

Peace of mind wherever you are



International Students Plan Guide

For plans with a start date on or after 1 July 2009

HealthCare Plans

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Your Plan Guide

We would like to welcome **you** and thank **you** for choosing an **International Students Plan**. **We** aim to provide **you** with an International Healthcare Plan **you** can rely on. To do this, it is important that **you** fully understand how **your plan** works. This Plan Guide, along with **your** selected **plan's** Table of Benefits, explains what is, and is not, covered.

This Plan Guide will also provide **you** with important information about managing **your plan**, how to make a **claim** and what to do in the event of a medical emergency. Please spend some time reading carefully through this guide to ensure that **you** are completely satisfied with the cover **we** are providing and that it meets all **your** requirements. If **you** have any questions about the information provided in this guide or any questions **you** think it does not answer, please do not hesitate to contact **us** and one of **our** friendly staff will be more than happy to help.

Some words and phrases used within this Plan Guide and Table of Benefits have been given specific meanings that are relevant to **your plan**. These meanings have been defined in the list of **plan** definitions which can be found on pages 26-31 and have been highlighted throughout in **blue bold** print.

Key to using this Plan Guide

-  **Applies to Individual Plans Only**
-  **Applies to Group Plans Only**
-  **Applies to Individuals and Groups**
-  **Claims Procedure**

How to Contact Us

If **you** have an enquiry, please use the following contact details:

Client Services Team – Policy Administration

If **you** need to inform **us** of any changes to **your** personal details, or to advise of any one leaving or joining **your plan**:

Telephone: +44 (0) 1252 745 965

Fax: +44 (0) 1252 745 920

Email: clientservices@interglobalpmi.com

Claims Team

Please refer to page 25 for full claims procedures and contact details.

Postal Address

InterGlobal Insurance Company Limited

Woolmead House East

The Woolmead

Farnham

Surrey

GU9 7TT

United Kingdom

Website

www.interglobalpmi.com

Individual plans

The Individual Application Form, Table of Benefits, Certificate of Insurance and this Plan Guide form **your** contract of insurance with **us** and should be read together by **you**.

The General Conditions, Benefit Conditions and Benefit Exclusions in this Plan Guide apply to **you** and to all of the **insured persons** as specified on the Certificate of Insurance.

We reserve the right to alter and/or amend the General Conditions, Benefit Conditions and Benefit Exclusions in this Plan Guide, any other terms and conditions in this Plan Guide that may apply, the premium rates, discounts and/or surcharges at the beginning of **your plan year**. **You** will be advised of any changes prior to **your** renewal.

All the **benefits** covered under this **plan** are detailed on the Table of Benefits, which accompanies this Plan Guide.

Benefit limits are shown in US dollars (\$), GB pounds (£) and Euros (€). The currency that applies is determined by the currency in which the premiums are paid.

30 Day Money Back Guarantee

If **you** feel this **plan** does not meet **your** needs, **you** may cancel it without penalty. If **your** decision is to cancel, please confirm this to **us** in writing by letter, fax or e-mail and return **your** membership card and Certificate of Insurance within 30 days of the **date of joining** or receipt of **your plan** documents, whichever is the later. Provided **you** have not already made a **claim** under the **plan**, **we** will gladly and promptly refund the premium **you** have paid in full.

This money back guarantee applies in addition to **your** Cancellation Rights as set out below.

Cancellation Rights

After taking out an insurance policy **you** have the right to cancel the cover. The cancellation period is 14 days and applies from the **commencement date** of **your plan** or the date of receipt of **your plan documents** whichever is later. If **your** decision is to cancel, please confirm this to **us** in writing by letter, fax or e-mail. **We** will cancel **your** cover on receipt of **your** instruction.

Provided **you** have not already made a **claim** under the **plan**, **we** will gladly and promptly refund the premium **you** have paid in full. If a **claim** has been made then **you** will be entitled to a premium refund subject to a charge for the services **we** have provided in relation to the **plan** as permitted by law. Any premium refund will be subject to deduction for the aforementioned services provided by **us**. If any premiums due have not been paid, a charge may be made for the time on cover prior to **us** receiving **your** notification of cancellation.

If **your** right to cancellation is not exercised within the period stated above and **you** decide to cancel at a later date, **your** cancellation will be subject to the terms and conditions of the "Cancellation of Cover" section in **your** Plan Guide.

Eligibility

Eligibility is subject to **our** acceptance of the Individual Application Form.

The **plan** is available to persons (subject to age limitations specified below) of all nationalities and their **dependants** except those persons who are subject to exchange controls or local regulations, or where cover is illegal under local legislation.

To qualify for cover under this **plan**, **you** must be an **International Student** studying outside **your Country of Origin** and aged between 16 and 35 years of age. The minimum age at entry for a **planholder** is 16 years attained. In the case of an applicant being under the age of 18 years attained, a parent or guardian is required to sign the application form and will be considered to be the **planholder**.

You should check whether **your Country of Study** has any additional requirements.

The maximum age at entry for a **planholder** is 35 years attained.

To qualify for cover under this **plan**, **your dependant** spouse must be aged between 16 and 35 years of age. The minimum age at entry for a **dependant** spouse is 16 years attained. All other **dependant children** must be aged between 0 and 18 years of age. All **dependants** must be within the same **Country of Study** as the **planholder**.

The **planholder** and their **dependants** must have the same **Country of Study**.

We reserve the right to refuse cover under the **plan** based on an Individual Application Form for whatever reason, or to provide cover under the **plan** subject to any special terms which **we** may require and which will be specified on the Certificate of Insurance.

Commencement Date

Cover under the **plan** will commence immediately upon receipt of the Individual Application Form, and required supporting documents as specified in the application form or on a future date specified by the applicant up to 3 months in advance of **your** study, subject to **our** acceptance.

We are unable to back date coverage under any circumstance. The **plan** shall continue for a period of 12 months or until the next **renewal date** or until the **plan** is cancelled or extended for whatever reason.

Premiums and **benefits** applied will be those in force at the **commencement date** of the **plan**. Any premiums due will be requested for collection.

We will notify the **planholder** of the **commencement date** in writing, by letter, fax or e-mail, within 1 working day from receipt of the Individual Application Form.

Paying your Premium

The **plan** is an annual contract and premiums are payable either quarterly or yearly in advance.

Premiums are payable in US dollars (\$), GB pounds (£) or Euros (€) and the **plan** will be denominated in the currency in which the premiums are paid. Premiums are based on rates applicable to the **planholder's Country of Study** at the commencement of the relevant **plan year**.

Your premiums (including any applicable local taxes) must be received on or before the premium due date(s) and in the currency of **your plan**.

Methods of Premium Payment

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

- Credit card
- Bank draft/cheque
- Bank transfer
- Direct debit

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

- Credit card
- Direct debit

We can accept credit card payments by VISA, MasterCard or American Express. Please check with **us** if **your** card is not in this list as **we** may still be able to accept it.

Completing **our** Credit Card Authority Form authorises **us** to debit **your** account with the appropriate premium due. **You** are also authorising **us** to process subsequent renewal premiums as notified by **us** until **we** receive written instructions that **you** wish to alter **your** method of payment, or cancel **your plan**.

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

Bank Draft/Cheques must be denominated in the currency of **your plan**.

Bank Transfers must be denominated in the currency of **your plan**. Please ensure that **your** full name and **plan** number is given as the reference for **your** bank transfer.

Direct Debits can only be accepted from UK bank accounts for **plans** denominated in GB pounds (£). Completing **our** Direct Debit Instruction Form authorises **us** to debit **your** bank account with the appropriate premium due, depending on the premium frequency selected. **You** are also authorising **us** to process subsequent renewal premiums as notified by **us** until **we** receive written instructions that **you** wish to alter **your** method of payment, or cancel **your plan**.

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

Unpaid or Late Premium Payments

To enjoy the full **benefit** of **your plan**, **you** must ensure **your** premiums are paid on the premium due date.

We will notify **you** in writing when **your** premium payment is outstanding. **We** reserve the right to cancel the **plan** if payment is not received within 30 days from the premium due date.

If **we** cancel the **plan**, **you** will have to re-apply for a new **plan**. Premium rates in force at the time of re-application will be charged and cover may be subject to new underwriting terms.

IMPORTANT: Whilst premiums are outstanding all **claims** settlements will be suspended.

Adding or Removing your Dependants

You may add **your dependants** after the **commencement date** of **your plan**, subject to **our** acceptance. Any application to add a **dependant** must be made in writing by letter, fax or e-mail and may be made at any time during a **plan year**. Cover will start at the date that **we** receive **your** request, or at a future date specified by **you**. **We** will issue **you** with a revised Certificate of Insurance detailing the **date of joining** and any special terms that may apply.

You may remove a **dependant** after the **commencement date** of **your plan**, subject to **our** acceptance. **You** must make this request in writing, by letter, fax or e-mail and cover will cease on the date that **we** receive **your** request, or on a future date specified by **you**, subject to **our** acceptance. **We** will issue **you** with a revised Certificate of Insurance detailing the changes.

Premiums will be adjusted accordingly. Payment of any additional premiums applicable will be **your** responsibility. **We** are unable to back date coverage under any circumstance.

Adding your New-born Child

Adding newly-born children as **dependants** may take place during the **plan year**, subject to **our** acceptance. **We** will not apply any **moratorium** to the newly-born child's cover and the **date of joining** will be the date of birth, unless **you** specify otherwise, providing **you** make an application in writing before the **dependant/s** is/are 30 days old.

If **you** notify **us** after the **dependant/s** is/are 30 days old a **moratorium** will apply. **We** will not back date cover under any circumstance.

We will issue **you** with a revised Certificate of Insurance detailing the changes and premiums will be adjusted accordingly. Payment of any additional premiums applicable will be **your** responsibility.

Transfers

If **you** wish to transfer cover from another insurer, **we** will require an original Certificate of Insurance from **your** previous insurer, which details **your** original **commencement date**, underwriting terms, and any special terms that may have applied. **You** will also need to complete an Individual Application Form and an Individual Declaration of Health Form. Any transfer will be subject to **our** acceptance and an additional premium loading.

If there is a break in cover between the expiry date of **your** previous insurance **plan** and **your** application **we** will be unable to offer a transfer of **your** previous underwriting terms. Instead, **your plan** will be subject to the 24 month **moratorium**.

Please note: **Our** policy terms, conditions and **benefits** may vary from those offered by other insurers.

Changing your Cover

- **Changing your plan type**

Should **you** wish to upgrade or downgrade **your plan** type, please inform **us** in writing by letter, fax or e-mail and subject to **our** acceptance **we** will effect this change from **your** next **renewal date**. **You** cannot make these changes during a **plan year**.

- **Changing your plan currency or payment frequency**

Should **you** wish to change the currency or payment frequency of **your plan**, please inform **us** in writing by letter, fax or e-mail and **we** will effect this change from **your** next **renewal date**. **You** cannot make these changes during a **plan year**.

- **Changing your Country of Study**

Should **you** wish to change **your Country of Study**, please inform **us** in writing by letter, fax or e-mail detailing the reason behind **your** change in circumstance along with a copy of a letter from **your** new educational facility to confirm the change in circumstance. **You** can make these changes at any time, during a **plan year**, subject to **our** acceptance. Once accepted, **we** will effect this change from the date of notification or any future date specified by **you**.

Your premium and **benefit** limits are determined by the **Country of Study**, and currency of **your International Students plan**.

Renewals

You may renew **your plan** each year. Renewals will be subject to the definitions, **benefits**, General Conditions, **Benefit** Conditions and **Benefit** Exclusions of this Plan Guide in force at the time of each renewal and receipt of the renewal premium before the **renewal date**. **You** will be issued with terms and instructions of how to proceed with **your plan** renewal, at least six weeks prior to **your renewal date**.

Please note: The obligation to disclose material facts (see GC3) arises on each renewal.

Each renewal premium will be based on **you** and **your dependants' Country of Study** at the start of the new **plan year**, the number of **dependants** insured, and the **plan** type.

Renewal premiums are subject to medical inflation increases and **your Country of Study**.

If any child insured under **your plan** marries, reaches the age of 18 years, ceases being in full time education or if they are in continuous full time education but have reached the age of 21 at **your renewal date** they will no longer be eligible for cover under **your plan**.

If they are an **International Student** they can apply to have their own **plan** by completing an Individual Application Form. Provided there is no break in their insurance cover, their **date of joining** will remain the same as the date on which they joined **your plan**. Their application will be subject to the definitions, **benefits**, terms and conditions in force at the time of their transfer.

Automatic Renewal: If **you** pay **your** premiums by credit card, **your plan** will automatically be renewed and the renewal premium will be debited from **your** credit card, provided the details **we** hold are still valid at the time of the renewal. If **your** existing card is due to expire within 3 months of the start of **your plan** renewal date, please provide **us** with an up to date credit card authority form. If **you** require a new credit card authority form, please contact **us** and **we** will provide **you** with one.

If **you** do not wish to renew **your plan**, please confirm this to **us** in writing, by letter, fax or e-mail prior to **your renewal date**.

Cancellation of Cover

If **you** wish to cancel **your plan**, **you** must send a request to **us** in writing, by letter, fax or e-mail.

We will cancel **your** cover on receipt of **your** instruction or on a future date specified by **you**.

We are not able to back date the cancellation date of **your plan**.

IMPORTANT: Any outstanding premium due at the date of **your** cancellation must be received by **us** and no premium refund will be due.

You will not incur any additional charges for cancelling **your plan** with InterGlobal. **Your** Certificate of Insurance must be returned to InterGlobal with immediate effect from **your plan** cancellation date.

Your plan will be cancelled automatically if:

- **you** did not come to arrive in the **Country of Study**; or
- **your** Student Visa was not extended; or
- **you** have been granted permanent residence status in the **Country of Study** or are no longer living in the **Country of Study** as an **International Student**.

In these circumstances, **you** can apply in writing, by letter, fax or e-mail, for a pro-rata refund of the unexpired premium, less a \$25/£17/€19.50 administration fee, if there are no outstanding **claims** and there is no intention to make a **claim**. Each application of this kind will be considered individually on its merits.

Death

The death of the **Planholder** or any insured **dependent** must be notified to **us** in writing by letter, fax or email within four weeks of the death. **We** will cancel the **plan** and issue a pro-rata refund, provided no **claims** have been submitted and accepted. If a **claim** has been submitted and accepted, no refund is due.

We will request a death certificate before a refund is issued.

Corporate and Group Plans

The Group Application Form, Group Member Application Forms (if applicable), Group Declaration of Health Forms (if applicable), Group Membership Census, Table of Benefits, the **planholder's** and **insured person's** Certificates of Insurance and this Plan Guide form the contract between **us** and the **planholder** and must be read by **you**.

The terms of this agreement apply to the **planholder** and to all of the **insured persons**, as specified on the Certificates of Insurance and Group Membership Census. **We** reserve the right to alter and/or amend the terms, conditions, premium rates, discounts and/or surcharges, at the beginning of **your plan year**. **You** will be advised of any changes prior to **your** renewal. All the **benefits** covered under this **plan** are detailed on the Table of Benefits, which accompanies this Plan Guide.

Benefit limits are shown in US dollars (\$), GB pounds (£) and Euros (€). The currency that applies is determined by the currency in which the premiums are paid.

Group Eligibility

Eligibility is subject to **our** acceptance of the Group Application Form, Group Member Application Forms (if applicable), Group Declaration of Health Forms (if applicable), previous Certificates of Insurance (if applicable) and a complete Group Membership Census.

A **plan** must be made up of a group of **International Students** of the same educational facility or sponsor.

The minimum size of a group **plan** at inception or renewal is 10 current **International Students**. If the membership is below 10 at the **commencement date** or at a subsequent **renewal date** then the group cannot continue and will be offered individual **plans**.

The **plan** is available to **International Students** (subject to age limitations specified below) of all nationalities and their **dependants**, except those **International Students** who are subject to exchange controls or local regulations, or where cover is illegal under local legislation.

You should check whether **your Country of Study** has any additional requirements.

The minimum age at entry for an **insured person** is 16 years attained.

The maximum age at entry for a **insured person** is 35 years attained.

Dependants of an **International Student** on the group **plan** must have the same **Country of Study** as the **International Student**.

We reserve the right to refuse enrolment based on a Group Member Application Form and/or a Group Declaration of Health Form without giving any reason, or to accept the applicant on any special terms, which will be specified on the **insured person's** Certificate of Insurance.

Commencement Date

Cover under the **plan** will commence immediately or on a future date specified by the **planholder**, subject to **our** acceptance and receipt of:

- Group Application Form
- Group Member Application Forms (if applicable)
- Group Declaration of Health Forms (if applicable)
- Previous Certificates of Insurance (if applicable)
- Group Membership Census

We are unable to back date cover under any circumstance. The **plan** shall continue for a period of 12 months or until the next **renewal date** or until the **plan** is cancelled or extended for whatever reason. Premiums and **benefits** applied will be those agreed in the accepted quotation. Any premiums due will be requested for collection.

We will notify the **planholder** of the **commencement date** in writing, by letter, fax or e-mail, within 3 working days from receipt of the relevant application forms.

Group Premiums

The **plan** is an annual contract and premiums are payable either quarterly, half yearly or yearly in advance. Premiums are payable in US dollars (\$), GB pounds (£) or Euros (€) and the **plan** will be denominated in the currency in which the premiums are paid.

Payment of additional premiums due as a result of additions or deletions to the membership census will become payable at the point of the next reconciliation statement. Any refund due to the **planholder** will be carried forward to the next reconciliation statement.

The premiums (including any applicable local taxes) must be received on or before the premium due dates and in the currency of the **plan**.

Methods of Premium Payment

For quarterly, half yearly and yearly premium payments, the planholder can choose to pay by:

- Credit card
- Bank draft/cheque
- Bank transfer
- Direct debit

We can accept credit card payments by VISA, MasterCard or American Express. Please check with **us** if **your** card is not in this list as **we** may still be able to accept it. Completing **our** Credit Card Authority Form authorises **us** to debit the nominated account with the appropriate premium due, depending on the premium frequency selected.

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

Bank Draft/Cheques must be denominated in the currency of the **plan**.

Bank Transfers must be denominated in the currency of the **plan**. Please ensure that the **planholder's** full name and **plan** number is given as the reference for the bank transfer. Direct Debits can only be accepted from UK bank accounts for **plans** denominated in GB pounds (£). Completing **our** Direct Debit Instruction Form authorises **us** to debit the nominated bank account with the appropriate premium due.

Unpaid or Late Premium Payments

For group members to enjoy the full **benefit** of the **plan**, the **planholder** must ensure that the premiums are paid on the premium due date. **We** will notify the **planholder** in writing when the premium payment is outstanding. **We** reserve the right to cancel the **plan** if payment is not received within 30 days from the due date.

In this event the **planholder** will have to re-apply for a new **plan** which may be subject to a new quotation and new underwriting terms.

IMPORTANT: Whilst premiums are outstanding all **claims** settlements will be suspended.

Adding or Removing Insured Persons

The **planholder** may add a new **insured person** after the **commencement date** of the **plan**, subject to **our** acceptance. Any application to add an **insured person** must be made in writing, by letter, fax or e-mail by the **plan administrator** and may be made at any time during a **plan year**. **We** will notify the **plan administrator** of the enrolment in writing and issue the **insured person** with a new Certificate of Insurance detailing the **date of joining** and any special terms that may apply.

The **planholder** may remove an **insured person** after the **commencement date** of the **plan**, subject to **our** acceptance. The **plan administrator** must make this request in writing, by letter, fax or e-mail and cover will cease at point of notification and our acceptance. **We** will notify the **plan administrator** of the removal from cover in writing and will issue a revised Certificate of Insurance detailing the changes (if appropriate).

Premiums will be adjusted accordingly and a reconciliation statement will be provided on a regular basis reflecting these changes. Payment of any additional premiums applicable will be the **planholder's** responsibility and subject to the payment terms of the **plan**. **We** are unable to back date coverage under any circumstance.

The **insured person's** Certificate of Insurance must be returned to InterGlobal with immediate effect from the **plan** cancellation date. This is the responsibility of the **plan administrator**. **We** will not be responsible for any costs incurred after cover has ceased.

Adding a New-born Child

Adding newly-born children as **dependants** may take place during the **plan year**, subject to our acceptance. Providing the **plan administrator** makes an application in writing, by letter, fax or email before the **dependant/s** is/are 30 days old, the newly-born child will not be subject to any underwriting terms. **We** will issue the **insured person** with a revised Certificate of Insurance detailing the changes. Premiums will be adjusted accordingly. Payment of any additional premiums applicable will be the **planholder's** responsibility. **We** are unable to back date coverage under any circumstance.

Transfers

If the **planholder** wishes to transfer cover from another insurer, **we** will require the original Certificates of Insurance from the previous insurer, which detail the original **commencement date(s)**, underwriting terms, and any special terms that may have applied to the whole **plan** or **insured persons**. The **plan administrator** must complete a Group Application Form and a Group Declaration of Health Form. Each group member may also have to complete a Group Member Application Form and a Group Member Declaration of Health Form. Any transfer will be subject to **our** approval.

If there is a break in cover between the expiry date of the **planholder's** previous insurance **plan** and the application for **our plan**, **we** will be unable to offer a transfer of the previous underwriting terms. Instead cover will be subject to **our** acceptance.

Please note: **Our** policy terms, conditions and **benefits** may vary from those offered by other insurers.

Continuation of Cover for Insured Persons Leaving a Group Plan

If **your** cover with the group **plan** comes to an end, **you** can apply, subject to **our** acceptance, to be transferred to an Individual **International Students plan**, provided that **you** still meet the eligibility section on page 6 of this Plan Guide.

Your application for continuation of cover must be submitted before **you** leave the group **plan**. The **commencement date** for **your** new Individual **International Students plan** will be the first day after leaving the group **plan**. Premiums will be subject to loading where applicable and the Individual **International Students** rates in force at the time of **your** application.

Changing the cover for groups

The following changes can only be made to the group **plan** from the next **renewal date** and not during the **plan year**:

- Changing the **plan** type
- Changing the **plan** currency or payment frequency
- Changing the deductible (**excess** or **co-insurance**)

If any of the above changes are required the **plan administrator** must notify **us** in writing, by letter, fax or e-mail, prior to the **renewal date**. Any changes will be subject to **our** acceptance.

- Changing **your Country of Study**

Should an **insured person** move location which necessitates a change in their **Country of Study**, the **plan administrator** must inform **us** in writing, by letter, fax or e-mail, detailing the reason behind the change in circumstance along with a letter from the educational facility or sponsor to confirm the change in circumstances. This change can be made during a **plan year** and is subject to **our** approval. Once accepted, **we** will effect this change from the date of notification or any future date specified by the **plan administrator**.

Group renewals

A group may continue to renew its **plan** each year. Renewals will be subject to the definitions, **benefits**, General Conditions, Benefit Conditions, Benefit Exclusions in this Plan Guide in force at the time of each renewal and receipt of the renewal premium on or before the **renewal date**. The **planholder** will be issued with renewal terms and instructions of how to proceed with the **plan renewal**, at least six weeks prior to the **renewal date**.

Please note: The obligation to disclose material facts (see GC3) arises on each renewal.

Cover can be changed at renewal subject to **our** acceptance.

If any **dependant** insured under the **plan** marries, reaches the age of 18 years, ceases being in full time education or if they are in continuous full time education but have reached the age of 18 at the **renewal date**, they are no longer eligible to be covered under the group **plan**.

They can apply to have their own Individual **International Student plan** by completing an Individual Application Form. Provided there is no break in their insurance cover their **date of joining** will remain the same as the date on which they joined the group **plan**. Their application will be subject to the definitions, **benefits**, terms and conditions in force at the time of their transfer.

The group **plan** will not be renewed automatically. If the **planholder** does not wish to renew the group **plan**, this must be confirmed to **us** in writing by the **plan administrator**, prior to the **renewal date**.

Cancellation of Cover for Groups

If **you** wish to cancel the group **plan**, the **plan administrator** must send a request to **us** in writing, by letter, fax or e-mail. **We** will cancel the cover on receipt of the instruction or on a future date specified by the **plan administrator**. **We** are not able to back date the cancellation date of the **plan**.

IMPORTANT: As the **plan** is an annual contract, any outstanding amount of the annual premium must be received by **us** and no premium refund will be due.

The **planholder** may incur charges for cancelling the **plan**. All Certificates of Insurance must be returned to InterGlobal with immediate effect from the **plan** cancellation date. This is the responsibility of the **plan administrator**. **We** will not be responsible for any costs incurred for **treatment** received after cover has been cancelled.

General Conditions

Our liability under this contract of insurance will be conditional upon the **planholder** and each **insured person** complying with these General Conditions.

The following General Conditions apply to **your International Student plan**.

- GC1** All correspondence in relation to the **plan** and any **claims** will be sent to the main **planholder**. All communications before and during **your** contract of insurance will be provided in English.
- GC2** **You** must inform **us** immediately in writing, by letter, fax or email of any material change which affects information given in connection with the application for cover under the **plan**, for example:
- Change of **your** address/**Country of Study**
 - Change of an **insured person's** name
 - Change of **your** educational facility/place of learning within the **Country of Study**
 - Change of marital status/**family** members
- We** reserve the right to request evidence to support the material change, alter the terms, or cancel the **plan** should there be a change in circumstance as described herein.
- GC3** All material facts must be disclosed to **us** by **you** and each **insured person** before **our** acceptance of **your** application. Failure to disclose all material facts and/or misrepresentation of any material facts may affect **your** rights and the rights of any other **insured person** under the **plan**. A material fact is information likely to influence **us** in the assessment and/or acceptance of the insurance. If **you** are in any doubt as to whether the fact is material, then for **your** own protection, **you** should disclose it. Please note that disclosure of **pre-existing medical conditions** will not result in the waiver of the 24 month **moratorium**. **We** reserve the right to cancel the **plan** if non-disclosure is found at point of **claim**.
- GC4** In the event that a **claim** is made, **we** shall have full authority to obtain all information reasonably necessary to support the **claim** and shall have the right, through the **insured person's medical practitioner, specialist, consultant**, physiotherapist, **therapist** or registered nurse to examine the **insured person** whenever and as often as may be reasonably required for the handling of the **claim**.
- GC5** Where there is a break in cover for whatever reason, **we** reserve the right to alter the terms of the **plan** and apply any special conditions.
- GC6** The monetary limits applicable to **your plan** will be expressed in the same currency as **your** premium.
- GC7** If the **insured person's Country of Study** falls within an area where **we** are required to collect **Insurance Premium Tax (IPT)** or local taxes, these will be charged in addition to the premium due under the **plan**.

- GC8** **We** reserve the right to make an administration charge for the replacement or re-issue of **plan documents**.
- GC9** In the case of **out-patient treatment claims**, the **planholder/insured persons** are required to have the Medical Claim Form (supplied by **us**) completed and signed by their attending **medical practitioner(s)** and returned to **us** with the original itemised bills and original receipts as soon as possible.
- GC10** If a **planholder** or **insured person** makes a **claim** which is fraudulent in any respect any **benefit** paid or payable in relation to that **claim** shall be forfeited and (if appropriate) recoverable and the **planholder's** or **insured person's** cover shall be cancelled immediately from the date of the fraudulent **claim**.
- GC11** If a **claim** is covered and there is another policy or **plan** of insurance, including any reciprocal arrangements covering any of the same **benefits** as those provided by this **plan**, our liability shall be limited to our rateable proportion of the **claim**.
- GC12** If **we** reject a **claim** under the **plan** for whatever reason, **you** or the relevant **insured person** shall be required to prove that such **claim** is covered under the **plan**.
- GC13** The **planholder/insured person** must give **us** written notification without delay of any **claim** or right of action against any third party arising out of any circumstances which gave rise to a **claim** under this **plan** and must continue to keep **us** informed in writing and take all steps **we** reasonably require in making a **claim** upon that other party.
- GC14** **We** shall be entitled to take proceedings in **your** or any **insured person's** name for our own benefit to recover any **claim** for indemnity or damages or otherwise which relates to any **benefits** paid or payable under the **plan**. **We** shall have full discretion in the conduct of any such **claim**, but **we** shall have no responsibility for any **claim** for uninsured losses, in respect of which **you** or the relevant **insured person** should ensure that legal advice is taken. **You** must do everything **you** can to help **us** in any legal proceedings **we** bring in accordance with this General Condition.
- GC15** **You** must keep **us** informed of any settlement discussions/negotiations that **you** or any **insured person** may enter into with any party in respect of any cause of action which gives rise to a **claim** under this **plan**. **You** or any **insured person** shall not admit fault/liability to, and/or conclude settlement with, any party without prior written agreement.
- GC16** Any legal action in respect of the **plan** must be brought by the **planholder** or **insured person** within six years from the date the legal action accrued.
- GC17** This **plan** is governed by and shall be construed in accordance with the laws of England and shall be subject to the exclusive jurisdiction of the courts of England.
- GC18** Where a country becomes unstable due to political or economic volatility and **claims** are received in the local currency, **we** will only pay for covered **medical treatment** up to an amount which, in **our** opinion, is **reasonable and customary** for the country.

Benefit Conditions and Benefit Exclusions

You are covered for the **benefits** applicable to **your** chosen **plan**. These **benefits** are subject to General Conditions, **Benefit** Conditions and **Benefit** Exclusions. Please read the following carefully.

Benefit Conditions

- BC1** All **treatment** must be given by **medical practitioners, specialists, consultants, registered nurses or therapists** for the sole purpose of curing **acute medical conditions**.
- BC2** Any **in-patient, or daycare treatment** or evacuation must be **pre-authorised** by **us**. Once the **insured person** has received such **pre-authorisation, we** will settle all covered costs agreed by **us** directly with the **treatment** providers concerned.
- BC3** All **in-patient, daycare treatment** and medical emergency evacuation costs are professionally checked and negotiated before being incurred. Should an **insured person** or their representative not **pre-authorise in-patient or daycare treatment** or an evacuation, **we** will only provide **benefit** for the eligible costs **we** would have negotiated, had **we** become involved.
- BC4** **Hospital** accommodation cover is limited to a single en-suite room, including the provision of a **hospital** bed, meals and house-keeping.
- BC5** In the Application Form, provision is made for details of the **insured person's family medical practitioner/s** over the last 2 years. If **medical practitioners'** details are not provided by the **insured person**, in the event of a **claim** being made after the **commencement date** of the **plan**, by the **insured person**, which is deemed by **us** as being for a **pre-existing medical condition**, such **claim** will be rejected.
- BC6** If new information is received that subsequently negates a **claim** which has been previously approved, that approval may be revoked. **We** reserve the right to recover any costs incurred.
- BC7** If a local situation makes it impossible, unreasonably dangerous or impractical to enter a specific area or country **we** may be unable to arrange an emergency evacuation.
- BC8** If **you** choose to use a **visiting doctor** instead of an **in-house doctor, we** will only pay **reasonable and customary** charges. If the **visiting doctor's** charges are not **reasonable** and not in line with the **in-house doctor's** charges, **you** will have to pay the difference.
- BC9** **We** will pay necessary, **reasonable and customary** expenses up to an overall maximum, per **insured person** per **plan year** for eligible **claims**.
- BC10** Under the normal pregnancy and childbirth **benefit, we** will consider cover for a maximum of three (3) routine antenatal ultrasound scans (one in each trimester) during the term of a normal non-complicated pregnancy. If any additional ultrasounds are required, **your** treating doctor must provide full reasons in the medical section of the **claim** form. **We** will consider twelve (12) routine antenatal visits during the term of a normal pregnancy. If any additional antenatal visits are required, **your** treating doctor must provide full reasons in the medical section of the **claim** form.
- Under the childbirth **benefit, we** will cover the following for the newborn baby:

- one (1) consultation charge which includes the physical examination; vitamin K, Hepatitis B and BCG vaccine
- one (1) hearing test
- routine blood tests: PKU, Congenital Hypothyroidism and G6PD
- accommodation charge of up to a maximum of four (4) nights for the newborn if the mother is admitted and not suffering any complications.

Benefit Exclusions

The **International Students Plan** does not cover **claims** arising from or connected with the following General Exclusions unless specified on **your** Table of Benefits, in any written **plan** endorsement, or agreed by **us** in writing:

BE1 A **pre-existing medical condition** that, within a 24 month period prior to the **date of joining**, or the date specified on the special terms section of **insured person's** Certificate of Insurance, has one or more of the following characteristics:

- was **foreseeable**,
- **manifested** itself,
- the **insured person** had signs or symptoms of,
- the **insured person** sought advice for,
- the **insured person** received **treatment** for, or
- to the best of the **insured person's** knowledge, was aware existed.

After a period of 24 months continuous insurance under the **plan**, **pre-existing medical conditions** may become eligible for **benefit**, if the **insured person** has not:

- experienced symptoms,
- sought advice,
- required **treatment**, medication, or special diet, or
- received **treatment**, medication or special diet

in respect of such. If an **insured person** has experienced any of the above, they will be required to wait a further 24 months from the last date of **treatment** and must meet the above criteria, before being eligible to **claim benefit** for the **pre-existing medical condition** in question. This constitutes the rolling part of the **moratorium**.

BE2 A **benefit** limit of **your plan**, as detailed on **your** Table of Benefits, being exceeded.

BE3 Any **benefit** not available on **your plan**.

BE4 A **benefit** waiting period, as detailed on **your** Table of Benefits, not being satisfied.

BE5 Pregnancy, childbirth and post-natal costs (whether normal or complicated), except where covered under the maternity section if coverage applies to **your plan**. Please refer to **your** Table of Benefits.

BE6 Travel expenses incurred for journeys specifically made for the purpose of obtaining **medical treatment**, unless **pre-authorised** by **us**.

BE7 Non-emergency transportation.

BE8 Any journey, activity, action or pursuit undertaken against the advice of a **medical practitioner**, **specialist** / **consultant**, **registered nurse** or **therapist**.

BE9 **Treatment** by a **medical practitioner**, **specialist** or **consultant** who is in any way related to the **insured person**.

BE10 Alcohol, drug or any other intoxicating substance **abuse** or any addictive condition of any kind and any **medical condition** arising directly or indirectly from any such abuse or addiction.

BE11 An **insured person** being under the influence of alcohol, drugs or any other intoxicating substance.

BE12 Any type of infertility **treatment**, contraception, sterilisation or fertilisation, **treatment** for sexual problems (including impotence, whatever the cause), sex changes, assisted reproduction (e.g. IVF **treatment**) and any pregnancy, including surrogacy, resulting from such **treatment**.

- BE13** Tests and **treatment** because of venereal and sexually transmitted diseases, and/or HIV (Human Immuno-Deficiency Virus), its related **medical conditions** including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivative or variations, however caused.
- BE14** Experimental or unproven **treatment**, unless **we** have given specific **pre-authorisation**.
- BE15** Bone marrow transplants, the acquisition or search costs of an organ, **treatment** incurred as a result of the removal of a donor organ from a donor, or **treatment** for removal of an organ from an **insured person** for the purposes of transplantation into another person and any complications arising thereafter.
- BE16** Cryopreservation, implantation or re-implantation of living cells or living tissue, whether autologous or provided by a donor.
- BE17** Foetal **treatment**.
- BE18** Termination of pregnancy.
- BE19** **Congenital abnormalities** or **birth defects**.
- BE20** Suicide, attempted suicide and/or any wilful, self-inflicted **medical conditions**.
- BE21** Self-exposure to needless danger, except in an attempt to save human life.
- BE22** **Medical conditions** sustained by military, naval or air force personnel resulting from participation in any military, naval or air force operation or exercise.
- BE23** Participation in war, riots, strikes, lock-outs, civil commotion, rebellion, revolution, insurrection, terrorism, military or usurped power or any illegal/criminal act, including resultant imprisonment.
- BE24** The release of weapon/s of mass destruction, (nuclear, biological or chemical) whether such involves an explosive sequence/s or not.
- BE25** Contamination from chemical, biological and nuclear materials, including waste products from the combustion of nuclear fuel.
- BE26** **Medical conditions** due to the participation in **hazardous** or **professional sports** or use of a weapon or firearm.
- BE27** Sleep apnoea, sleep **related** breathing disorders, snoring, or insomnia.
- BE28** Learning difficulties and/or disorders, developmental problem disorders and speech and/or voice problems.
- BE29** Cosmetic, reconstructive, or remedial disorders, whether or not for psychological reasons, and/or any complications arising thereafter, unless required as the direct result of a covered **medical condition**.
- BE30** Removal of fat from any part of the body, breast reduction or breast enlargement.
- BE31** **Treatment** in a quarantine/isolation ward or unit, nursing home, hospice, hydro, spa, health farm or similar establishment.
- BE32** Preventative sight and hearing examinations, preventative check-ups or health screenings.
- BE33** Myopia, hypermetropia, astigmatism, natural/non-medical degenerative sight defects, non-medical/ natural degenerative hearing defects and aids to assist eye sight and hearing.
- BE34** Ear or body piercing and tattooing, and any **treatment** required following these.

- BE35** Preventative **dental** examinations, prophylaxis **treatment**, scraping, scaling, cleaning, polishing, dentures, false teeth and/or **orthodontic treatment**, semi precious, precious or replacement crowns. Also, all routine **dental treatment** and **dental** maintenance including, but not limited to: root canals, fillings, scaling and polishing, titanium implants, wisdom teeth extractions, restoration work, caps, crowns, precious metal elements, pins and fittings, periodontic **treatment**, **orthodontic treatment**, braces, dentures, bridges or cosmetic dentistry, or any **dental** work resulting from a lack of regular **dental maintenance** and/or hygiene.
- BE36** Compulsive or addictive eating disorders and/or homesickness.
- BE37** Obesity, special diet, weight control, children's food, baby supplies, vitamin, mineral or organic supplements, products that can be purchased without a doctor's prescription, such as, but not limited to, mouthwash, toothpaste, antiseptic lozenges or sprays, shampoo, sunscreen etc.
- BE38** Supplying, maintaining or fitting any external prostheses or appliance, and rental or purchase of crutches, wheelchairs or other equipment, medical or otherwise. **We** will pay for a spinal support, knee brace or aircast if it is part of a surgical operation and/or integral to the **treatment** of a covered **medical condition**.
- BE39** Charges or fees incurred for the completion of Medical Claim Forms.
- BE40** Any **consequential loss**.
- BE41** **Treatment** after the **expiry date** of the **plan**, or after the **expiry date** of an **insured person's** cover, whichever occurs first, unless the **plan** or the **insured person's** cover has been renewed and the premium paid and the **treatment** is eligible.
- BE42** Any **treatment** relating to a **hospital** admission at the time of the **insured person's commencement date**, which was not disclosed to, and accepted by **us**.
- BE43** Any **treatment** relating to a planned **hospital** admission that the **insured person** was aware of at the **commencement date**, which was not disclosed to, and accepted by **us**.
- BE44** Medication, drugs and dressings which are not recognised by the pharmaceutical regulator in a given country or are available without prescription from a **medical practitioner, specialist / consultant, registered nurse** or **therapist**.
- BE45** **Treatment** as a result of proven medical negligence or malpractice.
- BE46** Pandemics/epidemics which have been placed under the direction of public authorities.
- BE47** **Chronic medical conditions**.
- BE48** **Terminal medical conditions**.
- BE49** **Nursing at home**.

Additional Exclusions – Section Three

In addition to the General Exclusions, Section Three of your plan does not cover claims arising from or connected with the additional exclusions listed below:

- S3BE1** Loss of, or damage to, contact or corneal lenses.
- S3BE2** Theft or suspected theft not reported to the local police within twenty four (24) hours of discovery of loss and a report obtained.
- S3BE3** Shortages due to error omission, exchange or depreciation in value.

- S3BE4** Damage to sporting equipment/clothing whilst in use.
- S3BE5** Loss or damage of **personal belongings** whilst in the custody of an airline or other carrier unless reported immediately upon discovery and in the case of an airline, property irregularity report obtained.
- S3BE6** Loss of, or damage to, stamps, documents (including travel documents), deeds, manuscripts or securities of any kind.
- S3BE7** Reinstatement, replacement or damage to any electronic data or software.
- S3BE8** Breakage of fragile articles including china, glass or sculpture.
- S3BE9** Damage due to moth, vermin, wear and tear, atmospheric or climatic conditions, gradual deterioration, loss of value, mechanical or electrical breakdown or damage caused by any process of cleaning, repairing or restoring, or damage caused by leaking powder or fluid carried within an **insured person's** baggage.
- S3BE10** Any item(s) shipped under a freight agreement, sent by a postal or courier service, or purchased over the internet.
- S3BE11** Loss or damage arising from confiscation or detention by customs or any other authority.
- S3BE12** Any **claim** which **you** are unable to support with receipts and/or valuations.
- S3BE13** Any **claim** where in **our** opinion **you** have not taken all reasonable precautions for the packaging, safety, security and supervision of any item(s) being claimed.
- S3BE14** Any **claim** for personal belongings left in an unlocked and **unattended** premises, **public place** or any unlocked vehicle at any time, or an **unattended** vehicle over night.
- S3BE15** Any **claim** for laptop computers and portable electronic property lost, stolen or damaged whilst travelling and not carried with **you** as hand luggage.
- S3BE16** Household furniture or household appliances used by **you** for domestic use and non-portable business property, computer or electronic equipment.
- S3BE17** Theft of laptop computers, portable electronic property, cameras or video recorders left **unattended** in a vehicle at any time.
- S3BE18** **Personal belongings** merely mislaid or forgotten.
- S3BE19** Any **claim** for loss, damage, theft or vandalism of any mechanically propelled vehicle.
- S3BE20** Loss, damage or theft of valuables carried in a suitcase/luggage unless they are with **you** at all times.
- S3BE21** Any damage caused by leaking liquids and/or food.
- S3BE22** Any loss of or damage to belongings due to an **insured person** being under the influence of alcohol, drugs or any intoxicating substance.

Additional Exclusions – Section Four

In addition to the General Exclusions, Section Four of **your plan** does not cover **claims** arising from or connected with the Additional Exclusions listed below:

S4BE1 **Claims** directly or indirectly, occasioned by, happening through, or in consequence of, aviation, other than as a fare-paying passenger in a fully certified passenger carrying aircraft, flown in the course of licensed operation for the transportation of passengers by properly licensed crew.

Additional Exclusions – Section Five

In addition to the General Exclusions, Section Five of **your plan** does not cover **claims** arising from or connected with the Additional Exclusions listed below:

S5BE1 The theft, loss or damage to any property which:

- belongs to **you**,
- is in **your** care or control, or
- belongs to or is in the care or control of a **relative** of **you**, **your** travelling companion or **your** host **family**.

S5BE2 Injury to **you**, **your** travelling companion(s) or to a **relative** of either of **you**.

S5BE3 Any claims arising from the use of any aerial device, watercraft, mechanically propelled vehicle, animal, fire arm or towed vehicles.

S5BE4 The conduct of a business profession or trade.

S5BE5 Any unlawful, malicious or intentional act by **you** or for any fine, penalty or damages of that type.

S5BE6 The transmission of any communicable disease by **you** or any person.

S5BE7 Legal expenses incurred without **our** prior written agreement.

S5BE8 Any legal expenses where **we** consider the prospects of success in achieving a reasonable outcome are insufficient.

S5BE9 Any costs incurred in the pursuit of any legal action against **us**.

Claims Procedures

How to make a claim

1. In-patient and Daycare Treatment

You must obtain **pre-authorisation** for any **in-patient** or **daycare treatment you** require.

- a. See **your medical practitioner** in the usual way.
- b. If **your medical practitioner** refers **you** for a **specialist** consultation for **treatment** requiring a stay in a **hospital** or clinic as an **in-patient**, or for **daycare treatment, you** must call the International Helpline immediately on the telephone number shown on page 25. The International Helpline is open 24 hours a day, 365 days a year.

When calling the International Helpline please give:

- **Your** membership number
- **Your** attending **medical practitioner's** name
- Name and telephone number of the **hospital/clinic**

- c. The International Helpline will then contact **your medical practitioner** and the **hospital** or clinic concerned, to ensure arrangements are in place for **your treatment**.

- d. The International Helpline will get back to **you** to confirm authorisation and the arrangements that have been put in place for **your treatment**. Unless a deductible applies to **your plan, you** will not be required to pay for any **treatment** as all eligible costs will be met directly with the **medical practitioner, consultant, hospital** or clinic concerned. **You** will not need to complete any medical **claim** forms.

- e. Receive **your treatment** at the **hospital** or clinic.

2. Emergency evacuations

We will only provide **benefit** for evacuation costs if **your medical condition** is considered an emergency, or if **our** International Helpline considers there are no adequate medical facilities in **your** location. This will be based on **medical** necessity and approved by **us**.

In a medical emergency, **you** or **your** representative must contact the International Helpline on the telephone numbers shown in the **claim** team contact details section on page 25.

Please note: in accordance with BC7, if a local situation makes it impossible, unreasonably dangerous or impractical to enter a specific area or country **we** may be unable to arrange an emergency evacuation.

3. Out-patient treatment

If **you** need any help or advice, please contact the **claims** team on the details on page 25. **You** do not need to contact the International Helpline for **pre-authorisation**.

- a. See **your medical practitioner, therapist, specialist** or **consultant** in the usual way.
- b. Pay **your** bill for the **treatment you** have received.
- c. Make sure **you** obtain an original itemised invoice and original receipt as **you** will need to send this to **us** with **your** completed medical **claim** form (see step f). Please ensure that one medical **claim** form is completed per **medical condition**.
- d. Complete sections A-G of a medical **claim** form. **You** can get a medical **claim** form by contacting the **claims** team or the International Helpline (details on page 25). **You** can also download a medical **claim** form by visiting **our** website www.interglobalpmi.com.
- e. **You** must ask **your medical practitioner** to complete section H (or section I for dental treatment).

Please note: **treatment** received from a **therapist, specialist** or **consultant** must always be on referral from **your medical practitioner**.

- f. Send **your claim** to the **claims** team at the address shown on page 25. **You** must send the following items to make sure that **we** can process **your claim**:
 - The original itemised bill
 - The original receipt
 - The fully completed medical claim form
 - Copy of prescription

Please return the above items as soon as possible from the first date of **treatment**.

4. How to make a claim under your Personal Belongings (Whilst in Country of Study), Accidental Death or Permanent Disability (Whilst in Country of Study), and Personal Liability (Whilst in Country of Study)

If **you** need to make a **claim** under the above sections of **your plan**, please contact the **claims** team on the telephone and fax numbers shown in the **claim** contact details section on page 25.

Claims Checklist

- Familiarise yourself with the cover provided under **your plan**.
- Ensure that **your dependants** or colleagues are aware of **your** insurance arrangements.
- Contact the International Helpline if **in-patient** and **daycare medical treatment** is required.
- When submitting an **out-patient claim**, make sure that both **you** and the **medical practitioner** attending **you** have completed all the sections on the Medical Claim Form.
- Attach the original receipts with **your** Medical Claim Form for **out-patient treatment claims** and include the original itemised bills. (Keep copies for **your** own records.)
- Quote **your plan** number and member number in all correspondence.

Payment of Eligible Claims

Eligible claim payments settled directly with treatment providers

All eligible **claims** will be settled in accordance with the payment instructions of the **treatment** providers detailed on the invoice.

Eligible claim payments settled directly with the insured/member

All eligible **claims** will be settled in accordance with the recommendations outlined by **you** in section E of the Medical Claim Form.

Exchange rates

If **we** need to convert from one currency to another in respect of a **claim** payment, **we** will use an exchange rate prevailing on the date **we** assess the **claim**.

We will not be responsible for any loss **you** may incur due to exchange rate fluctuations.

Payment Methods Eligible claims payments can be issued by:

- Bank transfer in most currencies (most recommended method)
- Cheque in the currency of **your plan**
- Foreign draft in most currencies

Please note: **we** will not pay any charges in respect of cashed foreign drafts/cheques.

Claim Contact Details

Claims Team for out-patient and reimbursement claims

InterGlobal

Woolmead House East
The Woolmead
Farnham
Surrey
GU9 7TT
United Kingdom
T +44 (0)1252 745 945
F +44 (0)1252 745 921
E claims@interglobalpmi.com

International Helpline for **pre authorisation** of **in-patient**, **daycare** and medical evacuation **claims**.



Telephone Numbers:

From the UK, call free on **0800 0327 921**

From the USA, call free on **1 866 895 7795**

From North China, call free on **10800 6400113**

From South China, call free on **10800 2640113**

From the UAE, call free on **800 0640 1957**

From Australia, call free on **1800 147 528**

From Indonesia, call free on **001 80 364 173 75**

From the Philippines, call free on **1800 1641 0003**

From Thailand, call free on **001 800 647 355**

From Japan, call free on **00 531 642 084**

From Malaysia, call free on **180 080 2157**

From Singapore, call free on **800 641 1123**

From Africa, **+27 (0)11 259 5217** (please note: this is not a free phone number)

If **you** are calling from another country other than those shown above, call collect or directly on: **+64 9 356 2276**

To make a collect call **you** must first contact the telephone operator in the country **you** are calling from. **You** must then say that **you** would like to make a collect call and specify the number detailed above. The operator will then connect **you** to First Assistance at no charge to **you**. **You** can also call this number in the normal way. If **you** call directly, **you** may be charged the local international rate.

Fax Number: **+64 9 356 1700**

Complaints Procedures

It is **our** aim at all times to provide **you** with a first class standard of service. There may nevertheless be occasions when **you** may feel that this objective has not been fully achieved, or **you** would like further clarification from **us**. In such an event please contact:

Complaints Team – InterGlobal Limited

Woolmead House East, The Woolmead, Farnham, Surrey GU9 7TT, United Kingdom

Tel: +44 (0) 1252 745 910 Email: complaints@interglobalpmi.com

If **you** are still dissatisfied and wish to take **your** matter further please write to:

Chief Executive Officer – InterGlobal Limited

Woolmead House East, The Woolmead, Farnham, Surrey GU9 7TT, United Kingdom

If **you** consider that InterGlobal has failed to administer **your plan** in accordance with the **Plan Documents** and, after following the complaints procedures above, **you** are still dissatisfied and wish to take the matter further, **you** may have the right to refer to:

Financial Ombudsman Service

South Quay Plaza, 183 Marsh Wall, London E14 9SR.

Tel: +44 (0) 845 0801800 Email: complaints.info@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

In order to assist **us**, please quote **your plan** number and **claim** number (if applicable) with as much information as **you** can regarding your query, comments or complaint, as well as **your** full contact details

We are covered by the FSCS. **You** may be entitled to compensation from the scheme if **we** cannot meet **our** obligations. This depends on the type of business and the circumstances of the **claim**. Insurance advising and arranging is covered for 100% of the first £2,000 and 90% of the remainder of the **claim**, without any upper limit. For compulsory classes of insurance, insurance advising and arranging is covered for 100% of the **claim**, without any upper limit. Further information about the compensation scheme arrangements is available from the FSCS website at www.fscs.org.uk.

Plan Definitions

Some words in this **plan** have special meanings and are defined below:

Abuse means the excessive use of a substance including but not limited to alcohol and drugs. As regard to drugs, this includes use for a reason other than that which it was intended for or in a manner or quantities other than as directed or prescribed on medical authority.

Accident/Accidental means any involuntary, sudden, unexpected or unforeseen external event resulting in **bodily injury** to an **insured person**.

Acute means a **medical condition** that responds to **treatment**, which aims to return **you** to **your** previous state of health or leads to **your** full recovery.

Benefit/Benefits means the coverage provided by this **plan** and any extensions or restrictions shown in this Plan Guide, Certificate of Insurance and the Table of Benefits.

Birth defect(s) means any deformity, anomaly, abnormality or disability, arising during pregnancy, or caused during childbirth.

Bodily injury means physical harm or damage to an **insured person**.

Cancellation/Cancelled means where **your trip**/study arrangements are cancelled due to an event listed as unforeseeable circumstance.

Chronic means a **medical condition** which has at least one of the following characteristics:

- has no known cure
- is likely to recur
- requires **palliative treatment**
- needs prolonged monitoring/**treatment**
- is permanent
- requires **specialist training/rehabilitation**
- is caused by changes to the body that cannot be reversed

Claim/Claims means an **insured person** or agent, personal representative, assignee or trustee in bankruptcy seeking payment or settlement under the terms and conditions of the **plan**.

Close family member means a **dependant**, parent, step-parent, parent-in-law, grandparent, grandchild, brother, sister, brother or sister in-law, son or daughter in-law or guardian. Maximum age is 75 years attained.

Co-insurance means an uninsured percentage of money, which the **planholder/insured person** must pay towards the cost of a covered **claim** per **plan year**.

Commencement date means the **date of joining** or any subsequent **renewal date** relative to a specific **plan year**, as specified on a valid Certificate of Insurance.

Complementary medicine means medical services provided by a qualified acupuncturist, osteopath, chiropractor, and homeopath when referred by **your** treating **doctor**.

Congenital abnormality means a **medical condition** that is present at birth or is believed to have been present since birth, whether it is inherited or caused by an environmental factor.

Consequential loss means any costs incurred that may be associated with a **claim** but are not covered under the **plan**. An example of this could be loss of earnings as a result of a **medical condition**.

Consultant, please refer to the **specialist/consultant** definition.

Continuation of Personal Medical Exclusions (CPME) means upon transfer from another insurer **we** will offer to continue the same underwriting exclusions terms or **moratorium** that applied previously to the transferring **insured person** (if applicable). **We** shall not require the transferring **insured person** to be subject to any new personal underwriting exclusion terms nor apply any new **moratorium**. However coverage will still be subject to all other **benefits**, terms and conditions of the **plan** except BE1.

Country of Origin means the country where **you** normally reside other than **your Country of Study**.

Country of Study means the country where **you** are enrolled at an educational facility and this country is outside **your Country of Origin**.

Critical means a **medical condition** which is unstable and serious, where the outcome cannot be medically predicted, prognosis is uncertain and the individual concerned is in danger of dying.

Date of joining means the start date of an **insured person** shown on the Certificate of Insurance on which cover under the **plan** first commenced.

Daycare treatment means **treatment** at a **hospital** where an **insured person** is admitted and occupies a bed, but does not remain overnight.

Dental means that which affects the teeth and gums.

Dependant means an **insured person's**:

- spouse, common-law spouse or partner,
- unmarried child, stepchild or child legally adopted under 18 years attained,
- unmarried child under 21 years attained, if in full-time education (written proof may be required from the educational institution where they are enrolled).

Diagnostic test(s) and procedure(s) means a **medically necessary** test or examination to investigate the cause of an **insured person's** symptoms.

Emergency dental treatment means emergency **treatment** provided by a dentist for the relief of pain.

Emergency medical treatment means when a **doctor** certifies and **we** agree the situation to be **life threatening**.

Excess means an uninsured amount of money, which the **planholder/insured person** must pay towards the cost of a **claim** as specified on **your** Table of Benefits. The different types of **excess** are:

- Per visit **excess**. This **excess** works on a per doctor consultation visit only, per day (no matter how many **medical conditions** treated by that doctor on that day). This type of **excess** only applies to out-patient primary and specialist consultations, and for each different doctor seen on that day, even if there is a referral from one doctor to another on the same day. An **excess** will still apply to the referred doctor seen on that same day if this occurs.
- Per **medical condition, per plan year**. This **excess** applies to each **medical condition** claimed in a **plan year**. E.g. if **you** submit four **claims** for two **medical conditions**, two **excesses** will be deducted in the **plan year**.
- Per **claim** – this **excess** applies to each separate claimed event **you** submit to **us**.

Expatriate means a person living and studying outside their **Country of Origin**.

Expiry date means the end date of the **plan**.

Family means **you** and/or **your spouse** and/or **your** financially dependent children and/or legal wards 21 years of age and under who remain in **your** full custody and control during the **trip**.

Foreseeable means a **medical condition** that could be reasonably anticipated.

Hazardous sports means, but is not limited to, abseiling, mountaineering or rock climbing, hang gliding, parachuting, hunting, racing of any kind (other than foot racing), underwater activity involving the use of artificial breathing apparatus (unless **you** hold an open water diving certificate or are diving with a qualified diving instructor).

Hospital means an establishment legally licensed as an institution for providing **treatment** under the laws of the country in which it is located.

Illness means sickness, disease, signs or symptoms/**medical conditions**.

In-house doctor means a doctor who is employed by the **hospital**, is considered a permanent member of staff and charges in line with **hospital** tariffs.

In-patient treatment means **treatment** at a **hospital** where an **insured person** is admitted and occupies a bed for one or more nights.

Insured person(s) means an individual who has satisfied the enrolment requirements of the **plan** and is named on a valid Certificate of Insurance.

Insurance Premium Tax (IPT) means a government tax which **we** have to collect at the rate applicable in **your Country of Study**.

International Student(s) means a student enrolled to study at a registered education facility outside of their **Country of Origin**.

Intrinsic value means the actual cash value of an item at the time of loss or damage, including appropriate deductions for wear and tear.

Life threatening means a sudden, unexpected **acute medical condition** or an unexpected **acute** exacerbation of a **chronic medical condition** that, without **treatment** within forty-eight (48) hours of onset, could result in death or serious impairment of bodily functions.

Local ambulance means road ambulance transport required due to an emergency or **medical necessity** to the nearest available and appropriate local **hospital**.

Manifested means a **medical condition** that showed or demonstrated itself plainly.

Medical condition(s) means any injury, illness, sickness, disease, signs or symptoms.

Medical History Disregarded (MHD) means no special underwriting terms shall apply and no exclusion from cover will exist for eligible **medical conditions** that are known to have been in existence prior to the **date of joining**. However such eligible **medical conditions** will still be subject to all other **benefits**, terms and conditions of the **plan** except BE1.

Medical practitioner means a **person** who is licensed to practice medicine in the country where the **treatment** is provided and has obtained the primary degrees in medicine and surgery following attendance at a recognised medical school listed within the World Directory of Medical Schools published by the World Health Organisation.

Medically necessary/medical necessity means **treatment** prescribed by the **insured person's medical practitioner**, attending **specialist/consultant**, which is appropriate for the **medical condition** and is in accordance with accepted medical standards.

Moratorium means a waiting period of twenty-four (24) months from the **date of joining**, or the date specified on the special terms section of the **insured person's** Certificate of Insurance, that must have elapsed before **claims** for **pre-existing** conditions may be eligible under the **plan**.

Natural teeth means any teeth that are original and organic and not artificial implants or replacements.

Next of kin means the closest **relative** of an **insured person**.

Nursing at home means services of a **registered nurse** in the home of an **insured person** when prescribed and supervised by a **medical practitioner, consultant** or **specialist** and **related** directly to a **medical condition** for which an **insured person** is receiving **treatment** covered under a **plan**.

Orthodontic means that which affects the structure, function, development or appearance of the teeth, upper or lower jaw or the oral cavity.

Out-patient treatment means **treatment** at a **hospital**, consulting room, or **out-patient** clinic where an **insured person** does not occupy a bed.

Palliative means **treatment**, the purpose of which is to primarily temporarily relieve and/or maintain the symptoms, rather than to cure the actual **medical condition** causing the symptoms.

Period of Insurance means the time from the **commencement date of your plan** to the natural expiry of **your plan** as shown on a valid Certificate of Insurance or upon **your** return to **your Country of Origin**, whichever occurs first.

Personal belonging(s) means items designed for **you** to wear or carry. This includes **your** valuables.

Physiotherapist means a person who is qualified to practice physiotherapy and is licensed in the country in which **treatment** is being provided.

Plan means the contract between **you** and **us**, to provide cover in accordance with the Table of Benefits, General Conditions, **Benefit** Conditions and **Benefit** Exclusions contained within **your plan documents**.

Plan administrator means the person appointed by the **planholder** to administer the **insured person's** group healthcare **plan**, and to act as co-ordinator with **us**.

Plan documents means, together, the Plan Guide, Table of Benefits and Certificate of Insurance.

Planholder means the person or organisation to which **we** have issued the **plan** and is named on a valid Certificate of Insurance.

Plan year means the period of twelve (12) months, starting from the **commencement date**, as shown on a valid Certificate of Insurance.

Pre-authorise(d), Pre-authorisation means a process through which an **insured person** seeks approval from **us** prior to undertaking **treatment** or incurring costs. **Pre-authorisation** may be revoked if new information subsequently negates a **claim**.

Pre-existing means any **medical condition** or **related medical condition** which:

- was foreseeable,
- manifested itself,
- the **insured person** had signs or symptoms of,
- the **insured person** sought advice for,
- the **insured person** received **treatment** for, or
- to the best of the **insured person's** knowledge, was aware existed.

Preventative health check ups/health screenings means any diagnostic test/screening carried out where no **medical condition** or symptoms are present.

Primary treatment means the medical care a patient receives upon first contact with a medical professional (such as a general practitioner), before referral to a **specialist/consultant** for further **treatment**.

Professional sport mean sports where **you** are being paid to participate and where any such payment makes up the principal source of **your** income.

Psychiatric means that which affects the mind, emotions or mental function of a person whether it is organic, traumatic or reactive in origin.

Public place means any place to which the public has access.

Reasonable and customary means the standard cost of a **treatment** and/or services within the same country or geographical region and will be based on our experience and knowledge.

Rehabilitation means **treatment** aimed at restoring health and/or mobility in order to allow **you** to live a more independent life.

Relative means any of the following: fiancé, fiancée, spouse, legally recognised de facto, parent, parent-in-law, son, daughter, stepson, stepdaughter, sister, brother, step-parent, grandparent or legal guardian aged 75 years or under.

Related means a **medical condition** that in both **our** opinion and that of the **insured person's medical practitioner, specialist/consultant**, is:

- directly or as a result of,
- associated with, or
- an associated risk factor of, another **medical condition**.

Renewal date means the anniversary of the **commencement date** of the **plan** as specified on a valid Certificate of Insurance.

Specialist/consultant means a **medical practitioner** who is practicing and holds in the country where **treatment** is provided:

- a consultant appointment, or equivalent, or
- a recognised certificate of higher **specialist** training in the field of medicine for which the **treatment** is required.

Travel documents means passport, visas and travel tickets.

Terminal means an advanced or rapidly progressing incurable **medical condition** which in the opinion of a **medical practitioner** is expected to lead to death.

Therapist means a chiropractor, osteopath, homeopath, acupuncturist or Chinese herbalist who is qualified and licensed in the country in which **treatment** is being provided.

Treatment means any surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve, or cure a **medical condition**.

Trip means a journey, or period of travel. The **trip** includes the dates of departure from **your Country of Origin** and the arrival in **your Country of Study**.

Unattended means out of **your** sight.

Visiting doctor means a doctor who is not employed by the **hospital** and has a contract to use the **hospital** facilities but have different charges to the **hospital** tariffs.

We/us/our means the insurer as detailed in the Certificate of Insurance and any representatives **we** may appoint to administer this **plan**.

You/your means the **planholder** or **insured person**.

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