

Worldwide Business Travel Options

Valid from 2011 • USD/EUR/CHF/GBP

Probably
the best corporate
travel insurance

for you and your employees



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Sincere
value



Why choose ihi Bupa

We expect you to have high expectations. This is why we offer you one of the best corporate travel insurances in the world.

Our aim is to give you peace of mind by covering you and your employees whenever and wherever you travel, providing you with high quality service, giving you access to suitable treatment and getting you back home safely when required.



Worldwide cover

Your benefits*

- Worldwide cover
- Unlimited medical cover
- 24/7 in-house emergency service
- Free choice of recognized hospitals and doctors
- No deductible/excess or co-payment on Basic Cover
- Build your own flexible cover with baggage, liability and trip cancellation
- Cover on business and leisure trips
- Cover for co-travelling family members, incoming guests, business partners, etc.
- Cover for most occupations
- Cover for all nationalities
- Online policy administration

*For full details of cover and benefits see the Policy Conditions.

Online policy administration

Manage your policy online

With Worldwide Business Travel Options from ihi Bupa you will not only get high quality cover for your employees - you will also get the maximum flexibility and security.

We offer you exclusive access to our online Trip Registration site where you can manage your own policy 24/7 whenever and wherever you are.

You will get your own account with private and secure password protected access.

You will save valuable time and get the perfect overview of your travel days.

Your online options

- Print confirmation letter for each trip
- Register all your trips
- View bought, used and remaining travel days
- View active, future and past trips
- Modify travel information if changes to itinerary

Easy • Flexible •
Secure • Time Saving



Your cover options

With Worldwide Business Travel Options we offer you a solution that allows you to tailor your own travel insurance policy. This gives you flexibility and complete peace of mind.

The Basic Cover is a full medical Plan which can be taken out on its own or you can add one or both of the options.



See pages 10-11 for full list of cover and benefits.

Cover and benefits

Valid from 1 January 2011

The list of cover and benefits is part of the Policy Conditions.

Maximum cover and benefits are per person per trip:

Basic Cover	USD	EUR	CHF	GBP
Maximum cover per person per trip	Unlimited	Unlimited	Unlimited	Unlimited
Hospitalisation	100%	100%	100%	100%
Outpatient treatment by a doctor/specialist	100%	100%	100%	100%
Prescribed medicines	100%	100%	100%	100%
Prescribed treatment by a physiotherapist/chiropractor	2,500	2,000	3,400	1,375
Provisional pain relieving dental treatment	300	250	400	165
Ambulance transportation	100%	100%	100%	100%
Medical evacuation/repatriation	100%	100%	100%	100%
Evacuation	100%	100%	100%	100%
Return trip	100%	100%	100%	100%
Compassionate emergency repatriation	100%	100%	100%	100%
Accompaniment	100%	100%	100%	100%
Compassionate emergency visit	100%	100%	100%	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	6,000 per day 300	5,000 per day 250	8,000 per day 400	3,300 per day 165
Statutory arrangements in case of death	100%	100%	100%	100%
Home transportation of the deceased	100%	100%	100%	100%
Continuation of trip post treatment (must be pre-approved by the Company)	100%	100%	100%	100%

Non-Medical Option	USD	EUR	CHF	GBP
Personal accident - death and disability*	75,000	55,000	83,000	42,000
Baggage - theft, loss or damage	3,000	2,500	3,300	1,650
Theft of passport and/or cash	300	250	330	165
Baggage delay	500	350	550	280
Personal liability - property damage	500,000	360,000	550,000	280,000
Personal liability - bodily injury	1,000,000	715,000	1,100,000	550,000
Flight delay	500 per day 100	350 per day 70	550 per day 110	300 per day 60
Hospital daily benefit	2,000 per day 50	1,400 per day 35	2,400 per day 60	1,200 per day 30
Security and legal assistance	10,000	7,200	11,100	5,500

*cf., however, art. 12.2-5) and 12.2-6)

Trip Cancellation Option	USD	EUR	CHF	GBP
Per person per trip	1,500	1,100	1,650	850

The complete terms and insurance sums are stated in the Policy Conditions.



In-house
Emergency Service 24/7

How to take out the insurance

It is easy to take out the insurance

One of the great advantages of Worldwide Business Travel Options from ihi Bupa is that it is easy to take out the insurance. Your company is not required to report date of birth or state of health of its employees. You only need to fill in one application form for the whole company in order for us to issue the policy.

We will issue one collective policy for your company covering all travellers. The insurance is taken out for a one year period and is renewable every year.

Upon entering into the agreement, you make an estimate of the travel activity undertaken by your employees, including all other persons, such as co-travelling family members, incoming guests, business partners, etc. who should be included on the policy. Extra days can always be added during the insurance period.

Upon renewal, the travel activity may have changed, and the policy can easily be adjusted accordingly by adding or deducting travel days as required, for the new insurance period.

Get a quotation

Request a detailed quotation online at www.ihicom or contact us or your local ihi Bupa representative. The premium will be quoted per year and depends on the total annual travel activity. Please note that a minimum of 200 travel days per year for all travellers in total is required. If your company does not have 200 travel days per year, we would recommend that you take out our individual travel insurance instead.

Request a call back

Online at www.ihicom you can request us to call you. We will be happy to provide more details about the cover available and answer any questions you might have.

How to use the insurance

If you have a pre-existing condition

A travel insurance is designed to cover acute illness and injury occurring after you have started your trip abroad. In order for an illness to be covered it must be unexpected. Therefore, if you suffer from a condition before you begin your trip, this will normally not be covered. If you have a pre-existing condition and if you are not sure whether the insurance provides coverage, you should send a medical report to ihi Bupa to get information about the cover in your particular situation. In order for the condition to be covered, it must have been stable the last six months prior to departure. This applies to every trip - not just at the time you take out the insurance. See also Art. 6.5.

The medical form can be downloaded from www.ihicom.com.

Acute assistance in the event of injury

ihicom Bupa must always be notified immediately in case of hospitalisation, evacuation, compassionate emergency repatriation, accompaniment, compassionate emergency visit, death and accident. If you need help, you can contact our in-house Medical Centre 24 hours a day on +45 70 23 24 61, email: emergency@ihicom-bupa.com. We can send a guarantee of payment to hospitals, arrange home transportation and provide other kinds of assistance in connection with acute illness and injury.

How to report a claim

You can send us your claim by email by filling in the claim form on www.ihicom.com. Please complete the form with as much detailed information as possible and send it to traveleclaim@ihicom.com together with all relevant documentation such as scanned receipts and itemised physician's bills, expenses for medicine and dental treatment, etc.

You can also print the claim form on www.ihicom.com and send the original together with all original itemised bills by ordinary mail.

Cover on
business and
leisure trips



Policy Conditions

Valid from 1 January 2011



In accordance with the Danish Insurance Contracts Act.

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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.

1.2: The insurance must be taken out on an annual basis, and must remain effective for 12 months, as a minimum. The minimum number of travel days per policy is 200. Upon renewal, the policy must always be renewed with a minimum of 200 days, regardless how many travel days have been transferred from the previous insurance period.

1.3: The maximum duration per trip for each insured person is 12 months.

1.4: 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.

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

Art. 2

Commencement date

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.

2.2: The right to reimbursement shall take effect on the commencement date of the insurance. The cover is effective when the insured leaves his/her country of permanent residence and shall cease upon return to the country of permanent

residence. If the insurance is taken out after the insured has left the country of permanent residence, there is a waiting period of three days before the insurance 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.

Art. 3 **Who is covered by the insurance?**

3.1: The insurance must be taken out by a company (the policyholder), and it covers all employees (the insured) travelling in the interest of the company. The insurance may be extended to include:

- 1) board members, co-travelling spouses, children and guests travelling in the interest of the company, and/or
- 2) combined business and leisure trips, and/or
- 3) leisure trips.

Such extension must be accepted by the Company and stated in the policy schedule.

3.2: The insurance does not cover persons who have reached 80 years of age at the time of travel.

3.3: The Company must be notified of the insured's travel dates prior to each trip.

Art. 4 **Where is cover provided?**

4.1: The insurance shall provide worldwide cover, cf. however Art. 20.1-27

4.2: The insurance does not provide cover within the insured's country of permanent residence.

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 benefits listed on page 10 and 11.

Art. 6 **Medical expenses**

6.1: The insurance shall cover the medical expenses incurred by the insured in case of an 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, USD 2,500 / EUR 2,000 / CHF 3,400 / GBP 1,375 per insured.

6.4: Provisional pain relieving dental treatment by authorised dentists and prescribed medicines in connection herewith shall be compensated within a maximum of USD 300 / EUR 250 / CHF 400 / GBP 165 per insured.

6.5: 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 departure and/or start of the insurance period.
- 2) has been treated by a physician (routine check-ups excepted) within six months prior to departure and/or start of the insurance period.

- 3) has had a change of medication within six months prior to departure and/or start of the insurance period,
- 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 prearranged 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.

6.6: Physicians, specialists, dentists, etc. performing the treatment must have authorisation in their 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.

6.7: 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: Reimbursement shall be paid for reasonable additional expenses incurred for the insured's medical evacuation/repatriation in the event of an acute serious illness (cf. Art. 6.5), 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: Only one transportation is covered in connection with one illness or injury or case of death.

7.4: 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.

Expenses shall be reimbursed for repatriation for any two of the summoned relatives or fellow-travellers of the deceased. The Company shall reimburse travel expenses equivalent to the cost of an aeroplane ticket on economy class, as a maximum.

7.5: 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, food and local transportation is limited to USD 300 / EUR 250 / CHF 400 / GBP 165 per day and subject to an overall maximum of USD 6,000 / EUR 5,000 / CHF 8,000 / GBP 3,300.

7.6: 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 **Return trip**

8.1: 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.

8.2: 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.

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

8.4: 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. 9 **Compassionate emergency repatriation**

9.1: 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.

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

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

9.4: 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.

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

9.6: 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.

9.7: 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. 10 **Accompaniment and compassionate emergency visit**

10.1: The insurance shall cover accompaniment 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 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 life-threatening. In case of disagreement, the decision of the Company's medical consultant shall prevail.

10.2: The insured is entitled to have 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.

10.3: 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 USD 300 / EUR 250 / CHF 400 / GBP 165 per day up to a maximum of USD 6,000 / EUR 5,000 / CHF 8,000 / GBP 3,300 for each summoned person or fellow-traveller for reasonable additional expenses in connection with accommodation, food and local transportation.

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

Art. 11 **Evacuation**

11.1: 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 advises against travelling to the area and/or 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 such a situation has been declared and documented by the Royal Danish Ministry of Foreign Affairs, the Danish embassy or a similar institution, and 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 recommends evacuation and provided that the situation arose after the insured travelled to the area.

11.2: The insurance covers transportation to the nearest safe destination or to the home country, and a maximum amount of USD 150 / EUR 110 / CHF 170 / GBP 85 per day for documented additional accommodation expenses.

11.3: 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.

11.4: 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. 12

Personal accident

12.1: If the policyholder has chosen the Non-Medical Option, compensation shall be paid by the insurance in the event of an accident that directly, and without the influence of any illness, causes the insured's death or results in loss of a limb, loss of sight, loss of extremity, or permanent total disablement.

12.1.1: An accident is defined as follows a fortuitous event occurring without the insured's intention which has a sudden, external and violent impact on the body, resulting in demonstrable bodily injury.

12.2: Exceptions to cover

The Company shall not be liable to pay reimbursement for expenses which concern, are due to or are incurred as a result of:

- 1) any illness or pre-existing medical condition which occurs, even though the illness or condition recurs as a result of the accident or is aggravated by it,
- 2) any accident caused by illness,
- 3) any aggravated consequences of an accident due to a pre-existing condition or any unforeseen illness subsequently contracted,
- 4) any consequences of medical treatment not necessitated by an accident covered by the insurance,
- 5) if the insured is under the age of 18, compensation in case of death is limited to USD 3,000 / EUR 2,500 / CHF 4,000 / GBP 1,700,
- 6) if the insured is over the age of 75, the compensation payable in case of death or

disablement is limited to 50% of the insurance sum.

12.3: Compensation in case of death becomes payable at 100% of the insurance sum when an accident directly results in the insured's death within one year after the accident.

Unless the Company has received written instructions to the contrary, the insurance sum shall be paid to the insured's immediate family members, defined as the insured's spouse, or, if the insured leaves no spouse, the insured's children or, in the absence of any children, the insured's cohabitee, provided that such cohabitee has been registered at the same address as the insured for at least two years or, in the absence of a cohabitee, the insured's beneficiaries.

If compensation in the event of disablement was paid as a consequence of the accident, the amount of compensation payable is the amount by which the death benefit exceeds the payment already made.

12.4: Compensation in case of loss of a limb, loss of sight, loss of extremity, or permanent total disablement becomes payable, provided that the injury causes disablement of the insured within one year after the accident.

- 1) Loss of a limb shall be loss by separation or the total and irrecoverable loss of use of a hand at or above the wrist or a foot at or above the ankle. Compensation shall be made at 50% of the insurance sum.
- 2) Loss of sight shall be loss of sight of one or both eyes which is certified as being complete and irrevocable by a qualified practitioner specialising in ophthalmology and approved by the Company. In case of loss of sight of one eye, compensation shall be made at 25%

of the insurance sum. In case of loss of sight of two eyes, compensation shall be made at 50% of the insurance sum.

- 3) Loss of extremity shall be the permanent physical separation or the total and irrecoverable loss of use of a digit or part thereof or an ear, nose or genital organ or part of one of the above. Compensation shall be made at 10% of the insurance sum.
- 4) Permanent total disablement shall be disablement which inevitably and continuously prevents the insured from carrying out every aspect of his/her normal business or occupation for a period of 12 calendar months and, at the end of such period is certified by two qualified medical practitioners approved by the Company as being beyond hope of improvement. If the insured has no business or occupation, the disablement must confine him/her immediately and continuously to the house and prevent him/her from attending to his/her normal duties. Compensation shall be made at 100% of the insurance sum.

12.5: The insured must be receiving medical treatment and comply with the physician's instructions.

12.6: The Company is entitled to obtain information from any physician who is treating or has been treating the insured, to subject the insured to treatment by a physician chosen by the Company and, in case of death, to demand an autopsy.

Art. 13

Baggage

13.1: If the policyholder has chosen the Non-Medical Option, the Company shall compensate the insured for the following items belonging to the insured on his/her travel outside his/her country

of permanent residence: baggage, electronic equipment, cash, tickets, traveller's cheques, credit cards, securities and passports. Baggage and electronic equipment of any nature for commercial use, including travellers' samples, dealers' stock and collections, are not covered. Bicycles, sports equipment and accessories hereto are not covered. Reimbursement for any individual object may never exceed 50% of the insurance sum. The maximum reimbursement for photo equipment and jewellery amounts to 25% of the insurance sum.

The insurance sum amounts to the maximum compensation per claim, according to the list of Cover and Benefits.

13.2: As described in the table below, the following limits apply:

Cause / Item	Baggage and electronic equipment	Cash, tickets, securities, and passports
Fire, robbery, theft from a locked hotel room, a locked home abroad or a locked safety box	Up to the sum insured	10% of the sum insured
Theft, when observed being committed, of covered items carried on or by the insured	Up to the sum insured	10% of the sum insured
Theft from a boot or locker separate from the passenger compartment of a locked boat or a motor vehicle	Up to the sum insured	10% of the sum insured
Documented loss or theft of registered baggage (proof must be submitted)*	Up to the sum insured (electronic and photography equipment, however, is not covered)	Not covered
Documented damage to registered baggage (proof must be submitted)	Up to the sum insured (electronic equipment, however, is not covered)	Not covered
Theft from the passenger compartment of a locked boat or motor vehicle	Not covered	Not covered
Forgotten, lost or mislaid items	Not covered	Not covered
Theft of baggage left without effective supervision	Not covered	Not covered
Theft from motor vehicle, boat, trailer, hotel room, home or safety box that bear no visible signs of forced entry	Not covered	Not covered
Damage to baggage caused by food, bottles, glass, etc. packed in insured's own baggage	Not covered	Not covered
Loss in connection with abuse of credit card or traveller's cheques	Not covered	Not covered
Loss of or damage to baggage freighted separately	Not covered	Not covered
Indirect loss	Not covered	Not covered
Simple theft	Not covered	Not covered

*Compensation cannot be paid sooner than one month after the loss.

13.3: Reimbursement for the insured's lost valuables is calculated according to the following principles:

- 1) the insurance shall cover the replacement cost of comparable new items, if the covered items are documented as less than two years old,
- 2) for items more than two years old, purchased second-hand or already damaged, compensation will be fixed at the replacement cost of comparable new items less a fair deduction for deterioration due to age, wear and tear, reduced usability or any other circumstance. This also applies to items for which no documentation of age and value can be provided,
- 3) the Company may choose to have damaged items repaired or pay an amount corresponding to the costs of repair,
- 4) the Company is entitled, but not obliged to provide compensation in kind,
- 5) coverage for film, video and tape recordings and the like is limited to the cost of the raw materials,
- 6) the insurance shall cover the costs of replacing tickets, traveller's cheques, credit cards, securities and passports. The costs include necessary transportation charges, fees, photos, etc., but not compensation for the time involved in replacing the items.

13.4: The Company shall only be liable to pay compensation if the baggage is handled and stored safely, and if the insured exercises due care.

13.5: Any theft or robbery must be reported to the nearest police authority. If, in exceptional circumstances, it is not possible to notify the relevant local authority, for instance due to imminent departure, the Company must be notified as soon as possible following the insured's return home.

Loss of or damage to registered baggage must be notified to the relevant carrier.

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

Art. 14 Delayed baggage

14.1: If the policyholder has chosen the Non-Medical Option, the insurance covers reasonable expenses for the purchase of essential items of clothing, toiletries and essential medicine in cases where registered baggage is delayed for more than five hours after the time of arrival at the destination outside the country of permanent residence.

14.2: Insurance cover is conditional upon the insured:

- 1) providing a Property Irregularity Report from the carrier stating that the baggage did not arrive at the scheduled time and date, and indicating the date and time of actual arrival,
- 2) having already made a replacement purchase before the baggage was returned to him/her,
- 3) providing documentation of the expenses in the form of dated receipts or vouchers.

14.3: The insurance does not cover:

- 1) the rental or purchase of sports equipment,

- 2) indirect losses,
- 3) delays to an insured's registered baggage when returning to their country of permanent residence.

Art. 15
Personal liability

15.1: If the policyholder has chosen the Non-Medical Option, the insurance shall cover the following:

- 1) legal liability for any bodily injury or property damage incurred by the insured under the existing laws of the country in which such injury or damage occurs,
- 2) costs of settling the compensation issue defrayed in agreement with the Company,
- 3) damage to a rented holiday home/ hotel and the contents of a rented home.

15.2: Exceptions to cover

The Company shall not be liable to pay reimbursement for expenses which concern, are due to or are incurred as a result of:

- 1) liability for contractual liability,
- 2) claims arising out of or incidental to the insured's business, employment or work,
- 3) claims arising as a consequence of the insured having incurred, by contract or in any other way, liability which is more extensive than that incurred under the general statutory provisions on non-contractual liability,
- 4) loss of or damage to personal property which the insured owns, has on loan, on hire (except cover according to Art. 15.1-3), or for storage or use, or which is in his/her care for

transporting, processing or treating purposes, or which is in his/her possession or care for any other reason,

- 5) loss or damage to any family member, member, co-worker or co-traveller of the insured,
- 6) loss or damage caused by the insured's domestic animals,
- 7) claims arising as a consequence of the insured having transmitted a disease to another person via infection or otherwise,
- 8) loss or damage caused by the use of a motor vehicle, caravan or trailer, aircraft and boat including the sail measuring more than three metres, or, a motor vehicle, camper or trailer, aircraft or boat including the sail measuring less than three metres if the engine power exceeds three HP.
- 9) legal liability for bodily injury or property damage caused by the insured with intent or gross negligence.
- 10) claims arising as a consequence of the insured having participated in any illegal activity.

15.3: The insurance shall not cover fines or punitive charges.

15.4: The insurance sum stated on the policy schedule for property damage and bodily injury is the highest limit of the Company's liability for any individual insurance event, even if it results in several losses or incidents of damage, even if several individuals can be held liable, and even if coverage is provided under one or more policies taken out with the Company.

15.5: The insured cannot - with binding effect for the Company - admit liability for any loss, damage or injury caused by him/her.

Art. 16
Flight delay

16.1: If the policyholder has chosen the Non-Medical Option, the insurance shall provide cover

- 1) in case of delay of more than five hours of a booked flight,
- 2) in case of flight cancellation,
- 3) in case of overbooking which results in the insured not getting on a booked flight.

16.2: The insurance shall provide compensation for documented, necessary and reasonable additional expenses for accommodation, food and local transportation up to USD 100 / EUR 70 / CHF 110 / GBP 60 per day per insured, up to an overall maximum of USD 500 / EUR 350 / CHF 550 / GBP 280 per insured.

16.3: It is a condition for cover that the travel policy is purchased before the delay is announced by the Carrier.

Art. 17
Hospital daily benefit

17.1: If the policyholder has chosen the Non-Medical Option, the insured will be entitled to receive a hospital cash benefit.

17.2: The hospital daily benefit must be pre-approved by the Company and applies only when treatment is received as inpatient for an eligible medical condition which is covered by the insurance.

17.3: The insurance shall compensate the insured with USD 50 / EUR 35 / CHF 60 / GBP 30 for each 24-hour period spent in hospital as an inpatient. The insurance sum amounts to a maximum of USD 2,000 / EUR 1,400 / CHF 2,400 / GBP 1,200 per insured.

Art. 18
Security and legal assistance

18.1: If the policyholder has chosen the Non-Medical Option, the insurance shall cover payment that can permanently or temporarily release the insured or his/her property from detention by local authorities.

Security is provided as an interest-free loan repayable to the Company immediately after release or on demand.

If the security is seized because the insured fails to pay a fine or compensation that he/she has been ordered to pay, or because the insured does not appear in court, or if the insured is in any other way liable for the seizure, such security shall be deemed an interest-free loan repayable to the Company immediately after seizure.

18.2: The insurance shall cover legal assistance in connection with legal problems arising during the covered trip. If, during the covered trip, the insured is charged or indicted for a criminal offence, necessary and reasonable attorney fees shall be covered until the case has been decided by a court of the first instance.

If the insured is convicted before a court of the first instance for the criminal offence, the insured's attorney fees will be deemed an interest-free loan repayable to the Company on demand. The appointment of a foreign attorney to represent the insured is subject to approval by the Company.

18.3: The insurance shall cover the insured's travel expenses if the insured is summoned to appear as a witness or to be examined before a court of law outside the country of permanent residence.

18.4: Except for security, see Art. 18.1, coverage is subject to a 10% deductible of the total costs, however, not less than USD 500 / EUR 350 / CHF 550 / GBP 280.

18.5: Exceptions to cover

The Company shall not be liable to pay reimbursement for expenses which concern, are due to or are incurred as a result of:

- 1) legal issues arising between the insured and the travel agency, tour operator or the travel supplier,
- 2) legal issues regarding contracts, the insured's business, employment or work,
- 3) legal issues relating to family law and the law of succession,
- 4) legal issues arising between the insured and the Company,
- 5) cases not arising during the covered trip,
- 6) litigation regarding liability arising out of the use of motor vehicles, aircrafts or boats,
- 7) de facto compensation, fines or punitive charges.

Art. 19

Trip Cancellation Option

19.1: If the policyholder has chosen the Trip Cancellation Option, the insurance shall provide compensation for the amount that the insured has paid for his/her trip and for which there is no possibility of a refund in case of cancellation and/or change in itinerary according to the conditions of the travel agency or airline company.

The amount reimbursed will be subject to the insured providing satisfactory evidence of actual costs incurred. The maximum reimbursed amount per insured per trip is USD 1,500 / EUR 1,100 / CHF 1,650 / GBP 850.

19.2: The right to compensation shall cease when the insured leaves his/her country of permanent residence to start the trip. The start of the trip is defined as passing border control or embarking on an aircraft, a ship or a train.

19.3: The insurance provides cover in the event that the insured cannot travel because he/she or a close relative dies, becomes seriously ill or injured requiring hospitalisation or when the insured is declared medically unfit to travel.

It is a condition for cover that the death, illness including any symptoms thereof or injury, occurs after the insured has booked and/or paid for the trip and after the purchase of the insurance policy.

In the case of a covered incident resulting in cancellation, a single co-insured traveller's costs will also be covered. Where the insured is travelling with his/her co-insured spouse and/or children, these family members will be covered.

19.4: Exceptions to cover

The Company shall not be liable to pay reimbursement for expenses which concern, are due to or are incurred as a result of:

- 1) if the illness, injury or the cause of death, which results in the cancellation, has shown symptoms or was present when the trip was booked and/or paid for, and the need for treatment could therefore be expected before the commencement of the trip,
- 2) if the insured 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,

- 3) if the cancelled trip is a part arrangement of the whole insured trip,
- 4) if the cancellation is due to a change in travel plans, change of mind, changed conditions at the destination, natural catastrophes, acts of terrorism or similar situations;
- 5) if the claim has occurred directly or indirectly due to the insured's intentional actions, gross negligence or omissions, unless it can be proved that the claim has no connection thereto.

19.5: In case of a claim the insured must notify the travel agency / airline company immediately. The insurance does not provide cover if cancellation takes place later than the time of departure.

19.6: In the case of a claim it is a condition that the insured obtains medical information with a diagnosis from the attending physician and that the insured, upon request, gives the Company's medical consultant access to all relevant medical records or reports, including information about previous courses of illness. In case of death the death certificate must be included.

Art. 20

Exceptions to cover

20.1: The Company shall not be liable to pay reimbursement for expenses which concern:

- 1) any illness, injury, bodily infirmity or physical disability and consequences hereof which have come into existence, or shown symptoms, before each trip abroad (cf. Art. 6.5),
- 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,
- 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 resisting 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. 6.7),
- 20) transportation which has not been arranged by the Company. However, expenses equivalent to the amount which the Company would have reimbursed, if it had been notified of the transportation shall be covered,
- 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, race or competition,
- 25) any illness or injury resulting from active engagement in an illegal act,

- 26) search and rescue services
- 27) expeditions, mountaineering and trekking in Antarctica, the North Pole and Greenland.

20.2: Expenses incurred during trips of which the Company has not been notified prior to the insured's departure, will not be covered by the insurance.

Art. 21
How to report a claim

21.1: Reimbursement 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.

If you are claiming for Delayed baggage (Art. 14) the Company requires the original Property Irregularity Report (P.I.R.) in order to complete the assessment of this claim type.

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.

21.2: In no event shall the amount of reimbursement exceed the amount shown on the bill. If the insured receives reimbursement 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 reimbursement made by the Company shall first be written down by any such outstanding amount.

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

21.4: The Company shall 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.

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

Art. 22
Cover by third parties

22.1: 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.

22.2: 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.

22.3: 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.

22.4: 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.

22.5: 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.

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

Art. 23
Payment of premium

23.1: Premiums, including renewal premiums, are determined by the Company and shall be payable in advance for the whole annual insurance period.

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

23.3: In the event of failure to pay before the commencement date of the insurance and/or the renewal period, the insurance shall not be effective and the Company shall not become liable.

23.4: Refund of premium is possible only if a written request is received by the Company prior to the commencement date of the insurance. After the commencement date of the insurance, the premium is considered fully earned and non-refundable. However, unused travel days can be transferred from one insurance period to the following insurance period. This only applies for the unused travel days bought in the last insurance period. The travel days that have already been transferred once are not transferable once more. The first 200 travel days bought in each insurance period are never transferable.

Art. 24
Necessary information to the Company

24.1: 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.

24.2: 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.

24.3: In addition, the Company shall be 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 shall be entitled to obtain any medical records or other written reports and statements concerning the insured's state of health.

Art. 25
Assignment, cancellation and expiry

25.1: 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.

25.2: The insurance may be cancelled by the policyholder or by the Company at the anniversary date with one month's written notice.

If it is not cancelled, the insurance is automatically renewed on each policy anniversary.

In connection with the settlement of a claim, the insurance may be cancelled by the policyholder or by the Company with one month's written notice within 14 days after the settlement of the claim.

25.3: 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.

25.4: The insurance period may 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.

25.5: 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.

25.6: If an insured leaves his/her employment with the policyholder, the insurance cover ceases immediately.

25.7: The Company can stop or suspend an insurance product at three months' notice prior to the policy anniversary.

Art. 26
Disputes, venue, etc.

26.1: 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. The Company is affiliated to Ankenævnet for Forsikring, Anker Heegaards Gade 2, 1572 Copenhagen V, Denmark (The Danish Insurance Complaints Board).

Glossary

Valid from 1 January 2011



This Glossary with definitions is part of the Policy Conditions.

E.&O.E.

A**Acute serious illness:**

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

B**Baggage:**

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

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.

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

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**Ihi Bupa (incl. we/us/our):**

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

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 all other insured persons as listed in the valid policy schedule.

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.

Policy schedule:

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

Pre-existing condition:

the medical history, including the illnesses and conditions listed in the application for cover of pre-existing conditions which may affect the Company's decision to insure or not to insure.

S**Securities:**

Entrance tickets to e.g. a 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.



Call ihi Bupa's Medical Centre

for 24-hour emergency service and medical help

Tel: +45 70 23 24 61 • Fax: +45 33 32 25 60 • Email: emergency@ihi-bupa.com

Call ihi Bupa's Corporate Travel Department

for questions on your policy, payments, coverage etc.

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 Palægade 8 • DK-1261 Copenhagen K • Denmark

Calls will be recorded and may be monitored

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