

WORLDWIDE TRAVEL OPTIONS



Worldwide Travel Options
Valid from 2019 • 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 Medical 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 Multi-Trip Travel *Insurance* 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.

However, limitations apply - please see art. 3.2 in the *policy conditions* for further details.

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 Medical 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.

Medical 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 Multi-Trip Travel *Insurance* 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 Multi-Trip Travel Insurance*

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 commencement date or policy renewal in 2019.

The List of Reimbursements forms part of the *Policy Conditions*. It is therefore necessary to read both the List of Reimbursements and the *Policy Conditions* (including Glossary) carefully. Words written in *italics* in the List of Reimbursements are "defined terms" which are specific terms relevant to your cover. Please check their meaning in the Glossary at the end of this product guide.

The currency chosen for the *insurance* at point of *application* is the currency all your reimbursements will be based on. This means that eg. when your base currency is EUR all your reimbursements will be based on the EUR benefit limits stated in the below List of Reimbursements although you might have been treated in eg. Switzerland or the USA.

Medical Cover

Medical Cover	USD	EUR	CHF	GBP
Maximum cover per person per trip	Unlimited	Unlimited	Unlimited	Unlimited
<i>Hospitalisation</i>	100%	100%	100%	100%
<i>Outpatient</i> 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 <i>Company</i>)	100%	100%	100%	100%
Mugging and assault – crisis psychologist	250 per incident	200 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 <i>insured</i> unable to continue their travel itinerary due to acute illness or injury, or persons summoned or accompanying an <i>insured</i> , 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%

Medical Cover (continued)

Medical Cover	USD	EUR	CHF	GBP
Continuation of trip post treatment (must be pre-approved by the <i>Company</i>)	100%	100%	100%	100%
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* *cf, however, art. 13.2-5) and 13.2-6)	75,000	55,000	83,000	42,000
Maximum <i>baggage</i> cover per person per trip	3,500	2,600	3,500	2,100
— Theft, robbery and fire	100% of the maximum <i>baggage</i> cover	100% of the maximum <i>baggage</i> cover	100% of the maximum <i>baggage</i> cover	100% of the maximum <i>baggage</i> cover
— Loss of or damage to <i>registered baggage</i>	100% of the maximum <i>baggage</i> cover	100% of the maximum <i>baggage</i> cover	100% of the maximum <i>baggage</i> cover	100% of the maximum <i>baggage</i> cover
— Theft of passport and/or cash	10% of the maximum <i>baggage</i> cover	10% of the maximum <i>baggage</i> cover	10% of the maximum <i>baggage</i> cover	10% of the maximum <i>baggage</i> cover
<i>Baggage</i> delay	1000	750	1000	600
Deductible for Car <i>insurance</i> , per incident/ <i>claim</i>	2,000	1,500	2,000	1,200
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% <i>co-insurance</i>	10,000	7,200	11,100	5,500

Trip Cancellation Option

Trip Cancellation Option	USD	EUR	CHF	GBP
Single Trip	5,000	3,750	5,000	3,000
Annual Multi-Trip Travel <i>Insurance</i> — per trip	4,000	3,000	4,000	2,400

The Trip Cancellation Option needs to be taken out before leaving the *country of permanent residence* and the cover ends when leaving the *country of permanent residence* to start the trip (see also art. 22).

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

Policy Conditions

Valid from commencement date or policy renewal in 2019.

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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 75 years of age at the *commencement date* for a Single Trip *Insurance* and 70 years for an Annual Multi-Trip Travel *Insurance*.

1.3: If Annual Multi-Trip Travel *Insurance* has been chosen, the *insurance* cover shall cease upon next renewal after the *insured* has reached 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 Medical 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* is taken out after the *insured* has left the *country of permanent residence*, the cover under the *insurance* is not effective until 3 days after the purchase date and any expenses arising from events which have occurred within the 3 day waiting period are not covered. 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*. However, the above does not apply to Trip Cancellation which is not effective once the *insured* has left the *country of permanent residence* (see also art. 22).

2.3: If Annual Multi-Trip Travel *Insurance* 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 Multi-Trip Travel *Insurance* 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 Multi-Trip Travel *Insurance* 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 Multi-Trip Travel *Insurance* has been chosen, prior to each departure from the *country of permanent residence*, or if the *insurance* (Annual Multi-Trip Travel *Insurance* or Single Trip) has been purchased after commencement of the trip, prior to the expiry of the waiting period,

2) has been treated by a physician (routine check-ups excepted) within six months prior to commencement of the trip or, if Annual Multi-Trip Travel *Insurance* has been chosen, prior to each departure from the *country of permanent residence*, or if the *insurance* (Annual Multi-Trip Travel *Insurance* or Single Trip) has been purchased after commencement of the trip, prior to the expiry of the waiting period,

3) has had a change of medication within six months prior to commencement of the trip or, or, if Annual Multi-Trip Travel *Insurance* has been chosen, prior to each departure from the *country of permanent residence*, or if the *insurance* (Annual Multi-Trip Travel *Insurance* or Single Trip) has been purchased after commencement of the trip, prior to the expiry of the waiting period,

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 or, if the *insurance* (Annual Multi-Trip Travel *Insurance* or Single Trip) has been purchased after commencement of the trip, before the expiry of the waiting period.

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, 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 services operations (whether war has been declared or not) 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 <i>insured</i>	10% of the sum <i>insured</i>
Theft, when observed being committed, of covered items carried on or by the <i>insured</i>	Up to the sum <i>insured</i>	10% or the sum <i>insured</i>
Theft from a boot or locker separate from the passenger compartment of a locked boat or a motor vehicle	Up to the sum <i>insured</i>	10% of the sum <i>insured</i>
Documented loss or theft of <i>registered baggage</i> (proof must be submitted) (Compensation cannot be paid sooner than one month after the loss)	Up to the sum <i>insured</i> (electronic and photography equipment, however, is not covered)	Not covered
Documented damage to <i>registered baggage</i> (proof must be submitted)	Up to the sum <i>insured</i> (electronic equipment and photography equipment however, are 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 <i>baggage</i> 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 <i>baggage</i> caused by food, bottles, glass, etc. packed in <i>insured's</i> own <i>baggage</i>	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 <i>baggage</i> freighted separately	Not covered	Not covered
Indirect loss	Not covered	Not covered
<i>Simple theft</i>	Not covered	Not covered
Minor damage to the exterior of the <i>baggage</i> (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. Not exercising due care means for example leaving *baggage*

- unsupervised in a public place to which the public has access
- in any place where it can be taken without *insured's* knowledge
- in such a distance that *insured* is unable to prevent it being taken

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.

14.6: Deductible for car *insurance*. The *insurance* shall cover rental car *insurance* deductible if: a. the rental car is stolen or damaged and this incident is covered on the *insured's* rental car *insurance*; or b. due to a theft or an accident in which the *insured* is involved and the *insured* is certified as medically unfit to drive and this incident is covered on the *insured's* rental car *insurance* and the *insured* incurs expenses to return the rental car.

The maximum amount of compensation is USD 2,000 / EUR 1,500 / CHF 2,000 / GBP 1,200 per incident/ *claim*.

14.6.1: It is a condition of cover that the expenses incurred are not a result of the *insured* acting with intent, gross negligence or actively engaging in any illegal act. The *insured* will be compensated according to the List of Benefits. However, the *claim* with the *insured's* rental car provider or with the *insured's* rental car *insurance company* has to be settled before the *insured* can *claim* with us.

14.6.2: The *insured* must have purchased the rental car *insurance* offered by a rental car *company* or agency that is fully licensed with the regulatory authority of where the rental car is collected, and the *insured* must have a signed rental car agreement in place for the hire of the rental car.

14.6.3: This *insurance* does not cover the *insured* if the *insured* uses the rental car without a proper license and/or in violation of the rental car agreement.

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 including drones/UAV and remote operated aircrafts 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 for above mentioned scenarios 1-4 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 5,000/EUR 3,750/CHF 5,000/GBP 3,000 under Single Trip and USD 4,000/EUR 3,000/CHF 4,000/GBP 2,400 under Annual Multi-Trip Travel *Insurance*.

It is the *insured's* responsibility to cancel any pre-booked hotels/accomodation, 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 war, invasion, acts of a foreign enemy, hostilities (whether war has been declared or not), civil war, 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 services operations (whether war has been declared or not),
- 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 Multi-Trip Travel *Insurance* 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, as well as base jumping, paragliding, hang gliding, wing suit flying, speed flying, mountaineering that requires specialized climbing equipment and outdoor climbing,

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, *reasonable and customary* 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 Multi-Trip Travel *Insurance*, 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.

27.4: The *Company* fully complies with applicable data protection legislation (see also art. 29.1). Generally, we therefore cannot disclose any personal or sensitive information (eg. medical information) nor discuss cases with anyone not authorised by the *insured* in question. It is therefore recommended that the *insured* authorises any person he or she wants to share information with. A third party authorisation form will be provided by the *Company* on request.

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 Multi-Trip Travel *Insurance* 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 until 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 policyholder wants to withdraw the insurance the Company must be notified by letter, email or phone. The Company's contact details are listed at the end of this document. It is sufficient that the Company is contacted before the expiry of the notice period.

28.4: The Annual Multi-Trip 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. Any additional travel days purchased for a trip (extension of cover) on Annual Multi-Trip Travel *Insurance* may be terminated with immediate effect. The termination is not subject to a fee.

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 Multi-Trip 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 Multi-Trip Travel *Insurance* or Single Trip) or any extension of cover on Annual Multi-Trip Travel *Insurance* 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 Multi-Trip Travel *Insurance* 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 Data protection

29.1: The confidentiality of patient and customer information is of paramount concern to the companies in the Bupa group. To this end, *Bupa Global* fully complies with applicable data protection legislation and medical confidentiality guidelines. Please see the *Bupa Global* Privacy Notice above the glossary section.

Art. 30 The Financial Services Compensation Scheme

30.1: *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 7741 4100 or on its website www.fscs.org.uk.

Art. 31 Disputes, venue, etc

31.1: *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.

If *we* can't settle your complaint you may be able 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.

Privacy Notice

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides details about the information we collect about you, how we use it and how we protect it. It also provides information about your rights (see section 13 'your rights' below).

If you have any questions about how we handle your information, please contact the *Bupa Global* Travel service team on +45 70 20 70 48. Alternatively you can email or write to the team via travel@ihi-bupa.com or *Bupa Global* Travel, Palægade 8, DK-1261 Copenhagen K, Denmark.

Last updated: 03 May 2018

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1. Information about us

Summary: In this privacy notice, 'we', 'us' and 'our' means *Bupa Global* and *Bupa Global* Travel. Please see 'More information' below for *company* contact details.

More information: Depending on which of our products and services you ask us about, buy or use, different companies within our organisation will process your information. The *Bupa Global* companies that handle your information, including which *company* makes decisions about how your information is handled will depend on the products and services you access or use.

International private medical *insurance*:

Bupa Global is a trading name of *Bupa Insurance* Limited and *Bupa Insurance* Services Limited which are registered in England and Wales at Companies House under numbers 3956433 and 3829851 respectively. The registered offices are 1 Angel Court, London, EC2R 7HJ.

Bupa Denmark Services A/S, CVR No. 32451780, is an agent of *Bupa Insurance* Limited.

Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. *Bupa Insurance* Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. The Financial Conduct Authority does not regulate the activities of *Bupa Insurance* Limited that take place outside of the UK. The PRA and FCA regulation numbers of *Bupa Insurance* Limited and *Bupa Insurance* Services Limited are 203332 and 312526 respectively.

Travel:

Bupa Denmark, filial af *Bupa Insurance* Limited, England (in English: *Bupa* Denmark, branch of *Bupa Insurance* Limited, England), Business Registration Number 31602742, which has its registered office at 8 Palægade, 1261 Copenhagen K, Denmark, uses the brand-name *Bupa Global* Travel and is authorised by the Prudential Regulation Authority (PRA) in England and is under limited regulation by the Danish Financial Services Authority (Finanstilsynet). Read more at www.finanstilsynet.dk.

2. Scope of our privacy notice

Summary: This privacy notice applies to anyone who interacts with us about our products and services ('you', 'your'), in any way (for example, by email, through our website, by phone, through our app). We will give you further privacy information if necessary for specific contact methods or in relation to specific products or services.

More information: This privacy notice applies to you if you ask us about, buy or use our products and services. It describes how we handle your information, regardless of the way you contact us (for example, by email, through our website, by phone, through our app and so on). We will provide you with further information or notices if necessary, depending on the way we interact with each other, for example if you use our apps we may give you privacy notices which apply just to a particular type of information which we collected through that app.

If you have any questions about this, please contact us at ihi@ihi.com.

3. How we collect personal information

Summary: We collect personal information from you and from third parties (anyone acting on your behalf, for example, brokers, health-care providers and so on).

Where you provide us with information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

More information: We collect personal information from you:

- through your contact with us, including by phone (we may record or monitor phone calls to make sure we are keeping to legal rules, codes of practice and internal policies, and for quality assurance purposes), by email, through our websites, through our apps, by post, by filling in *application* or other forms, by entering competitions, through social media or face-to-face (for example, in medical consultations, diagnosis and treatment).

We also collect information from other people and organisations.

For all our customers, we may collect information from:

- your parent or guardian, if you are under 18 years old;

- a family member, or someone else acting on your behalf;
- doctors, other clinicians and health-care professionals, hospitals, clinics and other health-care providers;
- any service providers who work with us in relation to your product or service, if we don't provide it to you direct, such as providing you with apps, medical treatment, dental treatment or health assessments;
- organisations, such as CACI or Binleys, who carry out customer-satisfaction surveys or market research on our behalf, or who provide us with statistics and other information (for example, about your interests, purchases and type of household) to help us to improve our products and services;
- fraud-detection and credit-reference agencies; and
- sources which are available to the public, such as the edited electoral register or social media.

If we provide you with insurance products and services, we may collect information from:

- the main member, if you are a dependant under a family *insurance* policy;
- your employer, if you are covered by an *insurance* policy your employer has taken out;
- brokers and other agents (this may be your broker if you have one, or your employer's broker if they have one); and
- other third parties we work with, such as agents working on our behalf, other insurers and reinsurers, actuaries, auditors, solicitors, translators and interpreters, tax advisers, debt-collection agencies, credit-reference agencies, fraud-detection agencies (including health-*insurance* counter-fraud groups), regulators, data-protection supervisory authorities, health-care professionals, other health-care providers and medical-assistance providers.

If we provide you with health-care, dental or care-home services, we may collect information from:

- your employer, if you are covered by a contract for services your employer has taken

out or if we are providing occupational health services;

- brokers and other agents (this may be your broker if you have one, or your employer's broker if they have one); and
- those paying for the products or services we provide to you, including other insurers, public-sector commissioners and embassies.

4. Categories of personal information

Summary: We process two categories of personal information about you and (where this applies) your dependants:

- standard personal information (for example, information we use to contact you, identify you or manage our relationship with you); and
- special categories of information (for example, health information, information about your race, ethnic origin and religion that allows us to tailor your care, and information about crime in connection with checks against fraud or anti-money-laundering registers).

More information:

Standard personal information includes:

- contact information, such as your name, username, address, email address and phone numbers;
- the country you live in, your age, your date of birth and national identifiers (such as your National Insurance number or passport number);
- information about your employment;
- details of any contact we have had with you, such as any complaints or incidents;
- financial details, such as details about your payments and your bank details;
- the results of any credit or any anti-fraud checks we have made on you;
- information about how you use our products and services, such as insurance claims; and
- information about how you use our website, apps or other technology, including IP addresses or other device information (please see our Cookies Policy below) for more details).

Special category information includes:

- information about your physical or mental health, including genetic information or biometric information (we may get this information from application forms you have filled in, from notes and reports about your health and any treatment and care you have received or need, or it may be recorded in details of contact we have had with you such as information about complaints or incidents, and referrals from your existing insurance provider, quotes and records of medical services you have received);
- information about your race, ethnic origin and religion (we may get this information from your medical or care-home preferences to allow us to provide care that is tailored to your needs); and
- information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks, or other background screening activity).

5. What we use your personal information for

Summary: We process your personal information for the purposes set out in this privacy notice. We have also set out some legal reasons why we may process your personal information (these depend on what category of personal information we are processing). We normally process standard personal information if this is necessary to provide the services set out in a contract, it is in our or a third party's legitimate interests or it is required or allowed by any law that applies. Please see below for more information about this and the reasons why we may need to process special category information.

More information: By law, we must have a lawful reason for processing your personal information. We process standard personal information about you if this is:

- **necessary to provide the services set out in a contract** – if we have a contract with you, we will process your personal information in order to fulfil that contract (that is, to

provide you and your dependants with our products and services);

- **in our or a third party's legitimate interests** – details of those legitimate interests are set out in more detail in section 6 'legitimate interests' below.
- **required or allowed by law.**

We process special category information about you because:

- **it is necessary for the purposes of preventive or occupational medicine**, to assess whether you are able to work, medical diagnosis, to provide health or social care or treatment, or to manage health-care or social-care systems (including to monitor whether we are meeting expectations relating to our clinical and non-clinical performance);
- **it is necessary for an insurance purpose** (for example, advising on, arranging, providing or managing an insurance contract, dealing with a claim made under an insurance contract, or relating to rights and responsibilities arising in connection with an insurance contract or law);
- **it is necessary to establish, make or defend legal claims** (for example, claims against us for insurance);
- **it is necessary for the purposes of preventing or detecting an unlawful act** in circumstances where we must carry out checks without your permission so as not to affect the outcome of those checks (for example, anti-fraud and anti-money-laundering checks or to check other unlawful behaviour, or carry out investigations with other insurers and third parties for the purpose of detecting fraud);
- **it is necessary for a purpose designed to protect the public against dishonesty, malpractice or other seriously improper behaviour** (for example, investigations in response to a safeguarding concern, a member's complaint or a regulator (such as the Care Quality Commission or the General Medical Council) telling us about an issue);
- **it is in the public interest, in line with any laws that apply;**

- **it is information that you have made public; or**
- **we have your permission.** As is best practice, we will only ask you for permission to process your personal information if there is no other legal reason to process it. If we need to ask for your permission, we will make it clear that this is what we are asking for, and ask you to confirm your choice to give us that permission. If we cannot provide a product or service without your permission (for example, we can't manage and run a health trust without health information), we will make this clear when we ask for your permission. If you later withdraw your permission, we will no longer be able to provide you with a product or service that relies on having your permission.

6. Legitimate interests

Summary: We process your personal information for a number of legitimate interests, including managing all aspects of our relationship with you, for marketing, to help us improve our services and products, and in order to exercise our rights or handle claims. More detailed information about our legitimate interests is set out below.

More information: Legitimate interest is one of the legal reasons why we may process your personal information. Taking into account your interests, rights and freedoms, legitimate interests which allow us to process your personal information include:

- to manage our relationship with you, our business and third parties who provide products or services for us (for example, to check that you have received a service that you're covered for, to validate invoices and so on);
- to provide health-care services on behalf of a third party (for example, your employer);
- to make sure that claims are handled efficiently and to investigate complaints (for example, we may ask your treatment provider for information to make sure we receive accurate information and to monitor the quality of your treatment and care);

- to keep *our* records up to date and to provide you with marketing as allowed by law;
- to develop and carry out marketing activities and to show you information that is of interest to you, based on *our* understanding of your preferences (*we* combine information you give *us* with information *we* receive about you from third parties to help *us* understand you better);

- for statistical research and analysis so that *we* can monitor and improve products, services, websites and apps, or develop new ones;
- to contact you about market research *we* are carrying out;
- to monitor how well *we* are meeting *our* clinical and non-clinical performance expectations in the case of health-care providers;
- to enforce or apply *our* website terms of use, *our* policy terms and conditions or other contracts, or to protect *our* (or *our* customers' or other people's) rights, property or safety;
- to exercise *our* rights, to defend ourselves from claims and to keep to laws and regulations that apply to *us* and the third parties *we* work with; and
- to take part in, or be the subject of, any sale, purchase, merger or takeover of all or part of the Bupa business.

7. Marketing and preferences

We may use your personal information to send you marketing by post, by phone, through social media, by email and by text.

We can only use your personal information to send you marketing material if *we* have your permission or a legitimate interest as described above.

If you don't want to receive emails from *us*, you can click on the 'unsubscribe' link that appears in all emails *we* send. If you don't want to receive texts from *us* you can tell *us* by contacting *us* at any time. Otherwise, you can always contact *us* to update your contact preferences. See section 14 'data protection contacts' for details of how to contact *us*.

You have the right to object to direct marketing and profiling (the automated processing of your information to help *us* evaluate certain things about you, for example, your personal preferences and your interests) relating to direct marketing. Please see section 13 'your rights' below for more details.

8. Processing for profiling and automated decision-making

Summary: Like many businesses, *we* sometimes use automation to provide you with a quicker, better, more consistent and fair service, and marketing information *we* think will be of interest to you (including discounts on *our* products and services). This will involve evaluating information about you and, in some cases, using technology to provide you with automatic responses or decisions (automated decisions). Please see 'more information' below for further details.

You have the right to object to direct marketing and profiling relating to direct marketing (see section 13 'your rights' for more information). You may also have the right to object to other types of profiling and automated decision-making set out below. In these cases, you have the right to ask *us* to make sure that one of *our* advisers reviews an automated decision, to let *us* know how you feel about it and to ask *us* to reconsider the decision. You can contact *us* to exercise these rights. See section 14 'data protection contacts' for full contact details.

More information:

By law, *we* must tell you about:

- automated decision-making (making a decision using technology, without any person being involved); and
- profiling (automated processing of your information to help *us* evaluate certain things about you, for example, your personal preferences and your interests).

This is because you have certain rights relating to both automated decision-making and profiling. You have the right to object to profiling relating to direct marketing. If you do this, *we* will no longer carry out profiling for direct marketing purposes. You also

have the right to object to profiling in other circumstances set out below.

When *we* make decisions using only automated processing which produce legal effects which concern you or which have a significant effect on you, *we* will let you know. You then have 21 days to ask *us* to reconsider *our* decision or to make a new decision that is not based only on automated processing. If *we* receive a request from you, within 21 days of receiving your request, *we* will:

- consider the request, including any information you have provided that is relevant to it;
- meet your request; and
- let you know in writing what *we* have done to meet your request, and the outcome.

You can contact *us* (see section 14 'data protection contacts' for details) to ask about these rights (see section 13 'your rights' for more details).

Profiling and automated decision-making

The processes set out below involve both profiling and automated decision-making.

- Depending on the type of health-*insurance* product that you want to benefit from, to help *us* decide what level of cover *we* can offer you, *we* will ask you to provide information about your medical history. *We* may use software to review this information to find out whether you have any previous or existing health conditions which *we* cannot cover you for and which will be excluded from your policy.
- *We* may use software to help *us* calculate the price of products and services based on what *we* know about you and other customers. For example, *our* technology may analyse information about your claims history and compare it with the information *we* hold about previous claims to evaluate how likely you are to need to make a *claim*. *We* may also evaluate your age, where you live and other details relating to your health (such as existing health conditions and whether you smoke) to calculate prices for community-rated products which are based on predefined groups with similar risk profiles.

Profiling

The processes set out below involve profiling.

- In order to improve outcomes and be more efficient, and allow *us* to offer advice about different treatment paths (for example, alternatives to surgery or other invasive treatments), *we* may use software to evaluate medical history and information about the general population in an area to identify customers who are likely to need that advice most.
- When your policy is due for renewal, *our* software tells *us* this and may also evaluate your payment and claims history, information about the general information in a particular area, and other information from third parties to automatically provide you with information about what incentives *we* can offer you and the marketing messages you will receive.
- *We* ask other organisations to carry out some of *our* consumer and market analysis to improve *our* marketing processes. This involves sharing personal information relating to *our* customers with third parties who specialise in profiling and segmenting people (putting people into groups of different types of customer, based on different kinds of information collected about them, to help *us* to better target *our* products to them). These companies match the information *we* give them with information they get from other sources to improve the accuracy of their analysis. *We* use the results of this analysis to help *us* target marketing and offers.
- *We* may use information about the products you have bought, and information about what other customers who have bought the same products you have bought, to make sure *we* send you information about the products you are most likely to be interested in.
- *We* may share your personal information (including your name, date of birth, sex and the country you live in) with third-party companies, such as FINSCAN, who *we* use to carry out anti-fraud checks. *We* will review any matches from this process. (*We* will not use automated decision-making for this.)

9. Sharing your information

Summary: We share your information within the Bupa Group, with relevant policyholders (including your employer if you are covered under a group scheme), with funders arranging services on your behalf, with people acting on your behalf (for example, brokers and other agents) and with others who help us provide services to you (for example, health-care providers and medical-assistance providers) or who we need information from to allow us to handle or confirm claims or entitlements (for example, professional associations). We also share your information in line with the law.

More information: We sometimes need to share your information with other people or organisations for the purposes set out in this privacy notice.

For all our customers, we share your information with:

- other members of the Bupa Group;
- other organisations you belong to, or are professionally associated with, in order to confirm your entitlement to *claim* discounts on our products and services;
- doctors, clinicians and other health-care professionals, hospitals, clinics and other health-care providers;
- suppliers who help deliver products or services on our behalf;
- people or organisations we have to, or are allowed to, share your personal information with by law (for example, for fraud-prevention or safeguarding purposes, including with the Care Quality Commission);
- the police and other law-enforcement agencies to help them perform their duties, or with others if we have to do this by law or under a court order;
- if we (or any member of the Bupa group) sell or buy any business or assets, the potential buyer or seller of that business or those assets; and
- a third party who takes over any or all of the Bupa Group's assets (in which case personal information we hold about our customers or visitors to the website may be one of the assets the third party takes over).

If we provide insurance or manage a health-care trust, we share your information with:

- the *policyholder* or their agent if you are not the main member under an individual policy (we will send them all membership documents and confirmation of how we have dealt with a *claim*, and all people who are *insured* on the policy may have access to correspondence and other information we provide through our online portal);
- your employer (or a their broker or agent) for product or service administration purposes if you are a member or beneficiary under your employer's group scheme;
- your broker or agent (or both);
- other third parties we work with to provide our products and services, such as agents working on our behalf, other insurers and reinsurers, actuaries, auditors, solicitors, translators and interpreters, tax advisers, debt-collection agencies, credit-reference agencies, fraud-detection agencies (including health-*insurance* counter-fraud groups), regulators, data-protection supervisory authorities, health-care professionals, health-care providers and medical-assistance providers; and
- organisations who provide your treatment and other benefits, including travel-assistance services.

If we provide health-care, dental and care-home services, we share your information with:

- your employer, if your employer is paying for the services we are providing;
- our *insurance* partners, for example, brokers, reinsurers, actuaries, auditors, solicitors, translators and interpreters, tax advisers, debt-collection agencies, credit-reference agencies, fraud-detection agencies, regulators, data-protection supervisory authorities;
- those paying for the products or services we provide to you, including insurers, public-sector commissioners and embassies;
- those providing your treatment and other benefits;
- national registries such as the Cancer Registry;

- national screening databases, such as the NHS Cervical Screening recall system;
- government authorities and agencies, including the Health Protection Agency (for infectious diseases such as TB and meningitis); and
- organisations that carry out patient surveys on our behalf (for example, NPS).

If we share your personal information, we will make sure appropriate protection is in place to protect your personal information in line with data-protection laws.

10. Anonymised and combined information

We support ethically approved clinical research. We may use anonymised information (with all names and other identifying information removed) or information that is combined with other people's information, or reveal it to others, for research or statistical purposes. You cannot be identified from this information and we will only share the information in line with legal agreements which set out an agreed, limited purpose and prevent the information being used for commercial gain.

11. Transferring information outside the European Economic Area (EEA)

We deal with many international organisations and use global information systems. As a result, we transfer your personal information to countries outside the EEA (the EU member states plus Norway, Liechtenstein and Iceland) for the purposes set out in this privacy notice. Not all countries outside the EEA have data-protection laws that are similar to those in the EEA and if so, the European Commission may not consider those countries as providing an adequate level of data protection.

We take steps to make sure that, when we transfer your personal information to another country, appropriate protection is in place, in line with data-protection laws. Often, this protection is set out under a contract with the organisation who receives that information. For more information about this protection, please contact us at

ihi@ihi.com.

12. How long we keep your personal information

We keep your personal information in line with set periods calculated using the following criteria.

- How long you have been a customer with us, the types of products or services you have with us, and when you will stop being our customer.
- How long it is reasonable to keep records to show we have met the obligations we have to you and by law.
- Any time limits for making a *claim*.
- Any periods for keeping information which are set by law or recommended by regulators, professional bodies or associations.
- Any relevant proceedings that apply.

If you would like more information about how long we will keep your information for, please contact us at ihi@ihi.com.

13. Your rights

Summary: You have the right to access your information and to ask us to correct any mistakes and delete and restrict the use of your information. You also have the right to object to us using your information, to ask us to transfer of information you have provided, to withdraw permission you have given us to use your information and to ask us not to use automated decision-making which will affect you.

More information: You have the following rights (certain exceptions apply).

- **Right of access:** You have the right to make a written request for details of your personal information and a copy of that personal information.
- **Right to rectification:** You have the right to have inaccurate information about you corrected or removed.
- **Right to erasure ('right to be forgotten')**: You have the right to have certain personal information about you deleted from our records.

- **Right to restriction of processing:** You have the right to ask *us* to use your personal information for restricted purposes only.
- **Right to object:** You have the right to object to *us* processing (including profiling) your personal information in cases where *our* processing is based on a task carried out in the public interest or where *we* have let you know it is necessary to process your information for *our* or a third party's legitimate interests. You can object to *us* using your information for direct marketing and profiling purposes in relation to direct marketing.
- **Right to data portability:** You have the right to ask *us* to transfer the personal information you have given *us* to you or to someone else in a format that can be read by computer.
- **Right to withdraw consent:** You have the right to withdraw any permission you have given *us* to handle your personal information. If you withdraw your permission, this will not affect the lawfulness of how *we* used your personal information before you withdrew permission, and *we* will let you know if *we* will no longer be able to provide you with your chosen product or service.
- **Right in relation to automated decisions:** You have the right not to have a decision which produces legal effects which concern you or which have a significant effect on you based only on automated processing, unless this is necessary for entering into a contract with you, it is authorised by law or you have given your permission for this. *We* will let you know if *we* make automated decisions, *our* legal reasons for doing this and the rights you have.

Please note: Other than your right to object to *us* using your information for direct marketing (and profiling for the purposes of direct marketing), your rights are not absolute. This means they do not always apply in all cases, and *we* will let you know in *our* correspondence with you how *we* will be able to meet your request relating to your rights.

If you make a request, *we* will ask you to confirm your identity if *we* need to, and to provide information that helps *us* to understand your request better. If *we* do not meet your request, *we* will explain why.

In order to exercise your rights, please contact *us* at ihl@ihl.com.

14. Data protection contacts

If you have any questions, comments, complaints or suggestions in relation to this notice, or any other concerns about the way in which *we* process information about you, please contact the *Bupa Global* Travel service team on +45 70 20 70 48. Alternatively you can email or write to *our* Data Protection Officer or Privacy Team at travel@ihl-bupa.com or *Bupa Global* Travel, Palægade 8, DK-1261 Copenhagen K, Denmark.

You also have a right to make a complaint to the relevant supervisory authority. *Bupa Global* Travel's supervisory authority is:

Datatilsynet
Borgergade 28,5
DK-1300 Copenhagen K
Denmark

Telephone: +45 33 19 32 00

You can also make a complaint with another supervisory authority which is based in the country or territory where:

- you live;
- you work; or
- the matter you are complaining about took place.

Glossary

Valid from commencement date or policy renewal in 2019.

This Glossary with definitions is part of the *Policy Conditions*.

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

Defined term	Description
<i>Company, the</i>	Bupa Denmark, filial af Bupa <i>Insurance</i> Limited, England (Bupa Denmark, branch of Bupa <i>Insurance</i> Limited, England), CVR 31602742. Bupa Denmark, filial af Bupa <i>Insurance</i> 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 .
<i>Country of permanent residence</i>	The residence where the <i>insured</i> has his/her permanent home or principal establishment and to where, whenever the <i>insured</i> is absent, the <i>insured</i> intends to return.
<i>Hospitalisation:</i>	Surgery or medical treatment in a hospital or clinic as an in-patient when it is medically necessary to occupy a bed overnight.
<i>Insurance:</i>	The <i>Policy Conditions</i> and <i>policy schedule</i> representing the <i>insurance</i> contract with the <i>Company</i> and setting out the scope of the <i>insurance</i> terms, the premium payable, cover and benefits.
<i>Insured:</i>	The <i>policyholder</i> and/or all other <i>insured</i> persons as listed in the valid <i>policy schedule</i> .

Defined term	Description
<i>Next-of-kin</i>	<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 <i>next-of-kin</i> will always be found "from the top". Accordingly, if the <i>insured</i> 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 <i>next-of-kin</i>, he or she must have lived together with the <i>insured</i> 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 <i>insured</i> in a conjugal relationship at the shared address for the last two years leading up to the death of the <i>insured</i>. <p>For <i>insurance</i> policies established before 1 January 2008, under which the beneficiary according to the <i>policy conditions</i> or by choice of 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 <i>insurance</i>, the above mentioned order shall apply as if the <i>insurance</i> policy had been established after 1 January 2008.</p>
<i>Outpatient:</i>	Surgery or medical treatment in a hospital or clinic where it is not medically necessary to occupy a bed.
<i>Policy Conditions:</i>	The terms and conditions of the <i>insurance</i> purchased.
<i>Policy schedule:</i>	Policy details showing the type of <i>insurance</i> purchased, deductible and any <i>special terms</i> .

Defined term	Description
<i>Policyholder:</i>	The (legal or physical) person having entered into the contract with the <i>Company</i> .
<i>Pre-existing condition:</i>	Any illnesses and conditions that have shown symptoms and/or for which the <i>insured</i> has been hospitalised, treated by a physician or has received any medical treatment for before the <i>commencement date</i> of the <i>insurance</i> .
<i>Reasonable and Customary:</i>	The 'usual', or 'accepted standard' amount payable for a specific healthcare treatment, procedure or service in a particular geographical region, and provided by treatment providers of comparable quality and experience. These charge levels may be governed by guidelines published by relevant government or official medical bodies in the particular geographical region, or may be determined by <i>our</i> experience of usual, and most common, charges in that region.
<i>Securities</i>	Entrance tickets to eg museum, football match, theatre performance, opera etc.
<i>Serious injury:</i>	A " <i>serious injury</i> " shall be determined to exist only after review and agreement by both the attending physician and the <i>Company's</i> medical consultant.
<i>Simple theft</i>	Theft which is not noticed at the time of the theft being committed.
<i>Special terms:</i>	Restrictions, limitations or conditions applied to the <i>Company's</i> standard terms as detailed in the <i>policy schedule</i> .
<i>Subrogation:</i>	The insurer's right to enforce a remedy which the <i>insured</i> has against a third party and the insurer's right to require the <i>insured</i> to repay the insurer if the insurer has paid expenses recouped by the <i>insured</i> from a third party.

Defined term	Description
<i>Unrecognised medical practitioner, provider or facility:</i>	<p>An <i>unrecognised medical practitioner, provider or facility</i> includes:</p> <ul style="list-style-type: none"> ○ treatment provided by a medical practitioner, <i>provider or facility</i> 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 <i>we</i> have sent a written notice that <i>we</i> no longer recognise them for the purposes of <i>our</i> plans. ○ treatment provided by anyone with the same residence as the <i>insured</i> or who is a member of the <i>insured's</i> immediate family or an enterprise owned by one of the above mentioned persons.
<i>Registered baggage:</i>	<i>Baggage</i> checked in with a common carrier being a transport <i>company</i> that is licensed to carry passengers on land, water or in the air, not including taxis or rental vehicle companies.

