

4. Notice must be given to the **Insurers** as soon as reasonably practicable in the event of the death of the **Insured Person**.
5. It is a condition precedent to the **Insurers'** liability to the **Insured Person** or his representatives, that all medical records, notes and correspondence referring to the subject of a claim or a related pre-existing condition shall be made available on request where lawful, to any medical adviser appointed by or on behalf of the **Insurers** and that such medical adviser or advisers shall, for the purpose of reviewing the claim, be allowed so often as may be deemed necessary to make examination of the **Insured Person**.
6. If the circumstances in which the insurance was entered into shall be materially altered without the written consent of the **Insurers** being obtained thereto this Insurance shall be void.
7. If any claim under the **Policy** shall be in any respect fraudulent or any fraudulent means or devices are used by the **Insured Person** or anyone acting on his behalf to obtain any benefit under the **Policy**, all benefit thereunder shall be forfeited.
8. The due observance and fulfillment of the terms, conditions and limitations of the **Policy** insofar as they relate to anything to be done or complied with by the **Insured Person** and the truth of the statements and answers in the said proposal shall be conditions precedent to any liability of the **Insurers** to make any payment under the **Policy**.
9. This **Policy** shall be considered in accordance with English Law and if any difference shall arise as to the amount to be paid under this **Policy** (liability being otherwise admitted) such difference shall be referred to an arbitrator to be appointed by the parties in accordance with the Statutory provisions in England in that behalf for the time being in force where any difference is by this condition to be referred to arbitration the making of an award shall be a condition precedent to any right of action against the **Insurers**.
10. Words in this **Policy** in masculine gender shall include the feminine.
11. All reasonable steps must be taken to minimise expenditure and the amount of **Benefit** payable to the extent that all charges are reasonable and incurred necessarily and exclusively for receiving such **Treatment**.
12. **We** are entitled to refuse to accept an application from any person without giving a reason. **We** maintain the right to ask **You** to provide proof of age and/or state of health of any person included in **Your** application. All persons enrolling in this insurance from the age of sixty years and above, or those below this age with a pre-existing condition may be subject to individual medical underwriting.
13. New applicants will be eligible for cover up until the age of 74. Individuals over 74 are not eligible for cover unless the **Insured Person's Date of Entry** was prior to their 74th birthday.
14. This **Policy** is only available for **Insured Persons** who will be registering with the French National Healthcare System and cover can extend for a maximum of one year unless it is renewed at the sole discretion of the **Insurers**.

CLAIMS PROCEDURE

The Exclusive Healthcare Claims Service is provided by:

SB International Services
 1 Rue du Four
 82210 Castelmeyran
 France
 Tel: + (33) (0) 5 63 95 36 86
 Fax: + (33) (0) 5 67 69 96 02
 Email: sbinternational@wanadoo.fr

When intending to make a claim under this **Policy**, however serious or minor the **Accident** or illness, it is important to adhere to the following standard procedure:

IN-PATIENT TREATMENT

In the event of a serious illness or **Accident** which may lead to **In-Patient Hospital Treatment**, it is a condition of this **Policy** that approval must be obtained for such **In-Patient Treatment** from Exclusive Healthcare Claims Service and from the **Insurers**. In the event of **Emergency** admission, Exclusive Healthcare Claims Service must be informed within 24 hours. When contacting Exclusive Healthcare Assistance Service the following will be required: name, address and telephone number of the **Insured Person** together with the Insurance Certificate and a claim form for **In-Patient Treatment**.

OUT-PATIENT TREATMENT

Medical costs should be settled direct, where possible, and all original bills, receipts and invoices submitted with the relevant fully completed claim form to Exclusive Healthcare Claims Service within 90 days of the **Out-Patient** visit. These papers will then be processed and, subject to **Insurers** approval, a cheque in full and final settlement will be forwarded, less the relevant excess.

The following tests must be approved in advance by Exclusive Healthcare Claims Service: MRI or CT Scans, Bone Densitometry, Hormone Assays (unless Thyroid Function and F.S.H. levels), Immunological Studies, Laparoscopy, Physiotherapy in excess of €400 per claim. No guarantee of payment can be given if the above requirements are not followed.

GENERAL CLAIMS INFORMATION

1. All **Insured Persons** under this **Policy** shall at all times take reasonable precautions to prevent **Accidents** or illness. All expenditure for which **Benefits** are claimed must be reasonable and customary and be necessarily incurred and be wholly and exclusively for the purpose of **Treatment**.
2. All documentation and materials (including but not limited to original accounts, certificates and x-rays) that **The Insurers** require to support a claim, shall be provided without expense to **The Insurers** (including if requested by **The Insurers** a medical report from the **Insured Person's Medical Practitioner** or **Specialist** and details of the **Insured Person's Medical History** prior to any claim). In cases where medical information is required by **The Insurers** for consideration of a claim but it is not available to **The Insurers**, it is the responsibility of the **Insured Person** to obtain such information from their current or previous **Medical Practitioner**, as appropriate.
3. **Insured Persons** must, without delay, give **The Insurers** written notification of any claim or right of action against any third party arising out of any circumstances which gave rise to a claim under this **Policy** and must continue to keep **The Insurers** fully informed in writing and take all steps **The Insurers** reasonably require in making a claim upon that other party. To the extent permissible under the laws of **Your Country of Residence**, **The Insurers** shall be entitled to take legal action in any **Insured Person's** name for **The Insurers** own **Benefit** and claim for indemnity or damages or otherwise which relates to any benefits and costs paid or payable under the **Policy**. **The Insurers** shall have full discretion in the conduct of any such proceedings and in the settlement of any such claim.
4. Where appropriate Exclusive Healthcare Claims Service will arrange direct settlement of **Hospital** bills subject to the Insurance excess being paid to the **Hospital** at the time of **Treatment**.
5. In the event of **Accident** or illness, make sure that the attending **Medical Practitioner** is fully qualified. It is important to remember that any instructions received from this attending **Medical Practitioner** should be confirmed by him in writing, as the original of the letter will certainly be required by Exclusive Healthcare Claims Service.

COMPLAINTS PROCEDURE

The Insurers aim to give **You** a first class service and to meet any claims covered by this Insurance honestly, fairly and properly. If **You** are not happy with our service please write to:
 Status Insurance Management Limited
 10a High Street, Billericay, Essex CM12 9BQ UK
 quoting **Your Policy** and Claim number.

Should the matter not be resolved to **Your** satisfaction, **You** can write to:

The Complaints Officer
 Professional Travel Insurance Company Limited's Representative
 Insurance House, Prisma Park, Berrington Way
 Basingstoke RG24 8GT United Kingdom

who will immediately investigate **Your** complaint and provide a full, written response within a maximum of 5 working days.

If **You** still remain dissatisfied after taking these steps, **You** can ask the Financial Ombudsman Service to investigate **Your** claim. Their address is:

The Financial Ombudsman Service
 South Quay Plaza
 183 Marsh Wall
 London E14 9SR United Kingdom



Policy of Insurance

Plan Gateway

under

Master Contract Number: 2010 /EHC/G/01

and

Provided by: Status Insurance Management Ltd on behalf of The Insurers

This is to certify that in accordance with the authorisation granted under Contract to Status Insurance Management Limited by the **Insurers** and in consideration of the payment of premium specified herein or hereon, the **Insurers** agree to provide cover as set out in this **Policy**. The **Policy** sets out full details of the cover provided and which is set out in a Master **Policy** Wording issued to Exclusive Healthcare Insurance.

On receipt of the **Policy** PLEASE READ IT AND KEEP IT IN A SAFE PLACE. If it is found that this **Policy** does not meet the **Insured Person's** needs, please return it within 30 days and, provided there are no claims, the **Insurers** will refund the premium. The proposal made by the **Insured Person** is the basis of and forms part of this Policy.

SIGNED

IAN G. ATKINSON
MANAGING DIRECTOR
STATUS INSURANCE MANAGEMENT LTD
On behalf of The Insurers

Status Insurance Management Limited, 10a High Street, Billericay,
 Essex CM12 9BQ, United Kingdom



POLICY WORDING

DEFINITIONS

To help **You** understand **Your Policy**, the following words and phrases used anywhere within **Your Policy** have specific meanings, which are set out in this section.To enable **You** to recognise the defined words and phrases **We** have shown them in bold wherever they appear in **Your Policy**.

Accident/Accidental

An unexpected, unforeseen and involuntary external event resulting in injury occurring whilst **Your Policy** is in force.

Acute

A **Medical Condition** which is brief, has a definite end point and which **We**, on **Medical Advice**, determine responds to and can be cured by **Treatment**.

Advice

Any consultation from a **Medical Practitioner** or **Specialist** including the issue of any prescriptions or repeat prescriptions.

Appliances

Devices and equipment when used as an integral part of a surgical procedure administered by a **Medical Practitioner** or **Specialist**.

Benefits

The insurance coverage provided by this **Policy** and any extensions or restrictions shown in the **Policy Schedule** or in any endorsements (if applicable).

Chronic Conditions

Medical Conditions which, with current medical knowledge, **Treatment** can alleviate but not cure.

Commencement Date

The date shown on the **Policy Schedule** on which cover under this **Policy** commences. For the purpose of this **Policy** the time of the start of cover will be 00.01am on the date shown on the **Policy Schedule**.

Congenital Anomaly

Intrauterine development of an organ or structure that is abnormal with reference to form, structure or position.

Country of Nationality

For the purpose of this **Policy**, this will be the country for which **You** hold a passport.

Country of Residence

The country in which **You** have **Your** habitual residence at the time this **Policy** is taken out.

Date of Entry

The date shown on the **Policy Schedule** on which an **Insured Person** was included under this **Policy**.

Day Patient

Treatment in a **Hospital** where the **Insured Person** is admitted to a **Hospital** bed but does not stay in overnight.

Dental Practitioner

A person who is licensed by the relevant licensing authority to practise dentistry in the country where the dental **Treatment** is given.

Dependants

A spouse or adult partner and/or unmarried children who are not more than 18 years of age and residing with **You**. The term partner shall mean husband, wife or the person permanently residing with **You**, whether or not of the same sex, in a similar relationship. All **Dependants** must be named as **Insured Persons** on the **Policy Schedule**.

Emergency

A situation or condition placing **You** in an immediate life threatening situation.

Excess

The amount payable by an **Insured Person** in respect of expenses incurred before any **Benefits** are paid under this **Policy**.

Hereditary

Transmitted from parents to offspring; inherited and which presents symptoms at birth.

Hospital

An establishment which is legally licensed as a medical or surgical **Hospital** under the laws of the country in which it is situated.

In-Patient

An **Insured Person** who stays in a **Hospital** bed and is admitted for one or more nights solely to receive **Treatment**.

Insured Person/You/Your

You and/or **Your Dependants** named on the **Policy Schedule**.

Insurers

Professional Travel Insurance Company Limited.

Medical Advice

Notice from the relevant professional body as to establish medical practice and/or the established medical opinion in relation to any **Medical Condition** or **Treatment**.

Medical Condition

Any injury, illness or disease excluding psychiatric illness.

Medical Practitioner

A person who has attained primary degrees in medicine or surgery by attending a Medical School recognised by the World Health Organisation and who is licensed by the relevant authority to practise medicine in the country where the **Treatment** is given other than:- a) A person insured by this Policy

b) A member of the immediate family of the **Insured Person**

c) An employee of the **Insured Person**

Out-Patient

An **Insured Person** who receives **Treatment** at a recognised medical facility, but is not admitted to a **Hospital** bed as an **In-Patient** or **Day Patient**.

Period of Cover

The **Period of Cover** as set out in the **Policy Schedule**. This will be a 12 month period starting from the **Commencement Date** or any subsequent **Renewal Date**.

Physiotherapist

A person who is registered as a **Physiotherapist** and licensed to practise in the country where the **Treatment** is being given.

Policy

Our contract of insurance with **You** providing cover as detailed in this **Policy**. The application form, Policy of Insurance and **Policy Schedule** form part of the contract and must be read together with this **Policy**.

Policyholder/Proposer

The person or company named as **Policyholder/Proposer** in the **Policy Schedule**.

Policy Schedule

The Schedule giving details of the **Policyholder** and the **Insured Persons**, Policy Details and endorsements (if applicable).

Prescribed Drugs and Dressings

Drugs, medicines, dressings and **Appliances** prescribed by a **Medical Practitioner** or **Specialist**.

Qualified Nurse

A qualified resident or daily Nurse whose name is currently on any register or roll of Nurses, maintained by any Statutory Nursing Registration Body within the country in which they are resident.

Reasonable and Customary Charges

The average amount charged in respect of valid services or **Treatment** costs, as determined by **Our** experience in any particular country, area or region and substantiated by an independent third party, being a practising Surgeon/Physician/**Specialist** or Government Health department.

Related Condition

Any injuries, illnesses or diseases are **Related Conditions** if **We**, on **Medical Advice**, determine that one is a result of the other or if each is a result of the same illness, injury or disease.

Renewal Date

The annual anniversary of the **Commencement Date**.

Routine Pregnancy and Childbirth

Prenatal, childbirth and post-natal. Treatment and examinations and elective caesarean sections.

Specialist

A registered **Medical Practitioner** who currently holds a substantive consultant appointment in that specialty and is recognised by the statutory bodies within the country in which they are resident.

Territorial Limits

France only.

Treatment

Surgical, medical or other procedures, the sole purpose of which is the cure or relief of a **Medical Condition**.

We/Our/Us

Status Insurance Management Limited on behalf of Professional Travel Insurance Company Limited.

COVER AND LIMITS

MEDICAL AND HOSPITALISATION INSURANCE AND ADDITIONAL EXPENSES INCURRED.

The **Insurers** will pay costs up to €80,000 per **Insured Person** in the event of the **Insured Person** and/or **Dependants** described in the **Policy Schedule** sustaining **Accidental** injury or contracting **Acute** sickness or disease during the **Period of Cover** within the **Territorial Limits**. When an **Insured Person** undergoes medical **Treatment**, he/she can claim until the time when it is medically confirmed that **Treatment** is no longer necessary or until the expiry of the insurance period as shown on the **Policy Schedule**, or the termination of this insurance, whichever is the earlier event. Where indemnity is claimed for a new course of **Treatment**, which is not in any way connected with the former **Treatment**, the subsequent claim will be regarded as a new claim.

Medical Expenses are defined as:

PLAN GATEWAY	BENEFITS
1. Hospital Charges including: <ul style="list-style-type: none">i) Medical Practitioner or Specialist fees as an In-Patient or Day Patientii) Diagnostic and surgical procedures as an In-Patient or Day Patient including scans, pathology, X-rays, oncologyiii) Surgeons' and Anaesthetists' feesiv) Theatre fees and nursing by a Qualified Nursev) Daily food charge and bottled watervi) Prescribed Drugs and Dressingsvii) Standard Private Room (maximum 30 days per Medical Condition)viii) Physiotherapy where referred by a Specialist (maximum 30 days per Medical Condition)	Up to 300% of the Tarif de Convention Full Refund Up to 300% of the Tarif de Convention Full Refund Full Refund Up to €50 per day Full Refund
2. Parent Accommodation Standard private Hospital accommodation in respect of a parent or legal guardian staying with an Insured Person who is under 12 years of age and is admitted as an In-Patient in a Hospital .	Full Refund
3. Transportation The cost of emergency transport necessarily incurred to and from Hospitals for Medical Conditions covered by this Policy .	Full Refund
4. Home Nursing Nursing care given outside a Hospital which is immediately received subsequent to Treatment as an In-patient or Day Patient on the referral of a Specialist . This must be provided by a Qualified Nurse and be approved by us.	Full Refund up to 30 days per Medical Condition and maximum €120 per day.
5. Reconstructive Surgery Reconstructive surgery following an Accident or following surgery for an event covered by this Policy.	Full Refund
6. Out-Patient charges including: <ul style="list-style-type: none">i) Medical Practitioner or Specialist fees as an Out-Patient including home visits (limited to 300% of the Tarif de Convention)ii) Diagnostic and surgical procedures as an Out-Patient including scans, pathology, X-rays, oncology (limited to 300% of the Tarif de Convention).	Prior to admission to Hospital and for maximum 90 days after discharge up to €1,600
7. Accidental Damage to Teeth Treatment received in an Emergency room in a Hospital within 7 days of incurring Accidental damage caused to sound, natural teeth when given by a Medical or Dental Practitioner .	Full Refund
8. Cash Benefit Where Hospital accommodation and all Treatment costs are provided in a State or charitable institution and no claim is submitted under this Policy we will pay reimbursement of €120 per each full 24 hours for the first 3 complete days followed by €80 per day for the next 28 complete days providing that the condition suffered would be eligible for Benefit.	Full Refund

GENERAL CERTIFICATE EXCLUSIONS

This **Policy** does not cover claims arising from or for:

- All claims relating to **Chronic Conditions**.
- Normal eye tests and the provision of visual aids, normal ear tests and the provision of hearing aids. Non-medical/natural degenerative eye defects and non-medical/natural degenerative hearing defects.
- Dental Costs of any kind except **Accidental** damage to teeth.
- The first €120 of admissible expenses of each new **Medical Condition** in respect of Benefit 6 **Out-Patient** charges.
- Cosmetic **Treatment** or **Treatment** for weight problems whether or not for psychological purposes. Removal of fat or other surplus tissue from any part of the body.
- Complications of **Pregnancy** or **Routine Pregnancy and Childbirth** costs.
- Birth defects, **Congenital Anomalies**, **Hereditary Conditions** or hormone replacement **Treatment**.
- Any known **Medical Condition** (or related conditions) which has been diagnosed or has required medical **Treatment** (including prescription drugs) or for which **Medical Advice** has been sought or undiagnosed symptoms which have required investigations within the two year period immediately prior to the first day of this insurance. After two years of continuous insurance cover following the **Policy Commencement Date** (five in the case of heart and cancer conditions) pre-existing medical conditions will then become eligible for **Benefit** if at the first time of receiving **Treatment** the **Insured Person** has not:-
 - a) consulted any physician for **Medical Treatment** or **Advice** (other than routine check-ups).
 - or
 - b) taken medication (including prescription drugs, special diets, injections), for that condition or any related condition for a continuous period of two years (five years in the case of heart or cancer conditions).
Where the **Insured Person** is transferring from another plan, the providing cover has been continuous, this insurance will take into account the extent of the previous in determining the two (five) year moratorium and, subject to that, transfer may at the sole discretion of **Insurers**, take place at No Worse Terms with regards to medical underwriting
- The costs incurred during stays at health resorts, watering places, clinics, sanatoriums, convalescent homes and similar institutions.
- Routine medical examinations or check ups, gynaecological investigations, new born neo-natal care, inoculations, vaccinations and preventative medicines.
- Treatment** for any anxiety state, stress and/or depression. Treatment received in connection with insomnia, sleep apnoea, fatigue, jet lag or work-related stress or any **Related Condition**.
- Supportive treatment for renal failure, including dialysis. This exclusion will not apply if such treatment is as a direct result of an **Accident** covered hereunder or as a consequence of a covered surgical procedure and is incidental to the procedure. In any event expenses will be covered to a maximum of one hundred and eighty days from the date of incurring the first expense.
- Bodily injury sustained while taking part in mountaineering where ropes are normally used, aviation (except when traveling solely as a passenger) including hang gliding and parachuting, winter sports (except for curling, non-competitive skating and normal winter skiing holidays), scuba diving beyond 9 metres or racing of any kind (other than on foot) or any activity in which a materially greater risk may be incurred, unless declared to and accepted in writing by the **Insurers**.
- Bodily injury or sickness sustained directly whilst under the influence or disablement due wholly or partially to the effects of intoxicating liquor, alcoholism or drugs other than drugs taken under direction of a **Medical Practitioner**, but not for the treatment or drug addiction or alcoholism.
- Suicide or attempted suicide, wilfully self-inflicted injury or illness, deliberate exposure to exceptional danger (except in an attempt to save human life) and the **Insured Person's** own criminal act.
- Venereal disease or any other sexually transmitted disease.
- Human Immunodeficiency Virus (HIV) and/or HIV illness including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutant derivative or variations thereof, however caused or however named.

- (i) War, invasion, act of foreign enemy hostilities or warlike operations (whether war be declared or not), civil war.
 - (ii) Mutiny, riot, strike, military or popular rising, insurrection, rebellion, revolution, military or usurped power.
 - (iii) Any act of any person acting on behalf of or in connection with any organisation with activities directed towards the overthrow by force of the Government de jure or de facto or any acts of terrorism.
 - (iv) Martial law or state of siege or any events or causes which determine the proclamation or maintenance of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege.
 - (v) Radioactive contamination.

Costs of providing, maintaining or fitting any external Prosthesis or Appliances, rental or purchase of crutches, wheelchairs or other equipment, medical or otherwise.

Transplantation of organs other than heart, kidney and liver and excluding the costs incurred in connection with locating a replacement organ or any costs incurred for removal of the organ from the donor, transportation costs of same and all associated administration costs.

Expenses incurred in cryopreservation or implantation or reimplantation of living tissue or cells whether autologous or provided by a donor.

Tests and **Treatment** directly or indirectly arising from or required in connection with male and female birth control, infertility, impotence, contraception, sterilisation (or its reversal) and any form of assisted reproduction or any consequence thereof.

Claims and costs for **Treatment** in respect of medical expenses incurred after the expiry date of the **Policy** arising from accidental bodily injury and/or illness occurring during the **Period of Cover** unless the **Policy** has been renewed.

Treatment directly or indirectly associated with a sex change.

Rehabilitation unless it forms an integral part of eligible medical **Treatment** received as an **In-Patient** and is under the control or supervision of a **Medical Practitioner** and is undertaken in a recognised rehabilitation unit.

Treatment which **We** determine on **Medical Advice** is either experimental or unproven and any auto therapy.

Alternative medicines including, but not limited to, chiroprodists, optometrists and podiatrists.

Costs in respect of a psychotherapist, family therapist or bereavement counselor.

Treatment for learning difficulties in children, hyperactivity, attention deficit disorder, speech therapy, developmental and behavioural problems.

Dietary supplements and substances which are available naturally, including but not limited to vitamins, minerals and organic substances.

All claims relating to a reaction to medication for a **Medical Condition** which is not covered by this **Policy**.

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