

SEED TravelCare

expatriate
GROUP

Specialist Employee, Extended Duration



International Travel Insurance

POLICY WORDING

V. 20260501 HDI Non-EEAEU

Expatriate Group is a trading style of Strategic Insurance Services Limited
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Sold by Strategic Insurance Services Limited (SISL). SISL is authorised and regulated by the Financial Conduct Authority (FCA) in the United Kingdom. FCA Firm Reference Number is 307133. SISL is authorised to carry on Regulated Activities in accordance with the permissions granted by the FCA under PART IV of the Financial Services and Markets ACT 2000. Address: Delmon House, 36-38 Church Road, Burgess Hill RH15 9AE, United Kingdom.

www.expatriatehealthcare.com

The PRIMARY PURPOSE of this Travel Policy is to protect an Insured Person from acute, sudden and unforeseen Emergency and Accidental Injuries.

It is NOT intended to care for non-emergency treatment, extended treatment, treatment that can wait until **Your** return to **Your Country of Residence/Destination** or **Pre-Existing Conditions** AND is not a replacement for longer term medical needs. Any medical claim likely to exceed \$1,000 is required to be pre-authorized by **Us**. Failure to seek pre-authorization will result in **Your** claim being denied or the final settlement being adjusted.

To have **Your** claim pre-authorized please contact Expat Assist on +44 203 285 7248 (24 hours a day / 7 days a week).

No further benefits are afforded when **You** have returned to **Your Country of Residence**.

This policy covers **Trips** starting in **Your Country of Residence** (as shown in **Your** Certificate of Insurance) and ending in **Your** Destination Country (as shown in **Your** Certificate of Insurance). In the event of a Repatriation **You** may select to be repatriated to either **Your Country of Residence** or **Your** Country of Destination. No further benefits are afforded when **You** have returned to either **Your Country of Residence** or **Your** Country of Destination.

This policy doesn't cover **You** for accidents at work. Please ensure that **Your** employer provides **You** with appropriate Worker's Comp protection.

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GENERAL TERMS OF COVER

1. **We** shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose **Us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.
2. This Policy contains specific exclusions for **Pre-Existing Conditions** and limitations of coverage. Please check Description of Coverage and Policy Wording to fully determine benefits covered by **Your** Policy. By accepting this coverage **You** are agreeing to the terms and conditions contained herein.
3. FOR USA INBOUND Only: This insurance is not subject to and does not provide certain benefits required by the United States Patient Protection and Affordable Care Act (PPACA).
4. For Schengen Countries: This Policy meets and exceeds European Schengen and visa requirements. See **Schedule of Benefits** for specific coverage levels applicable to **Your Trip**.
5. **Family Members** travelling together must purchase the same coverage levels and benefits in order to be eligible for coverage.
6. **Trip** Maximum is 364 days.
7. Children/**Dependent** Coverage:
 - Infants aged 14 days up to age 2 are included in the coverage of an insured parent/guardian for no additional premium. The Child **MUST** be declared at the time of initial purchase and shown in the Certificate of Insurance.
 - Children's rates apply to **Dependent** children from ages 2-16 as long as they are travelling with their parent/legal guardian.
 - Children are eligible to purchase policies for unaccompanied travel from age 5 onward at the applicable age banded rate. Please note for security purposes sales of a Policy to a minor **MUST BE PURCHASED** by the child's parents or legal guardians.
 - Children/**Dependents** can be added to the parent's Policy as long as they are traveling with the parent/legal guardian.
8. COVID Cover limitation:

This policy covers Emergency Medical Evacuation and Emergency and Accidental

Medical Treatment as a result of Covid 19, for **Insured Persons** who are fully vaccinated, including any recommended booster vaccinations, (as approved by the World Health Organisation and administered by a medical professional) against Covid 19 (travelling at least 2 weeks after receiving a completed course of vaccinations or medically recommended booster vaccination).

This coverage only applies where You are following all appropriate government medical advice in **Your Country of Residence** and in any country **You** are visiting.

We only cover Covid 19 tests because of a request made by a medical professional due to appropriate symptoms being present. It does not cover tests performed as a pre-travel requirement or any routine screening.

Please note that the pre-existing medical exclusion [General Exclusion 1] still applies, therefore any exacerbation of a **Pre-Existing Condition** as a result of Covid 19 would not be covered by **Your** policy.

This policy does not cover the cost of quarantine or self-isolation or any associated costs including, but not limited to, costs for prolonging **Your Trip**, subsistence, change of travel plans or loss of enjoyment.

9. The **Insured Person** should not take out this Policy if the intent is to live abroad versus travelling.
10. Maximum Age: A Policy can be purchased before the **Insured Person** obtains age 50.
11. All claims must be submitted within 90 days from date of incident or they will be denied.
12. Excess Insurance Provision: The insurance provided under both Medical and Evacuation shall be in excess of all other valid and collectable insurance or indemnity and shall apply only when such other benefits are exhausted. In the event no other insurance exists this coverage becomes primary. **We** reserve the right to review and potentially subrogate with any undeclared coverage whether known or unknown to the **Insured Person**.
13. The **Insured Person** must exercise reasonable care to prevent **Accident, Injury**, loss or damage.
14. All claims arising under this insurance shall be governed by the laws of your Country of Residence, whose courts alone shall have jurisdiction in any dispute arising here under.

15. If the **Insured Person** or any person acting on his behalf shall make any claim or statement knowing the same to be false or fraudulent as regards amount or otherwise, then this Insurance shall become void and all claims here under shall be forfeited without refund of premium.
16. **We** may at **Our** own expense take proceedings in the name of the **Insured Person** to recover compensation or secure an indemnity from any third party in respect of any loss, damage or expense covered by this Insurance and any amounts, recovered or secured shall belong to **Us**.
17. Unless specified, this insurance does not cover anything caused directly or indirectly through bankruptcy / liquidation of any tour operator, travel agent, and transportation company or accommodation supplier.
18. The denomination of the Benefits afforded by this policy are USD.
19. **You** must notify **Us**, within 30 days, of a change of address or domicile. PLEASE NOTE A CHANGE OF ADDRESS MAY AFFECT **YOUR** ELIGIBILITY UNDER THIS POLICY. Example:
Any **Insured Person** who moves to a new country WILL NO LONGER BE COVERED in the NEW COUNTRY OF DECLARED RESIDENCE.
20. In this document, unless a contrary intention appears, the singular shall include the plural and vice versa and a reference to one gender shall include every gender.
21. This policy does not cover the first \$100 of valid claims costs (Deductible), each and every claimed event.

SCHEDULE OF BENEFITS

All benefits will be reimbursed at **Usual, Customary and Reasonable** amounts. Amounts shown are the maximum per policy, except where otherwise stated. Amounts stated in the **Schedule of Benefits** are in the denomination in which **You** have paid **Your** premium.

Emergency Medical Evacuation	\$250,000
Air Ambulance	100% per Trip
Accompaniment	\$300 per day up to \$3,000 per Trip
Continuation	\$5,000 per Trip
Repatriation for Medical Treatment	100% per Trip
Care Management	100% per Trip
Emergency and Accidental Medical Treatment	\$500,000 or \$1,000,000*
Deductible	\$100 per claim
Acute/emergence Sickness and Injury	100% per Trip
Treatment by authorised physicians, nurses and specialists	100% per Trip
Hospitalisation (semi-private rooms)	100% per Trip
Surgery, anesthesiologist	100% per Trip
Prescribed medicines, dressings	100% per Trip
Local transport to and from the place of treatment	100% per Trip
Treatment by physiotherapists and chiropractors	\$2,500 per Trip
Medically Necessary required durable medical equipment	100% per Trip
Limited motorcycle and sports vehicle coverage for injuries only	\$10,000 per Trip
Emergency dental treatment for immediate relief of pain	\$500 per Trip
Non- Hazardous Sports Coverage	\$150,000 per Trip
Repatriation of Mortal Remains	\$25,000 per Trip

* As noted in Your Certificate of Insurance

DESCRIPTION OF BENEFITS

Also read:

General Exclusions – As well as exclusions that apply to each section, there are some Exclusions which apply to the whole policy.

Definitions – Some of the word in this Policy have specific a meaning.

Benefits are applicable when the **Insured Person** is outside his **Country of Residence**.

Emergency Assistance / Member Services: Expat Assist—24 hours a day, 7 days per week

- For **Medical Emergencies** and assistance with **Your** medical care, contact Expat Assist on +44 (0)203 285 7248 (24 hours a day)
- These services include pre-authorisation of treatment, **Hospital** admission, and provider referrals.

Emergency Medical Evacuation: The plan covers charges for emergency evacuation when appropriate medical treatment is not available locally and deemed necessary and is pre-approved by Expat Assist, their medical advisors and the attending Physician, to a suitable location that will render immediate and appropriate care which may or may not be the **Country of Residence**. If the **Insured Person** does not obtain pre-approval from Expat Assist, **We** reserve the right to deny coverage.

Accompaniment: The insurance allows for the travel and accommodation expenses of one person (i.e. a person travelling with the **Insured Person** or a relative or friend who is a resident in the **Insured Person's Country of Residence**) whom, upon medical advice is advised to join, accompany, remain with or escort the **Insured Person**. Transportation costs will be by the most economical means and determined by **Us**.

Continuation: Upon pre-approval by Expat Assist and if medically able, coverage to the point of initial destination by the most economical means, to continue with the originally booked itinerary.

Repatriation for Medical Treatment: **We** reserve the right to repatriate, by the most economical means available, any **Insured Person** who, upon advice of the Attending Medical **Doctor**, is medically stable, to their **Country of Residence**. **We** shall not be liable for any treatment which can be delayed until the **Insured Person** returns to their **Country of Residence**. If the **Insured Person** refuses to accept repatriation once medically stable, no further benefits are payable.

Emergency and Accidental Medical Treatment: The purpose of this policy is to protect an **Insured Person** from the cost of treatment for acute, sudden and unforeseen Medical and **Accidental** Emergencies, subject to the limits specified in the **Schedule of Benefits**. This Policy covers necessary treatment

by authorised physicians, nurses and specialists, Hospitalisation (semi-private rooms) including surgery, anaesthesiologist, prescribed medicines, dressings and local transport to and from the place of treatment.

- Treatment by physiotherapists and chiropractors prescribed by an authorised physician shall apply to inpatient services only.
- Dental treatment is limited to emergency dental treatment, which is the result of an **Accident**, for the immediate relief of pain, received with 24 hours.
- The insurance shall not cover expenses for treatment of **Pre-Existing Conditions**, chronic or recurrent **Sickness** and disorders, or unnecessary durable medical devices/ equipment. Some benefits are available for **Stable Pre-Existing Medical Conditions** where specifically purchased and noted on **Your Certificate of Insurance**.
- Outpatient services are covered per the **Schedule of Benefits** and may be utilised via licensed medical **Doctors**. Emergency Rooms (A&E) should only be used where they are the most appropriate access to medical care in the event of an emergency. **Insured Persons** in North America please contact Expat Assist for the location of networked preferred providers.
- Coverage will continue until such time as when, in the opinion of the **Doctor** in attendance and **Our** medical advisers, the **Insured Person** is fit to travel or be released from the medical facility (outside Country of Residence) provided that coverage remains in-force from the date of incident.

Repatriation of Mortal Remains: Reimbursement for either repatriation of mortal remains or local burial. This benefit excludes fees for return of personal effects, religious or secular memorial services, clergymen, flowers, music, announcements, guest expenses and similar person burial preferences. **All Repatriation benefits must be coordinated and pre-approved by Expat Assist or claims will not be paid.**

Sport Coverage: This Policy includes sports activities as specified in the LEISURE chart below and is subject to the limits specified in the **Schedule of Benefits**. All other terms and conditions of **Emergency and Accidental Medical Treatment** are applicable as contained herein.

The following Activities and occupations are NOT covered:

1. Engaging in professional, semi-professional or competitive sporting events of any kind.
2. Group, club, interscholastic, intercollegiate, organised team play (exception: informal sports played among friends and relatives in a team game).
3. Use of any type of firearms (any device that discharges a projectile of any type).

Any activity relating to flying either as a Pilot in Command, student pilot, sport flying or the business or trade of flying; except while travelling as a passenger in a fully-licensed passenger carrying aircraft.

5. Any Activity in which the **Insured Person** is acting irresponsibly or while performing stunts of any kind including but not limited to jumping, railing with bikes, scooters, skateboards, aerial acrobatics, flips, half-piping.
6. Any **Accidents** or **Injuries** while under the influence of drugs or alcohol.

Sport Coverage Categories:

4.

*** LEISURE SPORTS (included in Your policy)**

Athletics / Calisthenics / Basic	Gymnastics	Safari
Gym work	Handball	<i>(organized - no guns)</i>
Badminton	Horse riding	Sailboarding
Ballooning	<i>(no Polo, Hunting, Jumping, Dressage)</i>	<i>(Leisure - No racing)</i>
<i>(as a fare paying passenger only)</i>	Jet Boating	Sailing
Baseball Basketball	<i>(Leisure only. Non-extreme)</i>	<i>(Territorial Waters only)</i>
Blade Skating	Jogging	Sand Yachting
Bowls	Marathon Running	Scuba Diving
Camel / Elephant Riding	<i>(Non-paid, amateur only)</i>	<i>(max depth 15 meters)</i>
Canoeing / Kayaking	Martial Arts	Skate boarding
<i>(inland/coastal/flat water)</i>	(Training only)	Snorkeling
Catamaran Sailing	Moped / Scooter Rentals	Snow mobile - Pleasure only
<i>(only in Territorial Waters)</i>	(\$10,000 maximum coverage)	<i>(\$10,000 maximum)</i>
Cricket	Motorcycling / Scootering	Winter Sports , including snow
Craigcat riding	(\$10,000 maximum)	skiing and snowboarding – On
<i>(only in Territorial Waters)</i>	Netball	piste in a recognized ski resort
Cross country running	Orienteering	<i>(see definition of Winter Sports)</i>
<i>(not fell or mountain running)</i>	(not involving climbing)	Squash
Curling	Paddle boarding	Surfing
Cycling	Paintballing	Tennis
<i>(Leisure only: not BMX and mountain</i>	Pickle Ball	Trekking / Hiking
<i>biking)</i>	Pony Trekking	<i>(under 3,500 meters altitude at all</i>
Dinghy / Small craft sailing	(no jumping, racing, dressage)	<i>times)</i>
<i>(Territorial Waters only)</i>	Racket Ball	Volleyball
Fishing	Rambling	Wake boarding
<i>water and deep sea)</i>	Rock Scrambling Class 1 only	Water Polo <i>(Fresh</i>
Flying as a passenger	Roller Blading	Water Skiing
Football / Soccer	(Line Skating / Skate boarding)	White/Black Water Rafting
Go Karting	Rounders	<i>(Grade 1 to 3)</i>
<i>(recreational use less than 120cc,</i>	Rowing	Windsurfing
<i>\$10,000 limit)</i>	(inland/coastal)	<i>(Leisure only. No racing)</i>
Golf	Organised Running, Sprint / Long	Yachting
	Distance	<i>(Territorial Waters)</i>
	(Amateur, non-paid only)	Zip Lining

Any sport not included on this list must be communicated to Us and will be evaluated at Our discretion.

DEFINITIONS

Please note certain words used in this document have specific meanings.

1. **"Accident/Accidental"** means any sudden and unforeseen **Event** occurring during the **Policy Period**, resulting in bodily **Injury**, the cause or one of the causes of which is external to the victim's own body and occurs beyond the victim's control.
2. **"Country of Residence"** means the place of residence at time of application.
3. **"Dependent"** means an Insured's lawful spouse or domestic partner; or an Insured's unmarried child, from 14 days of age to age 21, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured's natural child; adopted child, beginning with any waiting period pending finalisation of the child's adoption; or a stepchild who resides with the Insured or depends chiefly on the Insured for financial support. A **Dependent** may also include any person related to the Insured by blood or marriage and or appointed by the court, except for children in **Your** temporary foster care.
4. **"Diagnosis"** means the result of examination or test by a medical **Doctor** or licensed physician providing a specific international CPT or ICD9 code. Failure to obtain a **Diagnosis** will result in the denial of the claim.
5. **"Diving"** means leisure diving only. All participants, unless they are on a supervised resort course, must possess a valid dive certification such as Professional Association of Diving Instructors or its equivalent.
6. **"Doctor"** means a licensed health care provider acting within the scope of his license and rendering appropriate care or treatment to an **Insured Person**. It will not include an **Insured Person** or a member of the **Insured Person's** family or household.
7. **"Emergency and Accidental Medical Treatment"** means medical care given to a patient for a condition caused by an **Injury** or **Sickness** that manifests itself by symptoms of sufficient severity that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy. In order for a **Sickness** to be covered it must be unexpected, non-pre-existing, and if left untreated could cause deterioration in an **Insured Person's** condition.
8. **"Event"** means an incident, following which the **Insured Person** requires care for acute, sudden and unforeseen Medical and Accidental Emergencies including the direct consequences of the incident.
9. **"Family Member"** means the spouse, parent, parent-in-law, grandparent, child, grandchild, brother, brother-in-law, sister, sister-in-law, fiancée; such person being resident in the **Country of Residence** of the **Insured Person**.
10. **"Hazardous Sports"** means any sport(s) requiring an increased skill set and a higher level of training to safely participate in or that may increase the risk of inherent danger. These activities may include but are not limited to activities involving: speed, height, elevation, a high level of physical exertion, and/or highly specialised equipment in which to compete or participate that if not properly executed could expose an individual to **Injury** or death.
11. **"Host Country"** means the country or countries other than the **Country of Residence** that the **Insured Person** is traveling to/in.
12. **"Hospital"** means an institution that:
 1. operates pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons;
 2. provides 24-hour nursing service by Registered Nurses on duty or call;
 3. has a staff of one or more licensed **Doctors** available at all times;
 - i. provides organised facilities for **Diagnosis**, treatment and surgery, either: on its premises; or
 - ii. in facilities available to it, on a pre-arranged basis;
 4. Is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a medical facility used as such; and
 5. Is not a place solely for drug addicts, alcoholics, or the aged or any separate ward.
13. **"Injury"** means Accidental bodily harm sustained by an **Insured Person** that results directly and independently from all other causes from an **Accident**. All **Injuries** sustained by one person in any one **Accident**, including all related conditions and recurrent symptoms of these **Injuries** are considered a single **Injury/Event**.

14. **"Insured Person"** means any Insured and **Dependent** who has applied, and been accepted for this policy, whose name shows in the Certificate of Insurance.
15. **"Medically Necessary"** means a treatment, service or supply that is:
 1. required to treat an **Injury** or **Sickness**; prescribed or ordered by a **Doctor** or furnished by a **Hospital**; and
 2. Which is **Usual Reasonable and Customary**, consistent with **Insured Person's** condition and location of treatment; and
 3. Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.
16. **"Natural Disaster"** means storm (wind, rain, snow, sleet, hail, lightning, dust or sand) earthquake, flood, volcanic eruption, wildfire that: 1. is due to natural causes; and 2. results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government in which the **Insured Person's Trip** occurs and the area is deemed to be uninhabitable or dangerous.
17. **"Pandemic/Epidemic"** means a sudden outbreak that becomes widespread and affects a whole region, continent, or the world. Such disease will be deemed a "public emergency" either by the Center for Disease Control and Prevention (CDC), World Health Organisation (WHO), or appropriate governmental body.
18. **"Policy Period"** means the dates as shown on **Your** Policy for which premium has been paid.
19. **"Pre-Existing Condition"** means any condition, disease, illness, **Sickness** or **Injury**, secondary or associated complaint where **You** have sought or received advice, Treatment, therapy, been submitted to a special diet or shown symptoms prior to the start of any **Trip** date (whether or not the condition has been diagnosed). (See General Exclusion 1 for details.)
20. **"Schedule of Benefits"** means the summary description of the available benefits, payment levels and Maximum Benefits, provided under this Policy. The **Schedule of Benefits** is included with and is part of this Policy.
21. **"Sedentary Occupation"** means employment performed by persons engaged in executive, administrative, or clerical duties the primary tasks of which can be undertaken seated, where You do not lift more than 5 kilos, and that doesn't require any safety or protective equipment.
22. **"Sickness"** means an illness, disease or condition of the **Insured Person** that causes a loss for which an **Insured Person** incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one **Sickness**.
23. **"Territorial Waters"** means a body of water being no more than 12 nautical miles (14 statute miles) from a high water mark of a coastal state or border.
24. **"Travelling Companion"** means a person or persons with whom **You** have coordinated travel arrangements and share the same accommodations during a **Trip**.
25. **"Trip"** means travel to another Country by air, land, or sea from **Your Country of Residence**.
26. **"Underwriter(s)"** shall mean HDI Global Specialty SE who are the insurer participating in this contract. HDI Global Specialty SE is authorised and regulated by the Bundesanstalt für Finanzdienstleistungsaufsicht (BaFin). Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request. (FRN: 659331). Registered office: HDI-Platz 1, 30659, Hannover, Germany (HRB 211924). Branch office: 20 Gracechurch Street, London, EC3V 0BG.
27. **"Usual, Customary and Reasonable"** means the average amount charged by providers for treatment, service or supplies in the geographic area where provided.
28. **"We", "Our" or "Us"** means Expatriate Group, which is a trading style of Strategic Insurance Services Limited who is authorised and regulated by the Financial Conduct Authority (FCA). FCA Firm reference Number is 307133. In accordance with authorities granted by the **Underwriter**.

GENERAL EXCLUSIONS

Unless specified in the **Schedule of Benefits**, in any written endorsement, or agreed by **Us** in writing, no claim can be made for compensation or payment for damage or expenses caused directly or indirectly by or as a result of the following:

1. A **Pre-Existing Condition**;
2. Costs related to medical examination, treatment, procedures, and surgical intervention which are not administered in a licensed healthcare facility;
3. Any medical services or procedures at a health hydro-spa or cosmetic treatment facility;
4. Costs related to medical examination, where no **Sickness** has been diagnosed or **Accident** has occurred (i.e. non specified pain);
5. Any visit to a medical provider that does not result in a covered **Diagnosis** code after medical review or testing;
6. Any treatment by a **Family Member**/family associate or any relation of the **Insured Person**;
7. In respect of **Accidental** Damage to Natural Teeth, no benefit is payable for **Injury**, normal wear and tear, tooth brushing or any other oral hygiene procedure or any means other than extra-oral impact, any form of restorative or remedial work, the use of precious metals, orthodontic treatment of any kind or dental treatment performed in a **Hospital** unless dental surgery is the only treatment available to alleviate pain.
8. Suicide or attempted suicide, or intentional **Self-Injury**;
9. Evacuation costs where the **Insured Person** is not being admitted to a **Hospital** for Treatment or where costs have not been approved by **Us** prior to travel commencing;
10. Any extension of a Policy to extend medical coverage;
11. Any costs arising after expiry of the Period of Insurance;
12. Any Policy extensions or renewals to pay for a **Pre-Existing Condition**;
13. Any form of treatment or surgery which in the opinion of the **Doctor** in attendance and **Us** can be delayed until **Your** return to **Your Country of Residence**;
14. Any treatment for HIV / AIDS, or related conditions;
15. Claims for sexually transmitted diseases;
16. Any claim, loss, or expense arising directly or indirectly from any **Injury**, illness, or death sustained by an **Insured Person** while acting in the course of their employment, trade, or profession. This includes any event occurring at the Insured's place of business or while performing duties on behalf of an employer.
17. Any medication or drugs not prescribed by **Your** attending Physician or Specialist, or which are available without prescription;
18. **Pandemic**: This Policy does not cover any liability, loss, cost or expense arising out of, resulting from, caused or contributed to by a virus or bacteria that is declared to be an outbreak, **Epidemic**, or public emergency by the World Health Organization (WHO), Center for Disease Control and Prevention (CDC), or any other Government, Governmental Agency or ruling body of the country that the outbreak or **Epidemic** has occurred in;
19. Medical Expenses in excess of a limit stated in the **Schedule of Benefits**;
20. Any cost resulting in a **Sickness, Injury** or death from the misuse of drugs or being under the influence or effect of alcohol or any other intoxicating substance (other than a legally prescribed medication by a licensed medical professional and taken as directed);
21. Treatment for dependency on alcohol or any other intoxicating substance, narcotics, drug and substance abuse, or any addictive condition of any kind;
22. Needless self-exposure to peril except in an attempt to save human life;
23. Intentional or fraudulent acts on the **Insured Person's** part or their consequences;
24. **Trips** specifically made for the purpose of obtaining medical treatment;
25. Cosmetic surgery or remedial surgery, removal of fat or other surplus body tissue and any consequences of such treatment, weight loss or weight problems/eating disorders, whether or not for psychological purposes, unless required as a direct result of an **Accident** which occurs during the Period of Insurance;
26. Pregnancy, childbirth whether normal or complicated, including the transfer of a pregnant woman to **Hospital** to give routine childbirth or air travel when the **Insured Person** is more than 20 weeks pregnant and was NOT a result of an **Accident** or onset of complications relating from an **Accident**.
27. Treatment for mental or nervous disorders, including transitional life **Events**, homesickness, fatigue, jet-lag or work related stress; the costs of psychotherapists, psychologists, family therapists or bereavement counsellors.

28. Use of any type of firearm or any device that discharges a projectile of any type.
29. Any expenses relating to search and rescue operations to find an **Insured Person** in mountains, at sea, in the desert, in the jungle and similar remote locations including air/sea rescue charges for evacuation to shore from a vessel or from the sea;
30. Charges or fees incurred for the completion of claim forms or any medical reports requested by **Us**;
31. Expeditions, mountaineering or trekking, which at any time, is above 3500M, including but not limited to Mt Everest, K2, Kilimanjaro, Antarctica, the Arctic, North Pole and Greenland;
32. Travel to/from any locations known to be under duress/alert, **Pandemic, Epidemic** or which are known to pose a higher risk prior to departing for a **Trip**; or a country or area which the UK Foreign and Commonwealth Office advise against "all" or "essential" travel to. This can be checked by visiting the FCO travel advice website here: www.gov.uk/foreign-travel-advice/;
33. Radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof.
34. War Insurrection and Terrorism: **We** shall not be liable for:
 - War means (whether war be declared or not): Warlike operations: hostilities; invasion; mutiny; riot; civil commotion assuming the proportions of or amounting to an uprising; civil war; rebellion; revolution; insurrection; conspiracy; military or usurped power; martial law or state of siege; act of an enemy foreign to the nationality of the insured

person or the country in or over which the act occurs; overthrow of the legally constituted government; explosions of war weapons; murder or assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the insured person whether war be declared with that state or not.

- Nuclear, and Weapons of Mass Destruction: means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.
- Chemical Weapons: means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.
- Utilization of Biological Weapons: means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which are capable of causing incapacitating disablement or death amongst people or animals.
- Terrorism: Terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organization(s) or governments(s).

SUBROGATION

To the extent **We** pay for a Loss suffered by an **Insured Person**, **We** will take over the rights and remedies the **Insured Person** had relating to the Loss. This is known as subrogation. The **Insured Person** must help **Us** preserve **Our** rights against those responsible for any Loss. This may involve signing any papers and taking any other steps **We** may reasonably require. If **We** take over an **Insured Person's** rights, the **Insured Person** must sign an

appropriate subrogation form supplied by **Us**. As a condition to receiving the applicable benefits listed above, as they pertain to this Subrogation provision, the **Insured Person** agrees, except as may be limited or prohibited by applicable law, to reimburse **Us** for any such benefits paid to or on behalf of the **Insured Person**, if such benefits are recovered, in any form, from any Third Party or Coverage.

CLAIMS PROCEDURE

Any medical claim likely to exceed \$1,000 is required to be pre-authorized by **Us**. Failure to seek pre-authorization will result in **Your** claims being denied. To have **Your** claim pre-authorized please contact Expat Assist on +44 203 285 7248 (24 hours a day / 7 days a week).

In the event of a claim please go to the claims portal www.expatriate.claims.

Required Documentation for all claims:

1. All claims must be submitted with proof of travel including flight records
2. Medical claims: **Doctors'** Notes Reports, Bills, Receipts including names and addresses
3. Loss/Theft: Proof of loss and detailed description of loss
4. Police Reports
5. Any additional documentation requested by **Us** to support **Your** claim.

Claims Appeal:

The Expatriate Group Manager, BP Business Centre, Little High St, Shoreham-by-Sea, BN43 5EG, United Kingdom. Appeals should be submitted within 60 days of receiving an **Insured Person's** processed claim. Upon appeal, the **Insured Person** will pay any fees associated with the request of medical records. The Appeals Committee will review the **Insured Person's** information and provide a response within 30 business days or will request additional time, if additional information is needed.

REFUND PROCEDURE AND POLICY (Cooling-off period)

This plan may be refunded for 100% of premium and is contingent upon written notification to **Us** within 14 days of initial purchase and prior to any effective date and is subject to no claim being made against the policy.

CANCELLATION

We reserve the right to cancel any Policy as described below:

- This Policy will be cancelled automatically upon non-payment of the Premium.
- While **We** shall not cancel this Policy because of eligible claims made by any **Insured Person**, **We** may at any time terminate an individual /or any of their eligible **Dependents** or subject his coverage to different terms if she/he or the **Insured**

Person has at any time:

- a. Misled **Us** by misstatement or concealment;
- b. Knowingly claimed benefits for any purpose other than are provided for under this Policy;
- c. Agreed to any attempt by a third party to obtain an unreasonable pecuniary advantage to **Our** detriment;
- d. Failed to observe the terms and conditions of this Policy.

COMPLAINTS

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.

1. If **You** have a complaint please contact:
The Healthcare Manager, Expatriate Healthcare, BP Business, Centre, Little High St, Shoreham-by-Sea BN43 5EG, United Kingdom
Tel: +44 (0)20 3551 6634 Fax: +44 (0)870 428 5141
Email: admin@expatriatehealthcare.com
2. Beyond Expatriate Group: If **You** are dissatisfied with the response **You** receive, **You** will also have the right to escalate the matter externally, in line with the process applicable to **Your Country of Residence**.
You may refer **Your** case to the Financial Ombudsman Service, who can be contacted at:
The Financial Ombudsman Service, Exchange Tower, London E14 9SR, United Kingdom
Tel: +44 (0) 800 023 4567 or +44 (0) 300 123 9123
Email: complaint.info@financial-ombudsman.org.uk
Online: financial-ombudsman.org.uk
Please note that **You** have six months from the date of **Our** final response in which to refer **Your** complaint to the Ombudsman.

YOUR DATA

Please read the Data Protection Statement for full details of how we handle Your data and our Document Retention Policy.

[Privacy Notice](#)

[Data Protection Statement](#)

[Document Retention Policy](#)

HDI Global Specialty SE's notice on how it may collect and deal with your data can be found at the following link: <https://www.hdi.global/legal/privacy/>

SANCTIONS LIMITATION AND EXCLUSION CLAUSE

No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

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