

WORLDWIDE
TRAVEL
OPTIONS



Worldwide Travel Options
Valid from 2017 • USD/EUR/CHF/GBP

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Why choose Bupa Global travel

Our aim is to give you peace of mind by covering you whenever and wherever you travel, providing you with high quality service, giving you access to suitable treatment and getting you back home safely.

Your healthcare partner

Bupa Global Travel is much more than an insurance company — we are your healthcare partner offering you sincere value. From the moment you call us in need of a doctor, until your medical bills have been paid, we are with you all the way.

We advise you on the necessary treatment and medical facilities, and we talk the language your hospital talks when arranging a procedure.

Our 24-hour emergency service Bupa Global Assistance provides you with in-house:

- Medical referrals
- Counselling on treatment
- Coordination of hospital stays and medical evacuations

You can even reach Bupa Global Assistance by text on +45 42 41 30 00.

We are your healthcare partner to help you feel secure and receive the treatment you need when you are abroad.

Advantages for you*

- Worldwide cover
- Medical cover with no overall maximum limit
- 24/7 in-house emergency service
- Free choice of recognised hospitals and doctors
- No deductible or co-payment on Basic Cover
- Most dangerous sports and occupations covered
- Optional coverage for baggage, liability and trip cancellation
- All nationalities covered
- Global risk and security monitoring
- Easy to extend online even after you left on your trip

* For full details of cover and benefits see the Policy Conditions.

Your travel options

The Annual Travel option covers all your trips up to one month per trip for the whole policy year. If you are travelling more than a month you may also extend your insurance for an extra premium per day.

The Single Trip option covers one trip up to a maximum of 12 months. If your trip turns out to be longer than first anticipated, you can easily extend it online.

Whichever option you choose, your children under two years are covered at no extra cost.

Easier to read information

We want to make sure that customers with special needs are not excluded in any way. We also offer a choice of Braille, large print or audio for our letters and literature. Please let us know which you would prefer.

Bupa Global Travel MyCard

— Free app for smartphone and tablet
With the myCard app, you always have access to your virtual insurance card on your smartphone or tablet no matter where you are.

Advantages of the app:

- Virtual insurance card
- Important information for the doctor/hospital in 53 languages for even faster access to treatment
- Direct contact to our 24-hour in-house emergency service with a single touch
- Adjustable to six different languages:
 - Danish, German, English, French, Spanish and Portuguese
- Direct access to your brochure, policy conditions and claim forms.

The app can be downloaded for smartphone and tablet.

Your cover options

With Worldwide Travel Options we offer you a solution that allows you to tailor your travel insurance. The Basic Cover is a full medical plan which can be taken out on its own or you can add one or both of the options.

Here follows a summary only, refer to the List of Reimbursements and Policy Conditions for full details of the benefits, limitations and exclusions.

Basic Cover

This option provides you with the following benefits:

- Worldwide cover
- Medical cover with no overall maximum limit
- In-patient treatment
- Out-patient treatment
- Evacuation
- Repatriation
- Crisis psychologist in case of mugging and assault
- Compassionate emergency repatriation
- Accompaniment
- Compassionate emergency visit
- Statutory arrangements in case of death
- Home transportation of the deceased

Non-Medical Option

This option provides you with the following benefits:

- Personal accident - death and disability
- Baggage — theft, loss or damage
- Baggage delay
- Theft of passport/cash
- Personal liability — property damage
- Personal liability — bodily injury
- Travel delay
- Missed flight connection
- Hospital daily benefit
- Security and legal assistance

Trip Cancellation Option

This option covers in case you are unable to travel due to acute illness, injury or death.

This is a summary only, refer to the List of Reimbursements and Policy Conditions for full details of the benefits, limitations and exclusions.

Buy the insurance

5% online discount

www.bupaglobal.com

Online

Take out the insurance online at www.bupaglobal.com and get a 5% discount on the premium.

Your online options:

- print your policy documents
- extend your insurance
- submit your claims
- view claims history on your personal website myPage*
- pay your premium
- receive new documents online via myPage

It pays to renew

When you renew your Annual Travel policy, the premium for an adult will be lower than your first year premium. Just click on "pay your premium" on www.bupaglobal.com to pay your updated premium.

**Only with Annual Travel*

Use the insurance

Pre-existing conditions

In some instances a chronic and/or pre-existing condition is covered by your travel insurance. Please see art. 6.6 for further details. We recommend that you send an up-to-date medical report to Bupa Global Travel and our in-house medical consultants will evaluate if your particular condition is covered.

Acute assistance

In case of hospitalisation, evacuation, compassionate emergency repatriation, accompaniment, compassionate emergency visit, death and accident, Bupa Global Assistance must always be notified immediately.

Bupa Global Assistance is open 24/7/365 and can be contacted by:

- Text: +45 42 41 30 00
- Phone: +45 70 23 24 61
- Email: emergency@ihi-bupa.com

We can issue a guarantee of payment for eligible treatment to hospitals, arrange home transportation and provide other kinds of assistance in connection with acute illness and injury.

How to claim

Outpatient treatment such as visits to a doctor or dentist must be paid by yourself before claiming reimbursement.

You can download a claim form from www.bupaglobal.com/en/travel-insurance/claims

Send it electronically by email to traveleclaim@ihi.com or by ordinary mail to our postal address.

Please complete the form with as much detailed information as possible together with all relevant documentation such as itemised bills, scanned receipts, expense documentation, etc.

Claiming online

You can submit your claims online on www.bupaglobal.com/en/travel-insurance/claims.

All you need to do is to complete the online claim form step by step with as much detailed information as possible and scan your bills and corresponding receipts before attaching them to the claim form.

Claiming online is easy and it allows you to upload your claims in a secure way. When your claims have been assessed, you will be notified by email or letter.

Please note...

...that claims regarding delayed and lost baggage must be submitted by ordinary mail.

Please keep the original bills until your claims have been reimbursed as the bills may be requested.

24-hour in-house emergency service

We are with you everywhere

Our 24-hour in-house emergency service Bupa Global Assistance in Copenhagen provides you with help and assistance whenever and wherever you are.

Bupa Global Assistance is staffed by highly qualified multicultural and multilingual coordinators, nurses and doctors with long experience in handling emergency situations.

When it comes to healthcare, we know you want support from people who understand you and your needs. That's why we have a multilingual team who are able to speak in many languages and can support you, wherever you are.

As Bupa Global Assistance is in-house our coordinators know your insurance in detail and can assist you promptly – so you can concentrate on getting better while we assist you with the administrative and financial details.

Global risk and security monitor

We want to help you feel secure that the area you are travelling to is safe and/or learn where and when to take precautions when you are travelling..

We can provide you with risk reports and updates for more than 200 countries regarding:

- crime
- terrorism
- civil unrest
- risk areas
- epidemics

Just contact Bupa Global Assistance to receive updates from your area.

They are available 24/7 and may be reached by:

- text: +45 42 41 30 00
- phone: +45 70 23 24 61
- email: emergency@ihi-bupa.com

You will get access to

- 24/7 in-house emergency service
- In-house doctors and nurses
- Guarantee of payment for eligible treatment to hospitals
- Assistance in arranging medical evacuations
- Pre-authorization
- Medical advice in-house
- Counselling on treatment
- Help finding the most suitable place of treatment
- Telemedicine

List of Reimbursements

Valid from 1 January 2017

This List of Reimbursements together with the Policy Conditions provides full details of the benefits, limitations and exclusions.

Basic Cover

Basic Cover	USD	EUR	CHF	GBP
Maximum cover per person per trip	Unlimited	Unlimited	Unlimited	Unlimited
Hospitalisation	100%	100%	100%	100%
Outpatient treatment by a doctor/specialist	100%	100%	100%	100%
Prescribed medicines	100%	100%	100%	100%
Prescribed treatment by a physiotherapist/chiropractor	2,500	2,000	3,400	1,375
Provisional pain relieving dental treatment	300	250	400	165
Ambulance transportation	100%	100%	100%	100%
Medical evacuation/repatriation (must be pre-approved and co-ordinated by the Company)	100%	100%	100%	100%
Mugging and assault – crisis psychologist	250 per incident	250 per incident	250 per incident	150 per incident
Evacuation	100%	100%	100%	100%
Return trip	100%	100%	100%	100%
Compassionate emergency repatriation	100%	100%	100%	100%
Accompaniment	100%	100%	100%	100%
Compassionate emergency visit	100%	100%	100%	100%
Accommodation (overnight stay), meals and local transportation for an insured unable to continue their travel itinerary due to acute illness or injury, or persons summoned or accompanying an insured, per person	6,000 per day 300	5,000 per day 250	8,000 per day 400	3,300 per day 165
Statutory arrangements in case of death	100%	100%	100%	100%
Home transportation of the deceased	100%	100%	100%	100%
Continuation of trip post treatment (must be pre-approved by the Company)	100%	100%	100%	100%

Basic Cover (continued)

Basic Cover	USD	EUR	CHF	GBP
Sports activities including winter sports — Medical expenses*	100%	100%	100%	100%
*cf., however, Art. 6 and Art. 23				

Non-Medical Option

Non-Medical Option	USD	EUR	CHF	GBP
Personal accident — death and disability*	75,000	55,000	83,000	42,000
*cf, however, art. 13.2-5) and 13.2-6)				
Maximum baggage cover per person per trip	2,000	1,500	2,200	1,100
— Theft, robbery and fire	100% of the maximum baggage cover	100% of the maximum baggage cover	100% of the maximum baggage cover	100% of the maximum baggage cover
— Loss of or damage to registered baggage	100% of the maximum baggage cover	100% of the maximum baggage cover	100% of the maximum baggage cover	100% of the maximum baggage cover
— Theft of passport and/or cash	10% of the maximum baggage cover	10% of the maximum baggage cover	10% of the maximum baggage cover	10% of the maximum baggage cover
Baggage delay	500	350	550	280
Personal liability — property damage	500,000	360,000	550,000	280,000
Personal liability — bodily injury	1,000,000	715,000	1,100,000	550,000
Travel delay — documented expenses for accomodation (overnight stay) and meals	500 per day 100	350 per day 70	550 per day 110	300 per day 60
Missed flight connection	1,000	800	950	650
Hospital daily benefit	2,000 per day 50	1,400 per day 35	2,400 per day 60	1,200 per day 30
Security and legal assistance**	10,000	7,200	11,100	5,500
**10% co-insurance				

Trip Cancellation Option

Trip Cancellation Option	USD	EUR	CHF	GBP
Single Trip	2,000	1,450	2,200	1,100
Annual – per trip	1,500	1,100	1,650	850

The complete terms and insurance sums are stated in the Policy Conditions.

Policy Conditions

Valid from 1 January 2017

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Art. 1 Acceptance of the insurance

1.1: Bupa Denmark, filial af Bupa Insurance Limited, England (Bupa Denmark, branch of Bupa Insurance Limited England), hereinafter called the Company, shall decide whether the insurance can be accepted. In order for the insurance to be accepted and the Company to become liable, the application must be approved by the Company. The Company may offer the insurance on special terms. If the Company decides to offer the insurance on special terms, the policyholder will receive a policy schedule in which these terms are stated.

1.2: In order for the insurance to be accepted by the Company, the applicant must not have reached 70 years of age at the commencement date.

1.3: If Annual Travel has been chosen, the insurance cover shall cease when the insured reaches 70 years of age.

1.4: All underwriting and issuance of policy schedules are made from the Company's office in Copenhagen, Denmark. The Company may choose to have data processed in or outside the EU.

1.5: The Basic Cover must be taken out before any other options can be added.

Art. 2 Commencement date and extensions

2.1: The insurance shall be valid if the premium has been paid prior to the commencement date. The insurance shall be effective in the period stated in the policy schedule/on the insurance card.

2.2: The right to compensation shall take effect when the insured leaves his/her country of permanent residence and shall cease upon return to the country of permanent residence. If the insurance and/or additional options are taken out after the insured has left the country of permanent residence, the cover under the insurance / additional options is not effective until 3 days after the purchase date. In the event of serious injury in connection with an accident, the right to compensation shall, however, take effect concurrently with the commencement date of the insurance.

2.3: If Annual Travel has been chosen, cover shall be valid only for trips of one month's duration, as a maximum, unless extra travel days have been purchased. One month is defined as a period from eg the 5th in one month up to and including the 4th in the following month. The cover always starts on the date when the insured leaves the country of permanent residence and continues for one month. If the insured takes out the policy during a trip abroad, the one month period is still calculated from the insured's departure from the country of permanent residence.

2.4: If Single Trip has been chosen, the insurance can only be taken out for an insurance period of maximum 12 months including any policy extensions.

2.5: The insurance period of Single Trip and Annual Travel can be extended as per agreement with the Company. However, any illness or injury which has occurred, or has shown symptoms, or has been diagnosed in the previous travel period(s) shall not be covered in the extended travel period, unless the extension was made before the illness or injury occurred or had shown symptoms..

2.6: If Annual Travel is extended with extra travel days and if the extra travel days are purchased prior to the insured's departure from the country of permanent residence, the cover will be continuous without interruption in the extended period.

Art. 3 Who is covered by the insurance?

3.1: The insurance shall cover the insured person(s) named in the policy schedule/on the insurance card.

3.2: Cover at no extra cost for children under the age of two is subject to the child being registered with the Company, the insured person(s) having legal custody of the child, and the child being registered at the same address as the insured having legal custody of the child.

Art. 4 Where is cover provided?

4.1: The insurance shall provide worldwide cover, cf however Art. 23.1-27

4.2: The insurance does not provide cover within the insured's country of permanent residence. This also applies even if the illness/injury has occurred abroad.

Art. 5 What is covered by the insurance?

5.1: The insurance shall cover expenses incurred by the insured in the insurance period in accordance with the applicable benefits listed on page 16-18.

5.2: Fellow-travelling children under the age of 18 who are covered by the insurance shall be entitled to compensation for reasonable travel expenses if the parents or all the fellow-travellers are medically evacuated, repatriated or are accompanying another insured in connection with a transport covered by the insurance.

Art. 6 Medical expenses

6.1: The insurance shall cover the medical expenses incurred by the insured in case of acute illness and injury.

6.2: Treatment by authorised physicians and specialists, prescribed hospitalisation, prescribed medicines and local transport to and from the place of treatment shall be compensated at 100% of the expenses.

6.3: Treatment by physiotherapists and chiropractors prescribed by an authorised physician shall be compensated at 100% of the expenses, not exceeding, however, USD 2,500/EUR 2,000/CHF 3,400/GBP 1,375 per insured.

6.4: Provisional pain relieving dental treatment in case of an injury or infection, a lost filling or a broken tooth during the trip that requires immediate treatment by authorised dentists and prescribed medicines in connection herewith shall be compensated within a maximum of USD 300/EUR 250/CHF 400/GBP 165 per insured.

6.5: The insurance shall cover expenses for medical assistance in case of any sudden and unforeseen illness and/or complication in connection with maternity until and including the 8th month (36th week) of pregnancy, however only until and including the 4th month (18th week) of pregnancy when the pregnancy is the result of fertility treatment and/or the insured is expecting more than one child, cf. also Art. 23.1 7).

6.6: The insurance shall not cover expenses for treatment of pre-existing, chronic or recurrent illnesses and disorders if the insured:

- 1) has been hospitalised within six months prior to commencement of the trip or, if Annual Travel has been chosen, prior to each departure from the country of permanent residence,
- 2) has been treated by a physician (routine check-ups excepted) within six months prior to commencement of the trip or, if Annual Travel has been chosen, prior to each departure from the country of permanent residence,
- 3) has had a change of medication within six months prior to commencement of the trip or, if Annual Travel has been chosen, prior to each departure from the country of permanent residence,
- 4) has not received medical treatment, has refused or given up treatment, even though the insured should know that the illness/disorder ought to be treated, or has deteriorated,
- 5) has reached a state where any attempt of further treatment has been abandoned, or has been refused treatment,
- 6) is waiting to receive treatment, or has been referred to another place of treatment,
- 7) has omitted to go to pre-arranged controls.

The insurance does not cover expenses for control, treatment and medicines in connection with stabilisation and regulation of a pre-existing, chronic or recurrent illness/disorder. The insurance does not cover a need for treatment which was expected before departure.

6.7: Physicians, specialists, dentists, etc performing the treatment must have authorisation in the country of practice. Furthermore, the method must be approved by the public health authorities in the country where the treatment takes place. Methods of treatment not yet approved by the public health authorities, but under scientific research, will only be covered if approved in advance by the Company's medical consultants.

6.8: The Company has the right to demand that the insured be repatriated to the country of permanent residence, if the Company's medical consultant and the treating physician agree that the insured is medically fit to be transferred to his/her country of permanent residence. In case of disagreement, the decision of the Company's medical consultant shall prevail.

Art. 7 Medical evacuation/repatriation

7.1: Compensation shall be paid for reasonable additional expenses incurred for the insured's medical evacuation/repatriation in the event of an acute serious illness (cf however Art. 6.6), serious injury or death.

7.2: The insurance shall provide cover subject to the treating physician and the Company's medical consultant agreeing on the necessity of transferring the insured and agreeing on whether the insured should be transferred to his/her country of permanent residence or to another place of treatment. In case of disagreement, the decision of the Company's medical consultant shall prevail.

7.3: The Company cannot be held liable for expenses for a medical evacuation/repatriation which has not been pre-approved and co-ordinated by the Company.

7.4: Only one transportation is covered in connection with one illness or injury or case of death.

7.5: In the event of the insured's death, expenses for home transportation of the deceased and for statutory arrangements such as embalming and a zinc coffin shall be reimbursed. The next of kin have the following options:

- 1) cremation of the deceased and home transportation of the urn or,
- 2) home transportation of the deceased.

The insurance covers reasonable additional expenses for carriage of the insured's baggage up to a maximum of USD 500/EUR 400/CHF 475/GBP 325, if the baggage is sent separately in connection with an evacuation or a repatriation.

Expenses shall be reimbursed for repatriation for any two of the summoned relatives or fellow-travellers of the deceased. The Company shall compensate reasonable additional travel expenses equivalent to the cost of an aeroplane ticket on economy class, as a maximum. The travel expenses must be pre-approved by the Company.

7.6: If the insured is unable to continue the trip due to an acute illness or injury covered by the insurance, when accepted by the Company prior to the change of travel itinerary, additional and reasonable expenses for accommodation, food and local transportation shall be covered until the insured is able to travel again, as well as an economy class ticket to continue the planned travel. The decision of the Company's medical consultant shall prevail as to when the insured is again fit to travel.

Cover for accommodation (overnight stay), meals and local transportation is limited to USD 300/EUR 250/CHF 400/GBP 165 per day and subject to an overall maximum of USD 6,000/EUR 5,000/CHF 8,000/GBP 3,300.

The insurance covers reasonable additional expenses for carriage of the insured's baggage up to a maximum of USD 500/EUR 400/CHF 475/GBP 325, if the baggage is sent separately in connection with an evacuation or a repatriation.

7.7: The Company cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond the Company's control.

Art. 8 Mugging and assault

8.1: The insurance shall cover expenses for counselling by a psychologist abroad or in the country of permanent residence arising from an event of mugging or assault during the insurance period, up to a maximum of USD 250/EUR 200/CHF 250/GBP 150 per incident, if prescribed by the treating physician abroad.

8.2: If the treating physician and the Company's medical consultant agree on the necessity of repatriating the insured due to an acute serious injury or psychological trauma, the insurance shall cover reasonable additional travelling expenses equivalent to the cost of an airplane ticket on economy class, as a maximum.

A copy of the police report must be submitted to the Company together with the claim form.

Art. 9 Return trip

9.1: The insurance shall cover a return trip to the destination abroad if the insured has been medically evacuated/repatriated due to an illness or injury or if the insured has used the compassionate emergency repatriation cover.

9.2: The incident causing the return trip must be covered by the insurance, and the insurance must still be valid at the time of the return trip.

9.3: The return trip must be made at the latest four weeks after the medical evacuation/repatriation or the compassionate emergency repatriation.

9.4: The Company shall compensate travel expenses equivalent to the cost of a return aeroplane ticket on economy class. The destination for the return trip must always be the destination where the insured would have been according to his/her original travel plan at the time of the return trip.

Art. 10 Compassionate emergency repatriation

10.1: The insurance shall cover in the event that the insured has to terminate his/her stay abroad prematurely, because a close relative in the insured's country of permanent residence is hospitalised or dies as a result of a serious acute illness or injury occurring after the departure of the insured.

In case of doubt, the decision of the Company's medical consultant shall prevail. In the event of death, a death certificate must be submitted to the Company.

10.2: Only one transportation is covered in connection with one illness, injury or case of death.

10.3: No compensation shall be paid if the injured in question is a fellow-traveller who has already been repatriated.

10.4: Repatriation shall only be covered if the ensuing time of arrival is at least 12 hours earlier than the insured's originally planned time of arrival.

10.5: Compensation shall be paid for reasonable additional travelling expenses equivalent to the cost of an aeroplane ticket on economy class, as a maximum.

10.6: The insured has the right to take one fellow-traveller to accompany him/her on emergency repatriation. Compensation includes additional travelling expenses equivalent to the cost of an aeroplane ticket on economy class, as a maximum.

10.7: If the insured does not have a permanent residence in the same country as the close relative, the insurance shall cover reasonable additional transport expenses in connection with repatriation corresponding to the expenses of transportation to the insured's country of permanent residence.

Art. 11 Accompaniment and compassionate emergency visit

11.1: The insurance shall cover accompaniment and/or compassionate emergency visit in the event of a serious acute illness, serious injury, death and/or medical evacuation/repatriation of the insured. It is a condition for cover for compassionate emergency visit that the Company's medical consultant and the attending physician agree that the duration of the stay in hospital will be a minimum of five days and nights, or that the condition of the insured is lifethreatening.

In case of disagreement, the decision of the Company's medical consultant shall prevail. The compassionate emergency visit cover is only eligible during the insured's hospitalisation.

11.2: The insured is entitled to a maximum of two persons accompanying him/her. The accompanying persons may either be fellow-travellers or relatives who are summoned from the insured's country of permanent residence to accompany the insured.

11.3: The Company shall compensate additional travel expenses equivalent to the cost of a return aeroplane ticket on economy class per summoned person. Furthermore, compensation shall be made for a maximum of USD 300/EUR 250/CHF 400/GBP 165 per day up to a maximum of USD 6,000/EUR 5,000/CHF 8,000/GBP 3,300 for each summoned person or fellow-traveller for reasonable additional expenses in connection with accommodation (overnight stay), meals and local transportation.

11.4: The insurance shall only cover one compassionate emergency visit in connection with one insured event.

Art. 12 Evacuation

12.1: The insurance shall provide cover in case of:

- 1) declared epidemics in the region where the insured is staying, if the Royal Danish Ministry of Foreign Affairs, the Danish embassy or a similar institution within the EU recommends evacuation, and if the situation has arisen after the insured has entered the region,
- 2) war, civil commotion, civil war, terrorist acts, martial law, revolution or other similar situations in the region where the insured is staying, if the Royal Danish Ministry of Foreign Affairs, the Danish embassy or a similar institution within the EU recommends evacuation, and if such a situation has arisen after the insured left for the region,
- 3) natural disasters provided that the Royal Danish Ministry of Foreign Affairs, a Danish embassy or a similar institution within the EU recommends evacuation and provided that the situation arose after the insured travelled to the area.

12.2: The insurance covers additional expenses for transportation to the nearest safe destination or to the home country, and a maximum amount of USD 150/EUR 110/CHF 170/GBP 85 per day for documented additional accommodation expenses.

12.3: If the insured is detained by the authorities in a country due to war or impending war, the insurance shall provide coverage for up to three months for reasonable and documented extra expenses for accommodation and meals, plus the costs of necessary domestic transportation.

12.4: The Company cannot be held liable for the extent to which transportation can be carried out, but will cooperate with the Royal Danish Ministry of Foreign Affairs, the Danish embassy or a similar institution, in such cases where assistance is necessary.

Art. 13 Personal accident

13.1: If the policyholder has chosen the Non-Medical Option, compensation shall be paid by the insurance in the event of an accident that directly, and without the influence of any illness, causes the insured's death or results in loss of a limb, loss of sight, loss of extremity, or permanent total disablement.

The Company's liability as a result of any one incident shall never exceed the amount of USD 750,000/EUR 525,000/CHF 830,000/GBP 450,000 in total for all insured persons who have purchased the trip either jointly or in order to travel together with the policyholder whether the claim relates to one or more insurance policies.

13.1.1: An accident is defined as follows: A fortuitous event occurring without the insured's intention which has a sudden, external and violent impact on the body, resulting in demonstrable bodily injury.

13.2: Exceptions to cover

The Company shall not be liable to pay reimbursement for expenses which concern, are due to or are incurred as a result of:

- 1) any illness or pre-existing medical condition which occurs, even though the illness or condition recurs as a result of the accident or is aggravated by it,
- 2) any accident caused by illness,
- 3) any aggravated consequences of an accident due to a pre-existing condition or any unforeseen illness subsequently contracted,
- 4) any consequences of medical treatment not necessitated by an accident covered by the insurance,
- 5) if the insured is under the age of 18, compensation in case of death is limited to USD 3,000/EUR 2,500/CHF 4,000/ GBP 1,700,
- 6) if the insured is over the age of 70, the compensation payable in case of death or disablement is limited to 50% of the insurance sum.

13.3: Compensation in case of death becomes payable at 100% of the insurance sum when an accident directly results in the insured's death within one year after the accident.

Unless the Company has received written instructions to the contrary, the insurance sum shall be paid to the insured's immediate family members, defined as the insured's spouse, or, if the insured leaves no spouse, the insured's children or, in the absence of any children, the insured's cohabitee, provided that such cohabitee has been registered at the same address as the insured for at least two years or, in the absence of a cohabitee, the insured's beneficiaries.

If compensation in the event of disablement was paid as a consequence of the accident, the amount of compensation payable is the amount by which the death benefit exceeds the payment already made.

13.4: Compensation in case of loss of a limb, loss of sight, loss of extremity, or permanent total disablement becomes payable, provided that the injury causes disablement of the insured within one year after the accident.

- 1) Loss of a limb shall be loss by separation or the total and irrecoverable loss of use of a hand at or above the wrist or a foot at or above the ankle. Compensation shall be made at 50% of the insurance sum.
- 2) Loss of sight shall be loss of sight of one or both eyes which is certified as being complete and irrevocable by a qualified practitioner specialising in ophthalmology and approved by the Company. In case of loss of sight of one eye, compensation shall be made at 25% of the insurance sum. In case of loss of sight of two eyes, compensation shall be made at 50% of the insurance sum.
- 3) Loss of extremity shall be the permanent physical separation or the total and irrecoverable loss of use of a digit or part thereof or an ear, nose or genital organ or part of one of the above. Compensation shall be made at 10% of the insurance sum.
- 4) Permanent total disablement shall be disablement which inevitably and continuously prevents the insured from carrying out every aspect of his/her normal business or occupation for a period of 12 calendar months and, at the end of such period is certified by two qualified medical practitioners approved by the Company as being beyond hope of improvement. If the insured has no business or occupation, the disablement must confine him/her immediately and continuously to the house and prevent him/her from attending to his/her normal duties. Compensation shall be made at 100% of the insurance sum.

13.5: The insured must be receiving medical treatment and comply with the physician's instructions.

13.6: The Company is entitled to obtain information from any physician who is treating or has been treating the insured, to subject the insured to treatment by a physician chosen by the Company and, in case of death, to demand an autopsy.

Art. 14 Baggage

14.1: If the policyholder has chosen the Non-Medical Option, the Company shall compensate the insured for the following items belonging to the insured on his/her travel outside his/her country of permanent residence: baggage, electronic equipment, cash, tickets, credit cards, drivers license, securities and passports.

Baggage and electronic equipment of any nature for commercial use, including travellers' samples, dealers' stock and collections, are not covered. Bicycles, sports equipment and accessories hereto are not covered.

Reimbursement for any individual object may never exceed 50% of the insurance sum. The maximum reimbursement for photo equipment and jewellery amounts to 25% of the insurance sum.

The insurance sum amounts to the maximum compensation per claim, according to the List of Reimbursements.

14.2: As described in the table below, the following limits apply:

Cause / Item	Baggage and electronic equipment	Cash, tickets, Securities, and passports
Fire, robbery, theft from a locked hotel room, a locked home abroad or a locked safety box	Up to the sum insured	10% of the sum insured
Theft, when observed being committed, of covered items carried on or by the insured	Up to the sum insured	10% or the sum insured
Theft from a boot or locker separate from the passenger compartment of a locked boat or a motor vehicle	Up to the sum insured	10% of the sum insured
Documented loss or theft of registered baggage (proof must be submitted) (Compensation cannot be paid sooner than one month after the loss)	Up to the sum insured (electronic and photography equipment, however, is not covered)	Not covered
Documented damage to registered baggage (proof must be submitted)	Up to the sum insured (electronic equipment, however, is not covered)	Not covered
Theft from the passenger compartment of a locked boat or motor vehicle	Not covered	Not covered
Forgotten, lost or mislaid items	Not covered	Not covered
Theft of baggage left without effective supervision	Not covered	Not covered
Theft from motor vehicle, boat, trailer, hotel room, home or safety box that bear no visible signs of forced entry	Not covered	Not covered
Damage to baggage caused by food, bottles, glass, etc. packed in insured's own baggage	Not covered	Not covered
Loss in connection with abuse of credit card or traveller's cheques	Not covered	Not covered
Loss of or damage to baggage freighted separately	Not covered	Not covered
Indirect loss	Not covered	Not covered
Simple theft	Not covered	Not covered
Minor damage to the exterior of the baggage (eg scratches, stains, dents)	Not covered	Not covered

14.3: Compensation for the insured's lost or damaged valuables is calculated according to the following principles:

- 1) The insurance shall cover the replacement cost of comparable new items, if the covered items are documented as less than two years old. However clothes must be documented as less than one year old.
- 2) For items more than two years old, purchased second-hand or already damaged, compensation will be fixed at the replacement cost of comparable new items less a fair deduction for deterioration due to age, wear and tear, reduced usability or any other circumstance. This also applies to items for which no documentation of age and value can be provided.
- 3) The Company may choose to have damaged items repaired or pay an amount corresponding to the costs of repair.
- 4) The Company is entitled, but not obliged to provide compensation in kind.
- 5) Coverage for film, video recordings and the like is limited to the cost of the raw materials.
- 6) The insurance shall cover the costs of replacing tickets, credit cards, drivers license, securities and passports. The costs include necessary transportation charges, fees, photos, etc, but not compensation for the time involved in replacing the items.

14.4: The Company shall only be liable to pay compensation if the baggage is handled and stored safely, and if the insured exercises due care.

14.5: Any theft or robbery must be reported to the nearest police authority. If, in exceptional circumstances, it is not possible to notify the relevant local authority, for instance due to imminent departure, the Company must be notified as soon as possible following the insured's return home.

Loss of or damage to registered baggage must be notified to the relevant carrier.

A copy of the police or carrier report must be submitted to the Company together with the claim form.

Art. 15 Delayed baggage

15.1: If the policyholder has chosen the Non-Medical Option, the insurance covers reasonable expenses for the purchase of essential items of clothing, toiletries and essential medicine in cases where registered baggage is delayed for more than five hours after the time of arrival at the destination outside the country of permanent residence.

15.2: Insurance cover is conditional upon the insured:

- 1) providing an original Property Irregularity Report from the carrier stating that the baggage did not arrive at the scheduled time and date, and indicating the date and time of actual arrival,
- 2) having already made a replacement purchase before the baggage was returned to him/her,
- 3) providing documentation of the expenses in the form of dated receipts or vouchers.

15.3: The insurance does not cover:

- 1) the rental or purchase of sports equipment,
- 2) indirect losses,
- 3) delays to an insured's registered baggage when returning to their country of permanent residence.

Art. 16 Personal liability

16.1: If the policyholder has chosen the Non-Medical Option, the insurance shall cover the following:

- 1) legal liability for any bodily injury or property damage incurred by the insured under the existing laws of the country in which such injury or damage occurs,
- 2) costs of settling the compensation issue defrayed in agreement with the Company.

16.2: Exceptions to cover

The Company shall not be liable to pay reimbursement for expenses which concern, are due to or are incurred as a result of:

- 1) liability in contract/contractual liability including but not limited to damage to a rented holiday home/hotel and the contents of a rented home,
- 2) claims arising out of or incidental to the insured's business, employment or work,
- 3) claims arising as a consequence of the insured having incurred, by contract or in any other way, liability which is more extensive than that incurred under the general statutory provisions on non-contractual liability,
- 4) loss of or damage to personal property which the insured owns, has on loan or for storage or use, or which is in his/her care for transporting, processing or treating purposes, or which is in his/her possession or care for any other reason,
- 5) loss or damage to any family member, co-worker or co-traveller of the insured,
- 6) loss or damage caused by the insured's domestic animals,
- 7) claims arising as a consequence of the insured having transmitted a disease to another person via infection or otherwise,
- 8) loss or damage caused by the use of a motor vehicle, caravan or trailer, aircraft and boat including the sail measuring more than three metres, or, a motor vehicle, camper or trailer, aircraft or boat including the sail measuring less than three metres if the engine power exceeds three HP.

9) legal liability for bodily injury or property damage caused by the insured with intent or gross negligence,

10) claims arising as a consequence of the insured having participated in any illegal activity.

16.3: The insurance shall not cover fines or punitive charges.

16.4: The insurance sum stated on the policy schedule for property damage and bodily injury is the highest limit of the Company's liability for any individual insurance event, even if it results in several losses or incidents of damage, even if several individuals can be held liable, and even if coverage is provided under one or more policies taken out with the Company.

16.5: The insured cannot – with binding effect for the Company – admit liability for any loss, damage or injury caused by him/her.

Art. 17

Damage to rented holiday home

17.1: If the policyholder has chosen the Non-Medical Option, the insurance shall cover damage caused by the insured to a rented holiday home/hotel and the contents of a rented home up to a maximum of USD 10,000/EUR 7,000/CHF 11,000/GBP 6,000. However, the insurance shall not cover the conditions described in articles 16.2 3), 16.2 4), 16.2 6) and 16.2 8) - 16.2 10).

Art. 18 Travel delay

18.1: If the policyholder has chosen the Non-Medical Option, the insurance shall provide cover:

- 1) in case of delay of more than five hours of a pre-booked transportation,
- 2) in case of cancellation of a pre-booked transportation,
- 3) in case of overbooking of a pre-booked transportation.

It is the insured's responsibility to cancel any pre-booked hotels/accommodation, tours and/or special events, etc. The Company cannot be held liable for any expenses or no-show fees in connection with the above.

18.2: The insurance shall provide compensation for documented, necessary and reasonable additional expenses for accommodation (overnight stay), meals and local transportation up to USD 100/EUR 70/CHF 110/GBP 60 per day per insured, up to an overall maximum of USD 500/EUR 350/CHF 550/GBP 300 per insured.

18.3: It is a condition for cover that the travel policy is purchased before the delay is announced by the Carrier and before you should reasonably have known about the delay/cancellation.

Art. 19 Missed flight connection

19.1: If the policyholder has chosen the Non-Medical Option, the insurance shall provide cover in case the insured is unforeseeably delayed on one flight and through no fault of his/her own, misses his/her connection on another flight and subsequently must catch up on the planned itinerary.

Compensation shall be paid for reasonable additional expenses for replacement flight ticket(s) or change fee(s) up to a maximum of USD 1,000/EUR 800/CHF 950/GBP 650 per trip.

19.2: It is a condition for the ticket to be covered that the means of transportation has been booked and paid for at least 24 hours before departure and that the travel policy is purchased before the insured should reasonably have known about the delay which has caused the missed connecting flight.

19.3: Exceptions to cover:

The Company shall not be liable to pay reimbursement for expenses in case:

- 1) the insured can claim the replacement flight ticket(s) or change fee(s) from somewhere else,
- 2) the insured cannot provide evidence of his/her receipts and a written confirmation of the delay from the flight operator,
- 3) the late arrival is due to a connecting flight not having allowed for the official minimum transit time and at least a transit time of three hours,

4) the insured decline an alternative service by the transportation provider.

Art. 20 Hospital daily benefit

20.1: If the policyholder has chosen the Non-Medical Option, the insured will be entitled to receive a hospital cash benefit.

20.2: The hospital daily benefit must be preapproved by the Company and applies only when treatment is received as inpatient for an eligible medical condition which is covered by the insurance.

20.3: The insurance shall compensate the insured with USD 50/EUR 35/CHF 60/GBP 30 for each 24 hour period spent in hospital as an inpatient. The insurance sum amounts to a maximum of USD 2,000/EUR 1,400/CHF 2,400/GBP 1,200 per insured.

Art. 21 Security and legal assistance

21.1: If the policyholder has chosen the Non-Medical Option, the insurance shall cover payment that can permanently or temporarily release the insured or his/her property from detention by local authorities.

Security is provided as an interest-free loan repayable to the Company immediately after release or on demand.

If the security is seized because the insured fails to pay a fine or compensation that he/she has been ordered to pay, or because the insured does not appear in court, or if the insured is in any other way liable for the seizure, such security shall be deemed an interest-free loan repayable to the Company immediately after seizure.

21.2: The insurance shall cover legal assistance in connection with legal problems arising during the covered trip. If, during the covered trip, the insured is charged or indicted for a criminal offence, necessary and reasonable attorney fees shall be covered until the case has been decided by a court of the first instance.

If the insured is convicted before a court of the first instance for the criminal offence, the insured's attorney fees will be deemed an interest-free loan repayable to the Company on demand. The appointment of a foreign attorney to represent the insured is subject to approval by the Company.

21.3: The insurance shall cover the insured's travel expenses if the insured is summoned to appear as a witness or to be examined before a court of law outside the country of permanent residence.

21.4: Except for security, see Art. 21.1, coverage is subject to a 10% coinsurance of the total costs, however, not less than USD 500/EUR 350/CHF 550/GBP 280.

21.5: Exceptions to cover

The Company shall not be liable to pay reimbursement for expenses which concern, are due to or are incurred as a result of:

- 1) legal issues arising between the insured and the travel agency, tour operator or the travel supplier,
- 2) legal issues regarding contracts, the insured's business, employment or work,
- 3) legal issues relating to family law and the law of succession,
- 4) legal issues arising between the insured and the Company,
- 5) cases not arising during the covered trip,
- 6) litigation regarding liability arising out of the use of motor vehicles, aircrafts or boats,
- 7) de facto compensation, fines or punitive charges.

Art.22 Trip Cancellation Option

22.1: If the policyholder has chosen the Trip Cancellation Option, the insurance provides cover in the event that the insured cannot travel because:

- 1) the insured or a close relative dies or becomes seriously ill or injured requiring hospitalisation, or

2) the insured is declared medically unfit to travel, or

3) the insured cannot be vaccinated due to pregnancy, or

4) because the Royal Danish Ministry of Foreign Affairs, the Danish embassy or a similar institution within the EU advises against all travel to the destination of the trip and if the situation has arisen after the insured has purchased the insurance.

It is a condition for cover that the death, illness including any symptoms thereof, injury or pregnancy occurs after the insured has booked and/or paid for the trip and after the purchase of the insurance policy.

In the case of a covered incident resulting in cancellation, a single co-insured traveller's costs will also be covered. Where the insured is travelling with his/her co-insured spouse and/or co-insured children, these family members will be covered.

22.2: The insurance shall provide compensation for the amount that the insured has paid for his/her trip and for which there is no possibility of a refund in case of cancellation and/or change in itinerary according to the conditions of the travel agency or airline company. The amount reimbursed will be subject to the insured providing satisfactory evidence of actual costs incurred. The maximum reimbursed amount per insured per trip is USD 2,000/EUR 1,450/CHF 2,200/GBP 1,100 under Single Trip and USD 1,500/EUR 1,100/CHF 1,650/GBP 850 under Annual.

It is the insured's responsibility to cancel any pre-booked hotels/accommodation, tours and/or special events, etc. The Company cannot be held liable for any expenses or no-show fees in connection with the above.

22.3: The right to compensation shall cease when the insured leaves his/her country of permanent residence to start the trip. The start of the trip is defined as passing border control or embarking on an aircraft, a ship or a train.

22.4: Exceptions to cover

The Company shall not be liable to pay reimbursement for expenses which concern, are due to or are incurred as a result of:

1) if the illness, injury or the cause of death, which results in the cancellation, has shown symptoms or was present when the trip was booked and/or paid for, and the need for treatment could therefore be expected before the commencement of the trip,

2) if the insured has not received medical treatment, has refused or given up treatment, even though the insured should know that the illness/disorder ought to be treated, or has deteriorated,

3) if the cancelled trip is a part-arrangement of the whole insured trip,

4) if the cancellation is due to a change in travel plans, change of mind, changed conditions at the destination, natural catastrophes, acts of terrorism or similar situations,

5) if the claim has occurred directly or indirectly due to the insured's intentional actions, gross negligence or omissions, unless it can be proved that the claim has no connection thereto.

22.5: In case of a claim the insured must notify the travel agency/airline company immediately. The insurance does not provide cover if cancellation takes place later than the time of departure.

22.6: In the case of a claim it is a condition that the insured obtains medical information with a diagnosis from the attending physician and that the insured, upon request, gives the Company's medical consultant access to all relevant medical records or reports, including information about previous courses of illness. In case of death the death certificate must be included.

Art. 23 Exceptions to cover

23.1: The Company shall not be liable to pay compensation for expenses which concern:

1) any illness, injury, bodily infirmity or physical disability and consequences thereof which have come into existence, or shown symptoms, before the insurance became effective or, if Annual Travel has been chosen, before each trip abroad (cf Art. 6.6),

2) cosmetic surgery and treatment and consequences thereof unless medically prescribed and approved by the Company,

3) recreational treatment,

4) pre-existing diseases of the teeth and dental treatment which is not pain relieving and provisional and can await the insured's arrival home,

5) dentures, glasses, contact lenses and hearing aids,

6) venereal diseases, AIDS, AIDS-related diseases and diseases relating to HIV antibodies (HIV positive). However, diseases relating to AIDS and HIV antibodies (HIV positive) are covered, if proven to be caused by a blood transfusion received after the commencement of the policy. The HIV-virus will also be covered if proven to be contracted as the result of an accident occurring during the course of only the following occupations: doctors, dentists, nurses, laboratory personnel, ancillary hospital workers, medical and dental assistants, ambulance personnel, midwives, fire brigade personnel, policemen/-women, and prison officers. The insured shall notify the Company within one week after such accident and at the same time provide a negative HIV antibody test,

7) medical assistance in connection with maternity after the 8th month (36th week) of pregnancy and after the 4th month (18th week) of pregnancy when the pregnancy is the result of fertility treatment and/or the insured is expecting more than one child. Medical check ups are not covered in any case,

8) induced abortion which is not medically prescribed,

9) the use of alcohol, drugs or medicines unless it can be documented that the illness or injury is unrelated thereto,

10) intentional self-inflicted bodily injury, the insured's suicide or the insured's suicide attempts,

11) treatment by naturopaths, naturopathic medicines and other alternative methods of treatment,

12) treatment for sickness or injuries directly or indirectly caused while actively engaging in:

war, invasion, acts of a foreign enemy, hostilities (whether war has been declared or not), civil war, terrorist acts, rebellion, revolution, insurrection, civil commotion, military or usurped power, martial law, riots or the acts of any lawfully constituted authority, or army, naval or air service operations (whether war has been declared or not),

13) nuclear reactions or radioactive fallout,

14) treatment performed by an unrecognised physician or facility (cf also Glossary),

15) epidemics which have been placed under the direction of the public authorities,

16) treatment by psychologists, unless prescribed by the treating physician in connection with emergency relief,

17) medical check-ups, vaccinations and other preventative treatment,

18) the insured resisting or failing to comply with the medical directions given by the Company's medical consultant and the treating physician,

19) the insured resisting medical evacuation/repatriation (cf Art. 6.8),

20) transportation which has not been pre-approved and co-ordinated by the Company.

21) medical treatment and examinations which can await the insured's arrival home,

22) private room in hospital unless medically prescribed and approved by the Company,

23) any treatment which is not necessary or which is not directly related to the diagnosis covered by the insurance,

24) active participation in any motorsport show, motorsport race or motorsport competition, including any training, base jumping, paragliding, hang gliding, rock climbing and mountaineering that requires specialized climbing equipment

25) any illness or injury resulting from active engagement in any illegal act,

26) search and rescue services,

27) expeditions, mountaineering and trekking in Antarctica, the North Pole and Greenland,

28) injury caused by gross negligence and/or with intent.

Art. 24 How to report a claim

24.1: Compensation shall be paid following the Company's approval of the expenses as being covered by the insurance after a fully completed claim form has been submitted to the Company together with the receipts and itemised bills and/or other relevant documentation such as medical information and flight tickets/travel documents.

If you are claiming for Delayed baggage (Art. 15) the Company requires the original Property Irregularity Report (P.I.R.) in order to complete the assessment of this claim type.

The Company scans submitted bills upon receipt. Any retrieval of the submitted bills is not possible.

The Company reserves the right at any time to require provision of original bills from the insured.

24.2: In no event shall the amount of compensation exceed the amount shown on the bill. If the insured receives compensation from the Company in excess of the amount to which he/she is entitled, the insured shall be under the obligation to repay the Company for the excess amount immediately. Subsequent compensation made by the Company shall first be written down by any such outstanding amount.

24.3: Compensation payments shall be limited to the usual, customary and reasonable charges in the area or country in which treatment is provided.

24.4: The Company must be notified immediately in case of death, hospitalisation, emergency repatriation, medical evacuation/repatriation or accompaniment, and such notification must include medical information about the illness/injury. Notification should be made by telephone or e-mail to the Company's 24 hour emergency service; the Company shall defray all expenses incurred in this connection.

24.5: Claims must be reported to the Company immediately after the circumstances underlying the claim have become known to the insured.

Art. 25 Cover by third parties

25.1: Where there is cover by another insurance policy or healthcare plan, this must be disclosed to the Company when claiming reimbursement, and the cover under this insurance shall be secondary to any such other insurance policy or healthcare plan.

25.2: In these circumstances, the Company will co-ordinate payments with other companies and the Company will not be liable for more than its rateable proportion.

25.3: If the claim has been covered in whole or in part by any scheme, programme or similar, funded by any Government, the Company shall not be liable for the amount covered.

25.4: The policyholder and any insured person undertake to co-operate with the Company and to notify the Company immediately of any claim or right of action against third parties.

25.5: Furthermore, the policyholder and any insured person shall keep the Company fully informed and will take any reasonable steps in making a claim against another party and to safeguard the interests of the Company.

25.6: In any event, the Company shall have the full right of subrogation.

Art. 26 Payment of premium

26.1: Premiums, including renewal premiums for Annual Travel, are determined by the Company and shall be payable in advance for the whole insurance period before the commencement of the insurance.

26.2: The policyholder shall be responsible for punctual payment of the premium to the Company.

26.3: In the event of failure to pay before the commencement date of the insurance, the insurance shall not be effective and the Company shall not become liable.

26.4: Other charges, such as Insurance Premium Tax (IPT), or other taxes, levies or charges, depending on the laws of the policyholder's country of residence may apply. If they apply to the policyholder's insurance premium, they will be included within the total that has to be paid on the premium notice. The charges may apply from the commencement date or the anniversary of the commencement date. The policyholder must pay these charges to us when paying the premiums, unless otherwise required by law.

Art. 27 Necessary information to the Company

27.1: The policyholder and/or the insured shall be under the obligation to notify the Company of any travel or health insurance cover or a similar cover with another company, including a consolidated company.

27.2: The policyholder and/or the insured shall also be under the obligation to notify the Company of and provide the Company with all obtainable information required for the Company's handling of the policyholder's and/or the insured's claims against the Company, including provision of original bills upon request from the Company.

27.3: In addition, the Company is entitled to seek information about the insured's state of health and to contact any hospital, physician, etc who is treating or has been treating the insured for physical or mental illnesses or disorders.

Furthermore, the Company is entitled to obtain any medical records or other written reports and statements concerning the insured's state of health.

Art. 28 Assignment, termination, cancellation and expiry

28.1: Without the prior written consent of the Company, no party shall be entitled to create a charge on or assign the rights under the insurance.

28.2: If Annual Travel has been chosen, the insurance is automatically renewed on each policy anniversary.

If Single Trip has been chosen, the insurance is for the exact number of days purchased by the policyholder. There is no rolling renewal of the Single Trip insurance plan.

28.3: If the policyholder has purchased a travel insurance with an insurance period of more than one month, the policyholder has a right to withdraw from the purchase.

The period during which the insurance can be withdrawn lasts 14 days and begins on the date on which the policyholder has entered into the insurance agreement. This will normally be on the date on which the policyholder has purchased the insurance and received the insurance documents.

Under the Danish Insurance Contracts Act the policyholder has a right to receive certain information about the right to cancel the insurance and about the insurance. The notice period for cancellation does not commence before the policyholder has received this information in writing (e.g. on paper or by email).

If, for example, the policyholder receives the insurance documents, and also has received the above information, eg. on Monday the 1st, he/she can cancel the insurance until and including Monday the 15th. If the period expires on a public holiday, Saturday or Sunday, the policyholder can wait until the following day.

If the insurance has entered into force before the withdrawal, the policyholder will be charged premium for the time he/she has been covered. The Company will refund the difference between the premium that would be payable for the shorter period of cover and the premium paid.

If the policyholder wants to withdraw the insurance the Company must be notified by letter or email. The Company's contact details are listed at the end of this document.

It is sufficient that the letter/email is sent to the Company before the expiry of the notice period.

28.4: The Annual Travel insurance may be terminated by the policyholder with effect from the end of a calendar month with 30 days' prior notice by phone, letter or email or by the Company with effect from the policy anniversary with one month's prior written notice. The termination may be subject to a fee, cf. Art. 28.4.1 below.

The Single Trip insurance may be terminated by the policyholder with immediate effect at any time by phone, letter or email. The termination is subject to a fee, cf. Art. 28.4.2 below.

28.4.1: If the Annual Travel insurance is terminated by the policyholder before it has been valid for 12 months the Company shall be entitled to an administration fee of USD 100/EUR 75/GBP 60/CHF 95.

28.4.2: If the Single Trip insurance is terminated before the expiry date set out on the insurance card the Company shall be entitled to an administration fee of USD 65/EUR 50/GBP 40/CHF 60.

28.4.3: If the insurance (either Annual Travel or Single Trip) is terminated after the commencement date, the policyholder will be charged premium for the time he/she has been covered. The Company will refund the difference between the premium that would be payable for the shorter period of cover and the premium paid less any administration fee charged according to Art. 28.4.1 or 28.4.2 above.

28.5: When a claim has been filed, the insurance can be terminated with one month's notice by the policyholder or by the Company within 14 days after the reimbursement has been effected or rejected by the Company.

28.6: The Company's liability in connection with the insurance, including liability for reimbursement for medical expenses for ongoing treatment, after-effects or consequential damages in connection with an injury or illness incurred or treated during the insurance period, shall automatically cease upon expiry, cancellation or termination of the insurance.

Accordingly, upon expiry, cancellation or termination of the insurance, an insured's right to claim reimbursement shall cease. Claims for reimbursement of medical expenses incurred during the insurance period must be filed within six months of the date of expiry, cancellation or termination of the insurance in order to be eligible for reimbursement.

If Annual Travel has been chosen, cf Article 2.3, the insurance period shall for the purpose of this Article 28.6 also mean each travel period of a maximum of one month.

28.7: The insurance period can be extended up to 48 hours with no extra premium charge if the return of the insured is delayed without the insured being responsible for the delay.

28.8: Where upon taking out the insurance or subsequently, the policyholder or the insured has fraudulently disclosed incorrect information or withheld facts which may be regarded as being of importance to the Company, the insurance contract shall be void and shall not be binding on the Company.

Art. 28.9 Sanction clause

The Company will not provide cover nor pay claims under this insurance policy if the Company's obligations (or the obligations of the Company's group companies and administrators) under the laws of any relevant jurisdiction, including Denmark, UK, European Union, the United States of America, or international law, prevent the Company from doing so. The Company will normally tell the policyholder if this is the case unless this would be unlawful or would compromise the Company's reasonable security measures.

This insurance policy does not provide cover to the extent that such cover would expose the Company (or the Company's group companies and administrators) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, UK or United States of America, or under other relevant international law.

Art. 29 Disputes, venue, etc

29.1: We are always pleased to receive any feedback, including areas which may have caused concern. For any comments or complaints the insured can contact the Bupa Global Travel customer service team at travel-complaints@ihi.com or via the contact details listed at the end of this document.

It's very rare that we can't resolve a complaint, but if this does happen you have the right to refer your complaint to the Danish Insurance Complaints Board:

Ankenævnet for Forsikring (The Danish Insurance Complaints Board)

Anker Heegaards Gade 2
1572 Copenhagen V
Denmark.

Any disputes arising out of or in connection with the insurance contract shall be settled in accordance with Danish law, with Copenhagen as the agreed venue.

29.2: We are covered by the Financial Services Compensation Scheme (FSCS). In the unlikely event that we cannot meet our financial obligations, the insured may be entitled to compensation from the FSCS, if the insured is usually a resident of the EEA (European Economic Area). More information is available from the FSCS by calling +44(0) 20 7892 7301 or on its website www.fscs.org.uk.

Glossary

Valid from 1 January 2017

This Glossary with definitions is part of the Policy Conditions.

Defined term	Description
Acute serious illness:	An "acute serious illness" is a sudden and unexpected illness that requires immediate treatment.
Applicant:	A person named on the Application Form and the Medical Questionnaire as an applicant for insurance.
Application:	The application form and application for cover of pre-existing condition.
Baggage	Baggage is defined as suitcases, clothing, toiletries, books, photo equipment, mobile phones and laptops.
Bupa Global (incl. we/us/our):	Bupa Denmark, filial af Bupa Insurance Limited, England (Bupa Denmark, branch of Bupa Insurance Limited, England). Bupa Global Travel is a trading name of Bupa Denmark, filial af Bupa Insurance Limited, England.
Claim:	The financial demand covered in whole or in part by the insurance. In the Company's evaluation/determination of the claim, the time of treatment is de-cisive, not the time of the occurrence of the injury/illness.
Close relative	A close relative is defined as being a spouse/-partner, residing and registered at the same address as the insured, a child, a son or daughter-in-law, a grandchild, a parent, a grandparent, a parent-in-law, a brother or a sister.
Co-insured	A person insured under the same annual or single trip policy as the policyholder and named on the policy schedule or insurance card.
Commencement date:	The date indicated in the policy schedule on which the insurance commences, unless otherwise stated in the Policy Conditions.

Defined term	Description
Company, the	Bupa Denmark, filial af Bupa Insurance Limited, England (Bupa Denmark, branch of Bupa Insurance Limited, England), CVR 31602742.
	Bupa Denmark, filial af Bupa Insurance Limited, England, is authorised by the Prudential Regulation Authority (UK) and subject to limited regulation by the Danish Financial Services Authority (Finanstilsynet). More information can be found on the website www.finanstilsynet.dk .
Country of permanent residence	The residence where the insured has his/her permanent home or principal establishment and to where, whenever the insured is absent, the insured intends to return.
Hospitalisation:	Surgery or medical treatment in a hospital or clinic as an in-patient when it is medically necessary to occupy a bed overnight.
Insurance:	The Policy Conditions and policy schedule representing the insurance contract with the Company and setting out the scope of the insurance terms, the premium payable, cover and benefits.
Insured:	The policyholder and/or all other insured persons as listed in the valid policy schedule.

Defined term	Description
Next-of-kin	<p>"Next of kin" shall mean the following persons in the below stated order:</p> <ul style="list-style-type: none"> ○ spouse ○ live-in partner (if the below conditions are met) ○ children/heirs of the body ○ beneficiary under a will/beneficiary under an intestacy. <p>The next-of-kin will always be found "from the top". Accordingly, if the insured is not survived by a spouse, a surviving live-in partner will receive the payment, and so forth.</p> <p>For a live-in partner to be considered as the next-of-kin, he or she must have lived together with the insured and have shared the same address and:</p> <ul style="list-style-type: none"> ○ be expecting, have or have had a joint child ○ have been living together with the insured in a conjugal relationship at the shared address for the last two years leading up to the death of the insured. <p>For insurance policies established before 1 January 2008, under which the beneficiary according to the policy holder is "the next of kin", a live-in partner is not entitled to payment under the policy. However, if the policy holder, in writing, after 1 January 2008 reinstates "the next of kin" as the beneficiary under the insurance, the above mentioned order shall apply as if the insurance policy had been established after 1 January 2008.</p>
Outpatient:	Surgery or medical treatment in a hospital or clinic where it is not medically necessary to occupy a bed.
Policy Conditions:	The terms and conditions of the insurance purchased.
Policyholder:	The (legal or physical) person having entered into the contract with the Company.

Defined term	Description
Policy schedule:	Policy details showing the type of insurance purchased, deductible and any special terms.
Pre-existing condition:	Any illness and conditions that have shown symptoms and/or for which the insured has been hospitalised, treated by a physician or has received any medical treatment for before the commencement date of the insurance.
Securities	Entrance tickets to eg museum, football match, theatre performance, opera etc.
Serious injury:	A "serious injury" shall be determined to exist only after review and agreement by both the attending physician and the Company's medical consultant.
Simple theft	Theft which is not noticed at the time of the theft being committed.
Special terms:	Restrictions, limitations or conditions applied to the Company's standard terms as detailed in the policy schedule.
Subrogation:	The insurer's right to enforce a remedy which the insured has against a third party and the insurer's right to require the insured to repay the insurer if the insurer has paid expenses recouped by the insured from a third party.

Defined term	Description
Unrecognised medical practitioner, provider or facility:	<p>An unrecognised medical practitioner, provider or facility includes:</p> <ul style="list-style-type: none">○ treatment provided by a medical practitioner, provider or facility who is not recognised by the relevant authorities in the country where the treatment takes place as having specialised knowledge, or expertise in, the treatment of the disease, illness or injury being treated.○ treatment in any hospital or by any medical practitioner, provider or in any facility to whom we have sent a written notice that we no longer recognise them for the purposes of our plans.○ treatment provided by anyone with the same residence as the insured or who is a member of the insured's immediate family or an enterprise owned by one of the above mentioned persons.



Call Bupa Global Travel's Customer Service for questions on your policy, payment, coverage etc.

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