

# REVOLUT PREMIUM ACCOUNT

## CONDITIONS FOR BENEFICIARIES

### INTRODUCTION

Revolut Bank UAB, as the issuer of the Premium current account, has arranged with *us* the following collective agreement relating to insurance benefits (hereinafter referred to as "collective insurance agreement") that *account holders* and other *beneficiaries* can benefit from.

Based on the collective insurance agreement, the *account holders* are permitted to make a claim directly to *us* but do not have any rights directly with *us* in relation to the collective insurance agreement.

These *conditions for beneficiaries* are not part of an individual insurance policy, but give a description of the different benefits that are available as part of the collective insurance agreement. In these *conditions for beneficiaries*, information is provided about the benefits, different limitations and exclusions, as well as the obligations of the *account holders* and other *beneficiaries* under the collective insurance agreement. The collective insurance agreement benefits are only available for *account holders* when they subscribe to a Premium current account and will end the moment the Premium current account is downgraded or closed, either by Revolut Bank UAB or by the *account holder*.

It is important for the *account holder* and other *beneficiaries* to read these *conditions for beneficiaries* carefully.

In accordance with the Revolut Plus, Premium and Metal Terms you confirm that you understand English and you agree that the claims related to the benefits you have under the collective insurance agreement of Revolut will be handled in English. Alternatively, your claims will be handled in local language if the official language of your *country of residence* is English, German, French, Italian, Spanish, Dutch, Polish, Greek, Slovenian, Hungarian or Romanian.

Revolut Bank UAB will inform the *account holder* of any substantial change in the collective insurance agreement or if this collective insurance agreement is ending or will not be continuing under the same terms and conditions. The collective insurance agreement can end, be changed or can be terminated by *us* or Revolut Bank UAB without the approval of the *account holder*.

## BENEFITS SUMMARY

### TRIP CANCELLATION

Benefit	Covered up to	Deductible
Reimbursement of non-refundable <i>trip</i> costs, cancellations fees, and rebooking fees in case of a <i>trip</i> cancellation	€ 5,000 per <i>beneficiary</i>	€ 50 per <i>beneficiary</i>

### TRIP INTERRUPTION

Benefit	Covered up to	Deductible
Reimbursement of unused non-refundable <i>trip</i> costs in case of a <i>trip</i> interruption	€ 5,000 per <i>beneficiary</i>	€ 50 per <i>beneficiary</i>
Reimbursement of the additional transportation costs to return to <i>your country of residence</i> early	An economy class ticket	None
Reimbursement of the additional costs to enable <i>you</i> to continue <i>your</i> onward journey	An economy class ticket	None
Reimbursement of the cost of necessary additional <i>accommodation</i>	Up to € 1,000 in total for all <i>beneficiaries</i> (up to € 200 per night for a maximum of 5 nights)	None

### TRAVEL DELAY

Benefit	Covered up to	Deductible
<p>Reimbursement of additional expenses incurred as a result of a transportation delay or missed departure during a <i>trip</i></p> <p>Minimum required delay length is 4 hours</p>	<p>If <i>you</i> have receipts - € 500 per <i>beneficiary</i> (€ 100 limit for the first complete 4 hours and € 100 limit for each complete hour after this)</p> <p>If <i>you</i> do not have receipts or have not incurred expenses - € 350 per <i>beneficiary</i> (€70 limit for the first complete 4 hours and € 70 limit for each complete hour after this)</p>	None

### BAGGAGE

Benefit	Covered up to	Deductible
<i>Baggage</i> damage, loss or <i>theft</i>	Up to € 1,000 per <i>beneficiary</i> (but no more than € 150 if receipts cannot be provided),	€ 50

including up to € 250 for *high value items*

## BAGGAGE DELAY

Benefit	Covered up to	Deductible
Reimbursement for essential items in case of a delay in <i>luggage</i> arrival at the <i>trip</i> destination	If you have receipts - € 400 per <i>beneficiary</i>	None
Minimum required delay length is 4 hours	If you do not have receipts - € 200 per <i>beneficiary</i> (outbound journey only)	

## LOSS OF TRAVEL DOCUMENTS

Benefit	Covered up to	Deductible
Reimbursement for the cost of an emergency passport or visa and associated expenses in case <i>your</i> travel documents are lost, stolen or damaged on <i>your trip</i>	€ 500	None
The remaining value of each unused year in the lost, stolen or damaged passport	Actual costs	None

## EMERGENCY MEDICAL/DENTAL BENEFITS ABROAD

Benefit	Covered up to	Deductible
Medical expenses	€ 10,000,000	€ 50
Emergency dental expenses	€ 300	€ 50

## EMERGENCY TRANSPORTATION

Benefit	Covered up to	Deductible
Medical repatriation	Actual cost	None
Search and rescue	€ 2,000	None
Transportation of remains	Actual cost	None
Return of dependents	Actual cost	None
Transport to bedside	Actual cost	None

## SPORTS COVERAGE

Benefit	Covered up to	Deductible
Missed activity	€ 200	None
<i>Sporting equipment</i>	€ 1,500	None
<i>Sporting equipment rental</i>	€ 300	None
Search and rescue	€ 3,000	None

## TRAVEL SERVICES DURING YOUR TRIP

Benefit	Covered up to	Deductible
Assistance in finding a <i>doctor</i> or medical facility	information only	None

The above is only a brief description of the benefits available under these *conditions for beneficiaries*. Terms, conditions, and exclusions apply to all benefits. Please carefully review these *conditions for beneficiaries* for complete details. The definitions of the terms in the Definitions section of the *conditions for beneficiaries* will also apply to those terms when used in this Benefits Summary. If not otherwise specified, the benefit limits shown above are per *beneficiary*.

**NOTE: Some specific events, benefits and/or exclusions cannot be applied in certain countries for legal or regulatory reasons. Please refer to each benefit section and the General Exclusions for full details of where these restrictions apply.**

## GENERAL INFORMATION

### WHO WE ARE

We are a Dutch branch of AWP P&C S.A., which has its registered office in Saint-Ouen, France. We also operate under the trading name Allianz Assistance.

Our business address is:  
Poeldijkstraat 4  
1059 VM Amsterdam  
The Netherlands

Our postal address is:  
PO Box 9444  
1006 AK Amsterdam  
The Netherlands

AWP P&C S.A. – Dutch Branch, trading as Allianz Assistance and/or Allianz Travel, is an insurer licensed to act in all EEA countries and operating in freedom of services, with corporate identification No 33094603, and registered at the Dutch Authority for the Financial Markets (AFM) No 12000535

AWP P&C S.A., which has its registered office in 7 rue Dora Maar, Saint-Ouen, France, is authorized by L’Autorité de Contrôle Prudentiel et de Résolution (ACPR) 4 Place de Budapest CS 92459, Paris Cedex 09, France.

### ABOUT THESE CONDITIONS FOR BENEFICIARIES

These *conditions for beneficiaries* are not a contract of insurance but summarise the Travel Insurance Policy which is held by Revolut Bank UAB for the benefit of (and in trust for) their *account holders*. The *account holder's* children (including the stepchildren, foster children, adopted children or children currently in the adoption process) are also considered to be *beneficiaries* when they travel with the *account holder*.

It is important to note that the *account holder* and other *beneficiaries* do not have an insurance policy directly with us. Whilst the *conditions for beneficiaries* wording summarises the benefits available to *account holders* and other *beneficiaries* under the Travel Insurance Policy held by Revolut Bank UAB, it does not give them direct rights under the policy held by Revolut Bank UAB.

Please read these *conditions for beneficiaries* carefully. You will notice that some words are italicised. These words are defined in the “Definitions” section. Words that are capitalised refer to the document and coverage names found in the *conditions for beneficiaries* wording. Headings are provided for convenience only and do not affect *your* benefits in any way.

### WHAT THE CONDITIONS FOR BENEFICIARIES INCLUDES AND WHOM IT COVERS

The *benefits* are only for the sudden and unexpected specific situations, events, and losses included in these *conditions for beneficiaries*, and only under the conditions described. Please review these *conditions for beneficiaries* carefully.

These *conditions for beneficiaries* consist of three parts:

1. The *conditions for beneficiaries* wording document.
2. The Insurance Product Information Document (IPID).
3. Statement of insurance.

NOTE: Not every loss is covered, even if it is due to something sudden, unexpected, or out of *your* control. Only those losses meeting the conditions described in these *conditions for beneficiaries* document may be covered and any payment for a reimbursement claim will be made to the *account holder* only. Please refer to the General Exclusions section of this document for exclusions applicable to all coverages under these *conditions for beneficiaries*.

## CANCELLATION RIGHTS

Your satisfaction is *our* priority but we understand that these *conditions for beneficiaries* may not meet the needs of all *beneficiaries*. The *account holder* is free to cancel the cover under these *conditions for beneficiaries* at any time by closing their Premium current account or changing it to another account type. Doing so will cancel the cover immediately for all *beneficiaries*.

## DEDUCTIBLES

Under some sections of these *conditions for beneficiaries*, you will have to pay a deductible. This means that the *account holder* will be responsible for paying the first part of the claim for each *beneficiary*, for each section, for each claim incident. The amount you have to pay is called the deductible. The Benefits Summary shows where it applies and, where possible, we will deduct the sum from any claims payment due to the *account holder*.

## IMPORTANT CONTACT DETAILS

COUNTRY	EMAIL ADDRESS TRAVEL	EMAIL ADDRESS MEDICAL	TELEPHONE NUMBER
Austria	claims.awpeurope@allianz.com	contact.awpeurope@allianz.com	+4312530572
Belgium	claims.awpeurope@allianz.com	contact.awpeurope@allianz.com	+3222904549
Bulgaria	claims.awpeurope@allianz.com	contact.awpeurope@allianz.com	+35924923861
Croatia	claims.awpeurope@allianz.com	contact.awpeurope@allianz.com	+390200689772
Cyprus	claims.awpeurope@allianz.com	contact.awpeurope@allianz.com	+35722000355
Czech Republic	claims.awpeurope@allianz.com	contact.awpeurope@allianz.com	+420225985719
Denmark	claims.awpeurope@allianz.com	contact.awpeurope@allianz.com	+4532700379
Estonia	claims.awpeurope@allianz.com	contact.awpeurope@allianz.com	+3726093040
Finland	claims.awpeurope@allianz.com	contact.awpeurope@allianz.com	+358942722104
France	claims.awpeurope@allianz.com	contact.awpeurope@allianz.com	+33170391163
Germany	claims.awpeurope@allianz.com	contact.awpeurope@allianz.com	+498942729981
Greece	medical@allianz-assistance.gr	medical@allianz-assistance.gr	+302111988851
Hungary	claims.at@allianz.com	assistance.at@allianz.com	+3612344901
Iceland	claims.awpeurope@allianz.com	contact.awpeurope@allianz.com	+3544160123
Ireland	claims.awpeurope@allianz.com	contact.awpeurope@allianz.com	+35315267980
Italy	claims.awpeurope@allianz.com	contact.awpeurope@allianz.com	+390230329329
Latvia	claims.awpeurope@allianz.com	contact.awpeurope@allianz.com	+37167873417
Lichtenstein	claims.awpeurope@allianz.com	contact.awpeurope@allianz.com	+41432101104
Lithuania	claims.awpeurope@allianz.com	contact.awpeurope@allianz.com	+37166004952
Luxembourg	claims.awpeurope@allianz.com	contact.awpeurope@allianz.com	+35220204220
Malta	claims.awpeurope@allianz.com	contact.awpeurope@allianz.com	+390200689738
Netherlands	claims.awpeurope@allianz.com	contact.awpeurope@allianz.com	+31107994319

Norway	claims.awpeurope@allianz.com	contact.awpeurope@allianz.com	+46850520021
Poland	claims.awpeurope@allianz.com	pms@mondial-assistance.pl	+48222630096
Portugal	claims.awpeurope@allianz.com	contact.awpeurope@allianz.com	+351211452610
Romania	claims.awpeurope@allianz.com	assistance.at@allianz.com	+40312296341
Slovakia	claims.awpeurope@allianz.com	contact.awpeurope@allianz.com	+421233325518
Slovenia	claims.at@allianz.com	assistance.at@allianz.com	+38617775925
Spain	claims.awpeurope@allianz.com	contact.awpeurope@allianz.com	+34919153157
Sweden	claims.awpeurope@allianz.com	contact.awpeurope@allianz.com	+46850511150

## APPLICABLE LAW

The governing law of these *conditions for beneficiaries* is the Lithuanian law.

## COMPLAINTS

We aim to provide *you* with a first class service. However, there may be times when *you* feel we have not done so. If this is the case, please tell *us* about it so that *we* can do *our* best to solve the problem. If *you* make a complaint, *your* legal rights will not be affected. In the first instance, please contact *us* as specified above.

Please supply *us* with *your* name, address and *claim* number, and enclose copies of relevant correspondence, as this will help *us* to deal with *your* complaint, in the shortest possible time.

If *you* are not satisfied with *our* final response, *you* can refer the matter to the Ombudsman of *your* country of residence for independent arbitration.

COUNTRY	POSTAL ADDRESS	EMAIL ADDRESS/WEBSITE	TELEPHONE NUMBER/FAX
Austria	Beschwerdestelle über Versicherungsunternehmen im Bundesministerium für Arbeit, Soziales, Gesundheit und Konsumentenschutz gem. §33 VAG Abteilung III/3, Stubenring 1, 1010 Wien	E-Mail: versicherungsbeschwerde@sozialministerium.at	Tel: +43 1 71100 – 862501
Belgium	Ombudsman van de Verzekeringen, de Meeûsquare 35, 1000 Brussel	Email: info@ombudsman.as	Tel: +32 (2) 547 58 71 Fax: +32 (2) 547 59 75
Bulgaria	Financial Supervision Commission Budapeshta str.16 1000 Sofia	E-mail: delovodstvo@fsc.bg  Website: www.fsc.bg	+359 2 9404 999
Croatia	Croatian Financial Services Supervisory Agency (HANFA) Miramarska 24b Zagreb HR – 10000 Croatia	E-mail: potrosaci@hanfa.hr  Website: www.hanfa.hr/	+385 1 6173 200
Cyprus	Financial Ombudsman of the Republic of Cyprus.	E-mail: complaints@financialombu	Tel: +357 2284 8900

	PO Box 25735 1311 Nicosia Cyprus	dsman.gov.cy.  Website: www.financialombudsman.gov.cy.	Fax: +357 22660584, +357 22660118
Czech Republic	Czech National Bank Consumer Protection Department Na Prikope 28 115 03 Prague 1 Czech Republic	E-mail: spotrebitel@cnb.cz  Website: www.ombudsmancap.cz	Tel: 22 441 4359/2887  Fax: 22 441 2261
Denmark	Ankenævnet for Forsikring Østergade 18, 2 1100 København K Denmark	E-mail: ankeforsikring@ankeforsikring.dk  Website: www.ankeforsikring.dk/english	+45 33 15 89 00
Estonia	Tarbijakaitse ja Tehnilise Järelevalve Amet Address: Endla 10a 10122 Tallinn	E-mail: avaldus@komisjon.ee  Website: www.tarbijakaits eamet.ee	+372 667 2000
Finland	FINE - Insurance and Financial advice Porkkalankatu 1 00180 Helsinki	E-mail: info@fine.fi  Website: www.fine.fi	+358 (0) 9 6850 120
France	La Médiation de l'Assurance TSA 50110 75441 Paris Cedex 09	www.mediation- assurance.org	
Germany	Bundesanstalt für Finanzdienstleistungsaufsicht (BaFin) Graurheindorfer Straße 108 D – 53117 Bonn	www.bafin.de	
Greece	Hellenic Consumers Ombudsman 144 Alexandras Avenue 114 71, Athens Greece	E-mail: grammateia@synigoroskat analoti.gr  Website: http://www.synigoroskatan aloti.gr/	Tel: +30 210 646 0862  Fax: +30 210 646 0414
Hungary	Financial Consumer Protection Centre Hungarian National Bank BKKP Postafiók: 777 1534 Budapest Hungary	E-mail: ugyfelszolgalat@mnb.hu  Website: www.mnb.hu	+368 020 3776



Iceland	Umboðsmanns fjármálaþjónustu til óháðrar umfjöllunar Höfðatún 2, 105 Reykjavík Iceland	E-mail: urskvatr@fme.is  Website: <a href="https://en.fme.is/supervision/consumeraffairs/the-insurancecomplaints-committee/">https://en.fme.is/supervision/consumeraffairs/the-insurancecomplaints-committee/</a>	Tel: + 354 520 3700  Fax: +354 520 3727
Ireland	Financial Services and Pensions Ombudsman for independent arbitration 3rd Floor, Lincoln House Lincoln Place Dublin 2 D02 VH29	E-mail: info@fspo.ie	+353 1 567 7000
Italy	Institute for Insurance Supervision (IVASS) Via del Quirinale 21 00187 Rome Italy	E-mail: ivass@pec.ivass.it Website: www.ivass.it	800 486661 (from Italy) +(39) 06 42021 095 (from outside Italy)  Fax: +(39) 06 42133 745 or +(39) 06 42133 353
Latvia	Latvijas Apdrošinātāju asociācijas ombudu zvērinātu advokāti Kristīnu Pētersoni Lomonosova iela 9- 10 LV-1019 Rīga	E-mail: office@laa.lv  Website: <a href="https://www.laa.lv/klientiem/ombuds/">https://www.laa.lv/klientiem/ombuds/</a>	+371 67 360 898 or +371 67 360 838
Liechtenstein	Bundesanstalt für Finanzdienstleistungsaufsicht (BaFin) Graurheindorfer Straße 108 D – 53117 Bonn	<a href="http://www.bafin.de">www.bafin.de</a>	
Lithuania	Finansinių paslaugų ir rinkų priežiūros departamentas Žalgirio g. 90 LT-09303 Vilnius Lietuva	E-mail: frpt@lb.lt  Website: <a href="https://www.lb.lt/lt/vartotoju-ir-finansu-rinkos-dalyviu-gincai">https://www.lb.lt/lt/vartotoju-ir-finansu-rinkos-dalyviu-gincai</a>	Tel: +370 800 50 500
Luxembourg	Aufsichtsbehörde ACA 12 rue Erasme L – 1468 Luxembourg	E-mail: mediateur@aca.lu	Within Belgium: Tel.: 44 21 44 44 1 Fax: 44 02 89
Malta	Arbiter for Financial Services 1st Floor St Calcedonius Square Floriana FRN 1530	financialarbiter.org.mt or complaint.info@asf.mt	From within Malta: 8007 2366  From abroad: +356 7921 9961

	Malta		
Netherlands	Klachteninstituut Financiële Dienstverlening Postbus 93257 2509 AG Den Haag	www.kifid.nl	070-333 8 999
Norway	Finansklagenemnda Postboks 53 Skøyen 0212 Oslo – Norge	post@finkn.no	(+47) 23 13 19 60
Poland	Biuro Rzecznika Finansowego ul. Nowogrodzka 47A 00-695 Warszawa	E-mail: biuro@rf.gov.pl  Website: www.rf.gov.pl	Tel: +48 22 333 73 26 – Recepcja +48 22 333 73 27 – Recepcja  Fax: +48 22 333 73 29
Portugal	Autoridade de Supervisão e Fundos de Pensões Av. da República, 76 1600-205 Lisbon	www.asf.com.pt (portal do consumidor)	Tel: +351 21 790 31 00  Fax: +351 21 793 85 68
Romania	Autoritatea de Supraveghere Financiară Splaiul Independenței nr. 15 Sector 5 050092 București	E-mail: office@asfromania.ro  Website: <a href="https://www.asfromania.ro/en/">https://www.asfromania.ro/en/</a>	Tel: +40 21 668 12 00  Fax: +40 21 659 64 36
Slovakia	Národná banka Slovenska Odbor ochrany finančných spotrebiteľov Imricha Karvaša 1 813 25 Bratislava	<a href="https://www.nbs.sk/sk/spotrebitel/kontaktujte-nas">https://www.nbs.sk/sk/spotrebitel/kontaktujte-nas</a>	
Slovenia	Slovensko zavarovalno združenje GIZ Železna cesta 14 SI-1001 Ljubljana	E-mail: irps@zav-zdruzenje.si	+386 1 300938
Spain	Servicio de Reclamaciones de la Dirección General de Seguros y Fondos de Pensiones Paseo de la Castellana 44 28046 – Madrid	<a href="https://www.dgsfp.mineco.es">https://www.dgsfp.mineco.es</a>	
Sweden	National Board for Consumer Disputes (ARN) Allmänna Reklamationsnämnden Box 174, 101 23 Stockholm	E-mail: arn@arn.se  Website: www.arn.se	08-508 860 00

## CONDITIONS FOR BENEFICIARIES

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## DEFINITIONS

Throughout these *conditions for beneficiaries*, words and any form of the word appearing in italics are defined in this section.

<b>Abroad</b>	Means a country, other than the <i>country of residence</i> , where the <i>beneficiary</i> does not stay for more than 3 months per year.
<b>Accident</b>	An unexpected and unintended event that causes <i>injury</i> , property damage, or both.
<b>Accommodation</b>	A hotel or any other kind of lodging for which <i>you</i> make a reservation or where <i>you</i> stay and incur an expense.
<b>Account holder</b>	The person who has subscribed to the Revolut Premium account.
<b>Adoption proceeding</b>	A mandatory legal proceeding or other meeting required by law to be attended by <i>you</i> as a prospective adoptive parent(s) in order to legally adopt a minor child.
<b>Baggage</b>	Personal property <i>you</i> take with <i>you</i> or acquire on <i>your trip</i> .
<b>Beneficiary</b>	The <i>account holder</i> who has rights to claim under the collective insurance agreement along with their children (including the stepchildren, foster children, adopted children or children currently in the adoption process) up to a maximum age of 17 years at the time of travel, when they travel with the <i>account holder</i> .
<b>Climbing sports</b>	An activity utilizing harnesses, ropes, belays, crampons, or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing.
<b>Cohabitant</b>	A person <i>you</i> currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old.
<b>Computer System</b>	Any computer, hardware, software, or communication system or electronic device (including but not limited to smart phone, laptop, tablet, wearable device), server, cloud, microcontroller, or similar system, including any associated input, output, data storage device, networking equipment, or backup facility.
<b>Conditions for beneficiaries</b>	This document outlining the terms and conditions applicable for the benefits to apply.
<b>Country of residence</b>	The country where <i>you</i> have <i>your primary residence</i> and the same country where the <i>account holder's</i> Revolut account is held.
<b>Covered reasons</b>	The specifically named situations or events for which <i>you</i> are covered under these <i>conditions for beneficiaries</i> .
<b>Cyber Risk</b>	Any loss, damage, liability, claim, cost, or expense of any nature directly or indirectly caused by, contributed to by, resulting from, or arising out of or in connection with, any one or more instances of any of the following: <ol style="list-style-type: none"><li>1. Any unauthorized, malicious, or <i>illegal act</i>, or the threat of such act(s), involving access to, or the processing, use, or operation of, any <i>computer system</i>;</li><li>2. Any error or omission involving access to, or the processing, use, or operation of any <i>computer system</i>;</li><li>3. Any partial or total unavailability or failure to access, process, use, or operate any <i>computer system</i>; or</li><li>4. Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount pertaining to the value of such data.</li></ol>

<b>Departure date</b>	The date on which <i>you</i> are originally scheduled to begin <i>your</i> travel, as shown on <i>your</i> travel itinerary.
<b>Doctor</b>	Someone who is legally authorised to practice medicine or dentistry and is licensed if required. This cannot be <i>you</i> , a <i>travelling companion</i> , <i>your family member</i> , a <i>travelling companion's family member</i> , the sick or <i>injured</i> person, or that person's <i>family member</i> .
<b>Epidemic</b>	A contagious disease recognized or referred to as an <i>epidemic</i> by a representative of the World Health Organization (WHO) or an official government authority.
<b>Family member</b>	<p><i>Your</i>:</p> <ol style="list-style-type: none"> <li>1. Spouse (by marriage, common law, domestic partnership, or civil union);</li> <li>2. <i>Cohabitants</i>;</li> <li>3. Parents and stepparents;</li> <li>4. Children, stepchildren, foster children, adopted children, or children currently in the adoption process;</li> <li>5. Siblings;</li> <li>6. Grandparents and grandchildren;</li> <li>7. The following in-laws: mother, father, son, daughter, brother, sister, and grandparent;</li> <li>8. Aunts, uncles, nieces, and nephews;</li> <li>9. Legal guardians and wards; and</li> <li>10. Paid, live-in caregivers;</li> </ol>
<b>First responder</b>	Emergency personnel (such as a police officer, emergency medical technician, or firefighter) who are among those responsible for going immediately to the scene of an <i>accident</i> or emergency to provide aid and relief.
<b>High-altitude activity</b>	An activity that includes, or is intended to include, going above 4500 meters in elevation, other than as a passenger in a commercial aircraft.
<b>High value items</b>	Collectibles, jewellery, watches, gems, pearls, furs, cameras (including video cameras) and related equipment, musical instruments, professional audio equipment, binoculars, telescopes, <i>sporting equipment</i> , mobile devices, smartphones, computers, radios, drones, robots, and other electronics, including parts and accessories for the aforementioned items.
<b>Hospital</b>	<p>An acute care facility that has a primary function of diagnosing and treating sick and <i>injured</i> people under the supervision of <i>doctors</i>. It must:</p> <ol style="list-style-type: none"> <li>1. Be primarily engaged in providing inpatient diagnostic and therapeutic services;</li> <li>2. Have organised departments of medicine and major surgery; and</li> <li>3. Be licensed where required.</li> </ol>
<b>Illegal act</b>	An act that violates law where it is committed.
<b>Injury</b>	Physical bodily harm.
<b>Local public transportation</b>	Local, commuter, or other urban transit system carriers (such as commuter rail, city bus, subway, ferry, taxi, for-hire driver, or other such carriers) that transport <i>you</i> or a <i>travelling companion</i> less than 150 kilometres.
<b>Mechanical breakdown</b>	A mechanical issue, which prevents the vehicle from being driven normally, including an electrical issue, flat tire, or running out of fluids (except fuel).
<b>Medical escort</b>	A professional person contracted by <i>our</i> medical team to accompany an ill or <i>injured</i> person while they are being transported. A <i>medical escort</i> is trained to provide medical care to the person being transported. This cannot be a friend, <i>travelling companion</i> , or <i>family member</i> .

<b>Medically necessary</b>	Treatment that is required for your illness, <i>injury</i> , or medical condition, consistent with <i>your</i> symptoms, and can safely be provided to <i>you</i> . Such treatment must meet the standards of good medical practice and is not for <i>your</i> or the provider's convenience.
<b>Natural disaster</b>	A large-scale extreme weather or geological event that damages property, disrupts transportation or utilities, or endangers people, including without limitation: earthquake, fire, flood, hurricane, or volcanic eruption.
<b>Pandemic</b>	An <i>epidemic</i> that is recognized or referred to as a <i>pandemic</i> by a representative of the World Health Organization (WHO) or an official government authority.
<b>Political risk</b>	Any kind of events, organised resistance or actions intending or implying the intention to overthrow, supplant or change the existing ruler or constitutional government, including but not limited to: <ul style="list-style-type: none"> <li>• Nationalisation;</li> <li>• Confiscation;</li> <li>• Expropriation (including Selective Discrimination and Forced Abandonment);</li> <li>• Deprivation;</li> <li>• Requisition;</li> <li>• Revolution;</li> <li>• Rebellion;</li> <li>• Insurrection;</li> <li>• Civil commotion assuming to proportion of or amounting to an uprising;</li> <li>• Military and usurped power.</li> </ul>
<b>Primary residence</b>	<i>Your</i> permanent, fixed home address for legal and tax purposes.
<b>Pre-existing medical condition</b>	An <i>injury</i> , illness, or medical condition that, within the 120 days prior to and including the booking date of the <i>trip</i> : <ol style="list-style-type: none"> <li>1. Caused a person to seek a medical examination, diagnosis, care or treatment by a <i>doctor</i>;</li> <li>2. Presented symptoms; or</li> <li>3. Required a person to take medication prescribed by a <i>doctor</i> (unless the condition or symptoms are controlled by that prescription and the prescription has not changed).</li> </ol> <p>The illness, <i>injury</i> or medical condition does not need to be formally diagnosed in order to be considered a <i>pre-existing medical condition</i>.</p>
<b>Quarantine</b>	Mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, or the captain of a commercial vessel on which <i>you</i> are booked to travel during <i>your trip</i> , which is intended to stop the spread of a contagious disease to which <i>you</i> or a <i>travelling companion</i> have been exposed.
<b>Reasonable and customary costs</b>	The amount usually charged for a specific service in a particular geographic area. The charges must be appropriate to the availability and complexity of the service, the availability of needed parts/materials/supplies/equipment, and the availability of appropriately-skilled and licensed service providers.
<b>Refund</b>	Cash, credit, or a voucher for future travel that <i>you</i> are eligible to receive from a <i>travel supplier</i> , or any credit, recovery, or reimbursement <i>you</i> are eligible to receive from <i>your</i> employer, another insurance company, a credit card issuer, or any other entity.

<b>Return Date</b>	The date on which <i>you</i> are originally scheduled to end <i>your</i> travel, as shown on <i>your</i> travel itinerary.
<b>Serious harm</b>	The deterioration of an untreated medical condition leading to: <ul style="list-style-type: none"> <li>• a more intensive or prolonged period of treatment being required;</li> <li>• a permanent and irreversible impact to health; or</li> <li>• death.</li> </ul>
<b>Serious illness</b>	An illness debilitating enough to prevent the patient from being able to carry out any of their usual daily activities and which has required the patient to consult a <i>doctor</i> .
<b>Service animal</b>	Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Examples of work or tasks include, but are not limited to guiding people who are blind, alerting people who are deaf, and pulling a wheelchair. Other species of animals, whether wild or domestic, trained or untrained, are not considered <i>service animals</i> . The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship are not considered work or tasks under this definition.
<b>Severe weather</b>	Hazardous weather conditions including but not limited to windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms, or ice storms.
<b>Sporting equipment</b>	Equipment or goods used to participate in a sport.
<b>Terrorist event</b>	An act carried out by an organized terrorist group recognized by the government authority and applicable law of <i>your country of residence</i> that <i>injures</i> people or damages property to achieve a political, ethnic, or religious result. It does not include general civil protest, unrest, rioting, or acts of war.
<b>Traffic accident</b>	An unexpected and unintended traffic-related event, <i>other than mechanical breakdown</i> , that causes <i>injury</i> , property damage, or both.
<b>Travel carrier</b>	A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include: <ol style="list-style-type: none"> <li>1. Rental vehicle companies;</li> <li>2. Private or non-commercial transportation carriers;</li> <li>3. Chartered transportation, except for group transportation chartered by <i>your</i> tour operator; or</li> <li>4. <i>Local public transportation</i>.</li> </ol>
<b>Travel supplier</b>	A travel agent, tour operator, airline, cruise line, hotel, railway company, or other travel service provider.
<b>Travelling companion</b>	A person or <i>service animal</i> travelling with <i>you</i> or travelling to accompany <i>you</i> on <i>your trip</i> . A group or tour leader is not considered a <i>travelling companion</i> unless <i>you</i> are sharing the same room with the group or tour leader.
<b>Trip</b>	<i>Your</i> travel for leisure purposes originally scheduled to begin from <i>your primary residence</i> on <i>your departure date</i> and end on <i>your return date</i> to or within a location: <ul style="list-style-type: none"> <li>• at least 100 km away from <i>your primary residence</i>; or</li> <li>• <i>abroad</i>; or</li> <li>• outside <i>your</i> city/town of residence, provided that <i>your</i> travel includes an overnight stay.</li> </ul>

The *benefits* are provided during leisure *trips* only and are not valid during business *trips*, meaning any travel or stay undertaken for business/work purposes, including but not limited to, training, meetings, internships or voluntary work.

It cannot include travel with the intent to receive health care or medical treatment of any kind and it cannot last longer than 90 days. It must be scheduled to start and end at *your primary residence*.

<b>Uninhabitable</b>	A natural disaster, fire, flood, burglary, or vandalism has caused enough damage (including extended loss of power, gas, or water) to make a reasonable person find their home or destination inaccessible or unfit for use.
<b>We, Us, or Our</b>	AWP P&C S.A. – Dutch Branch, trading as Allianz Assistance
<b>You or Your</b>	Each <i>beneficiary</i> .

## WHEN YOUR BENEFITS BEGIN AND END

The Travel Cancellation benefit for each *trip* begins from the start date shown on the *account holder's* statement of insurance or the date *you* booked *your trip* (whichever is later) and ends on the earliest of the below events:

1. When *you* start *your trip*;
2. When the *account holder's* Premium account becomes no longer active;
3. When the *account holder* terminates their Premium account;
4. The *account holder* no longer meets the eligibility criteria for the Revolut Premium current account.

All other benefits for each *trip* begin when *you* start *your trip* and will end on the earliest of the below events:

1. When *you* return to *your primary residence*;
2. When the *account holder's* Premium account becomes no longer active;
3. When the *account holder* terminates their Premium account;
4. *You* have exceeded the maximum per *trip* length of 90 consecutive days;
5. The *account holder* no longer meets the eligibility criteria for the Revolut Premium current account.

## AREA OF VALIDITY

Provided *you* follow any travel advice issued by the government in *your country of residence* and in any country *you* are travelling from, to or through, *you* will be entitled to the benefits in any country in the world.

## DESCRIPTION OF BENEFITS

In this section, we will describe the many different types of benefits which eligible *beneficiaries* are entitled to. We explain each type of benefit and the specific conditions that must be met for the coverage to apply. **Please note that exclusions may apply.**



## A. TRIP CANCELLATION

If *your trip* is cancelled or rescheduled for a *covered reason* listed below, we will reimburse you for *your* non-refundable trip payments, deposits, cancellation fees, and change fees (less available *refunds*), up to the maximum benefit for trip cancellation coverage listed in *your* Benefits Summary. Please note that this benefit only applies before you have left for *your trip*.

Also, if you prepaid for shared *accommodations* and *your travelling companion* cancels their *trip* due to one or more of the *covered reasons* listed below, we will reimburse any additional *accommodation* fees you are required to pay.

**IMPORTANT:** You must notify all of *your travel suppliers* as soon as practicable once you know that you will need to cancel *your trip* (this includes being advised to cancel *your trip* by a *doctor*). If you notify any *travel suppliers* later than that and get a smaller *refund* as a result, we will not cover the difference. If a *serious illness, injury*, or medical condition prevents you from being able to notify *your travel suppliers* within that period, you must notify them as soon as you are able.

### Covered reasons:

1. You or a *travelling companion* becomes ill or *injured*, or develops a medical condition disabling enough to make you cancel *your trip* (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).

The following conditions apply:

- a. A *doctor* advises you or a *travelling companion* to cancel *your trip* before you cancel it.

2. A *family member* who is not travelling with you becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).

The following condition applies:

- a. The *illness, injury*, or medical condition must be considered life threatening by a *doctor*, or require *hospitalization*.

3. You, a *travelling companion, family member, or your service animal* dies on or after the start date shown on the *account holder's* statement of insurance.

4. You or a *travelling companion* is *quarantined* before *your trip* due to having been exposed to:

- a. A contagious disease other than an *epidemic* or *pandemic*; or
- b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
  - i. The *quarantine* is specific to you or a *travelling companion*, meaning that you or a *travelling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and
  - ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is travelling. This condition (ii) applies even if the *quarantine* order or directive specifically designates you or a *travelling companion* by name to be *quarantined*.

5. You or a *travelling companion* is in a *traffic accident* on the *departure date*.

One of the following conditions must apply:

- a. *You or a travelling companion need medical attention; or*
- b. *Your or a travelling companion's vehicle needs to be repaired because it is not safe to operate.*

6. *You are legally required to attend a legal proceeding during your trip.*

The following condition applies:

- a. *The attendance is not in the course of your occupation (for example, if you are attending in your capacity as an attorney, court clerk, expert witness, law enforcement officer, or other such occupation, this would not be covered).*

7. *Your primary residence becomes uninhabitable.*

8. *Your travel carrier cannot get you to your original itinerary's destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:*

- A. *A natural disaster;*
- B. *Severe weather;*

However, if you can get to your original destination another way, we will reimburse you for the following, up to the trip cancellation maximum benefit shown in the Benefits Summary:

- i. *The necessary cost of the alternative transportation, less available refunds; and*
- ii. *The cost of any lost prepaid accommodations caused by your delayed arrival, less available refunds.*

The following condition applies:

- a. *Alternate transportation arrangements must be in a similar or lower class of service as you were originally booked with your travel carrier.*

9. *You or a travelling companion is terminated or laid off by a current employer after your trip booking date.*

The following conditions apply:

- a. *The termination or layoff is not your or your travelling companion's fault;*
- b. *The employment must have been permanent (not temporary or contract); and*
- c. *The employment must have been for at least 12 continuous months.*

10. *You or a travelling companion secures new permanent, paid employment, after your trip booking date, that requires presence at work during the originally scheduled trip dates.*

11. *Your or a travelling companion's primary residence is permanently relocated by at least 150 kilometres due to a transfer by your or a travelling companion's current employer. This coverage includes relocation due to transfer by your spouse's current employer.*

12. *You or a travelling companion serving as a first responder is called in for duty due to an accident or emergency (including a natural disaster) to provide aid or relief during the originally scheduled trip dates.*

13. *You or a travelling companion receive a legal notice to attend an adoption proceeding during your trip.*

14. *You, a travelling companion, or a family member serving in the armed forces is reassigned or has personal leave status changed, except because of war or disciplinary action. (Not applicable for beneficiaries living in Austria and Hungary)*
15. *You or a travelling companion is medically unable to receive an immunization required for entry into a destination.*
16. *Your or travel companion's travel documents required for the trip are stolen*

The following condition applies:

- a. *You must make diligent efforts and provide documentation of your efforts to obtain replacement documents that would allow you to keep the originally scheduled trip dates*

17. *You or a traveling companion become ill or injured, or develop a medical condition (including being diagnosed with an epidemic or pandemic disease such as COVID-19) disabling enough to prevent you or the travelling companion from participating in the activity that is the main purpose of your trip.*

The following condition applies:

- a. *A doctor advises you or the travelling companion not to participate in the activity before your departure date.*

## **B. TRIP INTERRUPTION**

If you have to interrupt your trip or end it early due to one or more of the covered reasons listed below, we will reimburse you, less available refunds, up to the maximum benefit for trip interruption coverage listed in your Benefits Summary, for:

- i. The prorated portion of your unused non-refundable trip payments and deposits.
- ii. Additional accommodation fees you are required to pay, if you prepaid for shared accommodation and your travelling companion has to interrupt their trip.
- iii. Necessary transportation expenses you incur to continue your trip or return to your primary residence.
  - We will reimburse you either for the return travel carrier ticket to your country of residence or for the non-refundable portion of your original return ticket, but not both.
- iv. Additional accommodation and transportation expenses if the interruption causes you to stay at your destination (or the location of the interruption) longer than originally planned. **There is a maximum coverage of €200 in total for all beneficiaries per day for 5 days.**

**IMPORTANT:** You must notify all of your travel suppliers as soon as practicable once you know that you will need to interrupt your trip (this includes being advised to interrupt your trip by a doctor). If you notify any travel suppliers later than that and get a smaller refund as a result, we will not cover the difference. If a serious illness, injury, or medical condition prevents you from being able to notify your travel suppliers within that period, you must notify them as soon as you are able.

### **Covered reasons:**

1. *You or a travelling companion becomes ill or injured, or develops a medical condition disabling enough to make you interrupt your trip (including being diagnosed with an epidemic or pandemic disease such*

as COVID-19).

The following conditions apply:

- a. A *doctor* must either examine or consult with *you* or the *travelling companion* before *you* make a decision to interrupt the *trip*.
  - b. *You* must not have travelled against *your* home country's government advice or against local authority advice at *your trip* destination.
2. A *family member* who is not travelling with *you* becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or a *pandemic* disease such as COVID-19).

The following condition applies:

- a. The illness, *injury*, or medical condition must be considered life threatening by a *doctor*, or require *hospitalization*.
3. *You, a travelling companion, family member, or your service animal* dies during *your trip*.
4. *You* or a *travelling companion* is *quarantined* during *your trip* due to having been exposed to:
- a. A contagious disease other than an *epidemic* or *pandemic*; or
  - b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
    - i. The *quarantine* is specific to *you* or a *travelling companion*, meaning that *you* or a *travelling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and
    - ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is travelling. This condition (ii) applies even if the quarantine order or directive specifically designates *you* or a *travelling companion* by name to be *quarantined*.
5. *You* or a *travelling companion* is in a *traffic accident*.

One of the following conditions must apply:

- a. *You* or a *travelling companion* needs medical attention; or
  - b. The vehicle needs to be repaired because it is not safe to operate.
6. *You* are legally required to attend a legal proceeding during *your trip*.

The following condition applies:

- a. The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, court clerk, expert witness, law enforcement officer or other such occupation, this would not be covered).
7. *Your primary residence* becomes *uninhabitable*.
8. *Your travel carrier* cannot get *you* to *your* original itinerary's destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:
- A. A *natural disaster*; or
  - B. *Severe weather*.

However, if *you* can get to *your* original destination another way, we will reimburse *you* for the following, up to the trip interruption maximum benefit shown in the Benefits Summary:

- i. The necessary cost of alternate transportation, less available *refunds*; and
- ii. The cost of any lost prepaid *accommodations* caused by *your* delayed arrival, less available *refunds*.

The following condition applies:

- a. Alternate transportation arrangements must be in a similar or lower class of service as *you* were originally booked with *your travel carrier*. **(Not applicable for beneficiaries living in France)**
9. *You* or a *travelling companion* serving as a *first responder* is called in for duty due to an *accident* or emergency (including a *natural disaster*) to provide aid or relief during the originally scheduled *trip* dates.
10. *You* or a *travelling companion* is a traveller on a hijacked aircraft, train, vehicle, or vessel.
11. *You*, a *travelling companion*, or a *family member* serving in the armed forces is reassigned or has personal leave status changed, except because of war or disciplinary action. **(Not applicable for beneficiaries living in Austria and Hungary)**
12. *You* miss at least 50% of the length of *your trip* due to one of the following:
- A. A *travel carrier* delay (this does not include a *travel carrier's* cancellation prior to *your departure date*);
  - B. A strike, unless threatened or announced prior to the date *your trip* was booked;
  - C. A *natural disaster*;
  - D. Roads are closed or impassable due to *severe weather*;
  - E. Lost or stolen travel documents that are required and cannot be replaced in time for continuation of *your trip*;
    - i. *You* must make diligent efforts and provide documentation of *your* efforts to obtain replacement documents
  - F. Civil disorder, unless it rises to the level of *political risk*.
13. A *travel carrier* denies *you* or a *travelling companion* boarding based on a suspicion that *you* or a *travelling companion* has a contagious medical condition (including an *epidemic* or *pandemic* disease such as COVID-19). This does not include being denied boarding due to *your* refusal or failure to comply with rules or requirements to travel or of entry to *your* destination.

## C. TRAVEL DELAY

If *your* or a *travelling companion's* *trip* is delayed for one of the *covered reasons* listed below, we will reimburse *you* for the following expenses, less available *refunds*, up to the maximum benefit shown in *your* Benefits Summary for travel delay:

- i. *Your* lost prepaid *trip* expenses and additional expenses *you* incur while and where *you* are delayed for meals, *accommodation*, communication and transportation, subject to a limit for the first complete 4 hours and a limit for each complete hour thereafter, as listed in *your* Benefits Summary, as follows:
  - If *you* provide receipts, the With Receipts Daily Limit applies; or

- If *you* do not provide receipts or do not incur expenses, the No Receipts Daily Limit applies.
- ii. If the delay causes *you* to miss the departure of *your* cruise or tour, necessary transportation expenses to either help *you* rejoin *your* cruise/tour or reach *your* destination.
- iii. If the delay causes *you* to miss the departure of *your* flight or train due to a *local public transportation* delay on *your* way to the departure airport or train station, necessary transportation expenses to either help *you* reach *your* destination or return home.

The delay must be for at least the Minimum Required Delay listed in *your* Benefits Summary and due to one of the following *covered reasons*:

1. A *travel carrier* delay (this does not include a *travel carrier's* cancellation prior to *your departure date*);
2. A strike, unless threatened or announced prior to date of booking *your trip*.
3. *Quarantine* during *your trip* due to having been exposed to:
  - a. A contagious disease other than an *epidemic* or *pandemic*; or
  - b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
    - i. The *quarantine* is specific to *you* or a *travelling companion*, meaning that *you* or a *travelling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and
    - ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is travelling. This condition (ii) applies even if the quarantine order or directive specifically designates *you* or a *travelling companion* by name to be *quarantined*.
4. A *natural disaster*;
5. Lost or stolen travel documents;
6. Hijacking, except when it is a *terrorist event*;
7. Civil disorder, unless it rises to the level of *political risk*; or
8. A *traffic accident*.
9. A *travel carrier* denies *you* or a *travelling companion* boarding based on a suspicion that *you* or a *travelling companion* has a contagious medical condition (including an *epidemic* or *pandemic* disease such as COVID-19). This does not include being denied boarding due to *your* refusal or failure to comply with rules or requirements to travel or of entry to *your* destination.

## D. BAGGAGE

If *your baggage* is lost, damaged, or stolen while *you* are on *your trip*, we will pay *you*, less available *refunds*, the lesser of the following, up to the maximum benefit listed for baggage loss in *your* Benefits Summary:

- i. Cost to repair the damaged *baggage*; or
- ii. Cost to replace the lost, damaged, or stolen *baggage* with the same or similar item, reduced by 10% for each full year since the original purchase date, up to the maximum of 50% reduction.

The following conditions apply:

- a. *You* have taken necessary steps to keep *your baggage* safe and intact and to recover it;
- b. *You* have filed and retained a copy of a report giving a description of the property and its value with the appropriate local authorities, *travel carrier*, hotel, or tour operator within 24 hours of discovery of the loss;
- c. *You* must file and retain a copy of a police report in the case of theft of any items;

- d. You must provide original receipts or another proof of purchase for each lost, damaged, or stolen item. **For items without an original receipt or a proof of purchase, we will only cover 50% of the cost to replace the lost, damaged, or stolen item with the same or similar item;** and
- e. You must report theft or loss of a cellular device to *your* network provider and request to block the device

The following items are not covered:

1. Animals, including remains of animals;
2. Cars, motorcycles, motors, aircraft, watercraft, and other vehicles and related accessories and equipment;
3. Bicycles, skis, and snowboards (except while they are checked with a *travel carrier*) (Not applicable for *beneficiaries* living in Germany);
4. Hearing aids, prescription eyewear, and contact lenses;
5. Artificial teeth, prosthetics, and orthopaedic devices;
6. Wheelchairs and other mobility devices (Not applicable for *beneficiaries* living in Italy);
7. Consumables, medicines, medical equipment/supplies, and perishables;
8. Tickets, passports, deeds, blueprints, stamps, and other documents;
9. Money, currency, credit cards, notes or evidences of debt, negotiable instruments, travellers cheques, securities, bullion, and keys;
10. Rugs and carpets;
11. Antiques and art objects;
12. Fragile or brittle items;
13. Firearms and other weapons, including ammunition;
14. Intangible property, including software and electronic data;
15. Property for business or trade;
16. Property *you* do not own;
17. *High value items* stolen from a vehicle, locked or unlocked;
18. *Baggage* while it is:
  - a. Shipped, unless with *your travel carrier*;
  - b. In or on a car trailer;
  - c. Unattended in an unlocked motor vehicle; or
  - d. Unattended in a locked motor vehicle, unless *baggage* cannot be seen from the outside;

## E. BAGGAGE DELAY

If *your baggage* is delayed by a *travel supplier* during *your trip*, we will reimburse *you* for expenses *you* incur for the essential items *you* need until *your baggage* arrives, up to the maximum benefit shown in *your* Benefits Summary for baggage delay.

The following conditions apply:

- a. *Your baggage* must be delayed for at least the Minimum Required Delay listed under baggage delay in *your* Benefits Summary.
- b. If *you* do not provide receipts, the maximum amount payable is the No Receipts Limit listed in *your* Benefits Summary. Only available for *your* outbound travel (not *your* return travel).

## F. LOSS OF TRAVEL DOCUMENTS

If your passport or visa is lost, stolen or destroyed while *you* are on *your trip*, we will reimburse *you*, up to the maximum benefit listed for Loss of Travel Documents in *your* Benefits Summary for the following:

- i. The cost of *your* necessary extra travel and *accommodation* expenses as well as administration costs for the issuing of the emergency passport and/or visa *you* need to continue *your trip* or return to *your primary residence*; and
- ii. The equivalent cost (based on the current standard replacement costs) of the period remaining on *your* passport that is lost or has been stolen or destroyed.

The following conditions apply:

*You* must:

- a. have taken necessary steps to keep *your* passport and/or visa safe and to recover it, where possible;
- b. file and retain a copy of a police report in the case of theft;
- c. have filed and retained a copy of a loss report from the consulate or embassy *you* reported it to; and
- d. provide receipts for all expenses, including from the consulate or embassy confirming the cost of the replacement or emergency passport or visa.

The following exclusions apply:

1. Reimbursement, unless *you* can provide receipts for the expenses claimed;
2. Losses caused by differences in exchange rates;
3. Passports or visas left unattended in a motor vehicle or a public area;
4. Foreign currency transaction fees imposed by *your* bank or credit card issuer;
5. The cost of any upgrades, pre-checking services or shipping fees;

## G. EMERGENCY MEDICAL/DENTAL BENEFITS ABROAD

If *you* receive emergency medical or dental care while *you* are on *your trip abroad* for one of the following covered reasons, we will reimburse the *reasonable and customary costs* of that care for which *you* are responsible, up to the maximum benefit listed for emergency medical/dental coverage in *your* Benefits Summary (dental care is subject to the maximum sublimit listed for dental care):

1. While on *your trip abroad*, *you* have a sudden, unexpected illness, *injury*, or medical condition that could cause *serious harm* if it is not treated before *your* return home (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).
2. While on *your trip abroad*, *you* have a dental *injury* or infection, a lost filling, or a broken tooth that requires treatment.

If *you* need to be admitted to a *hospital* as an inpatient, we may be able to guarantee or advance payments, where accepted, up to the limit of *your* emergency medical/dental benefit.

The following conditions and additional exclusions apply:

- a. The care must be *medically necessary* to treat an emergency condition, and such care must be provided by a *doctor, dentist, hospital, or other provider authorized to practice medicine or dentistry*.



- b. This coverage will not pay for any care provided after your trip ends.
- c. This coverage will not pay for any care for any illness, *injury*, or medical condition that did not originate during *your trip abroad*;
- d. This coverage will not pay for any non-emergency care or services in general and the following care and services in particular:
  - 1. Elective cosmetic surgery or care;
  - 2. Annual or routine exams;
  - 3. Long-term care;
  - 4. Allergy treatments (unless the allergic reaction is life threatening);
  - 5. Exams or care related to or loss of/damage to hearing aids, dentures, eyeglasses, and contact lenses;
  - 6. Physical therapy, rehabilitation, or palliative care (except as necessary to stabilize you);
  - 7. Experimental treatment; and
  - 8. Any other non-emergency medical or dental care.
- e. You must not have travelled against the orders or advice of any government or other public authority at any location to, from, or through which you are travelling on *your trip*.

## H. EMERGENCY TRANSPORTATION

### IMPORTANT:

- If *your* emergency is immediate or life threatening, seek local emergency care at once.
- We are not, and shall not be deemed to be, a provider of medical or emergency services.
- We act in compliance with all national and international laws and regulation, and *our* services are subject to approvals by appropriate local authorities and active travel & regulatory restrictions.

### Emergency Evacuation (Transporting you to the nearest appropriate medical facility)

If you become seriously ill or *injured* or develop a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19) while on *your trip*, we will pay for local emergency transportation from the location of the initial incident to a local *doctor* or local medical facility. If we determine that the local medical facilities are unable to provide appropriate medical treatment:

1. Our medical team will consult with the local *doctor* to obtain information necessary to make appropriate decisions regarding *your* overall medical condition; We will identify the closest appropriate available *hospital* or other appropriate available facility, make arrangements to transport you there, and pay for that transport; and
2. We will arrange and pay for a *medical escort* if we determine one is necessary.

The following conditions apply to items 1 and 2 above:

- a. You or someone on *your* behalf must contact us, and we must make all transportation arrangements in advance. If we did not authorize and arrange the transportation, we will only pay up to what we would have paid if we had made the arrangements. We will not assume any responsibility for any transportation arrangements that we did not authorize or arrange;
- b. All decisions about *your* evacuation must be made by medical professionals licensed in the countries where they practice;
- c. You must comply with the decisions made by *our* assistance and medical teams. If you do not comply, you effectively relieve us from any responsibility and liability for the consequences of *your* decisions, and we reserve the right to not provide coverage;

- d. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to the identified *hospital* or facility.
- e. *You* must not have travelled against the orders or advice of any government or other public authority at any location to, from, or through which *you* are travelling on *your trip*.

**Medical Repatriation (Getting *you* home after *you* receive care)**

If *you* become seriously ill or *injured* or develop a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19) while on *your trip* and *our* medical team confirms with the treating *doctor* that *you* are medically stable to travel, *we* will:

1. Arrange and pay for *you* to be transported via regularly scheduled service on a common carrier in the same class of service that *you* originally booked, unless a different class of service is otherwise *medically necessary*, for the return leg of *your trip*, less available *refunds* for unused tickets. The transportation will be to one of the following:
  - a. *Your primary residence*;
  - b. A location of *your* choice in *your country of residence*; or
  - c. A medical facility near *your primary residence* or in a location of *your* choice in *your country of residence*. In either case, the medical facility must be willing and able to accept *you* as a patient and must be approved by *our* medical team as medically appropriate for *your* continued care.
2. Arrange and pay for a *medical escort* if *our* medical team determines that one is necessary.

The following conditions apply:

- a. Special *accommodations* must be *medically necessary* for *your* transportation (for example, if more than one seat is *medically necessary* for *you* to travel).
- b. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements. *We* will not assume any responsibility for any transportation arrangements that *we* did not authorize or arrange;
- c. All decisions about *your* repatriation must be made by medical professionals licensed in the countries where they practice;
- d. *You* must comply with the decisions made by *our* assistance and medical teams. If *you* do not comply, *you* effectively relieve *us* from any responsibility and liability for the consequences of *your* decisions, and *we* reserve the right to not provide coverage;
- e. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to the identified *hospital* or facility.
- f. *You* must not have travelled against the orders or advice of any government or other public authority at any location to, from, or through which *you* are travelling on *your trip*.

**Transport to Bedside (Bringing a friend or *family member* to *you*)**

If *you* are told by the treating *doctor* that *you* will be *hospitalized* for more than 72 hours during *your trip* or that *your* condition is immediately life-threatening, *we* will arrange and pay for round-trip transportation in economy class on a *travel carrier* for one friend or *family member* to stay with *you*.

The following condition applies:

- a. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.

- b. You must not have travelled against the orders or advice of any government or other public authority at any location to, from, or through which you are travelling on your trip.

### **Return of Dependents (Getting minors and dependents home)**

If you die or are told by the treating doctor you will be hospitalized for more than 24 hours during your trip, we will arrange and pay to transport your travelling companions who are under the age of 18, or are dependents requiring your full-time supervision and care to one of the following:

1. Your primary residence; or
2. A location of your choice in your country of residence.

We will arrange and pay for an adult family member to accompany your travelling companions who are under the age of 18 or are dependents requiring your full-time supervision and care, if we determine that it is necessary.

Transportation will be on a travel carrier in the same class of service that was originally booked. Available refunds for unused tickets will be deducted from the total amount payable.

The following conditions apply:

- a. This benefit is only available while you are hospitalized, or if you die, and if you do not have an adult family member travelling with you that is capable of caring for the travelling companions under the age of 18 or dependents.
- b. You or someone on your behalf must contact us, and we must make all transportation arrangements in advance. If we did not authorize and arrange the transportation, we will only pay up to what we would have paid if we had made the arrangements.
- c. You must not have travelled against the orders or advice of any government or other public authority at any location to, from, or through which you are travelling on your trip.

### **Repatriation of Remains (Getting your remains home)**

We will arrange and pay for the reasonable and necessary services and supplies to transport your remains to one of the following:

1. A funeral home near your primary residence; or
2. A funeral home located in your country of residence

The following conditions apply:

- a. Someone on your behalf must contact us, and we must make all transportation arrangements in advance. If we did not authorize and arrange the transportation, we will only pay up to what we would have paid if we had made the arrangements; and
- b. The death must occur while on your trip.

If a family member decides to make funeral, burial, or cremation arrangements for you at the location of your death, we will reimburse the necessary expenses up to the amount it would have cost us to transport your remains to a funeral home near your primary residence.

### **Search and Rescue**

We will pay the cost of search and rescue activities by a professional rescue team, up to the maximum benefit listed for search and rescue coverage in your Benefits Summary, if you are reported missing during your trip or have to be rescued from a physical emergency.

## I. SPORTS COVERAGE

### Missed activity

If *you* cannot participate in one or more of *your* prepaid activities during *your trip* for a *covered reason* listed below, we will reimburse *you* for *your* non-refundable costs that *you* paid for the activities, less available *refunds*, up to the maximum benefit for Missed Activity Coverage listed in *your* Benefits Summary. Please note that this coverage only applies before the start of the activity.

Covered reasons:

1. *You, a traveling companion, or a family member* who is participating in the activity becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or a *pandemic* disease such as COVID-19).

The following conditions apply:

- a. The illness, *injury*, or medical condition must be disabling enough to make a reasonable person not participate in the activity; and
- b. A *doctor* advises *you, a traveling companion, or a family member* not to participate in the activity before the activity takes place. If that isn't possible, a *doctor* must either examine or consult with *you, the traveling companion, or the family member* within 72 hours of the activity, or as soon as reasonably possible, to confirm the decision not to attend.

2. *Your family member* who is not participating in the activity becomes ill or *injured*, or develops a medical condition.

The following condition applies:

- a. The illness, *injury*, or medical condition must be considered life threatening by a *doctor*, require *hospitalization*, or require *your care*.

3. *Your or a traveling companion* dies on or after *your policy's* coverage effective date.
4. *Your family member or your service animal* dies on or within 30 days prior to the scheduled start date of the activity and on or after *your policy's* coverage effective date.
5. *Your prepaid activity* is canceled by the supplier of the activity due to *severe weather*.
6. *Your ski resort* closes 75% or more of its ski trails due to lack or excess of snow.

The following condition applies:

- a. The closure is for at least 50% of the normal operating hours on the calendar day *you* intend to use the lift tickets.

### Sporting equipment coverage

If *your sporting equipment* is lost or damaged by a *travel supplier*, or stolen, while *you* are on *your trip*, we will pay *you*, less available *refunds*, the lesser of the following, up to the maximum benefit listed for Sporting Equipment Damage, Loss, or Theft in *your* Benefits Summary:

- i. Cost to repair the damaged *sporting equipment*; or
- ii. Cost to replace the lost, damaged, or stolen *sporting equipment* with the same or similar item, reduced by 10% for each full year of use since the original purchase date, up to the maximum of 50% reduction.

The following conditions apply:

- a. You have taken necessary steps to keep *your sporting equipment* safe and intact and to recover it;
- b. You have filed and have a copy of a report giving a description of the property and its value with the appropriate local authorities, *travel carrier*, hotel, or tour operator within 24 hours of discovery of the loss;
- c. You must provide original receipts or another proof of purchase for each lost, stolen, or damaged item. **For items without an original receipt or a proof of purchase, we will only cover 50% of the current market price of each item.**

The following are not covered:

1. **Items other than *sporting equipment*;**
2. **Animals, including remains of animals;**
3. **Cars, motorcycles, motors, drones, aircraft, watercraft, and other vehicles and related accessories and equipment;**
4. **Hearing aids, prescription eyewear, and contact lenses, unless specifically designed for use in a particular sport;**
5. **Prosthetics, and orthopedic devices, unless specifically designed for use in a particular sport;**
6. **Wheelchairs and other mobility devices, unless specifically designed for use in a particular sport;**
7. **Intangible property, including software and electronic data;**
8. **Property for business or trade;**
9. **Property you do not own;**
10. **Your gross negligence or willful and wanton conduct leading to loss, theft, or damage of *your sporting equipment*; and (Not applicable for *beneficiaries* living in Germany);**
11. ***Sporting equipment* while it is:**
  - a. **Shipped, unless with *your travel carrier*;**
  - b. **In or on a car trailer; or**
  - c. **Unattended in an unlocked motor vehicle.**

### **Sporting equipment rental coverage**

If *your sporting equipment* is lost, damaged, or delayed by a *travel supplier* during *your* outbound travel, or stolen while on *your trip*, we will reimburse the necessary costs for renting replacement *sporting equipment* to use during *your trip*, up to the maximum benefit listed for Sporting Equipment Rental Coverage in *your* Benefits Summary. This coverage does not include motorized equipment or vehicles.

The following condition applies:

- a. You have filed a report giving a description of the property with the appropriate local authorities, *travel supplier*, hotel, or tour operator within 24 hours of discovery of the loss.

### **Search and Rescue**

We will pay the cost of search and rescue activities by a professional rescue team, up to the maximum benefit listed for search and rescue coverage in *your* Benefits Summary, if *you* are reported missing during *your* trip or have to be rescued from a physical emergency. The maximum benefit listed for this coverage is in addition to any other search and rescue benefit that this policy provides.

## J. TRAVEL SERVICES DURING YOUR TRIP

If *you* need travel services during *your trip*, we are available 24 hours a day. With *our* global reach and multi-lingual staff, we are here to help *you*.

### **Finding a *Doctor* or Medical Facility**

If *you* need care from a *doctor* or medical facility while *you* are travelling, we can assist *you* in finding one.

## GENERAL EXCLUSIONS

This section describes the general exclusions applicable to all benefits under these *conditions for beneficiaries*. An “exclusion” is something that is not covered and therefore no payment or service would be available.

These *conditions for beneficiaries* do not provide benefits for any loss that results directly or indirectly from any of the following general exclusions if they affect *you, a travelling companion, or a family member*:

1. Any loss, condition, or event that was known, foreseeable, intended, or expected when *your trip* was booked;
2. *Pre-Existing medical conditions*;
3. *Your* intentional self-harm or if *you* attempt or commit suicide;
4. Normal, complication-free pregnancy or childbirth, except when and to the extent that normal, complication-free pregnancy or childbirth is expressly referenced in and covered under trip cancellation coverage or trip interruption coverage (not applicable for *beneficiaries* living in France);
5. Fertility treatments
6. The use or abuse of alcohol or drugs, or any related physical symptoms. This does not apply to drugs prescribed by a *doctor* and used as prescribed;
7. Acts committed with the intent to cause loss;
8. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft;
9. Participating in or training for any professional or semi-professional sporting competition;
10. Participating in or training for any amateur sporting competition while on *your trip*. This does not include participating in informal recreational sporting competitions and tournaments organized by hotels, resorts, or cruise lines to entertain their guests.
11. Participating in extreme, high-risk sports and activities in general and the following activities in particular:
  - a. Any *high-altitude activity*, BASE jumping, or free climbing;
  - b. Rafting/kayaking above Class V rapids or canoeing above Class III rapids;
  - c. Heli-skiing or skiing or snowboarding in an area designated unsafe by the resort management;
  - d. Personal combat or fighting sports, Running of the Bulls, or rodeo activities;
  - e. Racing any motorized vehicle or watercraft other than go-karts; or
  - f. Free diving at a depth greater than 30 feet (10 meters) or scuba diving at a depth greater than 100 feet (30 meters) or, for uncertified divers, diving without a certified dive master

For high-risk sports and activities that are not expressly excluded to be covered, they must be:

- i. Arranged to take place during the duration of the *trip*;
- ii. Provided by a company that is regulated or licensed where required; and
- iii. Not otherwise prohibited by law.

*You* must wear all recommended safety equipment while participating in *your* sporting activities in order to be eligible for coverage.

12. An *illegal act*, except when *you*, a *travelling companion*, a *family member* or *your service animal* is the victim of such an act;
13. An *epidemic* or *pandemic*, except when and to the extent that an *epidemic* or *pandemic* is expressly referenced in and covered under trip cancellation coverage, trip interruption coverage, travel delay coverage, or emergency medical/dental coverage;
14. *Natural disaster*, except when and to the extent that a *natural disaster* is expressly referenced in and covered under trip cancellation coverage, or trip Interruption coverage, or travel delay coverage;
15. Air, water, or other pollution, or the threat of a pollutant release, including thermal, biological, and chemical pollution or contamination;
16. Nuclear reaction, radiation, or radioactive contamination;
17. War (declared or undeclared) or acts of war;
18. Military duty, except when and to the extent that *military duty* is expressly referenced and covered under trip cancellation coverage or trip interruption coverage;
19. *Political risk*;
20. *Cyber risk*;
21. Civil disorder or unrest, except when and to the extent that civil disorder or unrest is expressly referenced in and covered under trip interruption coverage or travel delay coverage;
22. *Terrorist events*, except when and to the extent that *terrorist events* are expressly referenced in and covered under trip cancellation coverage, trip interruption coverage, or travel delay coverage.
23. Acts, travel alerts/bulletins, or prohibitions by any government or public authority, except when and to the extent that an act, travel alert/bulletin, or prohibition by a government or public authority is expressly referenced in and covered under trip cancellation coverage or trip interruption coverage;
24. Any *travel supplier's* complete cessation of operations due to financial condition, with or without filing for bankruptcy;
25. A *travel supplier's* restrictions on any *baggage*, including medical supplies or equipment;
26. Ordinary wear and tear or defective materials or workmanship;
27. An act of gross negligence by *you* or a *travelling companion* (Not applicable for *beneficiaries* living in Germany); or
28. Travel against the orders or advice of any government or other public authority.

These *conditions for beneficiaries* do not provide any coverage, benefit, or services for any activity that would violate any applicable law or regulation, including without limitation any economic/trade sanction or embargo.

**IMPORTANT:** *You* are not eligible for reimbursement under any benefits if:

1. *Your travel carrier* tickets do not show travel date(s);
2. *You* intend to receive health care or medical treatment of any kind while on *your trip*.



## CLAIMS INFORMATION

To get a claim form, please refer to the contact data on page 6.

*You* should fill in the claim form and send it to *us* as soon as possible with all the information and documents *we* ask for. *You* must give *us* as much detail as possible so *we* can handle *your* claim quickly. Please keep copies of all the information *you* send *us*.

*You* will need to obtain some information to support *your* claim. Below is a list of actions *you* will need to take and documents *we* will need in order to deal with *your* claim. Further information and/or evidence may be required by *us* after *your* claim has been submitted. If this is the case, *we* will inform *you* as quickly as possible.

### For all claims

- *Your* original *trip* booking invoice(s) and travel documents showing the dates and times of travel.
- Original receipts and accounts for all out-of-pocket expenses *you* have to pay.
- Original bills or invoices *you* are asked to pay.
- Details of any other insurance *you* may have that may cover the same loss, such as household or private medical.
- As much evidence as possible to support *your* claim.

### Trip Cancellation

- Original cancellation invoice(s) detailing all cancellation charges incurred.
- For claims relating to illness or *injury* a medical certificate will need to be completed by the treating *doctor*. A certified copy of the death certificate is required in the event of death.
- If *your* claim results from any other circumstances, please provide independent evidence of these circumstances.

### Trip Interruption

- If *you* need to cut short *your* journey, please call the appropriate phone number from the table on page 6 as soon as possible to get *our* prior agreement.
- *Your* original booking invoice(s) showing *your* revised time and *date of departure* and detailing whether any *refunds* can be provided.
- For claims relating to illness or *injury* a medical certificate will need to be completed by the treating *doctor*. A copy of the death certificate is required in the event of death.
- If *your* claim results from any other circumstances, please provide independent evidence of these circumstances.

### Travel Delay

- Written confirmation from the airline, rail company, shipping line or their handling agent of the scheduled and actual departure times and why the departure was delayed.
- Detailed account of the circumstances causing *you* to miss *your* departure together with supporting evidence from the public transport provider or *accident / breakdown* authority attending the private vehicle *you* were travelling in.
- If *your* claim results from any other circumstances, please provide independent evidence of these circumstances.

### **Baggage/Sports equipment**

- Report the theft, damage or loss to the police within 24 hours of discovery and ask them for a written police report.
- If applicable, *you* should also report the theft, damage or loss to *your travel carrier*, tour operator, handling agent or *accommodation* manager and ask for a written report.
- For delays losses and damage whilst in the care of a *travel carrier*, report this as soon as possible and obtain a written report from them. For airlines specifically, *you* must obtain a Property Irregularity Report (PIR) from the airline or their handling agent. This should be done within 7 days of any delay, loss or damage. *You* then have 21 days to write to the airline confirming the details of any essential replacement items purchased.
- Original receipts, vouchers or other suitable evidence of purchase / ownership / value for lost, stolen or damaged *baggage*.
- If applicable, original receipts for the rental sports equipment
- Keep any damaged items as *we* may need to inspect them. If *we* make a payment or *we* replace an item, the item will then belong to *us*.
- Obtain an estimate for repair for all damaged items.
- Block lost or stolen mobile phones with *your* network provider and obtain written confirmation of this action from them.

### **Baggage Delay**

- Report the loss to the *travel carrier* and obtain a written report from them. For airlines, *you* must obtain a Property Irregularity Report (PIR) from the airline or their handling agent. This should be done within 7 days of any delay, loss or damage. *You* then have 21 days to write to the airline confirming the details of any essential replacement items purchased.
- Original receipts, vouchers or other suitable evidence of purchase for essential replacement items.

### **Loss of Travel Documents**

- A receipt from the Embassy or Consulate confirming the cost of the emergency replacement passport or visa and a written report from the police if your passport or visa is stolen.

### **Emergency Medical/Dental Benefits Abroad and Emergency Transportation**

- Always contact *our* 24-hour emergency medical service when *you* are *hospitalised*, require repatriation or where medical fees are likely to exceed €500.
- Medical evidence from the treating *doctor* to confirm the illness or *injury* and treatment given, including *hospital* admission and discharge dates, if this applies.

## GENERAL PROVISIONS AND CONDITIONS

The following conditions apply to the whole of these *conditions for beneficiaries*. Please read these conditions carefully as we can only pay *your* claim if *you* meet them.

1. *You* must:
  - a. have *your primary residence* in the country where the *account holder's* Revolut Premium account is held; and
2. *You* must take reasonable care to protect *yourself* and *your* property against *accident, injury, loss* and damage, as if *you* were not insured, and to keep any potential claim to a minimum.
3. The *account holder* must have a valid statement of insurance.
4. *You* must contact *us* as soon as possible with full details of anything which may result in a claim, and give *us* all the information and documentation *we* ask for throughout the claims process. Please see 'Claims Information' above for more information.
5. *You* accept that the terms and conditions of the *conditions for beneficiaries* cannot be changed by *you* unless *we* agree to the change in writing.

We have the right to do the following:

6. Cancel the benefits available to *you* under these *conditions for beneficiaries* if *you* tell *us* something that is not true and this influences *our* decision to provide cover.
7. Cancel the benefits available to *you* under these *conditions for beneficiaries* and make no payment if *you*, or anyone acting for *you*:
  - a. make a claim that is dishonest, intentionally exaggerated or fraudulent in any way; or
  - b. provide any false or misleading information when supporting a claim.In these circumstances *we* may report the matter to the police.
8. Only cover *you* for the whole *trip* and not provide cover if *you* have started *your trip* before the start date shown on the *account holder's* statement of insurance, unless the *account holder* holds concurrent Revolut statements of insurance stating Allianz Assistance as the Insurer, covering the full length of the *trip*.
9. Cancel the collective insurance agreement and these *conditions for beneficiaries* by giving Revolut 6 months' notice in writing. Revolut will notify the *account holder* of any cancellation.
10. Cancel *your* participation under these *conditions for beneficiaries* by giving the *account holder* and Revolut 30 days' notice in writing to the *account holder's* last known address or by email to the addresses the *account holder* and they have given *us*.
11. Only provide cover if *your trip* starts and ends in *your country of residence*.
12. Take over and deal with, in *your* name, any claim *you* make under these *conditions for beneficiaries*.
13. Take legal action in *your* name (but at *our* expense) and ask *you* to give *us* any details *we* need, and to fill in any necessary forms, which will help *us* to recover any payment *we* have made under these *conditions for beneficiaries*.
14. With *your* or *your* personal representative's permission, get information from *your* medical records to help *us* or *our* representatives deal with any claim. This could involve *you* being medically examined or having a post-mortem after *your* death. *We* will not give personal information about *you* to any other organisation without *your* permission.
15. Return *you* to *your country of residence* at any time during *your trip* if *you* are taken ill or *injured*. *We* will only do this if the *doctor* treating *you* and *our* medical advisers agree. If there is a dispute, *we* will ask for an independent medical opinion.
16. Not accept liability for the costs of repatriation or treatment if *you* refuse to follow advice from the *doctor* treating *you* and *our* medical advisers.

17. Refuse to pay any claim under these *conditions for beneficiaries* for any amounts covered by another insurance, or by anyone or anywhere else (for example, any amounts *you* can get back from private health insurance, any reciprocal health agreement, *travel suppliers*, home contents insurers or any other claim amount that can be recovered by *you*). In these circumstances *we* will only pay *our* share of the claim.
18. Ask *you* to pay *us* back any amounts that *we* have paid and which are not covered under the *conditions for beneficiaries*.
19. Make changes to the *conditions for beneficiaries* wording and its benefits. When changes occur, the *account holder* will be given at least 60 days' notice in writing, unless these changes have to be made sooner by law or regulation (in which case the *account holder* will be given a reasonable and proportionate amount of notice).

## PRIVACY NOTICE

### SPECIAL DEFINITIONS APPLYING TO THIS SECTION

In addition to the definitions that apply throughout these *conditions for beneficiaries*, the following words and any form of the word appearing in italics throughout this section, are defined as below.

<b>Insurer</b>	AWP P&C S.A. – Dutch Branch, trading as Allianz Travel or Allianz Assistance
<b>Issuer</b>	Revolut Bank UAB, Konstitucijos pr. 21B, Vilnius LT-08130T, Lithuania

### Pursuant to art. 13 and 14 of the Regulation (EU) 2016/679 dated 27 April 2016 (General Data Protection Regulation - GDPR)

#### We care about *your* personal data

**AWP P&C S.A. – Dutch Branch**, trading as Allianz Travel or Allianz Assistance (“*we*”, “*us*” “*our*”), is a Dutch branch of AWP P&C S.A, a French insurance company which has its registered office in Saint-Ouen, France, and is part of Allianz Partners Group. AWP P&C S.A. - Dutch branch is registered at the Netherlands Authority for the Financial Markets (AFM) and is authorized by ‘L’Autorité de Contrôle Prudentiel et de Résolution’ (ACPR) in France to provide insurance products and services on a cross-border basis.

Protecting *your* privacy is a top priority for *us*. This privacy notice explains how and what type of personal data will be collected, why it is collected and to whom it is shared or disclosed. Please read this notice carefully.

#### 1. Who is the data controller?

A data controller is the individual or legal person who controls and is responsible to keep and use personal data in paper or electronic files.

**AWP P&C S.A. - Dutch Branch** is the data controller as defined by relevant data protection laws and regulations in regard to the personal data that *we* request and collect from *you* for the purposes detailed in this privacy notice.

#### 2. What personal data will be collected?

*We* will (or may) collect and process various types of personal data about *you*, other persons and third parties affected by a covered event, such as:

Personal Information of the Revolut *account holder*:

- Surname, first name, any middle names;
- Contact details (*your* postal address and postcode, telephone number and email address);
- Place of residence;
- Date of birth (which may be required for fraud detection purposes) and/or confirmation that *you* are over 18 years of age so eligible for the insurance cover;

Personal details of the other *beneficiaries*:

- Surname, First name

- Identification Document number (e.g. Identity card number, Passport number, government ID, driver's license) and expiry dates
- Age/date of birth

Depending on the claim submitted, we could also collect and process 'sensitive personal data' for example:

- Medical Conditions (physical and/ or psychological)
- Medical history and reports
- Identification Document number (e.g. Identity card number, Passport number, government ID, driver's license) and expiry dates
- Details of *your trip*
- Death Certificates
- Details of the claim (e.g. product, *your* subscription ID number)
- Phone number and contact details if not provided previously
- Debit card and bank account details if not provided previously
- Signature
- Voice
- IP address of the claimant if the claim is submitted by *our* available portals/ apps

**⚠ By entering, as beneficiary, the collective insurance agreement of the issuer, you commit to give the information contained in this Privacy Notice to any third party whose personal information you may provide to us (e.g. other beneficiaries, third parties involved in the claim, third persons to contact in case of emergency, etc), and you accept not to provide that information otherwise.**

### 3. How will we obtain and use your personal data?

We will collect and use the personal data that *you* provide to *us* and that *we* receive about *you* (as explained below) for a number of purposes and with *your* express consent unless applicable laws and regulations do not require *us* to obtain *your* express consent, as shown below:

Purpose	Your express consent?
<ul style="list-style-type: none"> <li>• To provide <i>you</i> the benefits and/or services (including claims handling) as defined in the Terms and Conditions of the Collective Insurance Agreement between the <i>Issuer</i> (Policyholder) and the Data Controller (Insurer), to be provided to the <i>beneficiaries</i> (end-customers) of the <i>Issuer</i>.</li> </ul>	<ul style="list-style-type: none"> <li>• We will process <i>your</i> data in order to comply with <i>our</i> obligations under the referred Collective Insurance Agreement as required by civil, commercial and insurance laws, in the legitimate interest of both parties and <i>your</i> own one, as <i>beneficiary</i></li> </ul>
<ul style="list-style-type: none"> <li>• Administration (e.g., claims handling, handling of complaints, necessary investigations and assessments in order to determine the existence of the covered event and the amount of the compensations to be paid, or the kind of assistance to be provided, etc).</li> </ul>	<ul style="list-style-type: none"> <li>• We will request <i>your</i> express consent on the occasion of claims requiring necessarily the processing of the following categories of data: racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic or biometric data, health, sex life or sexual orientation, criminal convictions or offences</li> </ul>

Purpose	Your express consent?
	<p>However, we will be entitled to process these data without consent if (1) there is a vital interest of the owner of the data or any other natural person, and (2) if the owner of the data is not physically or legally capable to give the consent (e.g. in emergency situations)</p> <ul style="list-style-type: none"> <li>If the handling of the claim does not require the processing of those categories of data, we will not be required to collect <i>your</i> consent, to the extent that they are necessary to provide to <i>you</i> the benefits and/or services that <i>you</i> are entitled to.</li> </ul>
<ul style="list-style-type: none"> <li>To defend in case of complaints or even litigation cases that the <i>Issuer</i> or its <i>beneficiaries</i> could trigger claiming contractual or third party liabilities related to any service provided by Data Controller or <i>our</i> collaborators</li> </ul>	<ul style="list-style-type: none"> <li>No. We are entitled to process any personal data that <i>you</i> will provide to <i>us</i>, and that will be adequate, relevant and non-excessive for these purposes, on the basis of <i>our</i> legitimate interest to defend.</li> </ul>
<ul style="list-style-type: none"> <li>To conduct quality surveys about the services provided, with the purpose to assess <i>your</i> level of satisfaction and to improve them.</li> </ul>	<ul style="list-style-type: none"> <li>We have a legitimate interest to contact <i>you</i> after handling a claim or after providing assistance to ensure we have complied with <i>our</i> obligations in relation to the benefits and/or services that <i>you</i> are entitled to, in a satisfying way for <i>you</i>. However, <i>you</i> have the right to object by contacting <i>us</i> as indicated in section 9 below.</li> </ul>
<ul style="list-style-type: none"> <li>To provide information to the <i>Issuer</i> with the purpose of monitoring the correct performance by the Data Controller of its obligations as defined in the Collective Insurance Agreement.</li> </ul>	<ul style="list-style-type: none"> <li>No, to the extent these processing activities are a legitimate interest of the <i>Issuer</i> as Policyholder</li> </ul>
<ul style="list-style-type: none"> <li>To perform statistical and quality analysis on the basis of aggregated data, as well as claims rate.</li> </ul>	<ul style="list-style-type: none"> <li>If we carry out any of these processing activities, we will do so by aggregating and anonymizing data. As a result, the data are not considered "personal" data anymore and <i>your</i> consent is not required.</li> </ul>
<ul style="list-style-type: none"> <li>To meet any legal obligations (e.g. those arisen from laws on civil, commercial and insurance agreements, and assistance business activities, regulations on tax, accounting and administrative obligations, to prevent money laundry, or with purposes of sanction screening.</li> </ul>	<ul style="list-style-type: none"> <li>No, to the extent these processing activities are expressly and legally authorized, even required, we are entitled to process <i>your</i> personal information, and to keep the necessary supporting documentation, with</li> </ul>

Purpose	Your express consent?
i.e. to check whether <i>you, your country or your sector</i> are subject to sanctions impeding or restricting <i>us</i> to make payments if relevant).	these purposes without having to request <i>your</i> consent.
<ul style="list-style-type: none"> <li>• Fraud prevention and detection, including, when appropriate, for example, comparison of <i>your</i> information with previous service requests and/or previous claims, or checking of common claims filing systems.</li> </ul>	<ul style="list-style-type: none"> <li>• No, it is understood that the detection and prevention of fraud is a legitimate interest of the data controller and therefore we are entitled to process <i>your</i> data for this purpose without collecting <i>your</i> consent.</li> </ul>
<ul style="list-style-type: none"> <li>• Audit purposes, to comply with legal obligations or internal policies.</li> </ul>	<ul style="list-style-type: none"> <li>• We can process <i>your</i> data in the framework of internal or external audits either required by law, or by internal policies. We won't request <i>your</i> consent for these processing to the extent that they are legitimated by the applicable regulations or <i>our</i> legitimate interest. However, we will ensure that only the strictly necessary personal data are used, and treated with absolute confidentiality.</li> </ul> <p>Internal Audits are usually conducted by <i>our</i> holding company, Allianz Partners SAS (7 Rue Dora Maar, 93400 Saint-Ouen, France)</p>

For the purposes indicated above, we will process personal data we receive directly from *you* and/or personal data we receive about *you* from public databases, third parties such as the *Issuer*, brokers, insurance intermediaries and distributors, business partners, other insurers, credit reference and fraud prevention agencies, banks, (assistance) providers, advertising networks, analytics providers, search information providers, loss adjustors, surveyors, (premium) finance companies, delegated authorities, lawyers or contact persons *you* authorize.

We will need *your* personal data if *you* would like to make use of the benefits and/or services that the *Issuer* has a contract for with *us* for its *beneficiaries*. If *you* do not want to provide the requested information to *us*, and the consent when it is necessary for data processing, we may not be able to provide the benefits and/or services that *you* request.

For those purposes indicated above where we have indicated that we do not require *your* express consent or where we otherwise require *your* personal data to process *your* claim, we will process *your* personal data based on *our* legitimate interests and/or to comply with *our* legal obligations deriving from the Collective Insurance Agreement between *us* and the *Issuer* as aforementioned.

#### 4. Who will have access to *your* personal data?

We will ensure that *your* personal data is processed in a manner that is compatible with the purposes indicated above.



For the stated purposes, *your* personal data may be disclosed to the following parties who operate as third party data controllers:

- public authorities, other Allianz Partners and Allianz Group companies (e.g. for audit purposes), other insurers, co-insurers, re-insurers, insurance intermediaries/brokers, and banks, third parties collaborators and partners participating in the provision of the services (such as healthcare services and professionals including *doctors*, travel agencies, airlines, repairers, fraud investigators, loss adjusters, lawyers) and independent experts.

To the extent informed in this Privacy Notice, *we* can also share *your* personal information with the *Issuer*, in its condition of Policyholder of the benefits and/or services *you* are *beneficiary* of.

For the stated purposes, *we* may also share *your* personal data with the following parties who operate as data processors, i.e., processing the data under *our* instructions:

- other Allianz Partners and Allianz Group companies or third party companies acting as subcontractors of internal activities (e.g. other companies belonging to Allianz Partners Group, acting as subcontractors of Data Controller handling the services in the countries covered by the Collective Insurance Agreement existing between the *Issuer* and the Data Controller), companies belonging to ALLIANZ TECHNOLOGY Group providing of IT support and maintenance, other IT providers, tax management consultants, postal providers, document management providers, technical consultants, surveyors, experts, loss adjustors, repairers and service companies to discharge operations; and
- Advertisers and advertising networks to send *you* marketing communications, as permitted under local law and in accordance with *your* communication preferences. *We* do not share *your* personal data with non-affiliated third parties for their own marketing use without *your* permission.

Finally, *we* may share *your* personal data in the following instances:

- in the event of any contemplated or actual reorganization, merger, sale, joint venture, assignment, transfer or other disposition of all or any portion of *our* business, assets or stock (including in any insolvency or similar proceedings; and
- to meet any legal obligation, including to the relevant ombudsman if *you* make a complaint about the product or service *we* have provided to *you*.

## **5. Where will my personal data be processed?**

*Your* personal data may be processed both inside and outside of the European Economic Area (EEA) by the parties specified in section 4 above, subject always to contractual restrictions regarding confidentiality and security in line with applicable data protection laws and regulations. *We* will not disclose *your* personal data to parties who are not authorized to process them.

Whenever *we* transfer *your* personal data for processing outside of the EEA by another Allianz Group company, *we* will do so on the basis of Allianz' approved binding corporate rules known as the Allianz Privacy Standard (Allianz' BCR) which establish adequate protection for personal data and are legally binding on all Allianz Group companies. Allianz' BCR and the list of Allianz Group companies that comply with them can be accessed here [https://www.allianz-partners.com/en\\_US/allianz-partners---binding-](https://www.allianz-partners.com/en_US/allianz-partners---binding-)

[corporate-rules.html](#). Where Allianz’ BCR do not apply, we will instead take steps to ensure that the transfer of *your* personal data outside of the EEA receives an adequate level of protection as it does in the EEA. *You* can find out what safeguards we rely upon for such transfers (for example, Standard Contractual Clauses) by contacting *us* as detailed in section 9 below.

**6. What are *your* rights in respect of *your* personal data?**

Where permitted by applicable law or regulation, and within the scope therein defined, *you* have the right to:

- access *your* personal data held about *you* and to learn the origin of the data, the purposes and ends of the processing, the details of the data controller(s), the data processor(s) and the parties to whom the data may be disclosed;
- withdraw *your* consent at any time where *your* personal data is processed with *your* consent;
- update or correct *your* personal data so that it is always accurate;
- delete *your* personal data from *our* records if it is no longer needed for the purposes indicated above;
- restrict the processing of *your* personal data in certain circumstances, for example where *you* have contested the accuracy of *your* personal data, for the period enabling *us* to verify its accuracy;
- obtain *your* personal data in an electronic format for *you* or for *your* new insurer/provider; and
- file a complaint with *us* and/or the relevant data protection authority.

*You* may exercise these rights by **contacting *us* as detailed in section 9** below providing *your* name, email address, account identification, and purpose of *your* request.

**7. How can *you* object to the processing of *your* personal data?**

Where permitted by applicable law or regulation, *you* have the right to object to *us* processing *your* personal data, or tell *us* to stop processing it (including for purposes of direct marketing). Once *you* have informed *us* of this request, *we* shall no longer process *your* personal data unless permitted by applicable laws and regulations.

*You* may exercise this right in the same manner as for *your* other rights indicated in section 6 above.

**8. How long do we keep *your* personal data?**

*We* will retain *your* personal data only for as long as they are necessary for the purposes communicated in this privacy notice, and deleted or anonymized when no longer required. Here below *we* inform *you* of some of the retention periods applicable to the purposes informed on in section 3 above.

However, please be aware that sometimes additional specific requirements or events may override or modify them, such as ongoing legal holds over relevant information, or pending litigation or regulatory investigations, which may supersede or suspend these periods until the matter has been closed, and the relevant period to review or to appeal has expired. In particular, retention periods based on specified periods for legal claims can be interrupted and then start to run again.

Personal Information related to the benefits and/or services as defined in the Terms and Conditions of the Collective Insurance Agreement between the <i>Issuer</i> and the Data	<i>We</i> will keep the personal information relating to <i>your</i> benefits and/or services under the Collective Insurance Agreement and the specified period of any litigation cases that may arise from it, as a general rule for a minimum of 7
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Controller (claims handling, management of complaints, litigation cases, quality surveys, fraud prevention/detection, debt recoveries, Collective Insurance Agreement purposes, etc.).	additional years. This period may be longer or shorter as determined by the local applicable laws on insurance contracts.
Personal Claims information (claims handling, management of complaints, litigation cases, quality surveys, fraud prevention/detection, debt recoveries, co-insurance and re-insurance purposes).	We will retain the personal information <i>you</i> provide to <i>us</i> or we collect and process according to this privacy notice for a minimum period of 7 years as from the date of settlement of the claim. This period may be longer or shorter as determined by the local applicable laws on insurance contracts.
Supporting documents to provide evidence of compliance with legal obligations such as taxation or accounting.	We will process in these documents the personal data <i>you</i> provide to <i>us</i> , or we collect and process according to this privacy notice, only to the extent they're relevant for this purpose, and for a minimum of 10 years from the first day of the relevant tax year.

We will not retain *your* personal data for longer than necessary and we will hold it only for the purposes for which it was obtained.

## 9. How can you contact us?

If *you* have any queries about how we use *your* personal data, *you* can contact *us* by email or post as follows:

COUNTRY	EMAIL ADDRESS
Austria	dataprivacy.fos.at@allianz.com
Belgium	dataprivacy.fos.be@allianz.com
Bulgaria	dataprivacy.fos.bg@allianz.com
Croatia	dataprivacy.fos.hr@allianz.com
Cyprus	dataprivacy.fos.cy@allianz.com
Czech Republic	dataprivacy.fos.cz@allianz.com
Denmark	dataprivacy.fos.dk@allianz.com
Estonia	dataprivacy.fos.ee@allianz.com
Finland	dataprivacy.fos.fi@allianz.com
France	dataprivacy.fos.fr@allianz.com
Germany	dataprivacy.fos.de@allianz.com
Greece	dataprivacy.fos.gr@allianz.com
Hungary	dataprivacy.fos.hu@allianz.com
Iceland	dataprivacy.fos.is@allianz.com
Ireland	dataprivacy.fos.ie@allianz.com
Italy	dataprivacy.fos.it@allianz.com
Latvia	dataprivacy.fos.lv@allianz.com
Lichtenstein	dataprivacy.fos.li@allianz.com
Lithuania	dataprivacy.fos.lt@allianz.com
Luxembourg	dataprivacy.fos.lu@allianz.com
Malta	dataprivacy.fos.mt@allianz.com
Netherlands	dataprivacy.fos.nl@allianz.com
Norway	dataprivacy.fos.no@allianz.com

Poland	dataprivacy.fos.pl@allianz.com
Portugal	dataprivacy.fos.pt@allianz.com
Romania	dataprivacy.fos.ro@allianz.com
Slovakia	dataprivacy.fos.sk@allianz.com
Slovenia	dataprivacy.fos.si@allianz.com
Spain	dataprivacy.fos.es@allianz.com
Sweden	dataprivacy.fos.se@allianz.com

Postal address:

**AWP P&C S.A. – Dutch Branch**

Attn. Data Protection Officer

Poeldijkstraat 4

1059 VM Amsterdam

The Netherlands

You can also use these contact details to exercise *your* rights, or to submit *your* queries or complaints to other Allianz Partners entities acting as controllers (see section 4 above) to which we may have shared *your* personal data. We will address them *your* request and support their handling and answer to *you* in *our* local language.

**10. How often do we update this privacy notice?**

We regularly review this privacy notice. This privacy notice was last updated on October 2020.