

International Health Insurance

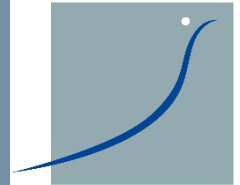
INSURANCE PRODUCT INFORMATION DOCUMENT

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TravelCover Schengen

GOLDEN CARE®



Contract Policy Wording TravelCover Schengen:

This Insurance Product Information Document is a summary of the key features and exclusions of this plan. You will find full policy terms and conditions in the General Conditions of the above contract. Golden Care Plans are reinsured by certain underwriters at Lloyd's and underwritten by Global Health and Accident Insurance Ltd which is regulated by Guernsey Financial Services Commission (license number: 2291879). This product is distributed by Golden Care (London) Ltd and managed by Safe MedCare SA in Geneva.

What is this type of insurance?

The TravelCover Schengen Plan provides cover for emergency assistance services and for emergency medical or hospital care following an accident and/or illness not diagnosed and/or treated prior to the inception date and/or date of departure.



What is insured?

Assistance Services in a medical emergency

- ✓ Local medical transport, evacuation or repatriation from the site of the emergency
- ✓ Medical care escort when required for medical reasons to accompany and assist Insured during evacuation or repatriation
- ✓ Ambulance transport to the nearest hospital

Assistance Services in the event of death

- ✓ Repatriation of mortal remains where the Insured is travelling outside country of usual residence

Hospital treatment in a medical emergency

- ✓ First aid at the site of the medical emergency
- ✓ Hospitalisation as a result of accident or illness
- ✓ Care in emergency ward
- ✓ Organ transplant following an accident (kidneys, liver, lungs, heart and/or skin graft only)
- ✓ Dental treatment following an accident (Maximum CHF 500)
- ✓ Standard room and meals in hospital
- ✓ Room and meal for person accompanying a hospitalised child younger than 10 years. Limit CHF 100 per day

Out-patient care in the event of emergency

- ✓ Consultation with general practitioners and specialist doctors
- ✓ Laboratory and radiology services, electrocardiography, advanced diagnosis including MRI, Emission Tomography and nuclear medicine procedures necessary to establish a diagnosis and prescribe treatment
- ✓ Prescription medicines (not intended for preventive purposes).



What is not insured?

- ✗ Examinations and medical treatment performed for preventive and/or routine purposes
- ✗ All treatment when the health of the Insured has stabilised and he/she is able to return his/her country of usual residence
- ✗ Self-aggravated risks which are created as a direct result of the activities of the Insured
- ✗ Environmentally aggravated risks including illnesses contracted at the time of an epidemic whose existence has been officially recognised by the Public Authorities
- ✗ Pre-existing conditions
- ✗ All treatment directly relating to pregnancy
- ✗ All treatment relating to eyesight and/or hearing problems unless they result directly from an accident
- ✗ All mental, neuro-psychic, psychosomatic and nervous illnesses
- ✗ All treatment relating to cancer, AIDS and HIV
- ✗ All medical treatment in the country of usual residence or country of departure of the Insured

See section 5 of policy for full details of exclusions.



Are there any restrictions on cover?

- ! The age limit for all applicants is 80 years
- ! Cover is restricted to a maximum travel period of 92 days
- ! Some benefits have specific limits which will be shown in the policy documents
- ! In Switzerland and Liechtenstein, the settlement of benefits will be based on the rates applicable in the university or cantonal hospitals where the treatment or hospitalisation takes place
- ! In other countries costs will be reimbursed on the basis of the fees applied in public hospitals.



Where am I covered?

- ✓ You can enjoy the full range of policy benefits in all member states within the Schengen Space, including Switzerland and Liechtenstein but excluding any other country.



What are my obligations?

- You must comply with the terms and conditions of this policy
- You must pay your premium on or before the due date
- Any information you provide in relation to the insurance must be accurate and complete
- You must tell Golden Care Services if your personal details change including your address
- You must inform Golden Care Services if you think there is a mistake in your policy
- You must obtain pre-authorisation where this is indicated in the policy wording
- If you wish to make a claim you must contact our claims department and provide any information we may need in order to administer your policy or to assess your claim
- All claims must be submitted within 90 days otherwise they may not be accepted
- You must contact Golden Care Services in the event of hospitalisation.



When and how do I pay?

- Golden Care Services will send notification of the due date informing you of the premium to be paid and you must settle before that date
- Premium can be paid in full at the start of the policy by bank transfer, debit card or payment slip (Switzerland only).



When does the cover start and end?

- Your policy period can be 3, 8, 10, 15, 22, 31, 45, 62 or 92 days. The inception date will be shown on your Certificate of Insurance.
- If your contract expires during your hospitalisation you will continue to be entitled to benefits under the contract until the end of the said hospitalisation for up to a maximum of 20 days following the expiry of your contract.



How do I cancel the contract?

- In the event of the cancellation of your journey before the inception date, it is possible to cancel your contract by submitting all documentary evidence mentioning visa refusal. Your premium will be reimbursed to you subject to deduction of a fee of CHF 50.-
- Following the inception date of your contract, cancellation is subject to acceptance by Golden Care Services following the submission of documentary evidence. If Golden Care Services accepts your request, your premium will be reimbursed to you subject to the deduction of a fee of CHF 50.- in addition to the pro rata premium sum due corresponding to the period between the inception date and the date of the cancellation request.