

# International Health Insurance Elite

## Insurance Product Information Document

**Company:** SI Insurance (Europe), SA  
**Product:** Evolution Health (EU) Elite Policy

**Administered by:** Morgan Price (Europe) ApS. Authorised and regulated by the Danish Financial Supervisory Authority, Registered in Denmark with Registration Number CVR No. 41127635.

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The following summary does not contain the full terms and conditions of the contract which can be found in the **policy** document (which is available on request from the broker) and is not personalised to **you**. **You** should periodically review the insurance cover offered under the **policy** to ensure that the cover remains adequate for **+** needs. Bolded words below have the same meaning as defined terms within the **policy** document.

### What is this type of insurance?

This is an international health insurance **policy** designed to provide comprehensive medical benefits for expatriates (i.e. persons living/working outside of their home country), local nationals (i.e. persons living/working inside their home country) and their eligible **dependants**.



#### What is insured?

The **overall maximum limit** is per **insured person**, per **policy year** up to the sum stated in the **benefits schedule**, unless otherwise stated in the **certificate of insurance**.

The benefits provided under the **policy** will depend on the level of cover selected by the **policyholder** (Standard, Standard Plus, Comprehensive, Premium and Elite) and will include:

- ✓ **In-patient hospital** stay
- ✓ **Day-patient** treatment
- ✓ **Out-patient** treatment
- ✓ Chronic conditions
- ✓ Cancer care
- ✓ Wellness benefits
- ✓ Dental treatment
- ✓ Maternity benefit
- ✓ Medical evacuation and repatriation

Cover is available for each **insured person**. The above is a non-exhaustive list, and is subject to the **policy's** terms and conditions.



#### What is not insured?

- ✗ Any **excess** payable
- ✗ **Pre-existing medical conditions** not declared on the application form
- ✗ Alcoholism and substance abuse
- ✗ Sexually transmitted diseases
- ✗ Unlicensed drugs
- ✗ Cosmetic treatment
- ✗ **Over the counter drugs** and medicines
- ✗ Preventative treatment
- ✗ Experimental treatment
- ✗ Weight loss surgery
- ✗ Sleep disorders
- ✗ Professional sports
- ✗ Hazardous sports and pursuits
- ✗ Deliberate self-inflicted injury, needless self-exposure to peril, suicide, attempted suicide or self harm
- ✗ **Accidents** or **medical treatment** as a result of using electric or motorised scooters (the two/three wheeled variety **you** stand on) whether being driven on or off the road legally or illegally

The above is a non-exhaustive list and other exclusions apply. Please see **your policy** for a full list of all **policy's** exclusions.



## Are there any restrictions on cover?

Certain benefits under the **benefits schedule** have specific limits. Please refer to the **benefit schedule** for full details.

- ! Cover for **pre-existing medical conditions** is dependent on the underwriting type selected.
- ! Certain benefits have **waiting periods**, please refer to the **benefit schedule** for specific details.
- ! **Pre-authorisation** is required for some benefits; please check the **benefits schedule** for further information.
- ! Any chosen **excess** will be applied to your policy as shown in **your certificate of insurance**.



## Where am I covered?

This **policy** provides cover depending on the area of the world selected. This will be shown on your **certificate of insurance**. If you travel outside of the **geographical area cover** is limited to emergency **medical treatment** for up to thirty (30) days.



## What are my obligations?

- **You** have a duty to give **us** complete and accurate answers to any questions **we** may ask.
- **You** must provide **your** medical history if required.
- **You** must update **us** if there are any changes to the information provided by **you**.
- **You** must observe and comply with the **policy's** terms and conditions.
- **You** must obtain **pre-authorisation** for **claims** where required.
- **You** must tell **us** as soon as possible if you move to another **country of residence** during the **period of insurance**.
- Premiums must be paid as shown in **your policy** documentation. **We** may refuse a **claim** if your premium is not up to date.



## When and how do I pay?

If **you** have claimed there will be no refund of premium and **you** may still owe **us** outstanding frequency payments (monthly, quarterly or semi-annual).

- Premiums are payable in advance of cover being provided under this **policy**.
- Premiums can be paid monthly, quarterly or semi-annual, BUT the **policy** remains an annual contract of insurance.
- Premiums are payable in the currency which **you** elected at the start of **your policy**.
- Annual premiums may be paid by bank transfer or credit card. Semi annual, quarterly or monthly premiums are payable by credit card only (in some countries, monthly direct debits/SEPA may be available).
- Any taxes applicable will be collected along with **your** premium payments in the same frequency and method of payment.



## When does the cover start and end?

**Your** policy will run for twelve (12) months from the **start date** shown in **your** quote or membership certificate. This is an annually renewable contract.



## How do I cancel the contract?

**You** must notify us in writing to [info@morgan-price.eu](mailto:info@morgan-price.eu) or Morgan Price (Europe) ApS c/o ØENS Virksomhedsadministration ApS, Lergravsvej 59, 1, 2300 København S, Denmark to cancel this **policy** within the 14 days cooling off period. **We** will refund **you** any premium paid provided no **claims** have been paid or pre-authorised by **us**. If **you** cancel the **policy** any other time, **you** must give **us** thirty days (30) notice and **we** reserve the right to charge an administration fee of £/€/ \$ 30.