



**POLICY HOLDER:** Internships Down Under

**INSURED PERSONS:** Individuals who have both enrolled on an Internship and are deemed eligible by the Policy Holder for their Professional Internship programs.

**PERIOD:** From: 23<sup>rd</sup> July 2019  
To: 22<sup>nd</sup> July 2020  
Both days inclusive at Local Standard Time at the address of the Insured  
No Cover to be issued for a greater period than 12 months.

### Liability Policy Plus Excursion Rider

**Policy Number: G900350L**

#### Eligibility:

The Rider is available to Interns that are either: a) travelling on an excursion outside of Australia for no more than 30 days or b) Interns who already have purchased a valid travel insurance policy elsewhere and are purchasing this insurance in order to cover them for third party liability as defined herein.

The Rider is in excess of any other valid and collectible insurance, Policy or plan under which You are entitled to claim including but not limited to: a government health insurance plan, group or personal accident and sickness insurance or extended health/medical care coverage, any automobile insurance or benefits plan, homeowner, tenant, or other multi-peril insurance, credit card benefit insurance, and other travel insurance whether or not claim is made for such benefits.

The General Conditions, Definitions and Exclusions already stated will apply to the Rider, unless specifically stated otherwise below.

The Rider is only available if the appropriate Premium has been paid to Us.

#### BENEFIT TABLE

BENEFIT	SUM INSURED (AUD\$)
<b>Section A – Excursion Emergency Healthcare</b>	
MEDICAL EXPENSES Maximum In case of illness or accident	\$2,000,000
In-Patient Psychiatrist's Fees	Up to \$10,000 (lifetime)
Out-Patient Psychotherapy	Up to \$1,000
Private Duty Nursing Care	Up to \$15,000
Out-Patient Physiotherapy and Speech Therapy	Up to \$1,000
Emergency Transport by taxi to or from hospital or medical clinic	Up to \$100

Paramedical Services (chiropractor, osteopath, naturopath, acupuncturist, chiropodist, podiatrist)	Up to \$500
Accidental Dental Care	Up to \$4,000 for emergency dental treatment to repair or replace natural or permanently attached artificial teeth as the result of an Accidental Injury or; Up to \$500 for emergency repairs to artificial teeth including bridges and denture plates.
Emergency Dental Care	Up to \$600 dental expenses due to sudden and acute pain
EMERGENCY MEDICAL EVACUATION or repatriation home (must be pre-approved)	Up to \$250,000
EMERGENCY REUNION - Personal support and accompaniment	Up to \$6,500 when You are hospitalized for more than 7 days, includes round trip economy airfare (\$5,000), hotel expenses and meals (\$1,500) for close relative (Benefit allows up to 2 people)
REPATRIATION of REMAINS or BURIAL	Up to \$5,000
PERSONAL ACCIDENT Accidental Death, loss of sight, loss of limb(s), permanent total disablement	\$50,000
Security Evacuation	Up to \$100,000
<b>Section B – Third Party Liability</b>	
PERSONAL LIABILITY Physical injury and Property Damage	\$2,000,000
Host Family Homeowner/Other Applicable Insurance Coverage	Up to \$1,000
LEGAL EXPENSES	Up to \$50,000

**This policy provides cover for unforeseen medical events only. No Pre-existing Medical Conditions are covered. You are not covered for any claims that you make that relates to a Pre-existing Medical Condition as defined herein.**

## Product Disclosure Statement (PDS) and Policy Wording

The PDS is designed to assist You in Your decision to purchase travel insurance. It contains information about key benefits and significant features.

Any advice in this document is of a general nature only and has not considered Your objectives, financial situation or needs. This booklet contains the following sections which provide:

- Part 1 – information about this travel insurance product (Important Information); and
- Part 2 - the detailed terms and conditions

### About HDI Global Specialty

This Travel Insurance Policy is arranged by HDI Global Specialty SE (also known herein as Us, We or Our) trading as HDI. In arranging this Travel Insurance Policy, we have appointed the Plan Administrator-Bannerman Rendell Ltd to directly issue or supply HDI travel insurance under a delegated authority in accordance with our underwriting guidelines. In some cases Bannerman Rendell Ltd may need to arrange for us to do this if they are not able to act under the underwriting guidelines. We, as the insurer of the product, and Bannerman Rendell Ltd, as our agent, do not act on Your behalf. Bannerman Rendell does not have any authority to give You any advice (i.e. recommendation or opinion about the financial product). They can provide You with factual information on the product to help You decide if it is right for You.

The choice is Yours.

### Remuneration arrangements

Bannerman Rendell Ltd receives commission from us which is a percentage of the total premium paid by You to us for the product. The commission is paid monthly by us based on policies issued. You can request full details of the remuneration payable to Bannerman Rendell Ltd for the issue of Your policy by contacting Bannerman Rendell Ltd at [info@bannermanrendell.com](mailto:info@bannermanrendell.com) at any time until the end of Your cooling off period. (refer cooling off period).

### Part 1 – Important Information

Throughout the booklet words that have specific meanings. These meanings are set out in the definitions section of the Policy wording.

### Applying for travel insurance

To apply for insurance please complete the relevant forms and submit to Your programme provider. If Your application is approved Bannerman Rendell Ltd will issue Your policy and provide You with a Certificate of Insurance. Your Certificate of Insurance confirms the cover that You have chosen, the total amount paid by You and information about the terms of Your policy.

### Significant risks

This policy may not match Your expectations (for example, because an exclusion applies). You should therefore read this PDS and Policy wording carefully.

This policy does not meet the minimum health insurance standard as specified by the Australian Government under condition 8501 for a range of visa types, including Student visas. Please refer to <http://www.immi.gov.au> for the current minimum standard of specific visa subclasses.

Please ask Bannerman Rendell Ltd if You are unsure about any aspect of the policy.

### Are You sure You have the right level of cover?

You need to make sure the limits of cover are appropriate for Your needs. Otherwise You may be under insured and have to bear part of any loss that exceeds the limits Yourself. Please refer to the applicable limits as set out in the Schedule of benefits and the Policy wording.

### A claim may be refused

We may refuse to pay or reduce the amount we pay under a claim if You do not comply with the policy conditions, if You do not comply with Your Duty of Disclosure or make a misrepresentation, or if You make a fraudulent claim.

### Unattended luggage and personal effects under the Personal Belongings benefit.

There is no cover under this policy for luggage and personal effects that are left unattended. Please refer to the definition of unattended in the Policy wording and "What is not covered?" under Personal Belongings.

### Existing Medical Condition(s)

There is no cover under this policy for an existing medical condition.

The cost of this insurance

What You have to pay

The length of Your trip will be taken into account when calculating the cost of Your policy.

The premium paid by You will be shown on Your Certificate of Insurance, including compulsory government charges (including Stamp Duty and GST where applicable). This policy is only valid when You pay the premium and Bannerman Rendell Ltd issues a Certificate of Insurance to You.

Amendment of travel details

If You wish to change Your personal details or travel dates after Your Certificate of Insurance has been issued, please contact Bannerman Rendell Ltd. They may ask You to complete and submit to guard.me a Policy Change Request Form which needs to be assessed and approved prior to any amendment to Your policy. Also refer to section headed "Changing the period of insurance"

Updating this PDS

We will update the information in this PDS when necessary. A copy of any updated information is available to You at no cost by contacting Bannerman Rendell Ltd. We will issue You with a new PDS or a supplementary PDS, where the update is to correct a misleading or deceptive statement or an omission which is materially adverse from the point of view of a reasonable person deciding whether to obtain this insurance.

Jurisdiction

The terms and conditions of the policy are subject to the laws of the Australian state or territory where the Certificate of Insurance is issued. You agree to the jurisdiction of the courts of that state or territory for any legal proceedings relating to this policy.

Cooling off period

If, having purchased the policy, You want to return it, You can do so within 14 days of the date of issue of the Certificate of Insurance and obtain a full refund, provided no right or power has been exercised under it by You (e.g. no claim has been made) and Your trip has not commenced. The Cooling off period does not apply to policy or trip extensions. Bannerman Rendell Ltd will arrange for a refund of any premium entitlement within 14 business days of You cancelling Your policy.

Confirming transactions

A Certificate of Insurance must be issued once You have completed the application process and You have paid the appropriate premium. If You want to confirm a transaction, for example whether the Certificate of Insurance has been issued, You may contact Bannerman Rendell Ltd at [info@bannermanrendell.com](mailto:info@bannermanrendell.com).

Duty of disclosure - what You must tell Us

Before You enter into a policy with Us, we will ask You a series of questions. You must tell us everything You know or which a reasonable person in the circumstances would be expected to know in answer to the questions in the Application Form. Before You extend or vary a policy, You must tell Us:

- If You continue to meet the Eligibility Criteria and have not become a Legal Permanent Resident or citizen of the Host Country, and
- whether You remain in good health and have not made or intend making any claim, and
- You do not have to tell us about any matter:
- that diminishes the risk;
- that is of common knowledge;
- that we know or should know in the ordinary course of our business as an insurer; or
- which we indicate we do not want to know.

Everyone who is insured under the policy must comply with the Duty of Disclosure. If You provide information about another insured, You do this on their behalf. If You (or they) don't comply with the Duty of Disclosure, We may reduce the amount of any claim and/or cancel Your insurance. If fraud is involved, We may treat Your insurance as void from the beginning.

Our Service to You

Our goal is to give excellent service to all Our customers but We recognize that things do go wrong occasionally. We take all complaints We receive seriously and aim to resolve all of Our customers' problems promptly. To ensure that We provide the kind of service You expect We welcome Your feedback. We will record and analyze Your comments to make sure We continually improve the service We offer.

What is a complaint?

A Complaint is an expression of dissatisfaction not resolved to Your satisfaction within 48 hours.

This does not include normal claims negotiation where offers are rejected/discussed unless You specifically state the matter is to be treated as a complaint or if negotiations have reached deadlock.

A complaint does include the rejection of a claim or the settlement amount for a claim where the parties have reached deadlock in negotiations and where You believe You have been offered a poor service.

#### Who to tell

In the event of You having a complaint please contact Us by addressing Your complaint to Our "Complaints Department" at Our registered address, set out above. We will acknowledge Your complaint promptly.

#### What happens next

We will write directly to You to acknowledge receipt of the complaint and explain the complaints process. We will investigate by requesting information / evidence where needed from the parties involved and will write directly to You with any updates. We will then issue You with Our final response to Your complaint.

If You remain dissatisfied with the Our final response, You may be entitled to refer the matter to the Financial Ombudsman Service (FOS). Following this complaints procedure, does not affect Your right to take legal action.

Please note, the FOS will only consider a complaint if We have issued Our final response to Your complaint or eight weeks have elapsed since We received the complaint.

#### The FOS's contact details are:

Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR  
website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)  
email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)  
phone: 0800 023 4567 or 0300 123 9123

#### Financial Services Compensation Scheme (FSCS)

The Insurer is a member of the FSCS. You may be entitled to compensation from FSCS in the event We are unable to meet Our obligations.

#### The FSCS's contact details are:

Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU  
website: [www.fscs.org.uk](http://www.fscs.org.uk)  
phone: 0800 678 1100 or 020 7741 4100

## **INSURING AGREEMENT**

**In return for You having paid the premium for the Coverage Period, We will provide You the Benefits set out in Your Policy whilst You are on a Trip away from your Home Country during the Coverage Period subject to the Definitions, Conditions, Benefits limits and Exclusions contained in Your Policy.**

**This is Your Travel Insurance Policy, which with your Certificate of Insurance should be read together and forms the contract of Insurance between You and Us but is only valid if you have paid the premium.**

**Your premium has been based on the information shown in Your Certificate of Insurance and recorded in the written declaration you have made. Please read them carefully to make sure they meet Your requirements and that the details on Your certificate of Insurance are correct. If after reading your Policy and Certificate You have any questions, please contact us.**

#### **HDI Global Specialty SE, UK Branch**

Branch Office: 10 Fenchurch Street, London EC3M 3BE  
Registered Office: Roderbruchstraße 26, 30655 Hannover, Germany.  
Registered in Germany, Registration No. HRB 211924

Authorised by the Bundesanstalt für Finanzdienstleistungsaufsicht and authorised and subject to limited regulation by the Financial Conduct Authority. Details about the extent of our authorisation and regulation by the Financial Conduct Authority are available from us on request.

#### **IMPORTANT**

***It is essential that you provide us with a fair representation of the risks we are accepting when applying for cover. It is also important that you advise your broker, intermediary or Us of any changes which occur during the period of insurance which may alter information previously provided. If you are in doubt as to whether you need to disclose information to us then this should be declared.***

***It is Your responsibility to prove any loss therefore we recommend that you keep receipts, photographs and relevant documents to help with any claim you make. This Policy is a legal contract. You must tell Us about any facts or changes which affect Your insurance and which have occurred either since the Policy started or since the last renewal date.***

***If You are not sure whether certain facts are relevant please ask Your adviser. If You do not tell Us about relevant changes, Your Policy may not be valid or the Policy may not cover You fully. You should keep a written record (including copies of letters) of any information You give Us or Your insurance adviser when You renew this Policy.***

## **JURISDICTION AND CHOICE OF LAW**

This insurance shall be governed by and construed in accordance with the laws of Queensland and shall be subject to the jurisdiction of any competent court within Australia.

All communications between You and Us shall be conducted in English except as otherwise provided in this Policy

## **YOUR CANCELLATION RIGHTS**

If You decide that You want to cancel this Policy, you must notify the Plan Administrator within 14 days of receipt of your Certificate of Insurance and Policy. We will provide you with a full refund of the Premium You have paid, provided You have not started Your journey and no claim under Your Policy has occurred.

If You notify the Plan Administrator that you want to cancel this Policy after this period or after You have started Your journey, We will refund a percentage of the premium You have paid calculated on a daily pro-rata basis equivalent to the period of cover left unused provided that no claims have been made. If a claim has been made, or there has been an incident which may lead to a claim, We will not refund Your premium

In the event of cancellation, whether within or following the expiry of the 14 day period referred to above, a cancellation fee of \$25 as shown in Certificate of Insurance will apply.

## **REASONABLE CARE**

You must exercise reasonable care to prevent illness, injury or loss or theft or damage to your documents and Money as if uninsured, and avoid wilful exposure to danger, except in an attempt to save a human life.

## **OUR COMMITMENT TO YOU**

Each of Our customers is important to Us, and We believe You have the right to a fair, swift and courteous service at all times. We acknowledge receipt of Your complaint and We will deal with it promptly and provide a response as quickly as possible.

## **COMPLAINTS PROCEDURES**

What to do if You have a complaint:

Our aim is to provide an excellent service to customers at all times. However, We understand that from time to time, We may not live up to our own high standards, and recognise that occasionally things do go wrong. Whenever this happens, We welcome Your feedback to ensure that We provide the kind of service You expect.

Complaints can be notified to Us by phone, e-mail or in writing. You will find contact details below. We take all complaints seriously and aim to resolve all problems promptly and fairly.

1. Upon receipt of Your complaint, We will, within no more than five working days, send You a letter to acknowledge your complaint, and explain to You how we will investigate Your complaint. We will also enclose a copy of Our complaints procedure.
2. We will endeavour to send a final response to You within eight weeks of receipt of Your complaint. If We are unable to provide You with a final response within this time frame, We will write to You explaining the delay and advise You when You can expect a final response.

3. If more than eight weeks from the date of Your complaint have elapsed and You have not received a final response, or You are dissatisfied with the final response You have received from Us, You may choose to refer Your complaint to:

Financial Ombudsman Service (FOS)  
Exchange Tower  
London  
E14 9SR

Tel: 0800 023 4 567 – free for people phoning from a “fixed line” (for example a landline at home)  
0300 012 3 123 – free for mobile phone users who pay a month charge for calls to numbers starting 01 or 02  
<http://www.financial-ombudsman.org.uk/>

Please note: You must refer your complaint to FOS within six months of the date on Our final response letter. If You do not refer your complaint within this time period, FOS will not have our permission to consider Your complaint and so will only be able to do so in very limited circumstances, for example, if FOS believes that the delay was as a result of exceptional circumstances.

If You do not refer your complaint within this time period, FOS will not have our permission to consider Your complaint and so will only be able to do so in very limited circumstances, for example, if FOS believes that the delay was as a result of exceptional circumstances.

### **FINANCIAL OMBUDSMEN SERVICES**

Please note that the FOS will only consider Your complaint if You have given Us the opportunity to resolve it and You are a private Policyholder, a business with a group turnover of less than €2 million and/or fewer than ten employees, a charity with an annual income of less than €2 million, or a Trustee of a trust with a net asset value of less than €2 million.

Whilst We are bound by the decision of the FOS, You are not. Following the complaints procedure above does not affect Your right to take legal action.

### **FINANCIAL SERVICES COMPENSATION SCHEME**

**HDI Global Specialty SE** is covered by the Financial Services Compensation Scheme (FSCS), which means that you may be entitled to compensation if **HDI Global Specialty SE** is unable to meet their obligations to You.

For further information on the FSCS, please visit [www.fscs.org.uk](http://www.fscs.org.uk) or by contacting:

Financial Services Compensation Scheme, 10<sup>th</sup> Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU.

Telephone 0800 678 1100 or 020 7741 4000  
Email [enquiries@fscs.org.uk](mailto:enquiries@fscs.org.uk)

### **DATA PROTECTION**

HDI Global Specialty SE is an insurance company whose UK address is 10 Fenchurch Street, London, EC3M 3BE. It is a Data Controller and Data Processor as defined under the EU General Data Protection Regulation ('GDPR') and is registered with the Information Commissioner's Office ('ICO') under number Z5380754. Further details on the GDPR can be found at the ICO website ([www.ico.org.uk](http://www.ico.org.uk)).

Please read this section of Your policy carefully as it contains important information about Our use of Your personal information i.e. how Your information will be collected and dealt with, and Your rights concerning that data.

#### **Personal information:**

Your personal information means any information We hold about You and the Insured Person(s). This information may be contained in any correspondence received from You including letters and emails. We have implemented technical, physical, legal and organisational measures where necessary to secure the personal information We hold and process on Your behalf. Where appropriate We use anti-virus protection systems, firewalls, pseudonymisation and data encryption technology for the processing and storage of electronic personal information. Where We hold hard copy documentation containing Your personal information (whether on or off site) we will ensure that the relevant documentation is physically secured and accessible only on a “need to know” basis. Our staff are trained regularly on data protection and information security.

You should show this section to anyone else insured or proposed to be insured under Your policy as it will also apply to them. It explains how We use all the information We have about You and the other people insured under Your Policy.

#### **Special category data:**

Some of the personal information that We ask You to provide is known as “special category data”. This will include information relating to Your health or medical condition(s) and may also include, race, religion and any criminal convictions. We need to use special category data to provide You with quotes, arrange and manage Your policy and to provide the services described in Your policy documents (such as dealing with claims). Where You have provided Us with special category data relating to someone else, You undertake that You have obtained their express consent to provide Us with this data.

**How We use Your personal information:**

We will use Your personal information to arrange, administer and manage Your insurance policy, including handling underwriting and claims and issuing renewal documents and information to You. The personal information We hold about You is limited to what is necessary to provide these services. We erase the personal information We hold about You as soon as it is no longer needed in accordance with our legal and statutory obligations.

**Sharing Your personal information:**

We may have to share Your personal information with other insurers, statutory bodies, regulatory authorities, Our business partners, Our group companies or agents providing services on Our behalf and other authorised bodies. Where We do share Your personal data with others We will ensure that the appropriate safeguards are in place.

**Transferring Your personal information outside the EEA:**

To manage Your policy including settling claims or providing Security or Medical Assistance if the claim or assistance relates to an incident which occurs outside Your Country of Domicile We may transfer Your personal information outside the European Economic Area or if different Your Country of Domicile. We will only do this;

- If You have given Us Your permission;
- For underwriting purposes, such as assessing Your application and arranging Your policy;
- For management information purposes;
- If the transfer is necessary for reasons of public interest;
- To prevent or detect crime, including fraud (see below);
- If We are required or permitted to do this by law (for example, if We receive a legitimate request from the police or another authority including legal authorities outside the European Economic Area or, if different, Your Country of Domicile); and/or if required

Where it is necessary to transfer your data outside of the EEA we will ensure that appropriate safeguards are in place.

**Preventing and detecting crime:**

We may use Your personal information to prevent crime.

In order to prevent crime We may:

- Check Your personal information against Our databases;
- Share it with fraud prevention agencies. Your personal information will be checked with and recorded by a fraud prevention agency. Other companies within the financial services industry may also search such fraud prevention agencies when You make an application to them for financial products (including credit, savings, insurance, stockbroking or money transmission services). If such companies suspect fraud, We will share Your relevant personal information with them. The information We share may be used by those companies when making decisions about You. You can find out which fraud prevention agencies are used by Us by writing to Our Data Protection Contact at the address set out below; and/or if required;
- Share it with operators of registers available to the insurance industry to check information and prevent fraud. These include the Claims and Underwriting Exchange Register administered by Insurance Database Services Ltd. We may pass information relating to Your insurance policy and any incident (such as an accident, theft or loss) to the operators of these registers, their agents and suppliers.

**Dealing with others on Your behalf:**

To help You manage Your insurance policy, subject to answering security questions, We will deal with You or Your spouse or partner or any other person whom We reasonably believe to be acting for You if they contact Us on Your behalf in connection with Your policy or a claim relating to Your policy. Where We have reasonable doubts concerning the identity of Your spouse or partner or such other person claiming to be acting on Your behalf, we may request additional information necessary to confirm their identity before we release any information in relation to Your policy to them. For Your protection only You can cancel Your policy or change the contact address.

**Marketing:**

We will not use Your personal information and information about Your use of Our products and services to carry out research and analysis for marketing.

**Data Protection Rights:**

You have certain rights under the GDPR.

You have the right to require Us to:

- Provide You with further details about the use We make of Your personal data;
- Provide You with a copy of the personal data We hold in a commonly used and machine readable format;
- Correct any inaccuracies in the personal data We hold;
- Delete any personal data We no longer have any lawful ground to use;
- Where the processing requires Your consent, withdraw that consent so We stop the processing in question;
- Transfer Your personal data to another organization;
- Object to any processing based on the legitimate interests grounds unless our reasons for that processing outweigh any prejudice to Your data protection rights;



- Object to automated processing, including profiling; and/or
- Restrict how We process or use Your personal data in certain circumstances e.g. whilst a complaint is being investigated.

In certain circumstances we may need to restrict the above rights to safeguard the public interest (e.g. prevention or detection of crime) or Our interests (e.g. legal or litigation privilege).

If you are not satisfied with Our use of Your personal data or Our response to any request by You to exercise any of Your rights, or if You think We have breached the GDPR, You have the right to complain to the ICO, details as follows:

<b>England</b>	<b>Scotland</b>	<b>Wales</b>	<b>Northern Ireland</b>
Information Commissioner's Office Wycliffe House Water Lane Wilmslow Cheshire SK9 5AF	Information Commissioner's Office 45 Melville Street Edinburgh EH3 7HL	Information Commissioner's Office 2 <sup>nd</sup> Floor Churchill House Churchill Way Cardiff CF10 2HH	Information Commissioner's Office 3 <sup>rd</sup> Floor 14 Cromac Place Belfast BT7 2JB
Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate)	Tel: 0131 244 9001	Tel: 029 2067 8400	Tel: 0303 123 1114 (local rate) 028 9027 8757 (national rate)
casework@ico.org.uk	scotland@ico.org.uk	wales@ico.org.uk	ni@ico.org.uk

**Further information:**

If You would like to receive a copy of the personal information We hold on You, or if You would like further information or wish to complain about the way that We use personal information, please write to Our Data Protection Contact (set out below).

If We change the way that We use Your personal information, We will write to You to let You know. If You do not agree to that change in use, You must let Us know as soon as possible. You have the right to complain to Us at any time if You object to the way We use Your personal information. If you do, We will no longer be able to process the personal information We hold about You unless We are able to demonstrate compelling legitimate grounds for the continued processing of Your personal information which override Your interests, rights and freedoms of You, or for the establishment, exercise or defence of legal claims.

**Contacting Our Data Protection Contact**

To contact Our Data Protection Contact please write to Us at HDI Global Specialty SE, 10 Fenchurch Street, London EC3M 3BE UK giving Your name, address and insurance policy number.

## EMERGENCY MEDICAL ASSISTANCE

For Emergency Medical Assistance anywhere in the world at any time, Our Assistance Company is only a telephone call away. The team will help with medical problems, locating nearest medical facilities, Your Emergency Medical Evacuation or Repatriation to Your Home Country, locating nearest embassies and consulates, as well as keeping you in touch with your family in an emergency.

Provided treatment, or costs, charges or expenses have been pre-authorized by our Assistance Company We will pay all associated costs incurred on You for the following and provide the following benefits:

We will

- Take charge of enquiries 24 hours a day 365 days a year.
- Where necessary contact hospitals on Your behalf and guarantee and pay for any pre-authorized and necessary treatments, costs, charges or expenses.
- Talk to doctors and hospital staff in their own language.
- Ensure medical advisers are consulted at the outset for their views on the possibility of arranging Emergency Medical Evacuations or Repatriation and the best method of transportation to be adopted.
- Make arrangements for You to travel home to Your Home Country and where necessary ensure You are escorted by a medical attendant and provided with reasonable assistance.
- Make arrangements for the outward and return journeys for the next of kin or other nominated person to visit You if You are ill or Injured.
- Assist in locating and sending Medically Necessary drugs if not available locally.
- Provide advice on minor ailments.

## CLAIMS PROCEDURES

### Claims Information

It is a condition precedent to liability that on the happening of any event which may give rise to a claim You must tell Us immediately and give Us all the assistance We may reasonably require whether or not You intend to claim. When You tell Us about an incident or claim We may pass on information relating to it to any relevant claims related database.

We and other insurers may search relevant claims related database when You apply for insurance, in the event of incident or claim or at the time of renewal to validate Your claims history or that of any other person or property likely to be involved in the policy or claim.

### Who to contact in the event of an Emergency Medical Claim

Emergency Medical Assistance is provided by our Assistance Company, Intana Global:

#### Intana Global:

Email: [HDIGSAssist@intana-global.com](mailto:HDIGSAssist@intana-global.com)

Phone: +44 (0) 1444 442 349

### Who to contact for Emergency Security Assistance:

To obtain security assistance, please contact Our Crisis Management Company, **Tangiers International:**

Email: [assist@tangiersinternational.com](mailto:assist@tangiersinternational.com)

Phone: +356 2247 9709

Phone (US): +1 800 890 5807

Phone (UK): +44 3308 084 559

Use the Tangiers International travel App

## **Who to contact in the event of a Non-Emergency Claim**

For all non-emergency medical claims, Accidental Death, Loss of Sight, Loss of Limb or Permanent Total Disablement, Personal Liability, Legal Advice, Loss of Personal Belongings, Search and Rescue or Catastrophe Cover claims to be notified to the Third Party Administration and Claims Management Company:

**Gallagher Bassett Services Pty Ltd** at  
GPO Box 14, Brisbane, Queensland 4001  
Phone (AUS): +61 730 051 981

## **Claims provisions**

As soon as possible after the occurrence of any Accidental Bodily Injury or Illness the Insured Person must obtain and follow the advice of a Medical Practitioner. We shall not be liable for any consequences arising due to Your failure to obtain and follow such advice or use such appliance or remedies as may be prescribed.

You must immediately pass on to the Claims Handler unanswered, all communications from third parties in relation to any event that may result in a claim under this Policy. You must not admit or repudiate liability, nor offer to settle, compromise, make payment or pay any claim under this Policy without their written agreement.

In the event of a claim the Claims Handler will ask for the completion of a claim form and all reasonable and necessary evidence to support Your claim which will include receipts and invoices as applicable, medical certificates, police evidence or in the case of Bodily Injury evidence to show that this was caused as a result of an Accident. If the information supplied is insufficient, they will identify the further information required. If they do not receive this information they may reject the claim or withhold payment until the information they may reasonably require is received.

The claimant must give the Claims Handler or Assistance Company permission to obtain any medical reports or other records needed from the Medical Practitioner who has treated them otherwise We may not pay the claim.

The claimant must grant our Assistance Company permission to transfer personal information outside the European Economic Area or if different their Home Country where necessary to enable them to provide the services described in Your policy documents (such as dealing with claims or providing Security or Medical Assistance). Failure to grant such permission may result in Our inability to provide such services or pay claims where the payment of such a claim is reliant on this information.

The Claims Handler may ask You to attend one or more medical examinations. If they do We will pay the cost of the examination(s) and for any medical reports and records (and the reasonable costs of any person required to travel with You provided these costs have been agreed by our Claims Handler first). If the claimant refuses to attend such examinations without reasonable cause We may reject their Claim.

In the event of Your death We have the right to request a post-mortem examination at our own expense. If this is refused We may not pay the claim.

The Claims Handler may also contact third parties who have or who were to provide services to You, for example airlines or hotels, to verify the information provided to them to support a claim.

If You do not comply with any reasonable request made by Claims Handler or Us under this Claims Procedure We may not pay the claim.

The payment of a claim in full will fully discharge our liability under this Policy.

### **Proof of Claim**

When Our Claims Handler receives notice of claim, they will provide You with forms for filing Proof of Claim. The following is considered to be Proof of Claim:

1. A completed and signed Claimant's Statement and Authorization Form (provided to you by the Claims Handler), together with all attachments reasonably request (as set out in paragraph 2 above, under "Claims provisions") and
2. Original itemized bills from Physicians, Hospitals and other medical providers; and
3. Original receipts for any expenses which have already been paid by or on behalf of You.

You shall submit Proof of Claim to the Claims Handler as soon as reasonably possible after receiving the forms for filing Proof of Claim from them but in any event no later than 60 days beginning on the date of receipt of such forms. If any claim under this insurance shall be in any respect fraudulent or if any fraudulent means or devices are used by You or anyone acting on their behalf, this insurance shall be null and void and all claims hereunder shall be forfeited, in addition to any and all other remedies available to Us.

### **GENERAL CONDITIONS APPLICABLE TO THE LIABILITY POLICY PLUS EXCURSION RIDER**

Each Section of the Policy contains specific conditions. They must be read in conjunction with the following Policy Conditions which apply to all Sections unless otherwise stated. Where (i) there has been a failure to comply with a term (express or implied) of this insurance contract, other than a term that defines the risk as a whole; and (ii) compliance with such term would tend to reduce the risk of loss of a particular kind and/or loss at a particular location and/or loss at a particular time, We cannot rely on the breach of such term to exclude, limit or discharge Our liability if You show that the failure to comply with such term could not have increased the risk of the loss which actually occurred in the circumstances in which it occurred.

### **Eligibility Criteria**

To be eligible for cover under this Policy You must satisfy the following criteria:

At the time of purchasing or extending this Policy and during the Coverage Period You must be no older than 40 years of age.

- You must be travelling outside of Your Home Country (including Incidental Travel days) for the purpose of Internship programs
- You must be resident in your Home Country when applying for this Policy and, at the time of purchasing or extending this Policy and during the Coverage Period, You must not be a Legal Permanent Resident of the Host Country.

### **Termination of Cover:**

Cover under this Policy terminates on the earlier of:

1. 12:01am EST on the last day of the Coverage Period for which premium has been paid; or
2. the moment You return to Your Home Country
3. the expiration of 12 months from the Effective Date unless You are on an excursion or unless declared to and accepted by Us in writing; or
4. the maximum amount of benefits payable under this Policy as set out in the Benefits Table has been paid; or
5. the date You cease to be an Eligible Person.

### **Benefit payments**

All benefits will be paid directly to You unless Our Claims Handler has guaranteed Your expenses or charges and has made payment on Our behalf. In the event of Your death any benefits payable will be made to Your executors or administrators. In the event of You not having an executor or administrator the benefits will be paid out in accordance with the inheritance laws of Your Home Country.

### **Currency**

The monetary limits stated in the Policy and any Certificate issued hereunder are in AUD.

### **Excess Insurance Limitation**

The insurance provided by this plan shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any loss there is other valid and collectible insurance or indemnity in place, We shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity, and applicable deductible.

Valid indemnities include the following:

1. Workers' Compensation law,
2. Occupational Disease law or similar law concerning job related conditions of any country; government;

3. Any other valid and collectible insurance, Policy or plan under which You are entitled to claim including but not limited to, a government health insurance plan, group or personal accident and sickness insurance or extended health/medical care coverage, any automobile insurance or benefits plan, homeowner, tenant, or other multi-peril insurance, credit card benefit insurance, and other travel insurance whether or not claim is made for such benefits.
4. Any government entity due to an epidemic or public emergency.

#### **Fraudulent claims.**

1. If You or anyone acting on Your behalf makes a fraudulent claim under the Policy, We:
  - a) Are not liable to pay the claim; and
  - b) May recover from You any sums paid by Us to You in respect of the claim; and
  - c) May by notice to You treat the Policy as having been terminated with effect from the time of the fraudulent act.
2. If We exercise Our right under clause 1(c) above:
  - a) We shall not be liable to You in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to Our liability under the Policy (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim); and,
  - b) We need not return any of the premiums paid.

3. If a fraudulent claim is made under the Policy by or on behalf of an Insured Person, We may exercise the rights set out in clause 1 above as if there were an individual insurance contract between Us and the Insured Person. However, the exercise of any of those rights shall not affect the cover provided under the Policy for any other Insured Person or You.

#### **Measures outside Our control**

We and Our Assistance Company will use Our best efforts to arrange any Emergency Medical Evacuation or Repatriation of Remains within the least amount of time possible. The timeliness of Emergency Medical Evacuation or Repatriation of Remains can be affected by circumstances which are not within Our or their control, such as delays of or restrictions on flights caused by mechanical problems, government officials, telecommunications problems and weather and other acts of God. We and Our Assistance Company shall not be liable for any delays that are not within Our or their direct and immediate control.

#### **Medical Advice**

You cannot undertake a Trip from Your Home Country either against the advice of Your Physician or after You have received a terminal prognosis or if you are travelling purely for the purpose of medical treatment. If You choose to do so all Our liability under this Policy shall cease.

#### **Pre-authorization requirements for treatments, costs charges or expenses.**

All Inpatient Hospital treatments or care, Surgery or Surgical Procedure, computerized tomography (CAT Scan) and Magnetic Resonance Imaging (MRI), Emergency Medical Evacuations and Repatriations, Repatriation of Remains and Burial, Emergency Reunions and Trip Interruption must be pre-authorized by Our Assistance Company,

If You do not comply with this pre-authorization requirement We will be unable to pay for Your treatments or costs, charges or expenses that You incur.

To comply with the pre-authorization requirements, You or a third party must:

4. Contact the Assistance Company at the telephone number contained in Your Certificate as soon as possible before the expense is to be incurred; and
5. Comply with the reasonable instructions of the Assistance Company and submit any information or documents they may reasonably require; and
6. Take reasonable steps to notify your treating Physicians, Hospitals and other providers that this Policy contains pre-authorization requirements and ask them to fully cooperate with Our Assistance Company.

If in an emergency it is not reasonably possible for You to obtain pre-authorization from Our Assistance Company for Inpatient Hospital treatments or care, Surgery or Surgical Procedure or Emergency Medical Evacuations and Repatriations. You or a third party must notify them as soon as reasonably practicable of admission as an In-patient in which case all Your charges will be paid by Us subject to the terms and conditions, benefit limits, restrictions and exclusions contained in this Policy.

#### **Reasonable Precautions**

You must take all reasonable precautions to avoid accident, injury or illness to any person, or loss, destruction or damage to their property, and You must comply with all legal requirements and safety regulations and conduct The

Business in a lawful manner. If in relation to any claim You have failed to fulfil any of these conditions, You will lose your right to indemnity or payment for that claim.

### **Recovery from third parties**

In the event that a third party is held liable for all or part of any claim paid under this Policy We may exercise Our legal right to pursue the third party to recover Our outlay. You or the Insured person will upon Our request agree to and permit Us to do such acts and things as may be necessary or reasonably required for the purpose of exercising this right. We will pay the costs and expenses involved in exercising the right against third parties.

### **Residency**

You must be resident in your Home Country or within 14 days of arrival in Your Host Country when applying for this Policy

You cannot be a Legal Permanent Resident of the Host Country. Cover under this Policy will cease immediately once you become a Legal Permanent Resident or citizen of the Host Country.

### **Right of Recovery**

If any benefit paid to You or on Your behalf under this Policy is in excess of the amount allowed in the Benefit Table, or if a payment is made to You due to clerical or administrative error, then We reserve the right to recover such payment from You or any institution, insurer or other organisation or party to whom such payment has been made.

### **Right of Repatriation**

In the event of You requiring any medical treatment or Hospital or medical services, We may at our sole discretion arrange Your Repatriation to Your Home Country either before or after You receive medical treatment or Hospital or medical services if in the opinion of Our Assistance Company and Your treating Physician You are medically fit to travel and it is safe for You to do so. If You refuse to return when declared medically fit to do so We will not pay for any continuing medical treatment or Hospital or medical services or any recurrence or complications arising from or directly or indirectly related thereto.

### **Subrogation**

Under the law applicable to this Policy, We have the legal right to stand in your shoes in the event that you make a claim under this policy and another party is responsible for causing the loss or damage. This is called Subrogation. We will be entitled to pursue Our rights of Subrogation in Your name and in doing so You will give Us reasonable information, documentation, co-operation and assistance to allow Us to do so. You agree not to make any payment, admit liability, offer or promise to make any payment without written consent from us.

## **GENERAL EXCLUSIONS APPLICABLE TO THE LIABILITY POLICY PLUS EXCURSION RIDER**

Each Section of the Policy contains Exceptions. They must be read in conjunction with the following Exceptions which apply to all Sections unless otherwise stated.

We will not pay any expenses resulting indirectly or directly from:

- a) Your claim for any losses that are not directly covered by the terms and conditions of this Policy.
- b) Your claim which is recoverable under some other scheme that provides coverage for any medical treatment. For example, Medicare, a private health fund, national reciprocal health fund or scheme, workers' compensation scheme, travel compensation fund or accident compensation scheme.
- c) Your claim occurring because You act illegally or break any government prohibition, travel warning or regulation including visa requirements.
- d) Your claim occurring if You fail to be in compliance with all conditions and provisions of this insurance
- e) Your claim occurring from You being in control of or a motor cycle or vehicle with an engine capacity greater than 250cc without a current motorcycle or vehicle license valid for the country you are travelling in and without wearing a helmet.
- f) Your claim arising because You did not follow advice of Your Home Country government or Appropriate Authorities or other official body's warning against travel to a particular country or parts of a country unless this has been accepted by Us and the appropriate additional premium has been paid by You.
- g) Your claim arising from any act of war, whether war is declared or not, or from any rebellion, revolution, insurrection or taking of power by the military, any nuclear reaction or contamination from nuclear weapons or radioactivity, biological and or chemical materials, substances, compounds or the like used directly or indirectly for the purpose to harm or to destroy human life and or create public fear or as a result of your service in the military, naval or air service of any country or Acts of Terrorism (other than for Personal Accident, Medical Expenses, Emergency Medical Evacuation, Repatriations, Repatriation of Remains and Burial and Emergency Reunion, Trip Interruption and Cancellation of Trip where You have no direct or indirect

- involvement in the Act of Terrorism).
- h) Your claim arising from Your participation in any Sporting or Athletic Activity on a professional, semi-professional or intercollegiate basis.
  - i) Your claim arising from Your participation in any activity or sport not engaged in solely for leisure, recreation, entertainment or fitness purposes.
  - j) Your claim arising from any of the following:
    - i. You intentionally and recklessly placing yourself in circumstances, or undertaking activities, which pose a risk to Your personal safety (except in an attempt to save a human life)
    - ii. Your participation in the following sport or activities: hunting, polo, racing (except on foot), mountaineering, rock climbing, abseiling, base jumping, running with bulls, or pot holing
    - iii. Travelling in international waters in a private sail vessel or privately registered sail vessel
    - iv. Your participation in, or training for, a professional sporting activity
    - v. Riding a 4 wheel motor cycle, even as a pillion passenger
  - k) Your claim arising because You dive underwater using an artificial breathing apparatus, unless you are PADI or NAUI certified or hold an open water diving license issued in the Australia or you were diving under licensed instruction.
  - l) Your claim arising from Your use of drugs, narcotic agents or Substance Abuse, other than for drugs taken in accordance with treatment prescribed and directed by a Physician but not for the treatment of drug, narcotic agents or Substance Abuse. This exclusion does not apply in respect of Benefit 35 as detailed in the Benefits Table, provided cover has been accepted by Us and the appropriate additional premium has been paid by You.
  - m) Your claim arising whilst You are under the influence of alcohol as defined by the motor vehicle laws at Your Trip destination.
  - n) Your claim arising as a result of or in connection with intentionally self-inflicted Injury or Illness, suicide or attempted suicide.
  - o) Your claim occurring out of You flying other than as a passenger in a licensed passenger carrying aircraft or charter company.
  - p) Your claim if You had attained the age of 41.
  - q) Your claims arising from Your failure to comply with the current safety rules and regulations in place for the sport or activity You are undertaking.
  - r) Your claim arising from Your engaging in any form of Physical Manual Labour.
  - s) Any expenses incurred within Your Home Country.

## GENERAL DEFINITIONS APPLICABLE TO THE POLICY AS A WHOLE

Each time We use one of the words or phrases listed below, it will have the same meaning wherever it appears in Your Policy unless We state otherwise. A defined word or phrase will start with a capital letter each time it appears in the Policy, except for headings and titles. Each Section of the Policy contains definitions which apply to that particular Section and they must be read in conjunction with the following Policy Definitions:

**Accident:** A sudden, unintentional and unexpected occurrence caused by external, visible means and resulting in Your physical Injury.

**Accidental Bodily Injury:** Injury which is sustained by You as the result of an Accident which solely and independently of any other cause except surgical treatment rendered necessary by the Accident results in Your death, disablement or injury that incurs Medical Expenses.

**Act of Terrorism:** means an act, including but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s) 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.

**Acute Onset of a Pre-existing Medical Condition:** A sudden and unexpected occurrence of a pre-existing medical condition which occurs spontaneously and without such advance warning as would have caused a prudent person to seek medical or dental attention prior to the onset of pain.

**Acute Onset of Pain (Emergency Dental):** A sudden and unexpected occurrence of pain which occurs spontaneously and without such advance warning as would have caused a prudent person to seek medical or dental attention prior to the onset of pain.

**AIDS:** Acquired Immune Deficiency Syndrome as that term is defined by the United States Centers for Disease Control.

**Application:** The completed and signed document submitted by You when applying for this Policy.

**Appropriate Authorities:** The United States Department of State, the Foreign Office of Canada, The Foreign and Commonwealth Office of the United Kingdom, or similar authority of Your Home Country.

**ARC:** AIDS Related Complex as that term is defined by the United States Centers for Disease Control.

**Assistance Company:** means Global Excel Management whose contact details are set out in this Policy above.

**Baggage:** means the personal articles, which are Your property for which You are responsible and which are taken or acquired whilst travelling.

**Benefits Table:** means the table of benefits set out in your Certificate

**Certificate of Insurance / Schedule of Insured Persons:** The document issued to You by the Participating Organization which provides evidence of benefits payable under this Policy. If You are purchasing the coverage as an individual you will receive a Certificate of Insurance and if You receive the benefits as part of a group You will be listed in the Schedule of Insured Persons.

**Certificate Period:** means the dates of Coverage Period set out in your Certificate. The maximum Certificate Period is 18 months unless declared by You to Us and accepted by Us.

**Children:** Any person who is unmarried and under 19 years of age or 23 years of age if in full time education and is travelling with an adult insured under this policy.

**Claims Handler:** means Gallagher Bassett whose contact details are set out in this Policy above.

**Close Relative:** Your Partner, parent(s) or parent(s) in law, grandparent(s), brother(s), brother(s) -in-law sister(s), sister(s)-in-law, Dependents, grandchild(ren).

**Coinsurance:** The payment made by You of any of the Benefits at the percentage stated in the Benefit table and/or as shown on the Certificate of insurance.

**Common Carrier:** An airplane, bus, train or watercraft operating for commercial purposes and carrying fare-paying passengers on regularly scheduled and published routes.

**Complications of Pregnancy:** Illnesses prior to the 26<sup>th</sup> week of Your pregnancy whose diagnoses are distinct from Pregnancy, but are adversely affected by Pregnancy or caused by Pregnancy and not associated with a normal Pregnancy. This includes: ectopic Pregnancy, spontaneous abortion, hyperemesis gravidarum, pre-eclampsia, eclampsia, missed abortion and conditions of comparable severity. Complications of Pregnancy does not include: false labor, edema, prolonged labor, prescribed rest during the period of Pregnancy, morning sickness and conditions of comparable severity associated with management of a difficult Pregnancy, and not constituting a medically distinct condition.

**Contact Sports:** A sport or other athletic activity that necessarily involves physical contact with opposing players as part of normal play.

**Coverage Period / Trip:** Whilst the Eligible Person is on a trip outside their Home Country which begins during the Certificate Period commencing from the time they leave their Home Country (from the time of departing from their home residence or place of education, study or work whichever is left last) to travel to their Host Country and continues during the Coverage Period including any Incidental Travel Days and terminates on at the time they return to their Home Country (from the time of arriving at their home residence or place of education, study or work whichever is reached first).

**Custodial Care:** The type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist You in performing the activities of daily living. Custodial Care also includes non-acute care for the comatose, semi-comatose, paralyzed or mentally incompetent patients.

**Deductible / Excess:** A defined currency amount, as stated in the Benefit Table that You must pay per claim prior to any payment by Us.

**Dental Treatment:** The care of teeth, gums or bones supporting the teeth, including dentures and preparation for dentures.

**Dependents:** Your natural or legally adopted Children or legal wards, foster or step-child(ren) of You or those of Your Partner (where applicable) living at the same address who are no older than 19 years of age or 23 years of age if in full time education at the time of the event giving rise to a claim under this insurance Policy.

**Documents:** Means travel tickets, passports and driving licenses held by You for social, domestic and/or pleasure purposes.

**Educational or Rehabilitative Care:** Care for restoration (by education or training) of one's ability to function in a normal or near normal manner following an Illness or Injury. This type of care includes, but is not limited to, vocational or occupational therapy and speech therapy.

**Effective Date:** means the Effective Date specified on Your Certificate.

**Eligibility Criteria:** means the qualifications and requirements needed for You to purchase this Policy as set out in the General Conditions.

**Eligible Person:** means a person satisfying the Eligibility Criteria.

**Emergency:** A medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing Your life or limb in danger if medical attention is not provided within 24 hours.

**Emergency Medical Evacuation:** means Your transportation by air and/or surface transportation following Your



Accidental Bodily Injury or Illness.

**Emergency Room Deductible:** The defined currency amount stated in the Benefits Table.

**End Date:** Means the End Date specified on Your Certificate.

**Excluded Territories:** Afghanistan, Africa (except South Africa), Iran, Iraq, Lebanon, North Korea, Pakistan, Syria, Ukraine, West Bank and Gaza Strip, Yemen, or any Country/Region where an Advisory Notice has been issued where the Appropriate Authorities advise against such travel.

**Extended Care Facility:** An institution, or a distinct part of an institution, which is licensed as a Hospital, extended care facility or rehabilitation facility by the state or country in which it operates; and is regularly engaged in providing 24-hour skilled nursing care under the regular supervision of a Physician and the direct supervision of a Registered Nurse; and maintains a daily record on each patient; and provides each patient with a planned program of observation prescribed by a Physician; and provides each patient with active treatment of an Illness or Injury. Extended Care Facility does not include a facility primarily for rest, the aged, Substance Abuse treatment, Custodial Care, nursing care or for care of Mental Health Disorders or the mentally incompetent.

**Geographic Location:** The country or region You have stated you are travelling to on your application.

**HIV+:** Laboratory evidence defined by the United States Centers for Disease Control as being positive for Human Immunodeficiency Virus infection.

**Home Country:** For US Citizens, Home Country is the United States of America, regardless of the location of their principal residence. For non-US Citizens, Home Country is the country where they principally reside and receive regular mail.

**Home Health Care Agency:** A public or private agency or one of its subdivisions, which operates pursuant to law and is regularly engaged in providing Home Nursing Care under the supervision of a Registered Nurse, and maintains a daily record on each patient, and provides each patient with a planned program of observation and treatment by a Physician.

**Home Nursing Care:** Services provided by a Home Health Care Agency and supervised by a Registered Nurse, which are directed toward the personal care of a patient, provided always that such care is provided in lieu of Medically Necessary Inpatient care in a Hospital.

**Hospital:** An institution which operates as a hospital pursuant to law, and is licensed by the State or Country in which it operates; and operates primarily for the reception, care and treatment of sick or injured persons as Inpatients; and provides 24-hour nursing service by Registered Nurses on duty or call; and has a staff of one or more Physicians available at all times; and provides organized facilities and equipment for diagnosis and treatment of acute medical conditions on its premises; and is not primarily a long-term care facility, Extended Care Facility, nursing, rest, Custodial Care or convalescent home, a place for the aged, drug addicts, alcoholics or runaways; or similar establishment.

**Host Country:** Means the destination country within in the Geographical Location You have selected in your application form.

**Illness:** A sudden and unexpected sickness, disorder, pathology, abnormality, ailment, disease or any other medical, physical or health condition which first manifest itself during Your Trip . For purposes of this insurance, Illness includes Complications of Pregnancy during the first 26 weeks of Pregnancy. Illness does not include learning disabilities, attitudinal disorders or disciplinary problems.

**Imminent Physical Danger:** means You are subject to possible physical Injury or Illness that could result in Your grave physical harm or death.

**Incurred:** A charge is incurred on the date the service is provided or supply is purchased.

**Injury:** Bodily injury resulting from an Accident.

**Inpatient:** When You are an overnight resident patient of a Hospital, using and being charged for room and board.

**Incidental Travel Days** A related Trip up to a maximum of 72 hours taken during and/or immediately after the coverage period for overnight stays outside Your Home Country or Your Host Country.

**Intensive Care Unit:** A cardiac care unit or other unit or area of a Hospital that, where applicable, meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

**Investigational, Experimental or for Research Purposes:** Terms used to describe procedures, services or supplies that are by nature or composition, or are used or applied, in a way which deviates from generally accepted standards of current medical practice.

**Legal Permanent Resident:** means a person who has been granted full lawful permanent residence as defined by the immigration law in the country of their legal permanent residence.

**Loss of Limb:** Loss by physical separation of a hand at or above the wrist or a foot at or above the ankle and includes total and irrecoverable loss of use of hand, arm or leg.

**Loss of Sight:** Permanent and total Loss of Sight shall be considered as having occurred:

- a) in both eyes, if You are added to the Register of Blind Persons in your Home County on the authority of a fully

qualified ophthalmic specialist and is without hope of improvement;

- b) in one eye, if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale and is without hope of improvement.

**Luggage:** means the personal articles, which are Your property for which You are responsible and which are taken or acquired whilst travelling.

**Medically Necessary:** A service or supply which is necessary and appropriate for the diagnosis or treatment of an Illness or Accidental Bodily Injury based on generally accepted current medical practice. A service or supply will not be considered Medically Necessary if it is provided only as a convenience to You and/or is not appropriate for Your diagnosed symptoms, and/or exceeds in scope, duration or intensity that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment of an Illness or Injury.

**Medical Practitioner:** means someone who practices medicine.

**Mental Health Disorder:** A mental or emotional disease or disorder which generally denotes a disease of the brain with predominant behavioral symptoms; or a disease of the mind or personality, evidenced by abnormal behavior; or a disorder of conduct evidenced by socially deviant behavior. Mental Health Disorders include: psychosis, depression, schizophrenia, bipolar affective disorder, and those psychiatric illnesses listed in the current edition of the diagnostic and Statistical Manual for Mental Disorders of the American Psychiatric Association.

**Money:** Coins, bank notes, postal or money orders, signed travelers cheques and other cheques, letters of credit, travel tickets, petrol coupons or other prepaid coupons which belong to or are in the custody and control of You and are intended for travel, meals, accommodation and personal expenditure only.

**Outpatient:** When You receive Medically Necessary treatment by a Physician for Accidental Bodily Injury or Illness that does not require overnight stay in a Hospital.

**Participating Organization:** Internships Down Under who are the organization that applies for coverage on Your behalf from the Plan Administrator.

**Partner:** Your spouse or civil partner living at the same address as You for the last 12 months and sharing financial living expenses and where applicable is also responsible for Your Dependents.

**Permanent Total Disablement:** Disablement that has lasted for at least twelve months and which in the opinion of a Physician is beyond hope of recovery and shall in all probability continue for the remainder of Your life and result in Your inability to perform or give attention to gainful occupation of any and every kind.

**Personal Belongings:** means personal articles, which are Your property; or property for which You are responsible and which is taken on or acquired during Your Trip.

**Physical Manual Labour:** Any work involving physical labor such as but not limited to building, butchery, construction, farming, fishing, forestry, meat packing, mining, maintenance or involving the use of power tools or hazardous equipment such as explosives.

**Physician:** Means a qualified doctor of medicine lawfully licensed to practice in the place where medical services are performed but this does not include You or a relative of Yours.

**Plan Administrator:** Global Secutive who is the insurance advisor You or the Participating Organization arranges coverage from.

**Pre-existing Medical Condition:** Any ongoing medical or dental condition or related complication You have or which you were aware of or had symptoms in the 12 months prior to your policy effective date or for which You are currently being or have been investigated or treated by a health professional (including dentist or chiropractor) or for which you take prescribed medicine or for which You have had or have planned surgery, or Pregnancy.

**Pregnancy;** Routine pre-natal care, child birth, and post natal care false labor, edema, prolonged labor, prescribed rest during the period of Pregnancy, morning sickness and conditions of comparable severity associated with the management of a difficult Pregnancy, and not constituting a medically distinct condition, and all charges related to Pregnancy other than for conditions constituting a medically distinct Complication of Pregnancy and only prior to the 26<sup>th</sup> week of Pregnancy or Abortions, except in connection with covered Complications of Pregnancy.

**Proof of Claim:** A completed and signed Claimant's Statement and Authorization Form provided by Our Claims Handler, together with any/all required attachments, original itemized bills from Physicians, Hospitals and other medical providers, original receipts for any expenses which have already been paid by or on behalf of the Insured, and any other documentation that is deemed necessary by Us.

**Registered Nurse:** A nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority, and who is legally entitled to place the letters "RN" after his or her name.

**Repatriation:** means Your transportation by air and/or surface transportation with a qualified medical attendant to Your Home County to obtain further medical treatment or to recover or both.

**Repatriation of Remains:** The ground or air transportation of Your bodily remains or ashes to Your Home Country including the costs of preparation of the remains necessary for transportation.

**Routine Physical Exam:** Examination of the physical body by a Physician for preventative or informative purposes only, and not for the diagnosis or treatment of any condition.

**Sporting or Athletic Activity:** A sport or other athletic activity that is organized and/or sanctioned, involving regular or scheduled practices and/or regular or scheduled games.

**Student:** means a person who is studying at college or university or other place of higher education.

**Substance Abuse:** Alcohol, drug or chemical abuse, overuse or dependency.

**Surgery or Surgical Procedure:** An invasive diagnostic procedure, or the treatment of Illness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

**Us, We or Our:** HDI Global Specialty SE, UK Branch.

**Unattended:** Outside of Your custody, care and control and beyond the reasonable prospect of You being able to prevent unauthorized interference with it.

**Usual, Reasonable and Customary or URC:** In relation to a charge, the most common charge for similar services, medicines or supplies within the area in which the charge is incurred, so long as those charges are reasonable. What is defined as Usual, Reasonable and Customary charges will be determined by the following factors: the level of skill, extent of training, and experience required to perform the procedure or service; the length of time required to perform the procedure or services as compared to the length of time required to perform other similar services; the severity or nature of the Illness or Injury being treated; the amount charged for the same or comparable services, medicines or supplies in the locality; the amount charged for the same or comparable services, medicines or supplies in.

**Valuables:** Cameras, photographic, audio, video, computer, telecommunications and electrical equipment, telescopes, binoculars, spectacles, sunglasses, antiques, watches, jewelry, furs and articles made of precious stones and metals.

**You or Your or Insured or Insured Person:** means the person or persons named in the Certificate of Insurance as the insured or the insured's under this Policy.

**Work Abroad:** Clerical office work of any kind or work in hospitality, entertainment, retail consumer or tourism.

## SECTION A – EXCURSION EMERGENCY HEALTHCARE

### Medical Expenses and Hospitalization

We will pay up to the amount stated in the Benefits Table if You sustain an Injury or suffer from an Illness which results in You being charged by a Hospital for services that are Usual, Reasonable and Customary and relate to services and supplies that are Medically Necessary for:

1. A semi private room and board including daily room and board and nursing services in an Intensive Care Unit, and other necessary services and supplies whilst confined in a Hospital for medical reasons.
2. Surgery at an Outpatient surgical facility, including services and supplies, the use of operating, treatment or recovery room, dressings, sutures, casts or other supplies which are Medically Necessary and administered by or under the supervision of a Physician.
3. Charges made by a Physician for professional services, including Surgery and reconstructive Surgery when it is directly related to Surgery which is covered hereunder.
4. Artificial limbs, eyes or larynx, breast prosthesis or basic functional artificial limbs, but not the replacement or repair thereof.
5. Prescription drugs which require prescription by a Physician for treatment of a covered Injury or Illness, but not for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs, for a maximum supply of 60 days per prescription.
6. Care in a licensed Extended Care Facility upon direct transfer from an acute care Hospital.
7. Home Nursing Care provided by a qualified licensed professional, provided by a Home Health Care Agency upon direct transfer from an acute care Hospital and only in lieu of Medically Necessary Inpatient hospitalization.
8. Emergency local ambulance transport necessarily incurred in connection with Your Accidental Bodily Injury or Illness.
9. Emergency Dental Treatment and dental Surgery necessary to restore or replace sound natural teeth lost or damaged in an Accident which was covered under this insurance.
10. Emergency Dental Treatment necessary to resolve the Acute Onset of Pain.
11. Physical therapy if prescribed by a Physician who is not affiliated with the physical therapy practice providing the physical therapy, provided that it is necessary, to continue recovery from a covered Injury or Illness.

**Maximum Benefit**

The aggregate amount payable by Us for incurred Medical Expenses and Hospitalisation for any one Accidental Bodily Injury or Illness will never exceed the amount stated in the Benefits Table.

**Emergency Room Deductible (Co-Pay Amounts)**

In you are travelling in the USA, there is an Emergency Room Deductible of US\$ 350 co-pay for an emergency room for Illness if you are not admitted for treatment. This does not apply to any Accident or Injury treatment

**Emergency Medical Evacuations**

If You require Emergency Medical Evacuation We will pay up to the amount stated in the Benefits Table for Your emergency transportation to the nearest suitable Hospital.

**Emergency Reunion**

We will pay up to the amount stated in the Benefits Table for the following Emergency Reunion expenses, following a covered Emergency Medical Evacuation

The cost of an economy round-trip air or ground transportation ticket for --- up to two of Your Close Relatives to visit You if You are or are to be hospitalized for more than 7 days following Emergency Medical Evacuation; and

1. Reasonable expenses for lodging and meals up to two Close Relative to remain whilst You are hospitalised, for a period not to exceed 10 days.
2. The cost of any additional Hotel charges You incur following discharge but during any convalescence period with the Close Relative(s) prior to Your return to Your Home Country, for a period not exceeding 30 days.

**The following Exclusions apply to Medical Expenses, Emergency Medical Evacuation, Repatriation of Remains or Burial and Emergency Reunion.** Please also refer to the Policy Exclusions at the front of the Policy Document.

We will not be liable for any expense arising directly or indirectly from:

- a) Charges resulting directly or indirectly from any Pre-existing Medical Condition.
- b) Pregnancy other than Complications of Pregnancy up to a maximum of \$25,000.
- c) Treatment for or related to any congenital condition or Mental Health Disorders, as defined herein, in excess of \$10,000 for In-Patient and \$1,000 for Out-Patient
- d) Surgeries, treatments, services or supplies which are Investigational, Experimental or for Research purposes.
- e) Weight modification or surgical treatment of obesity, including wiring of the teeth and all forms of intestinal bypass Surgery, modifications of the physical body in order to improve Your psychological, mental or emotional well-being such as sex-change Surgery, Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is directly related to and follows a Surgery which was covered hereunder.
- f) Treatment for HIV+, AIDS or ARC and conditions or procedure that either promotes or prevents conception or procedure that either promotes, enhances or corrects impotency or sexual dysfunction.
- g) Dental Treatment, except for Emergency Dental Treatment necessary to replace sound natural teeth lost or damaged in an Accident covered hereunder or for the Emergency relief of Acute Onset of Pain.
- h) Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, and any examination or fitting related to these devices, and all vision and hearing tests and examinations for eye surgery, such as radial keratotomy, when the primary purpose is to correct near-sightedness, farsightedness or astigmatism, Immunizations and Routine Physical Exams.
- i) Any services or supplies performed or provided by a Close Relative of Yours or any other family member of Yours or any person who ordinarily resides with You
- j) The supply of medications commonly available without prescription.

### **Personal Accident - Accidental Death, Loss of Sight, Loss of Limb or Permanent Total Disablement**

We will pay You, Your executors or Your administrators the relevant amount shown in the Benefit Table if, as a result of an Accident which results in Your Accidental Bodily Injury You suffer in one or more of the following:

- Your Accidental Death
- Your Loss of Sight (in one or both of Your eyes)
- You Loss of Limb
- Your Permanent Total Disablement

### **Payment of Benefit**

We will not pay a claim for more than one of the accidental death, loss of sight, loss of limb or Permanent Total Disablement arising in conjunction with the same Accident.

### **Disappearance**

If You have been missing for a period of 180 consecutive days and there is sufficient evidence to support the conclusion that Your death has been caused by Accidental Bodily Injury, You will be presumed to have died and the amount stated in the Benefit Table will be paid to Your executors or Your administrators. However they will repay any benefit if You are subsequently found to have been alive or are found alive.

**The following exclusions apply to Accident death, Loss of Sight, Loss of Limb or Permanent Total Disablement.** Please also refer to the Policy Exclusions at the front of the Policy Document.

We will not be liable for any claim arising directly or indirectly from;

- a. Accidental Bodily arising as a result of Your Illness, sickness or disease where such illness, sickness or diseased does not itself arise from prior Accidental Bodily Injury.
- b. Your Accidental Bodily Injury if it is caused directly or in-directly by any degenerative medical condition.

### **Emergency Security Evacuation Expenses (Political and Natural Disaster Evacuation)**

We will pay up to the amount stated in the Benefits Table if You require emergency evacuation to Your Home Country or the nearest place of safety as a result of an Insured Event as shown hereunder.

#### **Insured Event**

1. Your Appropriate Authority issues travel advices for the Host Country You are staying in, recommending that certain categories of person which includes You should leave that country or region.  
- or -
2. The recognized Government in Your Host Country :
  - a) Declares a state of emergency necessitating immediate evacuation or
  - b) Formally recommends or instructs that You should leave that country or region for safety or
  - c) Expels You or declares You "persona non grata".
3. Natural Disaster within Your Host Country which puts Your life in Imminent Physical Danger.
4. The political or military events in the Host Country put Your life in Imminent Physical Danger.
5. Following a verified physical attack or threat of physical attack on You.

For benefits to be payable under this section:

1. You must contact Our Crises Management Company as soon as reasonably practicable after You became aware of any situation that may give rise to an Insured Event or as soon as reasonably possible after the occurrence of the Insured Event. If the Crisis Management Company is not so contacted, Our liability to pay any subsequent claim under this section will cease.
2. You must provide the Crises Management Company with all reasonable assistance and information requested in a timely manner.
3. You must follow the reasonable advice of the Crises Management Company at all times.
4. If You are entitled to any refund on unused tickets or returnable deposits or advanced payments We are entitled to deduct these from the value of any claim
5. You must be able to reasonably prove that there is Imminent Physical Danger to Your Life with either physical or documented evidence..

6. You must be able to prove that, In the event of physical attack or threat of physical attack, such attack or threat occurred by either physical or documented evidence

**The following exclusions apply to Emergency Security Evacuation Expenses.** Please also refer to the Policy Exclusions at the front of the Policy Document.

We will not pay any expense arising directly or indirectly from:

- a. Your failure to reasonably prove that there is any Imminent Physical Danger to Your Life
- b. Your taking part in any political activity or operations of any security or armed forces unless declared to and agreed by Us.
- c. Your failure to maintain and possess duly authorised and issued required immigration, work, residence or similar visas or permits or other relevant documentation required in Your Host Country.
- d. Any evacuation expenses or costs incurred more than 30 days after the event giving rise to your evacuation.
- e. Any expense attributable in whole or in part to debt insolvency, commercial failure, the repossession of any property by any title holder or lien holder, or any other financial cause.
- f. Any Losses incurred by You or claim costs that have been unnecessarily increased by Your unreasonable failure to follow the reasonable advice of Our Crisis Management Company

### **Tangiers International Travel App**

With cover under the Emergency Security Assistance Section You have access to the Tangiers International Travel App.



The **Tangiers International travel app** is a travel insurance app that allows you to manage your policy in real time, not business hours. To keep you safe, the app can send breaking regional safety and security alerts straight to your phone. Got an emergency? Hit the panic button, which connects to our 24/7 hotline.

Download the Tangiers International app from the app store or google play and follow the instructions to register as a new user, or login as an existing customer. Alternatively, click on the link provided in the email received when you registered for your insurance policy and you will automatically be directed to the app.

**Once signed in, customers can:**

- View insurance policies
- Find a provider
- Submit a claim
- Track a claim
- Receive safety and security alerts
- Contact Tangiers International 24/7, directly from the app via email or telephone

## SECTION B – THIRD PARTY LIABILITY

### Coverage

The coverage provided in this Rider is included for the Liability Plus Insurance Policy to which this Rider is appended upon full payment of the appropriate additional premium.

This Rider provides insurance for Your Legal Liability for Bodily Injury or Property Damage arising from Your personal actions as described below. Where a law suit is brought against You We will pay all sums which You become legally liable to pay as compensatory damages because of unintentional Bodily Injury or Property Damage arising out of Your personal actions anywhere in the world other than Your Home Country or any country in respect of which Your Home Country's Government has issued a travel advisory. Coverage is up to the Benefit Maximum of \$2,000,000 per 365 day period.

Our maximum liability for any negotiated settlement or court ordered award is the lower of:

1. the negotiated settlement or court ordered award plus all associated legal costs and disbursements;
- or,
2. the Benefit Maximum.

We will also reimburse Legal Defense Costs up to a maximum of \$50,000 incurred in defending charges brought against You under the Criminal Code or similar legislation alleging physical or sexual abuse or harassment which is alleged to have occurred during the period of coverage under this Rider.

We will only indemnify you if:

- 1) All charges are withdrawn by the authorities responsible for laying the charges, or
- 2) You are found not guilty of the charges following final judgment or adjudication.

**Host Family Homeowner/Other Applicable Insurance Coverage:** This coverage applies while You are residing in Your Host Country. If an Accident results in an eligible claim under a valid and collectible homeowner's insurance policy of Your host family or similar insurance policy covering property damage to Your temporary residence, We will pay the loss incurred up to the amount of the deductible under the Your host family's homeowner's policy (or similar insurance policy), not to exceed \$1,000 per 365 day period. We will pay the benefit pursuant to this provision only after You have submitted to Us due proof of the property damage amount which was incurred.

You are covered up to the Benefit Maximum for:

1. compensation You must pay, as approved by Us, for any settlement or legal verdict; and
2. associated legal fees pre-approved by Us, for Your representation in any legal proceedings. Legal representation must be by a person or persons other than an Immediate Family Member and pre-approved by Us.

Our maximum liability for any negotiated settlement or court ordered award is the lower of:

1. the negotiated settlement or court ordered award plus all associated legal costs and disbursements;
- or,
2. the Benefit Maximum.

### Conditions And Limitations

1. No admission, offer, promise or indemnity shall be made without Our consent. We shall be entitled to take over and conduct the defense of any legal action brought against You and to settle such action in Your name.
2. You are obligated to take all possible steps to prevent and minimize the loss including notifying Us as soon as possible and supplying all information in respect of the circumstances surrounding a potential claim.
3. You shall provide all the information and assistance that is required by Us. You shall provide Us with copies of all letters, pleadings and other relevant documents and materials received by You.
4. We may, at Our sole discretion, in respect of any occurrence(s) covered by this Rider, pay to You the Benefit Maximum applicable to such occurrence(s), less any amounts already paid, or any lesser amount for which the claim(s) arising from such occurrences(s) can be settled. We shall thereafter be under no further liability in respect of such occurrence(s) except that where the Benefit Maximum has not been paid, We will pay for legal costs and disbursements, which have been pre-approved by us up to the remaining limits of the Benefit Maximum.

5. Benefits payable are in excess of any homeowner, tenant, or other insurance, and all other sources of recovery. If any other insurance is available to You, Your Host Family, or any third party for a covered loss under this Rider, Our obligations under this Rider are excess of such insurance. In no event shall this insurance apply until all other insurance has paid its applicable limit of insurance.
6. To qualify for coverage under this Rider, You must notify Us at the time You are first advised of a legal action/claim against You.

**The following exclusions apply to this Section:**

- A.** There is no coverage for any claims/actions presented that result or arise from:
1. war, invasion, act of a foreign enemy, hostilities, civil war, rebellion, revolution, insurrection or military power;
  2. any claim that arises directly or indirectly, in whole or in part, out of Terrorism or by any activity or decision of a government agency or other entity to prevent, respond to or terminate Terrorism regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage;
  3. Your participation in riot or insurrection;
  4. the use of any weapons;
  5. bodily injury or property damage which is required to be insured under a nuclear energy liability policy issued by the Nuclear Insurance Association of Canada, or any other group or pool of insurers;
  6.
    - a) sexual, physical, psychological or emotional abuse, molestation or harassment, including corporal punishment by, or at Your direction, or with Your knowledge; or
    - b) Your failure to take steps to prevent sexual, physical, psychological or emotional abuse, molestation or harassment or corporal punishment;
  7. Your transmission of an illness/disease;
  8. damage caused by Your commission of or attempt to commit a willful, illegal or malicious act;
  9. business pursuits;
  10. the rendering or failure to render any professional service;
  11. property that You sell, rent, lease or lend for use by third parties;
  12. damage that is due to wear or tear;
  13. damage caused by animals owned by or being cared for by you;
  14.
    - a) the erasure, destruction, corruption, misappropriation, misinterpretation of data,
    - b) erroneously creating, amending, entering, deleting or using data, including any loss of use arising from any of these actions or events; or
    - c) the distribution or display of data by means of an Internet Website, the Internet, an Intranet, extranet, or similar device or system designed or intended for electronic communication of data;
  15. the ownership, use (including loading/unloading) or operation of any automobile, watercraft, aircraft, motorized vehicle or trailer attached to any of the foregoing;
  16. the occupation or ownership of any land or building except any building You temporarily occupy during the Policy Coverage Period;
  17. the use of drugs, alcohol or any medication which results directly or indirectly in the condition causing a claim.
  18. expenses which are recoverable or which could have been recovered from any other source including but not limited to any individual, group or prepaid employee or private health insurance plan, credit card coverage or government health insurance plan or third party liability plan/policy;
  19. fraud, concealment, or deliberate misstatement in relation to any matter affecting this insurance or in connection with the making of any claim hereunder; and
  20. Your travel to or within a country, city or region listed in any level of a travel warning that has been issued by Your Home Country or Your Host Country to warn its residents against travel.
- B.** Nor will any coverage be provided in relation to claims and/or actions brought:
1. by Your Immediate Family;
  2. by any person who is employed by You;
  3. for any punitive or exemplary damages;