

EMPLOYEE POLICY GUIDE
2019 – 2020

GROUP INTERNATIONAL HEALTH PLAN

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Insurance made easy.

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1. INTRODUCTION

Welcome to April International UK. The Group International Health **Plan** is provided by **us** acting on behalf of the **Insurer**. The contract between **you** and **us** includes the **Group Application Form**, the **Employee Application Form** or **membership listing**, the **Employer Policy Guide**, this **Employee Policy Guide** and **your Certificate**. **You** must read this **Policy Guide** in conjunction with **your Certificate** to ensure that **you** understand the cover **we** are providing.

The **Plan** will only pay for eligible **treatment** for the **benefits** shown on **your Certificate**, received within the period of cover shown on the **Certificate**. **Benefits** are limited to **reasonable and customary charges** (as determined by **us**) in the area where **treatment** is provided. The **Group Plan** provides cover for the **benefits** shown on your **Certificate**, and not necessarily for all the **benefits** defined in this Guide. The **benefits** are fully explained in the **Benefits Definitions** section of this guide. **We** cannot pay any **benefit** if the **Group Plan** is not in force or the premiums are not paid up to date at the time **you** have **your treatment**.

The **Plan** is not intended to provide cover for the **treatment** of medical conditions that are in existence before the **start date** shown on **your Certificate** if **Moratorium Underwriting** or **Full Medical Underwriting (FMU)** applies to **your Plan**. These are called **Pre-existing Medical Conditions** and are fully explained in the **Plan Definitions**. **Pre-existing Medical Conditions** may be covered if **Medical History Disregarded Underwriting (MHD)** applies to **your Plan**. The underwriting that applies to **your Plan** will be shown on **your Certificate**.

Words written in **bold** are important and have a specific meaning relevant to this **Policy Guide**. These words are clearly explained in the **Plan** and **Benefit Definitions**.

We are committed to providing the highest level of customer service and **we** aim to be clear, fair and accurate in **our** communications with **you**. **You** can contact **us** if **you** need further clarification about **your Plan**. **You** must advise **your employer** of any changes in **your** personal circumstances. **We** will do all **we** can to help **you** when **you** need to use the **Plan**.

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2. ADMINISTRATION OF YOUR PLAN

2.1 ACCESSIBILITY

Upon request **we** can provide Braille, audio or large print versions of the **Plan** and associated documentation. If **you** require an alternative format **you** should contact **us**.

2.2 ELIGIBILITY

The Group International Health Plan (the **Plan**) is designed for **employers** who have **employees** of any nationality living or working outside of their **Home Country**. The **Plan** is also available to some **local nationals** who require international health insurance where this is agreed in writing by **us**.

The **Plan** is not available to USA or Caribbean nationals who are resident in their **Home Country**.

The **Plan** is not available to persons, or in countries, where it would breach any sanction, prohibition or restriction imposed by law or regulation.

The maximum age **you** can apply for a **Plan** is 70, unless specifically agreed otherwise in writing by **us**.

You must be in **active service** on the **start date** of **your Certificate**.

Your employer may offer to provide cover for **your dependants** (spouse/partner and/or **your** (un)married children providing that they are aged less than 18 years old (or 24 years old if in full-time education). **We** will require proof of education for **dependent** children aged between 18 and 24 years old.

Newborn children are eligible for cover from birth.

You may be required to complete an **Employee Application Form**. This is dependent on the underwriting terms of **your Plan**.

If **you** are aged 65 or older at **your start date**, **you** will be required to complete a **Full Medical Underwriting Employee Application Form**, unless specifically agreed otherwise in writing by **us**.

2.3 UNDERWRITING

The Underwriting terms applicable to **your Plan** will be shown on **your Certificate**.

Moratorium Underwriting

You must complete an **Employee Application Form** prior to the **start date** of **your Plan**.

Moratorium Underwriting means that **you** and any **dependants** will not be covered for any **pre-existing medical conditions**. After two years of continuous cover, **pre-existing medical conditions** may become eligible for cover (unless the condition or **benefit** is specifically excluded under the **Plan**) if, at the first time of receiving **treatment**, **you/your dependant** has not

- > suffered any symptoms
- > consulted any medical practitioner for check-ups/monitoring of a condition, follow up examinations, medical **treatment** or advice.
- > been prescribed or taken medicine, including over the counter drugs, special diets, injections or physiotherapy

for the **pre-existing medical condition**, or any related condition for a continuous period of two years.

Full Medical Underwriting

If **you** are aged 65 or older, **you** must complete a **Full Medical Underwriting Employee Application Form**, unless specifically agreed otherwise in writing by **us**. **We** will review the information provided on the **Full Medical Underwriting Employee Application Form** to ascertain whether it will be accepted with or without **specific exclusions**. **You** must therefore ensure that **you** complete the **Full Medical Underwriting Employee Application Form** accurately. If **specific exclusions** will apply to **you**, **we** will advise **your employer** in writing or by email and **you** will need to let **us** have written confirmation that **you** accept these **specific exclusions** before the **Plan** can start. **We** may refuse to accept the application at **our** sole discretion. Any **Pre-existing medical conditions** not declared on **your Full Medical Underwriting Employee Application Form** will not be covered by the **Plan**.

Continued Personal Medical Exclusions Underwriting (CPME)

You must complete the **Continued Personal Medical Exclusions Underwriting Application Form**.

CPME Underwriting allows **you** and any **dependants** to carry forward any existing **specific exclusions** from **your** previous international private medical insurance policy that was in place immediately prior to the **start date** of **your plan**. It is essential that **you** understand that this relates to **specific exclusions** only. The conditions, exclusions and benefit limitations that are detailed in the policy guide and **your Certificate** of insurance will apply from **your new start date** under this **Plan**.

We will review the information provided on the **Continued Personal Medical Exclusions Underwriting Application Form** to ascertain whether **your Continued Personal Medical Exclusions Underwriting Application Form** will be accepted. **You** must therefore ensure that **your Continued Personal Medical Exclusions Underwriting Application Form** is fully and accurately completed and submitted together with a copy of **your previous Certificate** of Insurance. The **start date** and **cover level** as detailed on **your previous Certificate** of insurance will determine whether waiting periods will be applied under **your new Plan**. The **start date** must follow on from the expiry of **your**

previous international private medical insurance and there should be no break in cover from **your** previous insurer.

Medical History Disregarded Underwriting (MHD)

You will not be required to complete an **Employee Application Form**. **MHD Underwriting** means **pre-existing medical conditions** will be covered by the **Plan**, providing that the condition or **treatment** is not specifically excluded under the **Plan** and mentioned in the 'What is not covered' section.

2.4 THE INSURER

The **Insurer** of the **Plan** is XL Catlin Insurance Company Limited, Catlin Underwriting Agencies Limited or XL Insurance Company SE, as displayed on **your Certificate**.

2.5 THE GROUP PLAN

You will be covered for the **Plan** that **your employer** has selected on the **Group Application Form**. Any eligible **dependants** must be covered under the same **Plan** as **you**. Only **benefits** outlined under the **Plan** selected by **your employer** will be available to **you/your dependants** and will be shown on **your Certificate**.

You will be covered for the **Area of Cover** that **your employer** has selected on the **Group Application Form** and **Employee Application Form** (if applicable) which will be shown on **your Certificate**.

If **your employer** has selected a **Voluntary Excess** on the **Group Application Form**, this will apply to **you/your dependants** and will be shown on **your Certificate**.

Your employer has selected the currency of the **Plan** which will apply to the premium due and **benefit** limits displayed on the **Certificate**.

2.6 EXCESSES AND CO-INSURANCES

An **excess/co-insurance** applies to some **Plan benefits** and these are shown on **your Certificate**.

An **excess/co-insurance** is the portion of costs which will be paid by **you**. The **excess/co-insurance** will be applied as stated on **your Certificate** and will apply for each **Certificate period**.

An **excess** will be the fixed amount of costs to be paid by **you**. An **excess** may be applied per **claim** or per **benefit** and will be stated on **your Certificate**. Where an **excess** is applied per **claim**, if the **claim** continues into a new **Certificate period**, then an **excess** will also apply for the new **Certificate period**. The **excess** is individually applied to each person named on a **Certificate**. **You** will be reimbursed for eligible **treatment** costs that exceed the **excess** shown on the **Certificate**.

A **co-insurance** will be a partial contribution by **you** for all eligible **treatment** costs incurred for any **benefits** where a **co-insurance** is shown on the **Certificate**.

If a **Voluntary Excess** is shown on **your Certificate**, this is applied once per **Certificate period**. The **Voluntary Excess** is individually applied to each person who is named on a **Certificate**, and across all **benefits** shown on the **Certificate**, except for **Emergency Medical Evacuation**. Once the aggregate amount of eligible **treatment** costs exceeds the **Voluntary Excess** shown on **your Certificate**, **you** will be reimbursed for subsequent eligible **treatment** costs. Any other **excess/co-insurance** shown on the **Certificate** will be applied after the **Voluntary Excess** has been deducted.

2.7 TERMINATION OR CANCELLATION OF YOUR PLAN

If **you** are no longer an active **employee** of the **group**, **you** are not eligible for cover under the **Group Plan**. **Your employer** will contact **us** and provide **us** with **your** leaving date. **You/your dependant's Certificate** will be cancelled with effect from this date and **you** will no longer be eligible for the **benefits** outlined in **your Certificate**.

The **Plan** may be terminated with effect from any **Anniversary Date** by the **Insurer/the Employer**. **We** will not invoke cancellation as a result of **your** age or health record whilst **you** are insured under the **Plan**.

We are entitled to cancel the **Plan**, if there is a valid reason to do so, including for example:

- (i) any failure by **you/your employer** to pay the premium; or
- (ii) a change in risk which means **we** can no longer provide **you** with insurance cover; or
- (iii) non-cooperation or failure to supply any information or documentation **we** request, such as details of a **claim**;

by giving you fourteen (14) days' notice in writing. Any return of premium due to **you/your employer** will be calculated at a proportional daily rate depending on how long the **Plan** has been in force unless **you** have made a **claim** in which case the full annual premium is due.

2.8 INFORMATION YOU HAVE GIVEN US

In deciding to accept this **Plan** and in setting the terms including premium **we** have relied on the information which **you** have provided to **us**. **You** must take care when answering any questions **we** ask by ensuring that any information provided is accurate and complete.

If **we** establish that **you** deliberately or recklessly provided **us** with untrue or misleading information **we** will have the right to:

- (a) treat this **Plan** as if it never existed;
- (b) decline all **claims**; and
- (c) retain the premium.

If **we** establish that **you** carelessly provided **us** with untrue or misleading information **we** will have the right to:

- (i) treat this **Plan** as if it never existed, refuse to pay any **claim** and return the premium paid, if **we** would not have provided **you** with cover;
- (ii) treat this **Plan** as if it had been entered into on different terms from those agreed, if **we** would have provided **you/your employer** with cover on different terms;
- (iii) reduce the amount **we** pay on any **claim** in the proportion that the premium paid bears to the premium **we** would have charged **you/your employer**, if **we** would have charged **you** more.

We will notify **you** in writing if (i), (ii) and/or (iii) apply.

If there is no outstanding **claim** and (ii) and/or (iii) apply, **we** will have the right to:

- (1) give **you** thirty (30) days' notice that **we** are terminating this **Plan**; or
- (2) give **you** notice that **we** will treat this **Plan** and any future **claim** in accordance with (ii) and/or (iii), in which case **you** may then give us thirty (30) days' notice that you are terminating this **Plan**.

If the **Plan** is terminated in accordance with (1) or (2), **we** will refund any premium due to **you/your employer** in respect of the balance of the **Certificate period**.

2.9 FRAUD

If **you/your dependants**, or anyone acting for **you**, makes a fraudulent **claim**, for example a loss which is fraudulently caused and/or exaggerated and/or supported by a fraudulent statement or other device, **we**:

- (a) will not be liable to pay the **claim**; and
- (b) may recover from **you** any sums paid by **us** to **you** in respect of the **claim**; and
- (c) may by notice to **you** treat this **Plan** as having been terminated with effect from the time of the fraudulent act.

If **we** exercise our right under (c) above:

- (i) **We** shall not be liable to **you** 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 **Plan** (such as the occurrence of a loss, the making of a **claim**, or the notification of a potential **claim**); and
- (ii) **We** need not return any of the premium paid.

3. PLAN DEFINITIONS

ACCIDENT means any sudden and unforeseen event occurring during the **your Certificate period**, resulting in bodily injury to **you**, the cause or one of the causes of which is external to **your** own body and occurs beyond their control.

ACTIVE SERVICE means that an **employee** will be considered in **Active Service** on any day if he or she is then performing in the customary manner all the regular duties of their employment as performed or were capable of being performed on the last regularly scheduled day of work.

ANNIVERSARY DATE means the annual anniversary of the first **start date** of the **Group Plan**.

AREA OF COVER means the **Area of Cover** shown on **your Certificate**. Area One is Worldwide excluding the USA and Caribbean. The Caribbean includes Anguilla, Antigua, Aruba, Bahamas, Barbados, Bermuda, Bonaire, Cayman Islands, Cuba, Curacao, Dominica, Dominican Republic, Grenada, Guadalupe, Haiti, Jamaica, Martinique, Montserrat, Puerto Rico, St Kitts-Nevis, Saba, St Barthelemy, St Lucia, St Martin, St Vincent, Trinidad & Tobago, Turks & Caicos and Virgin Islands. Area Two is Worldwide.

ASSISTANCE COMPANY is the Company who **you** must contact to obtain **pre-authorisation** of any **treatment for benefits** where this is stated in the **Benefit Definition**. The **Assistance Company** is operational 24 hours a day, 365 days a year.

BENEFIT means any **benefit** defined under the **Benefit Definitions** section of this guide, and shown on **your Certificate**. Any **benefit** not shown on **your Certificate** is not covered.

CERTIFICATE is the **Certificate** of Insurance issued to **you/your dependants** and forms part of the contract between **you** and **us**. The **Certificate** should be read in conjunction with this Policy Guide

CERTIFICATE PERIOD is the period of cover shown on **your Certificate**, unless the **Certificate** was cancelled prior to the expiry date of the **Certificate**.

CHRONIC CONDITION means a disease or illness which has no known cure and/or which is likely to continue and/or keep recurring and which needs prolonged supervision, monitoring or **treatment**. The **treatment of Chronic Conditions** is only covered under the **Benefits** shown on **your Certificate**.

CLAIM means a course of **treatment** to treat a diagnosed medical condition and/or a claim for Dental Care or Wellbeing **benefits**.

COMPULSORY PLAN is where all eligible **employees/dependants** will be included in the **Group Plan**.

CONTINUED PERSONAL MEDICAL EXCLUSIONS UNDERWRITING (CPME) means that **you** have provided to us a copy of **your** previous **Certificate of Insurance** that was in place immediately prior to the first **start date** of the **group Plan** and that **we** have agreed to carry forward any existing **specific exclusions** and no further medical underwriting is required

COUNTRY OF RESIDENCE means the country that **you** have declared on **your Employee Application Form** or **your employer** has declared on a **membership listing** as the country which will be **your** main residence for the duration of the **Plan**. This is shown on **your Certificate** as the **Country of Residence**. **You** must tell **your employer** if **you/your dependants** change **your** temporary/permanent **Country of Residence**

COVER LEVEL means the International, International Plus, Executive, Executive Plus or Bespoke Plan and any **Voluntary Excess** selected by **your employer** on the **Group Application Form** or at a subsequent **Anniversary Date**.

DEPENDANTS mean **your** spouse or partner, and also **your** (un) married children (including step-children, foster children and legally adopted children) providing that the child is not more than 18 years old at the **start date** or **anniversary date** of the **Plan** (or up to age 24 if you can provide proof that the child is continuing in full-time education), the inclusion of which has been agreed by **your employer** prior to the **start date** of the **Plan**.

EMPLOYEE is a person who is in **Active Service** on a full time basis with the **employer** or on Contract Employment. It does not mean a person in casual employment. This may include a sole proprietor or partner or director of the **Employer**.

EMPLOYEE APPLICATION FORM means the form completed by **you** prior to the **start date** of **your Certificate**

EMPLOYER means the **employer** of the persons to be covered by the **group Plan**, or in the case of a non-**employee Group** accepted by the **Insurer**, the sponsoring association/organisation through which the **Plan** is offered, effected or administered and to whom the **Master Certificate** is issued.

EXCESS/CO-INSURANCE means the portion of costs for which **you** are liable for. The **excess/co-insurance** will be applied as specified on **your Certificate**.

EXPATRIATE means a person who is resident outside of their **Home Country**

FULL MEDICAL UNDERWRITING means that **you** have provided **us** with a detailed medical history on the **Full Medical Underwriting Employee Application Form** to enable **us** to decide whether to accept or decline **your** Application and whether **we** need to apply any **specific exclusions** to **your Certificate**.

GROUP means membership of a **Group Plan** accepted by the **Insurer** and which includes at least three **employees**. It comprises a **group of employees** employed by one **employer** or members of any Association/organisation or other institution and their **dependants** accepted by the **Insurer** and considered to be a **Group** for the purpose of this contract.

GROUP APPLICATION FORM is the form completed by the **employer** prior to the **start date** of the **Plan**.

HOME COUNTRY means the country of which **you** hold a passport. Where **you** hold more than one passport the **Home Country** will be taken to mean the nationality which you have declared on the **Employee Application Form** or the **employer** has declared on the **membership listing**. **Your dependants** will have the same **Home Country** as **you**, irrespective of their nationality.

HOSPITAL is any institution which is legally licensed as a medical or surgical **hospital** in the country in which it is located and whose main activities are not those of a spa, hydro clinic, sanatorium, nursing home, or home for the aged. It must be under the constant supervision of a resident **Physician**.

INPATIENT means when **you** are admitted to a **Hospital** for a period of not less than 24 hours.

INPATIENT CARE means the medical **treatment** provided to **you** when **you** are admitted as a registered **inpatient** in a **Hospital**

INSTALMENT DATE means the date on which any quarterly premium payment is due to be paid.

INSURANCE IDENTIFICATION CARD is the card issued to **you** for each **Certificate period** and includes **your** name, **Certificate** number and expiry date of the **Plan**.

INSURER means the **Insurer** of **your Plan** and will be shown on **your Certificate**.

LIFETIME LIMIT means the limit that applies for the full period that **you** are covered by the **Group Plan**, irrespective of the number of times the **Certificate** is extended/renewed on an **Anniversary Date**.

LOCAL NATIONAL means an individual whose **Country of Residence** is the same as the **Home Country**.

MASTER CERTIFICATE is the **Certificate** of Insurance issued to **your Employer** and forms part of the contract between **you** and **us**.

MEDICAL HISTORY DISREGARDED UNDERWRITING (MHD) means **Pre-Existing Medical Conditions** will be covered, provided that the medical condition or **treatment** is not excluded in the What is Not Covered section of this Policy Guide.

MEMBERSHIP LISTING is the schedule that details the **employees** and their **dependants** who are covered under the **Group Plan**.

MORATORIUM UNDERWRITING means **you/your dependants** cannot **claim** for **pre-existing medical conditions** under **your Plan**.

Any **pre-existing medical conditions** are excluded from cover if **you** completed a **Moratorium Application Form**. After two years of continuous cover, a **pre-existing medical condition** may become eligible for cover (unless the condition or **benefit** is specifically excluded) if, for a continuous period of two years, **you** have not:

- > Suffered any symptoms.
- > Consulted any medical practitioner for check-ups, follow up examinations, medical **treatment** or advice.
- > Been prescribed or taken medicine including over the counter drugs, special diets, injections, physiotherapy for that condition or any related condition.

OVERALL AGGREGATE LIMIT is the total combined limit of all **benefits** that may be claimed in any one **Certificate period**, and will be shown on **your Certificate**.

PLAN means the **Plan** which **your employer** has selected on the **Group Application Form** and **you** will be covered for the **Benefits** included in that **Plan** as shown on **your Certificate**.

PHYSICIAN/THERAPIST means a legally licensed medical practitioner/therapist recognised by the law of the country where **treatment** is provided and who, in rendering such **treatment**, is practising within the scope of his/her licensing and training.

PRE-AUTHORISATION means the procedure that **you** must follow for **treatment** received under the specified **Plan benefits** on **your Certificate** and any **claim** that is likely to exceed £2,500/\$4,250/€3,500.

PRE-EXISTING MEDICAL CONDITIONS are any known medical conditions (or related conditions) that have, within a two year period immediately prior to **your first start date** on the **group Plan**, one or more of the following characteristics:

- > It has been diagnosed.
- > It has needed medical **treatment** (including drugs, medication that can be purchased without a prescription, special diets, injections or other procedures or investigations).
- > Medical advice has been sought including routine medical examinations and check-ups.
- > Medical advice should have been sought if recognised clinical advice had been followed.
- > It has undiagnosed symptoms, whether recognised or not.

REASONABLE AND CUSTOMARY CHARGES means the charges that would typically be made for the **treatment you** receive in the location where **treatment** is received. **We** will only pay up to the charges typically made for that **treatment** in that location. If there is any dispute relating to **reasonable and customary charges**, **we** will identify the amount typically charged by obtaining three quotations for the disputed **treatment** and **we** will settle costs based on an average of the three quotations.

SPECIFIC EXCLUSIONS means any exclusion that is applied to **you/your dependant** where **Full Medical Underwriting applies** and has been accepted by **you**. The **specific exclusions** are in addition to the **Plan** exclusions and will be shown on **your Certificate**.

START DATE means the date that **your Certificate** originally commences, and any subsequent **Anniversary Date** if the renewal premium is paid.

TREATMENT means medical care and services provided to diagnose, relieve or treat an illness, disease or injury and/or dental care received by a qualified **Physician** or qualified Dental Practitioner.

VOLUNTARY EXCESS is the amount of covered expenses, which **you** will pay each **certificate period**, before any **benefits** can be claimed from the **Plan**. If the **benefit** claimed also has an **excess/co-insurance**, this amount will be applied after the **voluntary excess** has been applied.

VOLUNTARY PLAN is where enrolment by an **employee** is voluntary, or where the **Group Plan** is sponsored by an Association/organisation.

YOU/YOUR means the person whose name appears on the

Certificate.

US, WE OUR means April International UK Limited, acting on behalf of the **Insurer**. **We** outsource **our** 24 hour assistance service to a specialist organisation who acts on **our/the Insurer's** behalf.

WAITING PERIOD means the period during which no **benefit** is payable for **treatment** costs incurred when a **waiting period** is shown on the **Certificate**. **You** must be covered by the same **Plan** for the full duration of the specified **waiting period** before **you** are entitled to make a **claim** for that **benefit**.

4. BENEFIT DEFINITIONS

*The **benefit** definitions should be read in conjunction with **your Certificate**. **You** can only **claim** for the **benefits** shown on **your Certificate**.*

ACCIDENT AND EMERGENCY ROOM TREATMENT means **treatment** performed in a **hospital** casualty ward or emergency room immediately following an **Accident** or following the sudden onset of a serious medical condition.

ARTIFICIAL HAIR BENEFIT means the cost of a wig/hairpiece that **you** may require following a course of cancer treatment.

CANCER COUNSELLING means the costs relating to any counselling sessions attended with a registered and qualified Counsellor or Psychologist following **your** diagnosis of cancer.

CHINESE MEDICINE means consultations and medicines provided to **you** by a registered Chinese Medicine Practitioner.

CHRONIC CONDITION TREATMENT means the **treatment** received for a **Chronic Condition**.

COMPASSIONATE HOME TRAVEL means the cost of a return economy air ticket to **your home country** if a close family member dies during the **Certificate period**. This **benefit** is only available after **you** have completed one year of continuous cover. A close family member means **your** spouse/partner, parent, mother-in-law, father-in-law, brother, sister, child (including (un) married child, step-child, foster-child and legally adopted child), grand-child or grandparent.

COMPLEMENTARY THERAPIES means consultations provided to **you** by registered and properly qualified Osteopaths, Chiropractors, Homeopaths and Acupuncturists. The **treatment** must be recommended and ordered by **your Physician**.

COMPLICATED PREGNANCY AND CHILDBIRTH means the treatment costs relating to pre-natal and post-natal care and childbirth where **your Physician** has certified that a surgical procedure, or treatment requiring a period of **inpatient care**, is required during the pregnancy, and where a normal delivery would endanger the life of the mother and or child(ren). **You** must obtain **pre-authorisation** from the **Assistance Company** for this **benefit**. This **benefit** is only available for pregnancies whose expected date of delivery is at least 10 months after the **start date** of a **Plan** that includes this **benefit** (unless the **Plan** is **MHD underwriting**). This **benefit** does not include the costs of any medical **treatment** provided to the newborn. Any limit shown on **your Certificate** is per pregnancy and applies from the date **you** notify **us** of **your** pregnancy for the whole duration of the pregnancy. If the **Plan** is upgraded at an **anniversary date** to a higher **benefit** limit or the current **benefit** limit increases, this will not apply to the existing pregnancy.

COMPLICATIONS OF PREGNANCY means **treatment** of a medical condition arising during the antenatal stages of pregnancy or during childbirth. **Treatment** will be provided to **you** by a specialist or consultant for the following diagnosed conditions: Ectopic pregnancy, miscarriage, toxemia, hydatidiform mole, retained placenta and eclampsia. This **benefit** is only available for pregnancies whose expected date of delivery is at least 10 months after the **start date** of a **Certificate** that includes this **benefit** (unless the **Plan** is **MHD underwriting**).

CONGENITAL CONDITIONS AND BIRTH DEFECTS benefit means **treatment** required to relieve the symptoms of, or correct a birth defect, congenital or hereditary medical condition that is diagnosed within one year of birth. This **benefit** only applies if you have been

on cover since birth (unless the **Plan** is **MHD underwriting**). This **benefit** is subject to a **lifetime limit** as shown on **your Certificate**.

DAYCARE TREATMENT means any surgical or medical procedures that **you** receive which are provided on an outpatient basis but where **you** require a period of recovery in a **hospital** bed.

DENTAL TREATMENT FOLLOWING ACCIDENT is the **treatment** required to restore or replace **your** sound natural teeth lost or damaged in an **Accident** which takes place within 90 days of the **Accident**. This **benefit** does not provide cover for damage to teeth caused by biting or chewing.

EMERGENCY NON-MEDICAL EVACUATION means the costs of evacuation by any means of transportation to a place of safety when, in the opinion of the crisis management specialist company, Red24, **your** life is in danger as a result of sudden political or civil unrest, or in the event of a natural disaster. A natural disaster is a major adverse event or force of nature that has catastrophic consequences such as earthquake, flood, forest fire, hurricane, tornado, tsunami and volcanic eruption,

EMERGENCY MEDICAL EVACUATION means the medically required expense of emergency transportation and medical care en route to transport **you**, if **you** have a critical medical condition to the nearest **Hospital** where appropriate care and facilities are available, and not necessarily to **your Home Country**. The **Assistance Company** should be contacted to approve and arrange all **Emergency Medical Evacuations**. In dire emergencies in remote or primitive areas where the **Assistance Company** cannot be contacted in advance, the **Emergency Medical Evacuation** must be reported as soon as possible. **We** will pay the transportation costs for one other person to accompany **you** on an **Emergency Medical Evacuation** where **Inpatient Care** is required following **Emergency Medical Evacuation**, or where the **Emergency Medical Evacuation** is for a child who is not more than 18 years old.

EMERGENCY MEDICAL EVACUATION – SUPPLEMENTARY EXPENSES means the accommodation costs of a companion who has accompanied **you** on an approved **Emergency Medical Evacuation** up to the limits shown on **your Certificate**. The costs of a one-way economy air ticket to return **you** and **your** companion back to **your country of residence** following an approved **Emergency Medical Evacuation** are covered. If **you** received **Inpatient Care** we will also cover taxi costs for **your** companion to and from the **hospital** and accommodation costs for **you**, following **Inpatient Care**, up to the limits shown on **your Certificate**.

EXTERNAL PROTHESES, MEDICAL AIDS AND DEVICES mean devices or aids that are medically prescribed as part of the recuperation process immediately following **Inpatient Care, Daycare Treatment** or **Accident or Emergency Room Services**.

HEARING CARE means the costs of hearing tests by an audiologist and a contribution towards the costs of a hearing aid when prescribed by an audiologist (including a fitting consultation). This **benefit** is only available after **you** have completed one year of continuous cover under a plan which includes this **benefit** (unless the **Plan** is **MHD underwriting**).

HIV/AIDS BENEFIT means the cost of **treatment** arising from, or related to, Human Immunodeficiency Virus (HIV and/or HIV-related illness, including Acquired Immune Deficiency Syndrome, (AIDS) or AIDS related complex (ARC). If **you** are HIV positive, **we** will only pay up to the **HIV/AIDS benefit** limit for the **treatment** of the following conditions: Candidiasis (thrush), Cervical Cancer, CMN (cytomegalovirus), Cryptococcal meningitis, Cryptosporidiosis, HIV-associated brain impairment, Kaposi's sarcoma, Lymphoma, Mycobacterium avium intracellulare, Pneumonia including PCP (Pneumocystis pneumonia), Thrombocytopenia, Toxoplasmosis and Tuberculosis. This **benefit** is subject to a **lifetime limit** as shown on **your Certificate**. This **benefit** is only available after **you** have completed two years of continuous cover under a **Certificate** which includes this **benefit** (unless the **Plan** is **MHD underwriting**).

HORMONE REPLACEMENT THERAPY (HRT) means consultations and **Prescription Drugs**, patches or implants for the sole purpose of treating a hormone imbalance medical condition. It does not provide cover for HRT used to treat the symptoms of menopause.

HOSPICE CARE means the costs of accommodation and palliative care provided to **you** in a registered Hospice, if **you** have received

a terminal prognosis, up to a maximum limit shown on **your Certificate**, when medically prescribed by a **Physician**.

HOSPITAL CASH BENEFIT is an alternative cash benefit which may be paid to **you** where **treatment** is provided to **you** in a government **Hospital** where no charge is made. The maximum payable is 30 days in any one **Certificate period**. You must obtain **Pre-authorisation** from the **Assistance Company** for this **benefit**.

HOSPITAL SERVICES means all required medical **treatment** provided to **you** by a **Physician** when **you** are admitted as a registered **inpatient** in a **hospital** for a period of not less than 24 consecutive hours, and only when appropriate diagnostic procedures and/or **treatments** are not available as **outpatient services**. **You** must obtain **pre-authorisation** from the **Assistance Company** for this **benefit**. **Hospital services** include **reasonable and customary charges**, in the area where **treatment** is provided, for **hospital** accommodation up to the cost of a private single standard room, intensive care unit accommodation, meal charges, the use of all **hospital** medical facilities, and all medical **treatment** and medical services ordered by a **Physician**. **Hospital services** excludes any costs relating to **oncology, organ and bone marrow transplant and stem cell treatment and normal and complicated pregnancy and childbirth**, except ectopic pregnancy.

INPATIENT PSYCHIATRIC TREATMENT means medical **treatment** provided to **you** when **you** are admitted as a registered **inpatient** in a recognised psychiatric unit of a **Hospital**, and the **treatment** is provided by a registered Psychiatrist. **You** must obtain **Pre-authorisation** from the **Assistance Company** for this **benefit** and the **benefit** is limited to a maximum of 30 days per **Certificate period**. This **benefit** is only available after **you** have completed one year of continuous cover under a **Certificate** which includes this **benefit** (unless the **Plan** is **MHD underwriting**).

INTERNAL PROTHESES, MEDICAL AIDS AND DEVICES means any implant, medical aid or device which is implanted intra-operatively.

LOCAL ROAD AMBULANCE SERVICES means the costs for medically required transportation to a local **Hospital** for emergency or **Inpatient Care**.

MRI, CT and PET Scans means the cost of magnetic resonance imaging (MRI), computerised tomography (CT) and positron emission tomography (PET) ordered by a treating **Physician**.

NEWBORN CARE means medical **treatment** received by a newborn child from the date of birth until 30 days following discharge from **Hospital**, provided that the child has been enrolled on the **Plan** and a **Certificate** has been issued for the newborn child. No other **benefits** are available to the newborn until 30 days following discharge from **Hospital** when the selected **Plan benefits** will apply.

NORMAL PREGNANCY AND CHILDBIRTH means the **treatment** costs relating to pre-natal and post-natal care and childbirth, of the mother only, where no special obstetric procedure is required. **You** must obtain **pre-authorisation** from the **Assistance Company** for this **benefit**. This **benefit** is only available for pregnancies whose expected date of delivery is at least 10 months after the **start date** of a **Plan** that includes this **benefit** (unless the **Plan** is **MHD underwriting**). This **benefit** does not include the costs of any medical **treatment** provided to the newborn. Any limit shown on **your Certificate** is per pregnancy and applies from the date **you** notify **us** of **your** pregnancy for the whole duration of the pregnancy. If the **Plan** is upgraded at an **anniversary date** to a higher **benefit** limit or the current **benefit** limit increases, this will not apply to the existing pregnancy.

NURSING AT HOME means medical services and **treatment**, excluding home help, provided by a government licensed nurse in **your** home when prescribed by a **Physician** and related directly to an illness, injury or medical condition for which **you** have received and are receiving **treatment** which is covered by the **Plan**. This **benefit** will be limited to 26 weeks in any one **Certificate period**.

ONCOLOGY, CHEMOTHERAPY AND RADIOTHERAPY means consultations, diagnostics tests, and **treatment** that **you** receive under **Inpatient Care, DayCare Treatment** or **Outpatient Services** that are related specifically to the diagnosis and **treatment** of malignant disease (cancer).

OPTICAL CARE means the costs of eyesight examinations by an Optometrist or an Ophthalmologist and a contribution towards the costs of lenses to correct vision and eyeglass frames (including a fitting consultation). This **benefit** is only available after **you** have completed one year of continuous cover under a **Plan** which includes this **benefit** (unless the **Plan** is **MHD underwriting**).

ORGAN AND BONE MARROW TRANSPLANTS AND STEM CELL TREATMENT means cover for kidney, heart, heart-lung and liver and bone marrow transplants and stem cell **treatment** (both autologous and donor provided). Expenses relating to the acquisition of transplant materials and donor's expenses are not covered.

OUT OF AREA COVER means short-term cover available for emergency medical conditions or acute episodes of existing medical conditions covered by **your Plan**, when travelling outside the **Area of Cover** selected which is shown on **your Certificate**. Cover is only available outside the selected **Area of Cover** for a maximum aggregate period of 60 days in any one **Certificate period**, up to the limits shown on **your Certificate**, provided that **you** did not make the trip specifically for the purpose of, or with the intention of, obtaining medical **treatment**.

OUTPATIENT SERVICES means medical **treatment** provided to **you** when **you** are not a registered **inpatient** in a **Hospital**, or any other facility for medical care. **Outpatient Services** includes services provided by or ordered by a **Physician** who is licensed as a General Practitioner, Specialist or Consultant, laboratory testing, radiographic and nuclear medicine procedures used to diagnose and treat medical conditions. **Outpatient Services** also includes **Complementary Therapies, Physiotherapy** and **Prescription Drugs**. **Outpatient Services** excludes any costs that are not in respect of an illness, disease or injury.

OUTPATIENT PSYCHIATRIC SERVICES means medical **treatment** (including **Prescription Drugs**) provided to **you** by a **Physician** who is licensed as a General Practitioner, Specialist or Consultant for any psychological or psychiatric disorder as well as **treatment** of anxiety, stress, depression, panic attacks or phobic states. This **benefit** is only available after **you** have completed one year of continuous cover under a **Certificate** which includes this **benefit** (unless the **Plan** is **MHD underwriting**).

OUTPATIENT PSYCHIATRIC THERAPIES means the **treatment** of any psychological or psychiatric disorder by a Consultant Psychiatrist, when **you** have been referred by a **Physician**. It includes the **treatment** of anxiety, stress, clinical depression, panic attacks and phobic states and therapy performed by a behavioural or clinical psychologist, provided the therapy is ordered by a Consultant Psychiatrist. This **benefit** is only available after **you** have completed one year of continuous cover under a **Certificate** which includes this **benefit** (unless the **Plan** is **MHD underwriting**).

PARENTAL ACCOMMODATION means the **hospital** accommodation costs for **you** to stay in a **Hospital** with a child aged 17 years and under who is receiving **Inpatient Care** under the **Plan**.

PHYSIOTHERAPY means treatment provided by a licensed Physiotherapist and ordered by a **Physician**. This **benefit** is limited to the number of sessions as stated on **your Certificate**.

POST HOSPITAL TREATMENT means **Outpatient Services** that are related to an eligible **Claim** submitted by **you** for **Inpatient Care**, provided that **Outpatient Services** are received within 90 days of **your** discharge from **Hospital**.

PRESCRIPTION DRUGS means medications and medical supplies whose sale and use is legally restricted to the order of a **Physician**, and does not include items that may be purchased without a **Physician's** prescription.

RECONSTRUCTIVE SURGERY means a surgical procedure(s) which is required to restore appearance/function of **your** body following an **Accident** or illness which occurred after the **start date** of **your Certificate**, and the original **treatment** was covered by the **Plan**. The **Reconstructive Surgery** must take place within two years of the original **Accident** or illness.

REHABILITATION CARE means **Inpatient Care** or **Treatment** where the purpose is to restore health and mobility after an **Accident**, injury or illness to a state in which **you** can be self-sufficient. This **benefit** is subject to a **Lifetime Limit** as shown on

your Certificate.

REPATRIATION OR LOCAL BURIAL is the expense of preparation and air transportation of **your** mortal remains from the place of death to **your Home Country**, or the preparation and local burial or cremation of **your** mortal remains if **you** die outside **your Home Country**. Such arrangements must be made by the **Assistance Company**.

ROUTINE DENTAL TREATMENT is all routine dental care such as dental inspection, preservation and relief of pain including simple fillings, X-Rays, **treatment** of gums, operative and gnathological procedures, and dentures. Dentures include restoration of the function of dental prostheses and the installation of new prostheses, crowns, bridges and pivot teeth. Orthodontic **treatment** is available for **dependants** up to the age of 17 years. Cover is only available if **you** have attended for dental inspection and concluded all required **treatment** in the one year period immediately prior to **your start date**, or immediately prior to claiming **Routine Dental Treatment benefit** under the **Plan**, whichever is the later. The **benefit** is limited to the amount shown on **your Certificate**.

ROUTINE HEALTH SCREENING means the costs of routine health checks, tests and examinations for the early detection of illness and disease. This **benefit** provides cover for cardiovascular and neurological tests, PAP smear test, mammogram and prostate screening. This **benefit** is only available if **you** are aged over 21 years and after **you** have completed one year of continuous cover under a **Certificate** which includes this **benefit** (unless the **Plan** is **MHD underwriting**).

VACCINATION BENEFIT means vaccinations which are medically required for the purpose of travel (including anti-malaria medication) and vaccinations for the prevention of disease or illness for children aged up to 16, for Diphtheria, Tetanus, Whooping Cough (pertussis), Polio, Mumps, Rubella (German Measles), Meningitis C, Pneumococcal, Streptococcus pneumonia, Hib and Human Papillomavirus (HPV).

5. WHAT IS NOT COVERED

The **Plan** does not provide cover for the following services, **treatment**, conditions, activities, and their related expenses and no **claims** will be met for the following:

GENERAL EXCLUSIONS

- > **Pre-Existing Medical Conditions**, if **Moratorium Underwriting** or **Full Medical Underwriting** applies to **your Plan**.
- > The first £1,000/\$1,700/€1,400 of any **claim** for **Hospital Services, Hospital Cash Benefit, Inpatient Psychiatric Treatment, Organ and Bone Marrow Transplant and Stem Cell Treatment, Oncology, Chemotherapy and Radiotherapy**, or any **claim** that is likely to exceed £2,500/\$4,250/€3,500 if **Pre-Authorisation** was not sought prior to incurring the costs.
- > Any costs incurred outside **your Area of Cover**, except as defined under **Out of Area cover**.
- > Services or **treatment** in any long term care facility, spa, hydroclinic, sanatorium, nursing home or home for the aged that is not a **Hospital**.
- > Any costs relating to **Nursing at Home** that is for domestic reasons and not required for medical reasons.
- > Routine medical examinations (including annual routine diagnostic procedures other than when they form part of **Routine Health Screening** and this **benefit** is shown on **your Certificate**), including the issue of medical certificates and attestations, and examinations as to suitability for employment or travel
- > Eyesight examinations including the cost of spectacles and contact lenses (unless **Optical care benefit** is shown on **your Certificate**).
- > Hearing tests, including the costs of hearing aids (unless **Hearing care benefit** is shown on **your Certificate**)
- > **Treatment** relating to birth defects and congenital illnesses (including hereditary conditions) except as defined under

Congenital Conditions and Birth Defects and this **benefit** is shown on **your Certificate**.

- > Tests and **treatment** relating to infertility and any form of assisted reproduction.
- > **Treatment** of any psychological or psychiatric disorders, and treatment (including **Prescription Drugs**) of anxiety, stress, depression and phobic states, except as defined under **Inpatient Psychiatric Care, Outpatient Psychiatric Services or Outpatient Psychiatric Therapies** and these benefits are shown on **your Certificate**.
- > **Treatment**, diagnostic procedures (including sleep study) and **Prescription Drugs** for sleep disorders, including for example sleep apnoea, sleep related breathing problems, snoring or insomnia.
- > All elective cosmetic surgery and subsequent complications related to the surgery.
- > Costs resulting from self-inflicted injury, suicide, abuse of alcohol, drug addiction or abuse, and **treatment** of sexually transmitted diseases.
- > Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex Syndrome (ARCS) and all diseases caused by and/or related to the virus HIV positive, unless **HIV/AIDS Benefit** is included on **your Certificate**. If this **benefit** is included on **your Certificate** and **you** are HIV positive we will only pay up to the **HIV/AIDS benefit** limit for the **treatment** of the following conditions: Candidiasis (thrush), Cervical Cancer, CMN (cytomegalovirus), Cryptococcal meningitis, Cryptosporidiosis, HIV-associated brain impairment, Kaposi's sarcoma, Lymphoma, Mycobacterium avium intracellulare, Pneumonia including PCP (Pneumocystis pneumonia), Thrombocytopenia, Toxoplasmosis and Tuberculosis.
- > Costs resulting from racing of any form other than on foot, and all professional sports.
- > **Treatment** by a family member and any autotherapy including **Prescription Drugs**.
- > **Treatment** that is not scientifically recognised, or established practice, or unproven or experimental, as considered by the relevant professional body.
- > **Treatment** and/or disabilities, costs and expenses resulting from participation in war, riots, strikes, lockouts, civil commotion, rebellion, revolution, insurrection, terrorism, military or usurped power or any illegal act, including resultant imprisonment.
- > **Treatment** resulting from the release of weapon(s) of mass destruction (nuclear, chemical or biological) whether such involve(s) an explosive sequence(s) or not.
- > Injury or illness while serving as a member of a police or military force or unit.
- > All costs directly or indirectly caused by or contributed to or arising from:
 - ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel;
 - the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
- > All costs for **treatment** in respect of medical expenses incurred after the expiry date of the **Certificate**.
- > All expenses of cryopreservation.

- > All expenses of introduction or re-introduction of living cells or living tissue, except as defined under **Organ and Bone Marrow Transplants and Stem Cell Treatment** and this **benefit** is included on **your Certificate**.
- > All organ transplantation costs, except as defined under **Organ and Bone Marrow Transplants and Stem Cell Treatment** and this **benefit** is included on **your Certificate**.
- > Costs in respect of **Hormone Replacement Therapy (HRT)** related to the treatment and symptoms of menopause.
- > **Treatment** for learning difficulties, hyperactivity, attention deficit disorder, speech therapy and developmental, social or behavioural problems.
- > Contraception, sterilisation or any **treatment** of sexual problems (including impotence, whatever the cause).
- > All expenses relating to vitamins, minerals and other supplements, including homeopathic remedies, irrespective of whether these have been prescribed or not.
- > Any costs relating to **treatment** for, or as a result of, obesity, such as slimming aids, drugs, slimming classes or obesity surgery (including gastric bands/sleeves).
- > Any costs relating to medical **treatment** required as a direct result of not following the medical advice given by a **Physician**.
- > Any costs incurred during a **benefit waiting period**.
- > Any **hospital** costs that are more expensive than a private standard single room as well as personal items such as telephone calls, newspapers, Wi-Fi, guest meals, toiletries or cosmetics.
- > All costs relating to orthotics for example insoles.
- > All costs relating to preventative treatment and medications.
- > In no case shall this insurance cover loss damage liability or expense directly or indirectly caused by or contributed to by, or arising from the use or operation of any computer, computer system, computer software programme, malicious code, computer virus or process or any other electronic system.

EMERGENCY MEDICAL EVACUATION EXCLUSIONS

- > All transportation costs occurred during trips specifically made for the purpose of obtaining medical **treatment** if not part of an approved **Emergency Medical Evacuation**, except as defined under **Local Road Ambulance Services**.
- > All **Emergency Medical Evacuation** costs for which you did not obtain Pre-Authorisation in advance by the **Assistance Company**, except as defined under **Emergency Medical Evacuation**.

DENTAL CARE EXCLUSIONS

- > All dental **treatment** except as defined under **Dental Treatment Following an Accident** and **Routine Dental Treatment** and these **benefits** are shown on **your Certificate**.
- > All elective dentures and elective cosmetic dental **treatment**.
- > The costs of precious metals used in dental **treatment**.

MATERNITY CARE EXCLUSIONS

- > All abortions, except where there is an immediate threat to the life of the mother.
- > All elective caesarean section deliveries.
- > All costs relating to pregnancy and childbirth, other than ectopic pregnancy, unless **Normal Pregnancy and Childbirth** and/or **Complicated Pregnancy and Childbirth** are shown on **your Certificate**.

6. CLAIMS

6.1 HOW TO MAKE A CLAIM

You must provide **us** with written notification which can be by post or email, of a **claim** as soon as practicably possible after the start of **treatment**. **You** must give **us** notice of a **claim** as soon as practicably possible even when the supporting documentation is not yet available.

You must provide a separate fully completed **claim** form for each medical condition that has been signed by the treating **Physician**. **You** must provide full supporting documentation, original invoices and receipts as soon as practicably possible. **We** will not provide reimbursement of any invoices/receipts received by **us** which are more than 180 days old.

When **you** receive **treatment** for a condition/**benefit** covered by the **Plan**, **you** are eligible to **claim** from the start of the course of **treatment** until the **treatment** is concluded or until the expiry of **your Certificate**, or the termination of the **Plan**, whichever is earlier. Where a **benefit** is claimed for **treatment** and **you** subsequently **claim** for a new course of **treatment**, which is not in any way connected with the former **treatment**, the subsequent **Claim** will be regarded as a new **Claim**.

We will pay up to the limits shown on **your Certificate** for expenses incurred as a direct result of **you** suffering bodily injury, sickness, disease or being pregnant (where **Normal and Complicated Pregnancy and Childbirth benefit** is included in **your Certificate**) during the **Certificate period**.

You must contact the Assistance Company to obtain pre-authorisation before any costs are incurred for all claims under the following benefits; Hospital Services (inpatient treatment), Inpatient Psychiatric Treatment, Organ and Bone Marrow and Stem Cell Treatment, Oncology, Chemotherapy and Radiotherapy, all Emergency Medical Evacuation benefits and Normal and Complicated Pregnancy and Childbirth and any other claim likely to exceed £2,500/\$4,250/€3,500 in any one Certificate period. In the case of an emergency admission to a Hospital, the 24 hour Assistance Company must be notified within of your admission as soon as practicably possible.

IF YOU FAIL TO CONTACT THE 24 HOUR ASSISTANCE COMPANY FOR PRE-AUTHORISATION IT WILL RESULT IN YOU BEING RESPONSIBLE FOR THE FIRST £1,000/\$1,700/€1,400 OF EACH CLAIM

FAILURE TO CONTACT THE 24 HOUR ASSISTANCE COMPANY PRIOR TO INCURRING COSTS FOR EMERGENCY MEDICAL EVACUATION CLAIMS YOUR CLAIM WILL NOT BE PAID, WITH THE EXCEPTION OF A DIRE EMERGENCY WHERE THE 24 HOUR ASSISTANCE COMPANY COULD NOT BE CONTACTED IN ADVANCE, BUT WERE INFORMED AS SOON AS PRACTICALLY POSSIBLE AFTER THE EVACUATION.

TYPE OF CLAIM	WHAT YOU NEED TO DO	WHAT WE WILL DO
<p>OUTPATIENT AND DENTAL CLAIMS If medical or dental treatment is received on an outpatient basis</p>	<p>A fully completed claim form must be submitted for each claim. You must complete Sections A, B and E on the claim form. The Physician/Dentist must complete Section C or D on the claim form. A separate claim form is required for each medical condition. All questions must be fully answered – ticks and dashes will not be accepted and may delay settlement of the claim. If the claim form is not fully completed it will be returned. We do not pay for any charges related to the completion of a claim form.</p> <p>The fully completed claim form along with the original invoices and/or receipts should be sent to us at the following address:</p> <p style="text-align: center;">April International UK Minster House 42 Mincing Lane London, EC3R 7AE United Kingdom</p> <p>If the claim is less than £1,000/\$1,700/€1,400 you can submit the claim form and copies of the invoices and/or receipts by email to: claims@april-international.co.uk</p> <p>You must retain the original documents as we reserve the right to request them.</p> <p>We must receive notification of a claim as soon as practicably possible after the start of treatment. We will not pay any invoices that are more than 180 days old.</p>	<p>Once we have reviewed the documentation provided, we will send you an Explanation of Benefits and make payment of the covered expenses directly into your chosen bank account. Claims can be settled in any currency (providing that such currency can be freely purchased by our Bank) and not necessarily in the currency of the bills submitted or the currency of the Plan. On submission of the first claim you must provide us with your full bank account details (including IBAN and SWIFT/BIC where required) so that we can arrange for settlement of the claim. We will apply the exchange rate applicable on the date that we process the claim. If there is an excess or co-insurance on the Plan, this will be deducted from the eligible costs before any reimbursement is made. We will pay for any bank charges incurred in submitting the funds into your account. We will not pay for any charges made by your bank for receiving the funds.</p>

6.1 HOW TO MAKE A CLAIM (CONTINUED)

TYPE OF CLAIM	WHAT YOU NEED TO DO	WHAT WE WILL DO
<p>CLAIMS REQUIRING PRE-AUTHORISATION If the claim is likely to exceed £2,500/\$4,250/€3,500 or if a claim is made for benefit under Hospital Services (inpatient treatment), Inpatient Psychiatric Treatment, Organ and Bone Marrow and Stem Cell Treatment, Oncology, Chemotherapy and Radiotherapy, all Emergency Medical Evacuation benefits and Normal and Complicated Pregnancy and Childbirth</p>	<p>The Assistance Company must be contacted as soon as practicably possible</p> <p>Telephone: +44 (0) 1243 621130</p> <p>Fax: +44 (0) 1243 773169</p> <p>Email: april-international@cegagroup.com</p> <p>They must be provided with the following information on the person who will be receiving treatment:</p> <ul style="list-style-type: none"> > Full Name > Date of Birth > Certificate Number 	<p>The Assistance Company will contact you or your treating Physician to obtain the required medical information so that they can confirm that the required treatment is covered by the Plan. For any inpatient treatment they will issue a Guarantee of Payment to the medical care provider confirming what will be covered by the Plan. The Hospital/Physician will send the medical bills directly to the Assistance Company who will arrange for direct settlement with the Hospital/provider of medical care. If there is an excess or co-insurance on the Plan this will be deducted from the payment made.</p>
<p>EMERGENCY MEDICAL EVACUATION When local medical facilities may not be available to provide the medical treatment required for an emergency, critical or life-threatening medical condition</p>	<ul style="list-style-type: none"> > Name and contact details of Treating Physician <ul style="list-style-type: none"> > Details of the medical condition > Details of the Hospital, if the claim is for inpatient treatment. 	<p>The Assistance Company will contact you or your treating Physician to obtain the required medical information so that they can assess the medical condition and decide if medical evacuation is required, by what means of transportation and where would be the best place to receive the required medical treatment. They will make arrangements for transportation to the required medical facility. They will also decide if a medical escort is required. The Assistance Company will settle any costs directly with the airline/evacuation company/provider of medical care.</p>
<p>REPATRIATION OR LOCAL BURIAL If you/your dependant dies whilst covered by the Plan</p>	<p>In the event of dire emergencies in remote or primitive areas where the Assistance Company cannot be contacted in advance, an Emergency Medical Evacuation must be reported as soon as practicably possible.</p>	<p>The Assistance Company will ask for medical information in relation to the death and will ask for a copy of the death certificate. They will also confirm if Repatriation or Local Burial is covered by the Plan and assist with making any arrangements for repatriation of the mortal remains. We will arrange to pay the providers directly up to the limits shown on your Certificate. If there is a Voluntary Excess on the Plan, this will be deducted from the eligible costs before any reimbursement is made.</p>
<p>NON-MEDICAL EVACUATION When there is a life threatening situation resulting from political or civil unrest, or as a result of a natural disaster</p>		<p>The Assistance Company will refer the case to WorldAware who will make contact with you to assess the situation. WorldAware will make any appropriate arrangements to move you to a place of safety and we will make settlement directly with them for any costs incurred.</p>
<p>BEST DOCTOR SERVICE If a second medical opinion is required on the proposed treatment Plan for medical treatment being received that is covered by the Plan</p>	<p>You should contact Best Doctors directly</p> <p>+44 (0) 203 608 9377</p> <p>They will require your full name, date of birth and Certificate number. This is a completely confidential service and will not have any impact on the Plan.</p>	<p>A case handler will collect all of the relevant information regarding the medical diagnosis. They will ask permission to contact your treating Physician and request medical reports. These reports are then sent to a specialist in the field of the medical condition. The specialist will assess the information and provide their findings in a confidential document that can be presented to the treating Physician. We will not receive a copy of the report.</p>

6.2 DUAL INSURANCE

If at the time of submitting a **claim**, **you** have more than one insurance policy in force, **we** will only pay **your claim** on a proportionate basis if **you** are entitled to reimbursement from any other source in respect of the same bodily injury, sickness, disease, death or expense. The **Insurer** of **your Plan** has the right to make a claim on any other insurance policy that **you** have in force.

6.3 RESOLVING DISPUTES

If there is a difference of medical opinion in respect of any **claim**,

this will be settled between two medical experts appointed by the two sides of the dispute. Any differences of opinion between the two medical experts will be referred to an umpire appointed in writing by the two medical experts at the time of their appointment.

6.4 MEDICAL EXAMINATIONS

We/The Insurer shall have the right and opportunity, through **our** medical representatives, to request that **you** undergo a medical examination whenever and as often as may be required within the duration of any **claim**.

7. IMPORTANT INFORMATION

7.1 HOW TO COMPLAIN

Our objective is to provide **you** with a high level of service at all times. With the best of intentions **we** have to accept that there may be an occasion where **you** feel that **we** have not met this objective. Should **you** have any questions or concerns about the **Plan**, please follow the procedures below:

If **you** wish to make a formal complaint relating to the administration of **your Plan**, or this Policy Guide

If **you** wish to make a formal a complaint relating to a **claim** under **your Plan** you may do so at any time

WHAT YOU SHOULD DO

WHAT ACTION WILL BE TAKEN

You should contact April International UK Limited providing **your** Name, **Certificate** Number and full details of **your** complaint. The contact details are:

April International UK
Minster House, 42 Mincing Lane, London, EC3R 7AE
Tel: +44 (0) 203 418 0470 Email: info@april-international.co.uk

We will acknowledge receipt of **your** question or concern and provide **you** with a response within 2 working days. **We** will tell **you** what the next steps are if **you** are dissatisfied with **our** response. **We** will provide **you** with a copy of our complaints procedure in writing.

IF THE INSURER IS XL CATLIN INSURANCE COMPANY UK LIMITED

You may refer the complaint to the Complaints Department at XL Catlin Services SE. The address is:

Complaints Department
XL Catlin Services SE, 20 Gracechurch Street, London, EC3V 0BG, United Kingdom
Tel: +44 (0) 207 743 8487 Email: axaxlukcomplaints@axaxl.com

XL Catlin Services SE acts on XL Catlin Insurance Company UK Limited's behalf in the administration of complaints.

XL Catlin Insurance Company UK Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Firm Reference No. 423308).

Registered Office: 20 Gracechurch Street, London, EC3V 0BG.
Registered in England Number 5328622.

You can check this information on the FCA's website at www.fca.org.uk, which includes a register of all the firms they regulate or **you** can call the FCA on 0800 111 6768.

You will be provided with a response within eight (8) weeks of the **Insurer** receiving **your** complaint. The final response will state whether they accept or reject **your** complaint.

Full reasons will be given if **your** complaint is rejected.

IF THE INSURER IS CATLIN UNDERWRITING AGENCIES LIMITED

You may refer the complaint to the Complaints Department at XL Catlin Services SE. The address is:

Complaints Department
XL Catlin Services SE, 20 Gracechurch Street, London, EC3V 0BG, United Kingdom
Tel: +44 (0) 207 743 8487 Email: axaxlukcomplaints@axaxl.com

XL Catlin Services SE acts on Catlin Underwriting Agencies Limited's behalf in the administration of complaints.

If **you** still remain dissatisfied, it may be possible to refer the complaint to Lloyd's. Details of Lloyd's complaints procedures are set out in a leaflet "Your Complaint – How We Can Help" available at www.lloyds.com/complaints and are also available from Catlin Underwriting Agencies at the below address or from Lloyd's at:

Lloyd's Complaints, One Lime Street, London, EC3M 7HA, United Kingdom

Catlin Underwriting Agencies Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Firm Reference No. 204848).

Registered Office: 20 Gracechurch Street, London, EC3V 0BG.
Registered in England Number 1815126.

You can check this information on the FCA's website at www.fca.org.uk, which includes a register of all the firms they regulate or **you** can call the FCA on 0800 111 6768.

You will be provided with a response within eight (8) weeks of the **Insurer** receiving **your** complaint. The final response will state whether they accept or reject **your** complaint.

Full reasons will be given if **your** complaint is rejected.

7.1 HOW TO COMPLAIN (CONTINUED)

IF THE INSURER IS XL INSURANCE COMPANY SE	
<p>You may refer the complaint to the Complaints Department at XL Catlin Services SE. The address is:</p> <p style="text-align: center;">Complaints Department XL Catlin Services SE, 20 Gracechurch Street, London, EC3V 0BG, United Kingdom Tel: +44 (0) 207 743 8487 Email: axaxlukcomplaints@axaxl.com</p> <p>XL Catlin Services SE acts on XL Insurance Company SE's behalf in the administration of complaints.</p> <p>XL Insurance Company SE is a European public limited liability company and is regulated by the Central Bank of Ireland.</p> <p style="text-align: center;">Registered Office: 8 St. Stephen's Green, Dublin 2 D02 VK30, Ireland. Registered in Ireland Number 641686.</p> <p>You can check this information on the Central Bank of Ireland's website at www.centralbank.ie, which includes a register of all the firms they regulate.</p>	<p>You will be provided with a response within eight (8) weeks of the Insurer receiving your complaint. The final response will state whether they accept or reject your complaint.</p> <p>Full reasons will be given if your complaint is rejected.</p>
WHAT YOU SHOULD DO	WHAT ACTION WILL BE TAKEN
<p>If, after exhausting all of the above methods, you remain dissatisfied with the outcome of your complaint, or you have not received a final decision within eight (8) weeks, you may have the right to refer your complaint to the Financial Ombudsman Service at:</p> <p style="text-align: center;">Exchange Tower London, E14 9SR</p> <p style="text-align: center;">Email: complaint.info@financial-ombudsman.org.uk</p> <p style="text-align: center;">Telephone Number: From within the United Kingdom</p> <p style="text-align: center;">0800 0243 567 calls to this number are free on mobiles and landlines</p> <p style="text-align: center;">0300 1239 123 calls to this number costs no more than calls to 01 and 02 numbers</p> <p style="text-align: center;">From outside the United Kingdom +44 (0) 20 7962 0500 Fax Number: +44 (0)20 7964 1001 Text Number 07860 027 586 Call back service</p> <p>The Financial Ombudsman Service can look into most complaints from consumers and small businesses. For more information contact them on the above number or address, or view their website: www.financial-ombudsman.org.uk</p> <p>The European Commission also provides an on-line dispute resolution (ODR) platform that allows consumers to submit their complaint through a central site, which will forward the complaint to the right Alternative Dispute Resolution (ADR) scheme. The ADR scheme for XL Catlin Insurance Company UK Limited, Catlin Underwriting Agencies Limited and XL Insurance Company SE is the Financial Ombudsman Service, which can be contacted directly using the contact details above. For more information about ODR please visit http://ec.europa.eu/odr</p>	<p>They will review your case and provide you with their final decision.</p>

If **you** are dissatisfied with the outcome

7.2 INSURANCE GUARANTEE SCHEMES

XL Catlin Insurance Company UK Limited and Catlin Underwriting Agencies Limited are covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the scheme if **we** are unable to meet **our** obligations under this contract of insurance. If **you** are entitled to compensation under the scheme, the level and extent of the compensation would depend on the nature of this contract of 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.

Depending upon where in the EEA **you** and/or the insured risk is located, there may be a local scheme that applies. Where a scheme is available in an EEA member state, it may cover only limited types of insurance (e.g compulsory motor cover) although some jurisdictions have wider schemes. If **you** have any questions, please contact **us**.

7.3 GOVERNING LAW AND JURISDICTION

The parties are free to choose the law applicable to this policy. Unless specifically agreed to the contrary the contract of insurance shall be governed by the laws of England and Wales and subject to the exclusive jurisdiction of the courts of England.

Unless otherwise agreed the language of this **Plan** shall be English.

7.4 LEGAL PROCEEDINGS

No action at law or equity shall be brought to recover under the **Plan** prior to expiration of 60 days after proof of **claim** has been submitted in accordance with this Policy Guide. Nor shall any such action be brought at all unless commenced within six years from the date of the **claim**.

7.5 DATA PRIVACY

For full information about how we process and protect **your** personal information please refer to **our** Privacy Policy which can be viewed by clicking on the site terms and conditions on **our** website www.april-international.co.uk.

How We Use Your Information

The personal information, provided by **you** (or anyone acting on **your** behalf), is collected by or on **our** behalf and may be used by **us**, **our** employees, agents and service providers acting under **our** instruction for the purposes of insurance administration, underwriting, claims handling, insurance mediation, research or for statistical purposes.

We may process your information for a number of different purposes. For each purpose **we** must have a legal ground for such processing. When the information that **we** process is classed as 'special category data', **we** must have a specific additional legal ground for such processing.

Generally, **we** will rely on the following legal grounds:

- > It is necessary for **us** to process **your** personal information to provide this policy and services related to it. **We** will rely on this for activities such as providing **you** with information about **your** quote, assessing **your** application, managing **your** policy, handling claims and providing other services to **you**.
- > **We** have an appropriate business need to process **your** personal information and such business need does not cause harm to **you**. **We** will rely on this for activities such as maintaining **our** business records, developing, improving our products and services, and providing information about **our** products and services to **you**.
- > **We** have a legal or regulatory obligation to use such personal information.
- > **We** need to use such personal information to establish, exercise or defend **our** legal rights.
- > **You** have provided **your** consent to **our** use of **your** personal information, including special category data.

How we share your information

In order to sell, manage and provide **our** products and services, prevent fraud and comply with legal and regulatory requirements, **we** may need to share your information with the following types of third parties:

- > Insurers, Reinsurers, Regulators and Authorised/ Statutory Bodies
- > Fraud prevention agencies
- > Crime prevention agencies, including the police
- > Suppliers carrying out a service on **our** behalf
- > Other insurers, business partners and agents
- > Other companies within the APRIL Group

As **we** operate as part of a global business, **we** may transfer your personal information outside the European Economic Area (EEA) for these purposes where adequate protection is in place.

Marketing

We will not use **your** information or pass it on to any other person for the purposes of marketing further products or services to **you** unless **you** have consented to this.

Fraud Prevention and Detection

In order to prevent or detect fraud and money laundering we may check **your** details with fraud prevention agencies and sanction websites, who may record a search. Searches may also be made against other insurers' databases. If fraud is suspected, information will be shared with those insurers. Other users of the fraud prevention agencies may use this information in their own decision making processes.

We may also conduct credit reference checks in certain circumstances. **You** can find further details in **our** full Privacy Policy explaining how the information held by fraud prevention agencies may be used.

Automated Decisions

We may use automated tools with decision making to assess **your** application for insurance and for claims handling processes. If **you** object to an automated decision, **we** may not be able to offer **you** an insurance quotation.

Contact Us

Please contact **us** if **you** have any questions about our privacy policy or the information we hold about **you**.

7.6 INSURERS FAIR PROCESSING NOTICE

If **you** have questions or concerns regarding the way in which the **Insurers** use **your** personal information, please contact: compliance@axaxl.com.

For more information about how the **insurers** process **your** personal information, please see their full privacy notice at: <https://axaxl.com/privacy-and-cookies>.

7.7 RIGHTS OF THIRD PARTIES

A person who is not a party to this **Plan** has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this **Plan** but this does not affect any right or remedy of a third party which exists or is available apart from that Act.

7.8 SANCTIONS

We will not provide any **benefit** under **your** **Certificate** to the extent of providing cover, payment of any **claim** or the provision of any **benefit** where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

april international | UK

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Insurance made easy.