

HCI Short Term Individual Protector Plan

HealthCare International Short Term Individual Medical Insurance Policy

Underwritten by Antillean Life Insurance Company Limited

Policy Terms & Conditions

This is a Short Term Medical Insurance Policy. This product is generally suitable for someone seeking insurance for a short term placement overseas to cover the cost of private medical treatment in the country where they will be living for the Period of Insurance.

This document contains a full list of cover with the terms and conditions. It is paramount that you keep it somewhere safe. For additional copies or any other queries please contact HealthCare International.

Important information

This Policy is a contract of insurance and is the basis upon which all claims will be considered. Each Insured Person should read this Policy carefully ensuring that he/she fully understands all terms, exclusions, conditions and limitations.

This Policy is designated in three currencies, Euro (€), USD (\$) or Sterling (£), details of which will be set out on your Certificate of Insurance. The benefits levels and limits will be in the currency chosen, i.e. if you choose a USD Policy; the benefit levels and limits will also be in USD. If you have questions on this, please contact HealthCare International at once.

Money back guarantee

If, having purchased this insurance, and before the policy start date, you decide that it does not meet your requirements. Please return this Policy together with written cancellation instructions to HealthCare International within 14 days of the date of issue, as stated on the Certificate, and provided the policy has not been used in anyway or a claim having been submitted, the premium will be refunded in full.

Basis of cover

Your application form, this Policy wording, your Certificate, any other information given, and any endorsements are all part of this contract and should be read together to avoid misunderstanding.

They indicate the persons insured, the cover sections that are in force and contain details of your cover. No promotional literature or advice booklets form part of your contract.

In return for having received and accepted your premium, We will provide insurance within the terms of this Policy in respect of events occurring during the period of insurance.

Law to be applied

The Insurer is domiciled in Grenada and this insurance shall be subject to the laws of Grenada, West Indies and the Courts of Grenada have exclusive jurisdiction over this policy as set out under **CONDITIONS** Herein.

Arbitration Clause (Grenada Law) as set out under **CONDITIONS** Herein.

Policy administration

This Policy is administered by:

HealthCare International UK Administration Office
48 Berkeley Square
Mayfair
London W1J 5AX
United Kingdom

Tel: +44 (0)20 7590 8800

Fax: +44 (0)20 7590 8815

Claims administration

For 24-hour Emergency Assistance, Pre-Authorisation and General Claims Handling:

HCI 24:7
48 Berkeley Square
Mayfair
London W1J 5AX
United Kingdom

Tel: +44 (0)20 7590 8816

Fax: +44 (0)20 7590 8819

- HCI 24:7 must be notified within 48 hours of an Insured Person being admitted to **HOSPITAL** in order to confirm the conditions of Cover.
- Emergency **MEDICAL EVACUATION** and **TRANSPORTATION** must also be pre-authorised to ensure Cover is in place.

The treating physician should be asked to contact HCI 24:7 immediately when an Insured Person is admitted to a hospital in order that such confirmation may be given and direct payment of bills arranged.

Definitions

For the purpose of this insurance Policy, the following terms shall have the stated meanings:

Accident/Injury: Bodily injury caused solely by violent, accidental, external and visible means and not by sickness, disease or gradual physical or mental process.

Acute: A disease, illness or injury of rapid onset, severe symptoms, and brief duration that is likely to respond quickly to treatment which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.

Administration Charge: Any charge applied to the Policy for late Cancellation of Cover and/or any other charge(s) applied to the Policy for Administrative purposes, such as late payment of Premium, lapse of Cover and reinstatement, replacement of lost Certificate and the like.

Area of Cover: As defined below and as stated on the Certificate as being the area of cover:

1. Worldwide Excluding the USA
2. Worldwide Including the USA
3. Europe Only

The following countries and territories are included under

Europe: Albania, Andorra, Austria, Belarus, Belgium, Bosnia Herzegovina, Bulgaria, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Faroe Islands, Finland, France, Germany, Gibraltar, Greece, Greenland, Hungary, Iceland, Ireland, Isle of Man, Italy, Kosovo, Latvia, Liechtenstein, Lithuania, Luxembourg, North Macedonia, Malta, Moldova, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal including Madeira and Azores, Romania, Russia: West of the Urals only, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Ukraine and Vatican City.

Cancellation: Please see Early Termination

Certificate: Details of the Insured Persons, period of insurance, premium, excess/deductible and inception date. This Certificate forms part of the insurance. HealthCare International will provide a new Certificate after any alteration made to the Policy. The Certificate confirms that an insurance relationship exists between you and us.

Chronic: An illness or injury, which has one or more of the following characteristics:

- It has no known recognised cure.
- It continues indefinitely.
- It comes back or is likely to come back.
- It is permanent.
- Requires Palliative Treatment.
- Requires long-term monitoring, consultations, check-ups, examinations or tests.
- You need to be rehabilitated or specially trained to cope with it.

Chronic illnesses / injuries and any associated medical services, treatment costs, sequels, complications and associated conditions will not be covered. However, we will pay for medical treatment of a chronic illness / injury, which has first manifested itself during the Period of Insurance

requiring inpatient admission to a hospital to treat an acute and life threatening or life sustaining episode provided that the diagnosis and need for life-saving treatment are both confirmed by a suitably qualified medical physician.

Claim: An insurance claim is the actual application for benefits provided by Us under the terms of this policy. We may or may not approve the claim based on Our assessment of the circumstances or underlying circumstances.

The total cost of treating a single Accident, Bodily Injury or Illness. A separate Claim Form is required for each person claiming and for each medical condition being claimed for.

Co-Insurance (Co-Pay): The proportion of costs for a claim over and above the Policy excess (if applicable), which the Insured Person remains responsible, as specified in this Policy wording or on the Certificate. The Insured Person must pay the Co-Insurance in respect of each separate incident, giving rise to a claim.

- Benefits where a mandatory Co-Insurance exists; for example, treatment costs over and above policy limits
- Cash benefit, where treatment is received in a public 'non-charging' hospital'.

Convalescent Facility: An institution licensed to provide 24-hour chargeable qualified nursing care, through supervision by a full-time physician, and physical restoration services to help patients achieve self-care in daily living activities. This does not extend to any institution providing long-term care for the elderly, custodial or educational care or for care of alcoholism, drug addiction, senility and mental disorders.

Country of Residence: The country in which the Insured Person lives as stated in the application form for the Period of Insurance. Cover will be unaffected unless the policyholder returns to their Home Country and ceases to be an expatriate. The country of residence will be deemed to have changed if the policyholder lives in that location for more than 90 days; this will be relevant only where an extension is granted.

The Insured Person is deemed to make a permanent change in his/her Country of Residence if the Insured Person lives or intends to live in the other country for more than 90 consecutive days.

Note: If you are **resident** in Mexico, China, Hong Kong, United Arab Emirates, Spain or the UK we are not able to offer cover at this time. However, treatment in these countries is still covered by our policies.

Critical Medical Condition: A medical condition arising which, in the opinion of Our physician in consultation with the local treating doctor as necessary, requires immediate evacuation to an appropriate medical facility.

Day-Care/Surgery Treatment: Treatment received while an Insured Person occupies a hospital bed or is charged for hospital accommodation (and who signs an admission form or on whose behalf it is signed), but is not medically necessary to remain overnight.

Deductible: See Excess.

Dentist: A physician who is recognised as a dentist by the competent authority.

Dependant: The Insured Person's legal spouse (or partner of the same or opposite sex who has been living with the Insured Person for more than six continuous months) who is not legally separated from the Insured Person, and his/her unmarried child, step-child, foster child or legally adopted child – provided that such child is less than 21 years old on the date the Insured Person is first included under this Policy or at any subsequent extension of the Policy (or less than 25 years old if it can be demonstrated that the child is continuing in full-time education and is financially dependent on the Insured Person for support).

Dread Disease: Is a severe illness such as but not limited to cancer, heart disease, open-heart surgery, stroke, coma, diabetes, epilepsy, multiple sclerosis, motor neuron disease, Parkinsonism, rheumatoid arthritis and accidental HIV via a blood transfusion, or as covered elsewhere in the Policy.

Early Termination: Early termination or cancellation of your policy, if accepted by us, is subject to the following rules:

- All Policies are sold on a Three Month Contract basis and run from the start date (as shown on the Policy Certificate) and ends at midnight of the last day after commencement (the end date); unless stated otherwise by us. For the avoidance of doubt, these policies cannot be cancelled after the end of the cooling off period; please see Money Back Guarantee for details of your regulatory right to cancel.

Elective Treatment: Is when You request to have Your treatment at a Facility/Hospital outside your country of Residence. If approved by Us and the benefit forms part of your plan. We will limit the costs of the treatment to the same level as would have been paid at a Facility/Hospital in your Original Country of Residence. This benefit is subject to pre-authorisation.

Emergency Dental Treatment: Treatment necessary as a result of an accident/injury by an extra-oral impact, received within 48 hours from the date and time of the accident/injury for the immediate relief of pain caused by natural teeth being lost or damaged in an accident.

Emergency Medical Expenses: Medical expenses which are strictly necessary and which are incurred within the chosen area of cover, as a result of the insured sustaining a bodily injury or becoming ill and which cannot be postponed.

Excess: The first (deductible) amount of each and every claim, as covered under Sections 2 and 3, which shall be the responsibility of the Insured Person on a per condition basis, before benefits become payable under this Policy.

Home Country: The country for which the Insured Person holds a passport and is clearly stated as such on the application form.

Hospital: Any institution or establishment 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.

Hospital Services: Include reasonable and customary charges, in the area where treatment is provided, for hospital accommodation up to the cost of a single-bedded room, meal charges, all hospital medical facilities, and all medical treatment and medical services ordered by a physician.

Hospital Network: We will not limit you from using a hospital of your choice and you will be covered up to Reasonable and Customary charges. However, you will be responsible to pay a 20% co-payment if you decide to use any of the hospitals below: USA and Rest of the World:

- Shanghai & Beijing United Family Hospital (China)
- Hong Kong Sanatorium (Hong Kong)
- New York Presbyterian Hospital (USA)
- Mayo Clinic (USA)
- American Hospital (Dubai & Paris)
- Bumrungrad Hospital (Thailand)

Inception Date: The date that the insurance starts as shown on the Certificate.

Inner Limit: The maximum amount payable by the insurer under the applicable section. Such amount being deducted from the maximum amount insured per person per Period of Insurance.

Illness: Any sickness, disease, disorder or alteration in the Insured Person's medical condition as duly diagnosed by a physician.

In-Patient Treatment: Treatment provided in a hospital where an Insured Person is admitted and, out of medical necessity, occupies a bed for one or more nights for any one insured event, unless agreed by Us in writing.

Insured Person: The person named on the Certificate as being an Insured Person.

Insurer: Antillean Life Insurance Company Limited.

Late Payment Fees: These are fees that may be levied for late payments of premium un-cleared cheques.

Life Threatening/Life Sustaining: A potentially fatal disease or medical condition which, without immediate medical intervention and hospital admission, could cause the death of an Insured Person or which requires immediate medical intervention to stay alive by performing/supporting essential functions of the living body.

Local Ambulance Services: Necessary medical transport, required for non-emergency or out of medical necessity, to the next available and appropriate hospital or medical facility.

Material Fact: Is any fact that if disclosed would influence the judgement of the Company (Insurer) when underwriting the plan.

Medical Expenses: All reasonable and necessary costs incurred in respect of medical or surgical adversely affecting the Insured Person's condition or quality of medical care rendered.

Nursing at Home: The services within the Insured Person's home of a government licensed nurse prescribed by a physician for medical (as distinct from domestic) reasons.

Organ Transplants: The reasonable and customary hospital and physician charges for kidney, bone marrow, heart valve, muscular-skeletal, parathyroid, heart, heart/lung, liver, pancreas, or pancreas/kidney human organ or tissue transplant.

Orthodontic Treatment: The use of devices to correct malocclusion and restore the teeth to proper alignment and function.

Out-Patient Treatment: Private Specialist consultation, diagnostic procedures and treatment by a specialist, other than in-patient or day-care treatment.

Out of Area of Cover: Means Cover, Services and Claims which happen whilst you are Outside the Policy Area of Cover and you will be liable to pay a co-pay of 20% of all charges.

Palliative Treatment: Treatment, the primary purpose of which is only to offer temporary relief of symptoms rather than to cure the illness or injury causing the symptoms.

Period of Insurance: The period of insurance stated on the Certificate.

Physician: A legally licensed medical practitioner who is a doctor recognised by the law of the country where treatment covered under this Policy is provided and who, in rendering such treatment is practicing within the scope of his/her licence and training.

Physiotherapist: A practicing physiotherapist who is registered as such by the competent authority. The expenses of physiotherapy do not include those of antenatal and maternity exercises, manual therapy, sports massage and occupational therapy.

Policyholder/You/Your: The person who has concluded the insurance and in whose name the insurance is affected.

Pregnancy & Childbirth: Childbirth, miscarriages and Medically necessary terminations (including pre and post-natal check-ups and delivery costs) are Not covered.

Pre-existing Conditions: This Plan is not intended to provide cover for medical conditions that have been in existence in the two years (five years for heart conditions and cancer) immediately prior to the start date of your Plan. Any medical condition that is already in existence will not be eligible for cover. These are known as pre-existing medical conditions and are defined later in this guide.

Pre-existing medical conditions are any known medical conditions (or related conditions) that have, within a two/five year period immediately prior to the first Start Date of the 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.

It is a condition of this Policy that any illness or condition that would cause you to make a claim that occurred between the time of signing and submitting the application to the insurance company, will be considered as a pre-existing medical condition.

Prescription Drugs & Medicines: Products that may be marketed as medicines on the strength of local regulations and have been supplied by the order of a physician, dentist or a dispensing general practitioner. Not eligible for benefits are:

- Slimming products or weight control products.
- Tonics, medicinal wines.
- Cosmetics.
- Children's food and baby products other than those prescribed for a medical condition covered under the Policy.

Product Level: The level of cover selected as being operative under Section 2, and as documented on the Certificate.

Preferred Provider Organisation: Our Preferred Provider Organisation list (PPO) of Hospitals and Medical Centres are as set out in the Policy Certificate or Addendum.

Reasonable & Customary Charges: The average amount charged in respect of valid services or treatment costs, as determined by Our experience in your country of residence and substantiated by an independent third party, being a practicing Surgeon/Physician/Specialist or government health department.

The Insured Person is responsible for the payment of any balance over the allowable charges paid by the Insurer.

Rehabilitation Centre: A rehabilitation centre registered in accordance with the competent authorities legislation but excluding hospitals as defined elsewhere.

Relative in the First Degree: Spouse, parents (in-law), children and the person with whom the Insured Person lives together on a permanent basis. Brothers (in-law), Sisters (in-law).

Specialist (Physician, Anaesthetist and Surgeon): A person suitably qualified and legally licensed to practice medicine in the country where treatment is provided and who holds a Certificate of specialist training (or an equivalent which is accepted by Us). The specialist must be practicing within the scope of his/her license and training.

Sports – classified as Dangerous: Fighting or self-defence sports; (semi) professional sports; motor sports; racing of any kind other than on foot; mountaineering expeditions; free climbing without ropes; pot-holing, caving or cave diving; solo sea sailing; ski jumping; bungee jumping; bobsleighing, skeleton, lugeing, use of fire – or other arms; hunting; hunting on horseback; and any other sport, which involve an exceptional risk of an Accident or Injury.

Sports – classified as Hazardous: Parachuting, aviation other than as a fare-paying passenger on scheduled flight, gliding, hang-gliding, micro-light flying, jet skiing, polo, American Football; horse riding; unaccompanied trekking above 2,500 metres; mountaineering or rock-climbing with the use of ropes, rappelling; scuba diving to a greater depth than 30 metres or where a PADI Certificate is not held; white water canoeing, white water rafting; water skiing; ice hockey; and any sport involving a higher than normal (but not exceptional) risk of an Accident.

Travel Expenses: Transport on the basis of the lowest class of the means of transport in which travelling is done.

Upgrade: Policy upgrades are possible, subject to acceptance by Us in writing.

We/Us/Our: Antillean Life Insurance Company Limited.

Other insurances

If it should appear that the damage or expense covered by this insurance is also covered by (an) other Policy/Policies, of an older date or not, or would have been covered under it/them if this agreement had not existed, this insurance shall only run as a surplus on top of the cover that has been given on the other Policy/Policies or would have been given if this Policy had not existed.

Co-ordination of benefits

If an Insured Person is covered by a government programme or another group health Policy (employer, educational institution, professional association, etc.), the benefits of both plans will be co-ordinated in order that the combined payments do not exceed the actual covered expenses.

The general rule is that one Policy pays first and the second Policy pays the remaining eligible expenses up to the limits in the second plan. The Insurer of the second Policy should receive original copy of the first Policy's reimbursement statement and photocopies of all relevant bills.

The following list identifies which Policy should receive the original bills and act as the "First Policy" for:

1. All covered persons:

- Government programs (Social Security, Medicare, etc.).
- Non-health insurance (automobile, homeowner's, liability, etc.).

2. Spouse:

- Spouse's employer's Policy.

3. Dependant divorced children (in descending order):

- Policy of divorced parent declared responsible by a court order.
- Policy of divorced parent with custody.
- Policy of step-parent (divorced parent with custody has remarried).

Pre-authorisation

Pre-authorisation is a process whereby our claims department guarantees cover for certain in-patient or outpatient treatments and costs. The process requires that a Treatment Guarantee Form is completed by your physician and faxed to our claims department for approval prior to treatment.

Premiums

The Policyholder must pay the full premium in advance for all the Insured Persons appearing on the Policy schedule, unless agreed otherwise by Us.

If the Policyholder refuses to pay the amount due, the cover shall be suspended. No further notice of default by the insurer shall be required. The suspension shall be considered to have commenced on the first day of the period for which the total amount is due. This does not remove the Policyholder's obligation to pay the full premium due. The cover shall commence again on the day after the one on which the amount due has been received and accepted by the insurer. No right to any benefit shall exist for the consequences of any claim arisen at a time at which the insurance was suspended.

If Your age or age of any Insured Person has been misstated and the premium paid as a result is insufficient, You would be requested to pay the difference in premium immediately. Any excess premium that may have been paid as a result of any misstatement of age shall be refunded without interest. If at the correct age You or the Insured Person would not have been eligible for cover under this Policy, no benefits shall be payable, and Our liability shall be limited to the refund of the total premium paid without interest.

No refund of premium will be paid once cover has commenced under this insurance policy unless:

- Under the money back guarantee on page one of this Policy.

Period of insurance, termination and changes

Period of Insurance: The contract shall remain in force for a period of three months from the inception date and as shown in your Certificate of Insurance. Your policy will not be extended automatically but you may request one cover extension for a maximum of three further months before the cover end date. There is no obligation to offer an extension and it is at the Underwriter's discretion, subject to your satisfactory continued good health declaration.

Where there is a break in cover, your policy will be re-underwritten and we will apply General Exclusion 1.

The effective date of coverage is defined for each Insured Member in the Certificate of Insurance. Coverage ends at midnight on the expiry date indicated on the Insured Member's Certificate of Insurance and in any case no later than the last day of the initial three month period. It can then be extended for a further three month period, at the sole discretion of Us.

Termination: The Insurance will end:

If an Insured Person or your Dependants have deliberately given a Misrepresentation of the Facts, Incorrect Disclosure/ Non-Disclosure of any Material Facts, which may affect Our assessment of the risk, including but not limited to those relating to the questions on the application form, could render the contract void, and at Our sole discretion may be back-dated to the commencement date, unless We otherwise elect in writing.

In addition, conditions arising between signing the application form and confirmation of acceptance by the underwriting department, will be deemed to be pre-existing. If the applicant is not sure whether something is relevant, the applicant is obliged to inform Us.

If We decide to cancel the policy, We will give You notice by sending it by recorded delivery letter, email or fax. We will use the Policyholder's last known contact details. Premium will not be refunded, in part or in whole, and any pending claims settlements will be forfeit.

If a claim is in any respect false, intentionally exaggerated or fraudulent, if fraudulent means/ devices have been used by you or your dependants or anyone acting on your or their behalf, to obtain benefit under this Policy, We will not pay any benefits for that claim. The amount of any claim settlement made to you, before the fraudulent act or omission was discovered, will become immediately due and owing to Us along with any charges that may be applicable.

- For children who reach the age of 21 years at the end of the current Period of Insurance (or up to 25 years of age if it can be demonstrated that they are in full-time education and financially dependent upon the Insured Person). Consequently they shall be insured independently without selection on a separate Policy at the premiums corresponding to their ages.
- In the event the Policy is cancelled, all coverage terminates on the expiration date indicated on each Certificate of Insurance.

We reserve the absolute right to refuse to extend or cancel or vary the terms of the Policy if:

- There is or has been any fraud, hiding of facts or untrue statements made. You must pay back any benefits We may have already paid.
- You breached the terms of this contract.

Changes: We shall be entitled to alter the premium and/or the conditions at extension of the policy.

Death of Policyholder: If the primary insured dies, this Policy will automatically be transferred to the oldest Insured Person over the age of 18 years who shall, upon the death of the primary insured, become the primary insured for all the purposes of this Policy and be responsible for paying the premium.

Upon the death of you or a dependant We should be notified in writing within four weeks. The corresponding insurance will be terminated and a pro-rata repayment of the premium will be made if no claims have been filed We reserve the right to request a death certificate before a refund is issued. The death of the subscriber where dependants are included in the Policy requires a new subscriber to be elected to the Policy.

Address: Notifications by the insurer to the Policyholder shall be made in a legally valid manner to the Policyholder's last address known to the insurer.

Benefits and services

We will pay costs up to the amount specified within each section of cover and each product level for each Insured Person, each Period of Insurance, for treatment of an accident, injury or illness for which reasonable and necessary expenses are incurred during the Period of Insurance.

Our liability in respect of all claims will cease immediately upon termination of the Policy and/or deletion of an Insured Person from the Policy.

Section 1:

Assistance Services General



Right to assistance shall only exist if:

- The Insured Person has had prior contact with and approval has been given by HCI 24:7. Expenses shall only be paid if HCI 24:7 has rendered the assistance itself or had it carried out by its order. Claims will only be taken into consideration by HCI 24:7 when provided with the relevant original documents.
- The Insured Person will need to provide his/her name, status (adult or child), Policy number, insurance period, inception date, nationality, location and medical problem.
- The Insured Person or a representative (if he/ she is not able to) must call HCI 24:7 as soon as reasonably possible with full medical details; otherwise your case may not be managed effectively and payment for medical expenses may not be guaranteed.

Services

Long Distance Medical Advice: The Insured Person may contact HCI 24:7 to obtain medical advice from a medical practitioner where he/she is unable to obtain advice from a medical practitioner locally.

It must be noted that a telephone conversation, even with the local attending physician, cannot establish diagnosis and must be treated as advice only.

24-hour Medical Information and Assistance: HCI 24:7 will provide pre-trip referral information on countries and regions to be visited, including local English-speaking doctors and/or addresses and phone numbers of hospitals.

Issue of Hospital Guarantees: HCI 24:7 will issue a guarantee or, in those instances where such a guarantee is not accepted, arrange payment through the insurer for an Insured Person subject to the terms and conditions of that Insured Person's cover, of any required hospital admittance charges on behalf of the insurer.

Emergency Evacuation up to £1,000,000/€1,500,000/\$1,500,000: In the event of a critical medical condition, when a physician designated by HCI 24:7 in consultation with a local attending physician determines that in his professional opinion, it is necessary for the Insured Person to be transported to a different hospital or treatment facility for immediate expert medical treatment, HCI 24:7 will arrange as soon as reasonably practical and meet the costs of the transport of the Insured Person and one other Insured Person accompanying the patient to the nearest appropriate hospital or treatment facility offering adequate medical treatment under proper medical supervision.

Following completion of treatment, We will also cover the costs of the return trip; at economy rates, for the evacuated member to return to his/her principle country of residence.

If medical necessity prevents the insured member from undertaking the evacuation or transportation following discharge from an in-patient episode of care, We cover the reasonable costs of hotel accommodation up to a maximum of seven days, comprising of a private room with en-suite facilities. We do not cover costs for hotel suites, four star or five-star hotel accommodation.

Where an insured member has been evacuated to the nearest centre of excellence for ongoing treatment, We will agree to cover the reasonable cost of hotel accommodation comprising of a private room with en-suite facilities. The cost of such accommodation must be more economical than successive transportation costs to/from the nearest centre of excellence and the principal country of residence.

(For more details about accompanying travelling and accommodation expenses, see Section 4 of this Policy. Please also refer to the Claims Procedure Section.)

All decisions relating to the medical need for transportation, the means and/or timing of any transportation, the medical equipment and medical personnel to be used, and final destination are medical decisions and shall be made by physicians designated by HCI 24:7, in consultation with a local attending physician based on medical factors and considerations.

Medical Transportation: In the event of a medical condition, when a physician designated by HCI 24:7 in consultation with a local attending physician, determines that it is medically necessary for the Insured Person to be sent to the nearest location where appropriate medical care is available, HCI 24:7 will arrange and meet the costs of the transport by scheduled airline using economy class travel ticket as soon as reasonably practical.

Medical repatriation allows a member to return to his/her home country for treatment, provided that the home country is located within the Insured Person's area of cover.

Medical Monitoring: HCI 24:7 will monitor an Insured Person's condition if they are hospitalised abroad and will keep the Insured Person's employer/ family informed.

Return Flight to the Country of Residence: Once the Insured Person has recovered, HCI 24:7 will arrange and pay for the return flight to the Insured Person's country of residence.

Repatriation of Mortal Remains: In the event of death of an Insured Person whilst outside their home country, the Policy will cover the costs of ensuring, that as soon as reasonably practical the bodily remains will be returned to the Insured Person's home country to place of burial or cremation, or the local internment of the body, whichever is requested by the Insured Person's immediate family.

Section 2a:

Medical Expenses (Short Term Medical Plan)



In-patient only

Where this level of cover has been selected and is documented on the Certificate, We shall pay, within the selected area of cover and up to the maximum amount of £1,000,000/€1,500,000/\$1,500,000 each Period of Insurance, in the event of the following additional or increased benefits:

Pre-authorisation is required for the following;

- All in-patient and day-care surgery and treatment benefits as listed,
- MRI (Magnetic Resonance Imaging) scans, (in-patient and day-care treatment only).
- Convalescent facility and nursing care (in-patient only)
- Eye surgery (in-patient and day-care treatment only),
- Dread disease/AIDS (in-patient only),
- Medical evacuation or repatriation,
- Expenses for one person accompanying an evacuated/repatriated person,
- Repatriation of mortal remains.

In-patient treatment

100% of reasonable and customary charges including:

- Accommodation, operating theatre and recovery room.
- Diagnostic procedures.
- Nursing.
- Prescription drugs and medicines.
- Physicians, specialists, surgeons and anaesthetists services.
- Surgical appliances.
- Radiotherapy, chemotherapy and oncology.
- Accommodation in a hospital, nursing home or hotel, when it is medically necessary for a parent (being an Insured Person) to accompany an Insured Person, being a child under the age of 16 who has been admitted into hospital as an in-patient for a maximum of 30 days, up to £30/€45/\$45 each day.
- A cash benefit up to £100/€150/\$150 per day for a maximum of 15 days in any one period of cover will be paid to an Insured Person for each 24 hours that the Insured Person elects to be treated in a public, state or charitable hospital, and for which there is no charge made to Us for treatment or accommodation received.

Hospital Network: If you decide to use a hospital referenced under the Hospital Network in the Definitions section, you will be covered for reasonable & customary costs only and you will be responsible for a 20% co-pay applicable to all costs.

Other benefits

Emergency Dental Treatment: 100% of reasonable and customary charges for treatment necessary as a result of an extra-oral impact and received within 48 hours from the date & time of the accident/injury for the immediate relief of pain the Insured Person suffers as a direct result of an incident occurring during the Period of Insurance.

Eye Surgery: 100% of reasonable and customary charges for necessary eye surgery to repair damage to the eye caused as a result of an accident or illness.

- Treatment to change the refraction of one or both eyes (laser eye correction), including refractive keratectomy (RK) and photorefractive keratectomy (PRK) is not covered.
- Pre-Certification is required for eye surgery. Failure to pre-certify the relevant treatment or supplies may result in the reduction of reimbursement to 50% of normal payment.
- Experimental surgery, and in particular surgery whose prime purpose is to correct defective eyesight, is not covered.

Road Ambulance: Road ambulance costs will be paid in full for the following:

- In the event of an emergency accident or illness.
- For the transportation of the Insured Person to or from a hospital provided that the transportation is medically necessary and that a qualified physician or paramedic has sanctioned the transportation.
- In the event of the Insured Person being repatriated by HCI 24:7.

Repatriation of Mortal Remains: In the event of death of an Insured Person whilst outside their home country, the Policy will cover the costs up to £2,000/€3,000/\$3,000 of ensuring, that as soon as reasonably practical the bodily remains will be returned to the Insured Person's home country to place of burial or cremation, or the local internment of the body, whichever is requested by the Insured Person's immediate family.

Section 2b:

Medical Expenses (Short Term Plus Medical Plan)



In-patient and out-patient

Where this level of cover has been selected and is documented on the Certificate, We shall pay, within the selected area of cover and up to the maximum amount of £1,000,000/€1,500,000/\$1,500,000 each Period of Insurance, in the event of the following additional or increased benefits:

Pre-authorisation is required for the following:

- All in-patient and day-care surgery and treatment benefits as listed,
- MRI (Magnetic Resonance Imaging) scans, (in-patient and day-care treatment only).
- Convalescent facility and nursing care (in-patient only)
- Eye surgery (in-patient and day-care treatment only),
- Dread disease/AIDS (in-patient only),
- Medical evacuation or repatriation,
- Expenses for one person accompanying an evacuated/repatriated person,
- Repatriation of mortal remains.

In-patient treatment

100% of reasonable and customary charges including:

- Accommodation, operating theatre and recovery room.
- Diagnostic procedures.
- Nursing.
- Prescription drugs and medicines.
- Physicians, specialists, surgeons and anaesthetists services.
- Surgical appliances.
- Radiotherapy, chemotherapy and oncology.
- Accommodation in a hospital, nursing home or hotel, when it is medically necessary for a parent (being an Insured Person) to accompany an Insured Person, being a child under the age of 16 who has been admitted into hospital as an in-patient for a maximum of 30 days, up to £30/€45/\$45 each day.
- A cash benefit up to £130/€200/\$200 per day for a maximum of 30 days in any one Period of Insurance will be paid to an Insured Person for each 24 hours that the Insured Person elects to be treated in a public, state or charitable hospital, and for which there is no charge made to Us for treatment or accommodation received.

Out-patient treatment

- 75% of charges for Medical Practitioner or Specialist consultations, diagnostics, tests and treatment.
- Prescription drugs included within this limit. These are defined as medications, prescribed by a physician and which would not be available without such prescription. Only a 14-day supply of a prescription may be filled at any one time and the use of generic drugs is required, where they are reasonably available.
- Physiotherapy provided that it is medically necessary and has been applied by order of the Physician, initially restricted to five sessions per condition.

- Speech Therapy, Oculomotor Therapy and Occupational Therapy are covered to a maximum of five sessions per condition per policy period. If further sessions are needed, a full medical report and further referral will be required and cover will be assessed by Us at the time. We reserve the right to decline cover after the 5th session.
- Non-Western & Alternative Medicine (including Chiropractic treatment, osteopath, acupuncture, homeopathy, acupuncturist, or Chinese medicine physician) is covered to a maximum of five sessions per condition per policy period.

The above out-patient benefits are NOT subject to a policy excess but are limited to £1,000/€1,500/\$1,500 per Insured Person per Period of Insurance as an overall combined limit.

Hospital Network: If you decide to use a hospital referenced under the Hospital Network in the Definitions section, you will be covered for reasonable & customary costs only and you will be responsible for a 20% co-pay applicable to all costs.

Other benefits

Emergency Dental Treatment: 100% of reasonable and customary charges for treatment necessary as a result of an extra-oral impact and received within 48 hours from the date & time of the accident/injury for the immediate relief of pain the Insured Person suffers as a direct result of an incident occurring during the Period of Insurance.

Eye Surgery: 100% of reasonable and customary charges for necessary eye surgery to repair damage to the eye caused as a result of an accident or illness.

- Treatment to change the refraction of one or both eyes (laser eye correction), including refractive keratectomy (RK) and photorefractive keratectomy (PRK) is not covered.
- Pre-Certification is required for eye surgery. Failure to pre-certify the relevant treatment or supplies may result in the reduction of reimbursement to 50% of normal payment.
- Experimental surgery, and in particular surgery whose prime purpose is to correct defective eyesight, is not covered.

Road Ambulance: Road ambulance costs will be paid in full for the following:

- In the event of an emergency accident or illness.
- For the transportation of the Insured Person to or from a hospital provided that the transportation is medically necessary and that a qualified physician or paramedic has sanctioned the transportation.
- In the event of the Insured Person being repatriated by HCI 24:7.

Repatriation of Mortal Remains: In the event of death of an Insured Person whilst outside their home country, the Policy will cover the costs up to £2,000/€3,000/\$3,000 of ensuring, that as soon as reasonably practical the bodily remains will be returned to the Insured Person's home country to place of burial or cremation, or the local internment of the body, whichever is requested by the Insured Person's immediate family.

Section 3:

Medical Expenses Outside Area of Cover



The insurance provided under **SECTION 1: ASSISTANCE SERVICES** and **SECTION 2: MEDICAL EXPENSES** is extended to apply hereunder.

Travel: Whilst the Insured Person is outside his/her area of cover for a maximum of seven days during this Period of Insurance, Accidental bodily injury sustained by the Insured Person or; The Insured Person suffering acute illness that first manifests itself during the Period of Insurance whilst outside the country of residence.

Emergency coverage excludes:

- Routine Medical Treatment.
- Treatment which could have been postponed until Your return from the restricted area.
- Treatment which has been planned in advance.

- Treatment arising from circumstances that could have been reasonably anticipated by the member.
- Prior authorisation has been obtained from the insurer.
- The expense of such treatment does not exceed the expense of such treatment in the country of residence.
- No transportation or personal accommodation costs are paid.
- The insured has previously selected the area of cover that includes his/her home country.

Medical Expenses following Repatriation: Medical expenses necessarily and reasonably incurred within the Insured Person's home country or country of residence following the Insured Person being repatriated in accordance with the provisions of the Policy and relating solely to the bodily injury or illness for which he/she was repatriated.

Section 4:

Additional Travel and Accommodation Costs



Accompanying Travel & Accommodation Expenses: The additional travel and accommodation costs necessarily and reasonably incurred for one close business associate, relative or friend of an Insured Person to:

- Accompany an Insured Person to the nearest appropriate hospital or treatment facility in the case of an emergency evacuation.
- Accompany the remains of the Insured Person to his/her home country in the event of death.

The return costs to the overseas location will also be covered provided that all such costs are incurred within the Period of Insurance.

Accommodation expenses will be paid up to the limit of £3,500/€5,000/\$5,000 per person per occurrence, for a maximum of 15 days and costs are subject to reasonable and customary determination by Us.

Compassionate Travel & Accommodation Expenses:

The insurer will pay the extra accommodation and travelling expenses, up to the limit of £3,500/€5,000/\$5,000 per person per occurrence and with a maximum of 15 days, made by the Insured Person in connection with:

1. Necessary early return of an Insured Person to his/ her home country, as declared on the insured's application form, because a relative in the first degree who did not come along, has either:
 - Died during the stay of the Insured person abroad, as a result of an accident, or a serious illness.
 - Been hospitalised during the stay of the Insured Person abroad, as a result of an accident, or a serious illness and in the view of the medical advisor of the Insurer, is a condition that is life threatening, which had not been previously diagnosed or foreseen at the start of the trip.

The insurer shall pay for a round trip of one Insured Person, provided these expenses are incurred within three weeks after the return.

In the instance of return due to hospitalisation, there will be no cover under this Policy for the return to the home country due to the subsequent death of the relative, once the Insured Person has returned to their country of residence.

2. Necessary presence of one close relative in the first degree, if as a result of an accident or an illness, the Insured Person is in mortal danger and the relatives' presence is urgently required in the view of the medical team of the insurer.

The travelling costs will be Economy Travel and accommodation only either purchased/arranged or pre-approved by HealthCare International prior to departure start and finish at the port of exit and the port of entry.

Section 5:

General Exclusions

(Applicable to ALL sections of this Policy)



No claim can be made for compensation or payment for damage or expenses caused by or as a result of:

1. Medical treatment for any pre-existing condition or related condition or needed treatment or medication, or sought advice for the said condition.
2. Chronic illnesses / injuries and any associated medical services, treatment costs, sequels, complications and associated conditions with the exception of medical treatment for a chronic illness / injury, which has first manifested itself during the Period of Insurance requiring inpatient admission to a hospital to treat an acute and life threatening or life sustaining episode provided that the diagnosis and need for life-saving treatment are both confirmed by a suitably qualified medical physician.
3. In respect of Section 2, only those benefits stated under the product level shall be operative.
4. Medical treatment for alcoholism, narcotics, drug and substance abuse/dependency or any addictive condition of any kind and any injury or illness arising directly or indirectly from such abuse or condition.
5. Any self-inflicted injury, needless self-exposure to peril (except in an attempt to save human life), suicide, attempted suicide or as a result of any illegal act.
6. Intentional or fraudulent acts on the Insured Person's part or their consequences.
7. Claims arising as a result of the Insured Person's participation in Sports:
 - Professional (not including recreational or amateur participation).
 - Determined by Us as being dangerous; unless agreed in writing.
 - Determined by Us as being hazardous, unless agreed in writing;

If a dangerous or hazardous sport or activity is not specifically defined (see Definitions), the Insured Person must contact Us to ascertain if it is acceptable for insurance before cover will apply.
8. If and in so far as the Insured Person may claim reimbursement of the expenses insured or provision of nursing or treatment on the strength of legally regulated insurance; a government scheme; any subsidy arrangement, another agreement. This exclusion shall remain in full force if in conformity with matters stated elsewhere in this article there is a claim but it is not honoured because a prescribed procedure has not been followed or an obligation has not been fulfilled.
9. Care or medical treatment which arises directly or indirectly from Human Immune deficiency Virus 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. However, diseases relating to AIDS and HIV antibodies are covered, if proven to be caused by a blood transfusion received after the commencement of the Policy. The Insured shall notify Us within 14 days after such incident has been made known to them.
10. The amount of the Policy excess or Co-Insurance, as stated on the Certificate.
11. For expenses of preventative tests or the issue of medical certificates, and registration fees.
12. Cosmetic surgery or remedial surgery, removal of fat or other surplus body tissue and any consequences of such medical treatment, weight loss or weight problems/eating disorders, whether or not for psychological purposes, unless required as a direct result of an accident or surgery for cancer which occurs during the Period of Insurance.
13. Medical treatment and consequences of experimental and unproven medical treatment or drug therapy. Drugs and other medicines purchased without a physician's prescription and routine or preventative medicines.
14. Expenses incurred for the provision of wigs or hairpieces.
15. Accommodation and treatment costs in a nursing home, hydro, spa, nature clinic, health farm or the like or a hospital where the establishment has effectively become the Insured Person's home or permanent residence and the admission is arranged wholly or partly for domestic reasons.
16. Contraception, sterilisations (or its reversal), fertilisation, vasectomy, venereal disease, sexually transmitted diseases, gender reassignment or any other form of sexual related condition, infertility and any related condition or form of assisted reproduction.
17. Pregnancy and Childbirth and any associated conditions or treatments.
18. Any claim arising in the course of travel undertaken against medical advice or where medical advice has been disregarded.
19. Air travel when the Insured Person is more than 28 weeks pregnant.
20. Claims arising from birth injuries or defects, or congenital illness or anomalies.

21. An illness or injury requiring an organ transplant. The plan does not cover any costs associated with organ transplants including surgery and sourcing a transplants.
22. Medical treatment performed by a medical practitioner, specialist, physician or consultant who is related to the Insured Person, unless previously approved by Us.
23. Medical treatment for mental or nervous disorders, including transitional, life events and homesickness, psychiatric treatment and the costs of a psychotherapist, psychologist, family therapist or bereavement counsellor.
24. Surgery to correct short or long sight or any other eye defect, eye correction and experimental surgery and in particular, surgery whose prime purpose is to correct defective eyesight is not covered.
25. Medical treatment associated with cryopreservation, implantation or re-implantation of living cells or living tissue whether autologous or provided by a donor.
26. Mortal remains shall not include the costs of a religious practitioner or floral tributes.
27. Any expenses relating to search and rescue operations to find an Insured Person in mountains, at sea, in the desert, in the jungle and similar remote locations including air/ sea rescue charges for evacuation to shore from a vessel or from the sea.
28. Rehabilitation unless it forms an integral part of medical treatment received as an in-patient and is under the control or supervision of a specialist and is undertaken in a recognised rehabilitation unit.
29. Medical treatment for child development; unless a child has not attained developmental milestones expected for a child of that age in one or more of the following developmental areas: cognitive, physical (including vision and hearing), language (communication), social-emotional, or adaptive development. We do not cover conditions in which a child is slightly or temporarily lagging in development. The developmental delays must have been quantitatively measured, by qualified personnel, using informed clinical opinion, appropriate diagnostic procedures and/or instruments and documented as a 12-month delay in one of the above mentioned functional areas, or a 33% delay in one functional area or a 25% delay in two or more areas, when expressed as a quotient of developmental age over chronological age. We do not cover treatment for conditions such as conduct disorder, attention deficit hyperactivity disorder, oppositional defiant disorder, antisocial behaviour, obsessive-compulsive disorder, attachment disorders, adjustment disorders, as well as all treatments that encourage positive social-emotional relationships, such as communication therapies, floor time, and family therapy.
30. Evacuation costs where the Insured Person is not being admitted to a hospital for medical treatment or where costs have not been approved by Us prior to travel commencing.
31. Any costs arising after expiry of the current Period of Insurance, unless this Policy has been extended for a subsequent three months.
32. In respect of emergency dental treatment, this Policy shall not pay for injury caused by eating or drinking (even if it contains a foreign body), normal wear and tear, tooth brushing or any other oral hygiene procedure or any means other than extra-oral impact, any form of restorative or remedial work, the use of precious metals, orthodontic treatment or dental treatment performed in a hospital.
33. This Policy shall not pay for terminations of pregnancy or other than miscarriages, ectopic or stillbirths; elective caesarean section deliveries or consequences thereof, ante-natal classes or midwifery costs not associated with the delivery or complications which may arise as a result of a planned home birth.
34. Any claims directly or indirectly caused by 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.
35. Injury or illness resulting from the Insured Person being mobilized or his taking an active part in foreign or civil war, invasion, act of foreign enemy, hostilities (whether war be declared or not), act of terrorism; civil war, rebellion, revolution, insurrection, military or usurped power or taking part in civil, commotion or riot of any kind.
36. For the purpose of this exclusion, terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes, with the intention to influence any government and/ or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organisation(s) or government(s).
37. 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.
38. Any claim for an illness, accident or self-inflicted condition that resulted from any illegal act, or any exclusion as stated in this policy or any causes or sequels thereof.

Section 6:

General Conditions

(Applicable to ALL sections of this Policy)



1. The Insured Person shall take all reasonable precautions to prevent anything happening which may give rise to a claim under this Policy.
2. If an event takes place where payment may be claimed by virtue of this cover the Insured Person must notify Us immediately, giving all particulars and the Policy number.
3. In the event of illness or accident the Insured Person shall be obliged to cooperate in the speediest possible recovery and in any medical examination desired by the insurer, or any observation in a hospital designated by it, all this for account of the insurer.
4. As soon as an instance of damage occurs the Insured Person must make every effort to limit its consequences.
5. The Insured Person shall declare to the insurer all material facts that are likely to affect this insurance. Failure to do so may prejudice entitlement to claim. If an Insured Person is uncertain as to what constitutes a material fact then it should be disclosed to the insurer. The insurer reserves the right to alter the Policy terms or cancel cover for an Insured Person following a change of risk.
6. The Insured Person shall declare to the insurer any intended travel to or within or work in War Zone(s) or other disturbed area(s) of the world.
7. When an Insured Person undergoes medical treatment for bodily injury or illness he/she may claim under this Policy from the commencement of treatment until such time as it is medically confirmed that treatment is no longer necessary or the expiry of Period of Insurance for which the premium has been paid, whichever is earlier. Benefit will NOT be considered for ongoing treatment after the Policy expiry date, unless the Policy has been extended for a further period.
8. When a claim is made for medical expenses and the Insured Person subsequently claims for an unrelated bodily injury or illness that is not in any way connected with the former injury or illness the subsequent claim will be regarded as a new claim.
9. The insurer shall have the right through their medical representatives to examine any Insured Person who is the subject of a claim under this Policy whenever and as often as they may reasonably require within the duration of such claim.
10. HCI 24:7 or a medical representative of the insurer shall have full authority to obtain all medical advice and information for administration of the claim.
11. The insurer shall be subrogated to all the Insured Person's rights of recovery therefore against any person or organisation and the Insured Person shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. The Insured Person shall do nothing after loss to prejudice such rights.
12. In any action suit or other proceeding where the insurer alleged that by reason of any exclusion any consequence is not covered by this Policy the burden of proving that such consequence is covered shall be upon the Insured Person.
13. The Insured Person lose(s) the right to payment if in respect of any component of the claim and/ or in respect of the circumstances under which the event occurred if he/she knowingly:
 - Furnish (es) incorrect information.
 - Withhold (s) information of which he/she could know that they might be important to in its assessment.
14. If any claim is in any respect fraudulent or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy all benefit under this Policy shall be forfeited and deemed to be void. The insurer shall provide no cover if the Insured Person(s) has/have not fulfilled any of these obligations and the interests of the insurer have consequently been harmed.
15. The insured person shall not be covered under this policy while present or resident in countries that the UK Foreign & Commonwealth Office has advised against all but essential travel to, or that is subject to international sanctions.

Section 7:

Claims Procedure and Pre-authorisation



The Insured Person must bear in mind that to comply with the terms and conditions of the insurance We must be contacted for Our pre-authorisation before the Insured Person incurs costs for treatment of any kind, which are likely to require in-patient or day-care treatment, as well as transportation and ancillary costs.

In case of an emergency, if the Insured Person is physically prevented from contacting Us immediately, the Insured Person or someone designated by him/her must contact Us within 48 hours. The Insured Person must make no admission, offer, promise or payment without Our prior consent. We must be contacted first.

Pre-authorisation is required for the following:

- All in-patient and day-care surgery and treatment benefits as listed,
- MRI (Magnetic Resonance Imaging) scans,
- Convalescent facility and nursing care (in-patient only)
- Eye surgery,
- Dread disease/AIDS (in-patient and day-care treatment only),
- Medical evacuation or repatriation,
- Expenses for one person accompanying an evacuated/repatriated person,
- Repatriation of mortal remains.

We reserve the right to decline a claim should pre-authorisation not be obtained for the benefits for which it was required. If it subsequently transpires that such treatment is proven medically necessary, We will pay only 50% of the eligible benefits.

In the case of hospital charges guaranteed by Us prior to the Insured Person receiving treatment, the Policyholder agrees to reimburse Us with the amount of the deductible and any Co-Insurance specified in the Certificate, at the time We are required to guarantee such hospital charges.

In respect of all other claims, these should be advised immediately in writing to:

HCI 24:7
48 Berkeley Square
London
W1J 5AX
United Kingdom

Tel: +44 (0)20 7590 8816

Fax: +44 (0)20 7590 8819

- A claim form will be forwarded which should be completed in accordance with the instructions contained therein and returned together with the original invoices and all supporting documentation.
- Where You receive treatment as an outpatient, You must pay for all costs in full at the time of receiving the treatment.
- You must then submit a claim for reimbursement.
- All claims must be submitted within three months after date of service. Consideration will only be given to settling claims beyond this date if the Policy is still in force and We accept mitigating circumstances for the delay.
- Claims will be settled in any primary currency, using the exchange rate applicable at the date of settlement.

Release of necessary Information: Hospitals, doctors, pharmacies and other providers have information the Insurer needs to determine eligibility for benefits under this Policy.

By applying for coverage, the Insured Person agrees, within the limitations of the law of the country in which treatment occurs, to let any doctor, hospital, pharmacy or provider give the Insurer all the medical information needed. This may include the diagnosis and history of any illness, disease, condition or symptom the Insured Person may have had, or other medical information.

The Insurer will keep this information confidential to the extent permitted by law. If such information relates to fraud or other misrepresentation, the Insurer may disclose it to legal authorities or use it in legal proceedings.

Disputes: The decision of the Company/Us, as duly agreed by Us, shall be prima facie proof of any of the following facts:

- The nature of any Medical Condition;
- The nature of any service required to deal with a Medical Condition;
- The level, type and duration of the service appropriate to any Medical Condition;
- Whether the place of treatment facility is appropriate to any particular Medical Condition;
- The occurrence (or otherwise) of any abuse of privilege.

Any dispute arising out of the provision of benefits shall be referred by You to Us for Our consideration.

Arbitration Clause: If any difference or dispute of any kind whatsoever shall arise between You and Us under this Policy. Both parties shall take all reasonable efforts, in good faith, to resolve the dispute before any legal action has been initiated. If there is no resolution, the dispute shall be referred to an arbitrator who shall be appointed in writing by the parties. The arbitration will be conducted in Grenada under the laws and Rules of Grenada.

If the parties cannot agree upon a single arbitrator, then the matter should be referred for review by two arbitrators, one to be appointed in writing by each of the parties. Should the two arbitrators fail to agree, then an independent umpire should be appointed in writing by the arbitrators. The umpire shall sit with the arbitrators and preside at their meetings and the making of an award shall be a condition precedent to any right of action against Us.

Law to be applied

The Insurer is domiciled in Grenada and this insurance shall be subject to the laws of Grenada, West Indies and the Courts of Grenada have exclusive jurisdiction over this policy. The Policyholder and Insured Members, accept the competence of the Grenada Courts and renounce any other rights of any courts in any other jurisdiction.

Section 8: Complaints Procedure



We hope that you will be very happy with the service We provide. However, if you have a complaint you can contact us by telephone on **+44 (0) 207 590 8800** or in writing to:

Compliance Officer
HealthCare International
48 Berkeley Square
Mayfair
London
W1J 5AX
United Kingdom

If you are still unhappy with any issue that we have not dealt with to your complete satisfaction, you should then direct your enquiry to the Compliance Officer of:

Antillean Life Insurance Company Limited
Chester House
PO Box 303
Young Street
St George's
Grenada
West Indies

Please ensure that you quote your Policy Number (which can be found on your Certificate of Insurance or Membership Card) in all correspondence, so that your complaint can be dealt with speedily.

A Senior Direct in Grenada is responsible for monitoring the quality of our services and compliance with the laws and regulation practice codes applying to us.

They will acknowledge receipt of your complaint within five business days, detailing who is dealing with your complaint

and, if possible, give you our response at that time. If investigations take longer you will be provided with a full written response within four weeks, or the current position of your complaint will be explained and you will be provided with an indication as to when we expect to provide our final response which will, at the latest, be within eight weeks of your complaint.

Antillean Life Insurance Company Limited is regulated by the Grenada Authority For Regulation of Financial Institutions, who can be contacted at:

Grenada National Stadium
St. George's
Grenada

Tel: 1 473 440 6575/8717
Fax: 1 473 440 4780
Email: garfininfo@garfin.org
Website: www.garfin.gd

Antillean Life Insurance Company Limited are covered by an ombudsman service whom you are entitled to contact and register a complaint with if you are not satisfied with our final response as follows:

The Office of the Ombudsman
PWU Building
Tanteen
St. George

Tel: 1 473 435 9315/9316
Fax: 1 473 435 9317
Email: ombudsmangd@spiceisle.com
Website: www.ombudsman.gd

Section 9: The Financial Services Compensation Scheme (FSCS)



HealthCare International is covered by the FSCS. You may be entitled to compensation from the scheme if we cannot meet our obligations. This depends on the type of business and the circumstances of the claim. Insurance advising and arranging is covered for 100% of the first £2,000 and 90% of the remainder of the claim, without any upper limit. Full details are available from the FSCS's website – www.fscs.org.uk. It should be noted that Antillean Life Insurance Company Limited is not a member of and therefore is not covered by the FSCS.

healthcareinternational.com

Healthcare International Global Network Ltd. Registered in England & Wales No. 5290382 at 48 Berkeley Square, London, W1J 5AX. Authorised and regulated by the Financial Conduct Authority.

HCI/Med/STPW/04.21