

FairFX MasterCard Dollar Card Travel Insurance – Benefit Schedule

BENEFIT TABLE	
All benefit amounts are per beneficiary per trip unless otherwise noted	
Section A – Pre-Travel Advice	
Travel Advice	Included
Section B – Emergency Medical Assistance	
Emergency Medical Assistance	Included
Section C - Delayed Departure/ Involuntary Denial of Boarding/Missed Connection	
Delayed Departure, after 4 hours, maximum in total for all beneficiaries travelling together	up to £ 100
Section D- Baggage Delay	
After 4 hours, maximum in total for all beneficiaries travelling together	up to £ 100
Section E - Hospital Benefit	
Hospital Benefit, maximum	up to £ 600
- per day, maximum 30 days	up to £ 30
Section F - Travel Accident	
Travel Accident on Public Transport, maximum	up to £ 20,000
- Permanent Total Disablement, Loss of Limbs, Loss of Sight, (Age 70 and under)	up to £ 20,000
- Loss of Life, (age 18 to 70)	£ 20,000
- Loss of Life (age 17 or under)	£ 1,500
- All Benefits (age 70 and over)	£ 1,500

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INTRODUCTION

This document is not a contract of insurance but summarises the benefits provided to **you** by virtue of **your** holding a MasterCard Dollar Card through FairFX. The provision of those benefits is enabled by an insurance policy held by and issued to WireCard Card Solutions Ltd. by Inter Partner Assistance S.A.. (policy number 2244001).

WireCard Card Solutions Ltd. is the only **Policyholder** under the insurance policy and only it has direct rights against the **insurer** under the policy. This agreement does not give **you** direct rights under the Policy of Insurance; it enables **you**, as a FairFX **Cardholder** to receive benefits. Strict compliance with the terms and

conditions of this agreement is required if **you** are to receive its benefit.

ELIGIBILITY

The benefits summarised in this document are dependent upon **you** being a valid FairFX MasterCard Dollar Card **Cardholder** at the time of any incident giving rise to a claim. FairFX will give **you** notice if there are any material changes to these terms and conditions or if the Policy supporting the benefits available under this agreement is cancelled or expires without renewal on equivalent terms.

This is **your** benefit guide and agreement with **us**. It contains details of benefits, conditions and exclusions relating to FairFX **Cardholders** and is the basis on which all claims **you** make will be settled.

INSURER

Benefits under this Policy are underwritten by Inter Partner Assistance SA (IPA), whose registered branch office in Ireland is 10/11 Mary Street, Dublin 1, Ireland (company number 906006) and is regulated by the Central Bank of Ireland. IPA is a branch of Inter Partner Assistance SA, a Belgian firm of Avenue Louise, 166 bte1, 1050, Brussels, which is authorised by the National Bank of Belgium. Some of the services under this Policy will be provided by IPA's agent, AXA Travel Insurance (company number 426087), of the same Ireland address. All companies are members of the AXA Assistance Group.

POLICYHOLDER

WireCard Card Solutions Ltd, Grainger Chambers, 3-5 Hood Street, Newcastle Upon Tyne, NE1 6JQ

IMPORTANT INFORMATION

1. Claims arising directly or indirectly from any **pre-existing medical conditions** are not covered.
2. Claims arising when **you** are travelling against the advice of a **medical practitioner** (or would be travelling against the advice of a **medical practitioner** had **you** sought their advice) are not covered.
3. Claims arising when **you** are travelling with the intention of obtaining medical treatment or consultation abroad are not covered.
4. Claims arising when **you** have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which **you** are awaiting investigations or consultations, or awaiting results of investigations, where the underlying cause has not been established) are not covered.
5. In case of any event giving rise to a claim **you** or the treating facility should contact **us** on +44 (0) 1753 778619 as soon as possible.
6. These benefits will be governed by the laws of England and Wales.
7. The duration of any **trip** may not exceed 30 consecutive days with a maximum 183 travel days in any 12 month period. Please note if **your trip** is longer than the maximum duration, benefits will not apply to any part of that **trip**. **Trips** must begin and end in the **country of residence**. **Trips** using one way or one way open tickets are not covered unless the outbound and inbound travel tickets have been purchased before the **trip** begins. Any **trip** solely within the **country of residence** is only covered where **you** are travelling more than 100 kilometres from **home** and have pre-booked at least two nights' stay at a registered accommodation provider rented for a fee.
8. Cover for Benefits in Section E – Hospital Benefit is excluded in the country of residence.

SUBROGATION

These insurance benefits are secondary to any travel insurance policy **you** may have. Before **you** claim under this Benefit Schedule, **you** must claim off of any other insurance policy, indemnity, warranty or any other source for any claim up to the policy limit. Once this has been reached, **you** may make a claim for the balance under this Benefit Schedule. **We** will not cover any costs where there is another insurance policy, indemnity, warranty, or health insurer or any other source covering the same loss, damage, expense or liability (not applicable to Section F – Travel Accident).

DEFINITIONS

Any word or expression which relates to a definition will have the same meaning throughout the benefit schedule unless otherwise stated and will be highlighted in bold. There may also be specific definitions relating to that section of the Benefit Schedule, these will all be listed at the start of the policy section.

You/your/beneficiary(ies) – the **Cardholder** and his/her spouse or legal partner (any couple in a common law relationship living permanently at the same address), their unmarried children, aged under 21 who are financially dependent (according to the regulations of the country of residence) on the **Cardholder**, all living in the **country of residence** and travelling on a **trip**.

Beneficiaries are covered for benefits when travelling independently of one another with the exception of:

Section C – Delayed Departure/ /Involuntary Denial of Boarding/Missed Connection;

Section D – Baggage Delay;

where all **beneficiaries** must be travelling on the **trip** with and to the same destination as the **Cardholder**.

We/us/our – the service provider, arranged by AXA Travel Insurance 10/11 Mary Street, Dublin 1, Ireland (company number 426087).

Adverse weather conditions – rain, wind, fog, thunder or lightning storm, flood, snow, sleet, hail, hurricane, cyclone, tornado or tropical storm which is not caused by or has not originated from a geological or catastrophic event such as but not limited to an earthquake, volcano or tsunami.

Baggage – clothing, personal effects, luggage and other articles which belong to **you** which are worn, used or carried by **you** during any **trip**.

Benefit Table – the table listing the benefit amounts on page 1.

Bodily injury – an identifiable physical injury caused by a sudden, violent, external, unexpected specific event. Injury as a result of **your** unavoidable exposure to the elements shall be deemed to be a **bodily injury**.

Cardholder – the holder of a **covered card**.

Close relative – mother, father, sister, brother, spouse, or fiancé/fiancée or common law partner (any couple, in a common law relationship living permanently at the same address) daughter, son, including adopted daughter or son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, stepparent, stepchild, stepsister, stepbrother, foster child, legal guardian, legal ward, of the **Cardholder**.

Country of residence – the country in which **you** legally reside. **You** must have a residential address that you can refer to and should also be registered with a doctor there.

Covered Card – a MasterCard Dollar Card, issued by FairFX., the card being valid, activated, and the account balance having been paid in accordance with the **Cardholder** agreement at the time of any incident giving rise to a claim.

Curtailed/Curtail – cutting short **your trip** by returning **home** due to an emergency authorised by **us**.

Insurer – Inter Partner Assistance, 10/11 Mary Street, Dublin 1, Ireland and/or Inter Partner Assistance SA, Avenue Louise, 166 bte1, 1050, Brussels, Belgium and/or AXA Travel Insurance of the same Irish address. All companies are members of the AXA Assistance Group.

Home – your normal place of residence in **your country of residence**.

Homeward journey – travelling to **your home**/business address in the **country of residence** from **your trip** destination.

Loss of limb – loss by physical severance, or the total and irrecoverable permanent loss of use or function of, an arm at or above the wrist joint, or a leg at or above the ankle joint.

Loss of sight – total and irrecoverable loss of sight in one or both eye(s); this is considered to have occurred if the degree of sight remaining after correction is 3/60 or less on the Snellen scale. (This means being able to see at 3 feet or less what **you** should see at 60 feet.)

Medical condition(s) – any medical or psychological disease, sickness, condition, illness or injury that has affected **you** or any **close relative**.

Medical practitioner – a legally licensed member of the medical profession, recognised by the law of the country where treatment is provided and who, in rendering such treatment is practising within the scope of his/her licence and training, and who is not related to **you** or any travelling companion.

Medically necessary – reasonable and essential medical services and supplies, ordered by a **medical practitioner** exercising prudent clinical judgement, needed to diagnose or treat an illness, injury, **medical condition**, disease or its symptoms, and that meet generally accepted standards of medical practice.

Outward journey – travelling from **your home**/business address in the **country of residence** to **your trip** destination including international flights, sea crossings or rail journeys which are booked prior to **you** leaving **your country of residence** which is directly related to the outbound journey.

Period of cover – cover begins for any **trip** commencing on or after 01/03/2016. Cover will end when the card account is terminated or when these benefits are cancelled or expire.

The duration of any **trip** may not exceed 30 consecutive days with a maximum 183 travel days in any 12 month period. Please note if **your trip** is longer than the maximum duration, benefits will not apply to any part of that **trip**.

Extension to the period of cover

The **period of cover** is automatically extended for the period of the delay in the event that **you** return to **your country of residence** is unavoidably delayed due to an event covered by this Benefit Schedule.

Permanent total disablement – disablement which, having lasted for a period of at least 12 consecutive months from the date of occurrence will, in the opinion of an independent qualified specialist, prevent **you** from engaging in, or giving any attention to, any business or occupation for the remainder of **your** life.

Pre-existing medical condition(s)

- 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 **you** holding a **covered card** and/or prior to the booking of and/or commencement of 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 commencement of cover under this Benefit Schedule and/or prior to any **trip**.

Public transport – any public transport by road, rail, sea or air with a licensed carrier operating a regular and/or charter passenger service on which **you** are booked to travel.

Sports and activities – the activities listed on page 6 for which **your** participation in during **your trip** is not the sole or main reason for **your trip** (excluding golf and winter sports holidays).

Strike or industrial action – any action which is carried out with the intention of stopping, restricting or interfering with the production of goods or provision of services.

Terrorism – 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 organisation(s) or governments, 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.

Trip – any holiday, or journey for business or pleasure made by **you** worldwide which begins and ends in **your country of residence**, during the **period of cover**.

Trips using one way or one way open tickets are not covered unless the outbound and inbound travel tickets have been purchased before the **trip** begins.

Any **trip** solely within the **country of residence** is only covered where **you** are travelling at least 100 kilometres from **home** and have pre - booked at least

two nights' stay at a registered accommodation provider rented for a fee.

Under the influence - if a toxicology has been completed and produces a result above 0.02% BAC (Blood Alcohol Content) or drug screening proves positive. If a toxicology has not been completed, any report from the time of the incident confirming or noting any suspicion of **your** consumption/use of drugs or alcohol.

EMERGENCY ASSISTANCE

Contact **us** on Telephone: +44 (0) 1753 778619

If **you** suffer any serious illness or accident which may lead to **your** admission to hospital for treatment, or before any plans are made for repatriation or if **you** need to **curtail your trip** meaning that **you** have to return **home** before the **trip** is finished **you** must contact **AXA Assistance**. **We** are open 24/7 for advice, assistance, making arrangements for hospital admission, repatriation and assistance with medical expenses. If this is not possible because the condition requires immediate emergency treatment **you** must contact **AXA Assistance** as soon as possible.

Please give the **beneficiaries** name, MasterCard Card number, a telephone, mobile phone or fax number where they can be contacted. Please provide as much information as possible.

RECIPROCAL HEALTH AGREEMENTS

EUROPEAN UNION (EU), EUROPEAN ECONOMIC AREA (EEA) AND SWITZERLAND

Before travelling to a European Union (EU) country, the European Economic Area (EEA) or Switzerland, **we** recommend that **you** apply for a European Health Insurance Card (EHIC). This card entitles **you** to certain free or reduced cost health cover arrangements in the EU, EEA or Switzerland.

For more information you should contact: NHS Business Service Authority, European Health Insurance Card, EHIC Applications, Bridge House, 152 Pilgrim Street, Newcastle upon Tyne, NE1 6SN, or call 0300 330 1350, or visit their website at: <https://www.gov.uk/european-health-insurance-card>

When **you** are travelling to Australia/New Zealand and **you** register for treatment under the national healthcare scheme. This provides free treatment at a public hospital, subsidised medicines and benefits for medical treatment provided by doctors through private surgeries and Government Health Centres (not hospitals).

AUSTRALIA

You must enrol at Medicare offices in Australia if **you** will be receiving treatment. If **you** receive treatment before **you** enrol, Medicare benefits can be backdated, if **you** are eligible. To be eligible **you** must be a resident of Belgium/ Finland/ Italy/ Malta/ the Netherlands/ Norway/the Republic of Ireland/ Slovenia/Sweden/ or the United Kingdom and will need to show **your**

passport with an appropriate visa. If **you** need treatment which cannot be carried out under Medicare **you** must contact **us** before seeking private treatment. If **you** do not enrol at Medicare offices or seek any private treatment without the prior authorization of **us**, **we** may reject **your** claim or limit the amount **we** pay to **you**.

For more information **you** should contact: Health Insurance Commission, PO Box 1001, Tuggeranong, ACT 2901, Australia or visit their website at: <http://www.humanservices.gov.au>

NEW ZEALAND

Under the reciprocal health agreement, a UK citizen is eligible for treatment on the same basis as a New Zealand citizen. If **you** need any medical treatment please show the treating facility:

- **your** valid UK passport with visitor VISA
- **your** return ticket for your return journey to the UK.

You will not be eligible for treatment under this agreement if **you** are not a UK citizen (hold a valid UK passport) or do not permanently reside in the UK.

For more information **you** should contact: Ministry of Health, PO BOX 5013, Wellington, 6145, New Zealand or visit their website at:

<http://www.health.govt.nz/new-zealand-health-system>

GENERAL CONDITIONS

You must comply with the following conditions. If **you** do not comply **we** may at **our** option refuse to deal with **your** claim, or reduce the amount of any claim payment.

1. Cover for benefits in Section E - Hospital Benefit is excluded in **your country of residence**.
2. **You** must take all reasonable care and precautions to protect **yourself** against accident, illness, disease or injury and to safeguard **your** property against loss, theft or damage. **You** must act as if **you** are not covered and take steps to minimise **your** loss as much as possible and take reasonable steps to prevent a further incident and to recover missing property.
3. **You** must tell **us** as soon as possible in the event of an emergency.
4. **We** ask that **you** notify **us** within 28 days from when **you** knew that **you** would need to make a claim and **you** return **your** completed claim form and any additional information to **us** as soon as possible.
5. **You** or **your** legal representatives must supply at **your** own expense all necessary information that may be needed including details of other insurance policies that may cover the claim. **We** may refuse to reimburse **you** for any expenses for which **you** cannot provide receipts or bills. Please keep copies of all documents sent to **us**.
6. **You** must not admit, deny, settle, reject, negotiate or make any arrangement for any claim without **our** permission.
7. **You** must tell **us** and provide full details in writing immediately if someone is holding **you**

- responsible for damage to their property or **bodily injury** to them.
8. In the event of a claim and if **we** require it, **you** must agree to be examined by a **medical practitioner** of **our** choice at **our** expense. In the event of **your** death **we** may also request and will pay for a post-mortem examination.
 9. If **we** provide transportation or settle **your** claim and as a result **you** have unused travel ticket(s) **you** must surrender them to **us**. If **you** do not **we** will deduct the amount from any amount paid to **you**.
 10. **We** have the right, if **we** choose, in **your** name but at **our** expense to:
 - a) take over the settlement of any claim;
 - b) take legal action in **your** name to get compensation from anyone else for **our** own benefit or to get back from anyone else any payments that have already been made;
 - c) take any action to get back any lost property or property believed to be lost.
 11. If **you** or anyone acting for **you** in any respect, attempts to gain funds, information or other assets by deception or any other illegal means, including deliberate misrepresentation or omission of facts in order to misrepresent the true situation, cover shall become void. **We** may inform the police and **you** must repay to **us** any amount already received under the policy.
 12. If **we** pay any expense which is not covered, **you** must pay this back within one month of **our** asking.
 13. **You** must understand that remote geographical locations or unforeseeable adverse local conditions may prevent the normal standard of service being provided.
 14. If **you** possess multiple FairFX cards **we** will only pay the highest single limit of the cards, the benefit values will not be cumulative.

GENERAL EXCLUSIONS

These exclusions apply throughout **your** Benefit Schedule. **We** will not pay for claims arising directly or indirectly from:

1. Any **pre-existing medical conditions**.
2. Under all sections, any claim not arising from the circumstances listed in WHAT IS COVERED.
3. Claims where **you** have not provided the necessary documentation requested by **us** at **your** expense. **We** may also ask for more documentation to substantiate **your** claim.
4. **Your** engagement in or practice of manual work defined as: any work above ground level; work using cutting tools, power tools and machinery; work involving hands-on involvement with the installation, assembly, maintenance or repair of electrical, mechanical or hydraulic plant; undertaking work of a plumber, electrician, lighting or sound technician, carpenter, painter/decorator or builder, or manual labour of any kind, with the exception of bar and restaurant work, wait staff, chalet, maid, au pair and child care, and occasional light manual work at ground level including retail work and fruit picking.
5. **Your** participation in or practice of any sport or activity unless it is shown as covered under **Sports and Activities** on page 6 regardless of whether undertaken as an organised event. Flying except as a fare paying passenger in a fully-licensed passenger-carrying aircraft; the use of a motorised vehicle or motorised vehicles unless a full driving licence is issued in **your country of residence** is held permitting the use of such vehicles and in the case of two or three wheeled vehicles **you** and **your** passenger are wearing a helmet; professional entertaining; professional sports; racing (other than on foot); motor rallies and motor competitions or any tests for speed or endurance.
4. **You** attempting or committing suicide; deliberately injuring **yourself**; using any drug not prescribed by a **medical practitioner**, being addicted to, abusing or being **under the influence** of drugs, solvents, or alcohol.
5. Self-exposure to needless peril (except in an attempt to save human life).
6. **Your** involvement in a fight except in self-defence.
7. **Your** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.
8. **Your** own unlawful action or any criminal proceedings against **you** or any loss or damage deliberately carried out or caused by **you**.
9. Any other loss, damage or additional expense following on from the event for which **you** are claiming. Examples of such loss, damage or additional expenses would be the cost incurred in preparing a claim, loss of earnings, loss or costs incurred arising from the interruption of **your** business, inconvenience, distress, or loss of enjoyment.
10. Operational duties as a member of the Armed Forces.
11. **Your** travel to a country or specific area or event to which a government agency in the **country of residence** or the World Health Organisation has advised the public not to travel, or which are officially under embargo by the United Nations.
12. **You** climbing, jumping or moving from one balcony to another regardless of the height of the balcony.
13. Any costs **you** would have been required or been expected to pay, if the event resulting in the claim had not happened.
14. Any circumstances **you** are aware of that could reasonably be expected to give rise to a claim
15. Costs of telephone calls, faxes or internet charges unless they are documented as costs to contact **us**.
16. A condition for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**.
17. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, **terrorism**, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power but this exclusion shall not apply to losses under Section E - Hospital

Benefit unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any trip.

18. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
19. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
20. Any claim within the **country of residence** for Section E – Hospital Benefit.

SPORTS AND ACTIVITIES

You are covered under Section E – Hospital Benefit for the following activities. Sports and activities are excluded if **your** participation in them is the sole or main reason for **your trip** (excluding golf and **Winter Sports trips**).

Abseiling
 Archery
 Badminton
 Baseball
 Basketball
 Bowling
 Camel Riding
 Canoeing (up to grade/class 3)
 Clay pigeon shooting
 Cricket
 Cross country skiing
 Elephant Riding
 Fell running
 Fencing
 Fishing
 Football
 Glacier Skiing
 Go- Karting
 Golf
 Hockey
 Horse Riding
 Horse Trekking
 Hot air ballooning
 Ice Skating (on recognised ski rinks)
 Jet Biking
 Jet Skiing
 Kitesurfing
 Monoskiing
 Mountain bicycling on tarmac
 Netball
 Orienteering
 Paintball
 Pony Trekking
 Racquetball
 Road Cycling
 Roller skating
 Rounders
 Running
 Sailing
 Scuba diving † (see note below)

Ski touring
 Skidoo/snowmobiling
 Skiing (on piste or off piste with a guide)
 Snowblading
 Snowboarding (on piste or off piste with a guide)
 Snowshoeing
 Squash
 Surfing
 Table Tennis
 Tennis
 Tobogganing
 Trampolining
 Trekking (up to 4000 metres without use of climbing equipment)
 Volleyball
 War games
 Water polo
 Water Skiing
 Wind Surfing
 Yachting
 Zorbing

† Scuba diving to the following depths, when **you** hold the following qualifications, and are diving under the direction of an accredited dive marshal, instructor or guide and within the guidelines of the relevant diving or training agency or organisation:

- PADI Open Water – 18 metres
- PADI Advanced Open Water – 30 metres
- BSAC Ocean Diver – 20 metres
- BSAC Sports Diver – 35 metres
- BSAC Dive Leader – 50 metres

We must agree with any equivalent qualification. If **you** do not hold a qualification, **we** will only cover **you** to dive to a depth of 18 metres.

SECTION A – PRE-TRAVEL ADVICE

WHAT IS COVERED

Before and during **your trip** **we** will provide **you** with information on preparing for a journey; current visa and entry requirements for all countries; current vaccination requirements and information on current World Health Organisation warnings; customs, duties and regulations; foreign exchange rates and value added taxes; weather forecasts abroad; specific languages spoken at the travel destination; time zones and time differences.

SECTION B – EMERGENCY MEDICAL ASSISTANCE

WHAT IS COVERED

We will assist and make arrangements for the following benefits, for each **beneficiary** who suffers sudden and unforeseen **bodily injury** or illness, or who dies during a **trip** outside the **country of residence**.

Payment of the following benefits in Section B should be covered by the Insurer underwriting benefits under the **beneficiaries** travel insurance policy (subject to terms and conditions issued by the Insurer of such benefits).

1. EMERGENCY MEDICAL REFERRAL
We will provide the initial response to **your** request for medical assistance. **We** will record **your** request and will advise **you** of the immediate steps **you** should take. **We** will not make a diagnosis but, at **your** request and expense, will arrange an appointment with a **medical practitioner** for an appropriate diagnosis, with payment made by **you** at the time of the visit, or make an appointment for **you** with an appropriate medical facility, with payment made by **you**.
2. MEDICAL EVACUATION/REPATRIATION
 Should **you** suffer **bodily injury** or illness and **we** and the attending **medical practitioner** recommend hospitalisation, **we** will arrange for:
 - a) **Your** transfer into one of the nearest hospitals, and
 - b) If necessary on medical grounds,
 - i. **your** transfer to a hospital more appropriately equipped for the particular injury or illness, or
 - ii. **your** direct repatriation to an appropriate hospital or other health care facility near **your home**, if **your** medical condition permits repatriation.

Our Chief Medical Officer and the attending **medical practitioner** will determine whether **your** medical conditions permit repatriation as a regular passenger or whether other arrangements are necessary under the circumstances.
3. REPATRIATION AFTER MEDICAL TREATMENT
 Upon **your** discharge from hospital, **we** shall arrange **your** repatriation to **your home** as a regular passenger when such travel is possible, according to the medical opinion of both the treating **medical practitioner** and **our** Chief Medical Officer. **We** shall make other necessary arrangements according to **your** medical condition, if they are not covered under **your** original return ticket.
4. HOTEL ROOM FOR CONVALESCENCE
We will organise accommodation for **you** up to €100 per night for 5 nights for the sole purpose of convalescence immediately following **your** discharge from the hospital and if deemed **medically necessary** by both the treating **medical practitioner** and **our** Chief Medical Officer, who will together determine the duration of the required convalescence.
5. EMERGENCY VISIT
 If **you** are hospitalised as a result of a **bodily injury** or illness and if recommended on medical grounds by **our** Chief Medical Officer, **we** will organise for a return economy ticket from the **country of residence** as well as reasonable accommodation costs for a person requested by **you** to visit.
6. REPATRIATION OF MORTAL REMAINS
 In the event of **your** death **we** will make all the necessary arrangements (including any activities necessary to meet official formalities), for the

repatriation of **your** body or ashes to the place of burial in the **country of residence**.

IMPORTANT CONDITIONS

1. **You** must give **us** notice as soon as possible of any **bodily injury** or medical condition which necessitates **your** admittance to hospital as an in-patient or before any arrangements are made for **your** repatriation.
2. In the event of **your bodily injury** or medical condition **we** reserve the right to relocate **you** from one hospital to another and arrange for **your** repatriation to the **country of residence** at any time during the **trip**. **We** will do this if in the opinion of the **medical practitioner** in attendance or **our** Chief Medical Officer **you** can be moved safely and / or travel safely to the **country of residence** to continue treatment.

WHAT IS NOT COVERED

1. Any claim arising directly or indirectly from any **pre-existing medical conditions**.
2. Any treatment which is not a surgical or medical procedure with the sole purpose of curing or relieving acute unforeseen illness or injury.
3. Any form of treatment or surgery which in the opinion of **our** Chief Medical Officer can be delayed reasonably until **your** return to the **country of residence**.
4. Any benefits when **you** are travelling against the advice of a **medical practitioner** (or would be travelling against the advice of a **medical practitioner** had **you** sought his/her advice).
5. Any medical treatment, diagnostic testing or consultation that was pre-planned or pre-known by **you**.

SECTION C. DELAYED DEPARTURE, INVOLUNTARY DENIAL OF BOARDING, MISSED CONNECTION

WHAT IS COVERED

If **you** have arrived at the terminal and have checked in or attempted to check in during **your outward journey** or **homeward journey** and the departure of **your** pre-booked scheduled **public transport** is delayed at the final departure point for at least 4 hours from the scheduled time of departure due to:

- a) **strike or industrial action**; or
- b) **adverse weather conditions**; or
- c) mechanical breakdown of or a technical fault occurring in the scheduled **public transport** on which **you** are booked to travel;
- d) involuntary denial of boarding a confirmed scheduled flight if **you** have checked-in or attempted to check in within the published check-in times

we will reimburse **your** costs incurred in respect of restaurant meals and refreshments consumed within the airport, port or rail terminal, or additional accommodation (room only) after a minimum of 4 hours delay and **your** actual departure time, up to the maximum amount shown in the **Benefit Table** for **beneficiaries** travelling together. Claims are strictly

calculated from the time of **your** scheduled departure to the time of **your** actual departure.

WHAT IS NOT COVERED

1. Any costs or charges for which any carrier or provider must, has or will compensate **you**.
2. All amounts in excess of actual expenses of any compensation paid by the carrier.
3. Costs in excess of the original provider's alternative arrangements should **you** choose any alternative transportation.
4. Claims where **you** have not checked in according to the itinerary supplied to **you**.
5. Claims where **you** have not obtained confirmation from the carriers (or their handling agents) in writing of the number of hours of delay and the reason for the delay.
6. Claims where **you** have not obtained a written report substantiated by www.worldweatheronline.com/ confirming the **adverse weather** which caused the delay.
7. Claims where **you** have not retained and provided original receipts for costs above £5.
8. **Strike or industrial action** or air traffic control delay which had commenced or for which the start date had been announced before **you** made **your** travel arrangements for **your trip**, and/or these benefits became effective.
9. Withdrawal from service of **public transport** on the recommendation of the Aviation Authority or a Port Authority or any similar body in any country.
10. Any expenses when reasonable alternative travel arrangements have been made available within 4 hours of the scheduled departure time.
11. Missed connection with less than a minimum connection time of 2 hours between connecting flights or longer if flight reservations systems require longer periods for connections.
12. Any claims where written proof from the airline is not obtained confirming **your** inability to travel through over-booking and the period of delay until your next available flight is confirmed
13. More than one claim under this section for the same event for Delayed Departure, Involuntary Denial of Boarding, or Missed Connection.
14. Privately chartered flights.
15. Costs for taxi fares, newspapers, laundry costs, or interpreters' fees.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SECTION D. BAGGAGE DELAY

WHAT IS COVERED

Up to the amount shown in the **Benefit Table** in total for all **beneficiaries** travelling together, for the emergency replacement of clothing, medication and toiletries if the checked in **baggage** is temporarily lost in transit during the **outward journey** and not returned to **you** within 4 hours of **your** arrival, provided written confirmation is obtained from the airline, confirming the number of hours the **baggage** was delayed.

IMPORTANT CLAIM CONDITIONS

1. Within 14 days of the return of **your baggage** **you** should notify the carrier in writing that **we** will submit a claim to them for additional expenses due to the delay. **You** must submit the claim to **us** in the first instance and **we** will then file **your** claim with the carrier on **your** behalf.
2. **You** must obtain written confirmation from the carrier, confirming the number of hours the **baggage** was delayed. **You** must:
 - a) obtain a Property Irregularity Report from the airline or their handling agents
 - b) give written notice of the claim within the time limitations of the carrier and retain a copy.
 - c) retain all travel tickets and tags to submit with a claim.
3. All amounts are only for actual receipted expenses in excess of any compensation paid by the carrier.
4. The amounts shown in the **Benefit Table** are the total for each delay irrespective of the number of **beneficiaries** travelling together.
5. If the **covered card** could not be used for the essential purchases, itemised receipt for these purchases must be retained.

WHAT IS NOT COVERED

1. Claims due to delay, confiscation or detention by customs or other authority.
2. Claims arising from **baggage** shipped as freight or under a bill of lading.
3. Amounts in excess of any compensation paid by the carrier.
4. Reimbursement for Items purchased after **your baggage** was returned.
5. Reimbursement where itemised receipts are not retained.
6. Claims which do not relate to **your outward journey** on a **trip** outside of the **country of residence**.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SECTION E. HOSPITAL BENEFIT

WHAT IS COVERED

We will also reimburse **you** up to the amount shown in the **Benefit Table** for incidental expenses (such as telephone line rental, television rental and visitor taxi journeys) for each continuous 24 hour period that **you** have to spend in hospital as an in-patient outside the **country of residence**. All itemised receipts must be retained to submit with **your** claim.

WHAT IS NOT COVERED

1. Any costs where **you** have not retained and provided an original receipt.
2. Any **pre-existing medical conditions**.
3. Any claims arising directly or indirectly from:
 - a) any additional period of hospitalisation relating to treatment or surgery, including exploratory tests, which are not directly related to the **bodily injury** or **medical condition** which necessitated **your** admittance into hospital.

- b) any additional period of hospitalisation relating to treatment or services provided by a convalescent or nursing home or any rehabilitation centre.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SECTION F. TRAVEL ACCIDENT

WHAT IS COVERED

If **you** suffer an accidental **bodily injury** whilst on **public transport** during **your trip** which, within 12 months is the sole and direct cause of **your death** or **loss of limb, loss of sight** or **permanent total disablement**, we will pay to **you** or **your** legal personal representative one of the benefits as shown in the **Benefit Table**.

Benefit is not payable under more than one item shown in the **Benefit Table**.

IMPORTANT CLAIMS CONDITIONS

1. **Our medical practitioner** may examine **you** as often as may be reasonably necessary prior to paying a claim.
2. The benefit is not payable to **you** under more than one of the items shown in the **Benefit Table**.

WHAT IS NOT COVERED

1. Any claim arising directly or indirectly from any **pre-existing medical conditions**.
2. Any disability or death that is caused by a worsening of physical health (e.g. a stroke or a heart attack) and not as a direct result of a **bodily injury**.
3. Payment under **permanent total disablement** one year before the date **you** sustain **bodily injury**.
4. Normal and habitual travel to and from the **beneficiary's home** and place of employment or second residence as this shall not be considered as a covered **trip**.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

MAKING A CLAIM

In the event of an emergency **you** should call **us** on +44 (0) 1753 778619.

To submit a non-emergency claim please call our claims team on +44 (0) 1753 778619 (Monday - Friday 9:00 - 17:00) to obtain a claim form. **You** will need to give:

- **your** name
- **your covered card** number
- brief details of **your** claim.

We ask that **you** notify **us** within 28 days of **you** becoming aware of needing to make a claim (unless otherwise stated) and return the completed claim forms with any additional requested documentation as soon as possible. Please send the completed claim forms and additional documents to: Fulfilment Team, AXA Travel Insurance, The Quadrangle, 106-118 Station Road, Redhill, Surrey, RH1 1PR, England.

Please ensure the claim reference number is on the documentation **you** send. Alternatively **you** can email the completed claim forms and documents to: claims@axa-assistance-claims.com. Please ensure the claim reference number is in the subject box of the email.

Please keep a copy of all documents sent to **us**. To help **us** agree a quick and fair settlement of a claim, it may sometimes be necessary for **us** to appoint a claims handling agent.

COMPLAINTS PROCEDURE

We make every effort to provide **you** with the highest standards of service. If on any occasion **our** service falls below the standard **you** would expect **us** to meet, the procedure below explains what **you** should do.

You can write to the Quality Manager, who will arrange an investigation on behalf of the General Manager, at: AXA Travel Insurance, Head of Customer Care, The Quadrangle, 106-118 Station Road, Redhill, Surrey, RH1 1PR, United Kingdom. Or **you** may use e-mail: claimcomplaints@axa-assistance.co.uk Or telephone +44 (0)1737 815 227.

If it is impossible to reach an agreement, **you** may have the right to make an appeal to the Financial Ombudsman Service by writing to: Financial Ombudsman Service, Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, London, E14 9SR, United Kingdom; Or **you** can phone 0800 023 4567, free for people phoning from a 'fixed line' (for example, 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. Website: www.financial-ombudsman.org.uk

These procedures do not affect **your** right to take legal action.

USE OF YOUR PERSONAL DATA

In using these benefits **you** also agree **we** may:

- a) disclose and use information about **you** and **your** benefits - including information relating to **your** medical status and health - to companies within the AXA Assistance Group of companies worldwide, **our** partners, service providers and agents in order to administer and service **your** benefits, process and collect relevant payments and for fraud prevention;
- b) undertake all of the above within and outside the European Union (EU). This includes processing **your** information in countries in which data protection laws are not as comprehensive as in the EU. However, **we** have taken appropriate steps to ensure the same (or equivalent) level of protection for **your** information in other countries as there is in the EU; and
- c) monitor and/or record **your** telephone calls in relation to cover to ensure consistent servicing levels and account operation.

We use advanced technology and well defined employee practices to help ensure that **your** information is processed promptly, accurately and completely and in accordance with applicable data protection law.

If **you** want to know what information is held about **you** by the AXA Assistance Group, please write to:
AXA Travel Insurance, Data Protection Officer, The Quadrangle, 106-118 Station Road, Redhill, RH1 1PR, United Kingdom

There may be a charge for this service, as permitted by law. Any information which is found to be incorrect will be corrected promptly.

CANCELLATION OF THE BENEFITS

These benefits are included with **your covered card**; the benefits cannot be cancelled separately. If **you** cancel the **covered card** the cover will end and all benefits will stop. Please see **your** Credit Card agreement for full details of how to cancel the **covered card**.

COMPENSATION SCHEME

In the unlikely event that Inter Partner Assistance is unable to meet its obligations, **you** may be entitled to compensation under the Financial Services Compensation Scheme (FSCS). Further information about compensation scheme arrangements is available from the FSCS. Their contact details are Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU, United Kingdom.

Call: 0800 678 1100 or 020 7741 4100, Fax: 020 7741 4101

Website: www.fscs.org.uk