

# GLOBAL ASSISTANCE & INSURANCE PROGRAM

**Mercer University**



If you need Medical, Security or Travel assistance, regardless of the nature or severity of your situation, contact the On Call Global Response Center 24 hours a day, 7 days a week:

**Call collect from anywhere in the world:** +1 603-952-2033

**Call toll free from US or Canada:** 1-855-257-4622

**Email:** [mail@oncallinternational.com](mailto:mail@oncallinternational.com)

**24/7 Live Chat:** [www.oncallinternational.com/chat/direct](http://www.oncallinternational.com/chat/direct)

You will be connected directly with an Assistance Coordinator ready to assist you with your inquiry or problem. On Call provides you with a resource experienced in navigating through any crisis and making sure you can continue your trip, or get home safely. On Call assists during critical emergencies such as illness or injury that may require an evacuation or during a political or natural disaster event that may threaten your safety. On Call also assists with smaller problems you may not realize you have a resource for. Review a listing of services on the following pages.

Global Assistance Services must be paid and arranged by On Call; no claims for reimbursement of transportation will be considered.

If you are experiencing a medical emergency, you should proceed immediately to the nearest hospital or emergency department and then contact On Call as soon as you or a companion can safely do so.

The following Plan Description is a summary of coverage for insured participants. This is not a contract of insurance. Coverage is governed by an insurance policy issued to Mercer University. The policy is underwritten by HDI Global Ltd. Complete information on the insurance is contained in the Certificate of Insurance on file with Mercer University. If there is a difference between this program description and the certificate wording, the certificate controls.



## DESCRIPTION OF SERVICES

### I. GLOBAL ASSISTANCE SERVICES

#### 1) MEDICAL ASSISTANCE SERVICES

- a. **Pre-Trip Plan** On Call shall provide up-to-date information either by e-mail, fax or over the phone regarding required vaccinations, health risks, travel restrictions and weather conditions for destinations worldwide.
- b. **Medical Monitoring** On Call shall, via telephone, email and fax, monitor the Participant's conditions when hospitalized. On Call shall maintain an appropriate level of contact with the treating physician and nursing staff as well as obtain relevant medical, surgical and treatment plan reports and information. On Call will use information obtained to assess the available level of care in relation to the patient's condition and geographical location where treatment is being performed.
- c. **24 Hour Nurse Help Line** On Call shall provide, at the Participant's request, with clinical assessment, education and general health information. This service shall be performed by a registered Nurse counselor to assist in identifying the appropriate level and source(s) of care for Participant's (based on symptoms reported and/or health care questions asked by or on behalf of Participant's). Nurses shall not diagnose Participant's ailments.
- d. **Prescription Replacement Assistance** If a Participant requires prescription medication or eyeglasses, On Call International will consult with the prescribing physician and locate and arrange to send the prescription medication or eyeglasses when it is possible and legally acceptable or arrange an appointment with a local medical provider.
- e. **Guarantee of Payment** Guarantees shall be made by On Call for any expenses either covered by a benefit of the Program or authorized by the Client.
- f. **Medical, Behavioral or Mental Health, Dental and Pharmacy Referrals** On Call shall provide, at the Participant's request, referrals to medical and/or dental professionals and pharmacies in the given geographic area locations of western style medical facilities and English speaking doctors, dentists and other healthcare providers in an area served by On Call to the extent possible.
- g. **Coordination of Benefits** On Call shall request primary health insurance information and/or any supplemental travel/secondary insurance from the participant and attempt to coordinate benefits during an active assistance case. Coordination includes attempt to facilitate direct payment of covered expenses from the insurer to the medical provider and facilitating assistance with claims documentation by notifying the insurance carrier and requesting a pre-certification of medical expenses.

#### 2) MEDICAL TRANSPORTATION SERVICES

The Program includes coverage as shown in Section II. Terms, conditions and limitations included in Section II apply to services described in this section.

- a. **Emergency Medical Evacuation** On Call shall arrange and coordinate air and/or surface transportation and medical care during transportation to the nearest hospital where appropriate medical care is available.

Following a Medical Evacuation, if the Participant is discharged and deemed fit to travel unescorted, On Call shall arrange transportation to return the Participant to the original location or to the Participant's home if the reason for travel has ended.

- b. **Medical Repatriation** After being treated at a medical facility, On Call shall arrange the transport of the Participant with a qualified medical attendant to their residence or home hospital for further medical treatment or recovery.
- c. **Return of Remains** In the event of a Participant's death, On Call shall make the arrangements coordinate for casket or air tray, preparation and transportation of his/her remains to his/her place of residence or to the place of burial.

### 3) EMERGENCY (COMMERCIAL) TRAVEL SERVICES

The Program includes coverage as shown in Section II. Terms, conditions and limitations included in Section II apply to services described in this section.

- a. **Emergency Travel Arrangements (Visit by Family or Friend; Family Reunion)** If the Participant is hospitalized On Call shall arrange travel and suitable hotel accommodations for a person of the Participant's choice to join them.
- b. **Return of Dependent Children** If the Participant's Dependent(s) are present but left unattended as a result of the Participant's Medical Evacuation or hospitalization, On Call shall make arrangements to return them home, including a non-medical escort as needed.
- c. **Emergency Return Home** If a Participant's parent, child, sibling, spouse or participant partner suffers a life-threatening illness or death OR if the Participant is a victim of Felonious Assault, On Call shall arrange for economy airfare for the Participant to go to the family member's location.
- d. **Emergency Travel Expenses following a Felonious Assault** If the Participant is the victim of a felonious assault, On Call shall arrange travel and suitable hotel accommodations for a person of the Participant's choice to join them.
- e. **Emergency Return Home following a Felonious Assault** If a Participant's is a victim of felonious assault, On Call shall arrange for economy airfare for the Participant to return home.
- f. **Bereavement Reunion** In the event a covered Participant dies while covered under the Program, On Call shall arrange for an assigned advocate to fly to the location of the deceased to identify and accompany the remains back to the Participant's home country.

### 4) TRAVEL ASSISTANCE SERVICES

- a. **Pre-Trip Information** On Call shall provide to Participants pre-trip information such as visa, passport and inoculation requirements; cultural information; weather conditions; embassy and consulate referrals; foreign exchange rates; and travel advisories.
- b. **24/7 Emergency Travel Arrangements** On Call shall assist Participant once a trip has started with changing airline, hotel or car rental reservations.
- c. **Translator and Interpreter Referral** On Call shall provide the Participant with access to an interpreter via telephone 24 hours a day or referrals to local translators and interpreters in the case of communication problems which cannot be solved via telephone.
- d. **Emergency Travel Funds Assistance** On Call shall provide assistance to Participants by arranging for the forwarding of funds from Participant's credit cards or family Participants.
- e. **Legal Consultation and Referral** If a Participant is arrested, or requires the services of an attorney, On Call shall arrange for an initial telephone consultation with an attorney without charge to Participant. If needed, a Participant will be referred to an attorney in the appropriate geographical area. This service applies only when a Participant is traveling internationally.

- f. **Lost/Stolen Travel Documents Assistance** On Call shall provide assistance to Participants for the replacement of passports, airline documents, birth certificates and other travel-related documents.
- g. **Emergency Message Forwarding** In the event a Participant is unable to reach an employer, family Participant or traveling companion, On Call shall forward a message via telephone to the intended party.
- h. **Lost Luggage Assistance** On Call shall assist the Participant with the tracking of luggage lost in transit.

## 5) SECURITY ASSISTANCE SERVICES

- a. **Travel Risk Brief** Upon request, On Call will email a country or city security overview that includes intelligence on crime, civil unrest, getting around, cultural info, embassies, vaccinations, health infrastructure.
- b. **Incident Briefing** Upon request, a Global Security Specialist will provide a non-emergency briefing following an incident to discuss impacts to current and future travel for an individual, group or operations in the location of the incident.
- c. **24/7 Global Security Specialist Assistance** If a Participant's safety is at risk, a Global Security Specialist is available 24 hours a day to provide immediate advice and assistance to the Participant or Client.

## 6) SECURITY TRANSPORTATION SERVICES

The Program includes coverage as shown in Section II. Terms, conditions and limitations included in Section II apply to services described in this section. \*Applicable for international travel outside the United States only.

- a. **Political Evacuation** If Participant requires emergency evacuation due to political or military events, On Call will arrange the Participant's transportation to the nearest safe location, lodging within the safe haven and onward travel arrangements to their home or an alternate study or work location.

The method of transportation will be as deemed most appropriate to ensure the Participant's safety. If evacuation becomes impractical due to hostile or dangerous conditions, On Call will maintain contact with and advise Participant until evacuation becomes viable or the political or social upheaval has resolved.

Should commercial transportation be available, but transportation to the commercial transportation departure point represents an imminent threat to the Participants safety, On Call shall arrange secure transport to the departure point.

- b. **Natural Disaster Evacuation** If Participant requires emergency evacuation due to a Natural Disaster, On Call will arrange the Participant's transportation to the nearest safe location, lodging within the safe haven and onward travel arrangements to their home or an alternate study or work location.

The method of transportation will be as deemed most appropriate to ensure Participant's safety. If evacuation becomes impractical due to hostile or dangerous conditions, On Call will maintain contact with and advise the Participant until evacuation becomes viable or the natural disaster situation has been resolved.

Should commercial transportation be available, but transportation to the commercial transportation departure point will represents an imminent threat to the Participants safety, On Call shall arrange secure transport to the departure point.

## II. II. Terms, Conditions and Limitations

<b>Section A- Political and Natural Disaster Evacuation *Applicable for international travel outside the United States only</b>	<b>COVERED / NOT COVERED</b>	<b>SUM INSURED</b>
Evacuation Costs	Covered	Up to \$100,000 Combined Single Limit (CSL) annual aggregate per insured person/traveller
<b>Section B- Emergency Medical Evacuation and Repatriation</b>	<b>COVERED / NOT COVERED</b>	<b>SUM INSURED</b>
Emergency Medical Evacuation and Repatriation	Covered	Up to \$250,000
Emergency Travel Expenses	Covered	Up to \$10,000 per Insured Person
Extension:		
Repatriation of Remains	Covered	Up to \$50,000 per Insured Person
Emergency Return Home (for immediate family member)	Covered	Up to \$5,000 per Insured Person
Emergency Return Home (if victim of felonious assault)	Covered	Up to \$5,000 per Insured Person
Visit of Family / Friend (if victim of felonious assault)	Covered	Up to \$5,000 per Insured Person
Bereavement Reunion	Covered	Up to \$5,000 per Insured Person
Return of Dependent Children	Covered	Up to \$5,000 per Insured Person
Quarantine Coverage	Covered	Up to \$5,000 Combined Single Limit (CSL) annual aggregate per insured person/traveller Return of Travel Companion: Up to \$1,500 included under the CSL Hotel stay: Up to 14 days or \$2,500 included under the CSL Food costs: Up to \$50 per day for 14 days included under the CSL Change fee/airfare: Up to \$ 1,000 difference in air fare included under the CSL

# Evacuation and Repatriation Insurance

## The Contract of Insurance

This is Your Evacuation and Repatriation Insurance Policy, which with the application form and/or declaration made by You and The Policy Schedule should be read together and forms the contract of Insurance between You and Us, HDI Global Specialty SE, UK Branch but it is only valid if You have paid the premium.

Your premium has been based upon the information shown in The Policy Schedule and recorded in the written application You have signed and/or declaration You have made. Please read them carefully to make sure that they meet Your requirements and that the details on The Policy Schedule are correct. If after reading Your Policy and The Policy Schedule You have any questions, please contact Your insurance adviser.

In return for You having paid the premium for the Period of Insurance, We will indemnify You by payment in respect of the Evacuation or Repatriation of the Insured Persons to the extent of and subject to the terms contained in or endorsed on the Policy.

## Who We are

### **HDI Global Specialty SE, UK Branch**

Branch Office: 10 Fenchurch Street, London EC3M 3BE

Registered Office: Podbielskistraße 396, 30659 Hannover, Germany.

Registered in Germany, Registration No. HRB 211924

Authorised by the Bundesanstalt für Finanzdienstleistungsaufsicht and authorised and subject to limited regulation by the Financial Conduct Authority. Details about the extent of our authorisation and regulation by the Financial Conduct Authority are available from us on request.

## IMPORTANT

*It is essential that you provide us with a fair representation of the risks we are accepting when applying for cover. It is also important that you advise your broker, intermediary or Us of any changes which occur during the period of insurance which may alter information previously provided. If you are in doubt as to whether you need to disclose information to us then this should be declared.*

*This means you may need to make enquiries with all Senior Management to ensure that you have declared all necessary information.*

*It is Your responsibility to prove any loss therefore we recommend that you keep receipts, photographs and relevant documents to help with any claim you make. This Policy is a legal contract. You must tell Us about any facts or changes which affect Your insurance and which have occurred either since the Policy started or since the last renewal date.*

*If You are not sure whether certain facts are relevant please ask Your adviser. If You do not tell Us about relevant changes, Your Policy may not be valid or the Policy may not cover You fully. You should keep a written record (including copies of letters) of any information You give Us or Your insurance adviser when You renew this Policy.*

### **Choice of Law**

The laws of Georgia apply and in any suit or legal action the courts of the United States of America shall have jurisdiction unless We agree with You otherwise.

### **Data Protection**



HDI Global Specialty SE is an insurance company whose UK address is 10 Fenchurch Street, London, EC3M 3BE. It is a Data Controller and Data Processor as defined under the EU General Data Protection Regulation ('GDPR') and is registered with the Information Commissioner's Office ('ICO') under number Z5380754. Further details on the GDPR can be found at the ICO website ([www.ico.org.uk](http://www.ico.org.uk)).

Please read this section of Your policy carefully as it contains important information about Our use of Your personal information i.e. how Your information will be collected and dealt with, and Your rights concerning that data.

**Personal information:**

Your personal information means any information We hold about You and the Insured Person(s). This information may be contained in any correspondence received from You including letters and emails. We have implemented technical, physical, legal and organisational measures where necessary to secure the personal information We hold and process on Your behalf. Where appropriate We use anti-virus protection systems, firewalls, pseudonymisation and data encryption technology for the processing and storage of electronic personal information. Where We hold hard copy documentation containing Your personal information (whether on or off site) we will ensure that the relevant documentation is physically secured and accessible only on a "need to know" basis. Our staff are trained regularly on data protection and information security.

You should show this section to anyone else insured or proposed to be insured under Your policy as it will also apply to them. It explains how We use all the information We have about You and the other people insured under Your Policy.

**Special category data:**

Some of the personal information that We ask You to provide is known as "special category data". This will include information relating to Your health or medical condition(s) and may also include, race, religion and any criminal convictions. We need to use special category data to provide You with quotes, arrange and manage Your policy and to provide the services described in Your policy documents (such as dealing with claims). Where You have provided Us with special category data relating to someone else, You undertake that You have obtained their express consent to provide Us with this data.

**How We use Your personal information:**

We will use Your personal information to arrange, administer and manage Your insurance policy, including handling underwriting and claims and issuing renewal documents and information to You. The personal information We hold about You is limited to what is necessary to provide these services. We erase the personal information We hold about You as soon as it is no longer needed in accordance with our legal and statutory obligations.

**Sharing Your personal information:**

We may have to share Your personal information with other insurers, statutory bodies, regulatory authorities, Our business partners, Our group companies or agents providing services on Our behalf and other authorised bodies. Where We do share Your personal data with others We will ensure that the appropriate safeguards are in place.

**Transferring Your personal information outside the EEA:**

To manage Your policy including settling claims or providing Security or Medical Assistance if the claim or assistance relates to an incident which occurs outside Your Country of Domicile We may transfer Your personal information outside the European Economic Area or if different Your Country of Domicile. We will only do this;

- If You have given Us Your permission;
- For underwriting purposes, such as assessing Your application and arranging Your policy;
- For management information purposes;
- If the transfer is necessary for reasons of public interest;
- To prevent or detect crime, including fraud (see below);
- If We are required or permitted to do this by law (for example, if We receive a legitimate request from the police or another authority including legal authorities outside the European Economic Area or, if different, Your Country of Domicile); and/or if required

Where it is necessary to transfer your data outside of the EEA we will ensure that appropriate safeguards are in place.

#### **Preventing and detecting crime:**

We may use Your personal information to prevent crime.

In order to prevent crime We may:

- Check Your personal information against Our databases;
- Share it with fraud prevention agencies. Your personal information will be checked with and recorded by a fraud prevention agency. Other companies within the financial services industry may also search such fraud prevention agencies when You make an application to them for financial products (including credit, savings, insurance, stockbroking or money transmission services). If such companies suspect fraud, We will share Your relevant personal information with them. The information We share may be used by those companies when making decisions about You. You can find out which fraud prevention agencies are used by Us by writing to Our Data Protection Contact at the address set out below; and/or if required:
- Share it with operators of registers available to the insurance industry to check information and prevent fraud. These include the Claims and Underwriting Exchange Register administered by Insurance Database Services Ltd. We may pass information relating to Your insurance policy and any incident (such as an accident, theft or loss) to the operators of these registers, their agents and suppliers.

#### **Dealing with others on Your behalf:**

To help You manage Your insurance policy, subject to answering security questions, We will deal with You or Your spouse or partner or any other person whom We reasonably believe to be acting for You if they contact Us on Your behalf in connection with Your policy or a claim relating to Your policy. Where We have reasonable doubts concerning the identity of Your spouse or partner or such other person claiming to be acting on Your behalf, we may request additional information necessary to confirm their identity before we release any information in relation to Your policy to them. For Your protection only You can cancel Your policy or change the contact address.

#### **Marketing:**

We will not use Your personal information and information about Your use of Our products and services to carry out research and analysis for marketing.

#### **Data Protection Rights:**

You have certain rights under the GDPR.

You have the right to require Us to:

- Provide You with further details about the use We make of Your personal data;
- Provide You with a copy of the personal data We hold in a commonly used and machine readable format;
- Correct any inaccuracies in the personal data We hold;
- Delete any personal data We no longer have any lawful ground to use;
- Where the processing requires Your consent, withdraw that consent so We stop the processing in question;
- Transfer Your personal data to another organization;
- Object to any processing based on the legitimate interests grounds unless our reasons for that processing outweigh any prejudice to Your data protection rights;
- Object to automated processing, including profiling; and/or
- Restrict how We process or use Your personal data in certain circumstances e.g. whilst a complaint is being investigated.

In certain circumstances we may need to restrict the above rights to safeguard the public interest (e.g. prevention or detection of crime) or Our interests (e.g. legal or litigation privilege).



If you are not satisfied with Our use of Your personal data or Our response to any request by You to exercise any of Your rights, or if You think We have breached the GDPR, You have the right to complain to the ICO, details as follows:

England	Scotland	Wales	Northern Ireland
Information Commissioner's Office Wycliffe House Water Lane Wilmslow Cheshire SK9 5AF	Information Commissioner's Office 45 Melville Street Edinburgh EH3 7HL	Information Commissioner's Office 2 <sup>nd</sup> Floor Churchill House Churchill Way Cardiff CF10 2HH	Information Commissioner's Office 3 <sup>rd</sup> Floor 14 Cromac Place Belfast BT7 2JB
Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate)	Tel: 0131 244 9001	Tel: 029 2067 8400	Tel: 0303 123 1114 (local rate) 028 9027 8757 (national rate)
casework@ico.org.uk	scotland@ico.org.uk	wales@ico.org.uk	ni@ico.org.uk

#### Further information:

If You would like to receive a copy of the personal information We hold on You, or if You would like further information or wish to complain about the way that We use personal information, please write to Our Data Protection Contact (set out below).

If We change the way that We use Your personal information, We will write to You to let You know. If You do not agree to that change in use, You must let Us know as soon as possible. You have the right to complain to Us at any time if You object to the way We use Your personal information. If you do, We will no longer be able to process the personal information We hold about You unless We are able to demonstrate compelling legitimate grounds for the continued processing of Your personal information which override Your interests, rights and freedoms of You, or for the establishment, exercise or defence of legal claims.

#### Contacting Our Data Protection Contact

To contact Our Data Protection Contact please write to Us at HDI Global Specialty SE, 10 Fenchurch Street, London EC3M 3BE UK giving Your name, address and insurance policy number.

## Our commitment to you

Each of Our customers is important to Us, and We believe You have the right to a fair, swift and courteous service at all times. We acknowledge receipt of Your complaint and We will deal with it promptly and provide a response as quickly as possible.

## Complaints Procedure

What to do if You have a complaint:

Our aim is to provide an excellent service to customers at all times. However, We understand that from time to time, We may not live up to our own high standards, and recognise that occasionally things do go wrong. Whenever this happens, We welcome Your feedback to ensure that We provide the kind of service You expect.

Complaints can be notified to Us by phone, e-mail or in writing. You will find contact details below. We take all complaints seriously and aim to resolve all problems promptly and fairly.

1. Upon receipt of Your complaint, We will, within no more than five working days, send You a letter to acknowledge your complaint, and explain to You how we will investigate Your complaint. We will also enclose a copy of Our complaints procedure.
2. We will endeavour to send a final response to You within eight weeks of receipt of Your complaint. If We are unable to provide You with a final response within this time frame, We will write to You explaining the delay and advise You when You can expect a final response.
3. If more than eight weeks from the date of Your complaint have elapsed and You have not received a final response, or You

are dissatisfied with the final response You have received from Us, You may choose to refer Your complaint to:

Financial Ombudsman Service (FOS)

Exchange Tower

London

E14 9SR

Tel: 0800 023 4 567 – free for people phoning from a “fixed line” (for example a landline at home)

0300 012 3 123 – free for mobile phone users who pay a month charge for calls to numbers starting 01 or 02

<http://www.financial-ombudsman.org.uk/>

Please note: You must refer your complaint to FOS within six months of the date on Our final response letter. If You do not refer your complaint within this time period, FOS will not have our permission to consider Your complaint and so will only be able to do so in very limited circumstances, for example, if FOS believes that the delay was as a result of exceptional circumstances.

## Financial Ombudsman Service

If You are disappointed with any aspect of the handling of Your insurance We would encourage You, in the first instance, to contact the complaints department of Your insurance adviser. You can write or telephone, whichever suits You, and ask Your contact to review the problem.

If You are dissatisfied with the final response from the complaints department, You may be entitled to refer the matter to the Financial Ombudsman Service (FOS).

Full contact details of the FOS will be provided at the same time as Your complaint is acknowledged.

Note that the FOS will only consider Your complaint if you have given Your insurance adviser the opportunity to resolve it and You are a private Policyholder, a business with a group turnover of less than €2 million, a charity with an annual income of less than €2 million, or a Trustee of a trust with a net asset value of less than €2 million. If, however, Your complaint is not resolved within 40 working days, the FOS will accept a direct referral.

Whilst We are bound by the decision of the FOS, You are not. Following the complaint procedure does not affect Your right to take legal action.

## Financial Services Compensation Scheme

For risks located within the EEA We are covered by the UK Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if We cannot meet Our obligations. This depends on the type of business and the circumstances of the claim. Most insurance contracts are covered for 90% of the claim with no upper limit. You can learn more about this scheme at [www.fscs.org.uk](http://www.fscs.org.uk) or by phoning 0800 678 1100 or 0207 741 4100 or writing to Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU.

## Useful Telephone Numbers and Websites

Emergency Medical Assistance Provider: +1 603-952-2033

Crisis Management Company Call Centre: +1 603-952-2033

Claims Administrator: +1 603-328-1300

Foreign Office Travel advice: [www.fco.gov.uk/en/travel-and-living-abroad/travel-advice-by-country/](http://www.fco.gov.uk/en/travel-and-living-abroad/travel-advice-by-country/)

## Who to contact in the event of Claim

All claims should be notified to Our Claims Administrator:

### On Call International

11 Manor Parkway, Salem, NH 03079

Tel: 603 328 1300 | Fax: 603 328-1770

[www.oncallinternational.com](http://www.oncallinternational.com)

### Claims Procedure

If in relation to any claim under this Policy (other than for claims under the Political and Natural Disaster Evacuation Section) You must contact the Claims Administrator as soon as reasonably possible after any event or occurrence which may result in a claim and in any event no later than 60 days after the occurrence of such event.

You must:

1. At Your expense, provide them with a written notification of a claim containing as much information as possible of the loss, destruction, damage, accident, injury or illness, including the amount of the claim.
2. Provide them at Your own expense with all certificates, information and evidence reasonably required by them and in the form and of such nature as they may prescribe.
3. Immediately pass to them unanswered, all communications from third parties in relation to any event that may result in a claim under this Policy.
4. Not admit or repudiate liability, nor offer to settle, compromise, make payment or pay any claim under this Policy without their written agreement.

The Insured Person shall submit to medical examination at Our request in respect of any alleged Accidental Bodily Injury or Illness where We shall pay the fee.

As soon as possible after the occurrence of any Accidental Bodily Injury or Illness the Insured Person must obtain and follow the advice of a Qualified Medical Practitioner. We shall not be liable for any consequences arising due to the Insured Person's failure to obtain and follow such advice and use such appliance or remedies as may be prescribed.

In the case of Accidental Death of the Insured Person We shall be entitled to have a post-mortem examination at Our own expense.

If You or the Insured Person fail to follow any of these conditions You will lose your right to indemnity or payment for that claim.

## Assistance Services

### Security Assistance

In the event that you require a Political or Natural Disaster Evacuation please contact **Our Crisis Management Company**

**Telephone: +1 603-952-2033**

Our Crisis Management Company provides responses in respect of Political or Natural Disaster Evacuation

Assistance and support is given to You through

- In house expert crisis management and response consultants
- In house security analysts.
- A network of response teams and security professional throughout the world.
- In country assistance and deployable resources in support and response to an emergency situation.
- \*Applicable for international travel outside the United States only

## Medical Assistance

Our Medical Assistance Service is operated by a specialist assistance provider who will advise on and where appropriate arrange all medical treatment, medical evacuation or repatriation, travel and accommodation.

In the event of a Medical Emergency overseas please contact **Our Emergency Medical Assistance Provider**

**Telephone: +1 603-952-2033**

Our Emergency Medical Assistance provider has experienced multi-lingual staff that will:

- Take charge of enquiries 24 hours a day 365 days a year and where necessary contact hospitals and guarantee any necessary fees.
- Talk to doctors and hospital staff in their own language.
- Ensure medical advisers are consulted at the outset for their views on the possibility of arranging Repatriation and the best method of transportation to be adopted.

Provided medical treatment, travel or accommodation has been arranged by Our Emergency Medical Assistance Company We will pay all associated costs incurred on behalf of You the Insured Person for the following:

- Making arrangements for the Insured Persons to travel home and where necessary ensure they are escorted by a medical attendant.
- Ensure assistance is provided upon arrival in the Insured Person's Country of Domicile following a Medical Repatriation.
- Making arrangements for the outward and return journeys for the next of kin or other nominated person to visit a sick or injured Insured Person.
- Assist in locating and sending drugs if not available locally.
- Provide advice on minor ailments.

## Policy Definitions

Each time We use one of the words or phrases listed below, it will have the same meaning wherever it appears in Your Policy unless We state otherwise. A defined word or phrase will start with a capital letter each time it appears in the Policy, except for headings and titles. Each Section of the Policy contains Definitions which apply to that particular Section and they must be read in conjunction with the following Policy Definitions.

### Appropriate Authorities

The Foreign, Commonwealth & Development Office (FCDO) of the United Kingdom, The United States Department of State, the Foreign Office of Canada or similar authority of the Policyholder Host Country.

### Assignment

When an Insured Person is working in or travelling to a country on Your behalf.

### Country of Domicile

The Country in which the Insured Person resided in before taking up Assignment and/or the Country to which the Insured Person

shall return to when repatriated or country in which they hold a valid passport

**Dependant(s)**

The natural or legally adopted children or legal wards of an Insured Person (and/or Insured Person's Partner where applicable) living at the same address who are no older than 18 years of age or 23 years of age if in full time education at the time a claim occurs.

**Host Country**

The Country in which the Insured Person resides in whilst on Assignment.

**Insured Journey**

Whilst the Insured Person is on a journey not exceeding 12 months in duration (unless otherwise agreed by Us) which You have authorised in connection with The Business (including any period of holiday which is purely ancillary to the Insured Journey) which begins during the Period of Insurance, and commences from the time the Insured Person leaves their home or place of business in their Country of Domicile whichever is the later and continues during the entire period of the journey and terminating at the time of return to their home or place of business in their Country of Domicile whichever is reached first.

If the Insured Journey is solely within the Insured Person's Host Country cover will only be operative if the journey involves an air flight and/or overnight stay away from home.

**Insured Person**

Any director or employee, including temporary and contract staff, under a contract of employment with You or person or category of persons shown in The Policy Schedule.

**Insured Person's Partner**

The spouse or civil partner of an Insured Person living at the same address as the Insured Person for the last 12 months and sharing financial and where applicable responsibility for their Dependants.

**Operative Time of Cover**

The period of time for which We will cover the Insured Person for benefits described within the The Policy Schedule.

**Period of Insurance**

From the effective date until the expiry date shown in The Policy Schedule and any subsequent period for which We accept payment for renewal of this Policy.

**Salary**

The Insured Person's total gross annual salary or wages excluding any loan payments (but including overtime, commission or bonus payments, provided they have been specifically included in the estimated/actual salaries/wages on which the premium has been based) prior to deductions, paid in the 12 months immediately preceding an Insured Event.

**The Business**

Activities directly connected with The Business described in The Policy Schedule.

**The Policy Schedule**

The document which specifies details of The Policyholder, The Insured Persons, The Operative Time of Cover, The Business, and specifies details of the benefits covered, sums insured and any Excesses, Endorsements and Conditions applying to the Policy.

**We/Us/Our/The Company**

HDI Global Specialty SE, UK Branch.

**You/Your/The Policyholder**

The Insured Person or persons, companies, partnerships or unincorporated associations named in The Policy Schedule as The Policyholder.

## Policy Conditions

Each Section of the Policy contains Conditions. They must be read in conjunction with the following Policy Conditions which apply to all Sections unless otherwise stated.

### **Adjustable Premium**

If it has been agreed with Us that any part of the premium, being based on estimates, is adjustable You shall within 30 days of the end of each Period of Insurance provide Us with the actual figures and the premium will be adjusted accordingly.

### **Aggregate Limit**

If the aggregate amount of all benefits payable exceeds the stated Aggregate Limit the benefits payable to an Insured Person shall be proportionately reduced until the total of all Benefits does not exceed the Aggregate Limit.

### **Alteration of Risk**

We will at Our option void the Policy from the inception of this insurance where there has been any alteration to The Business and/or the occupation or pursuits of any Insured Person after the effective date of this insurance which increases the risk of loss, liability, destruction, damage, accident, injury or illness or where Your interest ceases except by will or operation of law unless We have accepted the alteration.

### **Assignment**

You may not assign the benefits under this Policy. We shall not be bound to accept or be affected by any notice of any trust charge, lien, purported assignment or other dealing with or relating to this Policy.

### **Cancellation**

We may cancel this Policy by sending You 30 days written notice to Your last known address and We will return any unearned proportion of the premium paid. You may cancel this Policy at any time by sending us 30 days written notice and any unearned premium shall be returned to you provided that We have not made any claims payment under this policy or have any claims for consideration or You are not aware of any claims that have not been reported to Us. Any claim payments made or under consideration shall be deducted from the amount of unearned premium due to be returned.

### **Contribution**

If at the time of an event giving rise to a claim there is any other insurance Policy in force in Your name which covers You or the Insured Person for the same expense, loss or liability We will only pay a proportion of the claim being determined by reference to the cover provided by each of the relevant policies with the exception of Personal Accident benefits which will be payable in full.

### **Force Majeure**

We shall not be liable for failure to provide Services and/or delays caused by acts of God, strikes or other conditions beyond our reasonable control, including but not limited to flight conditions or situations where the performance of this Policy is prohibited or delayed by local laws, regulations or regulatory agencies. We shall notify You immediately of any Force Majeure event.

In the event of such Force Majeure lasting longer than 7 days You will have the right to cancel this Policy immediately and We shall return any premium paid by You less any amount for claims paid or due to be paid.

### **Fraud**

If a claim made by You or anyone acting on Your behalf, or any person claiming to be indemnified is fraudulent or exaggerated, whether ultimately material or not or if a false declaration or statement is made or if a fraudulent device is used in support of a claim We may at Our option void the Policy from the inception of this insurance or cancel the Policy from the date of the claim or alleged claim and repudiate the claim.

### **Identification**

The Policy and The Policy Schedule will read as one contract. A particular word or phrase which is not defined will have its ordinary meaning.

### **Reasonable Precautions**



You must take all reasonable precautions to avoid Accident, injury or illness to any person, or loss, destruction or damage to their property, and You must comply with all legal requirements and safety regulations and conduct The Business in a lawful manner. If in relation to any claim You have failed to fulfil any of these conditions, You will lose your right to indemnity or payment for that claim.

#### **The Contracts (Rights of Third Parties) Act 1999**

The Contracts (Rights of Third Parties) Act 1999 or any amendment thereto does not apply to this Policy. Only We and the Policyholder can enforce the terms of this Policy. No other party may benefit from this contract as of right. The Policy may be varied or cancelled without the consent of any third party.

#### **Misdescription**

We will void this Policy if there has been any misrepresentation, misdescription or failure to disclose any material fact by You or anyone acting for You.

#### **Sanction Limitation and Exclusion Clause**

We shall not provide cover or pay or be liable for any claims or provide any benefit under this Policy if by providing any cover, paying any claims or providing any benefit under this Policy 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.

## **Policy Exceptions**

Each Section of the Policy contains specific Exceptions. They must be read in conjunction with the following Policy Exceptions which apply to all Sections unless otherwise stated.

The Policy does not cover

1. Any expense related to the Insured Person engaging in the commission of, or the attempt to commit, an unlawful act.
2. Any expense incurred as a result of the Insured Person engaging in active service in the armed forces or police of any nation; active participation in war (whether declared or not), invasion, act of foreign enemy, hostilities, civil war, rebellion, riot, revolution or insurrection unless declared to Us and accepted by Us in writing.
3. Any losses incurred by You which are or would be, except for this insurance recoverable under any other insurance or other indemnity available to You.
4. Any losses incurred for which You are responsible under a Workmen's Compensation Act
5. The Insured Person being in their own Country of Domicile or country in which they hold a valid passport
6. The Insured Person being under the influence of or being directly or indirectly affected by the effects of intoxicating liquor or drugs or any other condition thereby aggravated other than drugs taken in accordance with treatment prescribed and directed by a Qualified Medical Practitioner but not for the treatment of drug addiction.
7. Any losses incurred by You which are or would be, except for this insurance recoverable under any other insurance or other indemnity available to You
8. An Insured Person once they have attained the age of 81.
9. With immediate effect Payment of any benefit if the Insured Person who is the subject of a claim retires or otherwise ceases to be employed by You.

## **Section A - Political and Natural Disaster Evacuation**

### **Definitions**

The following definitions apply to this Section and shall keep the same meaning wherever they appear in the Section, unless an alternative definition is stated to apply. Please also refer to the Policy Definitions at the front of this Policy document.

### **Accident / Accidental**

Shall mean a sudden violent external unforeseen and identifiable event.

### **Accidental Bodily Injury**

1. Injury caused by Accidental and/or violent means or
2. Injury resulting from Exposure
  - occurring within 12 months from the date of the Accident by which such injury is caused.

### **Annual Aggregate Limit**

The maximum We will pay in respect of all claims payable during the Policy Period.

### **Capital Benefits**

Capital Benefits include Loss of Hearing, Loss of Limb, Loss of Sight, Loss of Speech, Permanent Total Disablement.

### **Evacuation Costs**

The costs incurred within 30 days of an Insured Event to evacuate the Insured Person to the nearest place of safety or their Country of Domicile.

If the Insured person is in imminent peril, cover will apply to the evacuation of the Insured Person by any appropriate means consistent under the circumstances with their health and safety, otherwise cover hereunder will apply to the transportation only at economy fares unless unavailable or manifestly impractical.

### **Expenses**

The cost of accommodation, transportation and food and any other reasonable and necessary expenses.

### **Hibernation Costs**

The costs of security and relocation if an Insured Event has occurred and at the sole discretion of the Crisis Management Company the Insured Person may remain in their Host Country, in either their current location or relocate to a site chosen by the Crisis Management Company up to a period of 14 days from the time the Insured Event first occurs.

### **Insured Event**

- a. The Insured's Appropriate Authority issues a travel advice for a particular country or region where the Insured Person is on Assignment in, recommending that certain categories of person which includes the Insured Person should leave that country or region.
  - or -
- b. The recognised Government in their Host Country:
  - a) Declares a state of emergency necessitating immediate evacuation or
  - b) Formally recommends or instructs that the Insured Person should leave that country or region for safety or
  - c) Seizes, confiscates or expropriates the Insured or Insured Person's property, plant or equipment or
  - d) Expels the Insured Person or declares the Insured Person "persona non grata".
  - e) Withdraws all scheduled international commercial flights for a period of excess of 24 hours as a result of political or military action intervention which has a direct impact on the Insured persons safety and prevents them leaving the country.
- c. Natural Disaster within their Host Country which has a direct impact on the Insured Person and their safety.
- d. The Political or military events in the country the Insured Person is staying in represents an imminent threat to their safety.

### **Local Nationals**

Means any person in the regular employment of the Policyholder but who is permanent resident in the country they are working in.

### **Loss of Hearing**

Total and permanent loss of hearing in one or both ears to the extent that the hearing loss is greater than 95 decibels across all

frequencies using a pure tone audiogram.

#### **Loss of Limb**

Shall mean in respect of:

1. An arm – physical severance of all 4 fingers at or above the metacarpal phalangeal joints (where the fingers join the palm of the hand) or permanent and total loss of use of a complete arm or hand at or above the metacarpal phalangeal joints (where the fingers join the palm of the hand).
2. A leg – physical severance at or above the level of the ankle (talo-tibial joint) or permanent total loss of use of an entire leg at or above the level of the ankle (talo-bial joint).

#### **Loss of Sight**

Loss of Sight shall include total and permanent loss of sight, which shall be deemed to have occurred:

1. In both eyes when the Insured Person's name has been added to the register of Blind Persons on the authority of a fully qualified ophthalmic specialist.
2. In one eye when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale.

Which means the Insured Person is only able to see at 3 feet that which they should normally be able to see at 60 feet and We are satisfied that the condition is permanent and without expectation of recovery.

#### **Loss of Speech**

Total and permanent loss of speech.

#### **Permanent Total Disablement**

Permanent disablement wholly preventing the Insured Person from engaging in or giving attention to their usual occupation caused other than by Loss of Limb or Sight or Speech or Hearing which disablement lasts without interruption for more than 12 months from the date of Accident, and in all probability shall continue for the remainder of the Insured Person's life.

## **Conditions**

The following conditions apply to this Section. Please also refer to the Policy Conditions at the front of this Policy document.

1. Our Crisis Management Call Centre must be advised immediately of any situation that may give rise to a claim or as soon as reasonably possible thereafter. If the Crisis Management Call Centre is not contacted immediately Our liability to pay any subsequent claim under this section will cease.
2. You must provide Us and Our Crisis Management Company with all assistance and information requested in a timely manner.
3. The Insured Person must follow the advice of Our Crisis Management Company at all times.
4. Where you or an Insured Person is entitled to any refund on unused tickets or returnable deposits or advanced payments We will be entitled to deduct these from the value of any claim.
5. You and the Insured Person shall take all reasonable and necessary steps to ensure that the existence of this Cover is not made common knowledge.
6. You must not make or attempt to make arrangements without the agreement of Our Crisis Management Company.

## **Exceptions**

The following exceptions apply to this Section. Please also refer to the Policy Exceptions at the front of this Policy document.

We will not pay any claims resulting from:

1. Your failure to reasonably prove that there is any threat to the Insured Person's safety.
2. You taking part in any political activity or operations of any security or armed forces unless declared to and agreed by Us.
3. Or attributable to an alleged violation of the laws of the Host Country by You or the Insured Person.
4. Your failure to maintain and possess duly authorised and issued required immigration, work, residence or similar visas or permits or other relevant documentation required in the Insured Person's Host Country.

5. Accommodation, Evacuation Expenses or Hibernation Costs incurred more than 30 days after the Insured Event.
6. Or attributable in whole or in part to a debt insolvency, commercial failure, the repossession of any property by any title holder or lien holder, or any other financial cause.
7. Your failure to honour any contractual obligation bond or specific performance condition in a license.
8. You at inception of this policy having prior knowledge of or had received information of any specific matter, fact or circumstance which would lead to an Insured Event that has not been declared to and accepted by Us.
9. Any Losses incurred by You that have been increased by Your failure to follow the advice of Our Crisis Management Company.

## Cover

We will indemnify You up to the sums insured shown in The Policy Schedule if during the Operative Time of Cover You incur Evacuation Costs, Hibernation Costs and Expenses as a result of an Insured Event in Your Host Country.

**In the event that you require a Political or Natural Disaster Evacuation please contact Our Crisis Management Company**

**Telephone: +1 603-952-2033**

### Extensions

The following Extensions apply if stated as being Covered in The Policy Schedule, but will be subject to the Annual Aggregate Limit stated in The Policy Schedule.

#### Increased Expertise

This section will be extended to Cover any additional personnel with the relevant skill sent to facilitate the evacuation and breakdown of equipment following an Insured Event up to a maximum of \$250,000 per Insured Event.

#### Loss of Personal Effects.

The irrecoverable loss of the Insured Person's personal effects (other than Local Nationals) following their Evacuation as a result of an Insured Event up to a maximum of \$12,500 per Insured Person and subject to a maximum of \$100,000 per Insured Event.

#### The cost of providing Increased Expertise

The additional cost of transportation and accommodation reasonably and necessarily incurred in sending additional personnel with the relevant skill to facilitate the evacuation and breakdown of equipment following an Insured Event up to a maximum of \$250,000 per Insured Event.

#### Personal Accident Cover

In the event of an Insured Person sustaining Accidental Bodily Injury as a result of an Insured Event which within 12 months of the date of the Insured Event solely directly and independently of any other cause results in any of the benefits listed below we will pay the Insured Person or their estate the sums insured shown below:

Death	\$125,000 per Insured Person
Loss of Limb	\$125,000 per Insured Person
Loss of Sight	\$125,000 per Insured Person
Loss of Hearing	\$125,000 per Insured Person
Loss of Speech	\$125,000 per Insured Person
Permanent Total Disablement	\$125,000 per Insured Person

Limitation of Benefits

Once an Insured Person has attained the age of 75 the Permanent Total Disablement benefit payable under this Policy is limited to 25% of the current sum insured or \$25,000 whichever is the lesser and the definition of Permanent Total Disablement will be Permanent Disablement wholly preventing the Insured Person from engaging in or giving attention to any and every occupation caused other than by Loss of Limb or Sight or Speech or Hearing which disablement lasts without interruption for more than 12 months from the date of Accident, and in all probability shall continue for the remainder of the Insured Person's life.

#### Minors

If the Insured Person is under age 16 at the date of the Accident giving rise to a claim:

1. The maximum amount payable for Death will be \$20,000 or the sum insured shown in The Policy Schedule whichever is lesser.
2. The definition of Permanent Total Disablement will be Permanent Disablement wholly preventing the Insured Person from engaging in or giving attention to any and every occupation caused other than by Loss of Limb or Sight or Speech or Hearing which disablement lasts without interruption for more than 12 months from the date of Accident, and in all probability shall continue for the remainder of the Insured Person's life.

#### Non Employees

In respect of Insured Persons who are not a director or employee of the Policyholder the definition of Permanent Total Disablement will be:

Permanent disablement wholly preventing the Insured Person from engaging in or giving attention to any and every occupation caused other than by Loss of Limb or Sight or Speech or Hearing which disablement lasts without interruption for more than 12 months from the date of Accident, and in all probability shall continue for the remainder of the Insured Person's life.

#### Payment of Benefit

We will not pay under more than one of the benefits listed in The Policy Schedule for Death or Capital Benefits in conjunction with the same Accident for the same Insured Person. After payment has been made for a Death or Capital Benefit claim no further liability shall attach to Us in respect of that Insured Person during the current Period of Insurance. If the Death benefit is not covered then We will not pay for benefits for Loss of Limb or Sight or Speech or Hearing until at least 13 weeks after the date of the Accident and only then if the Insured Person has not died as a result of the Accident.

#### Payment of Permanent Total Disablement

Benefit under Permanent Total Disablement will be payable after expiry of 52 consecutive weeks disablement and on certification that disablement is permanent and without expectation of recovery by a medical examiner appointed by Us.

Subject to a maximum Sum Insured of \$1,250,000 per Insured Event

#### Return and Restoration Costs

The transportation costs (at economy fares and standard postal rates) incurred by You in returning an Insured Person, and their personal effects, who was the subject of an Evacuation due to an Insured Event back to their Host Country for the purpose of restoring abandoned operations following an Insured Event up to a maximum of \$100,000 per Insured Event. Provided that such return is within 1 year of an Insured Event

#### Salary Continuance

The cost of continuing to pay the Insured Person, who is the subject of an Insured Event and an Evacuation by Crisis Management company Salary which was contractually due at the time the Insured Event occurs for up to 6 months after the Insured Event occurs or until the Insured Person is able to resume their previously agreed Assignment with You

## Section B - Emergency Medical Evacuation and Repatriation

### Definitions

The following definitions apply to this Section and shall keep the same meaning wherever they appear in the Section, unless an alternative definition is stated to apply. Please also refer to the Policy Definitions at the front of this Policy document.

### **Emergency Medical Evacuation**

The cost of transporting the Insured Person by air and/or surface transportation If the Insured Person's medical condition warrants immediate transportation (due to inadequate medical facilities) by Our Emergency Medical Assistance Provider from the place where the Insured Person is located to the nearest adequate medical facility where medical treatment can be obtained, including the costs of all medical care and ancillary costs associated with that transportation.

### **Emergency Travel Expenses**

The reasonable and necessary costs of transport in respect of:

1. Any one person who has travelled with the Insured Person and who has to travel with them or escort them to their Country of Domicile, or
2. The Insured Person's next of kin or other nominated person to travel by economy airfare to visit the Insured Person if the Insured Person is hospitalised outside their Country of Domicile.

And the reasonable and necessary costs of accommodation and meals up to \$200 per day for a maximum of 7 days.

### **Pre-Existing Medical Condition**

Any physical defect, infirmity, disability or condition for which treatment (including medication), investigation or advice has been prescribed or for which such person is on a waiting list to receive treatment as an in-patient or for any on-going medical condition (or complication directly or indirectly attributable to that condition) that has been diagnosed and documented.

### **Felonious Assault**

Any willful and unlawful use of force by an individual against an Insured person in connection with the commission, or attempted commission of robbery, theft, kidnapping, hostage taking, hijacking/Skyjacking, assault, murder, manslaughter, riot, or insurrection. Such use of force must be a felony or the equivalent of a felony under any country, state, territory or local statutory or common law applicable in the jurisdiction where Accident, Accidental Bodily Injury or Loss occurs.

### **Repatriation**

After being treated at a local medical facility, and following the advice of Our Emergency Medical Assistance Provider and if the Insured Person's medical condition warrants it, the costs of transporting the Insured Person by air and/or surface transportation and with a qualified medical attendant to their Country of Domicile to obtain further medical treatment or to recover, or both

### **Serious Medical Condition**

A medical condition that in the opinion of the Emergency Medical Assistance Provider's physician requires immediate emergency medical treatment to avoid certain death or serious impairment to the Insured Person's health and such emergency medical treatment is not available or is not adequate in the Insured Person's Host Country to avoid death or serious impairment of health.

### **Qualified Medical Practitioner**

A doctor or specialist who is registered or licensed to practice medicine under the laws of the country they practice in other than an Insured Person, Partner of an Insured Person, and a member of the immediate family of You or the Insured Person or an employee of Yours.

## **Conditions**

The following conditions apply to this Section. Please also refer to the Policy Conditions at the front of this Policy document.

1. You must contact the Emergency Medical Assistance Provider if you require Emergency Medical Evacuation, Repatriation, Repatriation of Remains, Return of Dependants or prior to incurring Emergency Travel expenses, otherwise We will not be able to reimburse the costs incurred.



2. If We incur costs as a result of advice or assistance being provided or the settlement of any expenses being made in good faith by the Emergency Medical Assistance Provider to any person who is not insured under this Policy, You shall reimburse us in respect of such costs and expenses.
3. The Emergency Medical Assistance Provider reserves the right, at its sole discretion, to determine the location to which the Insured Person will be evacuated and the timing, means or method by which such Evacuation or repatriation will be carried out. In making such arrangements the Emergency Medical Assistance Provider may consider all relevant circumstances including, but not limited to the Insured Person's medical condition, the degree of urgency, the Insured Person's fitness to travel, airport availability, weather conditions and travel distance and whether transportation will be provided by private medically equipped aircraft, helicopter, regular scheduled flight, rail, water or land vehicle. Transportation shall be carried out under such medical supervision, as determined by the Emergency Medical Assistance Provider.

## Exceptions

The following exceptions apply to this Section. Please also refer to the Policy Exceptions at the front of this Policy document.

We will not be liable for any claims resulting from:

1. More than one Emergency Medical Evacuation and/or Repatriation for any single medical condition of an Insured Person during the Policy Period.
2. Any cost or expense not expressly covered in advance and in writing by The Emergency Medical Assistance Provider and/or not arranged by them. This exception shall not apply to Emergency Medical Evacuation from remote or primitive areas when Our Emergency Medical Assistance Provider cannot be contacted in advance and delay might reasonably be expected to result in loss of life or harm to the Insured Person.
3. Any expense incurred for Insured Person(s) when travelling contrary to the advice of a Qualified Medical Practitioner, or for the purpose of obtaining medical treatment or for rest and recuperation following any prior accident or illness.
4. Any Pre-Existing Medical Condition.
5. Any expense incurred for Emergency Medical Evacuation or Repatriation if the Insured Person is not suffering from a Serious Medical Condition, and/or in the opinion of Our Emergency Medical Assistance Provider's physician, the Insured Person can be adequately treated locally, or treatment can be reasonably delayed until the Insured Person returns to their Country of Domicile.
6. Any expense incurred for Emergency Medical Evacuation or Repatriation where the Insured Person, in the opinion of the Emergency Medical Assistance Provider's physician, can travel as an ordinary passenger without a medical escort.
7. Any expense incurred related to accident or injury occurring while the Insured Person is engaged in any hazardous activity, pastime or pursuit including but not limited to caving, mountaineering or rock climbing necessitating the use of guides or ropes, potholing, skydiving, parachuting, bungee-jumping, ballooning, hang gliding, deep sea diving utilizing hard helmet with air hose attachments, martial arts, rallying, racing of any kind other than on foot, winter sports and any organized sports undertaken on a professional or sponsored basis.
8. Any expense related to the Insured Person engaging in any form of aerial flight except as a passenger on a scheduled airline flight, as a passenger on a licensed charter fixed wing aircraft over an established route; or as a passenger travelling on a business related activity in a fixed wing aircraft owned or leased to the Subscriber unless the form of aerial flight has been declared to and accepted by Us in writing prior to travel..
9. Any expense related to treatment performed or ordered by a non-registered practitioner not in accordance with the standard medical practice as defined in the country of treatment.
10. Any expenses incurred as a direct or indirect result of elective surgery or cosmetic surgery.
11. Any Losses incurred by You or the Insured Person if You or they fail to follow the advice of Our Emergency Medical Assistance Provider.
12. Any valid claim costs that have been increased by Your or the Insured Person's failure to follow the advice of Our Emergency Medical Assistance Provider.

## Cover

In the event of the Insured Person sustaining a Serious Medical Condition during the Operative Time of Cover We will pay up to the sum insured shown in The Policy Schedule for their Emergency Medical Evacuation or Repatriation or for Emergency Travel Expenses incurred by or on their behalf.

**In the event of a Medical Emergency requiring Emergency Medical Evacuation or Repatriation please contact Our Emergency Medical Assistance Provider.**

**Telephone: +1 603-952-2033**

Our Emergency Medical Assistance Provider has experienced staff that will ensure medical advisers are consulted at the outset for their views on the possibility of arranging Emergency Medical Evacuation and Repatriation and the best method of transportation to be adopted.

Provided Emergency Medical Evacuation or Repatriation has been arranged by Our Emergency Medical Assistance Provider We will pay all medical care and associated costs incurred on behalf of the Insured Person for the following:

- Making arrangements for them to travel home and where necessary they are escorted by a medical attendant
- Ensure assistance is provided upon their arrival in their Country of Domicile following an Emergency Medical Evacuation or Repatriation and pay for medical care during transportation
- Assistance in locating and sending drugs if not available locally.

## Extensions

The following Extensions apply if stated as being Covered in The Policy Schedule, but will be subject to the Annual Aggregate Limit stated in The Policy Schedule.

### Repatriation of Remains

In the event of the death of the Insured Person whilst on an Insured Journey Our Emergency Medical Provider will arrange for and pay up to a maximum of \$50,000 for the reasonable costs incurred of transportation of the Insured Person's body or ashes to the Insured Person's Country of Domicile.

We shall not be held liable for any delay in returning the Insured Person's Remains for any reasons that are not in our direct and immediate control.

### Return of Dependant(s)

In the event of the Insured Person's Dependant(s) who are under 19 years of age or adult children or grandchildren who are mentally or physically disabled and solely dependent on for maintenance and care on the Insured Person being left unattended as the result of the Insured Person's Medical Evacuation or Repatriation We will pay for a one-way economy airfare to send them back to the Insured Person's Country of Domicile. We will also arrange and pay for the services and transport of a qualified escort to accompany them back to their Country of Domicile.

## Additional Extensions of Cover

### Emergency Return Home

Up to \$2,500 for round-trip economy airfare to return You to Your family member's bedside in the event of a death or life-threatening illness requiring Hospitalization of Your parent, child, sibling or spouse. If the amount of benefit allows, We will also return You to Your program within 90 days of the departure date. All arrangements associated with Emergency Return Home are subject to verification of necessity. Our Emergency Medical Assistance Provider must coordinate and pre-approve all transportation arrangements for the benefit to apply.

### Repatriation due to Felonious Assault

If you are the victim of a felonious assault that has been documented by the local authorities and it has been determined by the Policyholder and Our Emergency Medical Assistance Provider that you are unable to continue with your trip, Our Emergency Medical Assistance Provider will arrange and transport you back to your permanent place of residence

### Visit by Family Member or Friend due to Felonious Assault:

If you are the victim of a felonious assault that has been documented by the local authorities, Our Emergency Medical Assistance Provider will arrange and provide transportation for a family member or Friend of your choice to come and comfort you during your ordeal. We will provide up to a maximum coverage limit of \$5,000, to include coverage for round-trip economy transportation, meals and accommodations subject to a daily maximum of up to \$500, up to a maximum of five (5) days.

## Exceptions

The following exceptions and Limitations apply to the Additional Extensions of Cover. Please also refer to the Policy Exceptions at the front of this Policy document.

Our Emergency Medical Assistance Provider will not provide services enumerated if the coverage is sought as a result of: participation in any war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not) or civil war, rebellion, revolution, and insurrection, military or usurped power; participation in any military manoeuvre or training exercise; traveling against the advice of a Physician; traveling for the purpose of obtaining medical treatment; piloting or learning to pilot or acting as a member of the crew of any aircraft; commission or the attempt to commit a criminal act; skydiving; hang gliding; parachuting; mountaineering; any race; bungee cord jumping; speed contests; spelunking or caving, heliskiing, extreme skiing; dental treatment except as a result of accidental Injury to sound, natural teeth; any non-emergency treatment or surgery, routine physical examinations, hearing aids, eyeglasses or contact lenses; pregnancy and childbirth (except for complications of pregnancy); curtailment or delayed return for other than covered reasons; services not shown as covered.

All transportation benefits provided hereunder must be by the most direct and economical route possible.

## Quarantine Coverage

We will pay Additional Costs up to the amount as stated in the benefits table if You or someone booked to travel with you are held in quarantine by order or other requirement of a government or public authority, based on their qualified belief that you or someone booked to travel with you have been exposed to a contagious disease (including an epidemic or a pandemic disease such as COVID19).

(This assessment by a government of public authority needs to be written in order to claim)

We will also pay if You or someone booked to travel with you are refused boarding of the public transport on which you are booked to travel, on the order of government, public authority or carrier, due to you or someone booked to travel with you displaying symptoms of a contagious disease (including an epidemic or a pandemic disease such as COVID-19).

The following definitions are applicable to Quarantine Coverage

**Quarantine:** Mandatory confinement intended to stop the spread of a contagious disease to which you or someone booked to travel with you has been exposed.

**Additional Costs:** The benefits provided herein are reasonable and necessary costs in

additional to costs already incurred by You or Your travelling

companion

**The following exclusions are applicable to Quarantine Coverage:**

We will not pay any expense arising directly or indirectly from:

- a. Any trip delay caused by quarantine on the cruise ship due to a contagious disease.
- b. Travel arrangements and Additional Costs that were neither coordinated by nor approved by the Assistance Company in advance.
- c. The cost of any additional isolation accommodation requirements imposed by Your country of destination upon arrival or your country of origin upon return regardless of whether you have tested positive or negative for Covid 19.
- d. This benefit excludes any quarantine that applies generally or broadly to some or all of a population, vessel, geographical area, or that applies based on where you are travelling to, from or through.