

- 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 mpclaims@morgan-price.eu or euroclaims@morgan-price.eu if **you** are a resident in Germany, 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 an **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 mpclaims@morgan-price.eu or euroclaims@morgan-price.eu if **you** are resident in Germany.

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

Morgan Price Claims Department

Morgan Price (Europe) ApS

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 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 **our** Chief Medical Officer is **our** final decision.

If **you** have chosen an **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 **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 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 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.

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

Certificate of insurance

The document issued to you which shows the name of the **policyholder** together with the **insured persons**, 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 two or more of the following characteristics:

- It has no known recognised cure;
- It continues indefinitely;
- It has come back;
- It is permanent;

7 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.

Act of Terrorism

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.

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**.

- 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 **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: toxemia, 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 **principal member's**:

- 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 **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 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.

Gross negligence/ grossly negligently means:

Actions or a failure to act that go beyond simple negligence or carelessness and where the negative consequences of such action would be clear to an ordinary person and could and should have been avoided by the **policyholder**.

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/we/us/our

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.

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, sub limits, or any other amounts payable by **us** to each **insured person** under this **policy** during each **period of insurance** irrespective of the number of **claims** made under this **policy**, the amount claimed, or when such **claims** are made.

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 4.

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 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**.

Principal member

The **policyholder**.

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**.

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General Exclusions

The following Exclusions apply to all sections of the policy and to any extensions (unless stated otherwise).

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 **claims** 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 Virus (HIV) or HIV related **illness**, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) and any similar infections, **illnesses**, injuries or **medical conditions** 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 **usual, customary and reasonable** for the services provided. **Usual, customary 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.

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

Where general medical advice has not been followed by any **insured person**.

49. COSTS FOR MEDICAL REPORTS

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

50. MOTORCYCLE 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 **accidents** 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 persons 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) under this benefit.

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 persons 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) under the Normal Pregnancy and Childbirth benefit.

61. PREMATURE BABY TREATMENT

any:

- a. costs where the 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 **newborn** is added to the **insured persons 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) under this benefit.

62. INFERTILITY BENEFIT

any:

- a. costs where no cover is available 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

Complaints Notice and Professional Secrecy

A. Complaints regarding SI Insurance (Europe), SA activities

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,

Lergravvej 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://ankerforsikring.dk/Sider/english.aspx>

If the insurance contract has been concluded online, the complainant may also use the European Commission's platform for Online Dispute Resolution (ODR) using the following link: <http://ec.europa.eu/consumers/odr/>

B. Professional Secrecy

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

Pursuant to this law, the **policyholder** is informed that SIIE outsources services, activities, tasks or functions ("outsourced 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/luxembourg/ website full information on the nature of the outsourced services, the type of information transmitted within the framework of the outsourcing and the country of establishment of the entities providing the outsourced 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 outsourcing, the type of information transmitted in the context of the outsourcing and the country of establishment of outsourced service providers.

Phone: +44 (0) 1379 646730

Fax: +44 (0) 1379 652794

Email: info@morgan-price.eu

Morgan Price (Europe) ApS

ØENS Virksomhedsadministration ApS.

Lergravsvej 59, 1

2300 København s,

Denmark