



guard.me[®]
International Insurance

**Multirisk Ireland
Cover**

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Emergency Assistance
24/7, 365 days a year

+353 9 064 060 40



Claims Team
09:00-17:00 Monday - Friday

+353 9 064 060 40

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BENEFIT TABLE

Cover	Limit
Emergency Medical and Repatriation Expenses	
Emergency Medical and Repatriation Expenses, maximum	€ 10,000,000
- Excess	€ 80
Infants born following Complications of pregnancy	€ 75,000
Emergency Dental Expenses, maximum	€ 150
- Excess	€ 80
Funeral Expenses, maximum	€ 5,000
Hospital Benefit	
Hospital Benefit, maximum	€ 100
- per 24 hrs	€ 20
Personal Accident	
Personal Accident, maximum	€ 25,000
Travel Accident	
Travel Accident, maximum	€ 115,000
Personal Liability	
Personal Liability, maximum	€ 2,000,000

YOUR TRAVEL INSURANCE BENEFITS

INTRODUCTION

This document is not a contract of insurance but summarises the benefits provided to **you** when attending, or accompanying someone attending, an **Academic course**. The provision of those benefits is enabled by an insurance policy held by and issued to the **Policyholder** by Inter Partner Assistance.

Only it has direct rights against the insurer under the policy. This agreement does not give **you** direct rights under the Policy of Insurance but enables **you** to receive benefits. Strict compliance with the terms and conditions of this agreement is required if **you** are to receive its benefit.

ELIGIBILITY

The benefits summarised in this document are dependent upon **you** being on a valid **trip** either alone or as part of a **group**, at the time of any incident giving rise to a claim. The **Policyholder** will give **you** notice if there are any material changes to these terms and conditions or if the Policy supporting the benefits available under this agreement is cancelled or expires without renewal on equivalent terms.

This is **your** benefit guide and agreement with **us**. It contains details of benefits, conditions and exclusions, and is the basis on which all claims **you** make will be settled.

INSURER

Inter Partner Assistance SA, directly and through its branches (and any AXA group companies IPA appoint), will provide and administer the Benefits and Services available under this policy. Inter Partner Assistance SA an insurance company regulated and authorised by the National Bank of Belgium, under number 0487, with registered office at Louizalaan 166, 1050 Brussels, and Company number 0415.591.055. Inter Partner Assistance SA is authorised by the National Bank of Belgium in Belgium and is regulated by the Central Bank of Ireland for conduct of business rules.

IMPORTANT HEALTH REQUIREMENTS

You must comply with the following conditions in order to have full cover under this policy. If **you** do not comply **we** may refuse to deal with **your** claim or reduce the amount of any claim payment.

These benefits will not cover **you** if **you**:

- are travelling against the advice of a **medical practitioner** (or would be travelling against the advice of a **medical practitioner** had **you** sought his/her advice);
- are travelling with the intention of obtaining medical treatment or consultation abroad;

In addition, **you** will not be covered for benefits under MEDICAL EXPENSES, or for CURTAILMENT due to a medical reason, if **you**:

- have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which **you** are awaiting investigations/consultations, or awaiting results of investigations where the underlying cause has not been established);

IMPORTANT

No claim arising directly or indirectly from a **pre-existing medical condition** affecting **you** will be covered.

INDIRECTLY RELATED CONDITIONS

1. At the time of taking out this policy **you** will not be covered for any claim arising directly or indirectly from:

- any **medical condition** **you** have, or have had, for which **you** are waiting to receive, or have received treatment (including surgery, tests or investigations) within the last 12 months.
- any **medical condition** for which **you** have received a terminal prognosis;
- any **medical condition** **you** are aware of but for which **you** have not had a diagnosis;
- any **medical condition** for which **you** are on a waiting list;
- any **medical condition** for which **you** know **you** need surgery or treatment;
- any **medical condition** for which **you** are awaiting the results from any tests or investigations;
- any **medical condition** affecting **you**, that **you** are aware of, that could reasonably be expected to result in a claim on this policy.
- any **medical condition** affecting a third party, that **you** are aware of, that could reasonably be expected to result in a claim on this policy. For **your** information, examples include but are not limited to;
 - A third party who has received a terminal prognosis;
 - A third party who is receiving or waiting for hospital investigation or treatment for an undiagnosed condition or a set of symptoms;
 - A third party who is receiving inpatient treatment;
 - A third party who has an existing **medical condition** or illness, that has presented new or a change to symptoms.

2. At any time **you** will not be covered for any claim arising directly or indirectly from:
 - any **medical condition you** have in respect of which a **medical practitioner** has advised **you** not to travel or would have done so had **you** sought his/her advice
 - any surgery, treatment or investigations for which **you** intend to travel outside of **your home** area to receive (including any expenses incurred due to the discovery of other **medical conditions** during and/or complications arising from these procedures)
 - any **medical condition** for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**
 - **your** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider

IMPORTANT INFORMATION

1. Claims arising from any **pre-existing medical conditions** are not covered.
2. Claims arising when **you** are travelling against the advice of a **medical practitioner** (or would be travelling against the advice of a **medical practitioner** had **you** sought their advice) are not covered.
3. Claims arising when **you** are travelling with the intention of obtaining medical treatment or consultation abroad are not covered.
4. An **excess** applies to some benefits under EMERGENCY MEDICAL AND REPATRIATION EXPENSES, please refer to the Benefit Table on page 2.
5. Claims arising when **you** have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which **you** are awaiting investigations or consultations, or awaiting results of investigations, where the underlying cause has not been established) are not covered.
6. In case of any **medical emergency you** or the treating facility should contact **us** on +353 9 064 060 40 as soon as possible. **You** would also need to contact **us** to report any loss, **theft** or damage.
7. This policy will be governed by Irish law.
8. The duration of any **leisure trip** may not exceed 21 consecutive days. Please note if **your leisure trip** is longer than the maximum duration, benefits will not apply to any part of that **leisure trip**.

AGE LIMITATIONS

Cover is not available to any person aged 70 years and over at the commencement of the **Period of cover**.

IMPORTANT LIMITATIONS UNDER CURTAILMENT

This policy will not cover any claims under CURTAILMENT arising from any **pre-existing medical condition** known to **you** prior to purchasing the policy or prior to booking any **trip** (whichever is the later), affecting any **close relative**, any person with whom **you** are travelling, or any person with whom **you** have arranged to stay, if:

1. a terminal diagnosis had been given by a **medical practitioner**; or
2. they were on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital or clinic;
3. during the 90 days immediately prior to **you** purchasing the policy or prior to booking any **trip** (whichever is later) any **close relative** had required surgery, inpatient treatment or hospital consultations.

EMERGENCY ASSISTANCE

Contact **us** on Telephone: +353 9 064 060 40.

If **you** suffer any serious illness or accident which may lead to **your** admission to hospital before any plans are made for repatriation or if **you** need to **curtail your trip you** must contact **us**. **We** are open 24/7 for advice and will be able to assist in arranging repatriation and settling medical expenses directly with the treating facility. Any treatment in a private facility is not covered unless pre-authorized by **us**. If it is not possible to contact **us** before any treatment happens (for any immediate emergency treatment) please call **us** as soon as possible. For any outpatient treatment (where **you** are not admitted into hospital) or minor illness or injury (excluding fractures) **you** should pay for the treatment and claim it back from **us**.

MEDICAL ASSISTANCE ABROAD

We will arrange transport **home** if this is considered **medically necessary**, or when **you** have news of a serious illness, injury or death of a **close relative at home**.

PAYMENT FOR MEDICAL TREATMENT ABROAD

If **you** are admitted to a hospital/clinic while outside **your country of residence**, **we** will arrange for medical expenses covered by the policy to be paid direct to the hospital/clinic. **We** will also arrange transport **home** when this is considered **medically**

necessary, or when **you** have news of serious illness, injury, or death of a **close relative at home**. Please contact **us** on +353 9 064 060 40 as soon as possible. For simple out-patient treatment, **you** should pay the hospital/clinic **yourself** and claim back medical expenses from **us**. Please be careful not to sign anything confirming **you** will pay for excessive treatment or charges. If in doubt regarding any requests, please call **us** for guidance.

DEFINITIONS

Any word or expression which relates to a definition will have the same meaning throughout the benefit schedule and will be highlighted in bold.

ACADEMIC COURSE	any accredited educational course run by the Policyholder which runs for no more than one academic year or in any case a maximum of twelve consecutive months.
BENEFIT TABLE	the table listing the benefit amounts on page 2.
BODILY INJURY	an identifiable physical injury caused by a sudden, violent, external, unexpected specific event. Injury as a result of your unavoidable exposure to the elements shall be deemed to be a bodily injury .
CLOSE RELATIVE	mother, father, sister, brother, spouse, or fiancé/fiancée or common law partner (any couple, in a common law relationship living permanently at the same address) daughter, son, including adopted daughter or son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, stepparent, stepchild, stepsister, stepbrother, foster child, legal guardian, legal ward.
COMPLICATIONS OF PREGNANCY	the following unforeseen complications of pregnancy as certified by a medical practitioner : toxemia; gestational hypertension; pre-eclampsia; ectopic pregnancy; hydatidiform mole (molar pregnancy); hyperemesis gravidarum; ante partum haemorrhage; placental abruption; placenta praevia; post-partum haemorrhage; retained placenta membrane; miscarriage; stillbirths; medically necessary emergency Caesarean sections/ medically necessary termination; and any premature births or threatened early labour more than 8 weeks (or 16 weeks in the case of a multiple pregnancy) prior to the expected delivery date.
COUNTRY OF RESIDENCE	the country in which you legally reside. You must have a residential address that you can refer to within that country.
EXCESS	the first amount, as shown in the benefit Table , which you will be responsible for, per covered person , for each and every event.
GROUP	a group of students solely travelling for the purposes of undertaking an academic course in a single educational establishment, that departed on the same day.
HOME	your normal place of residence in your country of residence .
LEISURE TRIP	a journey solely for holiday or leisure purposes, which begins and ends within the period of cover and which includes a flight or pre-booked overnight accommodation, up to a maximum of 21 days per trip .
LOSS OF LIMB	loss by physical severance, or the total and irrecoverable permanent loss of use or function of, an arm at or above the wrist joint, or a leg at or above the ankle joint.
LOSS OF SIGHT	total and irrecoverable loss of sight in one or both eye(s); this is considered to have occurred if the degree of sight remaining after correction is 3/60 or less on the Snellen scale. (This means being able to see at 3 feet or less what you should see at 60 feet.)
MANUAL WORK	any work above ground level; work using cutting tools, power tools and machinery; work involving hands-on involvement with the installation, assembly, maintenance or repair of electrical, mechanical or hydraulic plant; undertaking work of a plumber, electrician, lighting or sound technician, carpenter, painter/decorator or builder, or manual labour of any kind, with the exception of bar and restaurant work, wait staff, chalet, maid, au pair and child care, and occasional light manual work at ground level including retail work and fruit picking.
MEDICAL CONDITION(S)	any medical or psychological disease, sickness, condition, illness or injury that has affected you or any close relative , travelling companion or person with whom you intend to stay whilst on your trip .
MEDICAL EMERGENCY	a bodily injury or sudden and unforeseen illness suffered by you while you are on a trip outside the country of residence and a registered medical practitioner tells you that you need immediate medical treatment or medical attention.
MEDICALLY NECESSARY	reasonable and essential medical services and supplies, ordered by a medical practitioner exercising prudent clinical judgement, needed to diagnose or treat an illness, injury, medical condition , disease or its symptoms, and that meet generally accepted standards of medical practice.

MEDICAL PRACTITIONER	a legally licensed member of the medical profession, recognised by the law of the country where treatment is provided and who, in rendering such treatment is practising within the scope of his/her licence and training, and who is not related to you , any travelling companion, or any person with whom you have arranged to stay.
PERIOD OF COVER	the period to which the insurance applies, which cannot exceed one academic year or in any case a maximum of twelve consecutive months. This is between and inclusive of the dates shown as Cover start date and Cover end date on the Policy Schedule starting at 00.01 hours on the Cover start date and ending at midnight on the Cover end date.
POLICYHOLDER	the firm, company or organisation providing Academic Courses , named as the Policyholder on the Policy Schedule, not being an Covered Person .
PRE-EXISTING MEDICAL CONDITION(S)	<p>A medical condition that, during the 12 months prior to the period of insurance/effective date, has:</p> <ul style="list-style-type: none"> caused signs or symptoms; or required medical advice, consultation, or investigation (whether a diagnosis was established or not); or required any form of treatment provided by a medical practitioner. <p>For the purpose of this definition, the following does not constitute medical treatment:</p> <ol style="list-style-type: none"> regular use of prescribed medication, provided that no change in medication, dosage, or usage has been prescribed by a medical practitioner; check-ups or follow-ups when the medical practitioner observes no adverse change in the stability of any previously noted condition, or any change in symptoms.
PUBLIC TRANSPORT	any transport by road, rail, sea or air with a licensed carrier operating a regular and/or charter passenger service on which you are booked to travel.
SPORTS AND ACTIVITIES	the activities listed under SPORTS AND ACTIVITIES on page 9.
TERRORISM	an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or governments, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.
TRIP	<p>any trip booked within the Policy Period by a Covered person, either alone or part of a group, including Leisure trips which begin and end within the period of cover up to a maximum of 21 days per trip.</p> <p>PLEASE NOTE: Any trips to a country, specific area or event when the Department of Foreign Affairs (DFA) or a regulatory authority in a country to/from which you are travelling has advised against all travel are not covered.</p>
UNDER THE INFLUENCE	Your actions while they are impaired or adversely influenced by medication, drugs, alcohol or intoxicants; any medical claims related to the use or misuse of drugs or alcohol.
WE/US/OUR	the insurer, Inter Partner Assistance SA.
YOU/YOUR/COVERED PERSON(S)	any person named in a Declaration by the Policyholder , who is eligible for cover.

GENERAL CONDITIONS

You must comply with the following conditions to have the full protection of this policy. If **you** do not comply **we** may at **our** option refuse to deal with **your** claim, or reduce the amount of any claim payment.

- The maximum age limit for all benefits is 69 years inclusive.
- The **excess**, as and when applicable, will be deducted in respect of each **covered person** and each and every incident.
- You** must take all reasonable care and precautions to prevent a claim happening. **You** must act as if **you** are not covered and take steps to minimise **your** loss as much as possible and take reasonable steps to prevent a further incident and to recover missing property.
- You** must tell **us** as soon as possible in the event of an emergency or if **you** are hospitalised (any outpatient treatment, minor illness or injury (excluding fractures) costs must be paid for by **you** and reclaimed).
- We** ask that **you** notify **us** within 28 days of **you** becoming aware that **you** need to make a claim and that **you** return **your** completed claim form and any additional information to **us** as soon as possible.
- You** must provide all necessary documentation requested by **us** on page 14 at **your** expense. **We** may also request

more documentation than what is listed to substantiate **your** claim. If **you** do not provide this any claim may be refused.

7. **You** or **your** legal representatives must send **us** at **your** own expense all information, evidence, medical certificates, original invoices, receipts, reports, assistance that may be needed including details of other insurance policies that may cover the claim. **We** may refuse to reimburse **you** for any expenses for which **you** cannot provide receipts or bills. Please keep copies of all documents sent to **us**.
8. **You** must not admit, deny, settle, reject, negotiate or make any arrangement for any claim without **our** permission.
9. **You** must tell **us** and provide full details in writing immediately if someone is holding **you** responsible for damage to their property or **bodily injury** to them. **You** must immediately send **us** any writ or summons, letter of claim or other document relating to **your** claim.
10. In the event of a claim and if **we** require it, **you** must agree to be examined by a **medical practitioner** of **our** choice, at **our** expense as often as may be reasonably necessary prior to paying a claim, In the event of **your** death **we** may also request and will pay for a post-mortem examination.
11. If **we** provide transportation or settle **your** claim and as a result **you** have unused travel ticket(s) **you** must surrender those tickets to **us**. If **you** do not **we** will deduct the amount of those tickets from any amount paid to **you**.
12. **We** have the right, if **we** choose, in **your** name but at **our** expense to:
 - take over the settlement of any claim;
 - take legal action in **your** name to get compensation from anyone else for **our** own benefit or to get back from anyone else any payments that have already been made;
 - take any action to get back any lost property or property believed to be lost.
13. If **you** or anyone acting for **you** in any respect, attempts to gain funds, information or other assets by deception or any other illegal means, including deliberate misrepresentation or omission of facts in order to misrepresent the true situation, this policy shall become void. **We** may inform the police and **you** must repay to **us** any amount already received under the policy.
14. If **we** pay any expense which is not covered, **you** must pay this back within one month of **our** asking.
15. **We** will make every effort to apply the full range of services in all circumstances as shown in the policy. Remote geographical locations or unforeseeable adverse local conditions may prevent the normal standard of service being provided.
16. **You** must claim against **your** private health insurer first for any expenses.

GENERAL EXCLUSIONS

These exclusions apply throughout **your** policy. **We** will not pay for claims arising directly or indirectly from:

1. Any **pre-existing medical conditions**.
2. Under all sections, any claim arising from a reason not listed in WHAT IS COVERED.
3. Claims where **you** have not provided the necessary documentation requested by **us** on page 14 at **your** expense. **We** may also ask for more documentation than what is listed to substantiate **your** claim.
4. **Your** engagement in or practice of: **manual work**, flying except as a fare paying passenger in a fully-licensed passenger-carrying aircraft, the use of motorised two or three wheeled vehicles unless an applicable current driving licence is held allowing the use of such vehicles in **your country of residence** and **your trip** destination and a crash helmet is worn (see SPORTS AND ACTIVITIES) professional entertaining, professional sports, racing (other than on foot), motor rallies and motor competitions, track-driving, or any tests for speed or endurance.
5. **Your** participation in or practice of any other sport or activity unless shown as covered in SPORTS AND ACTIVITIES.
6. **Sports and activities** are only covered on an incidental, non-competitive and non-professional basis. Under no circumstances will any claims arising from any activities not listed be covered regardless of whether undertaken as part of an organised excursion or event.
7. Any claim resulting from **you** attempting or committing suicide; deliberately injuring **yourself**; using any drug not prescribed by a **medical practitioner**, being addicted to, abusing or being **under the influence** of drugs, or alcohol.
8. Self-exposure to needless peril (except in an attempt to save human life).
9. Any claim resulting from **your** involvement in a fight except in self-defence.
10. **Your** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.
11. **Your** own unlawful action or any criminal proceedings against **you** or any loss or damage deliberately carried out or caused by **you**.
12. Any other loss, damage or additional expense following on from the event for which **you** are claiming. Examples of such loss, damage or additional expenses would be the cost incurred in preparing a claim, loss of earnings, loss or costs incurred arising from the interruption of **your** business, inconvenience, distress, or loss of enjoyment.
13. Operational duties of a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a

Government Department.

14. Any claim where **you** are entitled to indemnity under any other insurance, including any amounts recoverable from any other source, except in respect of any excess beyond the amount which would have been covered under such other insurance, or any amount recoverable from any other source, had these benefits not been effected.
15. **Your** travel to a country, specific area or event when the Department of Foreign Affairs (DFA) or a regulatory authority in a country to/from which **you** are travelling has advised against all travel.
16. **You** climbing, jumping or moving from one balcony to another regardless of the height of the balcony.
17. Any virtual currency including but not limited to crypto-currency, including fluctuations in value.
18. Any costs **you** would have been required or been expected to pay, if the event resulting in the claim had not happened.
19. Any circumstances known to **you** before you purchased **your** policy or at the time of booking any **trip** which could reasonably have been expected to lead to a claim under this policy.
20. Costs of telephone calls or faxes, internet charges unless they are documented as costs to contact **us**.
21. A condition for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**.
22. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, **terrorism**, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power but this exclusion shall not apply to losses under EMERGENCY MEDICAL AND REPATRIATION EXPENSES, HOSPITAL BENEFIT, and PERSONAL ACCIDENT unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **trip**.
23. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
24. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
25. No insurer shall be deemed to provide and no insurer shall be liable to pay any claim or provide any benefit here under to the extent that the provision of such cover, payment or such claim of such benefit would expose that insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanction, laws or regulations of the European Union, United Kingdom or United States of America.

SPORTS AND ACTIVITIES

You are covered under EMERGENCY MEDICAL AND REPATRIATION EXPENSES, and HOSPITAL BENEFIT for the following activities. **Sports and activities** are excluded if **your** participation in them is the sole or main reason for **your trip**.

Any sport or activity marked with * is excluded under PERSONAL LIABILITY and PERSONAL ACCIDENT.

- *Abseiling
- *Archery
- Badminton
- Baseball
- Basketball
- Bowling
- Camel Riding
- *Canoeing (up to grade/class 3)
- *Clay pigeon shooting
- Cricket
- *Cross country skiing
- *Elephant Riding
- *Fell running
- *Fencing
- Fishing
- Football
- *Glacier Skiing
- *Go- Karting
- Golf
- Hockey
- *Horse Riding
- *Horse Trekking
- *Hot air ballooning
- *Hurling
- Ice Skating (on recognised ice rinks)
- *Jet Biking
- *Jet Skiing
- Kitesurfing
- Monoskiing
- *Mountain bicycling on tarmac
- *Mountain bicycling off tarmac
- Netball
- Orienteering
- *Paintball
- Pony Trekking
- Racquetball
- Road Cycling
- Roller skating
- Rounders
- Running
- Sailing (within 20 Nautical Miles of the coastline)
- *Sailing (outside 20 Nautical Miles of the coastline)
- Scuba Diving † (see note below)
- *Ski touring
- *Skidoo/snowmobiling
- Skiing (on piste or off piste with a guide)
- *Snowblading
- Snowboarding (on piste or off piste with a guide)
- Snowshoeing
- Squash
- Surfing
- Table Tennis
- Tennis
- *Tobogganing
- Trampolining
- Trekking (up to 4000 metres without use of climbing equipment)
- Volleyball
- *War games
- Water polo
- Water Skiing
- Wind Surfing
- Yachting (within 20 Nautical Miles of the coastline)
- *Yachting (outside 20 Nautical Miles of the coastline)
- Zorbing

† Scuba diving – **you** are only covered for scuba diving up to the depth of **your** qualification. **You** must hold the relevant qualification for **your** dive and be diving under the direction of an accredited dive marshal, instructor or guide and within the guidelines of the relevant diving or training agency or organisation.

Please note: **You** are not covered when participating in any training or qualification course.

POLICY SECTIONS

EMERGENCY MEDICAL EXPENSES

This is not private medical insurance

If **you** become unexpectedly ill, injured or have a complication of pregnancy and **you** require in-patient treatment, repatriation or it is likely that the costs will exceed € 500 then **you** must contact **us** on +353 9 064 060 40.

We may:

- move **you** from one hospital to another; and/or
- return **you** to **your home** in the **country of residence**; or move **you** to the most suitable hospital in the **country of residence**;

at any time, if **we** and the treating **medical practitioner** believe that it is **medically necessary** and safe to do so.

If **our** Chief Medical Officer advises a date when it is feasible and practical to repatriate **you**, but **you** choose not to be repatriated, **our** liability to pay any further costs under this section after that date will be limited to what **we** would have paid if **your** repatriation had taken place.

WHAT IS COVERED

Up to the amount shown in the **Benefit table** for costs incurred outside **your country of residence** for:

- a. Reasonable and necessary expenses which arise as a result of a **medical emergency** involving **you**. This includes **medical practitioners'** fees, hospital expenses, medical treatment and all the costs of transporting **you** to the nearest suitable hospital, when deemed necessary by a recognised **medical practitioner**.
- b. Reasonable and necessary emergency medical expenses for all infants born following **complications of pregnancy** during a **trip**. Claims involving multiple births are considered to be one event.
- c. Emergency dental treatment for the immediate relief of pain and/or emergency repairs to dentures or artificial teeth solely to relieve distress in eating.
- d. With **our** prior authorisation, additional travelling costs to repatriate **you** to **your home** when recommended by **our** Chief Medical Officer, including the cost of a medical escort if necessary. Repatriation expenses will be in the identical class of travel utilised on the **outward journey** unless **we** agree otherwise.
- e. With **our** prior authorisation, and if deemed **medically necessary** by **our** Chief Medical Officer:
 - all necessary and reasonable accommodation (room only) and travel expenses incurred if it is **medically necessary** for **you** to stay beyond **your** scheduled return date, and including travel costs, back to **your country of residence** if **you** cannot use **your** original ticket.
 - all necessary and reasonable accommodation (room only) and travel expenses incurred by any one other person if required on medical advice to accompany **you** or escort a child **home** to **your country of residence**.
 - up to € 5,000 for travel expenses, and € 1,500 for accommodation and meals for a maximum period of 10 days, for up to two people to travel to **you** if **you** have no family members within 500 km while **you** are hospitalised outside **your country of residence** and the hospitalisation is expected to last a minimum of 7 days, or in the event of **your** death.
 - all necessary and reasonable accommodation (room only) and travel expenses for a friend or **close relative** to travel from the **country of residence** to escort **covered persons** under the age of 18 to **your home** in the **country of residence** if **you** are physically unable to take care of them and are travelling alone. If **you** cannot nominate a person **we** will then select a competent person. If the original pre-booked return ticket(s) for the child cannot be used, **we** will pay for economy one way travel to return the child to the **home**. **We** will not pay for travel and/or accommodation that has not been arranged through **us** or incurred without **our** prior approval.
- f. If **you** die abroad:
 - cremation or burial charges in the country in which **you** die; or
 - transportation charges for returning **your** body or ashes back to **your country of residence**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

WHAT IS NOT COVERED

1. Any claim arising directly or indirectly from any **pre-existing medical condition**.
2. Any claim arising from pregnancy related conditions not due to **complications of pregnancy** which first arise after departing on **your trip**. Normal pregnancy or childbirth, or travelling when **your medical practitioner** has recorded **your** pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event.
3. Claims where **you** unreasonably refuse the medical repatriation services **we** agree to provide and pay for under this policy. If **you** choose alternative medical repatriation services **you** must notify **us** in writing in advance and it will be at **your** own risk and own cost.
4. Any costs **you** incur outside the **country of residence** after the date **our** Chief Medical Officer tells **you** should return **home**

or **we** arrange for **you** to return **home**. (**Our** liability to pay further costs under this section after that date will be limited to what **we** would have paid if **your** repatriation had taken place).

5. Any treatment which is not a surgical or medical procedure with the sole purpose of curing or relieving acute unforeseen illness or injury.
6. Any expenses which are not usual, reasonable or customary to treat **your bodily injury** or illness.
7. Any treatment or diagnostic testing that was pre-planned or pre-known by **you**.
8. Any form of treatment or surgery which in the opinion of **our** Chief Medical Officer can be reasonably delayed until **your** return to the **country of residence**.
9. Expenses incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside the **country of residence** unless stolen or damaged.
10. The **excess**, as shown in the **Benefit Table**, per **covered person** for each and every claim.
11. Additional costs arising from single or private room accommodation.
12. Treatment or services provided by a private clinic or hospital, health spa, convalescent or nursing **home** or any rehabilitation centre unless agreed by **us**.
13. Treatment costs for cosmetic reasons unless **our** Chief Medical Officer agrees such treatment is necessary as a result of an accident covered by this policy.
14. Any expenses incurred after **you** have returned to **your country of residence** unless previously agreed to by **us**.
15. Any claim arising from **your** failure to obtain any recommended vaccines, inoculations or medications prior to **your trip**.
16. The cost of flight tickets exceeding economy class for an accompanying non-medical escort in the event of medical repatriation unless **we** agree otherwise.
17. The cost of dental treatment involving the provision of dentures, artificial teeth or the use of precious metals and not for the immediate relief of pain.
18. Costs of telephone calls, other than calls to **us** notifying **us** of the problem, for which **you** are able to provide a receipt or other evidence to show the cost of the call and the number telephoned.
19. Air-sea rescue costs.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

HOSPITAL BENEFIT

WHAT IS COVERED

If **we** accept a claim under EMERGENCY MEDICAL AND REPATRIATION EXPENSES, **we** will also pay **you** up to the amount shown in the **Benefit table** for incidental expenses for each continuous 24 hour period that **you** have to spend in hospital as an in-patient outside the **country of residence**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

WHAT IS NOT COVERED

1. Any additional period of hospitalisation relating to treatment or surgery, including exploratory tests, which are not directly related to the **bodily injury** or **medical condition** which necessitated **your** admittance into hospital.
2. Any additional period of hospitalisation relating to treatment or services provided by a convalescent or nursing home or any rehabilitation centre.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

PERSONAL ACCIDENT

WHAT IS COVERED

Up to the amount shown in the **Benefit table**, if **you** suffer a **bodily injury** caused by an accident during a **trip**, which within 12 months directly results in **your**

- Death; or
- **Loss of sight**; or
- **Loss of limb**; or
- Permanent Total Disablement

If **you** suffer from **loss of limb** or **loss of sight**, the following amounts may be paid, but in any case will not exceed 100% of the benefit amount for permanent total disablement.

Loss of:	Benefit Amount
Both hands	100% of the Permanent Total Disablement Benefit
Both feet	
Entire sight in both eyes	
One hand and one foot	
One hand or foot and the entire sight of one eye	
One hand	50% of the Permanent Total Disablement Benefit
One foot	
The entire sight of one eye	

Please refer to MAKING A CLAIM for the documents **you** would need to provide

IMPORTANT CLAIMS CONDITIONS

1. **Our medical practitioner** may examine **you** as often as may be reasonably necessary prior to paying a claim.
2. The benefit is not payable under permanent total disablement, until one year after the date **you** sustain **bodily injury**.
3. **We** will not pay more than one benefit for the same **bodily injury**.

WHAT IS NOT COVERED

1. Any claim arising directly or indirectly from any **pre-existing medical conditions**.
2. Any disability or death that is caused by a worsening of physical health (e.g. a stroke or a heart attack) and not as a direct result of a **bodily injury**.
3. Payment under permanent total disablement one year before the date **you** sustain **bodily injury**.
4. Normal and habitual travel between **your** place of study and place of employment or second residence will not be considered as a covered **trip**.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

TRAVEL ACCIDENT

WHAT IS COVERED

Up to the amount shown in the **Benefit table**, if **you** suffer a **bodily injury** caused by an accident whilst travelling on **public transport**, which within 12 months directly results in **your**

- Death; or
- **Loss of sight**; or
- **Loss of limb**; or
- Permanent Total Disablement

If **you** suffer from **loss of limb** or **loss of sight**, the following amounts may be paid, but in any case will not exceed 100% of the benefit amount for permanent total disablement.

Loss of:	Benefit Amount
Both hands	100% of the Permanent Total Disablement Benefit
Both feet	
Entire sight in both eyes	
One hand and one foot	
One hand or foot and the entire sight of one eye	
One hand	50% of the Permanent Total Disablement Benefit
One foot	
The entire sight of one eye	

Please refer to MAKING A CLAIM for the documents **you** would need to provide

IMPORTANT CLAIMS CONDITIONS

1. **Our medical practitioner** may examine **you** as often as may be reasonably necessary prior to paying a claim.
2. The benefit is not payable under permanent total disablement, until one year after the date **you** sustain **bodily injury**.
3. **We** will not pay more than one benefit for the same **bodily injury**.

WHAT IS NOT COVERED

1. Any claim arising directly or indirectly from any **pre-existing medical conditions**.
2. Any claim when **you** are not travelling on **public transport**
3. Any disability or death that is caused by a worsening of physical health (e.g. a stroke or a heart attack) and not as a direct result of a **bodily injury**.
4. Payment under permanent total disablement one year before the date **you** sustain **bodily injury**.
5. Normal and habitual travel between **your** place of study and place of employment or second residence will not be considered as a covered **trip**.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

PERSONAL LIABILITY

WHAT IS COVERED

Up to the amount shown in the **Benefit table**, against any amount **you** become legally liable to pay as compensation for any claim or series of claims arising from any event occurring during a **trip** outside of the **country of residence** in respect of accidental:

1. **Bodily injury**, death, illness or disease to any person who is not in **your** employment or who is not a relative, **close relative** or member of **your** household.
2. Loss of or damage to property that does not belong to and is neither in the charge of or under the control of **you**, a relative, **close relative**, anyone in **your** employment or any member of **your** household other than any temporary holiday accommodation occupied (but not owned) by **you**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

IMPORTANT CLAIMS CONDITIONS

1. **You** must give **us** written notice as soon as possible of any incident, which may give rise to a claim.
2. **You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **our** written consent.
3. **We** will be entitled if **we** so desire to take over and conduct in **your** name the defence of any claims for indemnity or damages or otherwise against any third party. **We** shall have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **you** shall give **us** all necessary information and assistance which **we** may require.
4. In the event of **your** death, **your** legal representative(s) will have the protection of the **Benefit table** provided that such representative(s) comply (ies) with the terms and conditions outlined in this document.

WHAT IS NOT COVERED

Compensation or legal costs arising from:

- a. Liability which has been assumed by **you** which would not apply had **you** not agreed to take on the liability.
- b. Pursuit of any business, trade, paid or unpaid voluntary work, profession or occupation or the supply of goods or services.
- c. Ownership, possession or use of firearms, vehicles, aircraft or watercraft (other than surfboards or manually propelled rowboats, punts, canoes).
- d. The known or intentional transmission of any communicable disease or virus.
- e. Ownership or occupation of land or buildings (other than occupation only of any temporary holiday accommodation where **we** will not pay for the first € 250 of each and every claim arising from the same incident).
- f. **Your** criminal, malicious or deliberate acts.
- g. Punitive or exemplary damages

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

GETTING IN CONTACT

MAKING A CLAIM

In the event of an emergency **you** should call **us** on +353 9 064 060 40.

For all other claims please call **our** claims helpline on +353 9 064 060 40 (Monday - Friday 09:00 – 17:00). **You** will need to give:

- **your** name
- **your** policy number
- brief details of **your** claim.

We ask that **you** notify **us** within 28 days (unless otherwise stated) of **you** becoming aware of needing to make a claim and return the completed claim forms with any additional requested documentation as soon as possible.

Please keep a copy of all documents sent to **us**. To help **us** agree a quick and fair settlement of a claim, it may sometimes be necessary for **us** to appoint a claims handling agent.

You will need to obtain some information about **your** claim while **you** are away. **We** may ask for more documentation than what is listed below to substantiate **your** claim. If **you** do not provide the necessary documentation **your** claim could be refused. Below is a list of the documents required to assist **us** to deal with **your** claim as quickly as possible.

FOR ALL CLAIMS

- **Your** original booking invoice(s) and travel documents showing the dates of travel and booking date.
- 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 that may also cover the incident.
- Any documentation **you** have to substantiate **your** claim
- For all claims relating to illness or injury a medical certificate will need to be completed by the treating **medical practitioner** treating **you**, a **close relative**, or any person with whom **you** are travelling or staying with. Or any claims due to a death **we** will require a medical certificate from the **medical practitioner** treating **you**, a **close relative**, or any person with whom **you** are travelling or staying with and a copy of their death certificate.
- Original receipts or proof of ownership for stolen, lost or damaged item(s)

MEDICAL EXPENSES

- In case of any **medical emergency you** must contact **us** on +353 9 064 060 40 as soon as possible.
- For outpatient treatment (excluding fractures) **you** should pay for the treatment. Please keep all original receipts and obtain a medical report from the hospital confirming the illness or injury, any treatment and admission and discharge dates if applicable.
- A discharge medical report from the **medical practitioner** confirming the treatment and medical expenses.
- If there are any outstanding expenses please send a copy of the outstanding bill. Please also mark on it that it remains outstanding.
- If **you** incur any additional expenses after **our** prior authorisation please provide these receipts.

HOSPITAL BENEFIT

- Original receipts for any incidental expenses incurred.
- Medical report confirming the dates of admission and discharge.

PERSONAL ACCIDENT & TRAVEL ACCIDENT

- Detailed explanation of the circumstances surrounding the incident, including photographs and video evidence (if this applies)
- A medical certificate from the **medical practitioner** to confirm the extent of the injury and treatment given including hospital admission/discharge.
- A death certificate (where applicable),
- Full details of any witnesses, providing written statements where possible.

PERSONAL LIABILITY

- Detailed explanation of the circumstances surrounding the incident, including any photographs and video evidence (where applicable).
- Every writ, summons, or other correspondence received from a third party.
- Full details of any witnesses, providing written statements where possible.

COMPLAINTS PROCEDURE

We make every effort to provide **you** with the highest standards of service. If on any occasion **our** service falls below the standard **you** would expect **us** to meet, the procedure below explains what **you** should do.

You can contact the Complaints Team, who will arrange an investigation on **your** behalf, on +353 9 064 060 40.

If, after **our** investigation is complete, it is impossible to reach an agreement, **you** may have the right to make an appeal to the

Ombudsman Service in **your country of residence**.

Details of the available Ombudsman service can be found at: <https://ec.europa.eu/consumers/odr/main/>

These procedures do not affect **your** right to take legal action.

USE OF YOUR PERSONAL DATA

By providing **your** personal information in the course of purchasing this policy and using **our** services, **you** acknowledge that **we** may process **your** personal information. **You** also consent to **our** use of **your** sensitive information. If **you** provide **us** with details of other individuals, **you** agree to inform them of **our** use of their data as described here and in **our** website privacy notice available at www.axa-assistance.com/en.privacypolicy.

Processing **your** personal information is necessary in order to provide **you** with an insurance policy and other services. **We** also use **your** data to comply with **our** legal obligations, or where it is in **our** legitimate interests when managing **our** business. If **you** do not provide this information **we** will be unable to offer **you** a policy or process **your** claim.

We use **your** information for a number of legitimate purposes, including:

- Underwriting, policy administration, claims handling, providing travel assistance, complaints handling, sanctions checking and fraud prevention.
- Use of sensitive information about the health or vulnerability of **you** or others where relevant to any claim or assistance request, in order to provide the services described in this policy. By using **our** services, **you** consent to **us** using such information for these purposes.
- Monitoring and/or recording of **your** telephone calls in relation to cover for the purposes of record-keeping, training and quality control.
- Technical studies to analyse claims and premiums, adapt pricing, support subscription process and consolidate financial reporting (incl. regulatory). Detailed analysis on claims to better monitor providers and operations. Analysis of customer satisfaction and construction of customer segments to better adapt products to market needs.
- Obtaining and storing any relevant and appropriate supporting evidence for **your** claim, for the purpose of providing services under this policy and validating **your** claim.
- Sending **you** feedback requests or surveys relating to **our** services, and other customer care communications.

We may disclose information about **you** and **your** insurance cover to companies within the AXA group of companies, to **our** service providers and agents in order to administer and service **your** insurance cover, to provide **you** with travel assistance, for fraud prevention, to collect payments, and otherwise as required or permitted by applicable law.

We will separately seek **your** consent before using or disclosing **your** personal data to another party for the purpose of contacting **you** about other products or services (direct marketing). **You** may withdraw **your** consent to marketing at any time, or opt-out of feedback requests, by contacting the Data Protection Officer (see contact details below).

When carrying out these activities, **we** may transfer **your** personal information outside the UK or the European Economic Area (EEA). Where this happens **we** will make sure that the appropriate safeguards have been implemented to protect **your** personal information. This includes ensuring similar standards to the UK and EEA are in force and placing the party **we** are transferring personal information to under contractual obligations to protect it to adequate standards.

We keep **your** personal information for as long as reasonably necessary to fulfil the relevant purposes set out in this notice and in order to comply with **our** legal and regulatory obligations.

You are entitled to request a copy of the information **we** hold about **you**. **You** also have other rights in relation to how **we** use **your** data, as set out in **our** website privacy notice. Please let **us** know if **you** think any information **we** hold about **you** is inaccurate so that **we** can correct it.

If **you** want to know how to make a complaint to the UK Information Commissioner or have any other requests or concerns relating to **our** use of **your** data, including obtaining a printed copy of the website privacy notice please write to **us** at:

Data Protection Officer
AXA Travel Insurance
106-108 Station Road
Redhill
RH1 1PR

Email: dataprotectionenquiries@axa-assistance.co.uk

CANCELLATION OF BENEFITS

COOLING OFF PERIOD

You may cancel this policy within 14 days of issue (Cooling Off Period) by contacting the **Policyholder** at the address or number

shown on **your** travel insurance certificate during the Cooling Off Period. Any premium already paid will be refunded to **you** providing **you** have not travelled and no claim has been made or is intended to be made and no incident likely to give rise to a claim has occurred. Any Cancellations after this 14 day period will not be refunded.

CANCELLATION OUTSIDE THE COOLING OFF PERIOD

You may cancel this policy at any time after the Cooling Off Period by contacting the **Policyholder** at the address shown on **your** travel insurance certificate. If **you** cancel after the Cooling Off Period no premium refund will be made.



This policy is underwritten by Inter Partner Assistance SA (IPA) which is fully owned by the AXA Partners Group. Inter Partner Assistance is a Belgian firm authorised by the National Bank of Belgium.