IHI TRAVEL

COVER AND BENEFITS & POLICY CONDITIONS

VALID FROM 2007 ▪ USD/EUR/CHF/GBP

A member of the BUPA group

International Health Insurance danmark a/s

COVER AND BENEFITS & POLICY CONDITIONS

In accordance with the Danish Insurance Contracts Act.

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COVER AND BENEFITS

VALID FROM 1 JANUARY 2007

The list of cover and benefits is part of the Policy Conditions.
All the benefits listed are per person per trip.

	USD	EUR	CHF	GBP
Maximum cover per person per trip	300,000	250,000	400,000	170,000
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/chiro-practor	2,500	2,000	3,400	1,375
Provisional pain-stilling dental treatment	200	165	270	110
Ambulance transportation	100%	100%	100%	100%
Medical Evacuation/Repatriation	100%	100%	100%	100%
Return Trip	100%	100%	100%	100%
Compassionate Emergency Repatriation	100%	100%	100%	100%
Next-of-Kin Accompaniment	100%	100%	100%	100%
Compassionate Emergency Visit	100%	100%	100%	100%
Board, lodging and local transport for a person summoned or accompanying the insured, per person per day	300	250	400	165
Statutory arrangements in case of death	100%	100%	100%	100%
Home transportation of the deceased	100%	100%	100%	100%

POLICY CONDITIONS

VALID FROM 1 JANUARY 2007

ART. 1 ACCEPTANCE OF THE INSURANCE

1.1: International Health Insurance danmark a/s, 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.

1.2: In order for the insurance to be accepted by the Company, the applicant must not have reached 80 years of age at the date of commencement.

1.3: If IHI Annual Travel has been chosen, the insurance cover shall cease when the insured reaches 80 years of age.

1.4: All underwriting and issuance of policy schedules are made from the Company's headquarters in Copenhagen, Denmark.

ART. 2 DATE OF COMMENCEMENT AND EXTENSIONS

2.1: The insurance shall be valid if the premium has been paid prior to the date of commencement. 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 is taken out after the insured has left the country of permanent residence, there is a waiting period of 3 days before the insurance takes effect. In the event of serious injury in connection with an accident, the right to compensation shall, however, take effect concurrently with the date of commencement of the insurance.

2.3: If IHI 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 e.g. the 5th in one month up to and including the 4th in the following month. The policyholder can extend the insurance as per agreement with the Company by buying extra travel days for the period exceeding one month.

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

2.5: The insurance period of IHI Single Trip and IHI Annual Travel can be extended as per agreement with the Company. However, any illness or injury which has come into existence, or has shown symptoms, or has been diagnosed in the previous insurance period(s) shall not be covered in the extended insurance period.

2.6: If IHI 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: Free cover of children under the age of 2 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.

4.2: The insurance does not provide cover in the country where the insured has a permanent residential address.

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 3. The insurance cover shall not exceed the insurance amount of USD 300,000/EUR 250,000/CHF 400,000/GBP 170,000 per person per trip.

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-stilling dental treatment by authorised dentists and prescribed medicines in connection herewith shall be compensated within a maximum of USD 200/EUR 165/CHF 270/GBP 110 per insured.

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

a) has been hospitalised within 6 months prior to commencement of the insurance period or, if IHI Annual Travel has been chosen, prior to each departure from the country of permanent residence,

b) has been treated by a physician (routine check-ups excepted) within 6 months prior to commencement of the insurance period or, if IHI Annual Travel has been chosen, prior to each departure from the country of permanent residence,

c) has had a change of medication within 6 months prior to commencement of the insurance period or, if IHI Annual Travel has been chosen, prior to each departure from the country of permanent residence,

d) 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,

e) has reached a state where any attempt of further treatment has been abandoned, or has been refused treatment,

f) is waiting to receive treatment, or has been referred to another place of treatment,

g) has omitted to go to prearranged 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.

6.6: 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.

6.7: The Company has the right to demand that the insured be repatriated in order to receive treatment in the country of permanent residence, if the Company's medical consultant and the treating physician agree that treatment can be postponed until the insured has been transferred to his/her country of permanent residence.

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 acute serious illness (cf. Art. 6.5), 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.

7.3: Only one transportation is covered in connection with one course of an illness.

7.4: 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:

a) cremation of the deceased and home transportation of the urn or

b) home transportation of the deceased.

Expenses shall be reimbursed for repatriation for any 2 of the summoned relatives or fellow-travellers of the deceased. The Company shall compensate travel

expenses equivalent to the cost of an aeroplane ticket on economy class, as a maximum.

7.5: If the insured is unable to continue the trip due to an acute illness covered by the insurance, additional and reasonable travel expenses shall be covered when the insured is able to travel again, and when accepted by the Company prior to the change of travel itinerary.

7.6: 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 RETURN TRIP

8.1: The insurance shall cover a return trip to the destination abroad if the insured has been medically evacuated because of illness or injury or if the insured has been repatriated or used the Compassionate Emergency Repatriation cover.

8.2: 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.

8.3: The return trip must be made at the latest 2 weeks after the medical evacuation/repatriation or the compassionate emergency repatriation.

8.4: 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. 9 COMPASSIONATE EMERGENCY REPATRIATION

9.1: 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 serious acute illness or injury occurring after the departure of the insured.

In case of doubt the decision will be left with the Company's medical consultants and if necessary with the treating physician. In the event of death, a death certificate must be submitted to the Company.

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.

9.2: Only one transportation is covered in connection with one course of an illness.

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

9.4: 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.

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

ART. 10 NEXT-OF-KIN ACCOMPANIMENT AND COMPASSIONATE EMERGENCY VISIT

10.1: The insurance shall cover accompaniment in the event of serious acute illness, serious injury, death and/or medical evacuation/repatriation of the insured. It is a condition for cover that the Company's medical consultant and the attending physician agree that the duration of the stay in hospital will be a minimum of 5 days and nights, or that the condition of the insured is life-threatening.

10.2: 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.

10.3: 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 170 per day for each summoned person or fellow-traveller for expenses in connection with accommodation, board and local transport.

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

ART. 11 EXCEPTIONS FOR COMPENSATION

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

concern, are due to or are incurred as a result of:

a) any illness, injury, bodily infirmity or physical disability and consequences hereof which have come into existence, or shown symptoms, before the insurance became effective or, if IHI Annual Travel has been chosen, before each trip abroad (cf. Art. 6.5),

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

c) recreational treatment,

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

e) dentures,

f) venereal diseases, AIDS, AIDS-related diseases and diseases relating to HIV antibodies (HIV positive),

g) medical and maternity assistance arising after the 36th week of pregnancy, and after the 18th week when the pregnancy is the result of any kind of fertility treatment and/or the insured is expecting more than one child,

h) induced abortion which is not medically prescribed,

i) abuse of alcohol, drugs and/or medicines,

j) intentional self-inflicted bodily injury,

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

l) 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),

m) nuclear reactions or radioactive fallout,

n) treatment performed by the insured, his/her spouse, parents or children or an enterprise owned by one of the aforesaid persons,

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

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

q) routine medical check-ups, vaccinations and other preventative treatment,

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

s) the insured resisting medical evacuation/repatriation (cf. Art. 6.7),

t) transportation which has not been arranged by the Company. However, expenses equivalent to the amount which the Company would have reimbursed if it had been notified of the transportation shall be covered,

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

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

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

y) active participation in any motorsport show, race or competition,

z) any illness or injury resulting from active engagement in any illegal act.

ART. 12 HOW TO REPORT A CLAIM

12.1: 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 original, receipted and itemised bills and/or other relevant documentation such as medical information and flight tickets/travel documents.

12.2: 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.

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

12.4: The Company shall be notified immediately in case of death, hospital-

isation, 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.

12.5: Claims shall be reported to the Company immediately and no later than 30 days after the expiry of the insurance.

12.6: Complaints regarding the Company's claims handling shall be filed no later than 30 days after receipt of the compensation amount.

ART. 13 COVER BY THIRD PARTIES

13.1: Where there is cover by another insurance policy or healthcare plan, this must be disclosed to the Company when claiming reimbursement.

13.2: 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.

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

13.4: 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.

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

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

ART. 14 PAYMENT OF PREMIUM

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

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

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

14.4: Refund of premium is possible only if a written request is received by the Company prior to the commencement date of the insurance. The Company will charge a fee in connection with refund of premium. After the commencement date of the insurance, the premium is considered fully earned and non-refundable.

ART. 15 NECESSARY INFORMATION TO THE COMPANY

15.1: 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.

15.2: 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 claim against the Company.

15.3: 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. 16 ASSIGNMENT, CANCELLATION AND EXPIRY

16.1: 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.

16.2: If IHI Annual Travel has been chosen, the insurance is automatically renewed on each policy anniversary. The insurance can be cancelled by the policyholder or by the Company at the policy anniversary with 1 month's written notice.

16.3: When a claim has been filed, the insurance can be cancelled with 1 month's notice by the policyholder or by the Company within 14 days after the reimbursement has been effected or rejected by the Company.

16.4: The Company's liability shall automatically cease at the end of the insurance period. Upon expiry of the insurance, the right to compensation shall cease.

16.5: 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.

16.6: 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.

16.7: The Company can stop or suspend an insurance product at 3 months' notice prior to the policy anniversary.

ART. 17 DISPUTES, VENUE, ETC.

17.1: 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. The Company is affiliated to Ankenævnet for Forsikring, Anker Heegaards Gade 2, 1572 Copenhagen V, Denmark (The Insurance Appeals Board).

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E.&O.E.

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International Health Insurance danmark a/s has insured people of all nationalities for more than 30 years. The sound financial standing of the Company and the strict standard of regulations set by the Danish Insurance Contracts Act and the European Supervisory Authorities guarantee the best possible security for our clients.

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