** the **plan participant** up to the amount stated in the **benefits table** for all reasonable and necessary costs incurred by the authorities in searching for the them and bringing them to a place of safety, if during the course of a **trip** they are either (1) reported missing and it is known or reported that they may have sustained **accidental bodily injury** or suffered illness, or (2) the weather conditions are such that in order to prevent **accidental bodily injury** or the suffering of illness the police or rescue authorities instigate a search and rescue for them.

### Conditions

The following conditions apply to this Section. Please also refer to the General Conditions at the end of this **plan document**.

1. The **plan participant** must comply at all times with local safety advice and must comply with all recommendations and restrictions prevalent at the time.
2. Expenses are only payable for the **plan participant** chargeable proportion of any search and rescue operation.
3. **Our crisis management company** must be informed immediately of any emergency that potentially might give rise to a claim.
4. Expenses will only be covered up to the point where the **plan participant** is recovered by search and rescue team or up to the time the authorities advise that continuing the search is no longer viable.
5. In the event of a claim a written report must be obtained from the search and rescue authority and provided to **us** before a claim can be paid.

### Exceptions

The following exceptions apply to this section. Please also refer to the General Exceptions at the front of this **plan document**.

**We** will not be liable for any claims resulting from or (if applicable) attributable to:

1. The **plan participant** knowingly endangering either their own life or of any other person(s).
2. The **plan participant** engaging in activities where their experience or skill levels falls below those reasonably required to participate in such activities.
3. The **plan participant** disregarding or not complying with any local safety advice, warnings, restrictions or rescue or police authority warnings in force during or at the time of undertaking such activities.

## Plan Enhancements

### Catastrophe Cover

In the event that the **plan participant** is forced during their **trip to** move from their pre-booked accommodation as a result of any event caused by natural phenomenon including fire, earthquake, flood, hurricane, landslide, tornado, tsunami, volcanic eruption, local government directive or as a result of a pandemic declared by the World Health Organisation, which is confirmed in writing by local or national authority **we** will pay up to the amount stated in the **benefits table** for the irrecoverable accommodation costs necessarily incurred for the **plan participant** to continue with their **trip**

### Emergency Bail Bond

We will provide the **plan participant** with a Basil Bond up to the amount stated in the benefit table if they are arrested following a car accident.

### Conditions

The following conditions apply to this Section. Please also refer to the General Conditions at the end of this **plan document**.



**We** will only arrange payment of this benefit following the **plan participants** written confirmation that they will guarantee that the payment of these funds will be secured by their credit card or personal assets and that no benefit will be due to shortage of funds, error or omission, current fluctuation or loss of value or any exclusions included in the General Exclusions.

### Pre-Trip Disruption Benefit

In the event of the **plan participant** having to delay their outward **trip** from their **home country** to their **host country** as a result of their or their **partner, close relative or dependent's** death, **injury or serious illness** **we** will pay up to the amount stated in the **benefits table** for the additional cost they incur that are not recoverable from any other source for them to make alternative arrangements to reach their planned **trip** destination in the **host country**

### Pre-Trip Terrorist Disruption Benefit

In the event of the **plan participant** having to delay their planned outward journey to their **host country** or their return journey to their **home country** due to an **act of terrorism** which closes either their departure or arrival point, **we** will pay up to the amount stated in the **benefits table** for the additional cost they incur, that are not recoverable from any other source, for them to make alternative arrangements to reach their planned **trip** destination.

### Public Transport Delay Benefit

**We** will pay up to the amount stated in the **benefits table** if the common carrier on which the **plan participant** is booked to travel on their **trip** is delayed due to strike, industrial action, adverse weather conditions, traffic flow congestion or mechanical breakdown for at least 24 hours. Prior to payment by **us**, the **plan participant** must provide original written details from the airline, shipping company, coach or train operators detailing the length of and reason for the delay or, in respect of mechanical breakdown, a garage or motoring organization report confirming the date, cause and time of the breakdown .

### Exceptions

The following exceptions apply to this section. Please also refer to the General Exceptions at the front of this **plan document**.

**We** will not be liable for any claims resulting from or (if applicable) attributable to:

- a. The **plan participant** failure to check in for departure before the scheduled departure time and in accordance with the travel operators ticket itinerary.
- b. The **plan participant** departure or arrival was delayed as a result of strike or industrial action that was public knowledge when the **plan participant** travel arrangements were first booked.
- c. The **plan participant** failure to obtain written confirmation from Your carriers or the handling agents of the total time of the delay and the reason for such delay
- d. The **plan participant** failure to accept alternative means of transport within the time delay period where and when offered to the **plan participant** on reasonable terms.
- e. Compensation is recoverable from the common carrier

## Additional Benefits

The following benefits are provided under this **plan document** provided they are shown as Covered in the **benefit table**.

## Loss of Personal Belongings

**We** will pay the **plan participant** up to the amount stated in the **benefit table** in relation to Loss of Personal Belongings if their **personal belongings** are lost or stolen less a consideration, if applicable, for wear, tear and depreciation.

## Conditions

The following conditions apply to this Section. Please also refer to the General Conditions at the end of this **plan document**.

1. The **plan participants** must ensure that any **valuables** are locked in a suitable sized safe or safety deposit box provided by their accommodation provider, or if safe or safety deposit box are not available, in **their**



locked accommodation and there is evidence that entry into the accommodation was effected by violent and forcible means

2. The **plan participant** must report the theft of their **personal belongings** or Luggage to the Police (and the hotel management if it is stolen in a hotel) as soon as is reasonably practicable and an written report is obtained from the appropriate authorities and **provided by plan** participants to **us**.
3. The **plan participant** must provide proof of ownership of any **valuables**.
4. The **plan participant** must provide proof of purchase of replacement items of clothing or toiletries.
5. Any loss or damage occurring in the custody of an airline or other transport carrier must be reported immediately upon discovery and in the case of an airline a Property Irregularity Report must be obtained by **plan participant** and provided to **us**.
6. The **plan participant** must take all reasonable precautions for the safety of any insured article.
7. **We** are entitled to take and keep possession of any **valuable** and to manage all aspects of any salvage in a reasonable manner. .
8. **We** will decide, based on our own opinion, whether we repair or replace any **valuable** for which a benefit it paid to the **plan participant** under this section.

## Exceptions applicable to Personal Belongings

The following exceptions apply to this section. Please also refer to the General Exceptions at the front of this **plan document**.

**We** shall not be liable for any expense arising directly or indirectly from:

- a. Any amount within the Deductible, as shown in the **benefits table**.
- b. Any **personal belongings** stolen from an **unattended** vehicle unless
  - i. They were in the locked boot of the vehicle or concealed by a parcel shelf in the fixed position in a hatchback or estate vehicle or in the case of campervans and motorhomes locked away and out of public view.
  - ii. There is evidence that entry was affected by violent and forcible means.
  - iii. Other than between the hours of 8.00pm and 8.00am.
- c. Any **valuables** stolen from an unattended vehicle.
- d. Any **valuables** left **unattended** by the **plan participant** in their accommodation if the accommodation is left unlocked or the **valuables** were not left in a suitable sized safe or safety deposit box. However, this exclusion will not apply if a suitable sized safe or safe deposit box was not available and there is evidence that entry into the accommodation was affected by violent and forcible means.
- e. Loss of or damage to **valuables** contained in baggage whilst such baggage is in the custody of an airline or other carrier and outside their control.
- f. Loss or corruption of or damage to software, information or data contained in any computer, tapes or recording equipment or any consequential loss arising there from
- g. Loss or damage due to:
  - i. Moth, vermin, wear and tear, atmospheric or climatic conditions or gradual deterioration.
  - ii. Inherent mechanical or electrical failure, breakdown or derangement.
  - iii. Any process of cleaning, restoring, repairing or alteration.
- h. More than a reasonable proportion of the total value of a pair or set where the lost or damaged article is part of a pair or set.
- i. Loss of or damage to pedal or motorcycles, watercraft, prams, buggies, pushchairs and wheelchairs.
- j. Loss of or damage to stamps, documents (other than Passports), contact or corneal lenses, dentures, hearing-aids, fragile articles or business goods and samples.
- k. Loss due to confiscation or detention by customs or any other authority.

- i. Loss of or damage to sports equipment whilst in use.
- m. Any article more specifically insured or recoverable under any other insurance.
- n. Loss or damage to mobile phones or lap tops or tablets or other similar devices arising from any coverage under the manufacturer's warranty or, unexplained disappearance or, any loss of airtime or, loss or damage due to moisture or, superficial damage due to chipping or cracking screen or damage due to any theft not reported to the police within 24 hours.

## Additional Personal Belongings benefits

### Delay of Checked in Luggage

We will pay the **plan participant** up to the amount stated in the **benefit table** in relation to Delay of Checked in Luggage if they are deprived of their **checked in luggage** for at least 12 by an international airline carrier, shipping company, coach or train operators by the loss or miss-direction, strike, industrial action, adverse weather conditions, traffic flow congestion or mechanical breakdown of their **checked in luggage**.

### Conditions

The following conditions apply to this Section. Please also refer to the General Conditions at the end of this **plan document**.

1. The **lost checked luggage** must have been checked by the **plan participant** in accordance with routine luggage checking procedures, for transportation provider upon which they are a fare-paying passenger on board a regularly scheduled commercial airline, coach or train operator or shipping agent; and
2. The **plan participant** must file a formal claim for lost luggage with the transportation provider or shipping agent, and follow all instructions and take all measures as directed by the transportation provider or shipping agent to locate and retrieve the **lost checked luggage**; and
3. The **plan participant** must provide **us** with copies of all documentation of the claim filed with the transportation provider or shipping agent, and a written statement from the transportation provider confirming that the luggage was checked and after careful search, the luggage remains missing; and
4. Any expense will only be paid by **us** 10 days after the items have been lost.
5. The **plan participants** checked in luggage was delayed was delayed as a result of strike or industrial action that was public knowledge when their travel arrangements were first booked.

The event that the **lost checked** luggage being delayed for a period greater than 36 hours **we** will indemnify the **plan participant** up to the amount shown in the **table of benefits Lost Personal Belongings**.

### Exceptions applicable to Delay of Checked in Luggage

The following exceptions apply to this section. Please also refer to the General Exceptions at the front of this **plan document**.

**We** shall not be liable for any expense arising directly or indirectly from:

- a. The **plan participants** failure to check in for departure before the scheduled departure time and in accordance with the travel operator's ticket itinerary.
- b. The **plan participants failure** to obtain written confirmation from their carriers or the shipping company of the total time of the luggage delay and the reason for such delay
- c. Compensation is recoverable from the common carrier

## Lost Documents or Money

**We** will pay up to the amount stated in the benefits table if the plan participants personal **documents** or **money** are lost or stolen:

### Conditions

The following conditions apply to this Section. Please also refer to the General Conditions at the end of this **plan document**.

1. The **plan participant** must ensure their **documents** or **monies** are in a locked safe or safety deposit box provided by their accommodation provider and there must be evidence of forcible and violent entry for any benefit to be paid.
2. The **plan participant** must report the loss to the police or equivalent local law enforcement authority as soon as reasonably practicable after discovery and a written police report obtained and sent to **us**.

## Exceptions applicable to Lost Documents or Money

The following exceptions apply to this section. Please also refer to the General Exceptions at the front of this **plan document**.

- a) Any amount within the **deductible**, as shown in the **benefits table**.
- b) Loss due to confiscation or detention by customs or any other authority.
- c) Loss due to devaluation of currency or shortage due to error or omission during monetary transaction
- d) Loss of promotional vouchers or awards or any goods or services obtained through the conversion of such voucher or awards
- e) Loss of travelers' cheques where the issuing company provides a replacement service
- f) Loss of travelers' cheques or cheques not reported to the local bank or agent of the supplier as soon as reasonably practicable.
- g) Any loss resulting from loss or theft of credit cards
- h) **Money** and/or **documents** left unattended by the **plan participant** in their accommodation if the accommodation is left unlocked or the **money** and/or documents were not left in a suitable sized safe or safety deposit box. However, this exclusion will not apply if a suitable sized safe or safe deposit box was not available and there is evidence that entry into the accommodation was affected by violent and forcible means.
- i) **Money** and/or **documents** in the custody of a person who does not have official responsibility for the safekeeping of the property

## Pre-Trip Cancellation

We will indemnify the plan participant up to the amount stated in the benefit table for their loss of deposits, or charges, or advance payments for travel or accommodation or other charges which have not or will not be used, but which become forfeit or payable under contract if they are forced to cancel their trip as the direct and necessary result of their accidental bodily injury or illness or the death or accidental bodily injury or illness of their partner, dependents or close relative

The benefit can only be applied if such accidental bodily injury or illness occurs within 120 days of the effective date shown in the plan participants certificate of insurance

## Exceptions

The following exceptions apply to this section. Please also refer to the General Exceptions at the front of this plan document.

We will not be liable for any claims resulting from or (if applicable) attributable to:

- a. Any charges payable by the public transport provider, participating organization, travel agent, tour operator, hotel, airline or other carrier.
- b. Any surcharges levied by the public transport provider, participating organization, travel agent, tour operator, hotel, airline or other carrier that increase the costs that the plan participant is liable for.
- c. Any losses arising from the plan participant our failure or delay in notifying the public transport provider, participating organization, travel agent, tour operator, hotel, airline or other carrier or anyone else they are contractual liable too immediately it may be necessary to cancel their travel arrangements.
- d. Any loss arising from the financial failure, insolvency, bankruptcy or default of the public transport provider, participating organization, the travel agent, tour operator or organizer, accommodation provider or carrier.
- e. The plan participants disinclination to travel.
- f. Any cancellation due to accident bodily injury or illness that has not been confirmed as being medically necessary by a physician.
- g. The pre-existing medical condition of the plan participants, plan participants partner, dependent or close relative before they purchased this plan document, or the condition could have reasonably been expected to result in sudden deterioration in their health or their death or they had been given a terminal prognoses.
- h. If plan participant is called as an expert witness or their occupation normally requires their attendance at court.
- i. The plan participant being aware at the time of purchasing this plan document of any reason why they might cancel.

This plan document does not cover any claim in any way caused by or resulting from of any government restriction or prohibition of travel or closure of airspace following a public health emergency of international concern, Epidemic, pandemic or natural disaster

- j. The plan participant suffering from
  - a) coronavirus disease (COVID-19);
  - b) severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
  - c) any mutation or variation of SARS-CoV-2;
  - d) any fear or threat of a), b) or c) above

unless they have had a Positive PCR test and are required to isolate and are unable travel or are receiving treatment for such or hospitalised.

The plan participants their partner, dependents or close relative suffering from

- a. coronavirus disease (COVID-19);
- b. severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
- c. any mutation or variation of SARS-CoV-2;
- d. any fear or threat of a), b) or c) above

unless they have had a Positive PCR test and receiving treatment for such or are hospitalised.

## Additional Pre-Trip Cancellation benefits

### Pre-Trip Cancellation Due to Security Reasons.

**We** will indemnify the **plan participant** up to the amount stated in the **benefits table** for all loss of deposits, or charges, or advance payments for travel or accommodation or other charges which have not or will not be used, but which become forfeit or payable if after the **plan organisation** pays the premium the **plan participant is forced to cancel the their trip** as the direct and necessary result of:

1. An **act of terrorism** which closes the **plan participants** point of departure from their **home country**.
2. An **act of terrorism** which closes the **plan participants** point of arrival at their **host country**.
3. The recognized Government in the **plan participants** intended **host country**:
  - a) Declares a state of emergency or
  - b) Formally recommends or instructs that foreign nationals should not travel to that that country or region for safety or should stay away
4. The **host country** the **plan participants** intends visiting takes part in or is subject to any act of war, whether war is declared or not, or from any rebellion, revolution, insurrection or taking of power by the military, civil war or unrest or **acts of terrorism**.
5. A **natural disaster** within in your **host country** would put you in a **life-threatening situation(s)**.

### Exceptions

The following exceptions apply to this Section. Please also refer to the Policy Exceptions at the front of this **plan document**.

**We** will not be liable for any claim resulting from:

1. Where at the time of booking their **trip** the **plan participants** the **appropriate authorities'** advice at the time the trip was booked is 'against all travel to' the chosen destination.
2. Any amounts where You are legally entitled to be indemnified from any other source or can be re-booked for a later date.
3. The conditions leading to the **plan participants** trip being cancelled were in existence prior to them booking their **trip** or where such conditions were reasonably foreseeable prior to them booking their **trip**.
4. The **plan participants** must be able to reasonably prove that their life would be in a **life-threatening situation(s)** with either physical or documented evidence.

### Trip Curtailment Benefit

If the **plan participant** is forced to cut short their **trip** and return to their **home country** as a direct and necessary result of their **accidental bodily injury** or **illness** or the death or **accidental bodily injury** or **illness** of their **partner, dependents** or **close relative** and they are forced to cut short their trip **we** will indemnify them up to the amount stated in the benefit table for:

- 1 All unused non-returnable deposits, advance payments and other charges paid or due to be paid by them for travel and accommodation in respect of their **trip**.
- 2 The reasonable additional cost of travel and accommodation necessarily incurred to return them to their **home country**.

### Conditions

The following conditions apply to this Section. Please also refer to the General Conditions at the end of this **plan document**.

1. The **plan participant** must obtain prior approval from our **claims handler** before incurring additional travel and accommodation costs when Curtailing their **trip**
2. Any additional travel and accommodation costs incurred following Curtailment or shall be on the same basis as the original trip arrangements.
3. Any refunds due from any unused flight tickets are deducted from any claim the **plan participant** makes

## Exceptions

The following exceptions apply to this section. Please also refer to the General Exceptions at the front of this **plan document**.

**We** will not be liable for any claims resulting from or (if applicable) attributable to:

1. Any losses arising from the **plan participants** failure or delay in notifying the travel agent, tour operator or provider of service immediately it may be necessary to cancel or curtail **their trip**.
2. The costs of Curtailment not approved by our **claim's handler**.
3. Any loss arising from the financial failure, insolvency, bankruptcy or default of the **plan participant**, travel agent, tour operator or organizer, accommodation provider or carrier.
4. The **plan participants** loss of enjoyment of the **trip**.
5. Any Curtailment due to the plan participants **accidental bodily injury** or **illness** that has not been confirmed as being **medically necessary** by a **physician**.
6. Any Curtailment in any way caused by or resulting from of any government restriction or prohibition of travel or closure of airspace following a public health emergency of international concern, Epidemic, **pandemic** or **natural disaster**

The **plan participants partner, dependents** or **close relative suffering from**

- a. coronavirus disease (COVID-19);
  - b. severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
  - c. any mutation or variation of SARS-CoV-2;
  - d. any fear or threat of a), b) or c) above
- unless they have had a Positive PCR test and are hospitalised.

## Security and Natural Disaster Evacuation

### Definitions

The following definitions apply to this section and shall keep the same meaning wherever they appear in the section. Please also refer to the General Definitions at the front of this **plan document**.

### Insured Event

1. The **appropriate authority** issues a travel advice for a particular country or region where the **plan participant** is on a **trip** during the **coverage period**, recommending that certain categories of person which includes the **plan participant** should leave that country or region.  
Or if whilst the **plan participant** is on a **trip** -
2. The recognised Government in their **host country**:
  - a) Declares a state of emergency necessitating immediate evacuation; or
  - b) Formally recommends or instructs that the **plan participant** should leave that country or region for safety; or
  - d) Expels the **plan participant** or declares them "persona non grata"; or
  - e) Withdraws all scheduled international commercial flights for a period in excess of 24 hours as a result of political or military action intervention which has a direct impact on the **insured persons** safety and prevents them leaving the country.
3. **Natural disaster** within their **host country** which puts the **plan participant** in a **life-threatening** situation(s).
4. The Political or military events in the **plan participant's host country** puts them in a **life-threatening** situation(s).
5. Following a verified physical attack or threat of physical attack on the **plan participant**.

### Evacuation and Repatriation

The cost for the emergency evacuation of the **plan participant** to the nearest place of safety or their **country of domicile** following an **insured event**.

## Costs and Expenses

The cost of accommodation, transportation and food and any other reasonable and necessary expenses.

## Cover

Our **crisis management company** will arrange and pay for the **evacuation** and **repatriation** costs and/or expenses incurred for **plan participant** as a result of an **insured event up to the amount stated in the benefits table**.

## Conditions

The following conditions apply to this Section. Please also refer to the General Conditions at the end of this **plan document**.

1. The **plan participant** is not travelling to a country or region contrary to the advice of their **appropriate authority**.
2. The **crisis management company** must be advised immediately of any situation that may give rise to a claim or as soon as reasonably possible thereafter. If the **crisis management company** is not contacted immediately our liability to pay any subsequent claim under this section will cease.
3. The **plan participant** must provide the **crisis management company** with all assistance and information requested in a timely manner.
4. The **plan participant** must follow the advice of the **crisis management company** at all times.
5. Where the **plan participant** is entitled to any refund on unused tickets or returnable deposits or advanced payments, **we** will be entitled to deduct these from the value of any claim.

## Exceptions

The following exceptions apply to this section. Please also refer to the General Exceptions at the front of this **plan document**.

**We** will not be liable for any claims resulting from or (if applicable) attributable to:

1. An alleged violation of the laws of the **host country** by the **plan participant**.
2. An alleged violation of the laws of the **host country** by the **plan participant**.
3. the **plan participant** failure to maintain and possess duly authorised and issued required immigration, work, residence or similar visas or permits or other relevant documentation for the country where they are visiting on a **trip**.
4. Accommodation or **evacuation** expenses incurred more than 30 days after the Insured Event.
5. In whole or in part to a debt insolvency, commercial failure, the repossession of any property by any title holder or lien holder, or any other financial cause.
6. The conditions leading to the **plan participant**'s departure being in existence prior to the **i** the **plan participant** entering the country or where such conditions were reasonably foreseeable prior to the **insured person** entering the country on a **trip**.
7. More than one Insured Event in any one **coverage period**.
8. The **plan participant** being in their own **home country**.
9. Where after commencement of a **trip** warnings to leave have been given by the **crisis management company** or **appropriate authorities** and the warnings have not been acted upon in a timely manner.
10. the **plan participant** failure to maintain and possess duly authorised and issued required immigration, work, residence or similar visas or permits or other relevant documentation for the country where they are visiting on a **trip**.
11. Accommodation or **evacuation** expenses incurred more than 30 days after the **insured event**.
12. In whole or in part to a debt insolvency, commercial failure, the repossession of any property by any title holder or lien holder, or any other financial cause.
13. Where after commencement of a **trip** warnings to leave have been given by the **crisis management company** or **appropriate authorities** and the warnings have not been acted upon in a timely manner.

## Additional Security and Natural Disaster Evacuation benefits

### Crisis or Threat Response.

**We** will pay up to the amount stated in the **benefits table** for the costs incurred by **our crisis management company** in providing the **plan participant** with assessment and advice concerning a **threat, threats** or



a **crisis** and the protection and if necessary the extraction of the threatened **plan participant** for a period not exceeding 90 days from the date the **threat** is received or crisis first occurs.

### Conditions

The following conditions apply to this Section. Please also refer to the General Conditions at the end of this **plan document**.

1. Any extraction of the **plan participant** must be organised by **our crisis management company**.
2. Our **crisis management company** must be advised immediately of any situation that may give rise to a claim. If the **crisis management company** is not contacted immediately **our** liability to pay any subsequent claim under this Section will cease.
3. the **plan participant** must provide our **crisis management company** with all assistance and information requested in a timely manner.
4. the **plan participant or participating organisation** must not attempt to or make any arrangements without the prior approval of **our** crisis management company.
6. The **plan participant** must follow the advice of **our crisis management company** at all times any failure to follow such advice **our** liability to pay any subsequent claim under this Section will cease.
7. Where the **plan participant** is entitled to any refund on unused tickets or returnable deposits or advanced payments, **we** will be entitled to deduct these from the value of any claim.

## Emergency Assistance

In the event of an emergency for **security and natural disaster evacuation or crisis or threat response** please contact **our crisis management company** On Call International (OCI)

24/7 Global Response Centre

Call collect from anywhere in the world: +1 603 328 1347

Toll Free from US or Canada: 1 888 226 9566

[mail@oncallinternational.com](mailto:mail@oncallinternational.com)

**Our crisis management company** will require the following details:

- The **plan participants** name
- Date of Loss
- **Host country**
- **Home country**
- The plan participants location
- The plan participants details (including passport/visa etc).
- The plan documents number
- Plan document **Effective and Expiration date**
- Participating organizations name.
- Any additional people that should be updated throughout the case
- Nature of the incident
- The desired end state (what **plan participants** want OCI to do)
- Any other pertinent information on the incident that may affect OCI' response (e.g. security situation)

Failure to contact OCI and obtain authorisation may prejudice the claim and could mean that some or all of the costs involved may not be paid. The **plan participant** should not attempt to find their own solution and then expect full reimbursement from **us** without prior approval first having been obtained from OCI.

## Personal Liability

**We** will indemnify the **plan participant** up to the amount stated in the **benefit table** in relation to their Personal Liability for any one occurrence or a series of occurrences arising directly or indirectly from one source or original



cause if during their **trip** they become legally liable to pay damages for accidentally injuring someone or causing accidental loss or damage to someone else's property. Included within these limits are:

1. All costs and expenses recoverable by a claimant from **the plan participant**.
2. All costs and expenses incurred with **our** written consent.
3. Solicitors' fees for representation at any coroner's inquest or fatal accident enquiry or in any court of Summary Jurisdiction; except that in respect of occurrences happening in or claims or legal proceedings brought or originating in the United States of America and Canada.

## Conditions

For benefits to be payable under this section:

1. The **plan participant** must not make any admission, offer, promise, or indemnity without **our** consent. **We** shall be entitled to take over and conduct in **our** name the defence or settlement of any claim or to prosecute in **the plan participant** name for their own benefit any claim for indemnity or damages or otherwise and shall have full discretion in the conduct of any proceedings and in the settlement of any claim and they shall give all reasonable information and assistance as **we** may reasonably require. Every letter, claim, writ, summons and process shall be forwarded to **us** on receipt. Written notice shall be given to **us** as soon as reasonably practicable should the **plan participant** have notice of any prosecution or inquest in connection with any circumstances that may give rise to liability under this Section.
2. **We** may at any time pay **the plan participant** in connection with any claim or series of claims the limit of Indemnity for personal liability stated in this section (after deduction of any sum(s) already paid by **us** as compensation) or any lesser amount for which such claim(s) can be settled and upon such payment being made. **We** shall relinquish the conduct and control of and be under no further liability in connection with such claim(s) except for the payment of costs and expenses recoverable or incurred prior to the date of such payment.

## Exceptions

The following exceptions apply to this section. Please also refer to the General Exceptions at the front of this **plan document**.

**We** will not be liable for any claims resulting from or (if applicable) attributable to:

- a. **The plan participant** liability in respect of **accidental bodily injury** to any person who is;
  - i. Under a contract of service or apprenticeship with them if such injury arises out of and in the course of their employment.
  - ii. A member of their family.
  - iii. Also insured under this **plan document**.
- b. **The plan participant** liability in respect of loss or damage to property belonging to or held in trust by them or in their custody or control other than temporary accommodation occupied by them.
- c. **The plan participant** liability in respect of **accidental bodily injury**, loss or damage caused directly or indirectly in connection with the ownership, possession or use by them of:
  - i. Mechanically propelled vehicles (other than golf buggies used on golf courses and not on public roads).
  - ii. Aircraft, hovercraft, watercraft, (other than non-mechanically powered watercraft less than 30 feet in length used on inland waters).
  - iii. Firearms (other than sporting guns).
- d. The **plan participant** liability in respect of **accidental bodily injury** loss or damage arising directly or indirectly in connection with:
  - i. **The plan participant** ownership, possession or occupation of land or buildings, immobile property or caravans other than temporary accommodation occupied by them.
  - ii. Any wilful or malicious act committed by **the plan participant**.

- iii. The carrying on by **the plan participant** of any trade, business or profession except as a Teacher.
  - iv. The supply of goods or services by **the plan participant**.
  - v. **The plan participant** Insanity, being under the influence of alcohol, or drugs (except as medically prescribed) or their drug addiction.
- e. Any liability assumed by the **plan participant under** any contract or agreement unless such liability would have attached in the absence of such contract or agreement.
- f. The cost of punitive or exemplary damages being damages intended to reform or deter **the plan participant** from engaging in conduct similar to that which formed the basis of their liability.

## Additional Personal Liability Benefits

### Legal Expenses

#### Definitions

The following definitions only apply to this section. Please also refer to the Policy Definitions at the front of this insurance **document**.

#### Appointed Representative

The lawyer or other suitably qualified person appointed by **us** to act on the **plan participants** behalf.

#### Costs and Expenses

1. All reasonable and necessary legal costs incurred by the Appointed Representative in pursuing a claim or Legal Proceeding against a third party who has caused the **accidental bodily injury** or illness of the **plan participants** including other amounts reasonably incurred by the Appointed Representative in appealing or resisting an appeal against the judgment of a court or tribunal or arbitrator.
2. Legal costs which the **plan participants** is legally liable to pay following an award of court or tribunal or any legal costs payable following an out of court settlement made in connection with any claim or legal proceedings.

#### Legal Proceedings

The pursuit of a claim for damages.

#### Prospect of Success

The probability that an **insured person** will:

1. Recover damages or obtain any other legal remedy which **we** have agreed to.
2. Make a successful appeal.
3. Make a successful appeal or defence of an appeal.

Prospects of Success will be assessed by the **claim's handler** or an Appointed Representative on **our** behalf.

## Cover

**We** will indemnify **you** on behalf of the **insured person** or their legal representative for Legal Expenses incurred in pursuit of a claim for damages or compensation against a third party who caused the **accident bodily injury or illness** of the **plan participants** during a **trip** providing that:

1. The insured incident occurs during the period of a **trip**.
2. Prospects of Success exist for the duration of the claim.
3. In respect of any appeal or defence of an appeal, it has been reported to the **claim's handler** at least 10 working days prior to the deadline for any appeal.
4. The maximum amount **we** will pay for Costs and Expenses for any the **plan participants** in respect of any or all claims arising from one cause is as shown in the **benefit table**.
5. The **plan participants** or their legal representative reports the incident as soon as possible and, in any event, no later than 180 days after the date the **plan participants** knew or should have known about the incident.

## Conditions

The following conditions apply to this Section. Please also refer to the Policy Conditions at the front of this **plan document**.

### Claims – the plan participants duty

The **plan participants** must report an insured incident to the **claim's handler** as soon as possible and in any event no later than 180 days after the date the **plan participants insured person** knew or should have known about the insured incident.

### Claims – Legal Representation

On acceptance of a claim, if appropriate, **we** will appoint an Appointed Representative:

1. If it is necessary to start court proceedings or there is a conflict of interest, the **plan handler** is free to nominate an Appointed Representative by sending to the claims Administrator the name and address of the suitably qualified person.
2. If **we** do not agree to the **insured persons** choice of Appointed Representative, they may choose another suitably qualified person.
3. If there is still a disagreement with regard to the Appointed Representative, **we** will ask the president of a relevant national law society to choose a suitably qualified person to represent **insured person**. **We** and the **plan participants** must accept such choice.
4. In all other circumstances **we** will be free to choose an Appointed Representative.
5. An Appointed Representative will be appointed by **us** and represent the **plan participants** according to their standard terms of appointment.

### Claims – our rights and insured person obligations

**We** will have direct access to the Appointed Representative who will, upon request, provide them with any information or opinion on the claim.

The **plan participants** must co-operate fully with **us** and the Appointed Representative and must keep them up to date with the progress of the claim.

At **our** request the **plan participants** must give the Appointed Representative any instructions that **we** require.

The **plan participants** must notify **us** immediately if anyone offers to settle a claim or makes a payment into court.

If the **plan participants** does not accept the recommendation of the Appointed Representative to accept a reasonable offer or payment into court to settle a claim, **we** may refuse to pay further costs and expenses.

No agreement to settle on the basis of both parties paying their own costs is to be made without **our** prior approval.

### Discontinuance of a Claim

If the **insured person** settles a claim or withdraws a claim without **our** prior agreement or does not give suitable instructions to the Appointed Representative or dismisses an Appointed Representative without **our** prior consent the cover **we** provide will end immediately and **we** will be entitled to re-claim any Costs and Expenses **we** have incurred from the **plan participants**.

### Recoveries

The **plan participants** must take every available step to recover Costs and Expenses that **we** had to pay and must pay them any Costs and Expenses that are recovered.

### Disputes

If any difference arises between **us** and the **insured person** in respect of the acceptance, refusal, control or handling of any claim under this section, the **insured person** can take the steps outlined in **our** complaint's procedure stated under their Promise of Service.

### Arbitration

The **plan participants** has the right to refer any difference that arises between **us** and the **plan participants** in respect of the acceptance, refusal, control or handling of any claim under this section to arbitration which will be decided by counsel chosen jointly by **us** and the **insured person**. If there is a disagreement with regard to the choice of counsel, **we** will ask the president of a relevant national law society to choose a suitably qualified person. The arbitrator's decision shall be final and binding on both parties. All costs for resolving the difference will be met by the party whom the decision is made against.

### The most we will pay

The most **we** will pay for each **insured person** in respect of any or all claims arising from one cause is as shown in the **table of benefits**.

## Exceptions

The following exceptions apply to this section. Please also refer to the Policy Exceptions at the front of this **plan document**.

**We** will not pay any claim:

1. If the **plan participants** does not keep to the terms, conditions and exceptions under this Section.
2. Relating to the **plan participants** driving a motor vehicle without a valid license and/or insurance.
3. Relating to any **illness, death or accidental bodily injury** which develops gradually or is not caused by a specific sudden event.
4. Arising from Deep Vein Thrombosis (DVT) or its symptoms that result from travelling by air.
5. In respect of libel or slander.
6. For Costs and Expenses incurred prior to **our** written acceptance of a claim.
7. For Costs and Expenses which have been incurred by the Appointed Representative on a contingency fee basis.
8. For any legal action an **insured person** takes which **we** have not agreed to or where the **plan participants** does anything to hinder **us** or the Appointed Representative.
9. For any claim deliberately or intentionally caused by the **plan participants** or as a result of the **plan participants**.
10. For any fines, penalties, compensation or damages which the **insured person** is ordered to pay by a court or other authority.
11. For an application for judicial review.
12. In respect of a dispute with **us**, their Claims Administrator or Appointed Representative.
13. For any claims against **you** or another the **plan participants** a member of the **plan participants** family, a tour operator, travel agent, insurer or their agent, or **us**.

## General Conditions

Each Section of this **plan document** contains specific conditions. They must be read in conjunction with the following **plan document** Conditions which apply to all sections unless otherwise stated. Where (i) there has been a failure to comply with a term (express or implied) of this insurance contract, other than a term that defines the risk as a whole; and (ii) compliance with such term would tend to reduce the risk of loss of a particular kind and/or loss at a particular location and/or loss at a particular time. **We** cannot rely on the breach of such term to exclude, limit or discharge their liability if the **plan participant** shows that their failure to comply with such term could not have increased the risk of the loss which actually occurred in the circumstances in which it occurred.

### Benefit payments

All benefits will be paid directly to the **plan participant** unless **our claims handler** has guaranteed the **plan participant** expenses or charges and has made payment on **our** behalf. In the event of the **plan participant's** death any benefits payable will be made to the **plan participant** executors or administrators. In the event of the **plan participant** not having an executor or administrator the benefits will be paid out in accordance with the inheritance laws of the **plan participant's** Home country.

### Currency

The monetary limits and premiums stated in the **plan document** and any **certificate of insurance** issued hereunder are in USD.

### Contribution

If at the time of an event giving rise to a claim there is any other insurance policy, reciprocal health arrangement or governmental health or workmen's compensation scheme in force in the **plan participant's** name which covers the **plan participant** for the same expense, loss or liability **we** will only pay our share of the claim determined by reference to the cover provided by each of the relevant policies.

### The Contracts Rights of Third Parties

Only **we** and the **plan participant** can enforce the terms of this insurance. No other party may benefit from this contract as of right.

### Measures outside our control

**We** and **our claims handler** will use **our** best efforts to arrange any Emergency Medical Evacuation or Repatriation of Remains within the least amount of time possible. The timeliness of Emergency Medical Evacuation or

Repatriation of Remains can be affected by circumstances which are not within **our** or their control, such as delays of or restrictions on flights caused by mechanical problems, government officials, telecommunications problems and weather and other acts outside **our** control. **We** and **our claims handler** shall not be liable for any delays that are not within **our** or their direct and immediate control.

#### **Medical Advice**

The **plan participant's** cannot undertake a **trip** from the **plan participant's home country** either against the advice of **the plan participant's physician** or after **the plan participant has** received a terminal prognosis or if **the plan participant** is travelling purely for the purpose of medical treatment. If the **plan participant** chooses to do so all **our** liability under this **plan document** shall cease.

#### **Reasonable Precautions**

The **plan participant** must take all reasonable precautions to avoid accident, injury or illness and the **plan participant** must comply with all legal requirements and safety regulations and conduct themselves in a lawful manner. If in relation to any claim the **plan participant** has failed to fulfil any of these conditions, **the plan participants** will lose the **plan participant's** right to indemnity or payment for that claim.

#### **Recovery from third parties**

In the event that a third party is held liable for all or part of any claim paid under this **plan document we** may exercise **our** legal right to pursue the third party to recover **our** outlay. The **plan participant** will upon **our** request agree to and permit **us** to do such acts and things as may be necessary or reasonably required for the purpose of exercising this right. **We** will pay the costs and expenses involved in exercising the right against third parties.

#### **Residency**

The **plan participant** must be resident in their home country or within 14 days of arrival in the **host country** when applying for this **plan document**. The **plan participant** cannot be a Legal Permanent Resident of the **host country**. Cover under this **plan document** will cease immediately once **the plan participant** becomes a Legal Permanent Resident or citizen of the **host country**.

#### **Right of Recovery**

If any benefit paid to the **plan participant** or on the **plan participant's** behalf under this **plan document** is in excess of the amount allowed in the **benefit table**, or if a payment is made to the **plan participant** due to clerical or administrative error, then **we** reserve the right to recover such payment from **the plan participant** or any institution, insurer or other organization or party to whom such payment has been made.

#### **Right of Repatriation**

In the event of **the plan participant** requiring any medical treatment or **hospital** or medical services, **we** may at our sole discretion arrange the **plan participant's repatriation to the plan participant's home country** either before or after the **plan participant** receives medical treatment or **hospital** or medical services, if in the opinion of **our claims handler** and the **plan participant's** treating **physician**, the **plan participant** is medically fit to travel and it is safe for the **plan participant** to do so. If the **plan participant** refuses to return when declared medically fit to do so **we** will not pay for any continuing medical treatment or **hospital** or medical services or any recurrence or complications arising from or directly or indirectly related thereto.

#### **Subrogation**

Under the law applicable to this insurance policy, **we** have the legal right to stand in the **plan participant's** shoes in the event that the **plan participant** makes a claim under this **plan document** another party is responsible for causing the loss or damage. This is called Subrogation. **We** will be entitled to pursue **our** rights of Subrogation in the **plan participant's** name and in doing so the **plan participant** will give **us** reasonable information, documentation, co-operation and assistance to allow **us** to do so. **The plan participant** agrees not to make any payment, admit liability, offer or promise to make any payment without written consent from **us**.