



UltraCare Plan Guide

For plans with a start date on or after 1 January 2011

 **InterGlobal**
International Private Medical Insurance

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Your plan guide

We would like to welcome **you** and thank **you** for choosing an UltraCare **plan**. We aim to give **you** an international healthcare **plan** **you** can rely on. To do this, it is important that **you** fully understand how **your plan** works. This **plan** guide, along with **your** chosen **plan's** table of **benefits**, explains what is, and is not, covered under **your** UltraCare **plan** and any of the following optional add-on **plans** **you** may have chosen:

- optional maternity add-on **plan** (available with individual UltraCare Elite, Plus, Comprehensive and Select **plans** only);
- optional personal **accident** add-on **plan**;
- optional travel add-on **plan**.

This **plan** guide will also give **you** important information about managing **your plan**, how to make a **claim** and what to do in a medical **emergency**. Please spend some time reading carefully through this **plan** guide to make sure that **you** are completely satisfied with the cover **we** are providing and that it meets all **your** needs. If **you** have any questions about the information in this **plan** guide or any questions **you** think it does not answer, please contact **us** and **we** will be more than happy to help.

Some words and phrases used in this **plan** guide and **your** table of **benefits** have specific meanings that are relevant to **your plan**. We have highlighted them in bold print and defined them in the **plan** definitions section of this **plan** guide.

Individual plans

The individual application form, table of **benefits**, certificate of insurance, membership cards and this **plan** guide form **your** contract of insurance with **us** and **you** must read them together.

The general conditions, **benefit** conditions and **benefit** exclusions in this **plan** guide apply to **you**. We can change the general conditions, **benefit** conditions, **benefit** exclusions and any other terms and conditions in this **plan** guide, the premium rates, discounts and/or surcharges at the beginning of **your plan year**. We will tell the **planholder** about any changes before they renew.

All the **benefits** covered under this **plan** are shown on **your** table of **benefits**. The currency of **your benefit** limits will depend on the currency in which **your** premiums are paid. **Your** premiums can be paid in GB pounds (£), US dollars (\$) or Euros (€).

30-day money-back guarantee

If **you** feel this **plan** does not meet **your** needs, the **planholder** may cancel it. The **planholder** must tell **us** in writing by letter, fax or email and return all membership cards and certificates of insurance within 30 days of the **date of joining** or receiving the **plan** documents, whichever is later. As long as no **claims** have been made under the **plan**, **we** will gladly and promptly refund the premium in full. **We** will not make a charge for this. **We** can only refund the premium to the account it was originally paid from.

If any **claims** have been made, no refund will be due and the premium will be payable in full.

If the **planholder** decides not to cancel within the period shown above and decides to cancel at a later date, the cancellation will be governed by the terms and conditions of the 'Cancelling cover' section in this **plan** guide.

Eligibility

Your eligibility depends on **us** accepting the individual application form.

The **plan** is available to people (depending on the age limits shown below) of all nationalities and their **dependants**, except citizens of the USA who live in the USA and people who are governed by exchange controls or local licensing regulations. Cover may also be illegal under local laws.

All **dependant** children under the **plan** must be unmarried. **Dependant** children aged 18 to 24 must be in continuous full-time education at their **start date**.

The minimum age to join the **plan** is 18. If someone applying is under 18 at their **start date**, **we** will need a parent or guardian to sign their application form. **We** will then consider the parent or guardian as the **planholder** and charge the adult rate of 18 to 25 years. **We** will charge the adult rate of 18 to 25 years for all others applying who are under the age of 18 at their **start date**. A parent or guardian must also sign their application form and will be considered as the **planholder**. No discounts will apply.

You cannot be older than 74 at **your start date**.

The **planholder** and their **dependants** must have the same **area of cover**.

The optional travel add-on **plan** can apply to the **planholder** only or can include all of their **dependants**.

The optional personal **accident** add-on **plan** can apply to the **planholder** only, the **planholder** and specific **dependants** or the **planholder** and all of their **dependants**.

We can refuse cover for any reason. **We** may provide cover under the **plan** with any special terms which **we** may set and which will be shown on the certificate of insurance.

Start date

With **our** agreement, cover under **your plan** will begin as soon as **we** receive the individual application, or on a future date given to **us** by the **planholder**. **We** will tell the **planholder** the **start date** in writing.

We cannot backdate cover under any circumstances. The **plan** will continue for 12 months, until the next **renewal date** or until the **plan** is cancelled or extended for any reason.

The premiums and **benefits** applied will be those in force at the **plan start date**. **We** will collect any premiums due.

Paying your premium

The **plan** is a yearly contract and premiums must be paid either every month, every three months or every year. Maternity optional add-on **plan** premiums can be paid every year or as often as the UltraCare **plan** premium is paid. Travel and personal **accident** optional add-on **plan** premiums can only be paid yearly.

Premiums must be paid in GB pounds (£), US dollars (\$) or Euros (€). **Your plan** will be based on the currency in which it is paid.

Premiums are based on the age of the **planholder** and each **dependant** at the **plan start date**. **We** must receive all premiums (including any local taxes which apply) on or before the premium due dates and in the currency of **your plan**.

Ways to pay your premium

For yearly premium payments, the **planholder** can choose to pay by:

- credit card;
- bank draft or cheque;
- bank transfer; or
- direct debit.

For payments made every month or every three months, the **planholder** can choose to pay by:

- credit card; or
- direct debit.

We can accept credit card payments by Visa, MasterCard or American Express. Please contact **us** about any other card type as **we** may still be able to accept it.

Completing **our** credit card authority form authorises **us** to take the relevant amount from the named account on or around the due date. This also authorises **us** to process any premiums for all future renewals until **we** receive written instructions from the **planholder** to change the method of payment, or cancel the **plan**. If **we** cannot collect a premium by credit card, for any reason, **we** may need to collect more than one premium on the next payment date.

The **planholder** is responsible for giving **us** current credit card details. The **planholder** must tell **us** about any changes to the credit card details to make sure that **we** can continue to collect any premiums due.

Cheques, bank drafts and bank transfers must be in the currency of **your plan**. When making a bank transfer, the **planholder** must give their full name and quotation or **plan** number as the reference.

We can only accept direct debits from UK bank accounts for **plans** in GB pounds (£). Completing **our** direct debit form authorises **us** to take the relevant amount from the named account on or around the due date. This also authorises **us** to process any premiums for all future renewals until **we** receive written instructions from the **planholder** to change the method of payment, or cancel the **plan**. If **we** cannot collect a premium by direct debit, for any reason, **we** may need to collect more than one premium on the next payment date.

Unpaid or late premium payments

For **you** to enjoy the full **benefit** of the **plan**, the **planholder** must make sure the premiums are paid on or before the premium due date. **We** will tell the **planholder**, in writing, if a premium payment has been missed.

If the **planholder** has not paid the premiums, **we** will suspend all **claims** until the premiums are up to date.

We can cancel the **plan** if **we** do not receive payment within 30 days of the premium due date. If **we** cancel the **plan**, the **planholder** will have to reapply for a new **plan**. **We** will charge the premiums in force at that time and cover may have new terms. Any existing no-claims discount will be lost.

Adding or removing dependants

With **our** agreement, the **planholder** may add **dependants** after the **plan start date**. The **planholder** must do this in writing by letter, fax or email. Cover will start on the date that **we** receive the request, or on a future date given to **us**.

With **our** agreement, the **planholder** may add newborn children as **dependants** during the **plan year**. If the **planholder** applies before the child is 30 days old with a completed newborn child application, with **our** agreement **we** will not apply any **moratorium** to the newborn child's cover and their **date of joining** will be their date of birth.

If the **planholder** applies after the child is 30 days old, a **moratorium** will apply. **We** will not backdate cover under any circumstances.

With **our** agreement, the **planholder** may remove a **dependant** after the **plan start date**. The **planholder** must make this request in writing by letter, fax or email and cover will end on the date that **we** receive the request, or on a future date given to **us**. The **dependant's** membership card and the certificate of insurance must be returned to **us**.

Premiums may change in line with any agreed requests. The **planholder** is responsible for paying any extra premiums.

We will send the **planholder** a revised certificate of insurance and a new membership card (if this applies) showing the changes and any special terms that may apply.

Transfers

If a new person wants to transfer cover from another insurer, **we** will need an original certificate of insurance from their previous insurer, which shows their original start date with that insurer, underwriting terms, and any special terms that may have applied. If there is a break in cover between the end date of the previous insurance **plan** and the application, **we** will not be able to offer a transfer of previous underwriting terms.

An individual application form must be completed. If **we** accept the transfer application **we** may charge an increased premium.

Our policy terms, conditions and **benefits** may be different from those offered by other insurers.

Making changes to your plan

If the **planholder** wants to change the **area of cover**, they must tell **us** in writing by letter, fax or email giving the reason for the change in circumstances. With **our** agreement, this change can be made at any time during the **plan year**. **We** will make this change from the date the **planholder** tells **us** or any future date they have given.

If the **country where you live** changes, the **planholder** must tell **us** in writing by letter, fax or email.

The **planholder** cannot make changes to how often the premium is paid, the **plan** type, currency, **excess** or optional add-on **plan** during the **plan year**. With **our** agreement, these changes can be made at the next **plan** renewal date. The **planholder** must tell **us** about the changes in writing by letter, fax or email before the **plan** renewal date.

Optional add-on **plans** cannot be added during the **plan year**. With **our** agreement, these can be included from the next **plan renewal date**. The **planholder** must tell **us** in writing by letter, fax or email before the next **plan renewal date**. Optional add-on **plans** are only valid when the UltraCare **plan** is in force.

Your premium and **benefit** limits are determined by the **area of cover** and currency of the UltraCare **plan**.

Renewing your plan

With our agreement, the **planholder** may renew the **plan** each year. The **planholder** must tell us all **material facts** about themselves and all **dependants** before the **renewal date** (please read general condition GC3).

If the **planholder** wants to renew the **plan**, they must tell us in writing by letter, fax or email before the **renewal date**.

We may change the definitions, **benefits**, general conditions, **benefit** conditions and **benefit** exclusions that apply to the **plan**. These will be sent to the **planholder** together with the renewal quotation at least six weeks before the **renewal date**. The **planholder** must pay the renewal premium on or before the **renewal date**.

Renewal premiums depend on the age of the **planholder** and all **dependants**, increases in medical inflation, the **country you live in** and the level of cover chosen.

Cover will no longer be eligible at the next **renewal date** if any child under the **plan**:

- marries;
- reaches the age of 18;
- leaves full-time education; or
- is in continuous full-time education but has reached the age of 25.

With our agreement, they can apply to have their own **plan** by completing an individual application form. As long as there is no break in their insurance cover, their **date of joining** will stay the same. Their application will be governed by the definitions, **benefits**, general conditions, **benefit** conditions and **benefit** exclusions in force at the time they move to their own **plan**.

Automatic renewal

If your premiums are paid by credit card or direct debit, we will automatically renew the **plan** and we will take the renewal premium from the named account, as long as the details we hold are still valid at the time of the renewal.

If the credit card details given to us by the **planholder** are due to expire within three months of the **renewal date**, they will need to complete a new credit card authority form. Please contact us for a copy of our credit card authority form.

If the **planholder** does not want to renew the **plan**, they must tell us in writing by letter, fax or email before the **renewal date**.

No-claims discount

As long as no **claims** are made by the **planholder** or any **dependant** on the **plan**, we will give no-claims discounts on renewal premiums. These are based on the amount of time the **plan** has been **claim** free. If the **planholder** or any **dependant** has one or more **claims** paid during a **plan year**, the no-claims discount will be lost until the **plan** has been **claim** free for at least one **plan year**.

The following discounts will apply once the **plan** has been **claim** free for the amount of time shown.

- For less than one **plan year** – no discount
- For one **plan year** – 10% premium discount
- For two **plan years** – 15% premium discount
- For three or more **plan years** – 20% premium discount

The maximum no-claims discount is 20%.

If a **claim** relating to a previous **plan year** is made and we have already given a no-claims discount, we can recover the extra premium due for the **plan year** to which we gave the no-claims discount.

Any **claims** made for the wellness **benefit** or optional add-on **plans** will not affect the no-claims discount. The no-claims discount does not apply to the premiums of any optional add-on **plans**.

Cancelling cover

If the **planholder** wants to cancel the **plan**, they must send a request to us in writing, by letter, fax or email. The **planholder** must confirm in writing that there are no further **claims** to be made. We will cancel the **plan** from the date we receive the instruction or on a future date given to us. We will not backdate the cancellation date of the **plan**.

We will issue a pro-rata refund as long as no **claims** have been made and accepted by us. If we have accepted a **claim**, we will not pay a refund. If the premium is paid every month or every three months and a **claim** has been made and accepted by us, the **planholder** must pay any outstanding premium for the rest of the **plan year** and no refund is due.

We can only refund the premium to the account it was originally paid from. We will not pay any further **claims** after the **plan** is cancelled.

We will charge an administration fee of £50, \$85 or €75 for cancelling the **plan**. The **planholder** must return all membership cards and the certificate of insurance on the **plan** cancellation date.

Death

If the **planholder** dies, we will offer their **dependants** continued cover, as long as we receive a signed individual application form from them within four weeks of the date of death.

If the **planholder's** **dependants** or personal representatives do not want to continue cover, they must tell us in writing by letter, fax or email. We will then cancel the **plan** and issue a pro-rata refund, as long as no **claims** have been made and accepted by us. If we have accepted a **claim**, we will not pay a refund.

We will ask to see a certified copy of the death certificate before we will issue a refund.

Corporate and group plans

The terms of this agreement apply to you and the **planholder**.

You must read the group member application form (if this applies), table of **benefits**, certificate of insurance, membership cards and this **plan** guide.

The group application form, group member application forms (if these apply), group declaration of health form (if this applies), group membership census, corporate agreement, table of **benefits**, certificates of insurance, membership cards and this **plan** guide form the contract between us and the **planholder**. The **planholder** must read these together.

The general conditions, **benefit** conditions and **benefit** exclusions in this **plan** guide apply to you. We can change the general conditions, **benefit** conditions, **benefit** exclusions and any other terms and conditions in this **plan** guide, the premium rates, discounts and/or surcharges at the beginning of the **plan year**. We will tell the **planholder** about any changes before they renew the **plan**.

All the **benefits** covered under this **plan** are shown on the table of **benefits**. The currency of your **benefit** limits will depend on the currency in which the premiums are paid. Your premiums can be paid in GB pounds (£), US dollars (\$) or Euros (€).

Group eligibility

Eligibility depends on **us** accepting the group application form, group member application forms (if these apply), group declaration of health form (if this applies), previous certificates of insurance (if these apply) and a complete group membership census.

A **plan** must be made up of a group of employees of the same company or members of an existing affinity group. The size of a group **plan** at the **start date** must be at least three main members (employees or affinity members). If the membership is below three at the **start date** or at a **renewal date**, the group cannot continue and **we** will offer individual **plans**.

The **plan** is available to people (depending on the age limits shown below) of all nationalities and their **dependants**, except citizens of the USA who live in the USA and people who are governed by exchange controls or local licensing regulations. Cover may also be illegal under local laws.

All **dependant** children under the **plan** must be unmarried. **Dependant** children aged 18 to 24 must be in continuous full-time education at their **start date**.

You cannot be older than 74 at **your start date**.

Any **dependants** of an employee or affinity member on the group **plan** must have the same **area of cover** as them. Under special circumstances **we** may allow groups of **dependants** to have different **areas of cover** to employees or affinity members.

Any optional add-on **plans** chosen for employees or affinity members can apply to them only or may also include all of their **dependants**. All **dependants** must have the same level of cover as the employee or affinity member on the optional personal **accident add-on plan**.

We can refuse cover under the **plan** for whatever reason. **We** may provide cover under the **plan** depending on any special terms which **we** may set and which will be shown on the certificate of insurance.

Group start date

Cover under the **plan** will begin immediately or on a future date given by the **planholder**, as long as **we** accept the application and have received the:

- group application form;
- group member application forms (if these apply);
- group declaration of health form (if this applies); previous certificates of insurance (if these apply); and
- group membership census.

We will tell the **planholder** the **start date** in writing after receiving the relevant documentation.

We cannot backdate cover under any circumstances. The **plan** will continue for 12 months or until the next **renewal date** or until the **plan** is cancelled or extended for any reason.

The premiums and **benefits** applied will be those in the quotation accepted by the **planholder**. **We** will collect any premiums due.

Group premiums

The **plan** is a yearly contract and the **planholder** must pay premiums either every three months, every six months or every year. The **planholder** can only pay optional add-on **plan** premiums yearly.

The **planholder** must pay premiums in GB pounds (£), US dollars (\$) or Euros (€). **Your plan** will be based on the currency in which it is paid.

We must receive the premiums (including any local taxes which apply) on or before the premium due dates and in the currency of the **plan**.

Premiums will change as a result of adding or removing employees, affinity members or **dependants** on the **plan**. Any extra premiums must be paid when **we** produce the next reconciliation statement. Any refund due to the **planholder** will be carried forward to the next reconciliation statement.

Ways to pay your group premiums

The **planholder** can choose to pay by:

- credit card;
- bank draft or cheque;
- bank transfer; or
- direct debit.

We can accept credit card payments by Visa, MasterCard or American Express. Please contact **us** about any other card types as **we** may still be able to accept it.

Completing **our** credit card authority form authorises **us** to take the relevant amount from the named account on or around the due date. This also authorises **us** to process any premiums for all future renewals until **we** receive written instructions from the **planholder** to change the method of payment, or cancel the **plan**. If **we** cannot collect a premium by credit card, for any reason, **we** may need to collect more than one premium on the next payment date.

The **planholder** is responsible for giving **us** current credit card details. The **planholder** must tell **us** about any changes to the credit card details to make sure that **we** can continue to collect any premiums due.

Cheques, bank drafts and bank transfers must be in the currency of **your plan**. When making a bank transfer, the **planholder** must give their full name and quotation or **plan** number as the reference.

We can only accept direct debits from UK bank accounts for **plans** in GB pounds (£). Completing **our** direct debit form authorises **us** to take the relevant amount from the named account on or around the due date. This also authorises **us** to process any premiums for all future renewals until **we** receive written instructions from the **planholder** to change the method of payment, or cancel the **plan**. If **we** cannot collect a premium by direct debit, for any reason, **we** may need to collect more than one premium on the next payment date.

Unpaid or late group premium payments

For **you** to enjoy the full **benefit** of the **plan**, the **planholder** must make sure the premiums are paid on or before the premium due date. **We** will tell the **planholder**, in writing, if a premium payment has been missed.

If the **planholder** has not paid the premiums, **we** will suspend all **claims** until the premiums are up to date.

We can cancel the **plan** if **we** do not receive payment within 30 days of the premium due date. If **we** cancel the **plan**, the **planholder** will have to reapply for a new **plan**. **We** will charge the premiums in force at that time and cover may have new terms.

Adding or removing group members

With **our** agreement, the **plan administrator** may add a new **member** after the **plan start date**. The **plan administrator** must do this in writing by letter, fax or email. Cover will start on the date that **we** receive the request, or on a future date given to **us**.

With our agreement, the **plan administrator** may add your newborn children as **dependants** during the **plan year**. If the **plan administrator** applies before the child is 30 days old with a completed newborn child application, with our agreement we will not apply any **moratorium** to the newborn child's cover and their **date of joining** will be their date of birth.

If the **plan administrator** applies after the child is 30 days old, a **moratorium** will apply. We will not backdate cover under any circumstances.

With our agreement, the **plan administrator** may remove a **member** after the **plan start date**. The **plan administrator** must make this request in writing by letter, fax or email and cover will end on the date that we receive the request, or on a future date given to us. The **plan administrator** must return the **member's** certificate of insurance and membership card to us.

If a **member** has been removed and they use a membership card to get **treatment** at a direct billing facility, the **planholder** will be responsible for paying any costs to the **treatment** provider. We will not be responsible for any costs after cover has ended.

Premiums may change in line with any agreed requests. We will send the **planholder** a reconciliation statement every three months to show these changes. The **planholder** must pay any extra premiums when we produce the next reconciliation statement. Any refund due to the **planholder** will be carried forward to the next reconciliation statement.

We will send the **plan administrator** a revised certificate of insurance and a new membership card (if this applies) showing the changes and any special terms that may apply.

Group member transfers

If a new **member** wants to transfer cover from another insurer, we will need an original certificate of insurance from their previous insurer, which shows their original start date with that insurer, underwriting terms, and any special terms that may have applied. If there is a break in cover between the end date of the previous insurance **plan** and the application, we will not be able to offer a transfer of previous underwriting terms.

A group **member** application form must be completed by each **member** to be transferred and sent to us by the **plan administrator**. If we accept the transfer application, we may charge an increased premium.

Our policy terms, conditions and **benefits** may be different from those offered by other insurers.

Continuing cover when leaving a group plan

If your cover with the group **plan** comes to an end, with our agreement you can be transferred to an individual **plan**, as long as you still meet the eligibility section on page 3 of this **plan** guide.

You must send us your application to continue cover before you leave the group **plan**. The premiums and **benefits** applied will be those in force at your new individual **plan start date**. If we accept the transfer application we may charge an increased premium.

The **start date** for your new individual **plan** will be the first day after leaving the group **plan**. We will collect any premiums due.

Changing the cover and optional add-on plans for groups

If a **member** needs to change their **area of cover**, the **plan administrator** must tell us in writing by letter, fax or email giving the reason for the change in circumstances. With our agreement, this change can be made at any time during the **plan year**. We will make this change from the date the **plan administrator** tells us or any future date they have given.

If the **country where a member lives** changes, the **plan administrator** must tell us in writing by letter, fax or email.

The **planholder** cannot make changes to how often the premium is paid, a **member's** plan type, the **plan** currency, **benefits**, **excesses**, **co-insurance** or optional add-on **plans** during the **plan year**. With our agreement, these changes can be made at the next **plan renewal date**. The **plan administrator** must tell us about the changes in writing by letter, fax or email before the **plan renewal date**.

Optional add-on **plans** cannot be added during the **plan year**. With our agreement, these can be included from the next **plan renewal date**. The **plan administrator** must tell us in writing by letter, fax or email before the next **plan renewal date**. Optional add-on **plans** are only valid when the UltraCare **plan** is in force.

Renewing your group plan

With our agreement, the **planholder** may renew the **plan** each year. The **planholder** must tell us all **material facts** about all **members** before the **renewal date** (please read general condition GC3).

If the **planholder** wants to renew the **plan**, they must tell us in writing by letter, fax or email before the **renewal date**.

We may change the definitions, **benefits**, general conditions, **benefit** conditions and **benefit** exclusions that apply to the **plan**. These will be sent to the **planholder** together with the renewal quotation at least six weeks before the **renewal date**. The **planholder** must pay the renewal premium on or before the **renewal date**.

With our agreement, the **planholder** can make changes to the **plan** at renewal.

Cover will no longer be eligible at the next renewal date if any child under the **plan**:

- marries;
- reaches the age of 18;
- leaves full-time education; or
- is in continuous full-time education but has reached the age of 25.

With our agreement, they can apply to have their own **plan** by completing an individual application form. As long as there is no break in their insurance cover, their **date of joining** will stay the same. Their application will be governed by the definitions, **benefits**, general conditions, **benefit** conditions and **benefit** exclusions in force at the time they move to their own **plan**.

We will not renew the group **plan** automatically.

If the **planholder** does not want to renew the **plan**, they must tell us in writing by letter, fax or email before the **renewal date**.

Cancelling the group plan

If the **planholder** wants to cancel the **plan**, the **plan administrator** must send a request to **us** in writing, by letter, fax or email. **We** will cancel the **plan** from the date **we** receive the instruction or on a future date given to **us**. **We** will not backdate the cancellation date of the **plan**.

As the **plan** is a yearly contract, **we** must receive any premium the **planholder** owes for the rest of the **plan year**. **We** will not refund any premium.

The **planholder** may have to pay charges for cancelling the **plan**. The **plan administrator** must return all membership cards and certificates of insurance on the **plan** cancellation date.

If a membership card is used to get **treatment** at a direct billing facility after the **plan** has been cancelled, the **planholder** will be responsible for paying any costs to the **treatment** provider. **We** will not be responsible for any costs after cover has been cancelled.

General conditions and benefit conditions

We will only pay **claims** under this contract of insurance if **you** meet these general conditions and the **benefit** conditions.

The following general conditions and **benefit** conditions apply to **your plan** and any optional add-on **plans** in this **plan** guide.

Your plan is governed by the following general conditions and **benefit** conditions.

General conditions

GC1 **We** will send all correspondence about the **plan** and any **claims** to the **planholder**.

GC2 The **planholder** must tell **us** immediately in writing by letter, fax or email about any important change which affects information given in connection with the application for cover under the **plan**, for example, **you** change **your** name, address, occupation, family doctor details, or there is a change of **planholder**.

We can change the terms, or cancel the **plan** if there is a change in circumstances as **we** have described above.

GC3 The **planholder** must tell **us** about all **material facts** before **we** accept an application or renew the **plan**. If the **planholder** does not tell **us** all **material facts** or misrepresents any **material facts**, it may affect **your** rights under the **plan**. A **material fact** is information likely to influence **us** in assessing or accepting the insurance. If **there is any** doubt about whether a fact is material, for **your** own protection, the **planholder** must tell **us**. The 24-month moratorium will still apply even if the **planholder** tells **us** about any **pre-existing medical conditions** **you** may have.

If **we** find out that the **planholder** has not told **us** about all **material facts** **we** can cancel the **plan** or apply different terms to the **plan**.

GC4 If **we** ask for more information to support a **claim**, this must be provided or **we** may not pay **your claim**. **We** also have the right to instruct a specialist of **our** choice to examine **you** as often as **we** feel is necessary to support a **claim**.

GC5 If there is a break in cover for any reason, **we** can change the terms of the **plan** and apply any special conditions.

GC6 The limits on **your** table of **benefits** will be shown in the same currency as the **plan** premium.

GC7 If the **country where you live** is in an area where **we** have to collect **insurance premium tax (IPT)** or local taxes, **we** will charge these on top of the premium due.

GC8 **We** can make an administration charge to replace or reissue policy documents or membership cards.

GC9 If **you** have paid for **out-patient treatment** and need to make a **claim**, **you** must follow **your claims** procedures and send all the information **we** have asked for as soon as possible.

GC10 If **you** make a **claim** which **you** know is false or fraudulent, **we** will refuse to make any **benefit** payments for that **claim**. If **we** have already paid any **benefit** **we** will recover any costs from the **planholder**. **We** will cancel cover from a date given by **us**.

GC11 If there is another insurance **plan** or a policy that covers the **claim**, including any reciprocal health insurance arrangements and they cover any of the same **benefits**, **we** will only pay **our** share of the **claim**.

GC12 If **we** reject a **claim** under the **plan** for any reason, **you** will have to prove that the **claim** is covered under the **plan**.

GC13 The **planholder** must tell **us** immediately in writing by letter, fax or email, about any **claim** or right of action against anyone else due to any circumstances which led to a **claim** under this **plan**. The **planholder** must continue to keep **us** informed in writing and take all steps **we** reasonably need to make a **claim** against the other person.

GC14 **We** are entitled to take proceedings in **your** name for **our** own benefit to recover any **claim** for costs, damages or otherwise, which relate to any **benefits** paid or due under the **plan**. **We** will decide how **we** handle any **claim**. **We** will have no responsibility for any **claim** for uninsured losses.

GC15 The **planholder** must tell **us** about any settlement discussions or negotiations that **you** enter into with anyone about any action which leads to a **claim** under this **plan**. **You** must not agree to a settlement with any person before **we** give **our** written agreement.

GC16 If **you** want to take legal action under the **plan**, **you** must do so within three years from the date the relevant event took place.

GC17 This **plan** is governed by the laws of England and Wales and any disputes will be dealt with by the exclusive jurisdiction of the courts of England and Wales (including non-contractual disputes and **claims**).

GC18 If the currency of a country becomes unstable due to political or economic problems and **claims** are received in the local currency, **we** will only pay for covered **medical treatment** up to an amount which, in **our** opinion, is **reasonable** for that country.

GC19 Any translated versions of **our** documents issued by **us** are for **your** information only. In the case of any dispute or discrepancy of wording or interpretation, the English version will apply.

Benefit conditions

BC1 All **treatment** must be given by **medical practitioners, specialists, consultants, registered nurses or therapists** with the aim to cure or substantially relieve **medical conditions**.

BC2 We must agree any **in-patient and daycare treatment** or medical evacuation before it takes place. Once **you** have received our agreement, **we** will settle all covered costs directly with the **treatment providers** concerned. If **you** do not get our agreement before it takes place, and **you** go ahead, **we** will only provide **benefit** for the eligible costs **we** would have negotiated, had **we** been involved.

BC3 We will pay for **hospital accommodation** up to the cost of a standard single en-suite room. This will include **your hospital meals**.

BC4 If **we** have not been given details of **your family medical practitioner** on **your** application form and a **claim** is made that **we** believe is for a **pre-existing medical condition**, **we** will reject the **claim**.

BC5 If **you** have area 3 cover and are a citizen of the USA, **we** will cancel **your plan** if **you** have spent more than 180 continuous days in the USA in any one **plan year**.

BC6 If **we** receive new information which means that a **claim** **we** have already approved is not valid, **we** will recover any costs **we** have already paid from the **planholder**.

BC7 If a local situation makes it impossible, dangerous or not practical to enter a specific area or country, **we** may be unable to arrange a medical evacuation.

BC8 If **you** choose to use a **visiting doctor** instead of an **in-house doctor**, **we** will only pay **reasonable** costs. If the **visiting doctor's** costs are not **reasonable** and not in line with the **in-house doctor's** costs, **you** will have to pay the difference.

BC9 We will only pay **reasonable** costs for covered **claims** up to the limits shown in **your** table of **benefits**.

BC10 Under the normal pregnancy and childbirth **benefit**, **we** will cover for no more than three routine antenatal ultrasound scans (one in each trimester) during the term of a normal uncomplicated pregnancy. If any more ultrasound scans are needed, **your** treating doctor must provide full reasons in the medical section of the **claim** form. **We** will cover 12 routine antenatal visits during the term of a normal pregnancy. If any more antenatal visits are needed, **your** treating doctor must provide full reasons in the medical section of the **claim** form, so **we** can consider cover.

Under the childbirth **benefit**, **we** will cover the following for the newborn child:

- one consultation to cover a physical examination, vitamin K, hepatitis B and BCG vaccine;
- one hearing test;
- routine blood tests for PKU, congenital hypothyroidism and G6PD;
- **reasonable** accommodation costs for no more than four nights for the newborn child, if the mother is admitted and not suffering any complications.

BC11 Complementary **treatment** must be on referral by a **medical practitioner, consultant or specialist**.

Benefit exclusions

Although **we** cover most **medical conditions**, the UltraCare **plan** does not cover **claims** for, arising from or connected with the following **benefit** exclusions unless shown on **your** table of **benefits**, in any written **plan** endorsement, or agreed by **us** in writing.

BE1 A **pre-existing medical condition** or **related medical condition** that, within a 24 month period before the **date of joining**, or the date shown on the special terms section of **your** certificate of insurance, has one or more of the following characteristics:

- was **foreseeable**;
- clearly showed itself;
- **you** had signs or symptoms of;
- **you** asked for advice about;
- **you** received **treatment** for;
- to the best of **your** knowledge, **you** were aware **you** had.

Pre-existing medical conditions or **related medical conditions** may be covered after **you** have had 24 months continuous cover under the **plan** and within that time **you** have not:

- experienced symptoms;
- asked for advice;
- needed **treatment**, medication, or a special diet; or
- received **treatment**, medication or a special diet.

If **you** have:

- experienced symptoms;
- asked for advice;
- needed **treatment**, medication, or a special diet; or
- received **treatment**, medication or a special diet;

then **you** will have to wait until **you** have completed a continuous 24 month period when none of these apply to **you**. **Pre-existing medical conditions** or **related medical conditions** may then be covered. This is the rolling part of the moratorium.

BE2 **You** exceeding a limit shown on **your** table of **benefits**.

BE3 A **benefit** not available on **your** **plan**.

BE4 **You** not completing a waiting period shown on **your** table of **benefits**.

BE5 Pregnancy, childbirth and postnatal costs whether complicated or not.

BE6 Travel costs for journeys from the **country where you live**, specifically made for the purpose of getting **medical treatment**, unless **we** have **pre-authorised** this.

BE7 Non-emergency transportation.

BE8 Burial, cremation or moving **your** body or mortal remains if **you** die in **your home country**.

BE9 Any journey, activity, action or pursuit carried out against the advice of a **medical practitioner, specialist or consultant, registered nurse or therapist**.

BE10 **Treatment** by a **medical practitioner, specialist or consultant** who is in any way related to **you**.

BE11 Alcohol, drug or any other intoxicating substance **abuse**, any addictive condition of any kind and any **medical condition** arising directly or indirectly from any such **abuse** or addiction.

BE12 A **medical condition** due to **you** being under the influence of alcohol, drugs or any other intoxicating substance.

BE13 Male to female or female to male gender reassignment.

BE14 Tests and **treatment** because of sexually transmitted diseases.

BE15 Experimental or unproven **treatment**, unless **we** have **pre-authorized** this.

BE16 Bone-marrow transplants, the costs of finding and obtaining an organ, **treatment** as a result of removing an organ from a donor, **treatment** for removing an organ from **you** to transplant it into another person and any resulting complications.

BE17 Cryopreservation, implantation or re-implantation of living cells or living tissue, whether autologous or provided by a donor.

BE18 Foetal **treatment**.

BE19 Terminating a pregnancy.

BE20 Congenital abnormalities or birth defects.

BE21 Suicide, attempted suicide or any deliberate, self-inflicted **medical conditions**.

BE22 Putting yourself in needless danger, except in an attempt to save human life.

BE23 **Medical conditions** suffered by military, naval or air force personnel due to **you** taking part in any military, naval or air force operation or exercise.

BE24 Including but not limited to taking part in war, riots, revolution or any similar event, strikes, lock-outs, civic commotion, terrorism, military or usurped power or any illegal or criminal act.

BE25 Weapons of mass destruction (nuclear, biological or chemical), whether this involves an explosion or not.

BE26 Contamination from chemical, biological and nuclear materials, including waste products from the combustion of nuclear fuel.

BE27 **Medical conditions** due to **you** taking part in **professional sports** or using a weapon or firearm.

BE28 Sleep apnoea, sleep-related breathing disorders, snoring or insomnia.

BE29 Learning difficulties or disorders, developmental disorders and speech or voice problems.

BE30 Cosmetic, reconstructive, or remedial **treatment**, whether or not for psychological reasons and any complications, unless they are needed as the direct result of a covered **medical condition**.

BE31 Removing fat from any part of the body, breast reduction or breast enlargement.

BE32 **Treatment** in a quarantine, isolation ward or unit, nursing home, hydro spa, spa, health farm or similar establishment.

BE33 Preventative services for sight and hearing examinations.

BE34 Myopia, hypermetropia, astigmatism, natural or non-medical degenerative sight disorders, non-medical or natural degenerative hearing disorders, aids to help with **your** sight and hearing, contact lens solutions, eye drops, sunglasses and prescription sunglasses.

BE35 Ear or body piercing and tattooing, and any **treatment** needed as a result of any of these.

BE36 Preventative services for **dental** examinations and **treatment**, scraping, scaling, cleaning, polishing, removable bridges, dentures, false teeth, **dental** implants or **orthodontic treatment**.

BE37 Compulsive or addictive eating disorders or being homesick.

BE38 Obesity, special diet and weight control.

BE39 Children's food, baby supplies, vitamin, mineral or organic supplements, products that can be obtained without a doctor's prescription, including, but not limited to, mouthwash, toothpaste, antiseptic lozenges or sprays, shampoo or sunscreen.

BE40 Supplying, maintaining or fitting any external prostheses, appliance or device, and renting or buying crutches, wheelchairs or other equipment, medical or otherwise. **We** will pay for a spinal support, knee brace or air cast boot if it is part of a surgical operation or part of the **treatment** for a covered **medical condition**.

BE41 Costs for completing **claim** forms or other documentation.

BE42 Any **consequential loss**.

BE43 **Treatment** after **your end date** unless **your** cover has been renewed, the premium is paid and the **treatment** is eligible.

BE44 Any **treatment** relating to a **hospital** admission at the time of **your start date**, which **you** did not tell **us** about and **we** have not accepted.

BE45 Any **treatment** relating to a planned **hospital** admission that **you** were aware of at **your start date**, which **you** did not tell **us** about and **we** have not accepted.

BE46 Medication, drugs and dressings which are not recognised by the pharmaceutical regulator in a given country or are available without prescription from a **medical practitioner, specialist or consultant, registered nurse or therapist**.

BE47 **Treatment** as a result of proven medical negligence or malpractice.

BE48 Any **excess** or **co-insurance** which applies to **your plan**.

BE49 Infertility tests and treatment, contraception, sterilisation or fertilisation, **treatment** for sexual problems (including impotence, whatever the cause), assisted reproduction (for example, IVF **treatment**) or surrogacy.

BE50 Any **treatment** needed for a newborn child as a result of a pregnancy following assisted conception. For example, a premature newborn child requiring admittance into a Special Care Baby Unit or other Paediatric Intensive Care Unit. Any complication arising during the antenatal, childbirth or postnatal period in a pregnancy resulting from assisted conception will be limited to the amounts shown in the normal pregnancy and childbirth section of **your** table of **benefits** if cover applies.

Extra benefit conditions and benefit exclusions which apply to optional add-on plans

The following extra **benefit** conditions and **benefit** exclusions will apply to **your** optional add-on **plan**. If **you** have an optional add-on **plan**, this will be shown on **your** certificate of insurance.

Benefit conditions for the optional maternity add-on plan

BCM1 The minimum age at entry for this **plan** is 18. The maximum age at entry is 44. Once **you** have reached the age of 46 during **your plan year**, **your** cover will not be renewed.

BCM2 The **co-insurance** **you** choose will apply for the first 24 months continuous cover under this **plan**.

Benefit exclusions for the optional maternity add-on plan

The optional maternity add-on **plan** does not cover **claims** for, arising from or connected with the **benefit** exclusions listed on pages 9 to 10 and the **benefit** exclusions listed below.

BEM1 Claims for **treatment** received within 12 months of **your date of joining** the optional maternity add-on **plan**.

BEM2 Birth defects or congenital abnormalities of a newborn child that either parent:

- knows exists;
- suffers from;
- has had **treatment** or medication for; or
- knows has been present in their **immediate family**;

before the **date of joining** the optional maternity add-on **plan**.

BEM3 Treatment of birthmarks.

Benefit conditions for the optional personal accident add-on plan

BCPA1 We provide cover for managerial, clerical and administrative occupations only. If **you** regularly take part in any occupation, sport, pastime or other activity which puts **you** at greater risk of a **bodily injury** caused by an **accident**, the **planholder** or **your plan administrator** must tell us. We will tell the **planholder** or **plan administrator** if we agree to cover **you** and let them know any extra premium that will apply.

BCPA2 We will not be legally responsible for paying any compensation higher than the amount shown as the maximum accumulation limit in the table of **benefits**, from all sources for any one location or conveyance.

BCPA3 We will not pay **you** more than the overall maximum limit for each unit shown in the table of **benefits**, for any one or more **accidents**.

BCPA4 If **you** suffer one or more permanent total or permanent partial disablements within 12 months of an **accident**, we will only pay up to the **benefit** limits shown on **your** table of **benefits** that applied in the **plan year** when **you** had the **accident**.

We will not pay any more than the overall limit shown on **your** table of **benefits**.

BCPA5 If **you** die within 12 months of an **accident**, we will only pay up to the **benefit** limit shown on **your** table of **benefits** that applied in the **plan year** when **you** had the **accident**. If **you** die before we pay any disablement **benefit**, we will only pay the accidental death **benefit**.

If we have already paid **you** for any disablement **benefit** under this **plan** for any **accident** which happened in the same **plan year**, the accidental death **benefit** amount we will pay to **your** personal representative will be reduced by the value of any **claims** we have already paid.

We will not pay any more than the overall limit shown on **your** table of **benefits**.

BCPA6 We must be told as soon as possible about any **accident** which causes or may cause a **claim**.

BCPA7 Cover is not provided for sickness or disease.

BCPA8 You must make all medical records, notes and correspondence we need available to us and any medical adviser we have appointed.

BCPA9 For any **claim** to be considered for loss of sight of both eyes, **you** must be diagnosed as blind on the authority of a fully qualified ophthalmic specialist.

BCPA10 For any **claim** to be considered for loss of sight of one eye, the degree of sight after correction must be 3/60 or less on the Snellen Scale (seeing at 3 feet what **you** should see at 60 feet) or an equivalent scale.

BCPA11 If **you** have an existing **medical condition** and suffer a **bodily injury** because of an **accident**, we will ask an independent **medical consultant** to assess if **your** existing **medical condition** has contributed to **your** disability after the **accident**, or if **your** disability after the **accident** has made **your** existing **medical condition** worse. We will decide the difference between **your** existing **medical condition** and the disability suffered after the **accident** and pay any **claim** based on this difference. This will be expressed as a percentage and applied to the appropriate **benefit**.

An example of this is;

You are partially deaf in **your** right ear. **You** have an **accident** which causes total permanent loss of hearing in **your** right ear.

We will ask an independent ENT **specialist** to assess the difference between the level of deafness **you** had before and after the **accident**. If the independent ENT **specialist** advises that the deafness in **your** right ear before the **accident** was at 25%, we will pay 75% of **your** **benefit** limit for total deafness of one ear.

BCPA12 This **plan** is only available for **members** aged 18 and over.

Benefit exclusions for the optional personal accident add-on plan

The optional personal **accident** add-on **plan** does not cover **claims** for, arising from or connected with **benefit** exclusions BE2, BE3, BE9, BE10, BE11, BE12, BE21, BE22, BE23, BE24, BE25, BE26, BE27, BE41, BE42 and the **benefit** exclusions listed below.

BEPA1 Claims directly or indirectly, caused by, happening through, or as a result of aviation, other than as a fare-paying passenger in a fully-certified passenger carrying aircraft, flown in the course of licensed operation for transporting passengers by licensed crew.

BEPA2 Claims caused by taking part in manual or dangerous occupations, dangerous sports, pursuits or activities including, but not limited to, mountaineering, rock climbing, potholing, winter sports, canyoning, racing of any kind except on foot, scuba-diving, parachuting, **professional sports**, riding as a driver or passenger on a motorcycle, moped or motorised scooter.

BEPA3 Any **accident** that happens before **your start date** or after **your end date**.

Benefit conditions for the optional travel add-on plan

BCT1 The maximum period to tell us about a **claim** is 31 days after the end of **your trip**.

BCT2 We have the right to move **you** from one **hospital** to another or arrange to move **you** to a different location. We will do this if, in our opinion or that of the attending **medical practitioner**, **you** can be moved safely to continue **treatment**.

BCT3 The **planholder** must tell us as soon as possible about any change in risk which affects **your plan**, including;

- **you**, a person **you** are travelling with, a **business colleague** or a **close family member** receiving confirmation of a new or changed **medical condition** or currently being under medical investigation
- **you** plan to take part in any dangerous sports, pursuits or activities during **your trip**.

We have the right to re-assess **your** cover, premium and the terms and conditions of the **plan** after the **planholder** has told us about this change.

Any **claim** related to a change in risk that the **planholder** has not told **us** about may be reduced or rejected or **your plan** may be cancelled.

BCT4 You must keep any damaged items that **you** want to **claim** for and, if **we** ask, send them to **us** at **your** own cost. If **we** pay a **claim** for the full value of an item, it will become **our** property.

BCT5 We may discharge any of **our** legal responsibilities under this **plan** by replacing or repairing any item or items lost or damaged.

BCT6 If **you** want to change **your** original plans for returning home and **claim** any extra costs, **you** must tell **us**. If **you** do not tell **us**, it may affect **your claim**.

BCT7 You must take care of **your** property at all times and take all practical steps to recover any item lost or stolen. If **you** do not do this, it may affect **your claim**.

BCT8 You must provide **us** with a statement from **your** carrier giving details of **your** delayed departure when making a **claim**.

BCT9 You must have planned to arrive at **your** departure point before **your** earliest scheduled check-in time and give **us** a written report from the carrier, police or relevant transport authority confirming the delay and stating its cause.

BCT10 You must get a report from repairers if **your claim** is because of breakdown or damage to **your** vehicle.

Benefit exclusions for the optional travel add-on plan

Section A of the optional travel add-on **plan** does not cover **claims** for, arising from or connected with the **benefit** exclusions listed on pages 9 to 10 and the **benefit** exclusions below.

BET1 Trips made for the specific purpose of receiving **medical treatment**.

BET2 A pre-existing **medical condition** you had before the date of booking a **trip** or the date shown on **your** certificate of insurance, whichever is later.

BET3 A pregnancy where;

- **you** are travelling against **your** doctor's advice;
- **you** are 26 weeks or more into **your** pregnancy when **you** start **your trip**;
- there have been complications relating to your pregnancy before **your trip**;
- it is a multiple pregnancy; or
- the pregnancy is the result of assisted reproductive programmes (for example, IVF).

BET4 Any **treatment** which is not immediately necessary and can wait until **you** return to the **country where you live**.

Sections B to I of the optional travel add-on **plan** do not cover **claims** for, arising from or connected with **benefit** exclusions BE2, BE3, BE9, BE10, BE11, BE12, BE21, BE22, BE23, BE24, BE25, BE26, BE27, BE37, BE41, BE42 and BE47, BET2 and the **benefit** exclusions listed below.

BET5 **Claims** brought against a tour operator, travel agent or carrier.

BET6 Pressure waves resulting from any aircraft or other flying object travelling at, or above the speed of sound.

BET7 Changes in exchange rates.

BET8 Any costs **you** would normally have to pay in connection with **your trip**.

BET9 Any person, organisation or company becoming insolvent or being unable or unwilling to fulfil any part of their obligation to **you**.

BET10 Any costs **you** have to pay for visas needed in connection with **your trip**.

BET11 **You** deciding not to travel, not enjoying **your trip** or not travelling because **you** could not afford it.

BET12 Cancellation due to terrorist acts, or the threat of a terrorist act unless government advice is changed to advise against travelling to the area.

BET13 Unauthorised use of traveller's cheques or credit cards.

BET14 More than the cost of the original **trip**.

BET15 Any extra value an item may have had because it formed part of a pair or set.

BET16 Loss or theft from an unattended vehicle at any time.

BET17 Loss, damage or expense as a result of travelling to an area that the government of the **country where you live** has advised against travelling to.

BET18 Riding on a motorcycle as the driver or passenger if;

- **you** do not hold a current and appropriate motorcycle licence; or
- **you** are not wearing the necessary safety equipment.

Sections B, D, G and H of the optional travel add-on **plan** do not cover **claims** for, arising from or connected with the below.

BET19 Government regulations or acts and currency restrictions.

BET20 Neglect or failure to act by the provider of transport or accommodation or an agent the travel arrangements were made through.

BET21 Expenses payable by or to the tour operator, hotel, airline or other carrier.

BET22 Unused accommodation, activities or travel arrangements or any administration costs for refunds of these charged by **your** travel agent, tour operator or provider.

BET23 Extra charges made by the tour operator.

BET24 Failure to tell **your** travel agent, tour operator or provider of transport or accommodation as soon as **you** know that **you** need to cancel **your** travel arrangements.

BET25 Failure to check-in at the place of departure, unless supported by a signed statement or report confirming the period of delay from;

- the carrier (or the carrier's handling agents);
- the tour operator or tour operator's representative; or
- public transport provider;

at the place of departure.

BET26 Withdrawal from service of an aircraft or sea vessel, whether temporary or otherwise, on the recommendation of a relevant port authority, the civil aviation authority or any similar organisation.

BET27 Strike or industrial action taking place or publicly declared on or before the date the **trip** is booked.

BET28 Cancelling or cutting short **your trip** if **you** knew that **you** may need to do so when joining this **plan** or booking **your trip**, whichever is later.

Sections F, G, H and I of the optional travel add-on **plan** do not cover **claims** for, arising from or connected with the below.

BET29 Damage due to moth, vermin, wear and tear, atmospheric or climatic conditions, gradual deterioration, loss of value, mechanical or electrical breakdown or damage caused by any process of cleaning, repairing or restoring, or damage caused by leaking powder or fluid carried within **your** baggage.

BET30 Breakage of fragile items including china, glass or sculptures.

BET31 Damage to sports equipment or clothing when in use.

BET32 Loss due to customs or any other authority legally taking or destroying **your** belongings.

BET33 Loss of, or damage to, stamps, documents, deeds, manuscripts or securities of any kind.

BET34 Loss or damage to items when in the custody of an airline or other carrier unless reported immediately upon discovering the loss and in the case of an airline, getting a property irregularity report.

BET35 Loss of, or damage to, goods, samples or tools hired or held in trust by **you**, but **you** do not own.

BET36 Loss of, or damage to, jewellery or photographic equipment carried in **your** luggage unless with **you** at all times.

BET37 Loss of, or damage to, contact or corneal lenses.

BET38 Shortages due to loss of value, omission, exchange or mistakes.

BET39 Theft or suspected theft not reported to the local police within 24 hours of discovery and supported by a report.

BET40 Loss or theft of cash or valuables not personally carried by **you** unless held in a safety deposit box or safe that is not in **your** room or apartment.

BET41 Unattended baggage.

Complaints

We always aim to give **you** a first-class service. However, there may be times when **you** may feel that **we** have not achieved this aim. If this is the case, please contact:

Complaints Team – InterGlobal Limited
Woolmead House East, The Woolmead, Farnham, Surrey, GU9 7TT,
United Kingdom.
Telephone: +44 (0)1252 745 910
Email: complaints@interglobalpmi.com

If **you** feel that **we** have not been able to resolve the matter to **your** satisfaction, please write to:

Chief Executive Officer – InterGlobal Limited
Woolmead House East, The Woolmead, Farnham, Surrey, GU9 7TT,
United Kingdom.

If **you** are still not satisfied and want to take **your** matter further, **you** may have the right to refer it to:

Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London
E14 9SR
United Kingdom
Telephone: +44 (0)845 080 1800
Email: complaint.info@financial-ombudsman.org.uk
Website: www.financial-ombudsman.org.uk

To help **us**, please quote **your plan** number and **claim** number (if this applies) with as much information as **you** can about **your** complaint, as well as **your** full contact details.

Compensation arrangements

We are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme if **we** cannot meet **our** financial responsibilities. This depends on the type of business and the circumstances of the **claim**. Insurance advising and arranging is covered for 90% of the **claim**, with no upper limit. **You** can get more information about the compensation scheme from the FSCS website at www.fscs.org.uk

Plan definitions

Abuse – the excessive use of alcohol, drugs or any other intoxicating substance. This includes use of drugs for a reason which is different to what they were intended for, in a manner or in quantities other than as directed or prescribed on medical authority.

Accident – any involuntary, sudden or unexpected event resulting in a **bodily injury** to **you**.

Acute – a **medical condition** that responds to **treatment**, which aims to return **you** to **your** previous state of health or leads to **your** full recovery.

Area of cover – the geographic area of the world in which **your plan** applies. This is shown on **your** certificate of insurance.

Benefit, benefits – the cover provided by **your plan** and any extensions or restrictions shown in **your plan** guide, certificate of insurance and table of **benefits**.

Birth defect – any deformity, abnormality or disability, arising during pregnancy, or caused during childbirth.

Bodily injury – any physical harm or damage to **you**.

Business colleague – an associate who is employed in the same company as **you**.

Cancer – a malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

Chronic – a **medical condition** which has one or more of the following characteristics:

- needs ongoing or long-term monitoring through consultations, examinations, check ups or tests;
- needs ongoing or long-term control or relief of symptoms;
- requires **your** rehabilitation or for **you** to be specially trained to cope with it;
- continues indefinitely;
- has no known cure;
- comes back or is likely to come back.

Claim, claims – when **you** or **your** agent, personal representative, assignee or trustee in bankruptcy seek payment or settlement under the terms and conditions of the **plan**.

Close family member – a **dependant**, parent, step-parent, parent-in-law, grandparent, grandchild, brother, sister, brother-in-law, sister-in-law, son-in-law, daughter-in-law or guardian.

Co-insurance – the percentage of costs for a covered **claim** that **you** must pay.

Congenital abnormality – a **medical condition** that is present at birth or is believed to have been present since birth, whether it is inherited or caused by an environmental factor.

Consequential loss – any costs you must pay that may be associated with a **claim** but are not covered under the **plan**. For example, loss of earnings as a result of a **medical condition**.

Consultant – please see **specialist**.

Continuation of Personal Medical Exclusions (CPME) – if you transfer from another insurer we may offer to continue the same underwriting terms including any special exclusions which previously applied to you. You will not be subject to any new personal underwriting terms. Cover will still be governed by the **benefits**, terms and conditions of your **plan** with us except for **benefit** exclusion BE1.

Country where you live, country where a member lives – the country you live in for most of the time, usually for a period of at least six months, during a **plan year**.

Critical – a **medical condition** which is unstable and serious, where the outcome cannot be medically predicted, prognosis is uncertain and the person may die.

Curtailed, curtailment – you abandon a **trip** due to a factor or factors beyond your control.

Date of joining – when you first became a **member** on the **plan**.

Daycare treatment – **treatment** at a **hospital** where you stay in a bed, but do not stay overnight.

Dental – that which affects the teeth and gums.

Dependant – a **planholder**, employee or affinity **member's**:

- husband, wife or partner;
- unmarried child, stepchild or legally adopted child under the age of 18;
- unmarried child under the age of 25 who is in full-time education. We may need written proof from the educational institution where they are enrolled.

Diagnostic tests and procedures – a **medically necessary** test or examination to investigate the cause of your symptoms.

Emergency – a sudden, unexpected **acute medical condition** or an unexpected **acute** episode of a **chronic medical condition** that, without **treatment** within 48 hours of onset, could result in death or serious damage to bodily functions.

Excess – the amount you must pay towards the cost of a covered **claim** as shown on your table of **benefits**. The different types of **excess** are:

- **Excess** for each visit. You must pay this **excess** for each doctor consultation you have, no matter how many **medical conditions** are treated by that doctor on that day. This **excess** applies to out-patient and **specialist** consultations for each different doctor seen on that day, even if there is a referral from one doctor to another on the same day.
- **Excess** for each **medical condition**. This **excess** applies to each **medical condition** claimed in each **plan year**. For example, if you send in four **claims** for two **medical conditions**, you must pay two **excesses** in the **plan year**.
- **Excess** for each **member**. This **excess** applies to you once every **plan year**, no matter how many **claims** you make in each **plan year**.

End date – the last day you have cover under the **plan**.

Foreseeable – a **medical condition** that could be reasonably anticipated.

Home country – the country you are from as given to us on your application.

Hospice – an organisation providing services for patients with **terminal** illnesses. **Hospice** care may be received as an in-patient or out-patient, at home, or at a centre for controlling pain and other symptoms.

Hospital – an establishment legally licensed as an institution for giving **treatment** under the laws of the country in which it is located.

Immediate family – a blood relative.

In-house doctor – a doctor who is employed by the **hospital**, is considered a permanent member of staff and charges in line with **hospital tariffs**.

In-patient treatment – **treatment** at a **hospital** where you need to stay in a bed for one or more nights.

Insurance premium tax (IPT) – a government tax which we must collect at the rate that applies in the **country where you live**.

Intrinsic value – the actual cash value of an item at the time of loss or damage, including appropriate deductions for wear and tear.

Material facts – information likely to influence us in the assessment or acceptance of your **plan**.

Medical conditions – signs or symptoms, injury, illness, sickness or disease.

Medical History Disregarded (MHD) – we will not exclude cover for **medical conditions** that are known to have existed before your **date of joining**. Cover will still be governed by the **benefits**, terms and conditions of your **plan** except for **benefit** exclusion BE1.

Medical practitioner – a person who is registered and licensed to practise medicine in the country where **treatment** is provided and has obtained the primary degrees in medicine and surgery following attendance at a recognised medical school listed within the World Directory of Medical Schools published by the World Health Organisation.

Medical necessity, medically necessary – **treatment** prescribed by your **medical practitioner**, attending **specialist** or **consultant**, which is appropriate for your **medical condition** and is in line with accepted medical standards.

Member – see you, your.

Moratorium – a waiting period of 24 months from your **date of joining**, or the date shown on the special terms section of your certificate of insurance, that must have passed before **claims** for **pre-existing medical conditions** may be eligible under the **plan**. Please read **benefit** exclusion BE1. The **moratorium** also applies to optional add-on **plans**.

Natural teeth – any teeth that are original and organic, not artificial implants or replacements.

Non-paying patient – when you receive **in-patient** or **daycare treatment** in a **hospital** free of charge.

Nursing at home – services of a **registered nurse** in your home when prescribed and supervised by a **medical practitioner**, **consultant** or **specialist** and related directly to a **medical condition** for which you are receiving **treatment** under the **plan**.

Orthodontic – that which affects the structure, function, development or appearance of the teeth, upper or lower jaw or the oral cavity.

Our – see us.

Out-patient treatment – **treatment** at a **hospital**, consulting room, or **out-patient clinic** where you do not need a bed.

Palliative – **treatment** aimed to relieve the symptoms, rather than to stop, delay, or reverse progression of the **medical condition** causing them or provide a cure.

Personal effects – personal belongings, including clothing worn and personal luggage owned by **you** that **you** take with **you** on **your trip**.

Physiotherapist – a person who is qualified to practise physiotherapy and is licensed in the country where **treatment** is provided.

Plan – the contract between the **planholder**, **you** and **us**, to provide cover in line with the table of **benefits**, general conditions, **benefit** conditions and **benefit** exclusions shown in **your plan** documents.

Plan administrator – the person who acts as co-ordinator with **us** for **your group plan**, as chosen by the **planholder**.

Plan start date – the date the **plan** begins and any future **renewal date**.

Plan year – a period of 12 months from the **plan start date**, as shown on a valid certificate of insurance.

Planholder – the person or organisation **we** have issued the **plan** to as named on a valid certificate of insurance.

Pre-authorised, pre-authorisation – the process **you** must follow to get approval from **us** before receiving or incurring costs for **treatment**. **Pre-authorisation** may be withdrawn by **us** if new information means a **claim** is not covered.

Pre-existing – any **medical condition** or **related medical condition** which has one or more of the following characteristics:

- was **foreseeable**;
- clearly showed itself;
- **you** had signs or symptoms of;
- **you** asked for advice about;
- **you** received **treatment** for;
- to the best of **your** knowledge, **you** were aware **you** had.

Preventative services – **treatment** where no **medical condition** or symptoms are present.

Professional sports – sports which **you** are being paid to take part in and where any payment received is the main source of **your** income.

Psychiatric – a **medical condition** which affects **your** mind, mental function or emotions whether the cause is organic, traumatic or reactive.

Public transport – any paid and licensed form of transport.

Reasonable - the standard cost of **treatment** or services within the same country or geographical region based on **our** experience and knowledge.

Registered nurse – a qualified nurse who is currently practising and is on the professional register of nursing in the country where **treatment** is provided.

Rehabilitation – **treatment** aimed to restore **your** health or mobility to help **you** live a more independent life.

Related – a **medical condition** that in the opinion of both **your medical practitioner**, **specialist** or **consultant** and **us** is:

- a direct result of another **medical condition**;
- a result of another **medical condition**;
- associated with another **medical condition**; or
- an associated risk factor of another **medical condition**.

Renewal date – the anniversary of the **start date** of the **plan** as shown on a valid certificate of insurance.

Routine health check – **diagnostic tests and procedures** where no **medical condition** or symptoms are present.

Specialist – a **medical practitioner** who is practising and has a recognised certificate of higher **specialist** training or a **consultant** appointment (or equivalent), in the field of medicine for which the **treatment** is needed and in the country where **treatment** is provided.

Start date – the date **you** join the **plan** or any future **renewal date** as shown on a valid certificate of insurance.

Terminal – the end stages of a **medical condition** where life expectancy is considered to be weeks or months. **Treatment** is limited to relief of symptoms and no active **treatment** is being given.

Therapist – a chiropractor, osteopath, homeopath, acupuncturist or Chinese herbalist who is qualified and licensed in the country where **treatment** is provided.

Treatment – any surgical or medical services, including **diagnostic tests and procedures**, which are needed to diagnose, relieve or cure a **medical condition**.

Trip – a journey or period of travel which does not exceed the duration shown on **your** optional travel add-on **plan** table of **benefits**. This includes the dates of departure from and the return to the **country where you live** as given to **us** by the **planholder**.

Unattended baggage – leaving **your** luggage:

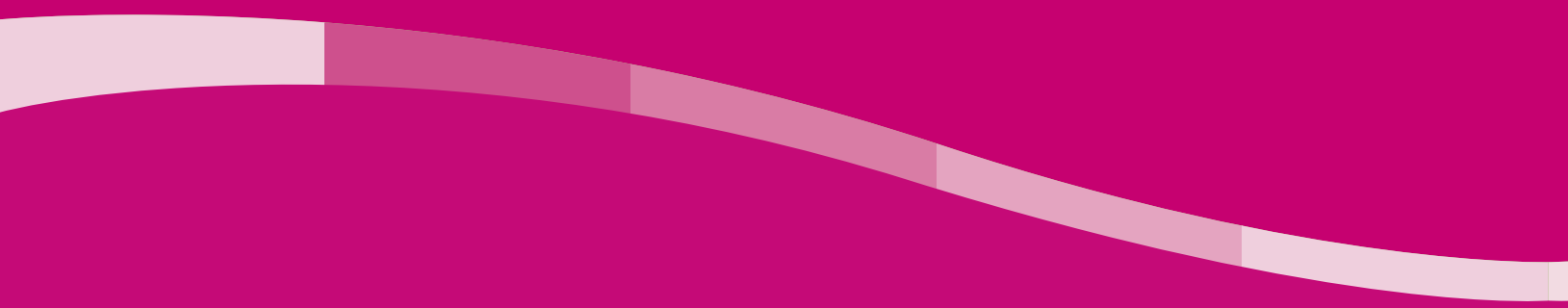
- with a person **you** have not previously met;
- in a public place where it can be taken without **your** knowledge; or
- at a distance from which **you** cannot prevent it from being taken.

Us – the insurer as shown on the certificate of insurance.

Visiting doctor – a doctor who is not employed by the **hospital** but has a contract to use the **hospital** facilities and may have different charges to the **hospital** tariffs.

We – see **us**.

You, your – a person who has met the eligibility criteria of the **plan** and is named on a valid certificate of insurance.



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