



Policy Wording



IMPORTANT

This Policy Wording is to be read in conjunction with Your Policy Schedule, Your Application Form, the Benefit Schedule and any written Endorsements, Amendments or Riders attaching to Your Policy. The Policy is an annual contract between certain Underwriters and those persons named as Insured Persons in the Policy Schedule.

This Policy is only intended for use by expatriates with a European nationality resident in the countries of Andorra, Cyprus, Gibraltar, Portugal and Spain.

Please ensure that You carefully read Your Policy Wording and the Policy Schedule to ensure that all the details shown are accurate and correct. If this is not the case please notify Us immediately.

Cooling Off Period: If for any reason You are not satisfied with the Policy provided You may cancel Your cover within 30 days of the Effective Date or any subsequent Renewal Date and, so long as You have not made a claim, Your premium for the new Period of Cover will be refunded in full.

Material Facts: You must declare to Us any material fact which may affect Our acceptance of Your

application for cover. If You are unsure as to whether a fact is material it should be disclosed. In the event that We discover that You have not declared a material fact, which We believe would have affected Our consideration of Your application, after the commencement of Your cover, We reserve the right to cancel all cover without refund of premium and We will be entitled to reclaim any monies paid to You.

Your Data: Your data will be protected by Us in accordance with the Data Protection Act. You have the right to access any personal information that we hold in respect of You. You also have the right to amend or delete any information We hold about You, if You believe that it is inaccurate or out of date. In some circumstances it will be necessary for Us to pass on Your data to third parties to enable Us to underwrite, manage and administer Your insurance coverage and any subsequent claim or renewal. This may include, but is not limited to, Underwriters, Medical Practitioners, Hospitals, Medical Assistance Companies, Claims Administrators and Loss Adjusters. Your signing of the application form gives Us permission to pass on Your personal information, solely for the purposes referred to above, which includes any sensitive information, such as Your medical information.



Section 1 - DEFINITIONS

The following words have the same meaning wherever they appear in this Policy Wording. No words in this Policy Wording are gender specific and are applicable to both male and female subjects.

Accident - A bodily injury resulting solely from sudden & unexpected external force and which is independent of all other causes.

Advice - Any information, consultation or Treatment received from a Nurse, Physician or Specialist pertaining to Your health; including the issuing of any medication or prescription for repeat medication.

Acute - An Accident or Illness that is not Chronic and that responds quickly to Treatment and which leads to Your full recovery.

Chronic - An Illness that fails to respond effectively to Treatment, or is ongoing or frequently recurring without likelihood of complete cessation, or requires Palliative Treatment, or requires constant or long periods of supervision.

Commencement Date - The date on which the Policy becomes effective as shown on the Policy Schedule.

Co-insurance - The percentage You must pay in respect of any Covered Charges, as detailed in the Policy Wording or as shown in the Benefit Schedule. In all instances any Excess applicable must be satisfied before the Co-insurance becomes effective.

Company/Our/Us/We - Expatriate Healthcare acting on behalf of certain Underwriters, including any organisation appointed by Us to act on Our behalf.

Complementary Medicine/Therapies - Treatment or medicine provided by a registered and properly qualified Osteopath, Chiropractor, Homeopath and Acupuncturist on the written recommendation of Your treating Physician for a Covered Charge.

Cosmetic Surgery - Surgery performed primarily to change or restore physical appearance.

Country of Residence - The country where You live for at least 6 months during any Period of Cover.

Covered Charges - Any valid charge incurred for Your Medically Necessary Treatment which is Reasonable and Customary and incurred during the Period of Cover.

Day Care Treatment - Medically Necessary Treatment received in a Hospital that requires the use of an operating theatre, but where You are not admitted to a Hospital bed overnight.

Dependant - A family member of the Primary Insured who is either:

- the legally married spouse, provided the spouse is at least 18 years of age and younger than 60 at the time of application for cover under this Policy and permanently resident with You, or
- the same gender partner or common law partner, provided the partner is at least 18 years of age and younger than 60 at the time of application for cover under this Policy and permanently resident with You, or
- a child, who is unmarried, below 21 years of age, permanently resides with, and is financially Dependant on You.

Effective Date - The date of first inclusion under this Policy of each Insured Person, as noted on the Policy Schedule.

Emergency Medical Evacuation - A medical condition or situation, which in Our opinion, cannot adequately be treated in the location in which it has arisen. In this event the Emergency Assistance provider will arrange for You to be transferred to the nearest location where adequate appropriate Treatment can be provided.

Excess - The amount payable by You, as detailed in Your Policy Schedule, in respect of each new medical condition, before any claims are payable by Us. In all instances the Excess must be satisfied before any Co-insurance becomes effective.

Geographical Treatment Area - The countries of Andorra, Cyprus, Gibraltar, Portugal, Spain and Your Home Country; the geographical regions in which You are able to receive Treatment for a covered Medical Condition.

Home Country - The country of origin for which You hold a passport, as noted on Your Policy Schedule.

Hospital - A facility which is operated as a Hospital in accordance with the laws of the respective country, is open at all times, is operated mainly to diagnose and treat Illnesses as an Inpatient, has organised facilities for major Surgery, has a staff of one or more Physicians on call at all times, has 24 hour nursing services by, or under, the supervision of government licensed nurses, is not other than incidentally a skilled nursing facility, clinic place for alcoholics or drug addicts, nursing home, rest home, convalescent home, home for the aged, place for the Treatment of mental disorders or a similar establishment, and maintains a daily medical record for each patient, which is accessible by Us.

Illness - A disease or body impairment, which is not a consequence of an Accident, and which requires Medically Necessary Treatment.

Inpatient Treatment - Medically Necessary Treatment received where You are admitted to a Hospital bed over night.

Insured Person/You/Your - Any person who is covered under this Policy and is named as such in the Policy Schedule.

Medical Check-up - A physical examination with a Physician, including the cost of the Physician's fee, blood test (red blood count, white blood count, blood sugar, cholesterol, Triglyceride, Uric Acid) and urine test (sugar, protein).

Medically Necessary Treatment - A service, supply or Period of Hospitalisation which is ordered by a Physician or a Specialist for the diagnosis and/or Treatment of an Accident or Illness and is: a) appropriate and consistent with the symptoms and findings or diagnosis, and b) provided in accordance with generally accepted medical practice on a national basis, and c) the most appropriate supply or level of service which can be provided on a cost effective basis, and d) not of an experimental or research nature and is not of an investigative nature for the purposes of experiments or research, and e) is not solely of a preventative nature.

Needle Stick Injury - A break in the skin caused by a hypodermic syringe or other type of needle for surgical or medical use, which was caused during, or immediately

following, administering surgical or medical Treatment.

Nursing at Home - Services provided in Your home by a qualified nurse, following Inpatient Treatment, which is prescribed by the treating Physician or Specialist.

Newborn Care - Treatment received by a newborn child from the date of birth until 30 days following discharge from Hospital, provided that an Application Form has been completed for the child within fourteen days of birth. No other benefits are available to newborns until 30 days following discharge from Hospital when the selected Plan Benefits and Rules apply.

Out of Territory - Any Treatment received outside of Your Geographical Treatment Area.

Outpatient Treatment - Medically Necessary Treatment received when You are not an Inpatient and are not receiving Day Care Treatment.

Palliative Treatment - Any medical procedure, the primary purpose of which is to offer only temporary relief of symptoms, rather than permanently cure the actual medical condition causing the problems.

Period of Cover - The 12 month period as detailed in Your Policy Schedule, for which this Policy is in force.

Period of Hospitalisation - A continuous period of time during which an Insured Person is confined to a Hospital as an Inpatient for the receipt of Medically Necessary Treatment.

Physician - A medical or dental practitioner who is registered and legally licensed to practice medicine or dentistry in the country where Treatment is provided and who is not a relative of the Insured Person.

Policy - The legally binding document between Us and You providing insurance cover as detailed within. Your Policy Schedule, Benefit Schedule, Your Application Form together form this Policy and must be read in conjunction with each other.

Policy Anniversary - The anniversary of the Policy Commencement Date.

Pre-authorisation - The requirement to contact Our helpline to obtain authorisation to proceed with Treatment, in advance of receiving any such Treatment.

Pre-existing Condition - Any disease, Illness or injury, secondary or associated complaint where You have sought or received advice, treatment, therapy, been submitted to a special diet or shown symptoms in the two years prior to Your Effective Date (whether or not the condition has been diagnosed).

Primary Insured - The main applicant for cover and the person who is responsible for paying the premium.

Reasonable and Customary - The average cost of any Covered Charge within any particular region, area or country as determined by Us.

Room and Board - The Reasonable and Customary Covered Charges for the cost of a ward, semi-private or private Hospital room and associated costs.

Sickness - An illness or disease or body impairment, which is not a consequence of an Accident and which requires Treatment.

Specialist - A Physician who is classified by the country's health authorities as a Physician with superior or special expertise in specified fields of medicine or dentistry.

Surgery - Incision, excision and suturing of wounds (excluding removal of suturing), electrocautery, cryocautery, laser and ultrasonic techniques, reduction of a fracture and dislocation by manipulation or endoscopic procedures.

Treatment - The Medically Necessary Treatment, Surgery, Advice, provision of medication, provision of medical procedures under the direction of a Physician or Specialist to cure or relieve an Accident or Illness.

Underwriter(s) - Inter Partner Assistance, 10/11 Mary Street, Dublin 1, Ireland, and is provided by AXA Travel Insurance Limited. Members of the Global AXA Group. Inter Partner Assistance Irish Branch is a branch of Inter Partner Assistance S.A., Avenue Louise 166 bte 1, 1050 Brussels, a Belgian company authorised by the Banking, Finance and Insurance Commission of Belgium, registration 0487.

Section 2 - WHAT WE COVER

Benefits in this section are provided for in accordance with the Plan Type (Section 4) You have selected.

Except where otherwise limited or amended by Section 4 (Plan Type), We will indemnify You, subject to Reasonable and Customary charges, for the Benefits detailed in this Section (except where as otherwise limited by Section 4. Plan Type), for the provision of Medically Necessary Treatment of new Accidents or Illnesses incurred by You during Your Period of Cover up to €1,000,000 (annual aggregate maximum) per Period of Cover, after applying the appropriate Excess and Co-insurance.

Benefits are payable, subject to the exclusions, limitations and conditions specified in this Policy and Your Benefit Schedule.

Medical Benefits

Hospital Services - Benefits are payable for Inpatient Treatment or Day Care Treatment when appropriate diagnostic procedures and/or Treatments are not available as Outpatient Treatment. Hospital Services include Covered Charges for Room and Board, Surgery, intensive care Treatment, Specialist's and Physician's fees and consultations, nursing fees, ancillary charges, drugs, dressings and diagnostic procedures

Outpatient Services and Physician's Fees - Benefits are payable for Outpatient Treatment services including Covered Charges for services provided by or ordered by a Physician; or by a Specialist to whom the Insured Person has been referred to by a Physician.

Diagnostic Tests - Benefits are payable for Covered Charges made for laboratory tests, X-rays, MRI or CT scans which are ordered by a Physician or Specialist.

Prescribed Medicine and Drugs - Benefits are payable for Covered Charges for prescribed medicine and drugs, whose sale and use are legally restricted, by the order of a Physician.



Specialist Consultation Fees - Benefits are payable for Covered Charges for a visit to a Specialist's room or a registered clinic, provided such a visit is recommended in writing by a Physician.

Physiotherapy - Benefits are payable for Treatment received from a registered physiotherapist where ordered by a Physician or Specialist. Benefit is limited to a maximum number of 10 sessions per Insured Person, per Period of Cover.

Complementary Medicine and Treatments - Benefits are payable for Covered Charges for Complementary Medicine and Treatment by registered chiropractors, osteopaths, homeopaths and acupuncturists when under the direct control of and following referral by a Physician. Benefit is limited to a maximum number of 10 sessions in aggregate per Insured Person, per Period of Cover.

Home Nursing following Hospitalisation - Benefits are payable for Covered Charges for the medical services of an appropriate government licensed nurse for Treatment in Your home, when prescribed by a Physician and where directly related to, and following, a valid claim for Hospital Services (Section 2. What We cover) under this Policy. Benefits are limited to a maximum of 30 days per Period of Cover per annum, per Insured Person.

Hospital Cash Benefit - Where You receive all Treatment in respect of an Accident or Illness, otherwise covered under this Policy, completely free of cost or charge to Us, We will pay You a Benefit of €100 for each complete 24 hour period You are admitted to a Hospital for Hospital Services (Section 2. What We cover).

Prostheses - Benefits are payable for the purchase and fitting of artificial body parts where fitting of such artificial body parts is carried out intra-operatively and directly related to a valid claim for Hospital Services (Section 2. What We cover) under this Policy. Benefits exclude the manufacture and fitting of artificial teeth unless resulting from an Accident. Benefit is limited to a maximum of €2,000 per period of cover per Insured Person.

Psychiatric Treatment (Inpatient and Day Care Treatment) - Benefits are payable for Inpatient and Day Care Treatment in an appropriate registered psychiatric facility provided to the Insured Person under the order of a registered psychiatric Specialist. Benefit is limited to a maximum of 30 days per Insured Person, per Period of Cover.

Second and Third Opinion for Surgery - Benefits are payable for the receipt of a second opinion by a Specialist if the Insured Person is due to undergo a major Surgery. If the second opinion differs from the first opinion, benefits will also be payable for a third opinion by a Specialist.

Chronic Conditions - Benefits under this section are not subject to the Policy Excess.

- i) Curative: Benefits are payable for Covered Charges and Surgeries related to costs in relation to Inpatient curative treatment of a Chronic Condition.
- ii) Stabilisation of an Acute episode: Benefits are payable for Covered Charges and Surgeries related to costs in relation to Inpatient stabilisation of an acute attack of a Chronic Condition.
- iii) Routine Management: Benefits are payable for Covered Charges and Surgeries related to a Chronic condition, subject to a 20% Co-insurance payable by You and an overall limit of €2,000 per Insured Persons per Period of Cover.

HIV, AIDS & ARC - Benefits are payable for Covered Charges for Treatment related to Human Immunodeficiency Virus, Acquired Immune Deficiency Syndrome or AIDS Related Complex and any related Illness. Benefit is limited to a maximum of €50,000 per Insured Person, per lifetime.

Organ Transplantation - Benefits are payable for Covered Charges for a heart, lung, kidney, pancreas or liver transplant and post-operative drugs prescribed by a Physician or Specialist. Benefit is limited to €150,000 per Insured Person, per lifetime.

Complications of Pregnancy (occurring 12 months after Your Original Date of Entry) - Benefits are payable for Covered Charges resulting from an emergency obstetric procedure in the antenatal stages of childbirth or during childbirth, including the use of the operating theatre and Covered Charges made by a Specialist or Physician. Benefit is limited to €5,000 per Period of Cover.

Emergency Dental Treatment following an Accident - Benefits are payable for Covered Charges incurred as a result of an Accident for dental Treatment received within 48 hours of the occurrence of the Accident to restore or replace sound natural teeth lost or damaged.

Assistance & Transportation Benefits

Local Ambulance Service - Benefits are payable for Covered Charges incurred for transportation to a local Hospital by ambulance.

Emergency Medical Transportation - Benefits are payable for Covered Charges for Emergency Medical Evacuation and medical care to move an Insured Person who has a critical medical condition which requires Inpatient Treatment or Day Care Treatment to the nearest Hospital where appropriate care and facilities are available. In the event of such an emergency, Our designated 24-hour Assistance Services Provider must be contacted immediately to approve and arrange any Emergency Medical Evacuation. In emergencies in remote or primitive areas, where the Assistance Services Provider cannot be contacted in advance, the Emergency Medical Evacuation must be reported as soon as possible.

The Assistance Services Provider acting on Our behalf retains the right to decide on the place to which the Insured Person shall be transported. In case of an Emergency Medical Evacuation, the cost of a return economy air ticket back to the Insured Person's Country of Residence will be payable for the Insured Person and a round trip economy air fare ticket for one accompanying Dependant insured under this Policy, when this is deemed necessary and certified by the appointed Physician and authorised by Us.

Repatriation of Mortal Remains or Local Burial - Benefits are payable for Covered Charges for the preparation and the air transportation of the mortal remains of an Insured Person from the place of death to the Home Country or for the preparation and local burial of the mortal remains of an Insured Person. Benefit is limited to a maximum of €5,000 per event.

Travel outside Your Geographical Treatment Area - Benefits are payable for

Treatments received outside Your Geographical Treatment Area for new Accidents and new Illnesses for which You have suffered no symptoms or received any Treatment or Advice at any time prior to Your first date of travel. Each period of travel covered by this Benefit is subject to the trip being for no more than 30 days in total duration from the date You leave Your Country of Residence to the date that You return to Your Country of Residence.

Benefit is further limited to a maximum of €50,000 per Insured Person, per trip.

Family Compassionate Travel - We will refund return economy class transport for up to two close relatives (being Your parent(s), sibling(s) or child(ren)) if You are admitted to a hospital bed in respect of a valid claim for more than 5 consecutive days. Limited to a maximum of €250 per period of cover.

Section 3 - WHAT WE DO NOT COVER

The following is not covered by this Policy:

1. Pre-existing Conditions, except where You have been symptom, Treatment and advice free for a period of not less than 24 consecutive months following Your Effective Date.
2. Treatment which is not, in the opinion of a Physician or Specialist, medically necessary or is unlikely to improve a medical condition.
3. Inpatient and Day Care Treatment, or Outpatient Treatment likely to exceed €1,000, which has not been pre-authorised by Us in writing, (see Section 4. Claims Procedure).
4. Emergency Medical Evacuation incurred without Our prior knowledge and written approval (see Section 4. Claims Procedure).
5. Costs relating to pregnancy or childbirth (including complications).
6. Impotence, sexual dysfunction, infertility, fertility, assisted conception (including subsequent complications with pregnancy and/or delivery), contraception, sterilisation (including reversal), birth control, pregnancy terminations which are not medically necessary (whether or not for psychological reasons), venereal and sexually transmitted diseases and gender changes, including any secondary or associated problems.
7. Weight loss or weight problems, including any secondary or associated complaints.
8. Cosmetic Surgery, including any secondary or associated complaints, whether or not for psychological purposes, unless Cosmetic Surgery is Medically Necessary as a consequence of an Accident and received within 12 (twelve) months of the date of the Accident.
9. Routine Treatments and checkups for vision, spectacles, contact lenses, hearing, including the costs of provision of visual or hearing aids; frames, lenses and contact lenses.
10. Routine medical examinations and check-ups including, but not limited to, routine tests, preventative medicines, health screenings, inoculations, neonatal care.
11. Hereditary or congenital abnormalities, genetic deformities, birth injuries or birth defects.
12. Developmental, learning, cognitive and behavioural problems.
13. Suicide, attempted suicide, self inflicted injury, narcotics, drug or alcohol abuse, associated and secondary conditions.
14. AIDS, HIV or ARC which has not been contracted accidentally through a blood transfusion or accidental injury incurred by a registered medical professional with a used medical syringe, which has duly been recorded as a Needle Stick Injury.
15. Treatment directly or indirectly arising from or required as a consequence of war, invasions, acts of foreign enemy, hostilities (whether or not war is declared), civil war rebellion revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege or attempted overthrow of government or any acts of terrorism, unless You sustain bodily injury whilst an innocent bystander.
16. Claims arising directly or indirectly from, or as a consequence of, chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel, asbestosis or related condition.
17. Claims resulting from the release of weapon(s) of mass destruction (nuclear, chemical or biological) whether such involve(s) an explosion sequence(s) or not.
18. Racing of any kind, professional sports, hazardous activities (unless declared to and accepted by Us - see Page 1 Material Facts) and aviation other than as a fare-paying passenger on a scheduled registered airline.
19. Organ transplantation costs not directly associated with the actual Surgery, including costs for locating a replacement donor, organ removal from the donor, transportation costs and any administration costs.
20. Claims incurred while travelling, or in pursuit of any activity, against medical Advice.
21. Claims incurred outside Your Geographical Treatment Area, except where provided for under Section 2. What We cover - Travel outside Your Geographical Treatment Area.
22. Charges in respect of any long term care facility, spa, hydro, sanatorium, nursing home or home for the aged that is not a Hospital.
23. Charges for prostheses, corrective devices and medical appliances, which are not required intra-operatively.
24. Treatment rendered by a family member.
25. Funeral expenses, the funeral administration cost and purchase of coffin.
26. Treatment that is unlicensed, experimental or unproven.



27. Alternative medicines and Treatment, except as provided for under Section 2. What We cover - Complementary Medicine and Treatments.
28. Any Orthodontic or Dental Treatment, except as provided for by Section 2 - Emergency Dental Treatment following an Accident.
29. Claims for sleep related disorders or problems including, but not limited to; sleep apnoea, snoring and fatigue.
30. Investigations into or Treatment for loss of hair.
31. Claims for any supplements or substances which are available naturally. This includes, but is not limited to: vitamins, minerals and organic substances.
32. Any medication or drugs not prescribed by Your attending Physician or Specialist.
33. Treatment of Chronic conditions, except where provided for in Section 2. What We cover - Chronic Conditions.
34. Psychiatric or psycho-geriatric conditions including any mental or nervous disorders, associated or second conditions, where you are treated as an Outpatient.

Section 4 - PLAN TYPES

Covered Charges and Benefits provided by the Policy are in accordance with the Plan Name as specified in Your Policy Schedule and as outlined in this Section.

1. Primario Más

Where "Primario Más" is shown as the Plan Type on Your Policy Schedule, the standard Policy Wording is in force.

2. Primario

Where "Primario" is shown as the Plan Type on Your Policy Schedule, the following amendments apply to this Policy Wording and Your cover:

1. Delete benefit Complementary Medicine and Treatments (Section 2).
2. The Hospital Cash Benefit (Section 2) is €75.00 for each complete 24 hour period You are admitted to a Hospital for Hospital Services.
3. The Organ Transplantation benefit (Section 2) is €100,000 per Insured Person, per lifetime.
4. Delete benefit Chronic Conditions, benefit iii) Routine Management (Section 2).
5. Delete benefit HIV, AIDS & ARC (Section 2).
6. The benefit Outpatient Services and Physician's Fees (Section 2) is limited to a maximum €75 per Period of Cover, except where in respect of costs incurred in the 60 day period immediately after Your discharge following valid Inpatient Treatment or Day Care Treatment where costs are refundable in full.
7. The benefits Diagnostic Tests and Specialist Consultation Fees (both Section 2) received as Outpatient Treatment are limited to:
 - i) €1,500 in aggregate per Period of Cover where received immediately prior to and wholly in respect of a valid Inpatient Treatment or Day Care Treatment claim.
 - ii) 100% in respect of costs incurred in the 60 day period immediately after Your discharge following valid Inpatient Treatment or Day Care Treatment.
8. The benefit Prescribed Medicine and Drugs (Section 2) received as Outpatient Treatment is limited to costs incurred in the 60 day period immediately after Your discharge following valid Inpatient Treatment or Day Care Treatment.
9. The benefit Physiotherapy (Section 2) is limited to costs incurred in the 60 day period immediately after Your discharge following valid Inpatient Treatment or Day Care Treatment.

3. Primario Budget

Where "Primario Budget" is shown as the Plan Type on Your Policy Schedule the following amendments apply to this Policy Wording and your cover:

1. Amend the definition of "Geographical Treatment Area" (Section 1) to " The countries of Andorra, Gibraltar, Portugal, Spain; the geographical regions in which You are able to receive Treatment for a covered Medical Condition."
2. The following benefits: Hospital Services; Prescribed Medicine and Drugs; Specialist Consultation Fees (all Section 2) received as Inpatient Treatment or Day Care Treatment are all limited to a maximum payable of €50,000 per Period of Cover in aggregate.
3. The benefit Outpatient Services and Physician's Fees (Section 2) is limited to a maximum €75 per Period of Cover.
4. Diagnostic Tests and Specialist Consultation Fees (both Section 2) received as Outpatient Treatment are only covered where received immediately prior to and wholly in respect of valid Inpatient Treatment or Day Care Treatment. These benefits are further limited to €1,500 in aggregate per Period of Cover.
5. Delete benefit Prescribed Medicine and Drugs (Section 2) where received as Outpatient Treatment.
6. Delete benefit Physiotherapy (Section 2).
7. Delete benefit Complementary Medicine and Treatments (Section 2).
8. Delete benefit Home Nursing following Hospitalisation (Section 2).
9. Delete benefit Hospital Cash Benefit (Section 2).
10. Delete benefit Protheses (Section 2).
11. Delete benefit Psychiatric Treatment (Inpatient and Day Care Treatment) (Section 2).
12. Delete benefit Second and Third Opinion for Surgery (Section 2).
13. Deleted benefit Chronic Conditions, benefit iii) Routine management (Section 2).
14. Delete benefit HIV, AIDS & ARC (Section 2).

15. Delete benefit Organ Transplantation (Section 2).
16. Deleted benefit Complications of Pregnancy (Section 2).
17. Delete benefit Emergency Dental Treatment following an Accident (Section 2).
18. The benefit Local Ambulance Service is limited to a maximum of €200 per Period of Cover.
19. Deleted benefit Emergency Medical Transportation (Section 2).
20. Deleted benefit Repatriation of Mortal Remains or Local Burial (Section 2).
21. Deleted benefit Travel outside Your Geographical Treatment Area (Section 2).
22. Add exclusion to Section 3 (What We do not cover): "35. Treatment received outside of Spain, Portugal, Cyprus, Gibraltar or Andorra."

Section 5 - GENERAL CONDITIONS

Policy Commencement of Cover - The Policy commences on the date shown in Your Policy Schedule. Each Insured Person covered by this Policy may have a separate Effective Date under the Policy. We will endeavour to commence cover on the date requested in Your application form, subject to receipt of the full premium by the date You request and that this date is not in the past.

Your Effective Date - This Policy becomes effective in respect of each Insured Person as of the Effective Date stated in the Policy Schedule.

Renewal of Policy - This Policy is issued for a minimum initial period of one year ending on the day immediately prior to the first Policy Anniversary stated in the Policy Schedule. The Policy may be renewed at each Policy Anniversary provided:

- a) the Primary Insured agrees to any Policy changes applied by Us and
- b) the renewal premium is paid on or before the date of renewal.

Cancellation of Policy - You may cancel Your Policy with effect from the next Policy Anniversary at any time by giving written notice to Us. We may cancel Your Policy with effect from the next renewal date by giving written notice to the Primary Insured. Cancellation by either party is subject to a minimum period of 30 days written notice. No return of premium will be granted for any Policy cancelled prior to the renewal date of the Policy, where the Policy is terminated by You.

Termination of Policy - This Policy terminates on the earliest of:

- a) the non-renewal of this Policy, or
- b) the expiry of the period for which the last premium has been paid, or
- c) the cancellation of this Policy, or
- d) the date at which You permanently return to Your Home Country.

Eligibility of Cover - Cover is available where the Primary Insured is between eighteen and sixty years of age at their Effective Date, (or up to seventy years of age, if You are over sixty when first accepted for cover and We agree that you may purchase the Sixty Plus Endorsement or the SixtyFIVE Plus Endorsement) permanently resident outside their Home Country and are resident in Andorra, Gibraltar, Portugal or Spain; and their Dependant(s).

Our Liability - We will not be liable for Treatment which takes place outside the Cover Period. In the event of cancellation/termination of the Policy, We will only pay for Treatment, which takes place before the cancellation or termination of the Policy.

Policy Schedule - the Primary Insured will be provided with a Policy Schedule issued by the Company which describes, amongst other things:

- a) the Commencement Date of cover and Effective Date for each Insured Person,
- b) to whom cover is provided,
- c) details of any Dependants covered,
- d) any Deductible and Co-insurance payable,
- e) the Plan Type (see Section 4).

Payment of Premium - Premiums are annual and must be paid on or before commencement of the Policy or each subsequent renewal date. Your cover will be automatically cancelled when You are in breach of this condition.

Policy Changes - We reserve the right to amend the Policy and premiums, with such amendments applying from Your next renewal.

Entire Contract - This Policy, the Policy Schedule, Your application form, the Benefit Schedule, and any endorsements and amendments to this Policy make up the entire contract.

Cover Shall Be Void - The cover for an Insured Person shall be void from the date the cover for that Insured Person became effective if:

- a) the application made by the Insured Person or any written statement given by the Insured Person is untrue in any respect or if any material fact affecting the risk is incorrectly stated or represented or is omitted, or
- b) the Insured Person makes any claim, which is fraudulent or exaggerated or makes any false declaration or statement in support of any claim.

In such instances there shall be no entitlement to a refund of premium.

Records - You must furnish Us with all information that is needed to determine the premiums and to administer this Policy. Such information must include:

- a) any changes to Your name, address and any other details of You and Your Dependants who are covered under this Policy,
- b) full details of any new Dependant(s) requiring cover under this Policy,
- c) names of the Insured Persons whose cover under this Policy terminates.

Subrogation - We have the right to recover Benefits paid under this Policy for any claim made against Us, if the Insured Person has a right to recover such benefits from a third party, such as social security or benefits payable from another insurance provider. We reserve the right to reduce the Benefits payable under this Policy in concurrence with any Benefits payable by third party providers so that the total actual reimbursement will not exceed the Covered Charges incurred.

The Insured Person has an obligation to inform Us of any such Benefits due from a third party and must complete and submit any forms or papers as requested by Us and is responsible to do whatever is necessary to protect Our rights.

Applicable Law - This Policy, and all rights, obligations and liabilities that arise shall be construed in accordance with the law of England under the exclusive venue and jurisdiction of the courts of England without regard to conflict of law principles which might result in the application of the laws of another jurisdiction.



Change of Circumstance - You must inform us of any material change to Your circumstances, of that of any Insured Person, whilst cover is in force. Where any material change affects Your risk to Underwriters we have the right to impose an amendment to cover, premium or withdraw cover altogether.

Amendment of cover at renewal - If You wish to change the level of cover with Us at any renewal, You may do so within the rules of the Plan available to You at that time. However if such change increases the potential claimable amount by You, such amendment to cover will not be effective for any medical conditions that are Pre-existing at the date of the amendment to cover.

Re-assignment - In the event of the death of the Primary Insured, the oldest Insured Person over the age of 18 shall become the Primary Insured.

Section 6 - HOW TO MAKE A CLAIM

Important: Failure to follow these instructions may result in non-payment of Your claim.

In-patient/Day-patient/Claims over €1,000

All In-patient and Day-patient claims and claims likely to exceed €1,000 in total value are required to be pre-approved by Our Claims Administrators at least 7 days prior to admission for Treatment or receipt of medical services, where it is physically possible to do so.

Claims Administrators

E-mail: claims@exphealth.com
Expatriate (Strategic Insurance) Claims Department
10-13 Lovat Lane
London EC3R 8DN
Tel: +44 (0)20 3285 7246
Fax: +44 (0)870 428 5141

OFFICE HOURS: 9am - 5 pm GMT

When You phone it will assist Us in Our efforts to help You if You can provide the following information:

- Your Policy number,
- The condition to be treated,
- The date when You first became aware of the condition,
- What Treatment is planned at this stage,
- The name of the Specialist, physiotherapist, or Complementary Medicine practitioner You have arranged to visit,
- The Hospital to be used (if known or applicable).

Based on the information that You provide We will confirm the following:

- The condition (as described) is covered by the Policy,
- The Hospital to be used is approved by Us and is within the territorial limits which You have selected for Your Policy,
- The Specialist to be used is approved by Us,
- The proposed Treatment is appropriate for the condition as described.

Please note that any authorisation given at this stage is subject to confirmation upon receipt of a fully completed claim form. If subsequent information contradicts the information upon which Our preauthorisation has been based, Your claim may be invalidated.

Outpatient/Claims under €1,000

Once You become aware that You need to make a claim against Your Policy You should phone Our Claim Administrators immediately who will supply You with the appropriate claim form (or this can be downloaded from www.expatriatehealthcare.com).

The onus is on You to satisfy Us that a valid claim has been incurred. Written proof detailing the dates, nature and cost of the Illness and the Treatment prescribed and provided, giving rise to the claim, original copies of receipts and itemised bills together with a fully completed claim form must be furnished to the Claims Administrator as soon as reasonably possible following the date that a Covered Charge is first incurred. Any costs incurred in the provision of such information are not covered by this Policy and must be borne by You.

Payment of Claim - Payments of claims are made to the appointed bank account nominated by the Insured Person, unless the Insured Person instructs the Claims Administrator otherwise, or to the healthcare provider if direct payment has been agreed upon.

Emergency Assistance

In the event that You require emergency medical assistance please ensure that Our medical assistance provider is contacted as soon as reasonably possible after any Treatment is rendered.

Our emergency assistance Company is:

AXA Assistance
Tel: +44 (0)20 3285 7248
Fax: +44 (0)870 112 8960
EMAIL: assist@exphealth.com

Services are available to You 24 hours a day and 365 days a year.

Section 7 - COMPLAINTS PROCEDURE

We aim to give You the highest standards of service and to meet any claims covered by this Policy promptly and fairly.

However if You feel that We have not met these standards We would like to hear from You. If You have cause for complaint We will investigate and review Your case immediately and respond to you in writing.

If You have a complaint about how Your Policy was sold or administered, or about the settlement of a claim, please contact:

The Healthcare Manager
Expatriate Healthcare
10-13 Lovat Lane
London EC3R 8DN
United Kingdom
Tel: +44 (0)20 3195 7481
Fax: +44 (0)870 428 5141

If You remain dissatisfied You may refer the matter to the Underwriters, who will review Your case.

Their address is:

Complaints Department
Inter Partner Assistance
PO Box 46131,
London EC3N 1XB

These complaints procedures do not affect Your legal rights.

Section 8 - ENDORSEMENTS

The following endorsements apply on where noted as such in Your Policy Schedule.

Endorsement 1 - Sixty Plus Endorsement

Where Your Policy Schedule notes that the Sixty Plus Endorsement has been purchased by You, the following amendments to cover apply:

1. The Policy Excess is €2,000 per Policy Period.
2. The annual aggregate maximum, as noted in Section 2 of this Policy Wording, is €50,000 per Insured Person, Policy Period.

The Sixty Plus Endorsement is only available to be purchased with the "Primario" Plan Type (see Section 4) and is intended for use by persons who are over the age of sixty, but under the age of sixty five, at their Effective Date.

All other Terms and Conditions of the Policy Wording remain.

Endorsement 2 - SixtyFIVE Plus Endorsement

Where Your Policy Schedule notes that the SixtyFIVE Plus Endorsement has been purchased by You, the following amendments to cover apply: -

1. The Policy Excess is €5,000 per Policy Period.
2. The annual aggregate maximum, as noted in Section 2 of this Policy Wording, is €30,000 per Insured Person, Policy Period.

The SixtyFIVE Plus Endorsement is only available to be purchased with the "Primario" Plan Type (see Section 4) and is intended for use by persons who are over the age of sixty five, but under the age of seventy, at their Effective Date.

All other Terms and Conditions of the Policy Wording remain.