



EUROPEAN HEALTH CASH PLAN

Policy Wording



www.statusmedicalinsurance.com

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Section 1

INTRODUCTION TO YOUR POLICY

Welcome and thank you for choosing the Status Medical Insurance Solutions European Health Cash Plan, designed by Status Global Insurance and underwritten by Astrenska Insurance Limited to help you budget for the cost of visiting many healthcare professionals including a Physician, Dentist and Physiotherapist, as well as several other day to day healthcare and unexpected costs.

Please check your certificate of insurance and membership card(s) to make sure that all of the details shown are correct. If any changes need to be made, please let us know immediately.

Take a few moments to familiarise yourself with your policy to make sure that you fully understand what is covered and what is not covered.

Your policy has been written using plain language wherever possible and has been designed to set out all of the features and benefits of the Status Medical Insurance Solutions European Health Cash Plan in a straightforward and easy to understand format.

This policy is to be read in conjunction with your summary of benefits, which outlines all of the benefits available to you under your chosen plan type.

If there is any aspect of the Status Medical Insurance Solutions European Health Cash Plan that you are unsure about, please let us know.

Section 2

COOLING OFF PERIOD

If having purchased this insurance you decide that it does not meet your requirements then please return your policy documents to us within 30 days of receipt together with written

cancellation instructions. Provided no claims have been paid and/or pre-authorisation has been given, we will refund any premium that you have paid.

Section 3

HOW TO CLAIM AND CONTACT US

WHAT TO DO IF YOU NEED MEDICAL TREATMENT OR NEED TO CLAIM

In the unfortunate event of you falling ill and needing to seek medical advice, see your physician in the usual way taking a claim form along with you. For non-medical claims please keep all receipts and invoices that relate to your claim. You can request a claim form by:

- i) Sending an email to: StatusCash@intana-assist.com
- ii) Contacting us on the following number:
+44 (0) 1444 44 28 70
- iii) Downloading one from the following website:
www.statusmedicalinsurance.com

Please note that any fee that your physician may charge for completing the claim form is your responsibility.

If you have any treatment or tests covered under this policy you should pay the bill yourself and obtain a receipted invoice as you will need to include this with the claim form when you send it in.

Sending in your claim

Once your claim form has been fully completed you should send it to us together with all supporting information and bills. You have the choice of either:

- i) Scanning these documents and sending them by email to: StatusCash@intana-assist.com

If you choose to do this, please ensure that all documents are clearly scanned - don't forget to scan both sides of a document if appropriate.

Please note: If you choose to send your claim to us by email or fax you must still post all of the original documents to us at the address given below.

- ii) Posting the original documents to us at:
Intana,
Collinson Insurance Services Ltd,
IDA Business Park,
Athlumney, Navan,
Co. Meath,
Ireland

Whichever method you choose to use, we recommend that you keep copies of all documents that you send to us.

GENERAL CLAIMS GUIDANCE NOTES

- You will need to complete a claim form for each treatment or service that you receive. If, having submitted your claim form you receive further bills for the same medical condition, just send them in together with an accompanying letter making sure you quote your membership number. Alternatively,

take a copy of your original claim form and attach it to any subsequent bills received.

- Please remember that you must submit your claim, together with all invoices, within 6 months of the date of service, treatment or event, otherwise they will not be considered for reimbursement.
- You must provide us with written details in response to any request for information regarding a claim within 28 days of us asking for it or as soon as reasonably possible thereafter. In certain circumstances, we may ask you to undergo a medical examination which we will pay for. You must provide us with a written statement to substantiate your claim together with (at your own expense) all necessary documentary evidence, information, certificates, receipts and reports that we may reasonably request you to supply. For example, in addition to a completed claim form, invoices and/or receipts, we may ask for medical reports, test results, prescriptions, medical history and other information pertinent to the treatment being claimed for. In some instances it may also be necessary to request information such as a police report, death certificate, autopsy report and travel itineraries. Failure to provide us with the information we have reasonably requested will result in us being unable to assess your claim.
- Cash back for eligible claims shall be payable up to the specified percentage level under each benefit as shown on the summary of benefits.

Please remember to send us a completed claim form together with all bills so that we can work out the amount we will pay towards your claim.

- How your claim is refunded is up to you. We can pay you by bank transfer, foreign draft, directly to your credit card or cheque so please make sure to indicate your preferred method on the claim form. We cannot be held responsible for the costs charged by some banks or credit card companies for currency conversion costs.
- For claims made where you have incurred expenses in a currency other than the currency which is operative under your policy, settlement will be calculated using the appropriate exchange rate prevailing at the date of processing your claim.
- We may at any time, pay an insured person our full liability under this policy after which no further liability will attach to us in any respect or as a consequence of such action.

QUERIES ON YOUR POLICY

For any queries regarding your policy you should contact:

Status Global Insurance
10 High Street
Billericay
Essex CM12 9BQ
England
UNITED KINGDOM

Tel: + 44 (0) 1277 637581

Fax: + 44 (0) 1277 634046

Email: enquiries@statusmedicalinsurance.com

Section 4

BASIS OF YOUR INSURANCE COVER

The application form you completed, together with any supplementary information provided, this policy, the summary of benefits and the certificate of insurance together with any endorsements, are all part of the contract of insurance between you and the insurer and should be read as one document. Provided the required amount of premium is paid on the date due then we will provide you and the persons listed in the certificate of insurance with the benefits set out in this policy.

The insurance is effective only after we have issued written confirmation that the applicant has been accepted for cover and becomes, and remains, insured in accordance with the terms and conditions set out in this policy.

PROVISION OF INSURANCE SERVICES AND BENEFITS

So that you are clear as to the different parties providing the insurance services and benefits under this policy:

Status Global Insurance provide all services relating to the general administration of the policy including the issue of documents and collection of premiums.

Astrenska Insurance Limited of PO Box 637, Sussex House,
Perrymount Road, Haywards Heath, West Sussex, England, RH16

1WR is the insurer and underwrites all of the benefits provided under the policy.

Intana, a trading style of Collinson Insurance Services Limited, is the company appointed by the insurer to provide the services relating to claims handling and case management, evacuation and assistance under this policy.

UNDERSTANDING THE SCOPE OF YOUR INSURANCE COVER

You will find details of what is covered and what is not covered set out in this policy in the relevant sections. Please make sure that you read them and that you fully understand the scope of your insurance cover.

OUR PHILOSOPHY

As a valued customer you have important rights and entitlements. You are entitled to expect:

- Politeness and courtesy. Your requirements will always be dealt with promptly, politely and with professional courtesy. No query is too trivial or too much trouble to deal with.

- Helpful advice and guidance. We are here to help you if you have any doubts or concerns about your cover or if you need advice on how to make a claim and make proper use of your cover.
- Confidentiality. Any medical information we hold about you or your family will be treated in the utmost confidence and will not be shared or given to anyone else, other than where we are required to do so by law.
- Professional and efficient service. We aim to provide our members with a high standard of service at all times. Any claims submitted will be dealt with promptly and considered fairly and impartially (without any bias or preference) within the terms and conditions of this policy.
- The policy documents and the servicing of this product are only available in English

WHAT TO DO IF YOU HAVE A COMPLAINT ABOUT OUR SERVICE

We aim to provide a first class service at all times. However, if you have a complaint please contact us as detailed below.

For complaints about the way this policy was sold to you or about how the policy has been administered, please contact:

Status Insurance Management Limited
10 High Street
Billericay
Essex CM12 9BQ England
UNITED KINGDOM

Tel: + 44 (0) 203 608 6330

Fax: + 44 (0) 1277 634046

Email: enquiries@statusmedicalinsurance.com

For all other complaints, including the claims service, please contact:

Quality Department
Astrenska Insurance Limited
PO Box 637
Haywards Heath
West Sussex RH16 1WR
England
UNITED KINGDOM

Email: quality@astrenska.com

We will aim to provide you with a full response within four weeks of the date we receive your complaint and our response will be our final decision based on the evidence presented. If for any reason there is a delay in completing our investigations, we will explain why and tell you when we hope to reach a decision. In any event, should you remain dissatisfied or fail to receive a final answer within eight weeks of us receiving your complaint, you may have the right to refer your complaint to an independent authority for consideration. That authority is the Financial Ombudsman Service (FOS) at:

Exchange Tower, London,
E14 9SR,
England
UNITED KINGDOM

Tel: +44 (0) 800 0234 567 or +44 (0) 300 123 9 123

Website: www.financial-ombudsman.org.uk

Please note that if you wish to refer this matter to the FOS you must do so within 6 months of our final decision. You must have completed the above procedure before the FOS will consider your case.

Your legal rights are not affected.

Section 5

WORDS AND PHRASES USED IN THIS POLICY

Certain words and phrases used in this policy and the other documentation which forms part of your policy, have specific meanings which are defined below. Where words and phrases are not shown, they will take on their usual meaning within the English language.

ACCIDENT

A sudden and unexpected bodily injury caused by violent or external means.

ACUTE

A medical condition of rapid onset resulting in severe pain or symptoms which is of brief duration and that is likely to respond quickly to medical treatment.

ANNUAL RENEWAL DATE

The day after the expiry date as shown on the certificate of insurance.

BIRTH DEFECT

A deformity or medical condition which is caused during pregnancy and/or childbirth.

BODILY INJURY

An identifiable physical injury that directly results from an accident.

CANCER

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, lymphoma and sarcoma.

CASH BACK

The percentage of a claim that we shall pay against each benefit, up to the annual benefit limit, as shown on the summary of benefits and in accordance with your chosen level of cover.

CERTIFICATE OF INSURANCE

The document attaching to this policy which shows the name of the policyholder together with the insured persons, selected geographical area, period of insurance, inception and expiry dates, name of the insurer and any special terms, conditions and exclusions which apply to this policy.

CLAIM

The total cost of treating a single medical condition or bodily injury.

CLOSE RELATIVE

Spouse or partner (of the same or opposite sex), mother, mother-in-law, father, father-in-law, stepmother, stepfather, legal guardian, daughter, daughter-in-law, son, son-in-law, (including legally adopted son or daughter), stepchild, sister, sister-in-law, brother, brother-in-law, grandparents, grandchildren or fiancé(e) of an insured person.

COMMON CARRIER

Any land, water or air public conveyance operated for regular passenger service by those whose occupation or business is the transportation of persons without discrimination and for hire.

CONGENITAL ABNORMALITY

Development of an abnormal organ or structure within the foetus whilst in the womb.

CONSULTANT

A surgeon, anaesthetist or physician who is legally qualified to practice medicine or surgery following attendance at a recognised medical school and is recognised as having a specialist qualification in the field or expertise in the treatment of the disease, illness or injury being treated.

COUNTRY OF RESIDENCE

The country within the European Economic Area where the insured person(s) covered by this policy have their primary residence, and in which they normally live, during each period of insurance.

CRITICAL MEDICAL CONDITION

A situation where an insured person is suffering a medical condition, which in the opinion of our physician and in consultation with the local treating doctor, requires immediate evacuation to an appropriate medical facility.

DATE OF ENTRY

The date that insurance cover under this policy first starts for an insured person.

DAY-CARE

Medical treatment provided in a hospital where an insured person is formally admitted but is not required, out of medical necessity, to stay overnight.

DEPENDANT

The principal member's:

- legal spouse or partner of the same or opposite sex;
- child, step-child or legally adopted child provided that he/she is under age 19 and unmarried (or under age 25, unmarried and in full-time further education) on the date first included under this policy or at any subsequent annual renewal date.

EMERGENCY DENTAL TREATMENT

Dental treatment necessary as a result of an accident caused by an extra-oral impact, received during the first 5 days following the date of the accident for the immediate relief of pain caused by natural teeth being lost or damaged.

EMERGENCY CARE

Medical treatment given in the Accident and Emergency Department of a hospital to evaluate and treat acute medical conditions whether resulting from an accident or the sudden onset of an illness where it is reasonable for the insured person to believe that the symptoms of their condition are of such severity in nature, that failure to seek immediate medical treatment could result in either placing their health in serious jeopardy or causing impairment of bodily function.

EMERGENCY MEDICAL EVACUATION

Medically necessary emergency transportation and medical care, where approved by us, and solely within the European Economic Area. This includes medical care during the process of transporting an insured person who is suffering from a critical medical condition to the nearest suitable hospital which may not necessarily be in the insured person's country of residence.

EMERGENCY MEDICAL TREATMENT

Emergency care for an accident or medical condition occurring outside the insured person's country of residence, but remaining within the European Economic Area, which could not be delayed until the insured person returns to their country of residence.

EUROPEAN ECONOMIC AREA

The geographical area consisting of the following countries only: Austria, Belgium, Bulgaria, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and United Kingdom.

EXCESS

The first amount of any claim that you are responsible for in respect of insurance policies as stated within the Summary of Benefits under Item 14.

EXPIRY DATE

The date on which all insurance cover under this policy ends.

FRACTURE REDUCTION OR RESETTING

The process of restoring a fracture to the correct alignment.

GEOGRAPHICAL AREA

The geographical area in which you may receive treatment and services is dependent upon the level of cover chosen, as follows: Level 1 (Essential) and Level 2 (Standard) comprises the insured person's country of residence only. Level 3 (Super) and Level 4 (Maximum) comprises all countries within the European Economic Area, as defined here in this policy.

HOME COUNTRY

The country for which the insured person holds a current passport. Where an insured person holds dual nationality, their home country will be the one nominated on the application form completed for membership of this policy.

HOME, MOTOR, PRIVATE MEDICAL OR TRAVEL INSURANCE POLICY

HOME INSURANCE POLICY

A policy of insurance that you have bought and paid for to protect the building and/or contents of the property:

- where you live most of the time; and
- which is used only or mainly for your domestic needs.

MOTOR INSURANCE POLICY

A policy of insurance that you have bought and paid for to protect a private car (or motorcycle) which:

- belongs to you; and
- is being used for social domestic and pleasure purposes only (including commuting to and from your normal place of employment).

TRAVEL INSURANCE POLICY

A policy of insurance that you have bought and paid for to protect your holiday against risks linked to travelling (such as cancellation, loss of baggage and emergency medical treatment).

PRIVATE MEDICAL INSURANCE POLICY

A policy of insurance that you have bought and paid for which protects you against the cost of you having medical treatment or services.

HOSPITAL

Any institution under the constant supervision of a resident physician which is legally licensed as a medical or surgical hospital in the country where it is located.

ILLNESS

Any sickness, disease, disorder or alteration in an insured person's state of health diagnosed by a physician.

INCEPTION DATE

The date that the insurance cover under this policy starts as shown in the certificate of insurance.

IN-PATIENT

Medical treatment provided in a hospital where an insured person is admitted and, out of medical necessity, occupies a bed for one or more nights but not exceeding 12 months in total for any one medical condition.

INSURED PERSON/YOU/YOUR/YOURSELF

The person(s) shown on the certificate of insurance.

INSURER

Astrenska Insurance Limited.

LEVEL OF COVER

The name of the level of benefits that applies as detailed on your certificate of insurance.

LIFETIME LIMIT

The maximum amount of money we will pay in respect of the benefits set out in Item 17 of Section 6 and Section 7 during the lifetime of this policy including any other policies effected with us.

LOSS OF HEARING

Hearing loss that equates to greater than 95 decibels across all frequencies using a pure tone audiogram, as confirmed by an audiologist.

LOSS OF LIMB

Loss by physical severance, or the total and irrecoverable permanent loss of use or function of, an arm at or above the wrist joint, or a leg at or above the ankle joint.

LOSS OF SIGHT

The total and irrecoverable loss of sight in one or both eye(s); this is considered to have occurred if the degree of sight remaining after correction is 3/60 or less on the Snellen scale. (This means being able to see at 3 feet or less what You should see at 60 feet).

LOSS OF SPEECH

The disability in articulating any three of the four sounds which contribute to the speech such as the Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds or total loss of vocal cord or damage of speech centre in the brain resulting in Aphasia.

MEDICAL CONDITION

Any disease or illness (including psychiatric illnesses), not otherwise excluded by this policy.

MEDICAL TREATMENT

The provision of recognised medical and surgical procedures and healthcare services which are administered on the order of and under the direction of a physician, for the purposes of curing a medical condition, bodily injury or illness or to provide relief of a chronic medical condition.

OUT-PATIENT

Medical treatment provided to the insured person by, or on the recommendation of, a physician which does not involve an admission to hospital either on an in-patient or day-care basis.

OVERALL MAXIMUM BENEFIT

The maximum amount of money that will be paid to or a payment made on behalf of each insured person during each period of insurance.

PERIOD OF INSURANCE

The period of time as shown on your certificate of insurance during which this policy is effective, subject to payment of the required premium.

PHYSICIAN

A legally licensed medical/dental practitioner who is authorised by the appropriate governing authorities to practice medicine in the country where treatment is provided.

PHYSIOTHERAPY

Medical treatment recommended by a physician as being medically necessary to treat an illness, bodily injury or medical condition where provided by a licensed and qualified physiotherapist. Physiotherapy does not include ante-natal and maternity exercises, manual therapy, sports massage or occupational therapy.

POLICYHOLDER

The person, company or organisation who subscribes to this policy, on behalf of each insured person, who is responsible for paying the premium and ensuring that the policy terms and conditions are adhered to.

PRE-EXISTING MEDICAL CONDITION

In relation to benefits under Items 1, 3, 7 and 9 only:

Any medical condition, psychological condition or 'related condition' for which you have received treatment, suffered any symptoms (whether investigated or not) or sought advice **in the 12 months immediately prior to your date of entry to this policy**, except routine check ups for a pre-existing medical condition where there has been no treatment provided and no change of dosage up or down nor any change of any prescription medication.

In relation to benefits under Items 17 and 18 only:

Any medical condition, psychological condition or 'related condition' for which you have received treatment, suffered any symptoms (whether investigated or not) or sought advice **at any time prior to your date of entry to this policy**, except routine check-ups for a pre-existing medical condition where there has been no treatment provided and no change up or down to any prescription medication.

A 'related condition' is deemed to be any medical condition that is either an underlying cause of, or directly attributable to, the medical condition subject to claim.

PREMATURE BABY

A baby born before the start of the 37th week of pregnancy.

PRESCRIPTION DRUGS

Medications and drugs whose sale and use are legally restricted to the order of a physician. Drugs, medicines and other medicaments purchased 'over the counter' without a physician's prescription are not covered by this policy.

PRINCIPAL MEMBER

The policyholder; or in the case of a company sponsored scheme, an employee of the policyholder.

REPATRIATION

Medically necessary expenses of transportation and medical care during such transportation to return an Insured Person to their country of residence.

SUBROGATION

Our right to act as your substitute to pursue any rights you may have against a third party who is liable for a claim paid by us under this policy.

WE/US/OUR

Astrenska Insurance Limited.

Section 6

SUMMARY OF BENEFITS

All benefit limits shown in this table are set in £Sterling and €Euros. The currency in which you pay your premium being either £Sterling or €Euros, is the currency that applies to your policy for the purposes of benefit limits.

All benefits are payable on a per person per period of insurance basis unless otherwise stated.	Level 1 Essential £/€	Level 2 Standard £/€	Level 3 Super £/€	Level 4 Maximum £/€
<p>Item 1 - Hospital & Nursing-at-home Benefit</p> <p>a) Hospital in-patient.</p> <p>b) Parental stay for a hospitalised insured child under age 19.</p> <p>c) Nursing-at-home following an in-patient stay.</p> <p><i>Note: These benefit limits apply to a), b) & c) combined per person per period of insurance.</i></p> <p><i>Note: A 90 Day Wait Period applies to this benefit in respect of pre-existing medical conditions only.</i></p>	<p>100 10 per night</p>	<p>200 10 per night</p>	<p>300 15 per night</p>	<p>400 20 per night</p>
<p>Item 2 - Hospital Travel & Parking</p> <p>75% cash back for public transport to and from hospital or hospital car parking costs for an eligible in-patient stay in excess of 48 hours.</p>	<p>10</p>	<p>20</p>	<p>50</p>	<p>75</p>
<p>Item 3 - Physician & Consultant Services</p> <p>75% cash back for the services of a physician and/or consultant including: diagnostic tests; investigations including ECG, X-rays, pathology, histology, MRI/CT/PET scans; and minor surgery in a doctors' clinic/consulting rooms.</p> <p><i>Note: A 90 Day Wait Period applies to this benefit in respect of pre-existing medical conditions only.</i></p>	<p>100</p>	<p>200</p>	<p>300</p>	<p>400</p>
<p>Item 4 - Routine Dental Benefits</p> <p>75% cash back for annual check-up, annual hygienist visit, extractions, X-rays, moulds, fillings using amalgams or composite materials, new or repairs to porcelain crowns, new or repairs to bridgework and treatment for the relief of an infection including temporary fillings.</p> <p><i>Note: A 90 Day Wait Period applies to this benefit.</i></p>	<p>50</p>	<p>125</p>	<p>150</p>	<p>200</p>
<p>Item 5 - Emergency Dental Treatment</p> <p>100% cash back for dental treatment for immediate pain relief where required as a direct result of an accident. Only treatment received during the first 5 days following the date of the accident is covered.</p>	<p>50</p>	<p>125</p>	<p>150</p>	<p>200</p>
<p>Item 6 - Optical Benefit</p> <p>75% cash back for annual vision/eye test, fitting fees, prescribed glasses and contact lenses, spectacle frames, repairs to spectacle frames, prescription sunglasses, prescription swimming goggles and laser eye surgery.</p> <p><i>Note: A 90 Day Wait Period applies to this benefit.</i></p>	<p>75</p>	<p>125</p>	<p>150</p>	<p>200</p>

<p>Item 7 - Physiotherapy & Complementary Treatments 75% cash back for Physiotherapy, Osteopathy, Chiropractic treatment, Acupuncture and Homeopathy provided by a licensed practitioner.</p> <p><i>Note: A 90 Day Wait Period applies to this benefit in respect of pre-existing medical conditions only.</i></p>	50 Max 3 visits	100 Max 3 visits	150 Max 5 visits	200 Max 10 visits
<p>Item 8 - Chiropody & Podiatry Benefit 75% cash back for chiropody and podiatry provided by a licensed practitioner.</p> <p><i>Note: A 90 Day Wait Period applies to this benefit.</i></p>	Not Covered	50	100	150
<p>Item 9 - Prescription Drugs & Vaccinations 100% cash back for prescription drugs and medicines; adult vaccinations and immunisations, including flu vaccine.</p> <p><i>Note: A 90 Day Wait Period applies to this benefit in respect of pre-existing medical conditions only.</i></p>	Not Covered	25 Max 1 Prescriptions	40 Max 2 Prescriptions	50 Max 3 Prescriptions
<p>Item 10 - Wellness Benefit 75% cash back for wellness screening including cancer screening and routine health tests for insured persons aged 30 years or over. Please see policy wording for full list of benefits.</p> <p><i>Note: A 12 Month Wait Period applies to this benefit.</i></p>	Not Covered	25	40	50
<p>Item 11 - New Child Benefit New child cash benefit payable on the birth/adoption of each child subject to:</p> <ul style="list-style-type: none"> - the child being born/adopted at least 12 months after the mother's entry date to the policy; and - no claim being made for pregnancy or childbirth against any other item of the policy. 	Not Covered	100	200	300
<p>Item 12 - Broken Bone Benefit Cash benefit payable upon the breakage of the major arm bones (radius, ulna, humerus) and major leg bones (femur, tibia or fibula).</p>	Not Covered	100	150	200
<p>Item 13 - Common Carrier Accidental Death Cash benefit payable if an insured person suffers accidental loss of life as a direct result of a collision, crash or sinking of a duly licensed common carrier while riding as a fare paying passenger inside such common carrier. The accident must occur within the period of insurance and loss must occur within one year of the accident.</p>	Not Covered	1,000	5,000	10,000
<p>Item 14 - Excess Buy-Back Cover Excess(es) you have had to pay during the period of insurance for settled claim(s) on an insurance policy as named here in the summary of benefits.</p> <p><i>Note: A 12 Month Wait Period applies to this benefit.</i></p>	Not Covered	Not Covered	100 Private Medical Insurance Policies Only	200 Home, Motor, Private Medical or Travel Insurance Policies Only
<p>Item 15 - Hearing Aids 75% cash back towards the cost of annual hearing test and hearing aid (including fitting charges) where prescribed by an audiologist/ENT consultant for an insured person aged 70 years and over.</p> <p><i>Note: A 24 Month Wait Period applies to this benefit.</i> <i>Note: Hearing aids under this benefit are available only once in every 36 month period.</i></p>	Not Covered	Not Covered	Not Covered	300

OPTIONAL ADD-ON BENEFITS:

These benefits only apply if you have selected each optional add-on, have paid the required additional premium and the optional benefit is shown on Your Certificate of Insurance.

Item 16 - Personal Accident & Accidental Death Accidental bodily injury that results in the following:	Sum Insured £/€ Per Unit
Common Carrier Accidental Death	100,000
Accidental Death	25,000
Permanent Total Disablement*	25,000
Total & Permanent Loss of Sight (One/Both Eyes)	25,000
Total & Permanent Loss of one or more limbs	25,000
Total & Permanent Loss of one eye & one limb	25,000
Total & Permanent Loss of hearing in both ears	10,000
Total & Permanent Loss of speech	10,000
Full-Thickness Burns or Fourth Degree Burns (affecting more than 10% of body surface)	5,000
Deep Partial-Thickness Burns (affecting more than 10% of body surface)	2,500

* (Which entirely prevents an Insured Person from any occupation to which he or she is suited by way of education, training or experience and which lasts 12 months at expiry and at expiry of this period is beyond expectation of improvement).

A maximum of 3 Units may be Purchased for persons aged 19 to 64. A maximum of 1 Unit may be purchased for children aged under 19.

Children Under 19: the maximum payable under any one section or in total is 5,000.

Maximum Benefit - The total amount payable for benefits listed here within Item 16 shall not exceed 100% of the amount shown in the summary of benefits for Accidental Death (other than Common Carrier Accidental Death).

Item 17 - Income in Hospital Benefit	Sum Insured £/€ Per Unit
Cash benefit for each day an insured person aged between 19 and 64 years (inclusive) is admitted to hospital for an in-patient stay in excess of 7 days for a valid claim under Item 1a).	100 Per Day Per Unit 25,000 Lifetime Maximum Per Unit applies
The daily income benefit is payable from the 8th day of hospitalisation.	
A maximum of 3 units may be purchased. A lifetime limit applies to this benefit.	
Note: Pre-existing medical conditions and pregnancy and/or childbirth are excluded.	

Item 18 - 24 Hr Emergency European Medical Assistance	Sum Insured £/€
Emergency Assistance Line	Included
European Emergency Medical Evacuation and Repatriation Cover	100,000
Overseas Burial/Cremation/Return of Mortal Remains Cover	10,000
Emergency Local Ambulance and Transportation	2,500
Emergency Travel Support from Relative or Friend	2,500
Return of Unaccompanied Children under 19 years of age	1,000

Note: Pre-existing medical conditions and pregnancy and/or childbirth are excluded.

Section 7

WHAT IS COVERED AND WHAT IS NOT COVERED

We will pay costs up to the amounts stated in the summary of benefits as appropriate to both your elected currency as stated on the certificate of insurance (i.e. Great British Pounds or Euros) and level of cover for each insured person during each period of insurance. Our liability in respect of all claims will cease immediately upon termination of this policy, deletion of an insured person from this policy or non-payment of premium.

ITEM 1 – HOSPITAL & NURSING-AT-HOME BENEFIT

What is covered

- a) We will pay the amount shown in the summary of benefits for your level of cover for each night where you are admitted to hospital on an in-patient basis.
- b) You will also be eligible for this benefit if you are accompanying an insured child dependant, who is under age 19, and being admitted to hospital on an in-patient basis.
- c) We will continue to pay the amount shown in the summary of benefits for your level of cover for each day you receive nursing-at-home where prescribed as being medically necessary immediately following an in-patient stay covered by this policy.

Please note: The benefit limits shown in **Section 6, Summary of Benefits**, Item 1 - Hospital & Nursing-at-home Benefit, apply to Item 1a), b) and c) combined per person per period of insurance.

What is not covered

- a) The first night of any in-patient stay for Item 1a) and 1b) above.
- b) Benefit for more than one adult under Item 1b).
- c) Any treatment or service received for a pre-existing medical condition within the initial 90 day period following the insured person's date of entry. Treatments or service provided in relation to an accident are eligible from the date of entry of an insured person.

ITEM 2 – HOSPITAL TRAVEL & PARKING

What is covered

We will pay 75% cash back up to the annual limit as shown in the summary of benefits for your level of cover, for the following benefit: Costs of public transport to and from hospital, or hospital car parking costs, directly associated with your admission to hospital for an in-patient stay in excess of 48 hours covered under Item 1a) or 1b).

What is not covered

- a) Transportation costs for anyone other than the person being admitted to hospital for Item 1a), or the accompanying adult for Item 1b).

ITEM 3 – PHYSICIAN AND CONSULTANT SERVICES

What is covered

We will pay 75% cash back up to the annual limit as shown in the summary of benefits for your level of cover, for the following benefit: The services of a physician and/or consultant including: diagnostics tests; investigations including ECG, X-rays, pathology, histology, MRI/CT/PET scans; and minor surgery in a doctors' clinic/consulting rooms.

What is not covered

- a) Any treatment or services received for a pre-existing medical condition within the initial 90 day period following the insured person's date of entry. Treatments or services provided in relation to an accident are eligible immediately from the date of entry of an insured person.

ITEM 4 – ROUTINE DENTAL BENEFITS

What is covered

We will pay 75% cash back up to the annual limit as shown in the summary of benefits for your level of cover, for the following benefit: One annual check-up, one annual visit to the hygienist, extractions, X-rays, moulds, fillings using amalgams or composite materials, new or repairs to porcelain crowns, new or repairs to bridgework and treatment for the relief of an infection including temporary fillings.

What is not covered

- a) Orthodontic work.
- b) Root canal treatment.
- c) The cost of precious metals in any dental procedure.
- d) Gingivitis, periodontosis, or gum disease of any kind.
- e) Prescribed drugs or medicines.
- f) Dental procedures other than those stated as covered under this Item 4.
- g) Any treatment or services received within the 90 day period following an insured person's date of entry.

ITEM 5 – EMERGENCY DENTAL TREATMENT

What is covered

We will pay 100% cash back up to the annual limit as shown in the summary of benefits for your level of cover, for the following benefit: Emergency dental treatment for immediate pain relief where required as a direct result of an accident. Only treatment received during the first 5 days following the date of the accident is covered.

What is not covered

- a) Emergency dental treatment where:
 - The injury was caused by eating or drinking anything, even if it contained a foreign body;

- The damage was caused by normal wear and tear;
 - The damage was caused by tooth-brushing or any other oral hygiene procedure;
 - The injury was caused by any means other than extra-oral impact.
- b) Emergency dental treatment shall not include: restorative or remedial work; the use of any precious metals; orthodontic treatment of any kind; prescribed drugs; or dental surgery performed in hospital, unless dental surgery is the only treatment available to alleviate the pain.
- c) Gingivitis, periodontosis, or gum disease of any kind.
- d) Prescribed drugs or medicines. (Please see Item 9 Prescription Drugs & Vaccinations for details of cover for prescribed drugs or medicines under this policy.)
- e) Dental procedures other than those stated as covered under this Item 5.

ITEM 6 – OPTICAL BENEFIT

What is covered

We will pay 75% cash back up to the annual limit as shown in the summary of benefits for your level of cover, for the following benefit:

One annual vision/eye test, fitting fees, prescribed glasses and contact lenses, spectacle frames, repairs to spectacle frames, prescription sunglasses, prescription swimming goggles and laser eye surgery.

What is not covered

- a) Glass, contact lenses or swimming goggles where not prescribed by an ophthalmologist or optician.
- b) Any treatment or services received within the 90 day period following an insured person's date of entry.

ITEM 7 – PHYSIOTHERAPY & COMPLEMENTARY TREATMENTS

What is covered

We will pay 75% cash back up, to the annual limit and maximum number of visits as shown in the summary of benefits for your level of cover, for Physiotherapy, Osteopathy, Chiropractic treatment, Acupuncture and Homeopathy provided by a licensed practitioner.

What is not covered

- a) Prescribed drugs or medicines. (Please see Item 9 Prescription Drugs & Vaccinations for details of cover for prescribed drugs or medicines under this policy.)
- b) Any treatment or services received within the 90 day period following an insured person's date of entry.

ITEM 8 – CHIROPODY & PODIATRY BENEFIT

What is covered

We will pay 75% cash back up to the annual limit as shown in the summary of benefits for your level of cover, for chiropody and podiatry provided by a licensed practitioner.

What is not covered

- a) Prescribed drugs or medicines. (Please see Item 9 Prescription Drugs & Vaccinations for details of cover for prescribed drugs or medicines under this policy.)
- b) Any treatment or services received within the 90 day period following an insured person's date of entry.

ITEM 9 – PRESCRIPTION DRUGS & VACCINATIONS

What is covered

We will pay 100% cash back up to the annual limit and maximum number of prescriptions as shown in the summary of benefits for your level of cover, for prescription drugs and medicines; adult vaccinations and immunisations, including flu vaccine.

What is not covered

- a) Routine and preventative vaccinations for children.
- b) Slings, supports and bandages, whether prescribed by a physician or not.
- c) Any treatment or services received for a pre-existing medical condition within the 90 day period following an insured person's date of entry.

ITEM 10 – WELLNESS BENEFIT

What is covered

We will pay 75% cash back up to the annual limit as shown in the summary of benefits for your level of cover, for an insured person aged 30 years and over to undergo one wellness check-up including the following:

Cancer screening as follows: cervical smears, mammograms and prostate/colon/testicular screening.

AND

Testing for: body temperature, pulse, blood pressure, respiration, full blood count, fasting blood sugar, lipid (fats) profile, kidney function panel, liver function panel and thyroid panel.

What is not covered

- a) Treatment and services for any insured person who is aged under 30 years on the date of the treatment or service.
- b) Any treatment or services received within the 12 month period following an insured person's date of entry.

ITEM 11 – NEW CHILD BENEFIT

What is covered

We will pay the amount shown in the summary of benefits for your level of cover upon the birth or adoption of each new child within the period of insurance. Payment of this benefit is subject to the child being born/adopted at least 12 months after the mother's date of entry. This benefit is only payable where no claims for pregnancy and/or childbirth have been made/paid against any other item of this policy.

An adopted child must be aged under 18 on the date the adoption order has been granted, as shown on the adoption certificate/papers.

We will require you to send a copy of the adoption certificate/papers for claims for a new adopted child under this benefit.

We will only make one payment for each new child no matter how many policies you or your partner are covered on. If you have more than one policy you will have to choose which one to claim the new child payment under.

We will also make a payment following a stillbirth of your child after 24 weeks of pregnancy.

Please note that notification of the addition of a new child does not constitute formal claim submission for this benefit.

What is not covered

- a) Costs associated with adoption, such as adoption agency/ministerial department fees, assessments and medical examinations.
- b) Benefit where the new child is born or has been adopted within the initial 12 months from the date of entry of an insured person.
- c) Foster children.
- d) A new child born to, or adopted by, a dependent child covered under this policy.

ITEM 12 – BROKEN BONE BENEFIT

What is covered

We will pay the amount shown in the summary of benefits for your level of cover upon the breakage of the radius, ulna, humerus, femur, tibia or fibula within the period of insurance.

Please note: The breakage of more than one bone shall not result in the payment of more than one cash benefit in any one period of insurance.

What is not covered

- a) Benefit for any other bone in the human body not listed above.
- b) Medical costs associated with treatment or services for the broken bone.
- c) Benefit for fracture reduction or resetting.

ITEM 13 – COMMON CARRIER

What is covered

We will pay the amount shown in the summary of benefits for your level of cover if an insured person suffers accidental loss of life as a direct result of a collision, crash or sinking of a duly licensed common carrier while riding as a fare paying passenger inside such common carrier.

The accident must occur within the period of insurance and the loss must occur within one year of the accident. In the event of multiple accidental deaths per policy, our liability for all such losses will be limited to a maximum limit equal to three times the amount shown in the summary of benefits.

What is not covered

- a) Accidents occurring while an insured person is in, entering, or exiting any aircraft while acting or training as a pilot or crew member, but this exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life threatening emergency.
- b) Loss of life not caused solely by outward, violent and visible means.

ITEM 14 – EXCESS BUY-BACK COVER

What is covered

We will pay up to the amount shown in the summary of benefits for your level of cover for any excess(es) you have had to pay during the period of insurance for settled claim(s) on any insurance policy named on the summary of benefits, provided by an insurer authorised to conduct insurance business in the European Economic Area, according to your level of cover.

In case of excess claims under a motor vehicle policy, you are also covered where you have been unsuccessful in recovering the excess cost from a third party within six months of making a valid claim against them under your motor insurance policy.

What is not covered

- a) Claims for excess over and above the amount shown in the summary of benefits.
- b) Claims for excess that do not arise from a main insurance policy upon which you are either the policyholder or are named.
- c) If you are covered by any other insurance for the excess payable, which results in a valid claim under that policy, we will only pay our proportionate share of the claim.
- d) Claims where the excess is waived or reimbursed or not exceeded.
- e) Excess payments in respect of claims refused by your main insurance policy.
- f) Any contribution or deduction from the settlement of your claim against your main insurance policy other than the stated policy excess for which you have been made liable.
- g) Motor claims relating to anything other than social, domestic and pleasure use, including commuting to or from your permanent place of work.
- h) Motor claims arising from breakdown, misfuelling, windscreen repair or replacement or any glass repair or replacement to your vehicle.
- i) Claims for excesses payable on your main insurance policy relating to treatment or services received within the 12 month period following an insured person's date of entry.

ITEM 15 – HEARING AIDS

What is covered

We will pay 75% cash back up to the annual limit as shown in the summary of benefits for your level of cover, towards the cost of one annual hearing test and hearing aid (including fitting charges)

where prescribed by an audiologist/ENT consultant for an insured person aged 70 years and over. Hearing aids under this benefit are available only once in every 36 month period.

What is not covered

- a) Any routine repair, servicing, inspection, maintenance, cleaning, alteration or restoration costs.
- b) Disposable hearing aids.
- c) Any treatment, services or devices received within the 24 month period following an insured person's date of entry.

Optional Add-On Benefits

ITEM 16 – PERSONAL ACCIDENT AND ACCIDENTAL DEATH

This benefit only applies if you have selected this optional add-on and have paid the required additional premium.

What is covered

We will pay the amount shown in the summary of benefits for your level of cover, for accidental bodily injury that, within 12 months, results in the following;

Common Carrier Accidental Death,
Accidental Death,
Permanent Total Disablement*,
Total & Permanent Loss of Sight (One/Both Eyes),
Total & Permanent Loss of one or more limbs,
Total & Permanent Loss of one eye & one limb ,
Total & Permanent Loss of hearing in both ears,
Total & Permanent Loss of speech,
Full-Thickness Burns or Fourth Degree Burns (affecting more than 10% of body surface),
Deep Partial-Thickness Burns (affecting more than 10% of body surface).

* (Which entirely prevents an Insured Person from any occupation to which he or she is suited by way of education, training or experience and which lasts 12 months at expiry and at expiry of this period is beyond expectation of improvement).

A maximum of 3 Units may be Purchased for persons aged 19 to 64. A maximum of 1 Unit may be purchased for children aged under 19.

Children Under 19 : the maximum payable under any one section or in total is 5,000 (unless stated otherwise).

Maximum Benefit – The total amount payable for benefits listed here within Item 16 shall not exceed 100% of the amount shown in the summary of benefits for Accidental Death (other than Common Carrier Accidental Death).

What is not covered

- a) Persons aged 65 or over.
- b) Claims arising directly or indirectly from any medical condition, physical defect or infirmity which existed prior to the inception of this insurance or prior to the last renewal hereof.

- c) Claims arising directly or indirectly from any psychiatric, mental or nervous disorder (including anxiety and/or depression), alcoholism, or drug/substance addiction.
- d) Claims arising directly or indirectly from the influence of alcohol, intoxicants, narcotics or drugs unless prescribed by, and taken in accordance with the instructions of a registered medical practitioner (other than for the treatment of addiction).
- e) Claims arising directly or indirectly from flying or taking part in any other aerial activities except whilst travelling as a fare-paying passenger in a power-driven aircraft licensed to carry passengers.

ITEM 17 – INCOME IN HOSPITAL BENEFIT

This benefit only applies if you have selected this optional add-on and have paid the required additional premium.

What is covered

We will pay the amount shown per unit in the summary of benefits for your level of cover for each day if an insured person aged between 19 and 64 years (inclusive) is admitted to hospital for an in-patient stay in excess of 7 days for a valid claim under Item 1a).

The daily income benefit is payable from the 8th day of hospitalisation.

A maximum of 3 units may be purchased. A lifetime limit applies to this benefit.

What is not covered

- a) The first 7 days of the in-patient admission.
- b) Claims related directly or indirectly to a pre-existing medical condition.
- c) Claims related directly or indirectly to Pregnancy and/or Childbirth.

ITEM 18 – 24 HOUR EMERGENCY EUROPEAN MEDICAL ASSISTANCE

This benefit only applies if you have selected this optional add-on and have paid the required additional premium.

Note: This section does not include cover for Emergency Medical Treatment (other than Emergency Medical Treatment approved by us and solely incurred during an Emergency Medical Evacuation).

You should ensure that you have a valid European Health Insurance Card (EHIC) or equivalent provision to cover medical treatment costs. Note that a European Health Insurance Card does not provide any coverage in a private medical facility.

Geographical Area: Your Geographical Area under this Item 18 is extended to all countries within the European Economic Area irrespective of your level of cover.

What is covered

In the case of an eligible Emergency Medical Evacuation we will pay up to the amount shown in the summary of benefits for your

level of cover for the following benefits when you travel outside of your country of residence but remain within the European Economic Area:

- a) European Emergency Medical Evacuation and repatriation cover.
- b) Overseas burial/cremation/return of mortal remains cover.
- c) Emergency local ambulance and transportation.
- d) Emergency Travel Support from relative or friend.
- e) Return of unaccompanied children under 19 years of age.

Assistance is available 24 hours a days, 365 days a year for Emergency Medical Evacuations. To obtain pre-authorisation for costs in connection with an Emergency Medical Evacuation please contact us on the following number: +44 (0) 1444 44 28 70

What is not covered

- a) Emergency Medical Treatment, other than Emergency Medical Treatment approved by Us and necessarily incurred during an Emergency Medical Evacuation.
- b) Any subsequent transfer costs resulting from the same medical condition once we have returned the insured person to their country of residence.

- c) Travel and accommodation costs unless specifically agreed by us and confirmed in writing prior to the date of travel.
- d) Evacuation costs where the insured is not being admitted to hospital for medical treatment or where costs have not been approved by us in advance.
- e) Additional travelling costs incurred by the nominated close relative if it is necessary for us to arrange for the insured persons to be transferred to a second hospital within the same country.
- f) Any expenses relating to 'search and/or rescue' operations to find an insured person in mountains, at sea, in the desert, in the jungle and similar remote locations.
- g) Any expenses relating to an air/sea rescue operation or an evacuation/transfer from any off shore structure or sea going vessel to shore.
- h) Claims related directly or indirectly to a pre-existing medical condition.
- i) Claims related directly or indirectly to Pregnancy and/or Childbirth.

If you are covered by any other insurance for the benefits listed in this section, then that other policy shall act as your primary insurance and this policy shall act as your secondary insurance.

Section 8

GENERAL EXCLUSIONS

The following exclusions apply to all Items of this policy.

We will not pay claims for any of the following:

1. Any claim or expense of any kind arising from alcoholism, drug and substance abuse/dependency including any directly or indirectly attributable medical condition and/or bodily injury.
2. Any claim or expense of any kind arising from any addictive and/or compulsive disorder.
3. Any claim or expense of any kind arising due to the insured person being under the influence and/or suffering from the effects of alcohol, intoxicants, drugs or narcotics.
4. Deliberate self-inflicted injury, needless self-exposure to peril (except in an attempt to save human life), suicide, attempted suicide or self harm.
5. Dietary supplements, nutritional supplements, bodybuilding supplements and substances, fibre, fatty acids, amino acids, vitamins, minerals and organic substances regardless as to whether prescribed by a physician.
6. Any claim or expense of any kind arising from contraception, sterilisations or its reversal (including vasectomy), fertilisation, impotence, venereal disease, sexually transmitted diseases, gender reassignment or any other form of sexual related condition, infertility and any related condition.
7. Any claim or expense of any kind arising from any form of assisted reproduction (including in vitro fertilisation) and its consequences, including any resulting pregnancy and childbirth or complications of the assisted reproduction treatment or complications of any resulting pregnancy and childbirth.
8. Any act that is fraudulent, illegal, criminal, deliberately careless or reckless on the insured person's part and any consequences directly or indirectly resulting from that act.
9. Any claim arising in the course of travel undertaken against medical advice.
10. Any claim or expense of any kind arising from or exacerbated by air travel when the insured person is more than 28 weeks pregnant.
11. Costs associated with medical treatment of a premature baby after the initial 2 months from date of birth.
12. Any claims arising from birth defects or injuries, congenital illness, or congenital abnormality.

13. Any costs incurred after the expiry of any period of insurance, unless this policy has been renewed for the next 12 months period and the required premium paid.
14. Any claim or expense of any kind arising from Human Immunodeficiency Virus (HIV) or HIV related illness, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) and any similar infections, illnesses, injuries or medical conditions arising from these conditions.
15. Any claim or expense of any kind arising from treatment which is experimental and/or unproven and any consequences resulting directly or indirectly from the treatment. For the purposes of this policy, experimental and unproven treatment is deemed to be any treatment not recognised scientifically by the official government control agency of the country where treatment is received.
16. Any claim or expense of any kind arising from any treatment and/ or use of drugs/medicines not licensed by the official government control agency of the country where treatment is received or where the drugs/medicines are prescribed or, drugs/medicines not used in accordance with their licensed indications.
17. Any claim or expense of any kind arising from drug therapy and/ or treatment provided by an unlicensed physician or where the physician is unlicensed in the country where the drug therapy and/ or treatment is received.
18. Routine or preventative medicines, vaccinations of any kind and general health check-ups, unless specifically covered by your selected level of cover.
19. Any claim or expense of any kind arising from cosmetic surgery, cosmetic treatments or remedial surgery, removal of fat or other surplus body tissue and any consequences of such medical treatment, whether or not for psychological purposes. Cosmetic surgery or treatment will be considered where required as a direct result of:
- an illness;
 - injury or accident; or,
 - surgery for cancer;
- which occurs during the period of insurance and which is covered by this policy.
20. Any claims arising from weight loss, weight problems or eating disorders.
21. Any claims arising from snoring or sleeping disorders.
22. Any claim or expense of any kind arising from surgery to correct short or long sight or any other eye defect, unless caused as a result of an accident or medical condition occurring during the period of insurance.
23. Any claim or expense of any kind arising from stem cell transplants for any medical condition.
24. Any claim or expense of any kind arising from medical treatment performed by a physician who is a close relative of the insured person, unless previously approved by us.
25. Claims arising as a result of the insured person's participation in (engaging or practising for) specially hazardous pursuits or activities including, but not limited to, the following:
- Aqua-lung diving below 100 metres; shark feeding/cage diving; white water canoeing (grades 5 and 6); white or black water rafting (grades 5 and 6); yachting outside territorial waters; yachting (racing); scuba diving to a depth greater than 30 metres or where a current PADI Certificate is not held; tombstoning;
 - Boxing; weight lifting; wrestling; hurling; professional sport; racing or stunting; motor sports; racing of any kind other than that on foot;
 - Solo caving; cave diving or solo pot-holing; mountain climbing or mountaineering (involving the use of ropes or guides); rock or cliff climbing or scrambling;
 - Flying or taking part in other aerial activities except whilst travelling as a fare-paying passenger on a licensed airplane; solo hang-gliding/para-gliding; BASE jumping; high diving; micro-lighting; solo skydiving; bungee jumping;
 - Heli-skiing; bobsleigh/luge; ice sailing; ice windsurfing; skeleton; ski-jumping; skiing off-piste; ski racing; ski stunting; snowboarding off-piste; tobogganing;
 - Hunting/shooting; hunting on horseback; horse jumping; polo; point-to-point; safari with guns; steeple-chasing or horse-racing of any kind; The following activities shall be covered if they are non- professional and at amateur level:
 - Abseiling; American Football; Archery; Athletics;
 - Badminton; Baseball; Basketball; BMX cycling; Bowls;
 - Canoeing (on lakes, rivers or on the sea inside territorial waters); Clay Pigeon shooting; Cross Channel Swimming; Cricket; Cross Country Running; Curling; Cycling;
 - Dry Skiing;
 - Fell Running; Fencing; Field Hockey; Football;
 - Gaelic Football (non-competitive); Go Karting (recreational use); Golf; Gliding; Gymnastics;
 - Hang Gliding (tandem with expert instructor); Handball; Heptathlon; Hiking (under 6,000 metres altitude); Horse Riding (basic riding only using natural gaits of walk, trot, canter/lope and gallop); Hot air ballooning;
 - Ice hockey; Ice Skating (on recognised and authorised areas); Jogging; Kayaking (inside territorial waters); Lacrosse;

- Marathons; Motorcycling (under 1000cc – no racing); Mountain biking (on or off road); Mountain Climbing (up to 4,000 metres and which does not involve the use of ropes and/or guides); Netball; Orienteering; Paintballing;
- Rambling; Roller Blading (Line Skating); Roller hockey/ street hockey; Rounders; Rowing (inland/coastal); Rugby; Running (sprint/long distance);
- Skate boarding; Skiing on-piste; Skydiving (tandem with expert instructor); Snowboarding on-piste; Squash;
- Tennis; Trekking (under 6,000 metres altitude); Triathlon;
- Volleyball; Water Polo; Yachting (crewing inside territorial waters).

The following activities shall be covered if they are non-professional and at amateur level if they are undertaken under the control and tuition of experts employed by the local organiser, form part of a holiday interest and the correct safety equipment is used for the given activity:

- Canyoning; white water canoeing (grades 1 to 4); white or black water rafting (grades 1 to 4); parasailing; para-skiing; scuba diving to a depth less than 30 metres (with expert instructor with a current PADI Certificate); water skiing; wake boarding; surfing; zorbing/hydrozorbing; sailboarding; sandboarding; fishing (fresh water/ deep sea); parascending (over water); sand yachting; snorkelling; windsurfing;
- Tandem para-gliding (with expert instructor); parachuting; potholing (not solo);
- Caving (not solo); jet boating; jet skiing; kite surfing/ landboarding/buggying; motor/power boating; mountain boarding; sailboarding;
- Safari (organised – no guns); animal conservation/game reserve (when with a guide on an organised tour);
- Quad biking; skidoo; snow mobiling;
- Karate and any form of martial arts or unarmed combat (covered up to and including age 18 only).

Any pursuits or activities not listed above must be referred to us for advice regarding cover, before the pursuit or activity is undertaken.

26. Any claim arising when the insured person is under military authority or is engaged in activities involving the use of firearms or physical combat or in an area of military conflict, except in connection with tourist trips made on a private basis during leave.
27. Any expense not specifically stated in this policy as being insured and any expenses which exceed the individual benefit limits of your level of cover.
28. Any expenses where no supporting documents are available.

29. Any amounts claimed which are received by us more than 6 months after the date of treatment, or the date the service was given, or date of event.
30. Any claim or expense of any kind arising from accommodation and medical treatment costs in a hospital where, the establishment in question has effectively become the insured person's home or permanent residence and where the admission is arranged wholly or partly for domestic reasons.
31. Any claim or expense of any kind arising from accommodation and medical treatment costs in a nursing home, hydro spa, nature clinic, health farm, health spa, rest/retirement/convalescent home or any similar establishment.
32. Any claim or expense of any kind arising from learning difficulties, hyperactivity, attention deficit disorder, speech therapy, behavioural problems or development problems.
33. Any costs which are unnecessary, medically inappropriate or are over and above what is usual, customary and reasonable for the services provided.
34. Any claim in any way caused or contributed to, by the use or release or the threat thereof of: any nuclear weapon or device; or, chemical or biological agent.
35. Any claims whatsoever, except where injury is sustained as an innocent bystander, resulting from war, invasion, act of foreign enemy hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or, taking part in civil commotion or riot of any kind.
36. Bodily injury or illness caused by an Act of Terrorism, except where such injury/illness is sustained as an innocent bystander, excluding any Act of Terrorism involving the use of nuclear weapons or devices, chemical or biological agents. Benefit is limited to medical treatment costs up to a maximum of £/€30,000 each insured person, each incident, subject to the individual limits of each Item of benefit.

For the purposes of this policy, an Act of Terrorism means 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 organisation(s) or government(s), committed for political, religious, ideological or similar purposes or reasons including the intention to influence any government and/or to put the public or any section of the public, in fear.

37. Any expense which at the time of happening is covered by or would, but for the existence of this policy, be covered by, any other existing insurance certificate or policy. If there is any other cover in force which may pay in respect of the event for which the insured person is claiming, the insured person must tell us at the time they first contact us.
38. Any loss directly or indirectly arising from the provision of, inability or any delay in providing, the services to which this policy relates, unless negligence on our part can be demonstrated.

39. Any costs incurred where the insured person has travelled to a country or specific area which the Government or Embassy, of their home country, has advised against all travel, or all but essential travel.
40. Any claims directly or indirectly caused or aggravated by the actual or potential inability of any computer, data processing equipment or media, microchip, integrated circuit software or stored programme to correctly recognise any date as its true calendar date or to continue to function correctly in respect of or beyond that date.

41. Any claims directly or indirectly arising from the failure, breakdown or malfunction of any electronic or mechanical item of medical/ surgical equipment of any kind.
42. Any claims directly or indirectly arising from any implantation of an organ either natural or artificial in nature, other than the implantation of the following natural human organs: kidney, liver, heart, lung and skin grafts (where medically necessary and not for cosmetic purposes).
43. Any claims where the date of treatment or service occurs on or after the renewal date immediately following the attainment of age 85.

Section 9

GENERAL POLICY CONDITIONS

ELIGIBILITY FOR MEMBERSHIP

- a) This policy is designed for insured persons and their eligible dependants living within the European Economic Area. Both expatriates (i.e. persons living and/or working outside their home country) and local nationals (i.e. persons living and/or working inside their home country) may be included for coverage.
- b) Newly insured applicants are eligible to be included for cover under this policy providing they are under age 75 at their date of entry, subject to completion of the appropriate application form. In the case of children, they must be under age 19 and unmarried (or under age 25, unmarried and in full-time further education) at their date of entry.

Children may remain covered under this policy until the annual renewal date first following their 19th birthday (or 25th birthday where in fulltime education) or marriage at which time their insurance cover under this policy will end.

You and where covered, your dependant spouse may remain covered until the renewal date immediately after the 85th birthday, provided:

- You accept and pay the renewal premium as per the terms offered.
- We continue to underwrite this policy.

If we decide to stop underwriting this policy, we shall give the policyholder not less than 120 days notice in writing prior to this policy's next annual renewal date.

CONDITIONS OF ACCEPTANCE

We are entitled to refuse to accept an application from any person without giving a reason. We also reserve the right to ask for evidence of age, state of health, employment status or educational status. We may wish to apply special terms, exclusions or premium increases to reflect any exceptional circumstances regarding your application.

You and your insured dependants must be covered under the same policy and level of cover providing identical cover and benefits.

You must answer all questions about this policy honestly and fully at all times. You must also tell us straight away if anything that you have already told us changes. If you do not tell us, your policy may be cancelled and any claim you make may not be paid.

DECLARATION AND CHANGES

You and the persons applying for cover under this policy must cooperate with us by answering any questions we may reasonably ask at any stage fully and truthfully. For example, you must tell us about any known pre-existing medical conditions, if you wish to make a claim under Items 1, 3, 7, 9, 17 or 18 of this policy. If you do not tell us, your policy may be cancelled and any claim you make may not be paid.

You must immediately inform us of any change in the information given on the application form, in particular relating to your address, country of residence, the birth or adoption of a child or any other change involving your insured dependants.

POLICY DURATION AND PREMIUM PAYMENT

- a) This is an annual contract which is renewable each year subject to the terms and conditions in force at the Renewal Date and subject to payment of the annual renewal premium.
- b) Premiums are payable annually or monthly but this is an annual contract of insurance so you are responsible for paying the entire annual premium even if we agreed you may pay by instalments. Instalment premiums are payable by credit or debit card so you must ensure that the credit or debit card provided is valid for the entire period of the insurance period. If you default on your instalment premium for any reason, we reserve the right to write to you to give 7 days notice of cancellation of the policy.
- c) We reserve the right to withdraw instalment premium facilities due to non-payment and insist upon payment of all future premiums annually in advance of the due date.
- d) If the premium is not received by the due date, we shall write to you to give 7 days notice of cancellation of the policy; however we may agree to reinstate the policy upon receipt of the full premium owing at our discretion.

- e) We reserve the right to amend or alter the premiums at any time but any changes to premiums will only become effective from your renewal date.
- f) We reserve the right to amend the percentage or value of the insurance premium tax, or other government levies which are applicable, subject to local legislation and regulation. Such changes will be applied to your premium from the next renewal date, or monthly instalment due (whichever is the sooner).
- c) failure to pay the premium on the date due. At our absolute discretion, we may reinstate the cover if the outstanding premiums are paid to us in full, although we reserve the right to make any variation in the cover provided.
- d) where you have failed to observe or breached the terms and conditions of this policy.
- e) on the renewal date after you or your dependant has reached the age of 85 years of age.

ADDING OR REMOVING YOUR DEPENDANTS

- a) Application to add your eligible dependants may be made at any time during the period of insurance subject to payment of the required premium.
- b) A newborn or adopted child may be added to this policy from their date of birth or adoption, provided we receive written notification from you within 14 days of their date of birth or adoption. If you notify us after this period, we will add the newborn or adopted child from the date we receive written notification and not their date of birth/adoption.

Please note: Submission of a claim under Item 11 New Child Benefit does not constitute formal notification for the newborn or adopted child to be added to the policy. A specific written instruction is required.

- c) If you wish to delete any of your insured dependants from the policy, then you must make this request in writing. Deletion will be made from the date that written notification is received.

CANCELLING THE POLICY

If the policy is to be cancelled in its entirety, the policyholder must make this request in writing. Cancellation will be effective from the date that written notification is received.

Providing no claim has been paid or preauthorisation of expenses given, in respect of any of the insured persons during the period of insurance, we will provide a pro rata refund of the unexpired portion of any premium paid, for each complete month left to run, provided there is a minimum of 3 full months remaining of the period of insurance from the date of deletion. If there is less than 3 full months or where a claim has been paid, or pre-authorisation of expenses given, no pro rata refund will be given.

TERMINATION

This policy will automatically end in any of the following situations:

- a) where you have misled us by mis-statement or concealment or failed to answer any question about this policy honestly and fully.
- b) where you have acted in a fraudulent manner or deliberately claimed benefit either directly or indirectly, to obtain financial advantage that is dishonestly obtained by deception.

In situations a) and b) above, the policy shall be cancelled from inception, our liability shall immediately cease and no premium refund will be payable.

We shall write to you, giving you 7 days notice of cancellation of the policy, in any of the following situations:

In the case of corporate policies, cover shall cease on the date your employer tells us that you are to be deleted from cover.

PERIOD OF INSURANCE

Subject to payment of the required premium, this policy will remain in force for a period of one year from the inception date and is renewable for successive one year periods at the prevailing terms, premium rates and benefits.

We will not cancel this policy because of either a deterioration in your health or the number/value of claims you or your insured dependants make, unless we are prohibited or decide not to continue to underwrite this type of insurance in your country of residence.

If we decide to stop underwriting this policy, we shall give the policyholder not less than 120 days notice in writing prior to this policy's next annual renewal date.

ALTERATIONS TO THE POLICY

We may change the premium rates, terms, conditions and benefits of your policy from time to time but any such changes will not apply until the next annual renewal date first following introduction of such changes.

No alteration or waiver of the terms, conditions and benefits of this policy shall be accepted unless it is in writing by one of our authorised company officials.

CHANGING YOUR COUNTRY OF RESIDENCE OR LEVEL OF COVER

If you move to a new primary residence, you may change your country of residence within the European Economic Area during your period of insurance without incurring any additional charges.

However, changes to level of cover can only be made at the annual renewal date of the policy and only up to and including the age of 74. If we accept your application, we reserve the right to apply a variation in cover to any medical conditions which pre-existed the date of such change. Once the insured person reaches the age of 75, applications to change level of cover shall no longer be considered.

COVER WHILE TRAVELLING OUTSIDE YOUR GEOGRAPHICAL AREA

There is no cover under any section of this policy whilst travelling outside your geographical area, except for Item 18 - 24 Hour Emergency European Medical Assistance, where cover extends to the entire European Economic Area if you have selected this optional add-on and have paid the required additional premium.

DEATH OF THE PRINCIPAL MEMBER

Should the principal member die, their spouse (provided already insured under this policy) will automatically become the principal member for the remainder of the period of insurance. In the case of a corporate policy, at the policyholder's request, we will allow the spouse to become the principal member for the remainder of the period of insurance.

OTHER INSURANCE

If there is any other insurance covering any of the benefits that are provided under Item 18 – 24 Hour Emergency European Medical Assistance of this policy for which a claim is made, then you must disclose this to us at the time of submitting the claim. In these circumstances, we will not be liable to pay or contribute more than our proper rateable proportion.

If it transpires that you have been paid for all or some of the claim costs by another source or insurance we have the right to a refund from you. We reserve the right to deduct such refund from you from any impending or future claim settlements or to cancel your policy from the inception date without a refund of premium.

SUBROGATION

We reserve the right to retain all rights of subrogation. You are not authorised to admit liability for any eventuality or give a promise of undertaking to anyone which binds you or us.

HELP AND INTERVENTION

Our help and intervention depends upon and is subject to local availability and has to remain within the scope of national and international law and regulations. Our intervention depends upon us obtaining the necessary authorisations issued by the various competent authorities concerned.

COMPLIANCE

Your full compliance with the terms and conditions of this policy is necessary before a claim will be paid.

HOW WE USE THE INFORMATION ABOUT YOU

As your insurer and a data controller, we collect and process information about you so that we can provide you with the products and services you have requested. We also receive personal information from your agent on a regular basis while your policy is still live. This will include your name, address, health information, risk details and other information which is necessary for us to:

- Meet our contractual obligations to you;
- issue you this insurance policy;
- deal with any claims or requests for assistance that you may have
- service your policy (including claims and policy administration, payments and other transactions);
- detect, investigate and prevent activities which may be illegal or could result in your policy being cancelled or treated as if it never existed.

Some of the personal information that you provide may be sensitive information. This includes details about your health or medical records. Where we need your consent to collect and process your sensitive information, this will be obtained from you at the relevant time. Please note that, in these cases, we may not be able to sell you an insurance policy or deal with a claim if you do not agree to us processing relevant sensitive information.

In order to administer your policy and deal with any claims, your information may be shared with trusted third parties. This will include members of The Collinson Group, contractors, investigators and claims management organisations where they provide administration and management support on our behalf. Some of these companies are based outside of the European Union where different data privacy laws apply. Wherever possible, we will have strict contractual terms in place to make sure that your information remains safe and secure.

We will not share your information with anyone else unless you agree to this, or we are required to do this by our regulators (e.g. the Financial Conduct Authority) or other authorities.

PROCESSING YOUR DATA

Your data will generally be processed on the basis that it is:

- necessary for the performance of the contract that you have with us;
- is in the public or your vital interest: or
- for our legitimate business interests.

If we are not able to rely on the above, we will ask for your consent to process your data.

HOW WE STORE AND PROTECT YOUR INFORMATION

All personal information collected by us is stored on secure servers which are either in the United Kingdom or European Union.

We will need to keep and process your personal information during the period of insurance and after this time so that we can meet our regulatory obligations or to deal with any reasonable requests from our regulators and other authorities.

We also have security measures in place in our offices to protect the information that you have given us.

HOW YOU CAN ACCESS YOUR INFORMATION AND CORRECT ANYTHING WHICH IS WRONG

You have the right to request a copy of the information that we hold about you. If you would like a copy of some or all of your personal information please contact us by email or letter as shown below:

Intana
Sussex House Perrymount Road
Haywards Heath
West Sussex RH16 1DN
England
UNITED KINGDOM

Email: Data.Protection@intana-assist.com

This will normally be provided free of charge, but in some circumstances, we may either make a reasonable charge for this service, or refuse to give you this information if your request is clearly unjustified or excessive.

We want to make sure that your personal information is accurate and up to date. You may ask us to correct or remove information you think is inaccurate.

If you wish to make a complaint about the use of your personal information, please contact our Complaints manager using the details above. You can also complain directly to the Information Commissioner's Office (ICO). Further information can be found at <https://ico.org.uk/>

GOVERNING LAW

This contract of insurance shall be governed and construed in accordance with English Law unless we agree otherwise. The courts of England and Wales alone shall have jurisdiction in any dispute.

Status Medical Insurance Solutions is a brand of Status Global Insurance, which is a trading name of Status Insurance Management Limited which is authorised and regulated by the Financial Conduct Authority (FCA) in the United Kingdom. Their FCA number is 305697.

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