

A man with dark, curly hair and a light beard is shown from the chest up, looking upwards and to the right. He is wearing a light green t-shirt and a tan safari jacket. He is holding a map in his hands, which is partially visible in the foreground. The background shows the interior of a vehicle and some blurred greenery outside, suggesting a safari setting. The lighting is bright, indicating daytime.

**WIR
KÜMMERN
UNS ÜBERALL
UM SIE**

Worldwide Travel Options
Gültig ab 2016 • EUR

Bupa 

WARUM BUPA GLOBAL TRAVEL?

Wir gehen davon aus, dass Sie hohe Ansprüche haben. Deshalb können Sie Ihre Reiseversicherung vollständig an Ihre Bedürfnisse anpassen.

Unser Ziel besteht darin, Sie auf allen Reisen zu jeder Zeit und an jeden Ort hervorragend abzusichern, Ihnen den bestmöglichen Service zu bieten, Ihnen eine adäquate Behandlung zu verschaffen und Sie – falls erforderlich – sicher wieder nach Hause zu bringen.

Ihr Gesundheitsdienstleister

Bupa Global Travel ist weit mehr als eine Versicherungsgesellschaft: Betrachten Sie uns als Gesundheitsdienstleister mit überzeugendem Leistungsspektrum. Wir betreuen Sie – von dem Moment, an dem Sie sich zwecks Arztbesuch an uns wenden bis zur Zahlung der Rechnungen. Und wir beraten Sie hinsichtlich notwendiger Behandlungen und medizinischer Einrichtungen, denn wir sprechen die ortsübliche Sprache.

Unsere Bupa Global Assistance bietet Ihnen folgende Dienstleistungen an:

- Medizinische Empfehlungen
- Behandlungsberatung
- Koordinierung von Krankenhausaufenthalten und medizinischen Evakuierungen

Die Bupa Global Assistance ist auch per SMS erreichbar unter [+45 42 41 30 00!](tel:+4542413000)

Wir sind Ihr Gesundheitsdienstleister, der Ihnen ein sicheres Gefühl gibt und im Ausland die richtige Behandlung gewährleistet.

Die Vorteile für Sie*

- Weltweite Deckung
- Krankenversicherung ohne Gesamtobergrenze
- Deckung für alle Nationalitäten
- Interner Notfalldienst rund um die Uhr
- Freie Wahl von anerkannten Krankenhäusern und Ärzten
- Keine Abzüge/Überschüsse oder Selbstbehalte bei Basisdeckung
- Die meisten gefährlichen Sportarten und Berufe werden abgedeckt

**Die vollständigen Angaben zu Deckung und Leistungen finden Sie in den Allgemeinen Versicherungsbedingungen.*

VERWENDUNG DER VERSICHERUNG

Vorerkrankungen

In manchen Fällen sind chronische und/oder Vorerkrankungen von Ihrer Reiseversicherung abgedeckt. Weitere Details finden Sie in Artikel 6.6.

Wir empfehlen Ihnen, einen aktuellen Krankenbericht an Bupa Global Travel zu schicken. Unsere medizinischen Berater beurteilen dann, ob die jeweilige Erkrankung durch die Versicherung gedeckt ist.

Soforthilfe

Bei Krankenhauseinweisungen, medizinischen Evakuierungen, Rücktransporten bei Krankheits- oder Todesfällen in der Familie sowie bei Besuchen herbeigerufener Verwandter oder Begleitpersonen ist Bupa Global Assistance sofort zu benachrichtigen.

Unsere Bupa Global Assistance ist rund um die Uhr geöffnet und folgendermaßen erreichbar:

- SMS: +45 42 41 30 00
- Telefon: +45 70 23 24 61
- E-Mail: emergency@ihi-bupa.com

Bei akuten Erkrankungen und Verletzungen können wir eine Zahlungsgarantie für abgedeckte Behandlungen an Krankenhäuser schicken und den Rücktransport sowie andere Hilfemaßnahmen organisieren.

Rückerstattungsanträge

Ambulante Behandlungen wie Arztbesuche oder Zahnarztbehandlungen werden von Ihnen zunächst

selbst bezahlt und können dann zur Erstattung eingereicht werden.

Ein entsprechendes Antragsformular steht auf bupaglobal.com/en/travel-insurance/claims zum Download bereit.

Schicken Sie das ausgefüllte Formular entweder an traveleclaim@ihi.com oder mit der regulären Post an unsere Postanschrift.

Machen Sie auf dem Formular möglichst detaillierte Angaben und legen Sie alle relevanten Unterlagen und Belege bei (aufgeschlüsselte Rechnungen, eingescannte Rezepte, Kostenbelege usw.).

Online-Ansprüche

Sie können Ihre Ansprüche online unter www.bupa-global.com/en/travel-insurance/claims einreichen.

Sie brauchen lediglich das Online-Anspruchsformular Schritt für Schritt auszufüllen und dabei möglichst ausführliche Informationen einzugeben. Vorher müssen Sie Ihre Rechnungen und die entsprechenden Quittungen einscannen und diese dann dem Antragsformular beifügen.

Der Online-Anspruch ist einfach und ein sicheres Verfahren zum Hochladen Ihrer Ansprüche. Nach der Bearbeitung Ihrer Ansprüche erhalten Sie eine Mitteilung per E-Mail oder Brief.



BITTE...

...beachten Sie, dass Ansprüche betreff verspätetes oder verlorenes Gepäck mit der normalen Post einzureichen sind.

Bewahren Sie bitte die Originalrechnungen auf, bis Ihre Forderungen beglichen worden sind, weil Sie diese auf Anfrage vielleicht vorzulegen haben.

EIGENER NOTFALLDIENST RUND UM DIE UHR

Wir sind immer an Ihrer Seite

Unser eigener Notfalldienst Bupa Global Assistance in Kopenhagen hat rund um die Uhr geöffnet. Er unterstützt sie jederzeit, egal wo Sie sich aufhalten.

In der Bupa Global Assistance arbeiten hochqualifizierte Koordinatoren, Fachkräfte und Ärzte aus unterschiedlichen Kulturen und mit umfassenden Fremdsprachkenntnissen. Sie sind auf Notfallsituationen spezialisiert.

Beim Thema Gesundheit wünschen Sie sich Unterstützung durch Menschen, die Sie und Ihre Bedürfnisse verstehen. Deshalb haben wir ein mehrsprachiges Team, das Sie an jedem Ort in vielen Sprachen unterstützen kann.

Da die Bupa Global Assistance unsere eigene Einrichtung ist, kennen unsere Koordinatoren Ihre Versicherung im Detail und können Ihnen sofort helfen – damit Sie sich ganz auf Ihre Genesung konzentrieren können, während wir Sie bei administrativen und finanziellen Belangen unterstützen.

Globale Risiko- und Sicherheitsüberwachung

Wir wollen Ihnen das sichere Gefühl geben, dass das Gebiet, in das Sie reisen, sicher ist bzw. dass Sie ggf. über alle erforderlichen Vorkehrungen informiert sind.

Wir bieten Ihnen umfassende Risikoberichte und aktuelle Meldungen für mehr als 200 Länder bezüglich nachfolgend genannter Risiken an:

- Kriminalität
- Terrorismus
- Unruhen
- Risikogebiete
- Epidemien

Wenden Sie sich bloss an Bupa Global Assistance, um Aktuelles über Ihr Reisegebiet zu erfahren.

Es ist rund um die Uhr besetzt und kann auf folgende Weise erreicht werden:

- SMS: +45 42 41 30 00
- Telefon: +45 70 23 24 61
- E-Mail: emergency@ihi-bupa.com

IHRE VORTEILE

- Eigener Notfalldienst rund um die Uhr
- Eigene Ärzte und Fachpersonal
- Zahlungsgarantie für Krankenhäuser bei abgedeckten Behandlungen
- Unterstützung bei der Durchführung medizinischer Evakuierungen
- Vorabgenehmigung
- Medizinische Fachberatung durch eigene Spezialisten
- Behandlungsberatung
- Unterstützung bei der Suche nach der geeignetsten Behandlungseinrichtung
- Telemedizin



Freie Wahl von anerkannten Krankenhäusern und Ärzten

WORLDWIDE TRAVEL OPTIONS – SINGLE TRIP

Valid from 2016

LIST OF BENEFITS	EUR
Basic cover	
Maximum cover per person per trip	Unlimited
Hospitalisation	100%
Outpatient treatment by a doctor/specialist	100%
Prescribed medicines	100%
Prescribed treatment by a physiotherapist/chiropractor	2.000
Provisional pain-stilling dental treatment	250
Ambulance transportation	100%
Medical Evacuation/Repatriation (must be preapproved and coordinated by Bupa Global Travel)	100%
Mugging and assault - crisis psychologist	200 per incident
Evacuation	100%
Return Trip	100%
Compassionate Emergency Repatriation	100%
Accompaniment	100%
Compassionate Emergency Visit	100%
Accommodation, food and local transportation for an insured unable to continue their travel itinerary due to acute illness or injury, or persons summoned or accompanying an insured, per person.	5000 per day 250
Statutory arrangements in case of death	100%
Home transportation of the deceased	100%
Continuation of trip post treatment (must be pre-approvedd by the Company)	100%
Sports activities including winter sports - Medial expenses	100%

POLICY CONDITIONS

Valid from 2016

In accordance with the Danish Insurance Contracts Act.

Index

- Art. 1 Acceptance of the insurance
- Art. 2 Commencement date and extensions
- Art. 3 Who is covered by the insurance?
- Art. 4 Where is cover provided?
- Art. 5 What is covered by the insurance?
- Art. 6 Medical expenses
- Art. 7 Medical evacuation/repatriation
- Art. 8 Mugging and assault
- Art. 9 Return trip
- Art. 10 Compassionate emergency repatriation
- Art. 11 Accompaniment and compassionate emergency visit
- Art. 12 Evacuation
- Art. 13 Exceptions to cover
- Art. 14 How to report a claim
- Art. 15 Cover by third parties
- Art. 16 Payment of premium
- Art. 17 Necessary information to the Company
- Art. 18 Assignment, cancellation and expiry
- Art. 19 Disputes, venue, etc.

Art. 1 Acceptance of the insurance

1.1: Bupa Denmark, filial af Bupa Insurance Limited, England (Bupa Denmark, branch of Bupa Insurance Limited England), hereinafter called the Company, shall decide whether the insurance can be accepted. In order for the insurance to be accepted and the Company to become liable, the application must be approved by the Company. The Company may offer the insurance on special terms. If the Company decides to offer the insurance on special terms, the policyholder will receive a policy schedule in which these terms are stated.

1.2: In order for the insurance to be accepted by the Company, the applicant must not have reached 70 years of age at the commencement date.

1.3: All underwriting and issuance of policy schedules are made from the Company's office in Copenhagen, Denmark. The Company may choose to have data processed in or outside the EU.

1.4: The Basic Cover must be taken out before any other options can be added.

Art. 2 Commencement date and extensions

2.1: The insurance shall be valid if the premium has been paid prior to the commencement date. The insurance shall be effective in the period stated in the policy schedule/on the insurance card.

2.2: The right to compensation shall take effect when the insured leaves his/her country of permanent residence and shall cease upon return to the country of permanent residence. If the insurance and/or additional options are taken out after the insured has left the country of permanent residence, there is a waiting period of three days before the insurance and/or additional options takes effect. In the event of serious injury in connection with an accident, the right to compensation shall, however, take effect concurrently with the commencement date of the insurance.

2.3: The insurance can only be taken out for an insurance period of maximum 12 months including any policy extensions.

2.4: The insurance period can be extended as per agreement with the Company. However, any illness or injury which has come into existence, or has shown symptoms, or has been diagnosed in the previous insurance period(s) shall not be covered in the extended insurance period.

Art. 3 Who is covered by the insurance?

3.1: The insurance shall cover the insured person(s) named in the policy schedule/on the insurance card.

3.2: For travelers insured under policy 8818925-7090 the insurance does not cover persons who have reached 60 years of age at the time of travel.

For travelers insured under policy 9726934-7090 the insurance does not cover persons who have reached 70 years of age at the time of travel.

Art. 4 Where is cover provided?

4.1: The insurance shall provide worldwide cover, cf however Art. 13.1-27

4.2: The insurance does not provide cover within the insured's country of permanent residence. This also applies even if the illness/injury occurred abroad.

Art. 5 What is covered by the insurance?

5.1: The insurance shall cover expenses incurred by the insured in the insurance period in accordance with the applicable list of benefits.

5.2: Fellow-travelling children under the age of 18 who are covered by the insurance shall be entitled to compensation for reasonable travel expenses if the parents or all the fellow-travellers are medically evacuated, repatriated or are accompanying another insured in connection with a transport covered by the insurance.

Art. 6 Medical expenses

6.1: The insurance shall cover the medical expenses incurred by the insured in case of acute illness and injury.

6.2: Treatment by authorised physicians and specialists, prescribed hospitalisation, prescribed medicines and local transport to and from the place of treatment shall be compensated at 100% of the expenses.

6.3: Treatment by physiotherapists and chiropractors prescribed by an authorised physician shall be compensated at 100% of the expenses, not exceeding, however, EUR 2,000 per insured.

6.4: Provisional pain relieving dental treatment in case of an injury or infection, a lost filling or a broken tooth during the trip that requires immediate treatment by authorised dentists and prescribed medicines in connection herewith shall be compensated within a maximum of EUR 250 per insured.

6.5: The insurance shall cover expenses for medical assistance in case of any sudden and unforeseen illness and/or complication in connection with maternity until and including the 8th month (36th week) of pregnancy, however only until and including the 4th month (18th week) of pregnancy when the pregnancy is the result of fertility treatment and/or the insured is expecting more than one child, cf. also Art. 13.1.7).

6.6: The insurance shall not cover expenses for treatment of pre-existing, chronic or recurrent illnesses and disorders if the insured:

- 1) has been hospitalised within six months prior to commencement of the trip,
- 2) has been treated by a physician (routine check-ups excepted) within six months prior to commencement of the trip,
- 3) has had a change of medication within six months prior to commencement of the trip,
- 4) has not received medical treatment, has refused or given up treatment, even though the insured should know that the illness/disorder ought to be treated, or has deteriorated,
- 5) has reached a state where any attempt of further treatment has been abandoned, or has been

refused treatment,

6) is waiting to receive treatment, or has been referred to another place of treatment,

7) has omitted to go to pre-arranged controls.

The insurance does not cover expenses for control, treatment and medicines in connection with stabilisation and regulation of a pre-existing, chronic or recurrent illness/disorder. The insurance does not cover a need for treatment which was expected before departure.

6.7: Physicians, specialists, dentists, etc performing the treatment must have authorisation in the country of practice. Furthermore, the method must be approved by the public health authorities in the country where the treatment takes place. Methods of treatment not yet approved by the public health authorities, but under scientific research, will only be covered if approved in advance by the Company's medical consultants.

6.8: The Company has the right to demand that the insured be repatriated to the country of permanent residence, if the Company's medical consultant and the treating physician agree that the insured is medically fit to be transferred to his/her country of permanent residence. In case of disagreement, the decision of the Company's medical consultant shall prevail.

Art. 7 Medical evacuation/repatriation

7.1: Compensation shall be paid for reasonable additional expenses incurred for the insured's medical evacuation/repatriation in the event of an acute serious illness (cf however Art. 6.6), serious injury or death.

7.2: The insurance shall provide cover subject to the treating physician and the Company's medical consultant agreeing on the necessity of transferring the insured and agreeing on whether the insured should be transferred to his/her country of permanent residence or to another place of treatment. In case of disagreement, the decision of the Company's medical consultant shall prevail.

7.3: The Company cannot be held liable for expenses for a medical evacuation/repatriation which has not been pre-approved and co-ordinated by the Company.

7.4: Only one transportation is covered in connection with one illness or injury or case of death.

7.5: In the event of the insured's death, expenses for home transportation of the deceased and for statutory arrangements such as embalming and a zinc coffin shall be reimbursed. The next of kin have the following options:

- 1) cremation of the deceased and home transportation of the urn or,
- 2) home transportation of the deceased.

The insurance covers reasonable additional expenses for carriage of the insured's baggage up to a maximum of EUR 400, if the baggage is sent separately in connection with an evacuation or a repatriation.

Expenses shall be reimbursed for repatriation for any two of the summoned relatives or fellow-

travellers of the deceased. The Company shall compensate reasonable additional travel expenses equivalent to the cost of an aeroplane ticket on economy class, as a maximum. The travel expenses must be pre-approved by the Company.

7.6: If the insured is unable to continue the trip due to an acute illness or injury covered by the insurance, when accepted by the Company prior to the change of travel itinerary, additional and reasonable expenses for accommodation, food and local transportation shall be covered until the insured is able to travel again, as well as an economy class ticket to continue the planned travel. The decision of the Company's medical consultant shall prevail as to when the insured is again fit to travel.

Cover for accommodation (overnight stay), meals and local transportation is limited to EUR 250 per day and subject to an overall maximum of EUR 5,000.

The insurance covers reasonable additional expenses for carriage of the insured's baggage up to a maximum of EUR 400, if the baggage is sent separately in connection with an evacuation or a repatriation.

7.7: The Company cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond the Company's control.

Art. 8 Mugging and assault

8.1: The insurance shall cover expenses for counselling by a psychologist abroad or in the country of permanent residence arising from an event of mugging or assault during the insurance period, up to a maximum of EUR 200 per incident, if prescribed by the treating physician abroad.

8.2: If the treating physician and the Company's medical consultant agree on the necessity of repatriating the insured due to an acute serious injury or psychological trauma, the insurance shall cover reasonable additional travelling expenses equivalent to the cost of an airplane ticket on economy class, as a maximum.

A copy of the police report must be submitted to the Company together with the claim form.

Art. 9 Return trip

9.1: The insurance shall cover a return trip to the destination abroad if the insured has been medically evacuated/repatriated due to an illness or injury or if the insured has used the compassionate emergency repatriation cover.

9.2: The incident causing the return trip must be covered by the insurance, and the insurance must still be valid at the time of the return trip.

9.3: The return trip must be made at the latest four weeks after the medical evacuation/repatriation or the compassionate emergency repatriation.

9.4: The Company shall compensate travel expenses equivalent to the cost of a return aeroplane ticket on economy class. The destination for the return trip must always be the destination where

the insured would have been according to his/her original travel plan at the time of the return trip.

Art. 10 Compassionate emergency repatriation

10.1: The insurance shall cover in the event that the insured has to terminate his/her stay abroad prematurely, because a close relative in the insured's country of permanent residence is hospitalised or dies as a result of a serious acute illness or injury occurring after the departure of the insured.

In case of doubt, the decision of the Company's medical consultant shall prevail. In the event of death, a death certificate must be submitted to the Company.

10.2: Only one transportation is covered in connection with one illness, injury or case of death.

10.3: No compensation shall be paid if the injured in question is a fellow-traveller who has already been repatriated.

10.4: Repatriation shall only be covered if the ensuing time of arrival is at least 12 hours earlier than the insured's originally planned time of arrival.

10.5: Compensation shall be paid for reasonable additional travelling expenses equivalent to the cost of an aeroplane ticket on economy class, as a maximum.

10.6: The insured has the right to take one fellow-traveller to accompany him/her on emergency repatriation. Compensation includes additional travelling expenses equivalent to the cost of an aeroplane ticket on economy class, as a maximum.

10.7: If the insured does not have a permanent residence in the same country as the close relative, the insurance shall cover reasonable additional transport expenses in connection with repatriation corresponding to the expenses of transportation to the insured's country of permanent residence.

Art. 11 Accompaniment and compassionate emergency visit

11.1: The insurance shall cover accompaniment and/or compassionate emergency visit in the event of a serious acute illness, serious injury, death and/or medical evacuation/repatriation of the insured. It is a condition for cover for compassionate emergency visit that the Company's medical consultant and the attending physician agree that the duration of the stay in hospital will be a minimum of five days and nights, or that the condition of the insured is lifethreatening. In case of disagreement, the decision of the Company's medical consultant shall prevail. The compassionate emergency visit cover is only eligible during the insured's hospitalisation.

11.2: The insured is entitled to a maximum of two persons accompanying him/her. The accompanying persons may either be fellow-travellers or relatives who are summoned from the insured's country of permanent residence to accompany the insured.

11.3: The Company shall compensate additional travel expenses equivalent to the cost of a return aeroplane ticket on economy class per summoned person. Furthermore, compensation shall be

made for a maximum of EUR 250 per day up to a maximum of EUR 5,000 for each summoned person or fellow-traveller for reasonable additional expenses in connection with accommodation (overnight stay), meals and local transportation.

11.4: The insurance shall only cover one compassionate emergency visit in connection with one insured event.

Art. 12 Evacuation

12.1: The insurance shall provide cover in case of:

- 1) declared epidemics in the region where the insured is staying, if the Royal Danish Ministry of Foreign Affairs, the Danish embassy or a similar institution within the EU recommends evacuation, and if the situation has arisen after the insured has entered the region,
- 2) war, civil commotion, civil war, terrorist acts, martial law, revolution or other similar situations in the region where the insured is staying, if the Royal Danish Ministry of Foreign Affairs, the Danish embassy or a similar institution within the EU recommends evacuation, and if such a situation has arisen after the insured left for the region,
- 3) natural disasters provided that the Royal Danish Ministry of Foreign Affairs, a Danish embassy or a similar institution within the EU recommends evacuation and provided that the situation arose after the insured travelled to the area.

12.2: The insurance covers additional expenses for transportation to the nearest safe destination or to the home country, and a maximum amount of EUR 110 per day for documented additional accommodation expenses.

12.3: If the insured is detained by the authorities in a country due to war or impending war, the insurance shall provide coverage for up to three months for reasonable and documented extra expenses for accommodation and meals, plus the costs of necessary domestic transportation.

12.4: The Company cannot be held liable for the extent to which transportation can be carried out, but will cooperate with the Royal Danish Ministry of Foreign Affairs, the Danish embassy or a similar institution, in such cases where assistance is necessary.

Art. 13 Exceptions to cover

13.1: The Company shall not be liable to pay compensation for expenses which concern:

- 1) any illness, injury, bodily infirmity or physical disability and consequences thereof which have come into existence, or shown symptoms, before the insurance became effective,
- 2) cosmetic surgery and treatment and consequences thereof unless medically prescribed and approved by the Company,
- 3) recreational treatment,
- 4) pre-existing diseases of the teeth and dental treatment which is not pain relieving and provisional and can await the insured's arrival home,
- 5) dentures, glasses, contact lenses and hearing aids,
- 6) venereal diseases, AIDS, AIDS-related diseases and diseases relating to HIV antibodies (HIV positive),
- 7) medical assistance in connection with maternity after the 8th month (36th week) of pregnancy

and after the 4th month (18th week) of pregnancy when the pregnancy is the result of fertility treatment and/or the insured is expecting more than one child. Medical check ups are not covered in any case,

8) induced abortion which is not medically prescribed,

9) the use of alcohol, drugs or medicines unless it can be documented that the illness or injury is unrelated thereto,

10) intentional self-inflicted bodily injury, the insured's suicide or the insured's suicide attempts,

11) treatment by naturopaths, naturopathic medicines and other alternative methods of treatment,

12) treatment for sickness or injuries directly or indirectly caused while actively engaging in: war, invasion, acts of a foreign enemy, hostilities (whether war has been declared or not), civil war, terrorist acts, rebellion, revolution, insurrection, civil commotion, military or usurped power, martial law, riots or the acts of any lawfully constituted authority, or army, naval or air service operations (whether war has been declared or not),

13) nuclear reactions or radioactive fallout,

14) treatment performed by an unrecognised physician or facility (cf also Glossary),

15) epidemics which have been placed under the direction of the public authorities,

16) treatment by psychologists, unless prescribed by the treating physician in connection with emergency relief,

17) medical check-ups, vaccinations and other preventative treatment,

18) the insured resting or failing to comply with the medical directions given by the Company's medical consultant and the treating physician,

19) the insured resisting medical evacuation/repatriation (cf Art. 6.8),

20) transportation which has not been pre-approved and co-ordinated by the Company,

21) medical treatment and examinations which can await the insured's arrival home,

22) private room in hospital unless medically prescribed and approved by the Company,

23) any treatment which is not necessary or which is not directly related to the diagnosis covered by the insurance,

24) active participation in any motorsport show, motorsport race or motorsport competition, including any training, base jumping, paragliding, hang gliding and mountaineering that requires specialized climbing equipment,

25) any illness or injury resulting from active engagement in any illegal act,

26) search and rescue services,

27) expeditions, mountaineering and trekking in Antarctica, the North Pole and Greenland,

28) injury caused by gross negligence and/or with intent.

Art. 14 How to report a claim

14.1: Compensation shall be paid following the Company's approval of the expenses as being covered by the insurance after a fully completed claim form has been submitted to the Company together with the receipted and itemised bills and/or other relevant documentation such as medical information and flight tickets/travel documents.

The Company scans submitted bills upon receipt. Any retrieval of the submitted bills is not possible.

The Company reserves the right at any time to require provision of original bills from the insured.

14.2: In no event shall the amount of compensation exceed the amount shown on the bill. If the insured receives compensation from the Company in excess of the amount to which he/she is entitled, the insured shall be under the obligation to repay the Company for the excess amount immediately. Subsequent compensation made by the Company shall first be written down by any such outstanding amount.

14.3: Compensation payments shall be limited to the usual, customary and reasonable charges in the area or country in which treatment is provided.

14.4: The Company must be notified immediately in case of death, hospitalisation, emergency repatriation, medical evacuation/repatriation or accompaniment, and such notification must include medical information about the illness/injury. Notification should be made by telephone or e-mail to the Company's 24 hour emergency service; the Company shall defray all expenses incurred in this connection.

14.5: Claims must be reported to the Company immediately after the circumstances underlying the claim have become known to the insured.

Art. 15 Cover by third parties

15.1: Where there is cover by another insurance policy or healthcare plan, this must be disclosed to the Company when claiming reimbursement, and the cover under this insurance shall be secondary to any such other insurance policy or healthcare plan.

15.2: In these circumstances, the Company will co-ordinate payments with other companies and the Company will not be liable for more than its rateable proportion.

15.3: If the claim has been covered in whole or in part by any scheme, programme or similar, funded by any Government, the Company shall not be liable for the amount covered.

15.4: The policyholder and any insured person undertake to co-operate with the Company and to notify the Company immediately of any claim or right of action against third parties.

15.5: Furthermore, the policyholder and any insured person shall keep the Company fully informed and will take any reasonable steps in making a claim against another party and to safeguard the interests of the Company.

15.6: In any event, the Company shall have the full right of subrogation.

Art. 16 Payment of premium

16.1: Premiums are determined by the Company and shall be payable in advance for the whole insurance period before the commencement of the insurance.

16.2: The policyholder shall be responsible for punctual payment of the premium to the Company.

16.3: In the event of failure to pay before the commencement date of the insurance, the insurance shall not be effective and the Company shall not become liable.

16.4: Other charges, such as Insurance Premium Tax (IPT), or other taxes, levies or charges, depending on the laws of the policyholder's country of residence may apply. If they apply to the policyholder's insurance premium, they will be included within the total that has to be paid on the premium notice. The charges may apply from the commencement date or the anniversary of the commencement date. The policyholder must pay these charges to us when paying the premiums, unless otherwise required by law.

Art. 17 Necessary information to the Company

17.1: The policyholder and/or the insured shall be under the obligation to notify the Company of any travel or health insurance cover or a similar cover with another company, including a consolidated company.

17.2: The policyholder and/or the insured shall also be under the obligation to notify the Company of and provide the Company with all obtainable information required for the Company's handling of the policyholder's and/or the insured's claims against the Company, including provision of original bills upon request from the Company.

17.3: In addition, the Company is entitled to seek information about the insured's state of health and to contact any hospital, physician, etc. who is treating or has been treating the insured for physical or mental illnesses or disorders.

Furthermore, the Company is entitled to obtain any medical records or other written reports and statements concerning the insured's state of health.

Art. 18 Assignment, termination, cancellation and expiry

28.1: Without the prior written consent of the Company, no party shall be entitled to create a charge on or assign the rights under the insurance.

18.2: The insurance is for the exact number of days purchased by the policyholder. There is no automatic renewal of the insurance plan.

18.3: If the policyholder has purchased a travel insurance with an insurance period of more than one month, the policyholder has a right to withdraw from the purchase. The period during which the insurance can be withdrawn lasts 14 days and begins on the date on which the policyholder has entered into the insurance agreement. This will normally be on the date on which the policyholder has purchased the insurance and received the insurance documents.

Under the Danish Insurance Contracts Act the policyholder has a right to receive certain information about the right to cancel the insurance and about the insurance. The notice period for cancellation does not commence before the policyholder has received this information in writing (e.g. on paper or by email).

If, for example, the policyholder receives the insurance documents, and also has received the above information, eg. on Monday the 1st, he/she can cancel the insurance until and including Monday the 15th. If the period expires on a public holiday, Saturday or Sunday, the policyholder can wait until the following day.

If the insurance has entered into force before the withdrawal, the policyholder will be charged premium for the time he/she has been covered. The Company will refund the difference between the premium that would be payable for the shorter period of cover and the premium paid.

If the policyholder wants to withdraw the insurance the Company must be notified by letter or email. The Company's contact details are listed at the end of this document.

It is sufficient that the letter/email is sent to the Company before the expiry of the notice period.

18.4: The insurance may be terminated by the policyholder with effect from the end of a calendar month with 30 days' prior written notice or by the Company with effect from the policy anniversary with one month's prior written notice.

18.4.1: If the Single Trip insurance is terminated before the expiry date set out on the insurance card the Company shall be entitled to an administration fee of EUR 25.

18.4.2: If the insurance is terminated after the commencement date, the policyholder will be charged premium for the time he/she has been covered. The Company will refund the difference between the premium that would be payable for the shorter period of cover and the premium paid less any administration fee charged according to Art. 18.4.1 above.

18.5: When a claim has been filed, the insurance can be terminated with one month's notice by the policyholder or by the Company within 14 days after the reimbursement has been effected or rejected by the Company.

18.6: The Company's liability in connection with the insurance, including liability for reimbursement for medical expenses for ongoing treatment, after-effects or consequential damages in connection with an injury or illness incurred or treated during the insurance period, shall automatically cease upon expiry, cancellation or termination of the insurance. Accordingly, upon expiry, cancellation or termination of the insurance, an insured's right to claim reimbursement shall cease. Claims for reimbursement of medical expenses incurred during the insurance period must be filed within six months of the date of expiry, cancellation or termination of the insurance in order to be eligible for reimbursement.

18.7: The insurance period can be extended up to 48 hours with no extra premium charge if the return of the insured is delayed without the insured being responsible for the delay.

18.8: Where upon taking out the insurance or subsequently, the policyholder or the insured has fraudulently disclosed incorrect information or withheld facts which may be regarded as being of importance to the Company, the insurance contract shall be void and shall not be binding on the Company.

18.9: Sanction clause

The Company will not provide cover nor pay claims under this insurance policy if the Company's obligations (or the obligations of the Company's group companies and administrators) under the laws of any relevant jurisdiction, including Denmark, UK, European Union, the United States of America, or international law, prevent the Company from doing so. The Company will normally tell the policyholder if this is the case unless this would be unlawful or would compromise the Company's reasonable security measures.

This insurance policy does not provide cover to the extent that such cover would expose the Company (or the Company's group companies and administrators) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, UK or United States of America, or under other relevant international law.

Art. 19 Disputes, venue, etc

19.1: We are always pleased to receive any feedback, including areas which may have caused concern. For any comments or complaints the insured can contact the Bupa Global Travel customer service team at travel-complaints@ihi.com or via the contact details listed at the end of this document.

It's very rare that we can't resolve a complaint, but if this does happen you have the right to refer your complaint to the Danish Insurance Complaints Board:

Ankenævnet for Forsikring (The Danish Insurance Complaints Board)
Anker Heegaards Gade 2
1572 Copenhagen V
Denmark.

Any disputes arising out of or in connection with the insurance contract shall be settled in accordance with Danish law, with Copenhagen as the agreed venue.

19.2: We are covered by the Financial Services Compensation Scheme (FSCS). In the unlikely event that we cannot meet our financial obligations, the insured may be entitled to compensation from the FSCS, if the insured is usually a resident of the EEA (European Economic Area). More information is available from the FSCS by calling +44(0) 20 7892 7301 or on its website www.fsc.org.uk.

E.&O.E.

Glossary

Valid from 2016

This Glossary with definitions is part of the Policy Conditions.

A

Acute serious illness

An “acute serious illness” is a sudden and unexpected illness that requires immediate treatment.

Applicant

A person named on the application form as an applicant for insurance.

Application

The application form and application for cover of pre-existing condition.

B

Baggage

Baggage is defined as suitcases, clothing, toiletries, books, photo equipment, mobile phones and laptops.

Bupa Global Travel (incl. we/us/our)

Bupa Denmark, filial af Bupa Insurance Limited, England (Bupa Denmark, branch of Bupa Insurance Limited, England).

C

Claim

The financial demand covered in whole or in part by the insurance. In the Company’s evaluation/determination of the claim, the time of treatment is decisive, not the time of the occurrence of the injury/illness.

Close relative

A close relative is defined as being a spouse/partner, residing and registered at the same address as the insured, a child, a son or daughter-in-law, a grandchild, a parent, a grandparent, a parent-in-law, a brother or a sister.

Co-insured

A person insured under the same policy as the policyholder and named on the policy schedule or insurance card.

Commencement date

The date indicated in the policy schedule on which the insurance commences, unless otherwise stated in the Policy Conditions.

Company, the

Bupa Denmark, filial af Bupa Insurance Limited, England, is authorised by the Prudential Regulation Authority (UK) and subject to limited regulation by the Danish Financial Services

Authority (Finanstilsynet). More information can be found on the website www.finanstilsynet.dk.
Country of permanent residence

Country of permanent residence

The residence where the insured has his/her permanent home or principal establishment and to where, whenever the insured is absent, the insured intends to return.

H

Hospitalisation

Surgery or medical treatment in a hospital or clinic as an inpatient when it is medically necessary to occupy a bed overnight.

I

Insurance

The Policy Conditions and policy schedule representing the insurance contract with the Company and setting out the scope of the insurance terms, the premium payable, cover and benefits.

Insured

The policyholder and/or the insured persons as listed in the valid policy schedule.

N

Next-of-kin

"*Next of kin*" shall mean the following persons in the below stated order:

- spouse
- live-in partner (if the below conditions are met)
- children/heirs of the body
- beneficiary under a will/beneficiary under an intestacy.

The *next-of-kin* will always be found "from the top". Accordingly, if the insured is not survived by a spouse, a surviving live-in partner will receive the payment, and so forth.

For a live-in partner to be considered as the *next-of-kin*, he or she must have lived together with the *insured* and have shared the same address and:

- be expecting, have or have had a joint child
- have been living together with the *insured* in a conjugal relationship at the shared address for the last two years leading up to the death of the *insured*.

For insurance policies established before 1 January 2008, under which the beneficiary according to the policy conditions or by choice of the policy holder is "the next of kin", a live-in partner is not entitled to payment under the policy. However, if the *policy holder*, in writing, after 1 January 2008 reinstates "the next of kin" as the beneficiary under the *insurance*, the above mentioned order shall apply as if the insurance policy had been established after 1 January 2008.

O

Outpatient

Surgery or medical treatment in a hospital or clinic where it is not medically necessary to occupy a bed.

P

Policy conditions

The terms and conditions of the insurance purchased.

Policyholder

The (legal or physical) person having entered into the contract with the Company.

Policy schedule

Policy details showing the type of insurance purchased and any special terms.

Pre-existing condition

Any illness and conditions that have shown symptoms and/or for which the insured has been hospitalised, treated by a physician or has received any medical treatment for before the commencement date of the insurance.

S

Securities

Entrance tickets to eg museum, football match, theatre performance, opera etc.

Serious injury

A "serious injury" shall be determined to exist only after review and agreement by both the attending physician and the Company's medical consultant.

Simple theft

Theft which is not noticed at the time of the theft being committed.

Subrogation

The insurer's right to enforce a remedy which the insured has against a third party and the insurer's right to require the insured to repay the insurer if the insurer has paid expenses recouped by the insured from a third party.

U

Unrecognised physician or facility

An unrecognised physician or facility includes:

- treatment provided by a medical practitioner who is not recognised by the relevant authorities in the country where the treatment takes place as having specialised knowledge, or expertise in, the treatment of the disease, illness or injury being treated,
- treatment in any hospital, or by any medical practitioner or any other provider of services, to whom we have sent a written notice that we no longer recognise them for the purposes of our plans,

- treatment provided by anyone with the same residence as the insured or who is a member of the insured's immediate family or an enterprise owned by one of the above mentioned persons

E.&O.E.