

TRAVEL INSURANCE

Policy Summary

This is a Policy Summary only and does not contain the full terms and conditions of the contract. Full terms, conditions and exclusions can be found in the **Policy Wording**, which **you** should also read carefully.

1. What is ITHC Travel Insurance?

ITHC Travel Insurance is underwritten by AmTrust Europe Limited and is administered by International Travel and Healthcare Limited.

2. What does ITHC Travel Insurance cover me for?

The policy is designed to insure **you** against certain events when you take a holiday or **trip**. The **Policy** will run for the period shown on **your Policy Schedule**.

3. What else do I need to know about my ITHC Travel Insurance Policy?

Significant Exclusions or Limitations

No cover is provided under this **Policy** for any **trip** in, to or through: Afghanistan, Cuba, Liberia, Syria, Iraq or Sudan

Important information about pre-existing medical conditions

IMPORTANT DECLARATION ABOUT PRE-EXISTING MEDICAL CONDITIONS

This insurance **Policy** contains health restrictions and exclusions that apply to the cover provided under the Cancellation, Curtailment, Medical and Personal Accident sections. If **you** make a claim for a **Pre-Existing Medical Condition** that **you** have not declared to **us** and has not been agreed by **us** in writing, **your** claim will be declined.

No claim arising directly or indirectly from any Pre-existing Medical Condition affecting any person travelling under this insurance or on whose health your trip might depend will be covered unless you declare ALL conditions to our Medical Screening Helpline prior to the commencement of the trip and they are accepted for insurance in writing. Tel 0845 465 1919 or 01689 892272.

Travellers aged 75 years and over are required to acquire cover for all pre-existing medical conditions, an additional premium may be required.

For the purposes of this insurance, a Pre-existing Medical Condition is considered to be:

- any past or current Medical Condition that has given rise to symptoms or for which any form of treatment or prescribed medication, medical consultation, investigation or follow-up/check-up has been required or received **during the 2 years** prior to the commencement of cover under this **Policy** and/or prior to any trip; and
 - any cardiovascular or circulatory condition (e.g. heart condition, hypertension, blood clots, raised cholesterol, stroke, aneurysm) that has occurred **at any time** prior to the commencement of cover under this **Policy** and/or prior to any trip.
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Has ANYONE travelling under this Policy:

Been prescribed any medication, received any treatment, or attended any consultations, investigations or follow-ups, for **ANY** medical or psychological conditions in the last 2 years?

Yes No

EVER been prescribed medication, received treatment or had investigations, for:

Yes No

A heart attack, angina, chest pain(s), or any other heart condition?

Yes No

High blood pressure, blood clots, raised cholesterol, aneurysm or circulatory disease?

Yes No

Any form of stroke, TIA (transient ischaemic attack), or brain haemorrhage?

Yes No

If **you** have answered 'Yes' to any of the above questions in respect of yourself or anyone travelling under this **Policy**, You must contact our Medical Screening Helpline by telephone on; Tel: 0845 465 1919 or 01689 892 272 to declare the condition(s) and ensure that the cover will meet **your** needs. **You** will be asked further questions about the condition(s) and an additional premium may be payable to cover the declared condition(s), and/or further terms may be imposed.

In some instances **you** may be asked to complete a second medical screening closer to **your** date of departure. Failure to complete this second screening may leave **you** without cover.

ONGOING HEALTH DECLARATION

If, after taking out this insurance but before **you** travel on any trip, **you** have a **change in medical conditions**, **you** must call our Medical Screening Helpline immediately.

We may, in the light of such changed circumstances, not be able to continue cover under Sections 1 and 4 of this insurance. If this is not acceptable to **you**, **you** will be entitled to claim for the cancellation of **your** trip and no **Policy Excess** will be applied.

If **you** have purchased an Annual Multi Trip Policy, **you** may also be able to claim for a pro-rata refund of **your** premium. Please note that **you** must contact **us** promptly regarding the change and are responsible for all costs incurred in obtaining any medical reports required by **us**. If **you** do not contact **us** within 7 days of the change of circumstance, **you** will be responsible for any increased costs incurred as a result of the delay in cancelling **your** trip and **we** will only pay the costs that would have applied had **you** cancelled **your** trip within 7 days of the date of the change of circumstances giving rise to the claim.

Change(s) in medical condition(s) means:

- a change to **your** treatment or prescribed medication, which can include a change in dosage which maybe an increase or decrease in the amount of medication that **you** take, or
- new symptoms or medical conditions which may or may not yet have been diagnosed, or
- if **you** are waiting for tests or test results
- any changes to **your** health which **you** are aware of and for which **you** may need to seek professional medical advice

For advice and assistance, please contact the **Medical Screening Helpline**.

DETAILS OF MEDICAL SCREENING HELPLINE

International Travel and Healthcare (office hours Mon - Fri: 9am - 6.30pm and Saturday 9am - 1pm)

Tel: 0845 465 1919 or +44 (0) 1689 892272

RELATING TO THE HEALTH OF NON-TRAVELLERS

This insurance **Policy** excludes cover for any claims arising directly or indirectly from a **Pre- Existing Medical Condition** of any person on whom travel depends unless that person's GP can state that, at the date of **Policy** purchase or trip booking (whichever is later) he/she would have seen no substantial likelihood of the patient's condition deteriorating to such a degree as to cause a necessary Cancellation or Curtailment claim. If the GP will not confirm this, any claim arising from a **Pre-Existing Medical Condition** will be excluded.

All claims arising from a terminal prognosis, any set of symptoms where a diagnosis has not been made and any Medical Condition for which a non-traveller is on a waiting list for or has knowledge of the need for surgery, treatment or investigation at a hospital, clinic or nursing home at the time the **Policy** is purchased or the **trip** is booked (whichever is later) are automatically excluded.

AGE LIMITATION: No cover is provided under this **Policy** for person's aged 86 or above at the time the **Policy** is purchased. No cover is available for **Winter Sports** for persons aged 65 or over.

Features and benefits are per person unless otherwise stated

TABLE OF BENEFITS			
Section	Cover	Sums insured – per person¹	Excesses
1	EMERGENCY MEDICAL AND REPATRIATION EXPENSES – Emergency medical and transportation expenses – Hospital confinement benefit – Additional transport and accommodation expenses in the United Kingdom – Funeral expenses in the United Kingdom – Emergency dental treatment	£5,000,000 £15 per 24 hours. Maximum £300 £1,000 £1,000 £200	£75 (£200 if over 65) Nil Nil Nil Nil
2	PERSONAL ACCIDENT – Death – Disablement	£10,000 (aged 18-64) £1,000 (under 18 or over 64) £10,000 (aged 18-64) £1,000 (over 64 only)	Nil Nil Nil Nil
3	WITHDRAWAL OF SERVICES	£15 for each completed 24 hours up to £300	Nil
4	CANCELLATION AND CURTAILMENT	Up to £3,000	£75 (£200 if over 65)
5	TRAVEL DELAY AND DISRUPTION	£30 for each 12 hours up to £800 50% if due to terrorism Abandonment after 24 hours, up to £3,000	Nil £75
6	PERSONAL EFFECTS/POSSESSIONS	Up to £250 per item (no cover for spectacles or sunglasses) £400 in all for Valuables £1,500 in total £200 Cash or, if under 18, £50 £500 Personal Money in all	£75
7	PERSONAL LIABILITY – Property damage – Bodily injury	£100,000 £1,000,000	£100
8	CATASTROPHE	Up to £500	Nil
9	LEGAL EXPENSES	Up to £25,000	Nil
10	MUGGING	Up to £500	Nil
11	WINTER SPORTS²	Up to £2,000	£75
12	END SUPPLIER FAILURE INSURANCE – ESF	Up to £2,000	Nil

1. Except where specifically varied in the **Policy** or on **your Policy Schedule**

2. Only if shown as included on **your Policy Schedule**

The previous table is a summary of the main benefits provided by **your Policy**. The Sums Insured for each section of cover are overall limits but there may be lower limits which apply to individual covers within those sections.

Specific Conditions and Exclusions apply to each section of cover and **General Conditions and Exclusions** to the whole **Policy**. Please read **your Policy Wording** carefully and refer to **your Policy Schedule** which shows important details including your premium amount and details of **Insured Persons** who are covered by this **Policy**.

4. What happens if I take out cover and then change my mind?

If **your** cover does not meet **your** requirements, please notify **us** within 14 days of receiving **your Policy Schedule** and return all **your** documents for a refund of your premium.

You can write to us at : International Travel and Healthcare Limited, West House, 46 High Street, Orpington, Kent, BR6 0JQ or call **us** on 0845 465 1717 or 01689 892 228.

If during this 14 day period **you** have travelled, made a claim, or intend to make a claim then **we** are entitled to recover all costs that **you** have used for those services.

5. How do I make a claim under ITHC Travel Insurance?

If **you** are abroad and need urgent medical assistance, or if **you** have to curtail your trip, please call the 24 hour **Emergency Assistance Company** on: +1 (305) 357 5180

For all other claims, please telephone +44 (0) 1420 383010 between 9am and 5pm, Monday to Friday and ask for a claim form or email info@reactiveclaims.com

Alternatively, you can write to:

Reactive Claims, Attwood House, Mansfield Business Park, Four Marks, Hampshire. GU34 5PZ.

6. How do I make a complaint about my ITHC Travel Insurance?

For complaints relating to how **your Policy** was sold or administered please forward details of **your** complaint to:

The Managing Director, International Travel and Healthcare Limited, West House, 46 High Street, Orpington. Kent BR6 0JQ.

For complaints under **Section 9 – Legal Expenses**:

The Managing Director, Pennington Manches LLP, Highfield, Brighton Road, Godalming, Surrey, GU7 1NS.

For complaints under **Policy Section 12 – End Supplier Failure**

The Managing Director, International Passenger Protection, IPP House, 22-26 Station Road, West Wickham, Kent, BR4 0PR.

You will be contacted within 5 days of receiving **your** complaint to inform **you** of what action is being taken. **We** will try to resolve the problem and give **you** an answer within four weeks. If it will take longer than four weeks **we** will tell **you** when **you** can expect an answer. If **you** have not been given an answer within eight weeks **you** can take **your** complaint to the Financial Ombudsman Service for review. This complaints procedure does not affect any legal right **you** have to take action. Once **you** have received **your** final response and if **you** are still not satisfied **you** can contact the Financial Ombudsman Service:

The Financial Ombudsman Service address is:

Financial Ombudsman Service, Exchange Tower, London, E14 9SR.

Phone: 0800 023 4567 (free for people phoning from a “fixed line”, i.e. a landline at home) or 0300 123 9123 (free for mobile-phone users who pay a monthly charge for calls to numbers starting 01 or 02)

Email: complaint.info@financial-ombudsman.org.uk

Following this complaint procedure does not affect **your** right to take legal action.

7. Would I receive compensation if AmTrust Europe Limited were unable to meet its liabilities?

Where the insurers participating in this **Policy** are authorised by the Financial Conduct Authority (FCA) or Prudential Regulation Authority, **you** are protected by the Financial Services Compensation Scheme (FSCS), which acts as a safety net in the unlikely event that they are unable to pay claims due to insolvency. The FSCS will meet the first £2,000 of the claim and then 90% of the balance, in both cases without any upper limit. Full details of the scheme can be obtained from FSCS website www.fscs.org.uk or by writing to:

Financial Services Compensation Scheme, 10th Floor Beaufort House, 15 St Botolph Street, London. EC3A 7OU.

Tel: 0207 892 7300

8. Do I need to do anything after I have purchased the Policy?

Please remember that it is **your** responsibility to regularly review **your** level of cover and to amend **your** policy accordingly if **you** need a different level of cover. Before booking each trip, **you** and all insured persons must consider the **Pre-Existing Medical Conditions** and Health Declarations on page 2 and 3 of **your** Insurance **Policy Wording** and telephone the **Medical Screening Helpline** if necessary on 0845 465 1919 or 01689 892 272.