



Insurance
that's good for you



Student Protector

Comprehensive medical and travel disruption insurance for foreign students in the UK

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We have tried to make things easy for You to find



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Contact details

How to get in touch when You need Us



To make a claim or if you need assistance:			
Worldwide	Service	General enquiries	+44 (0) 20 3906 4000 or
			+44 (0) 20 7590 8816
			enquiries@healthcareinternational.com
	Policy renewal	renewals@healthcareinternational.com	
Claims	Worldwide	+44 (0) 20 3906 4000 or	
		+44 (0) 20 7590 8816	
		claims@healthcareinternational.com	

Welcome to HCI

A message from our CEO



Dear Valued Customer,

Thank you for allowing us to provide cover for your medical insurance needs. We are delighted you have chosen HCI.

At HCI we believe in making things as simple as possible and we are determined to deliver outstanding customer service, especially when you need us most. If at any time our service falls short of what you expect, please contact us immediately on **+44 (0) 20 3906 4000 or +44 (0) 20 7590 8816** or via email **enquiries@healthcareinternational.com**.

Your Policy

This document sets out everything you need to know about your policy. Please keep it in a safe place.

Our policy has been written in plain English to make it is easy to follow – please read it carefully. If you notice something you do not understand, please call or email us and we will provide further clarity.

You should ensure that:

- You are clear on the level of cover, the details of which are shown in the table of benefits.
- You understand what each section covers and the restrictions and exclusions that apply.
- You are clear of what your responsibilities are under the policy, as a whole.

We hope that you are never unfortunate enough to need to make a claim. However, should it happen, you can rest assured that you will receive an excellent level of service from our team of specialists around the world.

Our values

Our values define who we are and how we interact with policyholders, partners, colleagues and other firms. They really matter to us, and as such we promote them in all of our publications – we hope you will find them reassuring:

Value	Application
Integrity	We uphold the highest standards of integrity in all of our actions
Ambition	We are energised and motivated to succeed for our clients and colleagues
Collaboration	We support each other and our clients, share ideas and experiences to build strong teams, achieving more together
Ownership	We take the initiative to deliver positive results, care about the outcome, and are trusted to do the right thing
Agility	We evolve, adapt and learn to keep pace with client expectations and the changing world

We hope to be of service to you for many years to come.

Best regards,

Ian Wood

Ian Wood MIOB ACMA CGMA
Chief Executive Officer

You're in safe hands

Let Us take the strain

Where terms appear in bold, they have specific meanings given in the 'Definitions' section.

Your safety and welfare are our priority

Working and living abroad is a significant and complex life event, and **Our Policyholders** need to feel confident that they are in safe hands should the need to claim arise.

Experts in enabling international healthcare provision

Our 24/7/365 medical assistance teams are here to support **You** with any situation or emergency, irrespective of time zone and language.

Should **You** need **Us**, **We** will help **You** to access world class medical facilities and **Treatments**, as well as a comprehensive choice of hospitals and medical providers around the World. **We** also have a UK-based call centre, staffed by specialist trained claims handlers who provide advice and guidance by email or telephone.

A proven track record

HCI is an insurance Managing General Agent (MGA) providing International Private Medical Insurance (IPMI) for **Policyholders** around the world. **We** are based in the UK and are authorised and regulated by the Financial Conduct Authority.

We have been serving overseas **Policyholders** globally for more than 25 years, providing support, reassurance and health **Treatment** solutions in over 150 countries so no matter where life's journey takes **You**, **You** can feel confident that **We** are just a call or email away should **You** need **Us**.

Global claims services

We have partnered with Euro-Center®, a specialist provider of global care solutions for corporate and individual **Policyholders**. Euro-Center® act for approximately 160,000 medical insurance claimants each year and are accountable to **Us** for ensuring that **Your Treatment** strategy progresses as planned.



Important information

Where terms appear in bold, they have specific meanings given in the 'Definitions' section.

About your Policy

We want to help **You** understand **Your** insurance **Policy** and make **You** aware that the information **You** have provided is part of a legally binding contract of insurance between **Us**.

This document, including the **Table of Benefits**, the application form, **Certificate of Insurance**, and proof of payment are evidence of that contract and should be read as if they are one document. Please read them carefully to ensure that **Your** cover is exactly what **You** need and keep all documents in a safe place.

During the **Period of Insurance**, **You** are insured for those benefits shown in **Your Table of Benefits** as being included. This contract does not give, or intend to give, rights to anyone other than **You** and **Us**. No one else can enforce any part of this contract.

If **You** are in any doubt about the level of cover provided, or if **You** have any questions relating to this insurance, please contact **Us** immediately.

The Insurers

Your Policy is underwritten by the Antillean Life Group (Antillean) and reinsured by Hannover Re.

- Antillean is regulated by "GARFIN" The Grenada Authority for the Regulation of Financial Institutions, which is a statutory body created by the Grenadian Parliament. Antillean meets the solvency requirements of GARFIN across the general and long-term insurance regulatory regimes in Grenada.
- This insurance is reinsured by Hannover Re. Hannover Re, with gross premium of more than EUR 24 billion, is the third-largest reinsurer in the world. The rating agencies most relevant to the insurance industry have awarded Hannover Re outstanding insurer financial strength ratings: Standard & Poor's AA- "Very Strong" and A.M. Best A+ "Superior".



The law applicable to this Policy

Unless **We** agree otherwise with **You**, the law which applies to this insurance is that of the United Kingdom.

Any legal proceedings between **Us** and **You** in connection with this insurance will only take place in the courts of the United Kingdom.



Protecting Your data

Where terms appear in bold, they have specific meanings given in the 'Definitions' section.

How we use your information

Please read the following carefully, as it contains important information relating to the details that **You** have given to **Us**.

Who we are

HealthCare International Global Network Ltd (HCI) is a Managing General Agent (MGA) of the Antillean Life Group.

You are giving **Your** information to them and their associated companies. In this information statement, "**We**" "**Us**" and "**Our**" refers to them unless otherwise stated, however:

HCI is the data controller of any personal information **You** provide to **Us** or personal information that has been provided to **Us** by a third party. **We** collect and process information about **You** in order to arrange **Your** insurance **Policy** and to process claims. **Your** information is also used for business purposes such as fraud prevention and detection. This may involve sharing **Your** information with third parties including insurers, brokers, insurance intermediaries such as managing general agents, reinsurers, claims handlers, loss adjusters, credit reference agencies, service providers, professional advisers, **Our** regulators, police and government agencies or fraud prevention agencies.

We may record telephone calls to help **Us** monitor and improve the service we provide. For full details on how **Your** information is gathered and protected, please see our privacy policy at www.healthcareinternational.com/privacy-policy.

By entering into this agreement with **Us**, **You** are agreeing to the terms of **Our** privacy policy. If **You** are providing personal data of another individual to **Us**, **You** must tell them and show them a copy of this notice.



How Your insurance Policy works

Where terms appear in bold, they have specific meanings given in the 'Definitions' section.

Overview

This **Policy** describes the cover which will be provided to the **Policyholder**. The **Table of Benefits** displays the benefits and limits that apply to each policy section.

Legal representative

In the event of the **Policyholder's** incapacity, their **Close Relative** shall have the right to act for them or their estate.

Benefits payable

Benefits are payable to the **Treatment** provider unless agreed otherwise. Where **You** incur costs as part of a valid claim they will be reimbursed to **You** directly, subject to the submission of receipts and evidence of expenditure. Benefit payments shall be processed by claims administrators, specialising in the handling of medical claims, who are appointed by **Us**.

Your right to cancel

You have a statutory right to cancel **Your** policy during the first 14 days from the date of conclusion of the contract, or the date upon which **You** receive the contractual terms and conditions, whichever is later. Provided **You** have not made a claim or made use of **Your Policy** in any other way, **You** will receive a full refund during this period. After this period, there is no statutory right to cancel. However, **You** are still able to cancel **Your Policy** at any stage, as long as **You** provide notice of one month to **Us**. In cancelling **Your Policy** early you will incur an administrative fee of £25, or the alternative currency equivalent.



Return to Your Home Country

This **Policy** has been designed for international students living in the United Kingdom, and as such, if **You** return to **Your Home Country** permanently, this product will not be suitable for **You**.



Policy Overview

Key policy information and eligibility criteria



Where terms appear in bold, they have specific meanings given in the 'Definitions' section.

Topic	Conditions and Exclusions
Joining age	18-50 years old, inclusive.
Who is covered under this policy?	The Policyholder only. Joint applications are not offered on this Policy .
Suitability	This product is suitable for foreign nationals resident in the UK, enrolled in a part-time or full-time educational course and for whom study is the primary reason for living in the UK.
Eligibility	Eligible individuals are living in the UK temporarily. Temporary residence is defined as 5 years or less. Individuals should be enrolled in education for the duration of their stay. Individuals must be lawfully resident in the UK and not hold British citizenship.
Commencement of cover	<ul style="list-style-type: none">• Immediate - if product purchased before travel to the UK.• After 14 day waiting period - if product purchased once in the UK.
Area of cover	The United Kingdom of Great Britain and Northern Ireland, Isle of Man, and Channel Islands. Cover in EEA countries is limited to a total of 30 days per Period of Insurance , excluding the Home Country where that country is in the EEA. The EEA is defined as the European Union plus Norway, Iceland and Liechtenstein.
Claims settlement	Claims settlement will be handled directly with service providers where possible and practical, otherwise costs incurred will be reimbursed by Us .
Renewal	<ul style="list-style-type: none">• Renewal is not automatic and policies will end after 12 months if renewal quote is not requested by You and granted by Us. We will send the renewal quote to the UK address You have provided Us.• If You are an existing member when you reach the maximum joining age, We may seek a declaration of good health from You before offering renewal terms.
Deductible	The Deductible (also known as an Excess) is £50 per claim.

Benefits, Conditions and Exclusions

What We will pay for, Policy limits and Your responsibilities



In this section we list specific Treatments, conditions and situations that We do not cover as part of Your Policy. This section should be read in conjunction with the 'Definitions' section of the Policy; words in bold are defined terms.

Section	Cover	Conditions and Exclusions
<p style="text-align: center;">Travel disruption</p>	<p><u>Travel delay</u></p> <p>We will pay You if the departure or the coach, aircraft or sea vessel in which You have arranged to travel on the first outward or first return leg of the journey is delayed for at least 12 hours from the time specified in the travel itinerary due to strike, industrial action, adverse weather conditions or mechanical breakdown of the coach, aircraft or sea vessel.</p> <p>We will pay You the amount of £50 for each complete 12 hour period of delay in departure commencing from the original booked departure time, as specified in the travel itinerary, up to a maximum of £200.</p> <p><u>Missed departure</u></p> <p>We will pay You a maximum of £500 in total in respect of reasonable additional accommodation (room only) and Travel Expenses necessarily incurred to reach the United Kingdom or Your Home Country as a consequence of:</p> <ul style="list-style-type: none"> • Strike, riot, mechanical breakdown or inclement weather, commencing during the Period of Insurance, causing interruption of scheduled public, transport services (on the outward journey only); or • Accidental or mechanical failure involving the car in which You are travelling causing You to arrive at the international point of departure from the Home Country too late to commence the booked journey. 	<p><u>We will not pay for claims:</u></p> <ul style="list-style-type: none"> • Due to strike or industrial action existing or publicly known at the time of purchasing this Policy. • Due to the technical failure of Your selected mode of transport. • Where You have not checked-in according to the itinerary supplied, or / and have failed to obtain written confirmation from the carrier (or their handling agents) for the reason of the delay. • Caused by the withdrawal from service (temporary or otherwise) of a coach, an aircraft or sea vessel on the recommendation of a port authority or the civil aviation authority or of any similar body. <p>You may claim under either travel delay or missed departure but not both, following travel disruption.</p> <p><u>Conditions</u></p> <ul style="list-style-type: none"> • In the event of a strike We will only be liable if the announcement and outbreak occurs after the Commencement Date. • We may request a repairer's report in the event of a claim in respect of car breakdown to satisfy Us that the breakdown was due to a mechanical fault, and that the vehicle had been maintained and serviced to the manufacturers recommendations. • You must take all reasonable steps to arrive at the international point of departure on time. <p><u>Notes</u></p> <p>This benefit can be used up to the stated limits, per Period of Insurance, and applies in all EEA countries (except the Home Country) to the extent covered by this Policy.</p> <p>Individual benefit limits apply to this section. Please see the Table of Benefits for relevant sub-benefit limits.</p>

Benefits, Conditions and Exclusions

What We will pay for, Policy limits and Your responsibilities



In this section we list specific Treatments, conditions and situations that We do not cover as part of Your Policy. This section should be read in conjunction with the 'Definitions' section of the Policy; words in bold are defined terms.

Section	Cover	Conditions and Exclusions
Student fees	If an Insured Event under this Policy results in Your early and permanent return to Your Home Country and You are unable to complete Your studies in the United Kingdom, We will refund Your unused student fees, including any related pre-paid, non-refundable accommodation costs. The maximum amount claimable is £3,000.	<p><u>We will not pay claims for:</u></p> <ul style="list-style-type: none">• Accommodation which is required as a result of an Insured Event.• Return to Your Home Country for reasons other than those specified in this section.• Fees where the decision to cease Your studies in the United Kingdom is not based purely on the results of an Insured Event having occurred. <p><u>Conditions</u></p> <ul style="list-style-type: none">• Your fees must have already been paid or be due to be paid before a claim can be considered.• We will only refund that portion of the fees which have been unused up to the date of Your return home.• You must seek any refunds from Your education or accommodation provider or their agents before seeking a recovery from this Policy, including any compassionate dispensations which may apply.• An Insured Event in this context is the death or Critical Condition of a Relative in the First Degree resident in the Home Country. <p><u>Notes</u></p> <p>This benefit can only be used once; after a claim is accepted and paid, the Policy will end.</p>

Benefits, Conditions and Exclusions

What We will pay for, Policy limits and Your responsibilities



In this section we list specific Treatments, conditions and situations that We do not cover as part of Your Policy. This section should be read in conjunction with the 'Definitions' section of the Policy; words in bold are defined terms.

Section	Cover	Conditions and Exclusions
Compassionate travel	If an Insured Event under this Policy occurs, We will contribute up to £250 in total towards travel to (and, where applicable, return from) Your Home Country .	<p><u>We will not pay claims for:</u></p> <ul style="list-style-type: none">• Accommodation as needed during the Policyholder's return to the Home Country.• Travel Expenses that exceed Reasonable and Customary Charges. <p><u>Conditions</u></p> <ul style="list-style-type: none">• An Insured Event in this context is the death or Critical Condition of a Relative in the First Degree resident in the Home Country.• The benefit may be used towards the purchase of a return journey. Claims will be considered for travel in 'standard class' or equivalent. <p><u>Notes</u></p> <p>This benefit can be used alongside a claim for relevant complementary benefits, such as reimbursement of student fees in the event of permanent return to Your Home Country, or 'Travel disruption'. However, a claim may also be made separately under this Policy benefit even if the return to Your Home Country is temporary and You intend to return to the UK to resume Your studies.</p> <p>This benefit can be used up to the stated limits, per Period of Insurance.</p>

Benefits, Conditions and Exclusions

What We will pay for, Policy limits and Your responsibilities



In this section we list specific Treatments, conditions and situations that We do not cover as part of Your Policy. This section should be read in conjunction with the 'Definitions' section of the Policy; words in bold are defined terms.

Section	Cover	Conditions and Exclusions
Money and travel documents	<p>We will pay You up to £250 in total in respect of accidental loss or theft of the following items. This benefit covers:</p> <ul style="list-style-type: none">• Cash.• Bank notes (carried by You).• Postal or money orders.• Travel tickets.• Food vouchers.• Driving license.• Passport.	<p><u>We will not pay claims for:</u></p> <ul style="list-style-type: none">• Fraudulent use of Your credit or debit card or online banking tools;• Depreciation in value or shortages due to error or omission;• Money packed in suitcases or other baggage whilst travelling;• Money held in trust;• Loss or theft of traveller's cheques.• Loss or theft of money or Your passport not on Your person that was not stored securely within Your residence, with hotel security, in a safety deposit box, or safe.• Passport packed in baggage whilst travelling;• Any passport held in trust. <p><u>Conditions</u></p> <ul style="list-style-type: none">• You must report the loss or theft to the police within 48 hours of discovery and obtain a crime reference number or other written report.• Currency transaction slips or bank statements are required to support money claims.• You must take reasonable care of Your property, and in all cases, act as if uninsured.• The benefit available is a combined limit for all items covered under this section; We will not pay the benefit amount for each lost or stolen item. <p><u>Note</u></p> <p>This benefit can be used up to the stated limits, per Period of Insurance, and applies in all EEA countries (except the Home Country) to the extent covered by this Policy.</p>

Benefits, Conditions and Exclusions

What We will pay for, Policy limits and Your responsibilities



In this section we list specific Treatments, conditions and situations that We do not cover as part of Your Policy. This section should be read in conjunction with the 'Definitions' section of the Policy; words in bold are defined terms.

Section	Cover	Conditions and Exclusions
Medical and other expenses	<p>We will pay You up to £250,000 in respect of the following, where You are admitted as an In-Patient or Day-Patient:</p> <ul style="list-style-type: none"> • Reasonable and Customary Charges necessarily incurred as a result of You becoming ill or sustaining a Bodily Injury during the Period of Insurance and necessitating medical Treatment. • Where the Policyholder is outside of the United Kingdom and receiving Treatment in the Area of Cover, Reasonable and Customary Charges incurred until such time as when, in the opinion of the doctor in attendance and Our medical advisers, You are fit to travel. • Reasonable additional accommodation (room only) expenses; • Reasonable additional travel and accommodation (room only) expenses of one person, being a relative or friend who is required on medical advice to travel to, remain with or escort a severely incapacitated Policyholder. • Reasonable cost of repatriating the mortal remains of the Policyholder to the Home Country. • Reasonable cost of repatriating the Policyholder to the UK when travelling in the EEA as covered by this Policy (excluding the Home Country) in the event of incapacity or serious illness (see 'Emergency medical transfer or evacuation'). • Reasonable costs relating to non-emergency transport from one medical facility to another (see 'Non-emergency medical transport') <p>In-Patient and Day-Patient Treatment eligible under this Policy:</p> <ul style="list-style-type: none"> • Hospital admission, including medically necessary convalescence. • Diagnostic tests and procedures. • Prescription Drugs and Medicines • Physician, surgeon and anaesthetist services. • Use of surgical theatre. • Use of surgical appliances. • Convalescence and nursing costs. 	<p><u>We will not pay claims for:</u></p> <ul style="list-style-type: none"> • Any Medical Expenses related to the ongoing management of a diagnosed Chronic Condition; however, where the Policyholder is suspected of suffering from a Chronic Condition, We will pay for the investigation and diagnosis, subject to the Policy limits. We will also pay for Acute Conditions which are flare-ups relating to the Chronic Condition. • Medical Expenses for conditions arising directly or indirectly, from the deliberate, reckless (including where You have displayed a disregard for Your personal safety or acted in a manner inconsistent with medical advice), harmful and/or hazardous use of any substance including alcohol, drugs and/or medicines; and in any event, from the illegal use of any such substance. <p><u>Conditions</u></p> <ul style="list-style-type: none"> • Repatriation expenses are limited to the use of economy class travel and 3 star accommodation (where required) unless authorised by Us or their emergency service organisation that the ticket can be upgraded. • You must seek Our prior approval before undertaking any Hospital Treatment, whether on an In-Patient or Day-Patient basis. If you do not seek pre-authorisation, we may reduce our payment to 75% of costs, subject to policy terms, conditions and benefit limits. To seek approval, refer to the 'How to make a claim' section. <p><u>Note</u></p> <p>This benefit can be used up to the stated limits, per Period of Insurance, and applies in all EEA countries (except the Home Country) to the extent covered by this Policy.</p> <p>Individual benefit limits apply to this section. Please see the Table of Benefits for relevant sub-benefit limits.</p>

Benefits, Conditions and Exclusions

What We will pay for, Policy limits and Your responsibilities



In this section we list specific Treatments, conditions and situations that We do not cover as part of Your Policy. This section should be read in conjunction with the 'Definitions' section of the Policy; words in bold are defined terms.

Section	Cover	Conditions and Exclusions
Medical and other expenses	<p>We will pay, up to the stated benefit limits, for Medical Expenses arising from Treatment received as an Out-Patient.</p> <p>Out-Patient Treatment eligible under this Policy:</p> <ul style="list-style-type: none"> • Consultations, including private GP. • Physiotherapy. • Diagnostic tests. • Alternative medicine. • Mental health. <p><u>Mental health</u></p> <p>If You suffer from a mental health condition, including stress or anxiety which first manifest after the Commencement Date of the Policy, We will pay for Reasonable and Customary Charges relating to Out-patient Treatment. We will cover 75% of costs up to a maximum of £2,500.</p>	<p><u>Mental health; We will not pay claims for:</u></p> <ul style="list-style-type: none"> • In-patient Treatment and admissions to a mental health or rehabilitation facility. • Voluntary Treatment(s), unless recommended by a Physician. • Conditions arising from substance abuse. • Medical Expenses for mental health conditions that are considered Pre-Existing Medical Conditions. <p><u>Out-Patient Treatment; We will not pay claims for:</u></p> <ul style="list-style-type: none"> • Any Medical Expenses related to the ongoing management of a diagnosed Chronic Condition; however, where the Policyholder is suspected of suffering from a Chronic Condition, We will pay for the investigation and diagnosis, subject to the Policy limits. We will also pay for Acute Conditions which are flare-ups relating to the Chronic Condition. • Any Prescription Drugs and Medicines recommended or given to You as an Out-Patient or upon discharge as an In-Patient. • Medical Expenses over and above the stated benefit limits. <p><u>Conditions</u></p> <ul style="list-style-type: none"> • Mental health claims will only be considered where the Treatment has been recommended and referred by a GP in the United Kingdom. • The Chronic Conditions definition will apply to all Out-Patient Treatment except mental health. <p><u>Note</u></p> <p>All benefits in this section can be used up to the stated limits, per Period of Insurance, with the exception of the mental health benefit which is subject to a Lifetime Limit. Cover also applies in EEA countries (except the Home Country) to the extent covered by this Policy.</p> <p>Individual benefit limits apply to this section. Please see the Table of Benefits for relevant sub-benefit limits.</p>

Benefits, Conditions and Exclusions

What We will pay for, Policy limits and Your responsibilities



In this section we list specific Treatments, conditions and situations that We do not cover as part of Your Policy. This section should be read in conjunction with the 'Definitions' section of the Policy; words in bold are defined terms.

Section	Cover	Conditions and Exclusions
<p>Medical and other expenses</p>	<p><u>Emergency medical transfer or evacuation</u></p> <p>In the event of a Critical Condition outside the United Kingdom but within the Area of Cover, when a physician designated by Us in consultation with a local attending physician determines that, in their professional opinion, it is necessary for the Policyholder to be transported to a different Treatment facility for immediate expert medical Treatment, We will arrange and meet the costs of the transport of the Policyholder.</p> <p>Following completion of Treatment, We will also cover the costs of the return trip; at economy rates, for the evacuated Policyholder to return to the United Kingdom.</p> <p>If medical necessity prevents the Policyholder from undertaking the evacuation or transport following discharge from an In-Patient episode of care, We will 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.</p> <p>We will monitor the Policholder's condition if they are hospitalised and will keep their family and education centre informed.</p> <p>Where the Policyholder has been evacuated to the nearest centre of excellence for ongoing Treatment, We will cover the reasonable cost of hotel accommodation comprising of a private room with en-suite facilities.</p>	<p><u>We will not pay claims for:</u></p> <ul style="list-style-type: none"> Medical Expenses relating to emergency medical transfer or evacuation where the Policyholder has exhausted their 30 days' cover for travel in EEA countries. All decisions relating to the medical need for transport, 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 Us, in consultation with a local attending Physician based on medical factors and considerations. <p>In the event that emergency medical Treatment (including hospitalisation) transport and/or repatriation is required, You or Your representative must contact Our emergency provider using the telephone number which appears on the Membership Certificate or in this Policy wording before any arrangements are made. Failure to contact Our emergency provider and to obtaining authorisation to proceed could invalidate the Policy and result in benefit not being payable in the event of a claim being made.</p> <p><u>Note</u></p> <p>This benefit can be used up to the stated limits, per Period of Insurance, and applies in all EEA countries (except the Home Country) to the extent covered by this Policy.</p>

Benefits, Conditions and Exclusions

What We will pay for, Policy limits and Your responsibilities



In this section we list specific Treatments, conditions and situations that We do not cover as part of Your Policy. This section should be read in conjunction with the 'Definitions' section of the Policy; words in bold are defined terms.

Section	Cover	Conditions and Exclusions
<p>Medical and other expenses</p>	<p><u>Non-emergency medical transport</u></p> <p>In the event of a medical condition, when a physician designated by Us in consultation with a local attending physician, determines that it is medically necessary for the Policyholder to be sent to the nearest location where appropriate medical care is available, We will arrange and meet the costs of the transport by scheduled airline using economy class travel ticket.</p> <p>We will monitor the Policholder's condition if they are hospitalised and will keep their family and education centre informed.</p> <p>Once the Policyholder has recovered, We will arrange and pay for the return flight (economy class) to the United Kingdom.</p>	<p><u>We will not pay claims for:</u></p> <ul style="list-style-type: none"> Medical Expenses relating to emergency medical transfer or evacuation where the Policyholder has exhausted their 30 days' cover for travel in EEA countries, where the claim arises outside the United Kingdom. <p><u>Conditions</u></p> <ul style="list-style-type: none"> All decisions relating to the medical need for transport, 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 Us, in consultation with a local attending Physician based on medical factors and considerations. In the event that emergency medical Treatment (including hospitalisation) transport and/or repatriation is required, You or Your representative must contact Our emergency provider using the telephone number which appears on the Membership Certificate or in this Policy wording before any arrangements are made. Failure to contact Our emergency provider and to obtaining authorisation to proceed could invalidate the Policy and result in benefit not being payable in the event of a claim being made. <p><u>Note</u></p> <p>This benefit can be used up to the stated limits, per Period of Insurance, and applies in all EEA countries (except the Home Country) to the extent covered by this Policy.</p>

Benefits, Conditions and Exclusions

What We will pay for, Policy limits and Your responsibilities



In this section we list specific Treatments, conditions and situations that We do not cover as part of Your Policy. This section should be read in conjunction with the 'Definitions' section of the Policy; words in bold are defined terms.

Section	Cover	Conditions and Exclusions
Hospital Cash Benefit	<p>We will pay You Up to £75 for each completed 24 hours, to a maximum of £750 when You are admitted as an In-Patient to an NHS Hospital in the UK or any public health or government Hospital within the Area of Cover where We incur no costs for Your Treatment.</p>	<p><u>We will not pay claims for:</u></p> <ul style="list-style-type: none">• Medical Expenses in addition to the Hospital Cash Benefit in respect of a particular claim. <p><u>Conditions</u></p> <ul style="list-style-type: none">• You must notify Us promptly of any Illness or Bodily Injury which has necessitated admittance to hospital as an In-Patient.• You may make subsequent claims for Medical Expenses on this Policy up to the stated limits during the Period of Insurance; however, Our liability for any claim where the cash benefit has been utilised will be limited to the amount stated.• All usual conditions and exclusions of this Policy still apply. <p><u>Note</u></p> <p>This benefit can be used up to the stated limits, per Period of Insurance, and applies in all EEA countries (except the Home Country) to the extent covered by this Policy.</p> <p>An individual benefit limit applies to this section. Please see the Table of Benefits.</p>

Benefits, Conditions and Exclusions

What We will pay for, Policy limits and Your responsibilities



In this section we list specific Treatments, conditions and situations that We do not cover as part of Your Policy. This section should be read in conjunction with the 'Definitions' section of the Policy; words in bold are defined terms.

Section	Cover	Conditions and Exclusions
Emergency Dental Treatment	<p>We will pay for Emergency Dental Treatment for the relief of pain due to an injury to Your teeth. This includes the relief of sudden pain by the application of medicines, dressings or extraction only by a qualified dentist or dental surgeon to a maximum of £500.</p>	<p><u>We will not pay for:</u></p> <ul style="list-style-type: none">• Routine dentistry and non-emergency appointments, including check-ups and hygienist appointments.• Cosmetic improvements or alterations.• Any dental implant or Treatment intended to enhance or upgrade what was in existence prior to the Emergency Dental Treatment.• Braces, fillings or other types of oral fittings, except for those used in resolving the Emergency Dental Treatment under this section.• Travel to and from the Emergency Dental Treatment centre. <p><u>Conditions</u></p> <ul style="list-style-type: none">• We will require evidence of the need for Emergency Dental Treatment following an episode of an Acute Condition. <p><u>Note</u></p> <p>This benefit can be used up to the stated limits, per Period of Insurance, and applies in all EEA countries (except the Home Country) to the extent covered by this Policy.</p> <p>An individual benefit limit applies to this section. Please see the Table of Benefits.</p>

Benefits, Conditions and Exclusions

What We will pay for, Policy limits and Your responsibilities



In this section we list specific Treatments, conditions and situations that We do not cover as part of Your Policy. This section should be read in conjunction with the 'Definitions' section of the Policy; words in bold are defined terms.

Section	Cover	Conditions and Exclusions
<p>Consular and embassy fees</p>	<p>We will pay You up to £250 in total for reasonable costs incurred when attending Your nearest and/or most appropriate consulate, embassy, or high commission. We will pay for:</p> <ul style="list-style-type: none"> • Travel Expenses to the nearest or most appropriate consulate, embassy, or high commission as long as the route and means of travel are reasonable and proportionate, whilst not causing undue delay to You in reaching Your destination; Or • Fees relating to necessary consular assistance, where Travel Expenses are not incurred or not claimed for. 	<p><u>We will not pay claims for:</u></p> <ul style="list-style-type: none"> • Non-Medical Expenses relating to a loss or theft which was not reported to the police within 48 hours. <p><u>Conditions</u></p> <ul style="list-style-type: none"> • We may ask to see evidence that Your chosen route is cost-efficient, taking into account the available options and the urgency of Your reason for travel. <p>Necessary journeys are those which are required in order to:</p> <ul style="list-style-type: none"> • Replace a lost or stolen passport or identity card, and/or to obtain emergency replacement documents as a result. • Attend a meeting at the request of consular or immigration staff, either from UK authorities or those of Your Home Country. • Seek emergency financial or other vital assistance from the authorities of Your Home Country. <p><u>Note</u></p> <p>This benefit can be used up to the stated limits, per Period of Insurance, and applies in all EEA countries (except the Home Country) to the extent covered by this Policy.</p> <p>An individual benefit limit applies to this section. Please see the Table of Benefits.</p>

Benefits, Conditions and Exclusions

What We will pay for, Policy limits and Your responsibilities



In this section we list specific Treatments, conditions and situations that We do not cover as part of Your Policy. This section should be read in conjunction with the 'Definitions' section of the Policy; words in bold are defined terms.

Section	Cover	Conditions and Exclusions
Theft of personal devices or valuables	<p>We will contribute 50% of costs up to a maximum of £1000 for theft of personal devices. A personal device or valuable is defined as:</p> <ul style="list-style-type: none">• Mobile phones.• Laptops / computers.• Tablets & e-readers.• Earphones & headphones.• Chargers and power banks.• Watches, including smart watches.• Personal music storage devices.• Personal items of jewellery. <p>There is a single article limit of £500, meaning that Our liability for each individual device claim will not exceed £500.</p>	<p><u>We will not pay claims for:</u></p> <ul style="list-style-type: none">• Loss of items.• Breakage of items.• Theft that has not been reported to the police within 48 hours of the incident and/or for which a police report cannot be produced. <p><u>Conditions:</u></p> <ul style="list-style-type: none">• You must report the incident to the local police authority in the jurisdiction where the incident took place, within 48 hours of it being reported; and• You must provide Us with the necessary evidence. <p>Multiple claims are permitted on this benefit, up to the stated maximum and limits.</p> <p><u>Note</u></p> <p>The benefit applies in all EEA countries (except the Home Country) to the extent covered by this Policy. The policy limit of £1,000 is a Lifetime Limit and does not renew in each Period of Insurance.</p> <p>An individual benefit limit applies to this section. Please see the Table of Benefits.</p>

Table of Benefits



A summary of the benefits and their limits

For full details of the conditions and exclusions of each benefit, see the relevant sections of this document. This section should be read in conjunction with the 'Definitions' section of the Policy; words in bold are defined terms.

The aggregate maximum payable per **Period of Insurance** is £250,000.

Policy Section	Benefit Limit	Comment
In-Patient & Day-Patient Medical Expenses	All claims – annual aggregate maximum of £250,000	Payable per Period of Insurance
Accommodation, operating theatre and recovery room costs	100%	Excludes <ul style="list-style-type: none"> • Reckless and hazardous behaviour • Substance abuse • Chronic Conditions, other than diagnosis • Mental health as an In-Patient • Pre-Existing Medical Conditions
Diagnostic procedures	100%	
Doctor, specialist, surgeon, nursing, and anaesthetist fees	100%	
Surgical appliances	100%	
In-Patient Prescription Drugs and Medicines	100%	
Radiotherapy, chemotherapy, and oncology	100%	
Hospital Cash Benefit	£75 per day up to £750	
Chronic Conditions	100% of diagnostic costs only	
Emergency medical transfer, non-emergency medical transfer, or return to the United Kingdom	100%	

Table of Benefits

A summary of the benefits and their limits

For full details of the conditions and exclusions of each benefit, see the relevant sections of this document. This section should be read in conjunction with the 'Definitions' section of the Policy; words in bold are defined terms.

The aggregate maximum payable per **Period of Insurance** is £250,000.



Policy Section	Benefit Limit	Comment
Travel disruption	Up to £700	Payable per Period of Insurance
Travel delay	£50 for each complete 12 hour period of delay, to a limit of £200	Excludes: <ul style="list-style-type: none"> Industrial action Technical failure of transport Failure to check in Withdrawal of service
Missed departure	100% of costs up to £500	
Student fees	Up to £3,000	Lifetime Limit – One claim
Early and permanent return to your Home Country	£3,000	Excludes: <ul style="list-style-type: none"> Voluntary return to Home Country Instances where the decision to cease your studies in the United Kingdom is not based purely on the results of a claimable event having occurred
Compassionate travel	Up to £250	Payable per Period of Insurance
The death or Critical Condition of a Relative in the First Degree , resident in the Home Country	£250	Excludes: <ul style="list-style-type: none"> Elective return home for other reasons Accommodation needed as part of return home

Policy Section	Benefit Limit	Comment
Money and travel documents	Up to £250	Payable per Period of Insurance
The accidental loss or theft of:	£250	Excludes: <ul style="list-style-type: none"> Fraudulent use of Your credit or debit card or online banking tools Depreciation in value or shortages due to error or omission Money packed in suitcases or other baggage whilst travelling Money held in trust Loss or theft of traveller's cheques. Loss or theft of money or Your passport not on Your person or left locked securely within Your residence, with hotel security, in a safety deposit box, or safe Passport packed in a suitcases or other like receptacles whilst travelling Any passport held in trust
<ul style="list-style-type: none"> Cash Bank notes (carried by You) Postal or money orders; Travel tickets; petrol coupons; Food vouchers and driving license; all held for private purposes. Passport 		
Consular and embassy fees	Up to £250	Payable per Period of Insurance
Travel costs incurred when attending your nearest and/or most appropriate consulate, embassy, or high commission for assistance.	£250	This benefit is in addition to loss of travel document benefit

Table of Benefits



A summary of the benefits and their limits

For full details of the conditions and exclusions of each benefit, see the relevant sections of this document. This section should be read in conjunction with the 'Definitions' section of the Policy; words in bold are defined terms.

The aggregate maximum payable per **Period of Insurance** is £250,000.

Policy Section	Benefit Limit	Comment
Out-Patient Medical Expenses	Individual benefit limits apply	Payable per Period of Insurance (except mental health)
GP consultations	100% of costs up to £1,000	Excludes: <ul style="list-style-type: none"> • Reckless and hazardous behaviour • Substance abuse • Chronic Conditions, other than diagnosis
Physiotherapy	100% of costs up to £1,000	
X-rays, scans and diagnostic tests	100% of costs up to £1,000	
Outpatient specialist consultant and clinic fees	100% of costs up to £1,000	
Chiropractic / osteopathy / acupuncture	100% up to £250	
Mental health (requires a GP referral)	75% of costs up to £2,500 (Lifetime Limit)	

Policy Section	Benefit Limit	Comment
Emergency Dental Treatment	Up to £500	Payable per Period of Insurance
For the relief of pain due to an injury to Your teeth; this includes the relief of sudden and Acute Condition	Up to a maximum of £500	Excludes: <ul style="list-style-type: none"> • Routine dentistry and non-emergency appointments, including check-ups and hygienist appointments • Cosmetic improvements or alterations. • Any dental implant or treatment intended to enhance or upgrade what was in existence prior to the Emergency Dental Treatment • Braces, fillings or other types of oral fittings, except for those used in resolving the Emergency Dental Treatment under this section • Travel to and from the Emergency Dental Treatment centre

Table of Benefits

A summary of the benefits and their limits

For full details of the conditions and exclusions of each benefit, see the relevant sections of this document. This section should be read in conjunction with the 'Definitions' section of the Policy; words in bold are defined terms.

The aggregate maximum payable per **Period of Insurance** is £250,000.

Policy Section	Benefit Limit	Comment
Repatriation of mortal remains	Up to £5,000	Lifetime Limit – One claim
The repatriation of your mortal remains to your home country	100% of costs up to £5,000	<ul style="list-style-type: none"> • Claimable once
Additional travel and accommodation	Up to £3,000	Payable per Period of Insurance
Expenses of one relative or friend, who is required on medical advice to travel to, remain with or escort you whilst severely incapacitated	100% of costs up to a maximum of £3,000	<ul style="list-style-type: none"> • Only on the advice of the treating Physician

Policy Section	Benefit Limit	Comment
Theft of personal devices or valuables	50% of costs up to a maximum of £1000	Lifetime Limit
For theft of: <ul style="list-style-type: none"> • Mobile phone • Laptop / computer • Tablets & e-readers • Earphones & headphones • Chargers and power banks • Watches, including smart watches • Personal music storage devices 	50% of costs up to £1,000; single article limit of £500 (Lifetime Limit)	Excludes: <ul style="list-style-type: none"> • Loss of items • Breakage of items • Theft that has not been reported to the police within 48 hours of the incident and/or for which a police report cannot be produced



Definitions

These definitions apply to Your Policy



Where the following words appear in **bold** in this insurance contract, they will have these meanings.

Accident

Means a sudden and unforeseen **Bodily Injury** caused by violent or external means.

Acute Condition(s)

Means a disease, **Illness** or **Bodily Injury** that is severe and sudden in onset, such as a broken bone or an asthma attack. (see **Chronic Conditions** for comparison purposes).

Anniversary Date

Means the annual **Policy Renewal Date**, each subsequent year the **Policy** is in force.

Area of Cover

Means the United Kingdom of Great Britain and Northern Ireland (UK), the Channel Islands, the Isle of Man, and countries which belong to the European Economic Area (EEA). The UK is the primary area of cover, but this **Policy** also covers the **Policyholder** in the EEA for a total of 30 days per **Period of Insurance**. The **Area of Cover** excludes the Policyholder's **Home Country**, where applicable.

Bodily Injury

Means identifiable physical injury which is caused by an **Accident**, and solely and independently of any other cause.

Certificate of Insurance

Means the document attached to and forming part of this **Policy**. It displays the **Policyholder's** details, the **Area of Cover**, and the **Period of Insurance**.

Chronic condition(s)

Means a disease, **Illness** or **Bodily Injury** that has more than one of the following characteristics:

- It needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests.
- It needs ongoing or long-term control or relief of symptoms.
- **You** need to be rehabilitated or specially trained to cope with it.
- It continues indefinitely.
- It has no known cure.
- A qualified **Physician** has indicated that it is likely to return.

See **Acute Conditions** for comparison purposes.

Close Relative

Means **You**, **Your** spouse or life partner with whom **You** live on a permanent basis, parents and parents-in-law, siblings, and children over the age of 18.

Co-Insurance

Means that another **Policy** is in force covering the same **Insured Event**, in which case **We** may act on **Your** behalf to recover a contribution to **Our** costs.

Commencement Date

Means the date that the **Policy** is effective; this is after we have accepted **Your** application and the annual premium, or first instalment has been paid.

Critical Condition(s)

Means a potentially fatal **Illness** or medical condition as confirmed, or reasonably suspected, by an appropriately qualified **Physician**. The condition must require immediate medical intervention and pose an imminent threat to life.

Definitions

These definitions apply to Your Policy



Where the following words appear in **bold** in this insurance contract, they will have these meanings.

Day-Patient

Means **Treatment** provided where the **Policyholder** is admitted to hospital and occupies a hospital bed but is not required, out of medical necessity, to stay overnight.

Deductible (also commonly known as an Excess)

Is the amount payable by the **Policyholder** per claim towards the total costs. The **Deductible** for this **Policy** is £50.

Early Termination

Means the **Early Termination** or cancellation of **Your Policy**, and is subject to the following rules:

- All policies are sold on a 12 month basis and run from the **Commencement Date** (as shown on the **Certificate of Insurance**) and end at midnight of the 365th day after the **Commencement Date**, unless stated otherwise by **Us**.
- **Policyholders** are required to give 1 month notice of **Early Termination**.
- **We** reserve the right to charge an administration fee of £25 in the event of an **Early Termination**.
- An **Early Termination** will be permitted if no claims have been made in the current 12 month **Period of Insurance**.
- A pro-rata refund may be applicable for complete months where cover is being cancelled. Where premiums are paid in instalments, **We** will not charge for any complete months where cover is being cancelled. **We** will also refund the difference in premium **You** have paid in advance.
- If a claim has been made, no refund will be due and any outstanding premium instalments will remain payable.
- Where the **Policyholder** dies, **Early Termination** will be permitted if no claims have been made in the current 12 month **Period of Insurance** and a pro-rata refund will be applicable for the period where cover is no longer required; **We** will refund the difference in premium that has been paid in advance or if premiums are paid in instalments, **We** will not charge any future instalments. If a claim has been made no refund will be due and any premium instalments will remain payable.

Emergency Dental Treatment

Means **Treatment** necessary as a result of an **Accident** or **Bodily Injury** by an extra-oral impact, received within 48 hours from the date and time of the **Accident** or **Bodily Injury** for the immediate relief of pain caused by natural teeth being lost or damaged in an **Accident**.

Emergency Medical Transfer or Evacuation

Means the medically necessary expense of emergency transportation when approved by **Us**. **We** will also cover the associated medical care during such transportation, to move an **Policyholder** who suffers a **Critical Condition** to the nearest suitable **Hospital** which has the appropriate care and facilities available, which may not be in same country where the condition arose.

Health Checks

Means the tests and medical screening examinations that are completed in the absence of symptoms.

Home Country

Means the country for which the **Policyholder** holds a passport. In the event that the **Policyholder** holds dual or multiple nationalities, they must elect one which will be treated as the **Home Country**.

Hospital

Means any institution or establishment under the constant supervision of a resident **Physician** which is legally licenced as a medical or surgical **Hospital** in the country where it is located.

Hospital Cash Benefit

This benefit is paid instead of any other benefit for each night **You** receive eligible **In-Patient Treatment** without claiming on your **Policy**.

To claim this benefit, please ask the **Hospital** to confirm the duration of **Your** stay, and sign and authenticate **Your** claim form. Then send the claim form to **Us** with a covering letter stating that **You** were treated with no charge. Please note that **You** need to ensure that the medical section of **Your** claim form is completed by **Your Physician**.

Definitions

These definitions apply to Your Policy



Where the following words appear in **bold** in this insurance contract, they will have these meanings.

Illness

Means any sickness, disease, disorder or alteration in the **Policyholder's** medical condition as duly diagnosed by a **Physician**.

In-Patient

Means **Treatment** provided in a hospital where an **Policyholder** is admitted and, out of medical necessity, occupies a bed for one or more nights.

Insured Event

Means an **Accident, Bodily Injury, Illness**, or eligible **Non-Medical Expenses** claim event which occurred during the **Period of Insurance** and within the **Area of Cover**, which entitles the **Policyholder** to receive **Treatment** or reimbursement.

Insurer

Means HCI or Antillean Life Group and / or Hannover Re.

Lifetime Limit

Means the maximum benefit limit payable throughout the duration of the **Policy**.

Local ambulance services

Means necessary medical transportation to or from a local **Hospital**.

Material Fact(s)

Means any fact that, if disclosed, would have influenced **Our** judgement when assessing, claims, renewals, or other decisions relating to this insurance.

Medical Expenses

Means the usual **Reasonable and Customary Charges** incurred for **Treatment** of an **Accident, Illness**, or **Bodily Injury** as a result of an **Insured Event**.

Non-Medical Expenses

Means costs arising from an **Insured Event** covered under this **Policy** which does not involve **Medical Expenses**.

Out-Patient

Means **Treatment** or care provided when the **Policyholder** does not require admission to a medical facility.

Period of Insurance

Means the period of 12 consecutive months from the **Commencement Date** specified in the **Certificate of Insurance** for which the appropriate premium has been paid in part or in full.

Physician

Means a legally licenced medical practitioner who is a registered doctor recognised by the law of the country where **Treatment** is provided under this **Policy** and who, in rendering such **Treatment** is practicing within the scope of their licence and training.

Physiotherapy

Means **Treatment** recommended by a **Physician** following an **Illness**, insured **Accident** or **Bodily Injury** or post-operative **Treatment** covered by the **Policy** provided by a licensed physiotherapist.

Policy

Means this wording, including **Your Table of Benefits**, and the **Certificate of Insurance**.

Policyholder

Means the sole person covered under this **Policy**.

Pre-Existing Medical Condition(s)

Pre-existing Medical Conditions are defined as conditions which meet one or more of the following criteria:

- The condition is known by **You** and has been diagnosed;
- **You** have sought medical advice for symptoms related to the condition before. This could mean that **You** did not receive a diagnosis prior to **Your Commencement Date**; however, it may later become apparent that the condition was in existence at that time **You** applied for cover;
- There is evidence of a causal link between a **Pre-Existing Medical Condition(s)** and **Your** new diagnosis or symptom;
- **You** failed to follow medical advice, leading to or resulting in a diagnosis after **Your Commencement Date**.

Definitions

These definitions apply to Your Policy



Where the following words appear in **bold** in this insurance contract, they will have these meanings.

Prescription Drugs and Medicines

Means medications approved by a government agency in the country of **Treatment** for which sale and use are legally restricted. Such medications are only available by prescription obtained from a legally licenced medical practitioner recognised by the law of the **Treatment** country. Items which may be purchased without a prescription are not covered by the **Policy**.

Relative in the First Degree

Means the **Policyholder**'s spouse or partner who normally resides at the same address, mother, father, grandparents, children, step-children, foster children, legally adopted children, siblings, step-parents, parents-in-law, and siblings-in-law.

Reasonable and Customary Charges

Means charges that have been assessed as both reasonable and customary by Euro-Center® on **Our** behalf. Where a valid claim arises, **We** will consider the **Reasonable and Customary Charges** for the **Treatment** required in the country of **Treatment**. A claim cost must be both reasonable and customary. See below for definitions:

Reasonable

The amount **We** will pay in respect of valid services or **Treatment** costs, will be determined by **Our** specialist suppliers in conjunction with their knowledge of the country of **Treatment** and the known associated medical costs.

Customary

In the country of **Treatment** there may be local or community-based approaches to the provision of medical **Treatment**. Such variations differ around the world. **We** will, wherever possible, consider the most effective **Treatment** plan for **Our Policyholders** aligned to and respectful of those local customs.

Renewal Date

Means the annual anniversary of the **Commencement Date**, where an extension has been requested by **You** and granted by **Us**.

Sports (hazardous)

- American football.
- Aviation other than as a fare-paying passenger on a scheduled flight.
- Base jumping.
- Bobsleighbing.
- Bungee jumping.
- Caving or cave diving.
- Fighting or self-defence sports.
- Free climbing without ropes.
- Gliding.
- Hang-gliding.
- Horse riding of any sort.
- Hunting.
- Hunting on horseback.
- Ice hockey.
- Jet skiing.
- Luge-ing.
- Micro-light flying.
- Motor sports.
- Mountaineering expeditions.
- Mountaineering or rock-climbing with the use of ropes.
- Parachuting of any kind.
- Polo.
- Pot-holing.
- Professional and semi-professional sports.
- Racing of any kind other than on foot.
- Rappelling.
- Rugby.
- Scuba diving to a greater depth than 30 metres or where a PADI Certificate is not held.
- Skeleton.
- Ski jumping.
- Solo sea sailing.
- Unaccompanied trekking above 2,500 metres.
- Use of firearms – or any other weapons.
- Water skiing.
- White water canoeing.
- White water rafting.

Accident or **Bodily Injury** caused while participating in these **Sports** is not covered:

Definitions

These definitions apply to Your Policy

Where the following words appear in **bold** in this insurance contract, they will have these meanings.

Table of Benefits

Means the document attaching to and forming part of **Your Policy**, stating the benefits provided under each of the policy sections.

Travel Expenses

Means the reasonable costs associated with necessary transport, utilising the lowest 'class' available.

Treatment

Means any medically necessary surgical procedure(s) or medical intervention(s) which may be required to treat an **Accident, Bodily Injury** or **Illness** or to provide for the relief of **Acute Conditions** and **Chronic conditions** when covered by the **Policy**.

We / Us / Our

Means HCI, the Antillean Life Group, Hannover Re or Euro-Center® .

You / Your / Policyholder

Means the **Policyholder** who is eligible to claim under this **Policy**.



Underwriting

This information is specific to Your Policy



This is important information concerning **Your Policy**.

This **Policy** is subject to simplified underwriting. This means that all **Pre-Existing Medical Conditions** are excluded from the **Policy**.

This **Policy** includes a mix of medical and non-medical benefits; as such, any **Non-Medical Expenses** claims which arise, that can be shown to have originated before the **Commencement Date**, will also be excluded.

Only new conditions, or circumstances that give rise to a **Non-Medical Expenses** claim, that occur after the **Commencement Date** are covered by the **Policy** (subject to any specific waiting periods).

General conditions

These are the things that You must or must not do



Applicable to the whole of this insurance

- The **Policyholder** shall take all reasonable precautions to prevent disease, **Accident** or **Bodily Injury**
- All **Treatment** claimed for must be medically necessary as determined by a qualified **Physician** and agreed by **Us**.
- All costs must meet our **Reasonable and Customary Charges** criteria.
- The **Policyholder** must also take all reasonable steps to avoid and minimise any claim.
- If an **Insured Event** occurs, the **Policyholder** or their **Close Relative** must:
 - Notify **Us** as soon as practicably possible (and no more than 7 days after the event) providing all information relating to the claim.
 - Where **You** are admitted to **Hospital** in an emergency, notify us within 48 hours of **Your** admission. In exceptional circumstances where it is not possible to contact **Us** within 48 hours, **We** must be contacted as soon as practicably possible.
 - Cooperate with **Us** where **We** wish to appoint **Our** own medical **Physician** at **Our** expense.
 - Make every effort to limit the consequences of the **Insured Event** and follow medical advice.
- The **Policyholder** must seek pre-authorization from **Us** before undergoing **Treatment** as an **In-Patient** or **Day-Patient**. Failure to seek pre-authorization may result in a reduction in the amount paid by **Us**. **We** recognise that seeking pre-authorization may not be possible in the event of a medical emergency.
- In all cases, **You** should refer to the **Table of Benefits** to understand the limits applicable to each element of this **Policy**.
- When **You** have medical **Treatment** for a **Bodily Injury**, disease or **Illness** **You** 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 the **Period of Insurance** for which the premium has been paid, whichever is earlier. Benefit will not be payable for ongoing **Treatment** after the **Policy Anniversary Date** unless the **Policy** has been renewed for a further period.
- When a claim is submitted for **Medical Expenses** and the **Policyholder** subsequently claims for an unrelated **Bodily Injury** or **Illness** that is not in any way connected with it, this will be treated as a new claim.
- At any point during the **Period of Insurance**, **We** may seek **Your** permission to obtain medical information from **Your Physician** and **You** agree to grant it. Maintaining up to date medical records is necessary to ensure **We** have accurate information which may be needed at the point a claim is made.
- In the event of **Co-Insurance**, **We** reserve the right to act on **Your** behalf and pursue another **Insurer** to recover a proportion of **Our** costs.
- In any legal proceeding where **We** have declined to pay a claim, **You** will be responsible for demonstrating that the event was an **Insured Event**.
- You forfeit 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 **You** knowingly:
 - Provide false or incorrect information; Or
 - Withhold information from **Us** which **You** could reasonably have known might be important to **Us** in assessing **Your** claim; Or
 - Act in a fraudulent manner.
- Where **We** can demonstrate that **You** acted fraudulently, all benefit under this **Policy** shall be forfeited.
- **You** shall not be covered by this **Policy** while present or resident in countries that the UK Foreign Commonwealth & Development Office has advised against non-essential travel or that is subject to international sanctions.

General conditions

These are the things that You must or must not do



Applicable to the whole of this insurance

Policy Termination

- Termination shall be effective from 1 month after the date the notice is received by **Us** or on any later date as specified in the notification.
- If the premium has been paid for any period beyond the date of termination, then subject to there being no claims in progress against the **Policy**, a pro-rata refund will be made equivalent to the unexpired portion of the **Policy**, minus the **Early Termination** fee (see **Early Termination** definition for clarification).
- **We** reserve the right not to renew **Your Policy**, and this **Policy** will not renew automatically.
- **We** may cancel **Your Policy** if You fail to pay **Your** premium on or before the date it is due, or if **We** are unable to collect **Your** premium for any reason. **We** may allow **Your** cover to continue without **You** having to complete a new application form or 'Declaration of Health' form, but only if **You** pay any and all outstanding premium(s) within 30 days of their due date. If **You** incur **Medical Expenses** during this 30 day period, **We** will not settle **Your** claim until **We** have received all of the outstanding premium(s).
- If any fraudulent means or devices are used, and are proven to be used, to obtain any benefit under this **Policy**, the **Policy** shall be cancelled, and the premium paid shall not be refunded. **We** may demand immediate repayment of any claim benefits previously paid.
- In the event that **We** decide to discontinue this type of insurance, **We** shall give the **Policyholder** not less than 120 days' notice in writing prior to the **Policy** end date.
- **We** may, at any time, pay to the **Policyholder** the full liability under this **Policy**, after which **We** shall have no further liability in any respect.

Policy Renewal

- This **Policy** will not automatically renew. If **You** wish to extend **Your Policy** for a further year, **You** may request this from **Us** ahead of the **Policy Anniversary Date**. Renewal is not guaranteed.
- If **Your** premium payment remains outstanding for more than 30 days **You** can apply to have **Your Policy** reinstated but **You** will have to complete and send to **Us** a new 'Declaration of Health' form, together with a payment representing all of the outstanding premiums. If **Your** health has materially changed, **We** reserve the right to decline to reinstate **Your Policy**.
- If **Your** premium payment is outstanding for more than 45 days, **You** will have to apply for a new **Policy** and the **Pre-existing Medical Condition** exclusion will apply.

General conditions

These are the things that You must or must not do



Applicable to the whole of this insurance

Your right to cancel

You have a statutory right to cancel **Your Policy** during the first 14 days from the date of conclusion of the contract, or the date upon which **You** received the contractual terms and conditions, whichever is later.

Provided **You** have not made a claim or made use of **Your Policy** in any other way, **You** will receive a full refund during this period. After this period, there is no statutory right to cancel. However, **You** are still able to cancel **Your Policy** at any stage, as long as **You** provide notice of 1 month to **Us**.

Issue of Hospital Guarantees

- **We** will issue a guarantee or, in those instances where such a guarantee is not accepted by the treating provider, arrange payment through the insurer for the costs relating to a medically necessary hospital admission, subject to the terms and conditions of the **Policy**.

Currency - Payment of the premium

- **Policy** benefits and premium payments will be quoted and requested in Pounds Sterling (GBP). If **You** intend to make payment from a non-GBP bank account, **You** must ensure that **We** receive the correct amount in GBP.

Currency - Payment of claims

- In the event of a claim, **We** will calculate the cost of the claim in the currency the invoice is quoted in.

General

- Disclosures made to **Us** by the **Policyholder's Physician** are deemed to be made by and on behalf of the **Policyholder**.
- For all claims **We** require a completed claim form, together with supporting evidence to substantiate any expense incurred, such as receipts and itemised invoices. Emailed and scanned documents are acceptable. However, please do keep **Your** originals in case they are required at a later stage to verify eligibility of **Your** claim and **Treatment** costs.
- The **Policyholder** must not admit liability for any event at any time.
- The provision of benefits and services under this **Policy** is subject to local availability, national and international law, regulation and authorisations.
- **We** are entitled to take over the **Policyholder's** rights in the defence or settlement of a claim, or to take proceedings in the **Policyholder's** name for **Our** own benefit against another party. **We** shall have full discretion in such matters.
- If another insurance company or a government healthcare scheme pays for part of the **Policyholder's** claim then they must send **Us** evidence of the amount paid by the them.

General exclusions

These are the medical conditions and Treatments that are not covered by Your Policy



In this section we list specific Treatments, conditions and situations that We do not cover as part of Your Policy. This section should be read in conjunction with the definitions section of the Policy.

Exclusion	Comment
Artificial life maintenance	<p>We shall not pay for mechanical ventilation, where such Treatment will not or is not expected to result in Your recovery or restore You to Your previous state of health.</p> <p>For example: We will not pay for artificial life maintenance when You are unable to feed and breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 30 continuous days.</p>
Birth control	<p>We shall not pay for any type of contraception, sterilisation, termination of pregnancy or family planning.</p>
Chronic Conditions	<p>We will not pay for the ongoing Treatment or monitoring required to manage any Chronic Condition. However, We will pay for Medical Expenses related to the initial investigation and diagnosis of a Chronic Condition as normal.</p>
Conflict and disaster	<p>We shall not pay for any claim where You suffer Illness or Bodily Injury directly or indirectly attributable to You placing yourself in danger e.g. by entering a known area of conflict, or by Your disregarding Your own personal safety. Areas of danger and conflict would include:</p> <ul style="list-style-type: none"> • Nuclear or chemical contamination. • War, invasion, acts of a foreign enemy. • Civil war, rebellion, revolution, insurrection. • Terrorist acts. • Military or usurped power. • Martial law. • Civil commotion, riots, or the acts of any lawfully constituted authority. • Hostilities, army, naval or air services operations whether war has been declared or not.

General exclusions

These are the medical conditions and Treatments that are not covered by Your Policy



In this section we list specific Treatments, conditions and situations that We do not cover as part of Your Policy. This section should be read in conjunction with the definitions section of the Policy.

Exclusion	Comment
Consequences of not following medical advice	We shall not pay for any Treatment required as a consequence of not following the medical advice given and Treatment plan recommended by Your treating doctor including taking medications as prescribed, undergoing further Treatment , attending follow-up consultations and tests to ensure Your medical condition is managed correctly.
Convalescence and admission for general care	<p>We shall not pay for Hospital accommodation when it is used solely or primarily for any of the following purposes:</p> <ul style="list-style-type: none"> • Convalescence, supervision, pain management or any other purpose other than for receiving eligible Treatment, of a type which normally requires You to stay in hospital. • Receiving general nursing care or any other services which do not require You to be in hospital, and could be provided in a nursing home or other establishment that is not a Hospital. • Receiving services from a therapist or complementary medicine practitioner. • Receiving services which would not normally require trained medical professionals such as help in walking, bathing or preparing meals.
Cosmetic Treatments	<p>We shall not pay for Treatment undergone for cosmetic or psychological reasons to improve Your appearance, such as a re-modelled nose, facelift, abdominoplasty, or cosmetic dentistry. This includes:</p> <ul style="list-style-type: none"> • Dental implants to replace a sound natural tooth. • Hair transplants for any reason. • Treatment related to or arising from the removal of non-diseased, or surplus or fat tissue, whether or not it is needed for medical or psychological reasons. • Any Treatment for a procedure to change the shape or appearance of Your breast(s) whether or not it is needed for medical or psychological reasons: unless for reconstruction carried out as part of the original Treatment for cancer.
COVID-19	<p>We shall not pay for:</p> <ul style="list-style-type: none"> • Any Treatment costs incurred during the first 30 days from the Commencement Date. • Fees relating to voluntary tests, including tests for travel purposes for business or leisure, or where You have not been referred by a Physician.
Deafness	We shall not pay for Treatment for or arising from deafness or partial hearing loss caused by a congenital abnormality, industrial processes or ageing.
Dental Treatment and gum disease	We shall not pay for surgical operations for the Treatment of bone disease when related to gum disease or damage, or Treatment for, or arising from disorders of the jaw bone. However, Emergency Dental Treatment is covered under this Policy .

General exclusions

These are the medical conditions and Treatments that are not covered by Your Policy



In this section we list specific Treatments, conditions and situations that We do not cover as part of Your Policy. This section should be read in conjunction with the definitions section of the Policy.

Exclusion	Comment
Developmental differences	We shall not pay for Treatment related to learning difficulties or developmental differences, such as dyslexia, ADHD, and autism, or linked to developmental problems that re usually treated in an educational setting.
Donor organs	We shall not pay for any Medical Expenses incurred directly as a result of donating an organ, being the intended recipient of a donor organ, or the long term medication needed for organ transplant recipients. However, investigation of and Treatment for the symptoms experienced by the Policyholder that may be related to the need for an organ transplant are covered as normal, subject to the Policy's usual benefit limits.
Drugs and dressings (out-patient). (Emergency Plus and Standard)	We shall not pay for any drugs or surgical dressings that are provided or prescribed for Out-Patient Treatment , or for You to take home with You on leaving hospital, for any condition.
Elective treatments or procedures	We will not pay for Medical Expenses incurred as a result of any Treatment which is not considered medically necessary and is therefore defined as elective.
Experimental or unproven Treatment	<p>We shall not pay for:</p> <ul style="list-style-type: none"> • Clinical tests, Treatments, equipment, medicines, devices or procedures that are considered to be unproven with regards to safety and efficacy and / or might be awaiting clinical approval from the authorising healthcare authority in the country of Treatment. • Any test, Treatment, equipment, medicine, device or procedure that is not considered to be in standard clinical use or is under investigation in clinical trials with respect to its safety and efficacy. • Any tests, Treatment, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by Us.

General exclusions

These are the medical conditions and Treatments that are not covered by Your Policy



In this section we list specific Treatments, conditions and situations that We do not cover as part of Your Policy. This section should be read in conjunction with the definitions section of the Policy.

Exclusion	Comment
Eyesight & Eye surgery	<p>We shall not pay for:</p> <ul style="list-style-type: none"> • Treatment, equipment or surgery to correct eyesight, such as laser Treatment, refractive keratotomy (RK) and photorefractive keratotomy (PRK). • Any routine eye care, including eye tests.
Footcare	We shall not pay for Treatment for any routine podiatry Treatment , such as corns, calluses, or thickened or misshapen nails.
Genetic testing	We shall not pay for any genetic testing whether diagnostic or to determine the likelihood of future illness.
Harmful or hazardous use of alcohol, drugs and/or medicines	<p>We shall not pay for Treatment:</p> <ul style="list-style-type: none"> • Arising directly or indirectly, from deliberately reckless behaviour (including where You have displayed a disregard for Your personal safety or acted in a manner inconsistent with medical advice), harmful and/or hazardous use of any substance including alcohol, drugs and/or medicines; Or • In any event, from the illegal use of any such substance.
Health hydros, nature cure clinics etc.	We shall not pay for Treatment or services received in health hydros, nature cure clinics, or in any comparable establishment.
Human Immune Deficiency Virus	We shall not pay for care or medical Treatment which arises directly or indirectly from Human Immune deficiency Virus (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 Date of the Policy . If such incident occurs, We must be notified as soon as practicably possible (and no more than 7 days after the diagnosis).
Illegal activity	We shall not pay for Treatment which arises, directly or indirectly, as result of Your deliberate or reckless participation (whether actual or attempted) in any illegal act in any country or territory.
Infertility Treatment	We shall not pay for any Treatment to directly or indirectly assist reproduction. We will not be liable for Treatment costs for any form of assisted reproduction or its consequences.

General exclusions

These are the medical conditions and Treatments that are not covered by Your Policy



In this section we list specific Treatments, conditions and situations that We do not cover as part of Your Policy. This section should be read in conjunction with the definitions section of the Policy.

Exclusion	Comment
Maternity	We shall not pay for any Medical Expenses incurred directly or indirectly as a result of pregnancy or childbirth. All conditions and required Treatments related to pregnancy (including termination) and childbirth, whether elective, planned, or medically necessary, are explicitly excluded from this Policy . This Policy does not offer any cover for new-borns or dependants.
Obesity	We shall not pay for any Treatment required to control obesity, or achieve weight loss.
Persistent vegetative state (PVS) and neurological damage	We shall not pay for In-Patient Treatment for more than 10 continuous days where You have suffered permanent neurological damage or if You are in a persistent vegetative state after the date upon which a Physician has diagnosed the condition.
Physical aids and devices	We shall not pay for any physical aid or device which is not a prosthetic implant, prosthetic device, or defined as an appliance. Examples of appliances are; orthopaedic braces, crutches, and wheelchairs.
Physiotherapy	We shall not pay for ante-natal and maternity exercises, manual therapy, sports massage or occupational therapy.
Pre-existing conditions	We shall not pay for the Treatment of a Pre-existing Medical Condition , related symptoms, or any condition that results from, or is related to it.

General exclusions

These are the medical conditions and Treatments that are not covered by Your Policy



In this section we list specific Treatments, conditions and situations that We do not cover as part of Your Policy. This section should be read in conjunction with the definitions section of the Policy.

Exclusion	Comment
Preventive and wellness Treatment	We shall not pay for health screening, including routine Health Checks , or any preventative tests or Treatments .
Reconstructive or remedial surgery	<p>We shall not pay for Treatment required to restore Your appearance after an Illness, Bodily Injury or previous surgery, unless:</p> <ul style="list-style-type: none"> • The Treatment is a surgical operation to restore Your appearance after an Accident, or as the result of surgery for cancer, if either of these takes place during Your current continuous membership of the Policy. • The Treatment is carried out as part of the original Treatment for the Accident or cancer. • You have obtained Our written consent before the Treatment takes place.
Sexually transmitted illnesses & sexual problems	We shall not pay for the Treatment of any sexual problem including sexually transmitted illnesses and impotence (whatever the cause).
Self-inflicted Injury	We will not pay for any self-inflicted injury, needless self-exposure to peril (except in an attempt to save human life), suicide, or attempted suicide.
Sleep disorders	We shall not pay for Treatment , including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.
Speech disorders	<p>We shall not pay for Treatment for speech disorders, including stammering or speech developmental delays, unless <u>all</u> of the following apply:</p> <ul style="list-style-type: none"> • The Treatment is short term therapy which is medically necessary as part of active Treatment for an Acute Condition such as a stroke; and • The speech therapy takes place during and/or immediately following the Treatment for the Acute Condition; and • The speech therapy is recommended by the consultant in charge of Your Treatment, and is provided by a therapist.
Stem cells	We shall not pay for the harvesting or storage of stem cells. For example, ovum, cord blood or sperm storage.

General exclusions

These are the medical conditions and Treatments that are not covered by Your Policy



In this section we list specific Treatments, conditions and situations that We do not cover as part of Your Policy. This section should be read in conjunction with the definitions section of the Policy.

Exclusion	Comment
Surrogate parenting	We shall not pay for Treatment directly related to surrogacy. This applies to You if You act as a surrogate, and to anyone else acting as a surrogate for You .
Travel costs for Treatment	<p>We shall not pay for any travel costs related to receiving Treatment, unless they relate to medically necessary travel by the following means, and their sole destination is a local healthcare facility or Hospital:</p> <ul style="list-style-type: none"> • Local air ambulance. • Local road ambulance. • Taxi.
Treatment for or related to gender dysphoria	We shall not pay for any surgical Treatment (including cosmetic Treatment) for or related to gender dysphoria.
Unrecognised medical practitioner, provider or facility, hospital or healthcare facility	<p>We shall not pay for:</p> <ul style="list-style-type: none"> • Treatment provided by a medical practitioner, Hospital or healthcare facility who/which are not recognised by the relevant health authorities in the country where the Treatment takes place, or as having specialised knowledge, or expertise in, the Treatment of the disease, Accident or Bodily Injury being treated. • Self Treatment or Treatment administered to You by anyone with the same residence. • Medical Treatment performed by a medical practitioner related to the Policyholder, unless previously approved by Us. • Alternative medicines, other than those mentioned as explicitly covered on the Table of Benefits. • Treatment provided by a medical practitioner, Hospital or healthcare facility to whom We have sent a written notice notifying them that We no longer recognise them for the purposes of Our insurance.
Vaccinations and immunisations	We shall not pay for any vaccinations or immunisations, including any prophylactic medication, whether or not recommended by a Physician .

How to make a claim

This procedure applies to Your Policy



- **You** must make contact with **Us** and obtain pre-authorization of **Treatment** before **You** incur costs for **Treatment** (other than in the case of a medical emergency), **You** may require as an **In-Patient** or **Day-Patient Treatment**, as well as transport and ancillary costs.
- In the case of an emergency, if **You** cannot physically contact **Us** immediately, **Your Close Relative** or representative must contact **Us** within 48 hours.
- **You** must make no admission, offer, promise or payment without **Our** prior consent.
- **Your** claim may not be paid if **You** do not have pre-authorization for the following:
 - All **In-Patient** and **Day-Patient** surgery and **Treatment** benefits.
 - MRI (Magnetic Resonance Imaging) scans.
 - Medical evacuation or repatriation.
 - **Travel Expenses** for one person accompanying an evacuated / repatriated person.
 - Repatriation of mortal remains.
- If **You** fail to seek necessary pre-authorization and it is evident that the **Treatment** was medically necessary, **We** reserve the right to pay only 75% of **Your** claim costs.
- For **Hospital** charges guaranteed by **Us** prior to **You** receiving **Treatment**, **You** agree to reimburse **Us** with the amount of the **Deductible** and any **Co-Insurance** amount specified in the **Certificate of Insurance**, prior to the date upon which **We** are required to guarantee such hospital charges.
- In respect of all other claims, these should be made known to **Us** as soon as practically possible.
- **We** require a completed claim form, together with supporting evidence to substantiate any expense incurred, such as receipts and itemised invoices. Emailed and scanned documents are acceptable. However, please do keep **Your** originals in case they are required at a later stage to verify eligibility of **Your** claim and **Treatment** costs.
- Where **You** received **Treatment** as an **Out-Patient**, **You** must pay all costs in full at the time of receiving the **Treatment**. **You** must then submit a claim to **Us** for reimbursement.
- Evidence of costs incurred must be submitted to **Us** within 3 months of the date that the **Treatment** started. 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.
- Reimbursement claims will be settled with **You** in Pounds Sterling (GBP), or the currency you elect, provided that our costs remain the same.
- **Hospitals**, doctors, pharmacies and other providers have information **We** may need to determine eligibility for benefits under this **Policy**. **You** agree that, within the limitations of the law of the country in which **Treatment** occurs, to authorise any doctor, hospital, pharmacy or other medical facility to share information with **Us** when needed. This may include the diagnosis and history of any illness, disease, condition or symptom **You** may have had, or other medical information. **We** will keep this information confidential to the extent permitted and required by law. If such information relates to fraud or misrepresentation, **We** may disclose it to legal authorities or use it in legal proceedings.
- Any dispute arising from the provision of benefits shall be referred by **You** to **Us** for **Our** consideration.

How to make a complaint

This procedure applies to Your Policy



Our commitments

If you have a complaint which relates to either **Your Policy** or to a claim which **You** have submitted under your **Policy**, please raise this in the first instance with **Us**. **We** will attempt to resolve **Your** concerns promptly.

Our contacts for complaints are:

The Senior Compliance Officer

Email. compliance@healthcareinternational.com

Tel. +44 (0) 20 7590 8816

Our policy

We care committed to treating all complainants fairly. Eligible complainants are legally defined and have additional rights in law that we must acknowledge and adhere to. Occasionally we may not know if a complainant is 'eligible' in which case we will treat them as such and if it becomes necessary, the Financial Ombudsman Service (FOS) will establish the status of the complainant, not **Us**.

Clients and potential clients are able to submit complaints free of charge.

Complaints will be handled promptly, effectively and in an independent manner, obtaining additional information as necessary. **We** will always communicate with clients and potential clients clearly in plain language that is easy to understand and **We** will reply to the complaint without undue delay.

We will assess fairly, consistently and promptly:

- The subject matter of the complaint.
- Whether the complaint should be upheld.
- What remedial action or redress may be appropriate.
- Whether another party may be solely or jointly responsible for the matter alleged in the complaint.

If you are not satisfied with our decision following a complaint

You may report **Your** complaint to the FOS and request that they investigate the matter further on **Your** behalf. The FOS provide complainants with a free service. **You** can only access this service after **We** have issued **Our** final response, which **We** have 8 weeks to provide.

Financial Ombudsman Service, Exchange Tower, London, E14 9SR

Tel. 0800 023 4567 (free from mobile phones and landlines)

Email complaint.info@financial-ombudsman.org.uk

Website www.financial-ombudsman.org.uk

After the FOS have made their decision

When the complaint has been resolved and any appeals have been heard **We** will promptly comply with any offer, remedial activity, or redress directed by the FOS and accepted by the complainant. **We** will consider a complaint closed when the FOS have issued their final response.

Your right to take legal action against **Us** is not affected by referral to our Senior Compliance Manager or the FOS.

Notes

My policy number is	
My Doctor is	
My Doctor's number is	
My passport number is	
My next-of-kin is	
My next-of-kins number is	
The nearest consulate is	
The consultant number is	
The nearest Hospital is	
The Hospital number is	
I take the following medication	

To make a claim or if you need assistance:			
Worldwide	Service	General enquiries	+44 (0) 20 3906 4000 or +44 (0) 20 7590 8816 enquiries@healthcareinternational.com
		Policy renewal	renewals@healthcareinternational.com
	Claims	Worldwide	+44 (0) 20 3906 4000 or +44 (0) 20 7590 8816 claims@healthcareinternational.com

