Evolution Health Policy Wording Estonia

(April 2026)

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1 Welcome

Thank **you** for choosing the Evolution Health Plan underwritten by the **Insurer**, SI Insurance (Europe), SA, and administered by **Morgan Price** (Europe) ApS (“**Morgan Price**”),

This document is part of **your** insurance contract with **us** and explains:

- How **your policy** works
- How to manage **your policy**
- What is not covered by the **policy**
- How to make a **claim**
- How to make a complaint if **you** are unsatisfied
- Definitions of the words used throughout this document (Defined words are shown in bold text).

Take a few moments to look through **your policy** including the **certificate of insurance** and **benefit schedule** to make sure **you** fully understand what is covered by **your** insurance **policy**.

If there is any aspect of the **policy** or accompanying documents that **you** are unsure about, please do not hesitate to contact **Morgan Price** at info@morgan-price.eu.

The application form **you** completed together with any additional information provided, this **policy** wording, the **certificate of insurance**, any endorsements applied to the **policy** and the **benefit schedule**, are all part of the contract of insurance between **you** and the **Insurer** (the “**policy**”).

Provided the required amount of premium is paid on the due date, **we** will provide **you** and the persons listed in the **certificate of insurance** with the benefits set out on the **benefit schedule** issued with **your certificate of insurance**.

The insurance is only effective after **we** have issued written confirmation that the applicant(s) have been accepted for cover and becomes, and remains, insured in accordance with the terms and conditions set out in this **policy**.

All insurance documents in relation with the contract of insurance, including pre-contractual information, shall be provided to **you** in Estonian. Any further information and communication with **Morgan Price** shall take place in English.

Jon Carpenter

Chairman of the Board

Morgan Price (Europe) ApS

ØENS Virksomhedsadministration ApS

Lergravsvej 59, 1

2300 København S

Denmark

Information about your Insurer

SI Insurance (Europe), SA, the **Insurer**, is a Luxembourg based insurance company with a registered address at 40 avenue Monterey, L 2163, Luxembourg and company registration number B221096. The **Insurer** is authorised by the Luxembourg Ministry of Finance and is supervised by the Luxembourg insurance regulator Commissariat aux Assurances. SI Insurance (Europe), SA is part of the worldwide Sompo International insurance [1] group.

[1] The term "Sompo International" refers to and includes each and every subsidiary of Sompo International Holdings Ltd., a Bermuda exempted company ("SIHL"). To the extent, however, that an affiliate of SIHL that is not a subsidiary of SIHL receives or uses personal information that is covered by this **Policy** and requires protection under the Data Protection Legislation, then such affiliate is included within "Sompo International" for purposes of protecting the data that such affiliate receives or uses. For a list of Sompo International offices, please see https://www.sompo-intl.com/location/corporate. For a list of affiliates that are included in the Sompo Group, please see https://www.sompo-hd.com/en/group/group_list/.

2 How to contact Morgan Price (Europe) ApS

a. When **you** contact **Morgan Price**, **you** will need to provide **your policy** number. This is shown on **your certificate of insurance**.

b. **Morgan Price's** customer services team is available 9am – 5pm UK time Monday to Friday (excluding Bank Holidays).

c. The **claim**s team is available from 6am – 5pm UK time Monday to Friday (excluding Bank Holidays).

d. Outside of these hours for **emergency** calls only, **Morgan Price** has a 24/7 helpline.

Call us to make a claim

Phone +44 (0) 3300 581 668 and select Opt 3. This will be answered in English.

Email: mp**claim**s@morgan-price.eu

Please call this number for **pre-authorisation** for a **claim**, a query on an existing **claim** or if **you** want to know if treatment is covered by **your** insurance.

Phone +44 (0) 3300 581 668 select Option 2 for **emergency** help outside of **our** normal hours

Please call this number if **you** require **emergency** help for an **in-patient** admission that is taking place now.

Call us for General Enquiries

Phone +44 (0) 1379 646730

Email info@morgan-price.eu

Please give **us** a call if **you** wish to discuss a new application, an existing application or any general enquiry for an existing **policy**.

3 Eligibility and Underwriting

a. This is an international **policy** designed for expatriates (i.e. persons living/working outside of their **home country**) and local nationals (i.e. persons living and/or working inside their **home country**) and their eligible **dependants** with the exceptions of the United States of America.

b. The **policy** is not available to persons or in countries where it would breach any sanction, or where it is prohibited by law or local legislation.

c. This **policy** is available for applicants whose primary residence is in the European Economic Area (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden).

d. The maximum age of entry at the **start date** of the **policy** is seventy four (74) years.

e. Children

   i. Children can be added to a member's **policy** but they must be under age nineteen (19)and unmarried (or under age twenty five (25), unmarried and in full-time further education) at their **start date**.

   ii. Children may remain covered under this **policy** until the **annual renewal date** following their nineteenth (19th) birthday (or twenty fifth (25th) birthday where in full-time education) or marriage, at which time their insurance cover under this **policy** will end and they may move onto their own **policy**.

   iii. **We** offer Child Only policies only to children between the age of ten (10) and seventeen (17).

   iv. A compulsory **deductible/excess** applies to these policies of $/€/£ 100 per **claim**.

   v. Any children under the age of ten (10) can only be covered on a **policy** with a full paying adult.

Conditions of acceptance

f. **We** are entitled to refuse an application from any person without giving a reason. **We** also reserve the right to ask for evidence of age, state of health, employment stat**us** or educational status.

g. **We** may wish to apply special terms, exclusions or premium increases to reflect any exceptional circumstances regarding **your** application.

h. If **we** cannot obtain all the information **we** need to assess a risk, **we** reserve the right to decline cover.

i. In order to benefit from this **policy you** must:

   i. Answer all questions about this **policy** honestly and fully at all times;

   ii. Not deliberately mislead **us** by misstatement.

   iii. Tell **us** straight away if anything **you** have already told

us changes, especially between the date **you** apply for a **policy** and the date **we** issue it;

iv. Observe and comply with the terms and conditions of this **policy**.

j. If any **insured person** shall make a **claim** knowing the same to be false or fraudulent, as regards amount or otherwise, **we** shall be entitled to withdraw from or cancel (as applicable) this contract and all **claim**s hereunder shall be forfeited or **your policy** may be cancelled and/or any **claim you** make may not be paid.

k. **You** must immediately inform **us** of any change in the information given on the application form before the **policy** is issued, in-particular relating to any medical declaration **you** have made for **y**ourself and any **dependants**, **your** address, **country of residence**, the birth or adoption of a child or any other change involving **your** insured **dependants**. If **you** do not tell us, **your policy** may be cancelled and any **claim you** make may not be paid.

Underwriting

l. This is an explanation of the insurance cover options available on the Evolution Health Plan (in other words how **we** treat any existing **medical condition**s **you** may have):

Option 1 - FULL MEDICAL UNDERWRITING (FMU)

m. If **you** select Full Medical Underwriting ("FMU"), **you** must complete the FMU application form and disclose **your** medical history. **We** will review the information provided to ascertain whether **you** and any eligible **dependants** will be accepted with or without specific exclusions or terms.

n. **We** may need to request additional information to be able to provide terms. **You** must ensure that the FMU application form is fully and accurately completed, taking into consideration that the medical declaration relates to the whole of **your** life unless otherwise stated. If **you** are not sure whether **you** need to declare a condition to **us** or not, **you** should declare it.

o. Any **pre-existing medical conditions** not declared on **your** FMU application will not be covered by **your policy**.

p. If a specific exclusion or terms will apply to **your policy**, **we** will advise **you** in writing and **you** or **your** broker will need to confirm these terms are accepted before **your policy** can start.

Non Disclosures

q. **What if you didn't tell us about a condition, symptom or treatment you knew about when we asked?**

Whichever form of underwriting you joined on, we may have asked you some medical questions before agreeing your cover. We worked out your terms or your premium based on your answers. If you did not answer fully or accurately, even if this was by accident, we will not cover treatment for the condition.

This means we will not cover treatment for any conditions that you should have told us about when we asked, but that you either did not tell us about at all, or that you did not tell us the full extent of. This includes:
• any pre-existing or previous medical condition, whether you had treatment for them or not; or
• any previous medical condition that recurs; or
• any previous symptoms that you have had or should reasonably have known about, even if you did not speak to a doctor.

Whenever you claim, we may ask your medical practitioner for more information to confirm whether you had any symptoms before you joined.

If we need to look at your medical history, we will need some time to do this before we can confirm whether we can cover your claim.

If, during the course of your policy we deem that a pre-existing medical condition was not disclosed to us, **we** reserve the right to either apply retrospective exclusions to **your** Evolution Health Plan or to cancel the plan back to inception.

Option 2 - MORATORIUM UNDERWRITING

r. If **you** select Moratorium Underwriting, **you** must complete the Moratorium application form. **We** will not ask **you** to disclose **your** medical history to us.

s. Moratorium Underwriting means that **you** and any eligible **dependants** will not be covered for any **pre-existing medical conditions** that have been in existence during the five (5) year period before **your start date**.

t. After 2 years continuo**us** cover, **Pre-existing medical conditions** may become eligible for cover (unless the condition is specifically excluded by the **policy**) if, at the first time of receiving treatment, **you/your dependant** has not:

i. Suffered any symptoms;

ii. Consulted any **medical practitioner** for check-ups/ monitoring of a **pre-existing medical condition**, received follow up examinations, **medical treatment** or advice;

iii. Been prescribed or taken medicine for a **pre-existing medical condition**, including **over the counter drugs**, special diets, injections or **physiotherapy**;

iv. Gone against medical advice; and

v. **You** were not reasonably aware the condition existed.

vi. If there is any doubt over whether a **medical condition** existed prior to the **start date** of the **policy**, **we** reserve the right to request a further medical opinion. The final decision on whether a condition is covered rests solely with the Chief Medical Officer (CMO).

Option 3 - CONTINUED PERSONAL MEDICAL EXCLUSIONS (CPME) UNDERWRITING

u. If **you** have had previous international medical insurance with another **insurer**, **you** may be able to apply for a transfer to **Morgan Price**. This must be on the same or lower **level of cover** to **your** existing insurance. There must be no break in cover in between **your** current **policy** expiring and transferring to **ours**.

v. **We** will ask **you** to complete a number of questions about **your** health and provide a copy of **your certificate of insurance** from the other **insurer**. This must include details of any personal medical exclusions that the previous **insurer** applied to **your policy**. If **we** agree to accept **your** application, **we** will transfer **your** terms from **your** previous **insurer** to **Morgan Price**.

w. Please note that the terms and conditions of the **Morgan Price** Insurance **policy** may be different to **your** previous insurance **policy**.

x. **Underwriting and related conditions.**
Whichever type of underwriting you joined us on, then there is often a misunderstanding about what we mean by related conditions.

Below is a list of typical examples (not an exhaustive list) of the type of things we will not cover if you join us with a pre-existing condition that we have not agreed to cover in writing. This list is not exclusive.

A pre-existing condition that you may have when you take out a policy with us	**Specific conditions that we will not cover whether diagnosed or not, but which we deem to be related to the pre-existing condition shown**
Hypertension (whether controlled with medication or not).	**We will not cover:** Hypercholesterolemia Stroke Peripheral Artery Disease Heart attack Heart disease or failure of any kind
Hypercholesterolemia (whether controlled with medication or not):	**We will not cover:** Hypertension Stroke Peripheral Artery Disease Heart attack Heart disease or failure of any kind
Diabetes (whether controlled with medication or not).	**We will not cover:** Stroke Peripheral Artery Disease Heart attack Heart disease or failure of any kind Neuropathy Retinopathy Diabetic renal disease
If you are a Smoker as declared on your application form:	**We will not cover:** Emphysema Chronic obstructive pulmonary disease (COPD)

4 How to manage your policy

a. **You** and **your dependants'** cover can start once **we** have accepted **your** application form and **your** first premium payment has been received by us, including any applicable taxes.

b. **Your start date** will be shown on **your certificate of insurance**. **Your start date** must be within thirty (30) days from the date that **you** signed **your** application form.

c. **We** will provide **you** with a PDF of **your certificate of insurance**, any relevant endorsements, a **benefit schedule** and a membership card, which includes details of the **emergency claims** contact details.

d. This is an annual contract, which is renewable each year, subject to the terms and conditions in force at the **annual renewal date** and subject to payment of the applicable renewal premium.

Premium Payment

All premiums are payable in advance of cover being provided under this **policy**. Premiums can be paid by bank transfer, SEPA Direct Debit or by debit/credit card.

Premiums (and any applicable taxes) are payable monthly, quarterly, semi-annual or annually but this is an annual contract of insurance. If **you** elect to pay **your** premium in instalments, **you** will be charged an administration fee. **You** are still responsible for paying the entire annual premium even if **we** have agreed **you** may pay by instalments. If **we** do agree **you** can pay by instalments then **you** must ensure the credit card **you** supply is valid for the entire period of the **policy** year.

For yearly premium payments, **you** can choose to pay by:

- Credit or Debit Card (Visa or Mastercard).
- SEPA Direct Debit (EU bank account holder only).
- Bank Transfer

For monthly premium payments, **you** can choose to pay by:

- Credit or Debit Card (Visa or Mastercard).
- SEPA Direct Debit (EU bank account holder only).

For quarterly premium payments, **you** can choose to pay by:

- Credit or debit Card (Visa or Mastercard).
- SEPA Direct Debit (EU bank account holder only).

For semi-annual premium payments, **you** can choose to pay by:

- Credit or Debit Card (Visa or Mastercard).
- SEPA Direct Debit (EU bank account holder only).

Completing **our** credit card or SEPA Direct Debit instruction authorises **us** to debit **your** account with the appropriate premium due, depending on the premium frequency chosen. **You** are also authorising **us** to process subsequent renewal premiums as notified by **us** until **we** receive written instructions that **you** wish to alter the method of payment, or cancel the **policy**.

You are responsible for keeping **us** informed of **your** current credit or debit card details. **You** must notify **us** when changes are made to **your** credit or debit card details to ensure that **we** can continue to collect **your** premiums.

SEPA Direct Debits can only be accepted from EU bank accounts for policies denominated in Euros (€).

In the event of **us** being unable to collect a premium by SEPA Direct Debit or credit card in any month, for whatever reason, it may be necessary for **us** to collect more than one premium at the next payment date.

Unpaid or Late Payments

We reserve the right to withdraw frequency payment facilities and/or charge an administration fee for non-payment. **our** administration fee is £/€/$30.

If a payment date is missed, **you** will receive notice of outstanding premium and **you** will have the time indicated in that notice (at least 14 days) to pay the outstanding premium. Should **you** fail to pay the outstanding premium within the relevant notice period, **we** may cancel the **policy** from the date that the unpaid premium was due. The **policy** will not be deemed terminated if **you** pay the premium within one month of the cancellation and the insured event has not occurred before **your** payment.

If a premium is outstanding, any **claim**s will be suspended and will not be settled until the outstanding premium is received by **us**.

Any outstanding premium will be deducted from the credit card or debit card supplied.

Premiums are payable in the currency of the **policy** which **you** elected at the **start date** of **your policy**. The **policy** is available in either £/€/USD$. The premium will be the same regardless of which currency **you** choose and **your** benefits will then be denominated in **your** chosen currency.

We reserve the right to alter premiums at any time but if **we** do so, the new premiums will not be effective until **your annual renewal date**.

We reserve the right to alter the amount of IPT, government levies or other taxes as and when they change by law and to apply them at the next premium due date.

Cooling Off Period

If having purchased this insurance, the **policyholder** decides that it does not meet **your** requirements or **you** do not wish to have the insurance for some other reason, please notify **us** by email info@morgan-price.eu within 14 days of receipt of this **policy** of **your** intention to withdraw from **your** insurance contact.

Provided no **claim**s have been paid and/or **pre-authorisation** has been given, **we** will refund any premium that **you** have paid.

Cancelling your policy

If the **policyholder** cancels the **policy** at any other time, **you** must give **us** thirty (30) days notice in writing at the address shown on the **policy** documentation. **We** will cancel the **policy** from the date

of receipt of such instruction or from a future date. Under no circumstances will **we** back date any cancellation requested by the **policyholder**.

Once **we** have received **your** cancellation notification and provided no **claim**s or **pre-authorisation**s have been put in place in the current 12-month **period of insurance**, a pro-rata refund may be applicable. If a **claim** has been made, then no refund will be due and any outstanding instalment premiums remain payable.

If **you** cancel **your** plan, **we** reserve the right to charge an administration fee of £/€/$30.

We will not cancel this **policy** because of eligible **claim**s made by the **insured person**. **We** reserve the right to withdraw from or cancel the **policy** with immediate effect at any time if any **insured person** has violated their duty of disclosure including:

a. Misled **us** by misstatement or concealment or failed to answer any question about this **policy** honestly and fully; or

b. Made or attempted to make a false or fraudulent **claim** or if any person uses any methods to try to make a fraudulent **claim**; or

c. Fails to pay the single or first premium due within 14 days of the conclusion of the insurance contract.

In respect of circumstances relating to a) above, the **Insurer** may do so

i. within one (1) month of finding out about the misstatement, concealment or failure,

ii. unless it was otherwise aware of the relevant circumstance or **your** misstatement, concealment or failure was not occasioned by **your** fault, or the circumstance at issue ceased to exist before the occurrence of the insured event, and,

iii. if the **policy** is for a period exceeding three years, only during the first three (3) years.

In respect of circumstances relating to c) above, if the **Insurer** fails to file a suit against **you** within three (3) months of the premium due from **you** for collection of the premium, it the **Insurer** will be deemed to have withdrawn from the insurance contract.

Adding/Removing Dependants

Application to add **your** eligible **dependants** may be made at any time during the **period of insurance**, subject to a completed application form and receipt of the required premium. **Your dependant** will be subject to underwriting or commencement of a new moratorium period from the date of entry.

A healthy **newborn** child may be added to this **policy** from their date of birth provided **we** received a completed application form from **you** within 14 days of their date of birth. If **you** notify **us** after this period, **we** will add the **newborn** child from the date **we** receive the completed application form and not their date of birth. If **your newborn** has known **medical condition**s and **you** have FMU underwriting, these will need to be declared on an FMU application form and **we** will advise what cover **we** can offer. If **you** have moratorium underwriting, the moratorium period will begin from the date the **newborn** is added.

Please note that submission of a **claim** under item 7 – **Maternity benefits**, does not constitute formal notification for the **newborn** to be added to the **policy**. A completed application form is required.

If **you** wish to delete any of **your** insured **dependants** from the **policy**, **you** must make this request in writing. Deletion will be made from the date that written notification is received.

Renewal of Cover

Subject to satisfying any specific eligibility criteria and payment of the required premium, this **policy** will remain in force during the **period of insurance** and is renewable for successive one(1)-year periods at the prevailing terms, premium rates and benefits.

We will not cancel this **policy** because of either a deterioration in the health of any **insured person** or the number/value of **claim**s an **insured person** makes, unless **we** are prohibited by insurance law or legislation, or decide not to continue to sell this type of insurance in the **insured person's** country of location.

If **we** decide to stop selling this **policy**, **we** shall give the insured as much notice as possible in writing prior to **your policy**'s next **annual renewal date**.

Changing your plan type

You may only apply to change **your plan type** or **geographical area** at the **annual renewal date** of the **policy**. If **we** accept **your** application, **we** reserve the right to apply a variation in cover to any **medical condition**s which pre-existed the date of such change.

You may however, change **your geographical area** during the **period of insurance** if **you** relocate to a **country of residence** which is located outside of the **geographical area** chosen at the **start date** or subsequent **annual renewal date**.

Temporary return to your home country

For nationals of the United States of America, cover can remain in force for temporary return and visits to **your home country** up to a maximum of ninety (90) days in total during each **period of insurance**, provided that **your home country** is included within **your** selected **geographical area**. **Your policy** will automatically terminate after 90 consecutive days in the United States of America – refer to "Termination".

For nationals of all other countries worldwide, there is no restriction for temporary return and visits to **your home country**, provided **your home country** is included within **your** selected **geographical area** and is not a country where **we** do not currently provide cover.

Where **your home country** falls outside of **your** selected **geographical area**, please refer to Emergency **Out of area treatment**.

Termination

We may terminate this **policy** in any of the following situations:

- Failure to pay the premium on the date due. If a payment date is missed, **you** will receive notice of outstanding premium and **you** will have the time indicated in that notice (at least 14 days) to pay the outstanding premium. Should **you** fail to pay the outstanding premium within the relevant notice period, **we** may cancel the **policy** from the date that the unpaid premium was due. The contract will not be deemed terminated if **you** pay the premium within one month of the cancellation and the insured event has not occurred before **your** payment.
- Where **you** have acted in a fraudulent manner or deliberately **claim**ed benefit either directly or indirectly, to obtain unreasonable pecuniary advantage which is to **our** detriment.
- For Nationals of the United States of America only, this policy will be cancelled ninety (90) days after you return to your home country. The ninety (90) day period shall be reduced by the number of day that have already been spent on temporary return and visits to the United States of America during the **period of insurance**. If there are less than 90 days to run until the **expiry date**, then cover shall cease on the **expiry date**. On termination of this **policy** for whatever reason, **our** liability will immediately cease.

Death of a policyholder

Should the **policyholder** die, their spouse (provided already insured under **your policy**) will automatically become the **policyholder** for the remainder of the **period of insurance**. Should a **dependent** be left on the **policy** under the age of 18, a guardian will need to become the **policyholder**.

Other insurance

If there is any other insurance covering any of the benefits that are provided under **your policy** for which a **claim** is made, then **you** must disclose this to **us** at the time of submitting the **claim**.

In these circumstances, **we** will not be liable to pay or contribute more than **our** proper rateable proportion.

If it transpires that **you** have been paid for all or some of the **claim** costs by another **sour**ce or insurance, **we** have the right to a refund from **you**. **We** reserve the right to deduct such refund from **you** from any impending or future **claim** settlements, or to cancel **your policy** from the **start date** or subsequent **annual renewal date** without a refund of premium.

Subrogation

If someone else is responsible, **we** may take **cour**t action in **your** name to recover any **claim**s **we** have paid. **We** will pay for the cost of taking this action and it will be for **our** benefit. **Insured person**s are not authorised to admit liability for any eventuality or give a promise of undertaking to anyone which binds the Insured, an **Insured person**, or **us**.

Help and intervention

Our help and intervention depend upon, and is subject to, local availability and has to remain within the scope of national and international law and regulations. **Our** intervention depends upon **us** obtaining the necessary authorisations issued by the vario**us** competent authorities concerned.

Compliance

Your full compliance with the terms and conditions of this **policy** is necessary before a **claim** will be paid.

Governing law

This contract of insurance shall be governed and construed in accordance with Estonian law unless **we** agree otherwise. The **cour**ts of Estonia alone shall have exclusive jurisdiction in any dispute.

Sanctions

No **insurer** shall be deemed to provide cover and no **insurer** shall be liable to pay any **claim** or provide any benefit hereunder to the extent that the provision of such cover, payment of such **claim** or provision of such benefit would expose that **insurer** to any sanctions, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, or Estonia, United Kingdom or United States of America to the extent such compliance is not prohibited by applicable law.

5 How to make a claim

a. Emergency assistance/evacuation claims (Pre-authorisation required)

Assistance is available 24-hours a day, 365 days a year for medical emergencies, including evacuation and transportation.

If **you** have an emergency, critical or life-threatening **medical condition**, and local facilities may not be available to provide the necessary **medical treatment**, please contact **us** immediately for assistance on +44 (0) 3300 581 668 and select Option 2.

You will need to provide the following information for the person requiring **medical treatment**:

- Full name.
- Date of birth.
- Membership Number (found on **your certificate of insurance**).
- Location.
- Name and contact details of treating **physician/hospital**.
- Details of the **medical condition**.

We will make contact with your treating **physician** to obtain required medical information so that we can assess **your**

medical condition and decide if medical evacuation is required and how **we** will need to action that. If covered, arrangements will be made and **we** will deal directly with any facility or evacuation provider.

In dire emergencies in remote or primitive areas where **you** cannot make contact with **us** in advance, you must contact **us** as soon as is practicably possible.

b. Claims requiring pre-authorisation

Within the **benefit schedule** it is shown where certain benefits need **pre-authorisation**. If **you** wish to make a **claim** on one of these benefits, **you** need to call **us** on +44 (0) 3300 581 668 and select Option 3, or send an email to mp**claim**s@morgan-price.eu, with the details of **your claim**.

In most cases, **we** will then be able to deal directly with the **hospital**/clinic to arrange **your** treatment and then place a guarantee of payment with the **hospital** and pay them directly.

If **you** are admitted into **hospital** in an emergency, please make sure that **you** or a representative, or a member of the **hospital** staff contact **us** within 2 days of **you** being admitted into **hospital** otherwise a 25% **co-insurance** will apply to **your claim**.

If **you** do not contact **us** for **pre-authorisation** as per the **benefit schedule**, a 25% **co-insurance** will apply to **your claim**.

If **your policy** has a **deductible/excess** or **co-insurance** to be applied, **you** will be responsible for paying the **hospital** directly for the costs not covered.

c. Reimbursement claims

For **claims** that do not require **pre-authorisation**, **you** should take a **claim** form with **you** when **you** receive **medical treatment** and request the treating **physician** to complete their part of the form.

Settle the invoice yourself and then send **us** the **claim** form and paid invoice/receipt.

Claim forms can be downloaded from www.morgan-price.eu

Please note, any fee that **your physician** may charge for completing the **claim** form is **your** responsibility.

Please send the **claim** form and supporting documentation to **us** by secure email to mp**claim**s@morgan-price.eu.

Alternatively **you** can post them to **us** at:

Morgan Price (Europe) ApS
Claims Department
ØENS Virksomhedsadministration ApS
Lergravsvej 59, 1
2300 København S
Denmark

Please take a copy of **your claim** documents before posting **us** the originals.

If **you** want to speak to **us** about **your claim**, please call **us** on +44 (0) 3300 581 668.

d. General claims guidance notes

You only need to complete 1 **claim** form for each different **medical condition** per **policy** year. If **you** receive further bills for an already submitted **claim**, please send them in with an accompanying letter quoting **your** membership number and **claim** number already provided. Alternatively, take a copy of **your** original **claim** form and submit that with the additional bills.

When **you** submit **your** first **claim**, please ensure that **you** also send **us** the completed bank details form to ensure **we** can make payment to **you**. **You** must include an IBAN and SWIFT code where this is required.

Please note that we cannot make payments to banks in countries where Estonian, EU, UN, UK/US Sanctions are in place.

ALL **claims** must be submitted within three (3) months of the date of service or treatment, otherwise they will not be considered for reimbursement.

You must provide **us** with written response to any request for information regarding a **claim** within twenty eight (28) days of **us** asking, or as soon as reasonably possible thereafter. In certain circumstances **we** may ask **you** to undergo a medical examination, which **we** will pay for.

You must provide **us** with a written statement to substantiate **your claim** together with (at **your** own expense) all necessary documentary evidence, information, certificates, receipts and reports that **we** may reasonably request **you** to supply. It may also be necessary to request information such as a police report, death certificate, autopsy report and travel itineraries. Failure to provide **us** with the information **we** have reasonably requested will result in **us** being unable to assess **your claim**.

In the evaluation of medical **claims**, the decision of the Chief Medical Officer is **our** final decision.

If **you** have chosen a **deductible/excess** to apply to **your policy**, it will apply on a per person per **period of insurance** basis, which means it will be applied once a year to each **insured** person. If **you** have also selected a **co-insurance** on **out-patient** benefit options, the **deductible/excess** will be applied to the **claim** first and then the **co-insurance** will be applied to the remaining amount. At the start of each **period of insurance**, **you** are responsible for bearing the costs for any expenses up to the value of your **deductible/excess**.

Please send **us** a completed **claim** form together with all the bills so that **we** can work out the amount payable once **you** have incurred **eligible costs** up to the level of your **deductible/excess**.

For members seeking treatment in the UK, helpful information about **consultants** and private **hospitals** is available on the website of the Private Healthcare Information Network www.phin.org.uk.

e. Settlement of your claim

Once **we** have reviewed the documentation provided and processed **your claim**, **we** will send **you** a reimbursement statement and make payment of the covered expenses directly into **your** chosen bank account.

We will pay for any bank charges incurred in submitting the funds into **your** bank account.

We will not pay for any charges made by **your** bank for receiving the funds.

For **claims** made where **you** have incurred expenses in a currency other than the currency of **your policy**, settlement will be calculated using the appropriate exchange rate prevailing on the date treatment was received.

6 Words and phrases used in this policy

Certain words and phrases used in this **policy** wording, and the other documentation which forms part of **your policy**, have specific meanings which are defined below. Where words and phrases are not shown, they will take on their usual meaning within the English language.

Accident

A sudden, unexpected, specific **bodily injury** caused by violent or external means.

Acute medical condition

A **medical condition** of rapid onset resulting in severe pain or symptoms, which is of brief duration and that is likely to respond quickly to **medical treatment**.

Annual renewal date

The day after the **expiry date** as shown on the **certificate of insurance**.

Benefit schedule

The detailed table of benefits issued with **your certificate of insurance**, which sets out the benefits available to **you** and **your** eligible **dependants** under this **policy**, in line with **your** chosen **level of cover** and will be one of the following:

- Standard
- Standard Plus
- Comprehensive
- Premium
- Elite,

and will also include the **policy**'s **overall maximum limit** and sublimits applicable for each benefit which the **Insurer** undertakes to pay to, or on behalf of, each **Insured person** in each **period of insurance**.

Birth defect

A deformity or **medical condition** which is caused during pregnancy and/or childbirth.

Bodily injury

An identifiable physical injury that directly results from an **accident**.

Cancer

Any malignant tum**our** positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tum**our** includes leukaemia, lymphoma and sarcoma.

Certificate of insurance

The document issued to **you** which shows the name of the **policyholder** together with the **insured person**s, selected **geographical area**, selected currency, **level of cover**, **period of insurance**, inception and **expiry date**, name of the **insurer**, any special terms, conditions and exclusions and the **benefit schedule** which apply to **your policy**.

Chronic medical condition

A **medical condition** which has one or more of the following characteristics:

- It has no known recognised cure;
- It continues indefinitely;
- It has come back;
- It is permanent;
- Requires **palliative treatment**;
- Requires long-term monitoring, consultations, check-ups, examinations or tests;
- **You** need to be rehabilitated or specially trained to cope with it.
- Requires a special diet or supplement

Claim(s)

The total cost of treating a single **medical condition** or **bodily injury**.

Close relative

Spouse or partner (of the same or opposite sex), mother, father, mother-in-law, father-in-law, stepmother, stepfather, legal guardian, daughter, son, daughter-in-law, son-in-law, (including legally adopted son or daughter), stepchild, sister, brother, sister- in-law, brother-in-law, grandparents or grandchildren of an **insured person**.

Co-insurance

The percentage of **eligible costs** which **you** are responsible for paying.

Complications of pregnancy and childbirth

For the purposes of this **policy**, **complications of pregnancy and childbirth** shall only be deemed to include the following: toxaemia, gestational hypertension, pre-eclampsia, eclampsia, ectopic pregnancy, hydatidiform mole, ante and post partum haemorrhage, retained placenta membrane, stillbirths, miscarriage, medically necessary caesarean sections and medically necessary abortions.

Confinement to home

When an **illness** or injury restricts the ability of the **insured person** to leave their home, except with the assistance of another individual and the aid of a supportive device (such as crutches, a cane, a wheelchair or a walker). Any medically necessary absence from the **insured person's** home shall not disqualify an **insured person** from being considered to be confined to home.

Congenital condition

A **medical condition** or abnormality that is present at birth.

Complementary Therapies

Chiropractic, homeopathy, osteopathy, acupuncture, ayurvedic, herbal and Chinese medicines.

Consultant

A surgeon, anaesthetist or **physician** who is legally qualified to practice medicine or surgery following attendance at a recognised medical school, and is recognised as having a specialist qualification in the field or expertise in the treatment of the disease, **illness** or injury being treated.

Country of residence

The country where the **insured person**(s) covered by this **policy** has their primary residence, and in which they normally live or spend most of their time each **policy** year.

Critical medical condition

A situation where an **insured person** is suffering a **medical condition**, which in the opinion of the Chief Medical Officer and in consultation with the local treating doctor, requires immediate evacuation to an appropriate medical facility.

Day-patient

Medical treatment provided in a **hospital** where an **insured person** requires a period of recovery in a **hospital** bed but does not need to stay overnight.

Dependant

The **policyholders**:

- Legal spouse or partner of the same or opposite sex;
- Child, step-child or legally adopted child provided that he/she is under age 19 and unmarried (or under age 25, unmarried and in full-time further education) on the date first included under this **policy** or at any subsequent **annual renewal date**.

A **dependant** must be specified as an **insured person** on the **certificate of insurance** in order to benefit from insurance cover provided under this **policy**.

Eligible costs

Charges, fees and expenses for all the items of benefits as displayed on the **benefit schedule** attached to **your certificate of insurance**.

Emergency dental treatment

Dental treatment necessary as a result of an **accident** caused by an extra-oral impact, received within 48 hours from the date and time of the **accident** for the immediate relief of pain caused by natural teeth being lost or damaged.

Emergency treatment

Medical treatment given to evaluate and treat an **acute medical condition** whether resulting from an **accident** or sudden onset of an **illness** where it is reasonable for the **insured person** to believe the symptoms of their condition are of such severity in nature, that failure to seek immediate **medical treatment** could result in either placing their health in serious jeopardy or causing impairment of bodily function.

Emergency medical transfer or Evacuation

Medically necessary **emergency** transportation and medical care approved by **us** when the facilities in the place of incident are not able to provide the care required. This includes medical care during the process of transporting an **insured person** who is suffering from a **critical medical condition** to the nearest suitable **hospital** that can provide the necessary treatment.

Excess

The amount of money stated on the **certificate of insurance** which is payable by the **insured person**. If **you** have chosen a **deductible/excess** to apply to **your policy**, it will apply on a per person per **policy** year basis, which means it will be applied once a year to each **insured person**. At the start of each **period of insurance**, **you** are responsible for bearing the **eligible costs** for any expenses up to the value of **your deductible/excess**.

Expiry date

The date on which all insurance cover under this **policy** ends

External prosthesis

An external device (i.e. artificial limbs) that substitutes or supplements a missing or defective part of the body.

Family discount

Discounts for policies with multiple insured from the same family as follows:

Couple	5%
Family of 3	10%
Family of 4	15%

Eligibility – minimum of 2 adults per **policy**

Family of 5 will still receive the 15% discount on 4 members (2 parents/2 children) but the 5th child will be normal premium.

Geographical area

One of the **four** different areas as shown in **your certificate of insurance** which comprise of the following countries:

Area 1: Albania, Andorra, Austria, Belarus, Belgium, Bosnia Herzegovina, Bulgaria, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Greenland, Hungary, Iceland, Ireland, all islands of the Mediterranean, Isle of Man, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Malta, Moldova, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Russia (West of the Urals), Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, United Kingdom and Vatican State.

Area 2: Worldwide excluding China, Hong Kong, Singapore and United States of America.

Area 3: Worldwide excluding United States of America.

Area 4: Worldwide.

Home country

The country for which the **insured person** holds a current passport. Where an **insured person** holds dual nationality, their **home country** will be the one stated on the application form completed at the **start date** of the **policy**.

Home nursing

A registered **nurse** who provides treatment in the home following an **in-patient** stay.

Hormone replacement therapy

Treatment of the menopause.

Hospice

A facility that specialises in the care of people who are terminally ill with special concern for death with dignity.

Hospital

Any facility under the constant supervision of a resident **physician** which is legally licensed as a medical or surgical **hospital** in the country where it is located.

Illness

Any sickness, disease, disorder or alteration in an **insured person's** state of health diagnosed by a **physician**.

In-patient

Medical treatment provided in a **hospital** where an **insured person** is admitted and, out of medical necessity, occupies a bed for one or more nights but not exceeding 12 months in total for any one **medical condition**.

Insured person/You/Your/Yourself

The person(s) shown on the **certificate of insurance**.

Insurer

SI Insurance (Europe), SA.

The **Insurer** is a Luxembourg based insurance company with a registered address at 40 avenue Monterey, L 2163, Luxembourg, and company registration number B221096. The **Insurer** is authorised by the Luxembourg Ministry of Finance and is supervised by the Luxembourg insurance regulator Commissariat aux Assurances. SI Insurance (Europe), SA is part of the worldwide Sompo International Insurance group.

Level of cover

One of the five (5) different levels of insurance cover available under the chosen benefits schedule as shown on **your certificate of insurance** which will be one of the following:

- Standard
- Standard Plus
- Comprehensive
- Premium
- Elite

Lifetime limit

The maximum amount of money **we** will pay, during the lifetime of **your policy**, in respect of benefits marked with a lifetime limit on the **benefit schedule** attached to **your certificate of insurance**.

Local ambulance services

Provision of ambulance to transport an **insured person** to **hospital** in a medical **emergency**.

Maternity benefits

Provision of treatment for the routine delivery of a child.

Medical condition

Any disease or **illness** (including **psychiatric illnesses**), not otherwise excluded by this **policy**.

Medical treatment

The provision of recognised medical and surgical procedures and healthcare services, which are administered on the order of, and under the direction of a **physician**, for the purposes of curing a **medical condition**, **bodily injury** or **illness** or to provide relief of a chronic **medical condition**.

Medical practitioner

A person who is legally qualified in medical practice following attendance at a recognised medical training facility to provide **medical treatment** and who is licensed in the country where the treatment is received.

Morgan Price/we/us/our

Morgan Price (Europe) ApS

Newborn

A baby who is within the first 16 weeks of its life following birth.

Nurse

A registered **nurse** who has graduated from a nursing program and met the requirements outlined by a country, state, province or similar licensing body to obtain a nursing license and delivers clinical treatment alongside doctors and other healthcare professionals.

Organ implantation

Medical treatment undertaken to perform the implantation of the following natural human organs: kidney, liver, heart, lung, stem cell, bone marrow and skin grafts (where medically necessary and not for cosmetic purposes).

Out-patient

Medical treatment provided to the **insured person** by or on the recommendation of a **physician**, which does not involve an admission to **hospital** either on an **in-patient** or **day-patient** basis.

Out of area treatment

Emergency cover when outside of the **geographical area** of the **policy**.

Overall maximum limit

The maximum amount of costs that will be paid to, or a payment made on behalf of each **insured person** during each **period of insurance** unless otherwise stated.

Over the counter drugs/medicines

Medicines that can be purchased over the counter in a chemist/ pharmacy [without a prescription].

Paediatric Check

Initial check of a **newborn**.

Palliative treatment

Treatment where the primary purpose is only to offer temporary relief of symptoms rather than to cure the **medical condition** causing the symptoms.

Period of insurance

The period of time as shown on during which this **policy** is effective, subject to payment of the required premium.

Physician

A legally licensed medical/dental practitioner who is authorised by the appropriate governing authorities to practice medicine in the country where treatment is provided.

Physiotherapy

Medical treatment provided by a licensed and qualified physiotherapist. **Physiotherapy** does not include ante-natal and maternity exercises, manual therapy, sports massage or occupational therapy.

Plan type

The level of benefits that applies as detailed on **your certificate of insurance**.

The available plan type options are set out under section 7.

Policyholder

The person who subscribes to this **policy**, on behalf of each **insured person**, who is responsible for paying the premium and ensuring that the **policy** terms and conditions are adhered to.

Pre-authorisation

The process whereby an **insured person** seeks approval from **us** prior to undertaking treatment or incurring costs.

Pre-existing medical condition

Any **medical condition**, psychological condition or 'related condition' for which **you** have suffered any symptoms (whether investigated or not), consulted any **medical practitioner** for check-ups or monitoring of a condition, received follow-up examinations, **medical treatment** or advice, or been prescribed or taken medicine, including **over the counter drugs**, special diets, injections or **physiotherapy**, **you** have not gone against medical advice, or was reasonably aware existed, in the 5-year period prior to **your start date**. A 'related condition' is deemed to be any **medical condition** that is either an underlying cause of, or directly attributable to, the **medical condition** subject to **claim**. Please note that for full medical underwriting, a **pre-existing medical condition** relates to the whole of **your** life unless otherwise indicated on the application form.

Premature baby

A baby born before the start of the 37th week of pregnancy.

Prescription drugs

Medications and drugs whose sale and use are legally restricted to the order of a **physician**. Drugs, medicines and other medicaments purchased 'over the counter' without a **physician**'s prescription are not covered by this **policy**.

Psychiatric

Psychiatry is the medical specialty devoted to the diagnosis, prevention, and treatment of mental conditions.

Reimbursement statement

The document sent to **you** showing a reimbursement **claim** that has been assessed and the amount payable to **you**.

Repatriation

Transport of the deceased when death occurs outside of the **home country**.

Start date

The date that insurance cover under this **policy** first starts for an **insured person**.

Subrogation

Our right to act as **your** substitute to pursue any rights **you** may have against a third party who is liable for a **claim** paid by **us** under this **policy**.

Usual, customary and reasonable

The charges that would typically be made for the treatment that **you** receive in the location where **your** treatment is received. If there is any dispute relating to usual, customary and reasonable, **we** will identify the amount typically charged by obtaining three quotations for the disputed treatment and **we** will settle costs based on an average of the three quotations.

Waiting period

The period during which no benefit is payable for treatment costs when a **waiting period** is shown in the **benefit schedule**. Only costs incurred after the **waiting period** will be eligible for consideration.

Wellness

Preventative tests for early diagnosis of **medical conditions**.

7 Benefit Options

The benefits, the **overall maximum limit** and the sublimit provided by the applicable **Level of cover** (Standard, Standard Plus, Comprehensive, Premium and Elite) elected under the **plan type** as chosen by the **Policyholder** and that the **Insurer** undertakes to pay to, or on behalf of, each **Insured person** in each **period of insurance** are the following:

Table of Benefits

ALL BENEFITS ARE SUBJECT TO PROVIDER NETWORK OR PRE-AUTHORISATION IF OUTSIDE OF NETWORK.

	Standard	Standard Plus	Comprehensive	Premium	Elite
	£/$/€	£/$/€	£/$/€	£/$/€	£/$/€
Overall maximum limit					
This is the maximum amount of money we will pay to, or on behalf of, each insured person in each period of insurance	500,000	750,000	1,000,000	1,500,000	2,000,000
1 Hospital Benefits	*Pre-authorisation is required for benefits A, B, D, G, H and I*				
A. **In-patient hospital stay, including**					
Hospital accommodation, nursing, theatre and ICU/HDU costs	Full refund	Full refund	Full refund	Full refund	Full refund
Surgeons', anaesthetists' consultants and physicians' fees	Full refund	Full refund	Full refund	Full refund	Full refund
Physiotherapy	Full refund	Full refund	Full refund	Full refund	Full refund
Internal prostheses, medical aids/devices where used as an integral part of a surgical procedure	Full refund	Full refund	Full refund	Full refund	Full refund
Prescribed drugs and medicines	Full refund	Full refund	Full refund	Full refund	Full refund
Diagnostic procedures including x-rays, pathology and MRI/CT/PET scans	Full refund	Full refund	Full refund	Full refund	Full refund
B. **Day-patient treatment** when a period of recovery is required in a hospital bed	Full refund	Full refund	Full refund	Full refund	Full refund
C. **Parental hospital stay** for one insured person to stay with an insured child (under age 19) who is an in-patient	Full refund	Full refund	Full refund	Full refund	Full refund
1 Hospital Benefits — continued	*Pre-authorisation is required for benefits A, B, D, G, H and I*				
D. **In-patient psychiatric treatment** up to the number of nights shown in each period of insurance	Not covered	Full refund - *Maximum 15 nights*	Full refund - *Maximum 15 nights*	Full refund - *Maximum 30 nights*	Full refund - *Maximum 30 nights*
E. **Accident and emergency room treatment** which results in eligible in-patient, day-patient treatment	Full refund	Full refund	Full refund	Full refund	Full refund
F. **External prosthesis** related to a surgical operation	2,500	2,500	2,500	2,500	2,500
G. **Rehabilitation care** received on an in-patient basis related to an accident/illness/injury that occurred whilst insured on the plan	Full refund - *Maximum 13 weeks*	Full refund - *Maximum 13 weeks*	Full refund - *Maximum 13 weeks*	Full refund - *Maximum 13 weeks*	Full refund - *Maximum 13 weeks*
H. **Kidney dialysis benefit** when required temporarily for sudden kidney failure resulting from a disease or injury which is covered by the plan. The maximum lifetime limit applies to this benefit	Up to 20,000 lifetime limit	Up to 20,000 lifetime limit	Up to 20,000 lifetime limit	Up to 20,000 lifetime limit	Up to 20,000 lifetime limit
I. **Organ implantation benefit** for kidney, liver, heart, lung, stem cell, bone marrow, and skin grafts	100,000	100,000	200,000	250,000	300,000
J. **Day-patient psychiatric cover** up to four separate day admissions in each period of insurance	Not covered	Full refund *Limited to 4 separate day case admissions per period of cover*	Full refund *Limited to 4 separate day case admissions per period of cover*	Full refund *Limited to 4 separate day case admissions per period of cover*	Full refund *Limited to 4 separate day case admissions per period of cover*
K. **Local ambulance services** when required for transportation to hospital in the event of a medical emergency	Full refund	Full refund	Full refund	Full refund	Full refund
L. **In-patient chronic conditions benefit** diagnosed after the start date of the policy or agreed to be covered in writing at application stage.	Full refund	Full refund	Full refund	Full refund	Full refund

2 Cancer Care Benefit

Pre-authorisation is required

A.	**Cancer treatment** from the date an insured person is diagnosed as suffering from cancer, all and any treatment will be assessed and paid for under this benefit	Full refund	Full refund	Full refund	Full refund	Full refund

3 Out-Patient Benefits

Benefit J is subject to a 12 month waiting period and pre-authorisation is required

A.	**Out-patient minor surgery** where no period of recovery is required in a hospital bed	Full refund	Full refund	Full refund	Full refund	Full refund
B.	**Out-patient services, including** Physician and consultants fees Prescribed drugs, medication and dressings	1,000 for treatment received pre or post op or within 6 weeks following an eligible in-patient stay	Combined limit of 2,500	Combined limit of 5,000	Combined limit of 10,000	Full refund
C.	**Diagnostic tests, x-rays, pathology**	Not covered				
D.	**Out-patient chronic conditions benefit** diagnosed after the start date of the policy or agreed to be covered in writing at application stage.	Not covered				
E.	**MRI/CT/PET scans**	Not covered	Full refund	Full refund	Full refund	Full refund
F.	**Physiotherapy**	Not covered	500	1,000	1,500	2,000

3 Out-Patient Benefits — continued

Benefit J is subject to a 12 month waiting period and pre-authorisation is required

G.	**Medical aids and devices** including the hire of mobility aids	Not covered	500	1,000	1,500	2,000
H.	**Complementary therapies**, including chiropractic, homeopathy, osteopathy, acupuncture, ayurvedic, herbal and Chinese medicines, with registered practitioners and associated prescribed drugs and medicines	Not covered	500	1,000	1,500	2,000
I.	**Hormone replacement therapy** to relieve the symptoms of the menopause	Not covered	Not covered	Not covered	250	350
J.	**Out-patient psychiatric treatment**, when referred by a physician	Not covered	Full refund - *Maximum 5 visits*	Full refund - *Maximum 10 visits*	Full refund - *Maximum 15 visits*	Full refund - *Maximum 30 visits*
K.	**Home nursing** on the recommendation of a physician immediately following an in-patient hospital stay	Not covered	Full refund - *Maximum 3 weeks*	Full refund - *Maximum 12 weeks*	Full refund - *Maximum 26 weeks*	Full refund - *Maximum 26 weeks*

4 Chronic Condition Benefits

Pre-authorisation is required. Benefit B is subject to a 2 year waiting period.

A.	**Hospice care treatment** for an insured person who is terminally ill and cared for in a hospice	Full refund - *Maximum 14 nights*	Full refund - *Maximum 14 nights*	Full refund - *Maximum 14 nights*	Full refund - *Maximum 14 nights*	Full refund - *Maximum 14 nights*
B.	**HIV and AIDS treatment** where contracted as a result of a blood transfusion	Not covered	Not covered	2,500 each insured period Up to 37,500 *lifetime limit*	5,000 each insured period Up to 37,500 *lifetime limit*	7,500 each insured period Up to 37,500 lifetime limit

5 Wellness Benefits

All benefits under this item are subject to a 12 month waiting period

A.	**Wellness screening** routine health tests for early diagnosis of medical conditions. This is not applicable to persons under the age of 16.	300	300	300	500	1,000
B.	**Cancer screening** for the early diagnosis of cancer.	1,000	1,000	1,000	1,000	1,000
C.	**Travel vaccinations/preventative medications** for overseas travel	Not covered	50	75	100	150
D.	**Child vaccinations** for prevention of illness, up to the age of 10	Not covered	50	75	100	150
E.	**Optical benefit** for one annual eye test	Not covered	Not covered	Not covered	Full refund	Full refund
F.	**Vision benefit** for the cost of spectacles/contact lenses	Not covered	Not covered	Not covered	100	300
G.	**Laser eye benefit** for surgery to correct vision	Not covered	Not covered	Full refund	Full refund	Full refund
H.	**Hearing test benefit** for one annual hearing test	Not covered	Not covered	Not covered	Full refund	Full refund
I.	**Hearing aid benefit** for the cost of a hearing aid	Not covered	Not covered	Not covered	150	300

6 Dental Treatment Benefits

A 10% co-insurance and a 6 month waiting period applies to benefits B, C, D and E of this item

A.	**Emergency dental treatment** - dental treatment required immediately following an accident to repair sound natural teeth	Full refund	Full refund	Full refund	Full refund	Full refund
B.	**Non-emergency routine dental treatment** including routine examinations, x-rays, moulds, cleaning/polishing, fillings, extractions (except wisdom teeth)	Not covered	Not covered	750	1,000	1,500

6 Dental Treatment Benefits — continued

A 10% co-insurance and a 6 month waiting period applies to benefits B, C, D and E of this item

C.	**Non-emergency major dental treatment** including crowns, inlays, bridges, dentures, root canal treatment and treatment of infections	Not covered	Not covered	750	1,000	1,500
D.	**Extraction of wisdom teeth** as an in-patient, out-patient or day-patient	Not covered	Not covered	Full refund	Full refund	Full refund
E.	**Orthodontic treatment** for insured children under age 19	Not covered	Not covered	Not covered	500	1,000

7 Maternity Benefits

A 10 month waiting period applies and pre-authorisation is required

A.	**Complications of pregnancy and childbirth**	Not covered	2,500	10,000	15,000	Full refund
B.	**Normal pregnancy and childbirth**	Not covered	Not covered	Not covered	7,500	10,000
C.	**Paediatric benefit** for the initial medical check-up of a newborn	Not covered	Not covered	Not covered	150	300
D.	**Premature baby treatment** received within the first two months following birth	Not covered	Not covered	Not covered	Full refund	Full refund

8 Additional Benefits

A 12 month waiting period applies to Benefit A and C

A.	**Congenital benefit** for conditions not discovered at birth but which can subsequently be corrected with surgery. A maximum lifetime limit applies to this benefit.	Not covered	Not covered	Not covered	Full refund - *Up to 20,000 lifetime limit*	Full refund - *Up to 20,000 lifetime limit*
B.	**Congenital/birth defects benefit** for conditions diagnosed within one year of birth for babies conceived by natural means. A maximum lifetime limit applies to this benefit.	Not covered	Not covered	Not covered	Full refund - *Up to 20,000 lifetime limit*	Full refund - *Up to 20,000 lifetime limit*
C.	**Infertility benefit** investigations into the medical cause of infertility, where both members are insured under this policy and when the couple's treating physician believes there are symptoms and/or evidence to suggest a medical cause.	Not covered	Not covered	Not covered	2,000	3,000

9 Cash Benefits

Benefit B is subject to a 10 month waiting period

A.	**Hospital cash benefit** when in-patient treatment received is free of charge	50 per night - *Maximum 30 nights*	100 per night - *Maximum 30 nights*	100 per night - *Maximum 30 nights*	200 per night - *Maximum 30 nights*	200 per night - *Maximum 30 nights*
B.	**Maternity cash benefit** payable on the birth of a child when no claim has been made under the maternity benefit	Not covered	Not covered	Not covered	250	500
C.	**Convalescence cash benefit** payable for each complete week of confinement to home (excluding first week) - benefit limited to 4 weeks in each period of insurance	Not covered	Not covered	Not covered	Not covered	500

10 Medical Evacuation and Repatriation Benefits

Pre-authorisation is required

A.	**Emergency medical transportation** of an insured person to the nearest suitable hospital when local medical care is inadequate and returning them to their country of residence after treatment, including the costs of a medical escort if necessary	Full refund	Full refund	Full refund	Full refund	Full refund
B.	**Companion travel costs** when accompanying an insured person during emergency medical transportation	Full refund	Full refund	Full refund	Full refund	Full refund
C.	**Companion accommodation costs** when accompanying an insured person during an emergency medical transportation	Not covered	100 - *Maximum 10 nights per event*	150 - *Maximum 10 nights per event*	200 - *Maximum 10 nights per event*	250 - *Maximum 10 nights per event*
D.	**Medical assistance costs** including referral, medical advice and obtaining essential prescription medication	Full refund	Full refund	Full refund	Full refund	Full refund
E.	**Dependent child travel costs** for children under age 19 to travel to a destination of the insured person's choice following their emergency medical transportation, or for a relative to travel to the destination of the children	Economy Return Air Ticket	Economy Return Air Ticket	Economy Return Air Ticket	Economy Return Air Ticket	Economy Return Air Ticket
F.	**Repatriation of the deceased** when death occurs outside the home country	Full refund	Full refund	Full refund	Full refund	Full refund
G.	**Local burial or cremation** when death occurs outside the home country	1,000	1,000	2,000	2,000	5,000

11 Out of Area Treatment Benefit

A.	**Emergency out of area treatment** for emergency medical treatment and acute episodes of existing covered medical conditions, whilst the insured person is temporarily travelling outside their selected geographical area	25,000 - *Up to 30 days travel only*	25,000 - *Up to 30 days travel only*	40,000 - *Up to 30 days travel only*	70,000 - *Up to 30 days travel only*	100,000 - *Up to 30 days travel only*

12 Evacuation to Home Country

Pre-authorisation is required. Optional benefit only applicable if you have selected this benefit

A.	**Home country evacuation** to an insured person's home country (when the home country is within the selected geographical area). This only applies if this additional benefit has been purchased	Full refund	Full refund	Full refund	Full refund	Full refund

IF YOU HAVE SELECTED A POLICY EXCESS, IT WILL NOT APPLY TO 5. WELLNESS BENEFITS, 6. DENTAL TREATMENT BENEFITS, 9. CASH BENEFITS AND 10. MEDICAL EVACUATION AND REPATRIATION BENEFITS.

If Insured has selected an excess, it will not apply to 5. wellness benefits, 6. dental treatment benefits, 9. cash benefits and 10. medical evacuation and repatriation benefits.

8 General Exclusions

We are not liable for any loss, **claim**, treatment or payment for or arising directly or indirectly from:

1. UNAUTHORISED IN-PATIENT COSTS

The first 25% of costs for any **claim**s not **pre-authorised**, where required.

2. EXPIRED TREATMENT COSTS

Any treatment costs that occur after the **expiry date** of the **policy**.

3. DEFINITION OF EXCLUDED PRE EXISTING CONDITIONS

Any **medical condition**, psychological condition or 'related condition' for which **you** have suffered any symptoms (whether investigated or not), consulted any **medical practitioner** for check-ups or monitoring of a condition, received follow-up examinations, **medical treatment** or advice, or been prescribed or taken medicine, including **over the counter drugs**, special diets, injections or **physiotherapy**, **you** have not gone against medical advice, or was reasonably aware existed, in the five (5)-year period prior to **your start date**. A 'related condition' is deemed to be any **medical condition** that is either an underlying cause of, or directly attributable to, the **medical condition** subject to **claim**. Please note that for full medical underwriting, a **pre-existing medical condition** relates to the whole of **your** life unless otherwise indicated on the application form.

4. EXCLUSION FOR ALCOHOL, DRUG AND SUBSTANCE ABUSE.

Any **medical treatment** for alcoholism, drug and substance abuse/dependency. This includes treatment for being under the influence and/or suffering from the effects of alcohol, intoxicants, drugs or narcotics.

5. ADDICTION AND COMPULSION

Any **medical treatment** for any addictive and/or compulsive disorder.

6. SELF HARM AND SUICIDE

Any deliberate self-inflicted injury, needless self-exposure to peril (except in an attempt to save human life), suicide, attempted suicide or self-harm.

7. DIET AND VITAMINS

Any dietary supplements, nutritional supplements, body-building supplements and substances, fibre, fatty acids, amino acids, vitamins, minerals and organic substances regardless as to whether prescribed by a **physician**, except as provided for under item 3H - **Complementary Therapies** and **2 Cancer Care Benefit**.

8. CONTRACEPTION AND STD

Any contraception, sterilisations or its reversal (including vasectomy), fertilisation, impotence, venereal disease (including testing), sexually transmitted diseases, gender reassignment or any other form of sexual related condition.

9. IVF TREATMENT

Any **medical treatment** for any form of assisted reproduction (including in vitro fertilisation) and its consequences, including any resulting pregnancy and childbirth or complications of the assisted reproduction treatment or complications of any resulting pregnancy and childbirth.

10. FRAUD

Any act that is fraudulent, illegal, criminal, deliberately careless or reckless on the **insured person's** part.

11. TRAVEL AGAINST MEDICAL ADVICE

Any travel if such travel is undertaken against medical advice or where **you** could have reasonably foreseen a **medical condition** would arise.

12. AIR TRAVEL WHEN PREGNANT

Any air travel when the **insured person** is more than 28 weeks pregnant.

13. PREMATURE BABY

Any costs associated with **medical treatment** of a **premature baby** after the initial 2 months from date of birth.

14. BIRTH INJURIES/DEFECTS & CONGENITAL

Birth injuries or defects, congenital **illness**/abnormality except where covered within the **benefit schedule** under section 8, items A and B.

15. HIV

Any **medical treatment** for Human Immunodeficiency Vir**us** (HIV) or HIV related **illness**, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) and any similar infections, **illness**es, injuries or **medical condition**s arising from these conditions, except where covered on the **benefit schedule** under section 4, item B.

16. EXPERIMENTAL TREATMENT

Any treatment which is experimental and/or unproven. **We** deem this to be any treatment not recognised scientifically by

the official government control agency of the country where treatment is received.

17. UNLICENSED USE OF DRUGS & MEDICINES

Any treatment and/or use of drugs/medicines not licensed by the official government control agency of the country where treatment is received or not used in accordance with their licensed indications.

18. UNLICENSED TREATMENT

Any drug therapy and/or treatment provided by a **physician** who is unlicensed in the country treatment is received.

19. PREVENTATIVE TREATMENT

Any routine or preventative medicines, vaccinations of any kind and general health check-ups, unless specifically covered by **your** selected **plan type**.

20. COSMETIC TREATMENT

Any cosmetic surgery, cosmetic treatments or remedial surgery, whether or not for psychological purposes, except when required as a direct result of an **illness**, injury or **accident** already covered by the **policy**.

21. TREATMENT FOR WEIGHT LOSS

Any weight loss, weight problems or eating disorders, including removal of fat or other surplus body tissue.

22. SLEEP ISSUES

Any snoring, insomnia, sleep apnoea or sleeping disorders, including sleep studies or corrective surgery.

23. EYE SURGERY

Any surgery (other than laser treatment surgery performed by an ophthalmic surgeon) to correct short or long sight or any other eye defect, unless caused as a result of an **accident** or **medical condition**.

24. STEM CELL TRANSPLANT

Any stem cell transplants for any **medical condition** apart from the treatment of cancer where it is **pre-authorised**.

25. TREATMENT BY A RELATIVE

Any **medical treatment** performed by a **physician** who is a relative of the **insured person**, unless previously approved by us.

26. PROFESSIONAL SPORTS

Any injury or **illness** arising from **you** taking part in any form of professional sport. By professional sport, **we** mean where **you** are being paid to take part including grants or sponsorship (unless these are travel costs only)

27. MILITARY PERSONNEL

Any **insured person** acting under military authority or is engaged in activities involving the use of firearms or physical combat or in an area of military conflict, except in connection with tourist trips made on a private basis during leave.

28. SEARCH AND RESCUE

Any 'search and/or rescue' operations to find an **insured person** in mountains, at sea, in the desert, in the jungle and similar remote locations.

29. AIR/SEA RESCUE

Any air/sea rescue operation or an evacuation/transfer from any off-shore structure or ship.

30. UNSTATED BENEFITS

Any expense not specifically stated in this **policy** as being insured and any expenses which exceed the individual benefit limits or **overall maximum limit** of **your plan type**.

31. LACK OF DOCUMENTATION

Any expenses where no supporting documents are available.

32. BILLS SUBMITTED OUTSIDE OF 3 MONTHS

Any accounts, bills or invoices received by **us** more than three (3) months after the date of treatment or the date the service was given.

33. RESIDENTIAL CARE

Any accommodation and **medical treatment** costs in a **hospital** where it has effectively become the **insured person's** home and where the admission is arranged wholly or partly for domestic reasons.

34. NURSING HOME

Any accommodation and **medical treatment** costs in a nursing home, hydro spa, nature clinic, health farm, health spa, rest/retirement/convalescent home or similar.

35. BEHAVIOURAL/DEVELOPMENT PROBLEMS

Any **medical treatment** for learning difficulties, hyperactivity, attention deficit disorder, speech therapy, behavioural problems or development problems.

36. USUAL, CUSTOMARY & REASONABLE

Any costs which are unnecessary, medically inappropriate or are over and above what is u**sual, c**u**stomary and reasonable** for the services provided. U**sual, c**u**stomary and reasonable** will be for the area or country where treatment is received, not for the **hospital** itself.

37. NUCLEAR, CHEMICAL OR BIOLOGICAL

The use or release or the threat thereof of any nuclear weapon or device, chemical or biological agent.

38. WAR

War, invasion, act of foreign enemy hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or, taking part in civil commotion or riot of any kind, except where injury is sustained as an innocent bystander.

39. TERRORISM

Any **Bodily injury** or **illness** caused by an Act of Terrorism, except where such injury/**illness** is sustained as an innocent bystander, excluding any Act of Terrorism involving the use of nuclear weapons or devices, chemical or biological agents.

For the purposes of this **policy**, an Act of Terrorism means an act, including but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes or reasons including the intention to influence any government and/or to put the public or any section of the public, in fear.

40. OTHER INSURANCE

Any expense which at the time of happening, is covered by any other existing insurance plan or state cover. If there is other cover in force, the **insured person** must tell **us** when they first contact us.

41. NORMAL DAILY COSTS

Costs which **you** would have otherwise had to pay in any event.

42. NEGLIGENCE

Any loss arising from the medical services in this **policy**, unless negligence on **our** part can be demonstrated.

43. TRAVELLING AGAINST ADVICE

Any costs incurred where the **insured person** has travelled to a country/area which the Government or Embassy, of their **home country**, have advised against travelling to.

44. PODIATRY AND CHIROPODY

Any **medical treatment** related to podiatry and/or chiropody, including, but not limited to, bunions and ingrown toenails.

45. GLASSES/CONTACT LENSES

Any replacement spectacles, contact lenses or laser eye surgery are excluded from cover but only if **you** wear glasses or contact lenses prior to the **start date** of **your policy.**

46. EXISTING DENTISTRY

Any cover for replacement of existing crowns, inlays, fillings, bridges or missing teeth prior to the **start date** of **your policy** are excluded. These are classified as pre-existing.

47. VAPE/E-CIGARETTES

Any use of e-cigarettes.

48. NOT FOLLOWING MEDICAL ADVICE

No cover is provided under this policy if general medical advice has not been followed. In addition, If you have been recommended to have any tests or investigations, for a medical condition whether diagnosed or not, for which you did not attend and/or cannot provide us with evidence of, then treatment of this medical condition will not be covered by us.

49. COSTS FOR MEDICAL REPORTS

Any costs for the provision of medical reports or completion of **claim** forms or translations.

50. MOTORCYLE WITHOUT CRASH HELMET

Any motorcycle **accident** where a crash helmet has not been worn, whether or not it is required by law in the country of **claim**.

51. OVER THE COUNTER DRUGS OR MEDICINES

Any **'over the counter' drugs** or medicines, even if prescribed by a **physician**.

52. ORGAN IMPLANTATION

Any implantation of any other organ either of a natural or artificial nature.

53. ELECTRIC SCOOTERS

Any **accident**s or **medical treatment** required as a result of using electric or motorised scooters (the two/three wheeled variety that **you** stand on) whether being driven on the road or off the road, legally or illegally.

54. HAZARDOUS SPORT AND PURSUITS

Any injury sustained from base jumping, cliff diving, motor sports, flying in an unlicensed aircraft or as a learner, martial arts, free climbing, mountaineering with or without ropes,

scuba diving to a depth of more than twenty (20) metres, trekking to a height of over 2,500 metres, bungee jumping, canyoning, hang-gliding, paragliding or microlighting, parachuting, potholing, skiing off piste or any other winter sports activity carried out off piste.

B. Exclusions applicable to specific benefits

We are not liable for any loss, **claim**, treatment or payment for or arising directly or indirectly from:

55. ORGAN IMPLANTATION BENEFIT:

any:

a. costs associated with locating a replacement organ, or for the removal of the organ from the donor, or any transportation and administration costs;

b. costs associated with procurement and/or implantation of an artificial and/or non-human organ;

c. costs for **medical treatment** associated with cryopreservation, implantation or reimplantation of living cells or living tissues whether autologous or provided by a donor.

56. EMERGENCY DENTAL TREATMENT:

any:

a. injury caused by eating or drinking anything, even if it contained a foreign body;

b. damage was caused by normal wear and tear;

c. damage was caused by teeth brushing or any other oral hygiene procedure;

d. injury was caused by any means other than extra oral impact;

e. restorative or remedial work; the use of any precious metals; orthodontic treatment of any kind; or dental surgery performed in a **hospital**, unless dental surgery is the only treatment available to alleviate the pain.

57. NON-EMERGENCY ROUTINE DENTAL

any:

a. precious metals in any dental procedure;

b. gingivitis, periodontosis, or gum disease of any kind;

c. dental procedures other than stated within the **benefit schedule**;

d. replacement of existing crowns, inlays, fillings, bridges or missing teeth apparent at the **start date** of the **policy**.

58. NON-EMERGENCY MAJOR DENTAL TREATMENT

any:

a. precious metals in any dental procedure;

b. gingivitis, periodontitis, or gum disease of any kind;

c. dental procedures other than those stated within the **benefit schedule**;

d. replacement of existing crowns, inlays, fillings, bridges or missing teeth apparent at the **start date** of the **policy**.

59. COMPLICATIONS OF PREGNANCY AND CHILDBIRTH

any:

a. terminations of pregnancy on non-medical grounds;

b. ante-natal classes and midwifery costs when not directly associated with the childbirth delivery;

c. treatment received by the **newborn** after the initial paediatric check-up unless the new born is added to the **insured person**s **policy** within 14 days of birth;

d. pregnancy, delivery or treatment of a **newborn** where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation).

60. NORMAL PREGNANCY AND CHILDBIRTH

any:

a. terminations of pregnancy on non-medical grounds;

b. ante-natal classes and midwifery costs when not directly associated with the childbirth delivery;

c. treatment received by the **newborn** after the initial paediatric check up unless the **newborn** is added to the **insured person**s **policy** within 14 days of birth;

d. pregnancy, delivery or treatment of a **newborn** where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation).

61. PREMATURE BABY TREATMENT

any:

a. costs where baby has not been added to the **insured person's policy** within 14 days of birth

b. costs for continuing treatment after the expiry of the initial 2-month period other than for new and unrelated **medical conditions**;

c. treatment received by the **newborn** after the initial paediatric check-up unless the new born is added to the **insured person**s **policy** within 14 days of birth;

d. pregnancy, delivery or **newborn** where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation).

62. INFERTILITY BENEFIT

any:

a. costs for **medical treatment** for infertility, or any other related condition, once a medical cause has been identified.

63. EMERGENCY MEDICAL TRANSPORTATION BENEFIT

any:

a. subsequent transfer costs arising as a result of the same **medical condition** once **we** have returned the **insured person** to their **country of residence**;

b. **Emergency** medical transportation costs where the **insured person** is not being admitted to a **hospital** for **medical treatment**, or where the costs have not been approved by **us** prior to travel commencing;

c. transfer of a pregnant woman to **hospital** for routine childbirth, unless it is necessary due to medical complications;

d. transportation, cremation or local burial of mortal remains where death has occurred directly or indirectly as a result of a medical condition, treatment or **accident**, not covered under this **policy**.

64. COMPANION TRAVEL COSTS

any:

a. travel and accommodation costs unless specifically agreed by **us** and confirmed in writing prior to the date of travel;

b. additional travelling costs incurred by the nominated **close relative** or friend, if it is necessary for **us** to arrange for the **insured person** to be transferred to a second **hospital** within the same country.

65. COMPANION ACCOMMODATION COSTS

any:

a. travel and accommodation costs unless specifically agreed by **us** and confirmed in writing prior to the date of travel;

b. any additional travelling costs incurred by the nominated **close relative** or friend, if it is necessary for **us** to arrange for the **insured person** to be transferred to a second **hospital** within the same country.

66. LOCAL BURIAL OR CREMATION:

any:

a. cost of a religious practitioner, floral tributes, musical provision, hire of funeral vehicles or food and beverages;

b. costs where the **insured person** has died in their **home country**;

c. any costs for transportation, cremation or local burial of mortal remains where death has occurred directly or indirectly as a result of a **medical condition**, treatment or **accident**, not covered under this **policy**.

67. EMERGENCY OUT OF AREA TREATMENT BENEFIT

any:

a. non-**emergency medical treatment** outside of **your geographical area**;

b. **emergency medical treatment** when the total number of days travelling in each **period of insurance** exceeds 30 days;

c. treatment where **you** have specifically travelled with the purpose of obtaining treatment.

68. EVACUATION TO HOME COUNTRY – OPTIONAL BENEFIT:

any:

a. costs where **your home country** is not within **your** selected area of cover shown on **your certificate of insurance**;

b. subsequent transfer costs arising as a result of the same **medical condition** once **we** have returned the **insured person** to their **home country**;

c. travel costs unless specifically agreed by **us** and confirmed, in writing, prior to the date of travel;

d. evacuation costs where the **insured person** is not being admitted to a **hospital** for **medical treatment**, or where costs have not been approved by **us** prior to travel commencing;

e. costs for the transfer of a pregnant woman to **hospital** for routine childbirth, unless it is necessary due to medical complications.

9 How to make a complaint

If **you** feel **we** have not provided the level of service **you** expected, please follow the procedures outlined below:

- **We** consider a complaint to be any oral or written expression of dissatisfaction from a customer to an employee of **Morgan Price** (Europe) ApS, in connection with the provision of, or failure to provide, a service to the customer.
- **You** can notify **us** by telephone, face-to-face or in writing.

Complaints Department

Morgan Price (Europe) ApS

C/O ØENS Virksomhedsadministration ApS,

Lergravsej 59, 1,

2300 Kobenhaven,

Denmark.

Email: info@morgan-price.eu

Tel: +44 (0) 1379 646730

How we deal with your complaint:

- **We** will always respond in a courteous manner and **we** aim to resolve complaints within 3 business days following receipt (e.g. received Monday 10:00am, aim to resolve by Thursday 5:00pm).
- Occasionally, for more complex cases **we** need additional time to investigate the concerns raised. In such cases, **we** aim to acknowledge the complaint within 5 business days, providing the name of the person dealing with it, as well as an indication of when to expect the matter to be concluded.
- If **we** cannot resolve the matter within 8 weeks **we** will write explaining why and point out the next steps available to you.

How we will respond to your complaint:

- If **we** can resolve **your** complaint within 3 business days following receipt, **you** will be sent a summary resolution communication, which will confirm the matter has been resolved.
- Where **we** have been unable to resolve the complaint within 8 weeks, **we** will write to **you** formally providing details of **our** investigation and outcome. This response will explain **our** position clearly and in plain language.
- If **we** agree to pay any redress or compensation, **we** will do so promptly.

Where **we** have reasonable grounds to be satisfied that another firm is solely or jointly responsible for the issues raised, the complaint will be referred to them promptly on **your** behalf. **We** will inform **you** of the referral, provide their contact details and follow the matter up with them to make sure **your** concerns are properly addressed.

We expect that the majority of complaints will be quickly and satisfactorily resolved at this stage, but if **you** are not satisfied **you** can take the issue further.

If you remain dissatisfied with our response:

Having received **our** final response, if **you** remain dissatisfied **you** may be entitled to refer **your** complaint to The Insurance Complaints Board. There is a complaint fee of DKK 200.

Visit their website at www.ankerforsikring.dk

Tlf: 33 15 89 00 (from 10am - 1pm)

Your complaint must be submitted in writing using the form which can be downloaded from their website: https://ankeforsikring.dk/Sider/english.aspx

10 Data Protection & Privacy Notice

The **Insurer**, SI Insurance (Europe), SA (**"SIIE"**) is authorised to provide non-life insurance services in the local market and outside the Grand Duchy of Luxembourg. In accordance with the Regulation (EU) 2016/679 of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (GDPR), **SIIE** is the Data Controller of the data collected about **you**. As such, **SIIE** is responsible for the way in which this data is processed. **SIIE** will use personal information and special category data given by **you**, together with other information for, amongst other things, the administration of this **Policy**, the handling of **claim**s, the provision of customer services, credit checks and to prevent and detect fraud. **SIIE** is a member of the Sompo International [1] group; as such, the information **you** provide may also be disclosed to **SIIE's** affiliates or parent, service providers and agents for these purposes. It may also be disclosed to the insured's insurance advisor, where appointed.

[1] The term "Sompo International" refers to and includes each and every subsidiary of Sompo International Holdings Ltd., a Bermuda exempted company ("SIHL"). To the extent, however, that an affiliate of SIHL that is not a subsidiary of SIHL receives or uses personal information that is covered by this **Policy** and requires protection under the Data Protection Legislation, then such affiliate is included within "Sompo International" for purposes of protecting the data that such affiliate receives or uses. For a list of Sompo International offices, please see https://www.sompo-intl.com/location/corporate. For a list of affiliates that are included in the Sompo Group, please see https://www.sompo-hd.com/en/group/group_list/.

SIIE may need to collect and process information relating to individuals who may benefit from this **Policy**, which may include both personal data and special category data (such as medical history). **You** must ensure that **you** have explicit verbal or written consent from these individuals to such information being processed by **SIIE**.

In collecting or processing personal data, including special category data, about the insured or related third parties under this **Policy**, **SIIE** shall comply with applicable data protection legislation. **SIIE** is committed to protecting **your** personal information and respecting **your** data protection and privacy rights **you** have under applicable law and regulations.

When **you** submit any information to **SIIE** for the purpose of requesting information from **SIIE** about, or obtaining, **SIIE's** products or services or otherwise **SIIE** will use the information **you** provide, including any personal information, in its insurance business to conduct its business and perform its legal obligations, including:

i. Verifying **your** identity;

ii. Preventing, investigating or reporting fraud or potential fraud, money laundering, terrorism, misrepresentation, security incidents, sanctions violations or any crime, all in accordance with applicable law and regulations;

iii. Assessing, establishing and managing **claim**s and arranging or entering into any appropriate settlements;

iv. Managing, reporting and auditing **SIIE's** business operations;

v. Recovering debt;

vi. Developing, improving and protecting **SIIE's** products, services, website, systems and relationships with **you**;

vii. Research, risk management and statistical analyses;

viii. Establishing, exercising or defending legal **claim**s; and

vx. Meeting regulatory and compliance requirements.

SIIE will ensure that **your** personal data is processed in a manner consistent with the purposes set above. **SIIE** will retain **your** personal data for as long as it is necessary for the purposes mentioned above or as long as required by law.

With **your** permission, **SIIE** may also use **your** contact details (including email address(es)) to send **you** information about products and services or other products and services provided by **SIIE** or one of its group companies.

SIIE may share **your** information for the purposes outlined above with:

i. **SIIE's** group companies;

ii. Brokers, other **insurer**s and underwriters;

iii. Healthcare professionals;

iv. Law enforcement authorities;

v. Other government authorities;

vi. Fraud prevention agencies; and

vii. Third parties involved in any aspect of **claim**s management including surveyors, loss adjusters, **claim**s agents, solicitors and private investigators;

viii. Parties that may have a financial interest in the insurance **policy** or **claim**;

ix. Other service providers that may process **your** personal information on **SIIE's** behalf (for example, IT service providers that host or support **SIIE's** business and may have data that includes **your** personal information); and

x. Others with **your** consent or in accordance with applicable law and regulations.

If you have provided information about another person, in doing so you confirm that you have such person's consent to provide the personal information to SIIE, that you have told such person that you have provided the information to SIIE, and how SIIE will use **the personal information as described in this notice.**

To the extent **you** have provided **your** consent, and **your** consent provides the basis for **SIIE** use of the information, **you** may withdraw **your** consent at any time by contacting **SIIE** as described below.

More details about how **SIIE** uses **your** personal information may be found in the Sompo International General Privacy **Policy**, available on **SIIE's** at https://www.sompo-intl.com/privacy-policies/.

The website also provides additional information about **your** data protection rights, how **you** may access and update **your** personal information and other choices **you** have about how **SIIE** use **your** personal information (including how to object to processing or withdrawing **your** consent at any time). If **you** have any questions regarding this notice, please contact **SIIE** at:

Attn: Chief Compliance Officer

SI Insurance (Europe), SA

1221 Avenue of the Americas

New York City, NY 10020

Privacy@sompo-intl.com

Any complaints regarding the processing of **your** personal data can be sent to the postal and email addresses mentioned above or to the Luxemb**our**g Data Protection Authority (Commission Nationale p**our** la Protection des Données), 15 Boulevard du Jazz L-4370 Belvaux, Luxemb**our**g (cnpd.public.lu).

11 Luxembourg Professional Secrecy

SI Insurance (Europe), SA ("**SIIE**") as an **insurer** based in Grand-Duchy of Luxemb**our**g is subject to an obligation to professional secrecy under the Luxemb**our**g Act of 7 December 2015 on the insurance sector, as amended (the "Act").

Pursuant to this law, the **policyholder** is informed that **SIIE** outs**our**ces services, activities, tasks or functions ("outs**our**ced services") to external service providers and is required in this context to transfer to them data or information covered by professional secrecy.

SIIE communicates on www.sompo-intl.com/locations/luxemb**our**g/ website full information on the nature of the outs**our**ced services, the type of information transmitted within the framework of the outs**our**cing and the country of establishment of the entities providing the outs**our**ced services. The **policyholder** can consult this information by visiting the website or can obtain a copy of it by sending a request to **SIIE** by mail, telephone or email specified in the insurance **policy**.

By signing the insurance application and / or paying the premium, the **policyholder** declares to have read this information and to consent to the outs**our**cing, the type of information transmitted in the context of the outs**our**cing and the country of establishment of outs**our**ced service providers.

Phone: +44 (0) 1379 646730
Fax: +44 (0) 1379 652794
Email: info@morgan-price.eu

Morgan Price (Europe) ApS
ØENS Virksomhedsadministration ApS.
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2300 København s,
Denmark