



GLOBAL MONEY APP

# **Policy Wording**

## **Group Travel Insurance Policy**



**White Horse**  
Insurance Ireland dac

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## General Information

### During your trip

#### For overseas emergency medical assistance

This service is available 24 hours a day, 365 days a year, if you need to:

- get medical assistance; get treatment; go to a hospital or clinic; or return to your home EEA country.

**Phone: +44 1733 224 956**

### After your trip

#### For all other claims

Please contact White Horse:

By telephone: **+44 1733 224 958**  
or by email: **claims@white-horse.ie**

## Important information

- Making a complaint (page 21)
- All of the general exclusions (pages 16 to 19)
- All of the policy definitions (pages 5 to 7)
- All of the claims conditions (page 20)
- The important conditions relating to health section (page 14)
- The sports and activities section (pages 10 to 12)

### Emergency and medical service

If you suffer a serious illness or bodily injury, you must contact the Emergency Assistance Service if this leads to hospital treatment as an inpatient or before any arrangements are made to transport you home. The service is available 24 hours a day, 365 days a year for advice and help making arrangements to admit you to hospital or to transport you home, and for authorising medical expenses. If immediate contact is not possible because the condition requires emergency treatment, you or your representative must contact them as soon as possible. Private medical treatment is not covered unless authorised specifically by the Emergency Assistance Service.

### Medical assistance abroad

The Emergency Assistance Service have the medical expertise, contacts and facilities to help you if you are injured in an accident or become ill. They will also arrange to transport you home if this is considered to be medically necessary.

### Payment for medical treatment abroad

For simple outpatient treatment, you should pay the hospital or clinic yourself and claim back medical expenses from us when you return to your home area. Be cautious if you are asked to sign for excessive treatment or charges. If in doubt, call the Emergency Assistance Service for guidance. The phone number of the Emergency Assistance Service is **+44 1733 224 956**. Phone calls are recorded and may be monitored.

# Introduction

This **Group Policy** is an agreement between the **Group Policyholder** and **Us**, which has been arranged by the **Group Policyholder** for the benefit of the **Beneficiaries**. It contains details of the cover, conditions and exclusions applicable and is the basis on which all claims will be assessed under the master policy number: WH/RG/08/2018.

In return for having accepted the premium from the **Group Policyholder**, **We** will provide cover to the **Group Policyholder** and **Beneficiaries** in accordance with the operative sections of this **Group Policy** as referred to in the **Statement of Insurance**.

The **Statement of Insurance** issued together with this **Group Policy** wording and any endorsements, shows which benefits the **Group Policyholder** has chosen, who is covered under this **Group Policy** and when and where cover applies. The **Group Policyholder** and the **Beneficiaries** should take the time to read this **Group Policy** carefully to ensure that it meets their needs. This **Group Policy** wording, the **Statement of Insurance** and any endorsements all form part of the **Group Policy**.

This is a contract between the **Group Policyholder** and **Us**. The **Group Policy** and all communications before and during the **Policy Term** will be provided in English. In addition, all claim payments by **Us** to **Beneficiaries** will be made in pounds sterling (GBP).

The **Group Policyholder** must tell **Us** immediately if any of the information **We** have been provided with is incorrect or changes. If **We** have wrong information this may result in an increased premium and/or claims not being paid in full, or cover under this **Group Policy** may not be valid and claims will not be paid.

The **Group Policyholder** and **Beneficiaries** should keep a record (including copies of letters) of all information supplied to **Us** in connection with this insurance.

## The Law Applicable to this Group Policy

**We** and the **Group Policyholder** are free to choose the laws applicable to this **Group Policy**. **We** propose to apply the laws of England and Wales and by purchasing this **Group Policy** the **Group Policyholder** has agreed to this.

## Group Policy Excess

Claims may be subject to an **Excess**. This means that each **Beneficiary** will be responsible for paying the first part of each and every claim under each section for which an **Excess** applies.

## Group Policy information or advice

The **Group Policyholder** must give a copy of this **Group Policy** wording, **Statement of Insurance** and any endorsements to each **Beneficiary** at the time they are accepted for cover under this **Group Policy**.

If any **Beneficiary** would like more information or feel that this insurance may not meet their needs, please contact the **Group Policyholder** at the address shown in the **Statement of Insurance**.

This **Group Policy** is underwritten by White Horse Insurance Ireland dac, which is authorised and regulated by the Central Bank of Ireland. This can be checked by visiting their website at [www.centralbank.ie](http://www.centralbank.ie). White Horse Insurance Ireland dac, registered in Ireland No 306045, registered Office First Floor, Rineanna House, Shannon Free Zone, Shannon, County Clare, Republic Of Ireland V14 CA36.

## Important Notice

White Horse Insurance Ireland dac holds **Your** personal information in accordance with the EU Data Protection laws, the EU Directive on Privacy and Electronic Communications 2002/58/EC and the General Data Protection Regulation ((EU) 2016/679)) (to the extent applicable and in force from time to time). The information **You** have supplied may be held on computer and passed to other insurers and reinsurers for underwriting and claims purposes. **You** should show this notice to anyone whose personal information may be processed to administer this **Group Policy**, including handling any claims.

**We** use a variety of security technologies and procedures to help protect **Your** information from inappropriate use, and **We** will continue to revise procedures and implement additional security features as new technology becomes available.

**We** may use **Your** information for underwriting purposes, statistical analysis, management information, market research, testing to ensure the integrity of **Our** systems, and risk management. **We** will only share **Your** information as described in this notice, or where **We** are required or allowed to do so by law. **We** may record or monitor telephone calls for security and regulatory purposes.

### **Group policy administration and underwriting**

In order to administer this **Group Policy** and any claims made against this **Group Policy**, White Horse Insurance Ireland dac may share personal information provided to **Us** with other companies within White Horse Insurance Ireland dac and with business partners, including companies inside and outside the European Economic Area.

### **Fraud prevention and detection**

In order to prevent and detect fraud, **We** may at any time:

- Share information about **You** with other organisations including the police;
- Conduct searches about **You** using publicly available databases and centralised insurance industry applications, **Group Policy** and claims checking systems;
- Undertake credit searches;
- Check and / or share **Your** details with fraud prevention and detection agencies.

If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information. **We** and other organisations may also access and use this information to prevent fraud and money laundering, for example when:

- Checking details on applications for credit and credit related or other facilities;
- Managing credit and credit related accounts or facilities;
- Recovering debt and tracing **Beneficiaries**;
- Checking details on proposal and claims for all types of insurance;
- Checking details of job applicants and employees.

Please email [referrals@white-horse.ie](mailto:referrals@white-horse.ie) if **You** want to receive details of the relevant fraud prevention agencies **We** and other organisations may access and use.

### **Data protection rights**

Individuals have certain rights under EU Data Protection laws, including the right to ask for a copy of the information **We** hold about them. Individuals also have the right to ask **Us** to correct their information if it is inaccurate.

If **You** want to know more about how **We** use personal information or have any data protection questions, please contact the Data Protection Officer, White Horse Insurance Ireland dac, via the email address of [referrals@white-horse.ie](mailto:referrals@white-horse.ie)

### **Beneficiary Eligibility**

Cover under this **Group Policy** is available to **Beneficiaries** that are;

- Aged 18 years or over;
- Aged 70 years or under at the start of any **Trip**;
- A holder of a **Revolut Plan** account with the **Group Policyholder** (or a named **Travel Companion(s)** on the **Beneficiaries Statement of Insurance**);
- Registered under the healthcare system in their **Home Country**;
- Not travelling against medical advice or would be travelling against the advice of a **Medical Practitioner** had **You** asked their advice;
- Travelling on a journey that meets the definition of a **Trip**.

## White Horse Insurance Ireland dac

White Horse Insurance Ireland dac is an insurance company incorporated in the Republic of Ireland and authorised and regulated by the Central Bank of Ireland. This can be checked by visiting their website at [www.centralbank.ie](http://www.centralbank.ie)

### When cover starts

- For the **Group Policyholder**: This **Group Policy** starts on the start date in the **Statement of Insurance**.
- For a **Beneficiary**: Cover starts when they sign up for a **Group Policy Revolut Plan** account.

### When cover ends

- For the **Group Policyholder**: All cover will automatically end, at midnight on the end date shown in the **Statement of Insurance**.
- For a **Beneficiary**: Cover ends when a **Beneficiary** is no longer eligible for cover. All cover will automatically end at midnight following the occurrence of a below listed event (whichever event is sooner):
  - o at midnight on the end date shown in the most recent **Statement of Insurance**; or,
  - o when **You** close the **Group Policyholder Revolut Plan** account for which **You** are eligible to receive benefits under this **Group Policy**; or,
  - o when **You** reach the age of 71 years; or,
  - o when **You** have reached and / or exceeded 183 days travelling outside **Your Home Country** in any 12 month period; or,
  - o **You** have exceeded the maximum per **Trip** length of 40 days; or,
  - o no longer meet the **Eligibility** criteria.

### Automatic extension of cover

If **You** are unable to return **Home** before **Your** cover ends due to reasons outside **Your** control, **Your** insurance will remain in force for:

- up to 14 days, if any vehicle **You** are travelling in breaks down, or **Your Public Transport** in which **You** are travelling as a ticket holding passenger is cancelled or delayed;
- up to 30 days, as a direct result of **Your Bodily Injury**, **Serious Illness** or compulsory quarantine. **We** may extend **Your Period of Insurance** for longer if considered medically necessary by the **Emergency Assistance Service**.

### Important Notice

This is not a private medical insurance policy and only gives cover in the event of an **Accident**, a **Bodily Injury** or a sudden **Serious Illness** that requires emergency treatment whilst on a **Trip**. In the event of medical treatment becoming necessary which results in a claim under this insurance, the **Beneficiary** is responsible for paying the costs to allow **Us** or **Our** representatives, reasonable access to their medical records and medical background. It is essential that **You** read and understand the Important Exclusions and Conditions Relating to Health section on page 14.

# Definitions

Any word or expression to which a specific meaning has been attached will bear the same meaning throughout this policy. For ease of reading the definitions are highlighted by the use of **bold** print and will start with a capital letter.

**We / Us / Our** means White Horse Insurance Ireland dac, Registered in Ireland No 306045. Registered Office First Floor, Rineanna House, Shannon Free Zone, Shannon, County Clare, Republic Of Ireland.

**You / Your / Yours / Beneficiary(s) / Beneficiaries** means the person(s) or their named **Travel Companion** who has paid the additional premium and is listed as being insured on the **Statement of Insurance**; that holds a **Revolut Plan** account with the **Group Policyholder**; and meets the **Beneficiary Eligibility Criteria** section detailed on this Policy. A **Beneficiary** is not party to this contract which is solely between the **Group Policyholder** and **Us**.

**Accident(s)** means an event that is sudden and unexpected, which is caused by external and visible means at a time that can be identified.

**Baggage** means luggage, clothing and personal belongings which belongs to **You** which **You** wear, use or carry during a **Trip**. It does not include **Personal Money** or documents of any kind.

**Bodily Injury** means an identifiable physical **injury** sustained by **You** that is caused by sudden, unexpected, external and visible means.

**Children** means the natural or legally adopted child, stepchild, grandchild or step-grandchild of **You** or a child for whom **You** are the parent or legal guardian; that are

- financially dependent on **You** or their parent(s)
- unmarried and not living with their **Partner**
- under 18 years of age at the date **Your** cover commences.

**Close Relative** means **Your Partner**, fiancé(e), parent, parent-in-law, grandparent, son, daughter, son-in-law, daughter-in-law, brother, sister, brother-in-law, sister-in-law, grandchild, aunt, uncle, cousin, nephew, niece, step-parent, step brother, step sister, step child, foster child and legal guardian.

**Complications of Pregnancy or Childbirth** means toxemia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole, (molar pregnancy), post partum haemorrhage, retained placenta membrane, placental abruption, hyperemesis gravidarum, placenta praevia, stillbirths, miscarriage, medically necessary emergency Caesarean section, medical necessary termination and premature births. This definition is only applicable if the complication occurs more than 8 weeks (or 16 weeks in the case of a known multiple pregnancy) prior to the expected delivery date.

**Domestic Flight(s)** means a flight that begins and ends within **Your Home Country**.

**Emergency Assistance Service** means the **Emergency Assistance Service** provider, appointed by White Horse Insurance Ireland dac.

**Excess** means the first amount of any claim for which **You** are responsible to pay. The **Excess** applies to each **Beneficiary** per claim.

**Group Policy** means the documents consisting of the **Group Travel Insurance Policy Wording** wording, the **Statement of Insurance** and any applicable endorsements.

**Group Policyholder** means the person, firm, company or organisation stated in the **Statement of Insurance** as being the **Group Policyholder**, that is resident or incorporated within the **United Kingdom** and which has entered into this **Group Policy** for the benefit of itself and the **Beneficiaries**.

**Home / Home Country** means the **Beneficiary's** normal place / country of residence, which shall be a member of the European Economic Area (EEA).

**Hospital** means a licensed medical institution which meets the following criteria:

- it has facilities for medical diagnosis and / or for treating **Injured** and sick people;
- it is run by **Medical Practitioner(s)**;
- it provides care supervised by state registered nurses or the local equivalent; and / or
- it is not a medical institution only specialised in training and education, a nursing or convalescent home, a hospice or place for the terminally ill, a residential care home, or a place for drug and / or alcohol rehabilitation.

**Incidental Basis** means that the sport or activity **You** are taking part in on **Your Trip** is on a strictly amateur basis and is purely for leisure purposes.

**Injury / Injured** means **Bodily Injury** sustained in an **Accident** directly and independently of all other causes.

**Manual Work** means any work that involves:

- the installation, assembly, maintenance or repair of electrical, mechanical or hydraulic plant; or
- the use of power tools or lifting; or
- any form of machinery; or
- any electrical or construction work; or
- any work that is 3 metres above ground level.

Work that is covered includes musicians and singers; bar and restaurant work; supervised conservation work; voluntary charity work; fruit picking (no use of machinery or above 3 metres) and work that is purely managerial, supervisory, sales or administrative.

**Medical Condition** means **Serious Illness** or **Bodily Injury**.

**Medical Practitioner** means a registered practising member of the medical profession who is not related to **You**.

**Normal Pregnancy or Childbirth** means pregnancy or childbirth without any **Complications of Pregnancy or Childbirth**.

**Partner** means a person **You** are legally married to or who permanently resides with **You** as if married; or a person **You** have a registered civil partnership with that is formally registered and recognised by law under the Civil Partnership Act 2004.

**Period of Insurance** means the start date and end date as stated on **Your Statement of Insurance**. **We** will cover **Trips** booked during one **Period of Insurance** but not taking place until the next **Period of Insurance** if **Your** cover under this **Group Policy** is still in force at the time of the incident resulting in a claim.

The maximum number of days **You** are covered for in any 12 month period is 183 days, with no **Trip** lasting longer than 40 days. Please refer to When Cover Ends section on page 4 of this policy for details of when a **Beneficiary's** cover ends. Please also refer to Automatic Extension of Cover section on page 4 of this policy.

**Personal Money** means bank notes, currency notes, coins, traveller's and other cheques, postal or money orders, prepaid cards, coupons or vouchers, travel tickets, event or entertainment tickets, phone cards, lottery tickets, credit or debit or charge cards of any kind.

**Pre-Existing Medical Condition** means any past, current or reoccurring **Medical Condition**, or set of symptoms whether these have been diagnosed or not, that have been investigated or treated at any time, even if this condition is considered to be stable and under control.

**Public Transport** means any publicly licensed aircraft, sea vessel, train or coach on which **You** are booked to travel.

**Revolut Plan** means the paid for products of Revolut Premium and Revolut Metal.

**Serious Illness** means any disease, infection or **Bodily Injury** which unexpectedly manifests itself for the first time during **Your Trip**.

**Statement of Insurance** means the document giving details of the **Period of Insurance**, cover and limits, the premium and the **Group Policy** number. The **Statement of Insurance** includes the information **We** were provided with when the **Group Policyholder** applied for cover.

**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 organisations(s) or governments, committed for political, religious, ideological or similar purposes including the intention to influence any government and / or to put the public, or any section of the public, in fear.

**Trip(s)** means a holiday or journey which starts from when **You** leave **Your Home Country**, and which ends on **Your** return to **Your Home Country**, and includes an overnight stay. A **Trip** does not include travel to and from **Your** normal place of work, or to an area where the UK Foreign and Commonwealth Office or World Health Organisation have advised against travelling. Each **Trip** must not exceed 40 days and **Trips** must start and end during the **Period of Insurance**.

**Travel Companion(s)\*** means a person who is named on **Your Statement of Insurance** and is travelling with **You** on **Your Trip**.

**\*Important Notice:** **You** must pay **Us** an additional premium to cover a **Travel Companion(s)** and this additional purchase must be shown on **Your Statement of Insurance**.

## General Conditions

**You** must comply with the following conditions to have the full protection of **Your** policy. If **You** do not comply **We** may at **Our** option cancel **Your** Policy or refuse to deal with **Your** claim or reduce the amount of any claim payment.

### Dual Insurance

If at the time of any incident which results in a claim under this **Group Policy**, there is another insurance policy covering the same loss, damage, expense or liability **We** will not pay more than **Our** proportional share.

### Reasonable Precautions

**You** must take all reasonable precautions to avoid **Bodily Injury, Serious Illness** or loss of **Your Baggage**.

### Cancellation of the Group Policy by the Group Policyholder

The **Group Policyholder** may cancel this **Group Policy** by giving **Us** 90 (ninety) days' notice in writing to the address shown in the **Statement of Insurance**. In the event of cancellation of this **Group Policy** by the **Group Policyholder** in accordance with this condition, the **Group Policyholder** must notify **You** of such cancellation by giving **You** 30 (thirty) days' notice. No return of premium will be paid to the **Group Policyholder**.

### Withdrawal of Participation by a Beneficiary

A **Beneficiary** may withdraw from participation in the **Group Policy** by giving written notice of that intention to the **Group Policyholder** specified in the **Statement of Insurance**. No return of premium will be paid to the **Group Policyholder**.

### Cancellation of the Group Policy (or a Beneficiary's participation in the Group Policy) by Us

**We** may cancel cover under this **Group Policy** where there is a valid reason for doing so for either the **Group Policyholder** or **Beneficiaries** (see points a) and b) below). Valid reasons for cancellation may include but are not limited to:

- If the **Group Policyholder** advises **Us** of a change of risk under this **Group Policy** which **We** are unable

- to insure; or
- Where the **Group Policyholder** or a **Beneficiary** fails to respond to requests from **Us** for further information or documentation; or
- Where the **Group Policyholder** or a **Beneficiary** has given incorrect information and fails to provide clarification when requested; or
- Where the **Group Policyholder** or a **Beneficiary** is in breach of any of the terms and conditions which apply to this **Group Policy**; or
- The use of threatening or abusive behaviour or language, or intimidation or bullying of **Our** staff or suppliers, by the **Group Policyholder**, a **Beneficiary** or any person acting on their or **Your** behalf.

a) **Cancellation of this Group Policy**

**We** may cancel this **Group Policy** by giving the **Group Policyholder** 90 (ninety) days' notice in writing to the address shown in the **Statement of Insurance**. In the event of cancellation of this **Group Policy** by **Us** in accordance with this condition, the **Group Policyholder** must notify **You** of such cancellation. No refund will be payable if the **Group Policyholder** and / or any **Beneficiaries** have made or intend to make a claim.

b) **Cancellation of a Beneficiary's cover under the Group Policy.**

**We** may cancel **Your** cover under this **Group Policy** by giving **You** and the **Group Policyholder** 30 (thirty) days' notice in writing to **You** and their last known address or by email to the addresses **You** and they have given **Us**. No refund will be payable to the **Group Policyholder**.

### **Duty to check information and tell Us of any changes**

It is important the **Group Policyholder** and **Beneficiaries** check the most recent **Statement of Insurance** as this sets out the information **We** were given when **We** agreed to provide the **Group Policyholder** and **Beneficiaries** with the cover and terms of this **Group Policy**. Although **We** may undertake checks to verify information **We** have been given by the **Group Policyholder** and / or **Beneficiaries**, the **Group Policyholder** and / or **Beneficiaries** must take reasonable care to make sure all information provided is accurate and complete.

The **Group Policyholder** must tell **Us** immediately if any information **We** have been provided with is incorrect or changes. If **We** have wrong information this may result in an increased premium and / or claims not being paid in full, or the **Group Policy** may not be valid and claims will not be paid. If in doubt about any information please contact **Us** as soon as possible.

Please contact **Us** immediately to discuss any changes and **We** will confirm if **Your** cover will be affected. Any changes accepted by **Us** will apply from the date **We** have confirmed such change in writing and **We** will be entitled to vary the premium and terms for the rest of the **Period of Insurance**.

If the changes are unacceptable to **Us** and **We** are no longer able to provide cover, **We**, the **Group Policyholder** or **You** can cancel cover under this **Group Policy**, as set out under the following conditions: Cancellation of the **Group Policy** by the **Group Policyholder**, Withdrawal of Participation by a **Beneficiary** and Cancellation of the **Group Policy** by **Us**.

If the **Group Policyholder** and / or **Beneficiaries** have given **Us** inaccurate information this can affect cover under this **Group Policy** in the following ways:

- a) If **We** would not have provided the **Group Policyholder** and / or any **Beneficiaries** with any cover **We** have the option to:
  - void cover under this **Group Policy**, which means **We** will treat it as if it cover had never existed and repay the premium paid; and
  - seek to recover any money from **You** or the **Group Policyholder** for any claims **We** have already paid, including the amount of any costs or expenses **We** have incurred.
- b) If **We** would have applied different terms to the cover provided under this **Group Policy**, **We** have the option to treat the cover under this **Group Policy** as if those different terms apply, which may mean claims are not paid or not paid in full; and / or
- c) If **We** would have charged a higher premium for providing the cover, **We** will have the option to charge the **Group Policyholder** appropriate additional premium due in full.

### **Sanctions**

**We** will not be held liable to provide cover or make any payments or provide any service or benefit to any **Group Policyholder**, **Beneficiary** or other party to the extent that such cover, payment, service, benefit

and / or business or activity of the **Group Policyholder** or **Beneficiary** would violate any applicable trade or economic sanctions law or regulation.

### **Change of Business**

The **Group Policyholder** must provide **Us** with written notice within a reasonable time of any alteration in their business.

### **Third Party Rights**

The **Group Policyholder** and **We** have agreed that it is not intended for any third party to this contract to have the right to enforce the terms of this contract. The **Group Policyholder** and **We** can rescind or vary the terms of this contract without the consent of any third party to this contract, who might seek to assert that they have rights under the Contracts (Rights of Third Parties) Act 1999.

### **Changing Your Revolut Policy Before You Travel**

Prior to commencing **Your Trip(s)**, **You** can change **Your** policy by adding a **Travel Companion(s)** and / or **Winter Sports** cover.

### **Changing Your Revolut Policy Once Abroad**

Once abroad, **You** can change **Your** policy within twenty four (24) hours of having last connected to the internet on **Your** device in **Your Home Country** and within eight (8) hours of connecting to the internet on **Your** device abroad.

**You** can change **Your** policy by adding a **Travel Companion(s)** and / or **Winter Sports** coverage.

After eight (8) hours has elapsed after **You** have connected to the internet on **Your** device outside **Your Home Country**, **You** will not be able to make any further changes and **Your** cover will remain in place until **You** return to **Your Home Country**.

## **Fraud**

**You** must not act in a fraudulent manner. If **You** or anyone acting for **You**:

- a) makes a claim under the policy knowing the claim to be false or fraudulently exaggerated in any way;
- b) makes a statement in support of a claim knowing the statement to be false in any way;
- c) submits a document in support of a claim knowing the document to be forged or false in any way; or
- d) makes a claim relating to any loss or damage caused by **Your** wilful act or with **Your** agreement;

**We** will do the following.

- a) **We** will not pay the claim.
- b) **We** will not pay any other claim which has been or will be made under the policy.
- c) **We** may declare the policy void (not valid).
- d) **We** will be entitled to recover from **You** the amount of any claim already paid under the policy.
- e) **We** will not return any premiums.
- f) **We** may tell the police.

**We**, **Our** agents and fraud-prevention agencies get and share information with each other to prevent and detect fraudulent claims, to help protect **Our** customers and ourselves.

## **Reciprocal Health Agreements**

If **You** are travelling to countries within the European Union (EU) or the European Economic Area (EEA) **You** are strongly advised to check if **You** are entitled to benefit from the reciprocal health care arrangements which exist between countries within the EU/EEA. **You** must have in **Your** possession a valid European Health Insurance Card (EHIC). The European Health Insurance Card will entitle **You** to benefit from the reciprocal healthcare arrangements which exist between countries within the EU and the EEA or Switzerland.

If **You** are travelling to Australia, **You** must enroll with a local Medicare office immediately or after **You** have received medical treatment for the first time.

# Sports and Activities

The following table confirms the sports and activities that this policy will cover on an **Incidental Basis** (which means that the sport or activity **You** are taking part in on **Your Trip** is on a strictly amateur basis and is purely for leisure purposes). If **You** participate in any sports or activities not mentioned in this table, **You** will not be covered by this policy.

If **You** participate in any listed activity below, **You** are required at all times to wear the appropriate safety equipment for that activity (for example protective clothing and / or suitable head protection).

| Activity  | Limitations and Conditions  |
|---|---|
| Abseiling   | Under supervision of a qualified instructor or guide.   |
| Aerobics  | -   |
| Angling / Fishing   | -   |
| Archery   | -   |
| Badminton   | -   |
| Banana Boating / Donuts / Inflatables   | Under supervision of a qualified instructor or guide  |
| Baseball  | -   |
| Basketball  | -   |
| Beach Games   | -   |
| Billiards, snooker and pool   |   |
| Blade skating   |   |
| Board Sailing   |   |
| Body Boarding   | -   |
| Bowls / Bowling   | -   |
| Bridge Walking  | Under supervision of a qualified instructor or guide.   |
| Camel Riding  | Under supervision of a qualified instructor or guide.   |
| Canoeing  | Up to grade 2 on rivers only.   |
| Cave tubing   | Under supervision of a qualified instructor or guide and organized through a licensed operator.   |
| Catamaran Sailing   | Under supervision of a qualified instructor or guide  |
| Charity or conversation work  | Strictly voluntary basis and organized by a registered charity or conservation organisation. <b>Manual work</b> with hand tools only and no working at height above 3 metres. |
| Clay Pigeon Shooting  | -   |
| Climbing  | Indoors on climbing wall only.  |
| Cricket   | -   |
| Croquet   | -   |
| Cross Country Running   | No racing.  |
| Curling   | -   |
| Cycling   | Leisure only and no racing.   |
| Deep Sea Fishing  | Under supervision of a qualified instructor or guide.   |
| Dingy Sailing   | No racing.  |
| Dodgeball   | -   |
| Driving any car, motorcycle, moped or scooter, for which <b>You</b> are licensed to drive in <b>Your Home Country</b> | No motor rallies or racing. For scooter, mopeds or motorcycles <b>You</b> must wear a crash helmet and appropriate protective clothing.                                       |
| Elephant Riding   | Under supervision of a qualified instructor or guide.   |
| Falconry  | Under supervision of a qualified instructor or guide.   |
| Fell Walking / Running / Rambling / Trekking  | Under 2,500 metres altitude.  |
| Fencing   | -   |

| Activity (continued)            | Limitations and Conditions (continued)   |
|---------------------------------|--|
| Fishing                         | -  |
| Flotilla Sailing                | Under supervision of a lead skipper and within 20 miles of coastland or inland water.  |
| Flying                          | As a passenger in a fully licensed passenger aircraft only.  |
| Football                        | Amateur, and not the main purpose of the <b>Trip</b>   |
| Geocaching                      | Under 2,500 metres altitude.   |
| Glass-bottom boats and bubbles  | -  |
| Go Karting                      | Under supervision of a licensed operator.  |
| Golf                            | -  |
| Handball                        | -  |
| Helicopter Rides / Tours        | As a passenger in a fully licensed helicopter only.  |
| Hiking                          | Under 2,500 metres altitude.   |
| Hill Walking                    | Under 2,500 metres altitude.   |
| Hockey                          | Field hockey only.   |
| Horse Riding                    | No polo, hunting, jumping or racing and <b>You</b> must wear a helmet.   |
| Hot Air Ballooning              | As a passenger under supervision of a licensed operator.   |
| Hydro Zorbing                   | Under supervision of a licensed operator.  |
| Ice Skating                     | In a rink and no hockey or speed skating.  |
| Jet Boating (no racing)         | As a passenger and with a licensed operator.   |
| Jet Skiing (no racing)          | Under supervision of a licensed operator.  |
| Jogging                         | -  |
| Kayaking                        | Up to grade 2 on rivers only.  |
| Kite surfing                    |  |
| Korfball                        | -  |
| Marathon running                | -  |
| Motor Boating                   | As a passenger under with a licensed operator.   |
| Mountain Biking                 | Wearing a helmet and only casual or off road. No endurance, downhill, freeriding, four- cross, dirt jumping, trials, stunting or racing. |
| Netball                         | -  |
| Narrowboat / Canal Cruising     | Inland waters only.  |
| Orienteering                    | Under 2,500 metres altitude.   |
| Paint Balling                   | <b>You</b> must wear eye protection and appropriate safety clothing.   |
| Parascending                    | Towed by a boat over water only and with a licensed operator.  |
| Pony Trekking                   | <b>You</b> must wear a helmet.   |
| Rackets / Racquetball           | -  |
| Rambling / Walking              | Under 2,500 metres altitude.   |
| Rifle Range Shooting            | Under supervision of a qualified instructor or guide and with a licensed operator.   |
| Ringos                          | Under supervision of a licensed operator.  |
| River Tubing                    | Under supervision of a qualified instructor or guide.  |
| Roller Blading / Roller Skating | -  |
| Rounders / Softball             | -  |
| Rowing                          | No racing and within sight of land.  |
| Running                         | Sprint and long distance   |

| <b>Activity (continued)</b>      | <b>Limitations and Conditions (continued)</b>  |
|----------------------------------|--|
| Safari                           | Organized guided tour by vehicle and supervised walking only.  |
| Sail Boarding                    | -  |
| Sailing / Yachting               | Within 20 miles of a coastline or inland waters and for purely leisure purposes.   |
| Sandboarding / Sand Dune Surfing | -  |
| Sand Yachting                    | -  |
| Scuba Diving                     | To a maximum depth of 18 metres. No solo diving. If unqualified <b>You</b> must be accompanied by a qualified instructor or dive master. No commercial or professional or technical diving (such as cave or cavern, ice, enriched air, free, tutor or wreck diving). |
| Shark Diving                     | In a cage only and under supervision of a qualified instructor or guide. Organised through a licensed operator.  |
| Skateboarding                    | <b>You</b> must wear a helmet.   |
| Snooker, Pool or Billiards       | -  |
| Snorkelling                      | -  |
| Squash                           | -  |
| Stand-up Paddle-boarding         | -  |
| Surfing                          | -  |
| Swimming                         | If in open water within sight of land.   |
| Swimming with dolphins           | Under supervision of a qualified instructor or guide. Organised through a licensed operator.   |
| Table Tennis                     | -  |
| Tennis                           | -  |
| Tenpin Bowling                   | -  |
| Track Events                     | -  |
| Trampolining                     | -  |
| Tree canopy walking              | -  |
| Trekking                         | Under 2,500 metres altitude.   |
| Tubing                           | Under supervision of a qualified instructor or guide.  |
| Tug of War                       | -  |
| Volleyball                       | -  |
| Wake Boarding                    | -  |
| Walking                          | Under 2,500 metres altitude.   |
| Water Polo                       | -  |
| Water Skiing                     | -  |
| Wind Surfing                     | -  |
| Whale Watching                   | -  |
| Yoga                             | -  |
| Zip Lining                       | Under supervision of a qualified instructor or guide.  |
| Zorbing                          | Arranged with a licensed operator.   |

# Winter Sports Cover

If **You** take part in any of the winter sports activities listed below **You** must, under **Your** policy, wear a helmet and all appropriate safety equipment or protective clothing at all times. There is a general exclusion under **Your** policy with **Us** for claims arising directly or indirectly from putting yourself in unnecessary danger. This means that **We** will not pay **Your** claim if **You** do not meet this policy condition.

Prior to participating in a winter sports activity, **You** must pay **Us** an additional premium to be covered for winter sports and this additional purchase must be shown on **Your Statement of Insurance**. This means that **You** will be covered for Overseas Emergency Medical Assistance and Expenses that arise from **You** participating in a Winter Sports activity. If **You** have not paid **Us** an additional premium for Winter Sports, **You** will not be covered.

| Winter Sports<br>Covers you if you have paid the appropriate winter sports premium | Limitations and Conditions  |
|--|---|
| Air Boarding   | -   |
| Big Foot Skiing  | -   |
| Blade Skating  | -   |
| Bum Boarding   | -   |
| Cross Country / Nordic Skiing  | -   |
| Dog Sledging   | -   |
| Dry Skiing   | -   |
| Glacier Walking  | Under supervision of a qualified instructor or guide.<br>Organised through a licensed operator. |
| Ice Hockey   | Non-competitive.  |
| Ice Karting  | -   |
| Ice Windsurfing  | -   |
| Kick Sledging  | -   |
| Langlauf   | -   |
| Skiing off-Piste   | Under supervision of a qualified instructor or guide.   |
| Skiing on-Piste  | -   |
| Sledging   | As a passenger, pulled by horse or reindeer.  |
| Snow Boarding  | On-piste only.  |
| Snow Mobiling  | -   |
| Snow Shoe Walking  | -   |
| Snow Tubing  | -   |
| Tobogganing  | Under supervision of a qualified instructor or guide.   |

# Important Exclusions and Conditions Relating to Health

This insurance is designed to cover **You** for unforeseen events, **Accidents, Serious Illness** or **Bodily Injury** occurring during **Your Period of Insurance**. **You** must comply with the following conditions to have the full protection of **Your** policy.

**We** will not pay for claims which are in any way related to any **Pre-Existing Medical Condition** which existed either:

- at the time of taking out this insurance and / or
- at the time of booking a **Trip** and / or
- at the start of any **Trip**

unless **Your Pre-Existing Medical Condition** is confirmed in the list of Acceptable Medical Conditions shown below.

There is no cover under this policy for any **Pre-Existing Medical Conditions** not listed in the list of Acceptable Medical Conditions.

## Acceptable Medical Conditions

|   |  |  |
|---|--|--|
| Acid reflux   | Diarrhoea and vomiting (if completely resolved)                          | Nasal polyps   |
| Acne  | Dyspepsia  | Nut allergy that, if left untreated, does not require Hospital treatment         |
| ADHD  | Eczema   | PMT  |
| Allergic rhinitis   | Enlarged prostate (benign only)  | Psoriasis  |
| Arthritis (the affected person must be able to walk independently at Home without using mobility aids)                                  | Essential tremor   | RSI  |
| Asthma (the affected person must have been diagnosed whilst under 50 years of age and the asthma controlled by no more than 2 inhalers) | Glaucoma   | Sinusitis (provided there is no ongoing treatment)                               |
| Blindness or partial sightedness  | Gout   | Skin or wound infections that have completely resolved with no current treatment |
| Carpal tunnel syndrome  | Haemorrhoids   | Tinnitus   |
| Cataracts   | Hay fever  | Tonsillitis  |
| Chicken pox (if completely resolved)  | Irritable bowel syndrome   | Underactive thyroid  |
| Colds or influenza  | Ligament or tendon injury (provided You are not currently being treated) | Urticaria  |
| Cuts and abrasions (not self-inflicted and require no attention)  | Macular degeneration   | Varicose veins   |
| Cystitis (provided that there is no ongoing treatment)  | Menopause  | Deafness   |
| -   | Migraine (provided there are no ongoing investigations)                  | -  |

# Emergency Overseas Medical Assistance and Expenses

This section provides cover for the items shown under the 'What is covered' section below, whilst **You** are on a **Trip**. Under this policy, an emergency shall mean; for the immediate relief of pain or discomfort because **You** suffer a **Serious Illness** or a **Bodily Injury**.

This is not a private medical insurance policy and only gives cover in the event of an **Accident**, a **Bodily Injury** or a sudden **Serious Illness** that requires emergency treatment whilst on a **Trip**. In the event of medical treatment becoming necessary which results in a claim under this insurance, the **Beneficiary** is responsible for paying the costs to allow **Us** or **Our** representatives, reasonable access to their medical records and medical background. It is essential that **You** read and understand the Important Exclusions and Conditions Relating to Health section on page 14.

## What is covered

**We** will cover up to £15,000,000 for **Your** emergency medical treatment and related expenses (or emergency dental treatment up to a financial limit of £300) if **You** suffer a **Serious Illness** or a **Bodily Injury** or are quarantined (on the orders of **Your** treating **Medical Practitioner**), during **Your Trip** for:

- ✓ Emergency medical treatment, including the costs of rescue or assistance services to take **You** to a **Hospital**, which is outside **Your Home Country**.
- ✓ Emergency medical expenses incurred outside **Your Home Country** for:
  - a) additional costs for transport and accommodation (up to a similar standard of **Your** original booking) if it is deemed medically necessary for **You** to stay after the date **You** were booked to return to **Your Home Country**. This includes extra costs **You** have to pay to return to **Your Home Country** if **You** cannot use **Your** booked transport;
  - b) returning **You** to **Your Home Country**, if it is deemed medically necessary because **You** have a **Bodily Injury** or **Serious Illness** and **You** cannot use **Your** booked transport;
  - c) additional costs for transport and accommodation for one **Close Relative** or friend who has to stay with **You** or travel to be with **You**;
  - d) additional costs for transport and accommodation for **Your children** who are on the same **Trip** as **You**, and who have to stay with **You** or travel without **You** to return to their **Home Country**.
- ✓ Reasonable related expenses incurred if **You** die:
  - a) outside **Your Home Country**, for funeral costs outside **Your Home Country**; or
  - b) for returning **Your** body or ashes to **Your Home Country**.
- ✓ Emergency dental treatment (natural teeth only) up to a financial limit of £300, for the immediate pain relief outside **Your Home Country**.

For medical expenses incurred in the United States of America (USA), **We** will only pay for reasonable and necessary emergency treatment, surgery, **Hospital** and transportation costs in accordance to the negotiated rate with the provider, if one exists. If no negotiated rate with a provider exists, then **We** will pay a maximum amount of 150% of the USA Medicare rate.

## Special Conditions Relating To Emergency Overseas Medical Assistance and Expenses Claims

- 1 **You** must contact the **Emergency Assistance Service** immediately on **+44 1733 224 956** if **You** are admitted to **Hospital** or before any arrangements are made for **Your** repatriation.
- 2 **You** must contact the **Emergency Assistance Service** on **+44 1733 224 956** about any **Bodily Injury** or **Serious Illness** which means **You** are told by the treating **Medical Practitioner** that **You** need to undergo tests or investigations as an out-patient.
- 3 All expenses and costs for accommodation and transport, must have the prior agreement of the **Emergency Assistance Service**.
- 4 All expenses and costs exceeding £500 (or the local equivalent) must have the prior agreement of the **Emergency Assistance Service**.
- 5 In the event of **Your Bodily Injury** or **Serious Illness** **We** reserve the right to relocate **You** from one **Hospital** to another and to arrange **Your** repatriation **Home** at any time during **Your Trip**. **We** will do this if in the opinion of the **Emergency Assistance Service** **You** can be moved safely and / or travel safely to **Your Home** to continue treatment. If **You** choose not to move or return **Home** all cover will end and **We** will not pay for any costs incurred after the date it was deemed safe for **Your** relocation and / or return **Home**.
- 6 **You** must provide **Us** with valid receipts and invoices for all costs and expenses **You** incur.
- 7 **You** must accept the decisions of the **Emergency Assistance Service** about the most suitable, practical and reasonable solution to any medical emergency.

### What is not covered

- X The first £75 of each claim **You** make (this is **Your Excess**).
- X Any circumstances **You** were aware of at the time of taking out this **Group Policy** that could reasonably be expected to give rise to a claim.
- X Any **Pre-Existing Medical Condition**.
- X Any claim relating to any reason set out under Important Exclusions and Conditions Relating to Health section of this wording.
- X Any treatment or expenses in **Your Home Country**.
- X Any non-essential medical treatment, surgery, investigations or tests which are not related to the **Serious Illness** or **Bodily Injury** that **You** originally went to **Hospital** for.
- X Any treatment that the **Emergency Assistance Service** confirms can reasonably wait until **You** return to **Your Home Country**.
- X Any expenses or treatment funded by a Reciprocal Healthcare Agreement or private health policy.
- X **You** travel to a country, a specific area or event to which the UK Foreign and Commonwealth Office, [www.gov.uk/foreign-travel-advice](http://www.gov.uk/foreign-travel-advice), or the World Health Organisation, [www.who.int/ith/en](http://www.who.int/ith/en), has advised the general public against all or against all but essential travel.
- X **Your** failure to comply with the terms and conditions of the Eligibility; the Special Conditions Relating to all Claims or the Reciprocal Health Agreements sections of this policy
- X Any **Trip** which is a one way journey or if the **Trip** is longer than the duration shown on the **Statement of Insurance**.
- X Any expenses relating to replacing any medication, which is known by **You** to be required or continued at the time of **You** starting any **Trip**.
- X Any claim relating to a tropical disease if **You** have not had the recommended inoculations and / or taken the recommended medication as directed, for **Your** destination.
- X Any cosmetic surgery.
- X Any dental work involving the use of precious metals or non-natural teeth.
- X The extra costs of single or private accommodation in **Hospital**, or any treatment or services provided by a spa, nursing **Home** or rehabilitation centre.
- X The cost of telephone calls, other than for calls to the **Emergency Assistance Service** or for receiving calls from the **Emergency Assistance Service**.
- X The cost of taxi-fares, other than for **Your** travel to and from **Hospital** relating to **Your** admission, attendance for outpatient treatment or appointments or for collection of medication prescribed for **You** by the **Hospital**.

- X **Normal Pregnancy or Childbirth.**
- X **Your** wilful, self-inflicted **injury** or **Serious Illness**, suicide or attempted suicide, sexually transmitted diseases, solvent abuse, use of drugs (other than drugs taken in accordance with treatment prescribed and directed by a **Medical Practitioner**, but not for the treatment of drug addiction).
- X **Your** self-exposure to needless peril (except in an attempt to save human life).
- X **You** drinking too much alcohol, **Your** alcohol abuse or **Your** alcohol dependency. (In respect of **You** drinking too much alcohol, **We** do not expect **You** to avoid alcohol, but **We** will not cover any claims that occur because **You** have drunk so much alcohol that **Your** judgement is affected and **You** need to make a claim as a result).
- X Unless **Your** life is in danger or **You** are attempting to save human life, **You**:
  - jumping or diving from a pier(s), a wall(s), a bridge(s) or a rock(s) including tombstoning or shore diving,
  - climbing on top of or jumping from a vehicle,
  - climbing or jumping from a building or balcony,
  - climbing or moving from any external part of any building to another part (excluding where stairs are being used) and falling, regardless of the height.
- X **Your** stress, anxiety, depression or any other mental or nervous disorder.
- X Any participation in or practice of any professional entertaining or professional sports or competitive activities.
- X Any participation in or practice of any other sport or activity, **Manual Work** or racing unless shown as covered on the sports and activities table on page 10.
- X Any other loss, damage or extra expense following on from the event **You** are claiming for, unless **We** provide cover for this under this insurance. Other loss, damage or additional expense following on from the event for which the **Beneficiary** is claiming unless **We** provide cover under this insurance. For example, loss of earnings due to being unable to return to work following **Bodily Injury**, Illness or disease happening while on a **Trip**.
- X Operational duties of a member of the Armed Forces.
- X **You** using a motorised vehicle unless **You** have a full and valid driving licence that allows **You** to use the vehicle.
- X Any payments **You** would normally have made during **Your Trip** or which do not fall within the events insured by the **Group Policy**.
- X Any loss caused by currency exchanges or fluctuations.
- X Any costs incurred by **You** or the **Group Policyholder** which can be recovered from the service provider.
- X The **Group Policyholder** or **Beneficiary's** own unlawful action or any criminal proceedings against them.
- X War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.
- X **Terrorism** where such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **Trip**. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.

# Delayed Departure

This section provides cover for the items shown under the 'What is covered' section below, whilst **You** are on a **Trip**.

**Important Notice:** Cover under this section is only applicable to a delay that the lead named Insured person experiences, and the financial amounts below apply to each **Trip**, irrespective of the number of insured persons who suffer a delay.

## What is covered

If the departure of the **Public Transport** on which **you** are booked to travel, according to **Your** travel itinerary, is delayed by at least 4 hours due to:

- ✓ adverse weather;
- ✓ strike action;
- ✓ industrial action;
- ✓ mechanical breakdown ;
- ✓ technical fault;
- ✓ closure of air space directly due to volcanic eruption; or
- ✓ closure of air space directly due to a natural disaster;

**We will pay You:**

- ✓ an initial compensation amount of £80 if **You** are delayed for more than 4 hours;
- ✓ an additional compensation amount of £80 for each complete hour **You** are delayed after the initial 4 hour period, up to a maximum payment of £320 per **Trip**.

## Special Conditions Relating To Delayed Departure

- 1 **You** must check in to depart, in accordance with **Your** travel itinerary.
- 2 **You** must get written confirmation from **Your Public Transport** provider to confirm the number of hours **You** were delayed.
- 3 **You** must get written confirmation from **Your Public Transport** provider to confirm the reason for **Your** delay.
- 4 **You** must keep to the terms and conditions of **Your** contract with the travel agent; tour operator or **Public Transport** provider.

## What is not covered

- X Any claim arising directly or indirectly from:
  - a) Strike or industrial action taking place or made public by the date **You** took out this insurance or the time **You** booked **Your Trip**;
  - b) An aircraft or sea vessel being withdrawn from service (temporarily or permanently) on the recommendation of the Civil Aviation Authority; port authority, or any other similar body in any country.
- X Any claim that relates to a delay that occurs within 72 hours of **You** taking out this **Group Policy**.
- X Any flight that is not **Your** international outbound, connecting or inbound flight.
- X Any **Trip** which is a one way journey or if the **Trip** is longer than the duration shown on the **Statement of Insurance**.
- X Any circumstances **You** were aware of at the time of taking out this **Group Policy** that could reasonably be expected to give rise to a claim.
- X Any other loss or extra expenses **You** incur as a result of a delayed departure, for example telephone calls, any form of communication expenses, loss of earnings, additional car parking costs, additional travel expenses or additional accommodation expenses.
- X Any claim for a cancelled flight, if this flight is cancelled before its departure time as per **Your** travel itinerary.
- X Any **Domestic Flight(s)**.

# Delayed Baggage

This section provides cover for the items shown under the 'What is covered' section below, whilst **You** are on a **Trip**.

**Important Notice:** Cover under this section is only applicable to a **Baggage** delay that the lead named Insured person experiences and the financial amount below apply to each **Trip**, irrespective of the number of insured persons who suffer a **Baggage** delay.

## What is covered

We will pay **You** up to £320 in reimbursement for **You** purchasing emergency replacement clothing, medication and toiletries if **Your Baggage** is temporarily lost during **Your** outward **Trip** (Including any connecting flight(s)) and is not returned to **You** within 4 hours.

## Special Conditions Relating To Delayed Baggage

- 1 **You** must get a written confirmation from **Your Public Transport** provider to confirm the number of hours that **Your Baggage** was delayed.
- 2 **You** must get written confirmation from **Your Public Transport** provider to confirm the reason for **Your Baggage** delay.
- 3 **You** must keep to the terms and conditions of **Your** contract with the travel agent; tour operator or **Public Transport** provider.
- 4 **You** must keep original receipts to substantiate **Your** purchase of emergency replacement clothing, medication and toiletries.

## What is not covered

- X Any claim that relates to a **Baggage** delay that occurs within 72 hours of **You** taking out this **Group Policy**.
- X Any flight that is not **Your** international outbound, including associated connecting flights.
- X Any **Trip** which is a one way journey or if the **Trip** is longer than the duration shown on the **Statement of Insurance**.
- X Any circumstances **You** were aware of at the time of taking out this **Group Policy** that could reasonably be expected to give rise to a claim.
- X Any other loss or extra expenses **You** incur as a result of a temporary loss of **Your Baggage**, for example telephone calls, any form of communication expenses, loss of earnings, additional travel expenses or additional accommodation expenses.
- X Any claim that cannot be substantiated with either original receipts and / or original credit card or bank statements that substantiate **Your** purchase of emergency replacement clothing, medication and toiletries.
- X Any claim for **Baggage** items that are permanently lost, stolen or damaged.
- X Any **Domestic Flight(s)**.

# How to Claim

## Emergency Medical Assistance Abroad

In the event of a **Serious Illness** or **Bodily Injury** which leads to **You** being an in-patient in **Hospital** or before any arrangements are made for repatriation **You** or **Your** representative must contact the **Emergency Assistance Service** immediately on **+44 1733 224 956**.

The service is available to **You** and operates 24 hours a day, 365 days a year for advice, assistance, repatriation and authorisation of medical expenses. If immediate contact is not possible because the condition requires emergency treatment, **You** or **Your** representative must contact the **Emergency Assistance Service** as soon as possible.

Private medical treatment is not covered unless authorised specifically by the **Emergency Assistance Service**. The **Emergency Assistance Service** has the medical expertise, contacts and facilities to help should **You** suffer a **Bodily Injury** or a **Serious Illness**. The **Emergency Assistance Service** will also arrange to transport **You Home** when this is considered to be medically necessary.

If **You** are admitted to a **Hospital** / clinic while abroad, the **Emergency Assistance Service** will arrange for medical expenses covered by the policy to be paid direct to the **Hospital** / clinic. To take advantage of this benefit someone must contact the **Emergency Assistance Service** for **You** as soon as possible on **+44 1733 224 956**.

When contacting the **Emergency Assistance Service** provider or the claims handler, to avoid any delays please quote **Your** unique Revolut **Group Policy** number as detailed on **Your Statement of Insurance** and state that **You** hold a Revolut **Group Policy** with White Horse Insurance Ireland dac.

The primary language of the **Emergency Assistance Service** provider and claims handler is English. The **Emergency Assistance Service** provider can provide its services in other languages to enable it to deal with medical facilities around the world.

## Out-Patient Medical Expenses, Delayed Departure and Delayed Baggage Claims

For out-patient treatment, **You** should pay the doctor / **Hospital** / clinic yourself and claim back medical expenses from **Us** on **Your** return to **Your Home**. Please beware of requests for **You** to sign for excessive treatment or charges. If **You** have a doubt regarding any such requests, please call the **Emergency Assistance Service** for guidance. On **Your** return **Home You** should call **+44 1733 224 958** or email [claims@white-horse.ie](mailto:claims@white-horse.ie) to claim back **Your** medical expenses.

For Delayed Departure and Delayed **Baggage** claims, please call **+44 1733 224 958** or email [claims@white-horse.ie](mailto:claims@white-horse.ie)

The primary language of the Out-Patient Medical Expenses, Delayed Departure and Delayed **Baggage** claims handler is English.

Telephone calls are recorded and may be monitored.

# How to Complain

**We** know that sometimes, no matter how hard **We** try, **We** don't always get it right. If **We** give **You** cause for complaint, it's important that **You** know that **We** are committed to providing **You** with an exceptional level of service and customer care. When this happens, **We** want to hear about it so that **We** can try to put things right.

Should **You** have a complaint regarding **Your** policy or the Revolut app, please submit **Your** complaint through the in-app support.

Alternatively submit **Your** complaint using the following link:

<https://www.surveymonkey.co.uk/r/5XTPCJV>

Should **You** have any complaint regarding how **Your** claim has been dealt with, please contact:

The Customer Experience Manager  
White Horse Insurance Ireland dac  
First Floor  
Rineanna House  
Shannon Free Zone  
Shannon  
County Clare  
Republic of Ireland.  
V14 CA36.

Email: [complaints@white-horse.ie](mailto:complaints@white-horse.ie)

The Customer Experience Manager will issue a final response to **Your** complaint. If **You** are still not satisfied with **Our** decision after following the above procedure, **You** may then contact the:

Financial Services and Pensions Ombudsman  
Lincoln House  
Lincoln Place  
Dublin 2  
Republic of Ireland.  
D02 VH29.

Email: [info@fspoi.ie](mailto:info@fspoi.ie)  
Website: [www.fspoi.ie](http://www.fspoi.ie)  
Phone: 00 353 1 567 7000

The Financial Services and Pensions Ombudsman will not consider **Your** complaint until **We** have issued a final response letter.