

Peace of mind wherever you are



## UltraCare Plan Guide

For plans with a start date on or after 1 January 2009

HealthCare Plans

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## Your Plan Guide

**We** would like to welcome **you** and thank **you** for choosing an UltraCare Healthcare Plan. **We** aim to provide **you** with an International Healthcare Plan **you** can rely on. To do this, it is important that **you** fully understand how **your plan** works. This Plan Guide, along with **your** selected **plan's** Table of Benefits, explains what is, and is not, covered.

This Plan Guide will also provide **you** with important information about managing **your plan**, how to make a **claim** and what to do in the event of a medical **emergency**. Please spend some time reading carefully through this guide to ensure that **you** are completely satisfied with the cover **we** are providing and that it meets all **your** requirements. If **you** have any questions about the information provided in this guide or any questions **you** think it does not answer, please do not hesitate to contact **us** and one of **our** friendly staff will be more than happy to help.

Some words and phrases used within this Plan Guide and Table of Benefits have been given specific meanings that are relevant to **your plan**. These meanings have been defined in the list of **plan** definitions which can be found on pages 27 - 31 and have been highlighted throughout in **blue bold** print.

### Key to using this Plan Guide

-  **Applies to Individual and Group Plans**
-  **Applies to Individual Plans Only**
-  **Applies to Group Plans Only**
-  **Applies to Maternity Optional Add-on Plan**  
*(Individual UltraCare Plans Only)*
-  **Applies to Personal Accident Optional Add-on Plan**
-  **Applies to Travel Add-on Plan**
-  **Claims Procedure**

## How to Contact Us

If you have an enquiry, please use the following contact details:

### Client Services Team

Telephone: +64 9 309 2119 Fax: +64 9 309 4119

Email: [info@interglobal-nz.biz](mailto:info@interglobal-nz.biz)

### Claims Team

Telephone: +64 9 309 2119 Fax: +64 9 309 4119

Email: [claims@interglobal-nz.biz](mailto:claims@interglobal-nz.biz)

### Postal Address

InterGlobal New Zealand Office  
Level 1, Building B, Millennium Centre  
602 Great South Road  
PO Box 17026, Greenlane  
Auckland 1546  
New Zealand

### Website

[www.interglobalpmi.com](http://www.interglobalpmi.com)

### International Helpline



#### Telephone Numbers:

From Japan, call free on 00 531 642 084

From the UK, call free on 0800 0327 921

From the USA, call free on 1 866 895 7795

From North China, call free on 10800 6400113 / From South China, call free on 10800 2640113

From the UAE, call free on 800 0640 1957

From Australia, call free on 1800 147 528

From Indonesia, call free on 001 80 364 173 75

From the Philippines, call free on 1800 1641 0003

From Thailand, call free on 001 800 647 355

From Malaysia, call free on 180 080 2157

From Singapore, call free on 800 641 1123

From Africa, +27 (0)11 259 5217 (please note: this is not a free phone number)

If **you** are calling from another country other than those shown above, call collect or directly on: **+64 9 356 2276**

To make a collect call **you** must first contact the telephone operator in the country **you** are calling from. **You** must then say that **you** would like to make a collect call and specify the number detailed above. The operator will then connect **you** to First Assistance at no charge to **you**. **You** can also call this number in the normal way. If **you** call directly, **you** may be charged the local international rate.

Fax Number: **+64 9 356 1700**

Further important details of when to contact the International Helpline are provided on page 26 of this Plan Guide.

All incoming and outgoing calls to and from First Assistance will be recorded for monitoring and training purposes.

## Individual plans

The Individual Application Form, Table of Benefits, Certificate of Insurance, Membership Card and this Plan Guide form **your** contract of insurance with **us** and should be read together by **you**.

The General Conditions, Benefit Conditions and Benefit Exclusions in this Plan Guide apply to **you** and to all of the **insured persons** as specified on the Certificate of Insurance.

**We** reserve the right to alter and/or amend the General Conditions, Benefit Conditions and Benefit Exclusions in this Plan Guide, any other terms and conditions in this Plan Guide that may apply, the premium rates, discounts and/or surcharges at the beginning of **your plan year**. **You** will be advised of any changes prior to **your** renewal.

All the **benefits** covered under this **plan** are detailed on the Table of Benefits, which accompanies this Plan Guide.

**Benefit** limits are shown in GB Pounds (£), US Dollars (\$) and Euros (€). The currency that applies is determined by the currency in which the premiums are paid.

### 30 Day Money Back Guarantee

If **you** feel this **plan** does not meet **your** needs, **you** may cancel it without penalty. If **your** decision is to cancel, please confirm this to **us** in writing by letter, fax or e-mail and return **your** membership card and Certificate of Insurance within 30 days of the **date of joining** or receipt of **your plan** documents, whichever is the later. Provided **you** have not already made a **claim** under the **plan**, **we** will gladly and promptly refund the premium **you** have paid in full.

### Eligibility

Eligibility is subject to **our** acceptance of the Individual Application Form.

The **plan** is available to persons (subject to age limitations specified below) of all nationalities and their **dependants** except citizens of the USA residing in the USA, those persons who are subject to exchange controls or local licensing regulations, or where cover is illegal under local legislation.

The minimum age at entry for a **planholder** is 18 years attained. In the case of an applicant being under the age of 18 years attained, a parent or guardian is required to sign the application form and will be considered to be the **planholder** and will be charged the adult rate of 18-24 years. All further applicants under the age of 18 years attained will be charged the adult rate of 18-24 years. No discounts will apply.

The maximum entry age of an applicant is 74 years attained.

The **planholder** and their **dependants** must have the same **area of cover**.

**We** reserve the right to refuse cover under the **plan** based on an Individual Application Form for whatever reason, or to provide cover under the **plan** subject to any special terms which **we** may require and which will be specified on the Certificate of Insurance.

### Commencement Date

Cover under the **plan** will commence immediately upon receipt of the Individual Application Form, or on a future date specified by the applicant, subject to **our** acceptance.

**We** are unable to back date coverage under any circumstance. The **plan** shall continue for a period of 12 months or until the next **renewal date** or until the **plan** is cancelled or extended for whatever reason.

Premiums and **benefits** applied will be those in force at the **commencement date** of the **plan**. Any premiums due will be requested for collection.

**We** will notify the **planholder/insured person** of the **commencement date** in writing, within one working day from receipt of the Individual Application Form.

### Paying your Premium

The **plan** is an annual contract and premiums are payable either monthly, quarterly or yearly in advance.

Travel and Personal Accident Optional Add-on **plan** premiums are only payable yearly in advance.

Maternity Optional Add-on **plan** premiums are payable yearly or in the same frequency as **your** UltraCare **plan**.

Premiums are payable in GB pounds (£), US dollars (\$) or Euros (€) and the **plan** will be denominated in the currency in which the premiums are paid. Premiums are based on rates applicable to each **insured person's** attained age at the commencement of the relevant **plan year**.

**Your** premiums (including any applicable local taxes) must be received on or before the premium due date(s) and in the currency of **your plan**.

### Methods of Premium Payment

For yearly premium payments, **you** can choose to pay by:

- Credit card
- Bank draft/cheque
- Bank transfer
- Direct debit

For monthly and quarterly premium payments, **you** can choose to pay by:

- Credit card
- Direct debit

**We** can accept credit card payments by VISA, MasterCard or American Express. Please check with **us** if **your** card is not in this list as **we** may still be able to accept it.

Completing **our** Credit Card Authority Form authorises **us** to debit **your** account with the appropriate premium due, depending on the premium frequency selected. **You** are also authorising **us** to process subsequent renewal premiums as notified by **us** until **we** receive written instructions that **you** wish to alter **your** method of payment, or cancel **your plan**.

**You** are responsible for keeping **us** informed of **your** current credit card details. **You** must notify **us** when changes are made to **your** credit card details to ensure that **we** can continue to collect **your** premiums.

Bank Draft/Cheques must be denominated in the currency of **your plan**.

Bank Transfers must be denominated in the currency of **your plan**. Please ensure that **your** full name and **plan** number is given as the reference for **your** bank transfer.

Direct Debits can only be accepted from UK bank accounts for **plans** denominated in GB pounds (£). Completing **our** Direct Debit Instruction Form authorises **us** to debit **your** bank account with the appropriate premium due, depending on the premium frequency selected. **You** are also authorising **us** to process

subsequent renewal premiums as notified by **us** until **we** receive written instructions that **you** wish to alter **your** method of payment, or cancel **your** plan.

In the event of **us** being unable to collect a premium by Direct Debit or Credit Card in any month, for whatever reason, it may be necessary for **us** to collect more than one premium at the next payment date.

### Unpaid or Late Premium Payments

To enjoy the full **benefit** of **your plan**, **you** must ensure **your** premiums are paid on the premium due date. **We** will notify **you** in writing when **your** premium payment is outstanding. **We** reserve the right to cancel the **plan** if payment is not received within 30 days from the premium due date.

If **we** cancel the **plan**, **you** will have to re-apply for a new **plan**. Premium rates in force at the time of re-application will be charged and cover may be subject to new underwriting terms. Any rights to the No Claims Discount achieved under **your** previous **plan** will no longer apply.

**IMPORTANT:** Whilst premiums are outstanding all **claims** settlements will be suspended.

### Adding or Removing your Dependants

**You** may add **your dependants** after the **commencement date** of **your** plan, subject to **our** acceptance. Any application to add a **dependant** must be made in writing by letter, fax or e-mail and may be made at any time during a **plan year**. Cover will start at the date that **we** receive **your** request, or at a future date specified by **you**. **We** will issue **you** with a revised Certificate of Insurance detailing the **date of joining** and any special terms that may apply.

**You** may remove a **dependant** after the **commencement date** of **your plan**, subject to **our** acceptance. **You** must make this request in writing by letter, fax or e-mail and cover will cease on the date that **we** receive **your** request, or on a future date specified by you, subject to **our** acceptance. **We** will issue **you** with a revised Certificate of Insurance detailing the changes.

Premiums will be adjusted accordingly. Payment of any additional premiums applicable will be **your** responsibility. **We** are unable to back date coverage under any circumstance.

### Adding your New-born Child

Adding newly-born children as **dependants** may take place during the **plan year**, subject to **our** acceptance. **We** will not apply any **moratorium** to the newly-born child's cover and the **date of joining** will be the date of birth, unless **you** specify otherwise, providing **you** make an application in writing before the **dependant/s** is/are 30 days old.

If **you** notify **us** after the **dependant/s** is/are 30 days old a **moratorium** will apply. **We** will not back date cover under any circumstance.

**We** will issue **you** with a revised Certificate of Insurance detailing the changes and premiums will be adjusted accordingly. Payment of any additional premiums applicable will be **your** responsibility.

### Transfers

If **you** wish to transfer cover from another insurer, **we** will require an original Certificate of Insurance from **your** previous insurer, which details **your** original **commencement date**, underwriting terms, and any special terms that may have applied. **You** will also need to complete an Individual Application Form and an Individual Declaration of Health Form. Any transfer will be subject to **our** acceptance and an additional premium loading.

If there is a break in cover between the expiry date of **your** previous insurance **plan** and **your** application **we** will be unable to offer a transfer of **your** previous underwriting terms. Instead, **your plan** will be subject to the 24 month **moratorium**.

Please note: **Our** policy terms, conditions and **benefits** may vary from those offered by other insurers.

## Changing your Cover and Optional Add-on Plans

- **Changing your plan type**

Should **you** wish to upgrade or downgrade **your plan** type, please inform **us** in writing by letter, fax or e-mail and subject to **our** acceptance **we** will effect this change from **your** next **renewal date**. **You** cannot make these changes during a **plan year**.

- **Changing your plan currency or payment frequency**

Should **you** wish to change the currency or payment frequency of **your plan**, please inform **us** in writing by letter, fax or e-mail and **we** will effect this change from **your** next **renewal date**. **You** cannot make these changes during a **plan year**.

- **Changing your Area of Cover**

Should **you** wish to change **your area of cover**, please inform **us** in writing by letter, fax or e-mail detailing the reason behind **your** change in circumstance. **You** can make these changes at any time, during a **plan year**, subject to **our** acceptance. Once accepted, **we** will effect this change from the date of notification or any future date specified by **you**.

- **Changing your deductible (Excess or Co-insurance)**

Should **you** wish to change **your** deductible please inform **us** in writing by letter, fax or e-mail and **we** will effect this change from **your** next **renewal date**. **You** cannot make these changes during a **plan year**.

- **Adding or removing an Optional Add-on Plan**

Should **you** wish to add or remove an Optional Add-on **plan**, please inform **us** in writing by letter, fax or e-mail and, subject to **our** acceptance **we** will effect this change from **your** next **renewal date**. **You** cannot make these changes during a **plan year**. An Optional Add-on **plan** is only valid when **your** UltraCare **plan** is in force.

**Please note:** **Our** policy terms, conditions and **benefits** may vary to those offered by other insurers.

**Your** premium and **benefit** limits are determined by the **area of cover**, and currency of **your** UltraCare **plan**.

## Renewals

**You** may renew **your plan** each year. Renewals will be subject to the definitions, **benefits**, General Conditions, Benefit Conditions and Benefit Exclusions of this Plan Guide in force at the time of each renewal and receipt of the renewal premium on or before the **renewal date**. **You** will be issued with terms and instructions of how to proceed with **your plan** renewal, at least six weeks prior to **your renewal date**.

**Please note:** The obligation to disclose material facts (see GC3) arises on each renewal.

Each renewal premium will be based on **you** and **your dependants'** ages at the start of the new **plan year**, the number of **dependants** insured, **area of cover**, the **plan** type and any voluntary deductible that may apply.

Renewal premiums are subject to medical inflation increases, **your country of residence** and are age banded.

If any child insured under **your plan** marries, reaches the age of 18 years, ceases being in full time education or if they are in continuous full time education but have reached the age of 25 at **your renewal date** they will no longer be eligible for cover under **your plan**.

They can apply to have their own **plan** by completing an Individual Application Form. Provided there is no break in their insurance cover, their **date of joining** will remain the same as the date on which they joined **your plan**. Their application will be subject to the definitions, **benefits**, terms and conditions in force at the time of their transfer.

**Automatic Renewal:** If **you** pay **your** premiums by credit card or direct debit, **your plan** will automatically be renewed and the renewal premium will be debited from **your** credit card or nominated bank account, provided the details **we** hold are still valid at the time of the renewal. If **your** existing card is due to expire within 3 months of the start of **your plan** renewal date, please provide **us** with an up to date credit card authority. If **you** require a new credit card authority form, please contact **us** and **we** will provide **you** with one.

If **you** do not wish to renew **your plan**, please confirm this to **us** in writing by letter, fax or e-mail prior to **your renewal date**.

### No Claims Discount

While **your plan** remains **claims** free, the following No Claims Discounts will be applied to **your** renewal premiums:

- Year 0 - No Discount
- Year 1 - 10% premium discount applies
- Year 2 - 15% premium discount applies
- Year 3 - 20% premium discount applies

The maximum No Claims Discount is 20% from year 3 onwards.

During a **plan year** if any **insured person** (including **dependants**) covered under the **plan** has one or more **claims** paid, the No **Claims** Discount for all **insured persons** covered by the **plan** will be lost and the status of **your** discount will be as at year 0 shown above.

If a **claim** relating to a previous **plan year** is subsequently submitted and accepted, and a No Claims Discount has already been given, **we** reserve the right to recover the additional premium due for the **plan year** for which the No Claims Discount was given.

Please note that any **claims** made against the Wellness benefit, Maternity, Travel and the Personal Accident Optional Add-on **plans** will not affect **your** No Claims Discount. The No Claims Discount does not apply to the premiums of any Add-ons **you** may have selected.

### Cancellation of Cover

If **you** wish to cancel **your plan**, **you** must send a request to **us** in writing, by letter, fax or e-mail. **We** will cancel **your** cover on receipt of **your** instruction or on a future date specified by you. **We** are not able to back date the cancellation date of **your plan**.

**We** will issue a pro-rata refund, provided no **claims** have been submitted and accepted. If a **claim** has been submitted and accepted, no refund is due. If **you** pay **your** premium on a monthly or quarterly basis and have submitted a **claim**, **you** will be required to pay any outstanding premium for the duration of the **plan** and no refund is due.

**We** reserve the right to charge an administration fee of £50/\$85/€75 if **you** cancel **your plan**. All membership cards and the Certificate of Insurance must be returned with immediate effect from **your plan** cancellation date.

### Death

If the main **planholder** dies while covered by the **plan**, **dependants** will be offered continued cover, subject to the receipt of a signed Individual Application Form.

If the **dependants** or the estate of the **planholder** do not wish to continue cover, they must inform **us** in writing by letter, fax or email within four weeks, and **we** will cancel the **plan** and issue a pro-rata refund, provided no **claims** have been submitted and accepted. If a **claim** has been submitted and accepted, no refund is due.

**We** will request a death certificate before a refund is issued.

## Corporate and Group Plans

The Group Application Form, Group Member Application Forms (if applicable), Group Declaration of Health Forms (if applicable), Group Membership Census, Table of Benefits, the **planholder's** and **insured person's** Certificates of Insurance, **insured person's** Membership Cards and this Plan Guide form the contract between **us** and the **planholder** and must be read by **you**.

The terms of this agreement apply to the **planholder** and to all of the **insured persons**, as specified on the Certificates of Insurance and Group Membership Census.

**We** reserve the right to alter and/or amend the terms, conditions, premium rates, discounts and/or surcharges, at the beginning of **your plan year**. **You** will be advised of any changes prior to **your** renewal.

All the **benefits** covered under this **plan** are detailed on the Table of Benefits, which accompanies this Plan Guide.

**Benefit** limits are shown in GB Pounds (£), US Dollars (\$) and Euros (€). The currency that applies is determined by the currency in which the premiums are paid.

### Group Eligibility

Eligibility is subject to **our** acceptance of the Group Application Form, Group Member Application Forms (if applicable), Group Declaration of Health Forms (if applicable), previous Certificates of Insurance (if applicable) and a complete Group Membership Census.

A **plan** must be made up of a group of employees of the same company or members of an existing affinity group.

The minimum size of a group **plan** at inception or renewal is 3 current employees or affinity members. If the membership is below 3 at **commencement date** or at a subsequent **renewal date** then the group cannot continue and will be offered individual **plans**.

Any Optional Add-on **plans** selected will be applied to all **insured persons** on the group **plan**. However, under special circumstances **we** may offer the Add-on **plans** for specific groups of **insured persons** at **our** discretion.

The **plan** is available to persons (subject to age limitations specified below) of all nationalities and their **dependants** except citizens of the USA residing in the USA, those persons who are subject to exchange controls or local licensing regulations, or where cover is illegal under local legislation.

The maximum entry age of an **insured person** is 74 years attained.

**Dependants** of an employee on the group **plan** must have the same **area of cover** as the employee. However, under special circumstances **we** may allow **dependants** to have a different **area of cover** to the employee for specific groups of **insured persons** at **our** discretion.

**We** reserve the right to refuse enrolment based on a Group Member Application Form and/or a Group Declaration of Health Form without giving any reason, or to accept the applicant on any special terms, which will be specified on the **insured person's** Certificate of Insurance.

### Commencement Date

Cover under the **plan** will commence immediately or on a future date specified by the **planholder**, subject to **our** acceptance and receipt of:

- Group Application Form
- Group Member Application Forms (if applicable)
- Group Declaration of Health Forms (if applicable)

- Previous Certificates of Insurance (if applicable)
- Group Membership Census

**We** are unable to back date cover under any circumstance. The **plan** shall continue for a period of 12 months or until the next **renewal date** or until the **plan** is cancelled or extended for whatever reason.

Premiums and **benefits** applied will be those agreed in the accepted quotation. Any premiums due will be requested for collection.

**We** will notify the **planholder** of the **commencement date** in writing, by letter, fax or e-mail, within 3 working days from receipt of the relevant application forms.

### Group Premiums

The **plan** is an annual contract and premiums are payable either quarterly, half yearly or yearly in advance. Premiums are payable in GB pounds (£), US dollars (\$) or Euros (€) and the **plan** will be denominated in the currency in which the premiums are paid.

Payment of additional premiums due as a result of additions or deletions to the membership census will become payable at the point of the next reconciliation statement. Any refund due to the **planholder** will be carried forward to the next reconciliation statement.

The premiums (including any applicable local taxes) must be received on or before the premium due dates and in the currency of the **plan**.

### Methods of Premium Payment

For quarterly, half yearly and yearly premium payments, the **planholder** can choose to pay by:

- Credit card
- Bank draft/cheque
- Bank transfer
- Direct debit

**We** can accept credit card payments by VISA, MasterCard or American Express. Please check with **us** if **your** card is not in this list as **we** may still be able to accept it.

Completing **our** Credit Card Authority Form authorises **us** to debit the nominated account with the appropriate premium due, depending on the premium frequency selected.

The **planholder** is responsible for keeping **us** informed of current credit card details. **You** must notify **us** when changes are made to **your** credit card details to ensure that **we** can continue to collect **your** premiums.

Bank Draft/Cheques must be denominated in the currency of the **plan**.

Bank Transfers must be denominated in the currency of the **plan**. Please ensure that the **planholder's** full name and **plan** number is given as the reference for the bank transfer.

Direct Debits can only be accepted from UK bank accounts for **plans** denominated in GB pounds (£). Completing **our** Direct Debit Instruction Form authorises **us** to debit the nominated bank account with the appropriate premium due, depending on the premium frequency selected.

### Unpaid or Late Premium Payments

For group members to enjoy the full **benefit** of the **plan**, the **planholder** must ensure that the premiums are paid on the premium due date. **We** will notify the **planholder** in writing when the premium payment is outstanding. **We** reserve the right to cancel the **plan** if payment is not received within 30 days from the due date.

In this event the **planholder** will have to re-apply for a new **plan** which may be subject to a new quotation and new underwriting terms.

**IMPORTANT:** Whilst premiums are outstanding all **claims** settlements will be suspended.

### Adding or Removing Insured Persons

The **planholder** may add a new **insured person** after the **commencement date** of the **plan**, subject to **our** acceptance. Any application to add an **insured person** must be made in writing by letter, fax or e-mail by the **plan administrator** and may be made at any time during a **plan year**. **We** will notify the **plan administrator** of the enrolment in writing and issue the **insured person** with a new Certificate of Insurance detailing the **date of joining** and any special terms that may apply.

The **planholder** may remove an **insured person** after the **commencement date** of the **plan**, subject to **our** acceptance. The **plan administrator** must make this request in writing by letter, fax or e-mail and cover will cease at point of notification and **our** acceptance. **We** will notify the **plan administrator** of the removal from cover in writing and will issue a revised Certificate of Insurance detailing the changes (if appropriate).

Premiums will be adjusted accordingly and a reconciliation statement will be provided on a quarterly basis reflecting these changes. Payment of any additional premiums applicable will be the **planholder's** responsibility and subject to the payment terms of the **plan**. **We** are unable to back date coverage under any circumstance.

The **insured person's** membership card and Certificate of Insurance must be returned to InterGlobal with immediate effect from the **plan** cancellation date. This is the responsibility of the **plan administrator**.

If, after an **insured person** has been removed, a membership card is used to get **treatment** at a direct billing **hospital**, the **planholder** will be responsible for paying any costs incurred to the treating **hospital**. **We** will not be responsible for any costs incurred after cover has ceased.

### Adding a New-born Child

Adding newly-born children as **dependants** may take place during the **plan year**, subject to **our** acceptance. Providing the **plan administrator** makes an application in writing by letter, fax or email before the **dependant/s** is/are 30 days old, the newly-born child will not be subject to any underwriting terms. **We** will issue the **insured person** with a revised Certificate of Insurance detailing the changes. Premiums will be adjusted accordingly. Payment of any additional premiums applicable will be the **planholder's** responsibility. **We** are unable to back date coverage under any circumstance.

### Transfers

If the **planholder** wishes to transfer cover from another insurer, **we** will require the original Certificates of Insurance from the previous insurer, which detail the original **commencement date(s)**, underwriting terms, and any special terms that may have applied to the whole **plan** or **insured persons**. The **plan administrator** must complete a Group Application Form and a Group Declaration of Health Form. Each group member may also have to complete a Group Member Application Form and a Group Member Declaration of Health Form. Any transfer will be subject to **our** approval.

If there is a break in cover between the expiry date of the **planholder's** previous insurance **plan** and the application for **our plan**, **we** will be unable to offer a transfer of the previous underwriting terms. Instead cover will be subject to **our** acceptance.

**Please note:** **Our** policy terms, conditions and **benefits** may vary from those offered by other insurers.

### Continuation of Cover for Insured Persons Leaving a Group Plan

If **your** cover with the group **plan** comes to an end, **you** can apply, subject to **our** acceptance, to be transferred to an individual UltraCare **plan**, provided that **you** still meet the eligibility section on page 5 of this Plan Guide.

**Your** application for continuation of cover must be submitted before **you** leave the group **plan**. The **commencement date** for **your** new Individual UltraCare **plan** will be the first day after leaving the group **plan**. Premiums will be subject to loading where applicable and the Individual UltraCare rates in force at the time of **your** application.

### Changing the cover and Optional Add-on plans for groups

The following changes can only be made to the group **plan** from the next **renewal date** and not during the **plan year**:

- Changing the **plan** type
- Changing the **plan** currency or payment frequency
- Changing the deductible (**excess** or **co-insurance**)
- Adding or removing an Optional Add-on **plan**

If any of the above changes are required the **plan administrator** must notify **us** in writing by letter, fax or e-mail, prior to the **renewal date**. Any changes will be subject to **our** acceptance.

- Changing **your area of cover**

Should an **insured person** move location which necessitates a change in their **area of cover**, the **plan administrator** must inform **us** in writing by letter, fax or e-mail, detailing the reason behind the change in circumstance. This change can be made during a **plan year** and is subject to **our** approval. Once accepted, **we** will effect this change from the date of notification or any future date specified by the **plan administrator**.

### Group renewals

A group may continue to renew its **plan** each year. Renewals will be subject to the definitions, **benefits**, General Conditions, Benefit Conditions, Benefit Exclusions in this Plan Guide in force at the time of each renewal and receipt of the renewal premium on or before the **renewal date**. The **planholder** will be issued with renewal terms and instructions of how to proceed with the **plan renewal**, at least six weeks prior to the **renewal date**.

**Please note:** The obligation to disclose material facts (see GC3) arises on each renewal.

Cover can be changed at renewal subject to **our** acceptance.

If any **dependant** insured under the **plan** marries, reaches the age of 18 years, ceases being in full time education or if they are in continuous full time education but have reached the age of 25 at the **renewal date**, they are no longer eligible to be covered under the group **plan**.

They can apply to have their own Individual UltraCare **plan** by completing an Individual Application Form. Provided there is no break in their insurance cover their **date of joining** will remain the same as the date on which they joined the group **plan**. Their application will be subject to the definitions, **benefits**, terms and conditions in force at the time of their transfer.

The group **plan** will not be renewed automatically.

If the **planholder** does not wish to renew the group **plan**, this must be confirmed to **us** in writing by the **plan administrator**, prior to the **renewal date**.

### Cancellation of Cover for Groups

If **you** wish to cancel the group **plan**, the **plan administrator** must send a request to **us** in writing, by letter, fax or e-mail. **We** will cancel the cover on receipt of the instruction or on a future date specified by the **plan administrator**. **We** are not able to back date the cancellation date of the **plan**.

**IMPORTANT:** As the **plan** is an annual contract, any outstanding amount of the annual premium must be received by **us** and no premium refund will be due.

The **planholder** may incur charges for cancelling the **plan**. All membership cards and Certificates of Insurance must be returned to InterGlobal with immediate effect from the **plan** cancellation date. This is the responsibility of the **plan administrator**.

If, after cover has been cancelled, a membership card is used to get **treatment** at a direct billing **hospital**, the **planholder** will be responsible for paying any costs incurred to the treating **hospital**. **We** will not be responsible for any costs incurred for **treatment** received after cover has been cancelled.

### General Conditions

**Our** liability under this contract of insurance will be conditional upon the **planholder** and each **insured person** complying with these General Conditions and the Benefit Conditions.

The following General Conditions apply to **your** UltraCare **plan** and any additional Optional Add-on **plans** in this Plan Guide.

- GC1** All correspondence in relation to the **plan** and any **claims** will be sent to the main **planholder**.
- GC2** The **planholder** must inform **us** immediately in writing by letter, fax or e-mail of any material change which affects information given in connection with the application for cover under the **plan**, for example:
- Change of **planholder's** or **insured person's** address/country of residence
  - Change of **insured person's** name
  - Change of **insured person's** occupation
  - Change of **insured person's** Family Doctor details in the country of residence
  - Change of **planholder**
- We** reserve the right to alter the terms, or cancel the **plan** should there be a change in circumstance as described herein.
- GC3** All material facts must be disclosed to **us** by the **planholder/insured person** before **our** acceptance of the **planholder's/insured person's** application or renewal. Failure to disclose all material facts and/or misrepresent any material facts may affect the **planholder's/ insured person's** rights and the rights of any other **insured person** under the **plan**. A material fact is information likely to influence **us** in the assessment and/or acceptance of the insurance. If **you** are in any doubt as to whether the fact is material, then for **your** own protection **you** should disclose it. Please note that disclosure of **pre-existing medical conditions** will not result in the waiver of the 24 month **moratorium**. **We** reserve the right to cancel the **plan** if non-disclosure is found at point of **claim**.
- GC4** In the event that a **claim** is made **we** shall have full authority to obtain all information reasonably necessary to support the **claim** and shall have the right, through the **insured person's medical practitioner, specialist, consultant, physiotherapist, therapist** or **registered nurse** to examine the **insured person** whenever and as often as may be reasonably required for the handling of the **claim**.
- GC5** Where there is a break in cover for whatever reason, **we** reserve the right to alter the terms of the **plan** and apply any special conditions.

- GC6** The monetary limits applicable to **your plan** will be expressed in the same currency as **your** premium.
- GC7** If the **insured person's country of residence falls** within an area where **we** are required to collect **Insurance Premium Tax (IPT)** or local taxes, these will be charged in addition to the premium due under the **plan**.
- GC8** **We** reserve the right to make an administration charge for the replacement or re-issue of policy documents and/or membership cards.
- GC9** In the case of **out-patient treatment claims**, unless a direct billing facility is in place, the **planholder/insured persons** are required to have the Medical Claim Form (supplied by **us**) completed and signed by their attending **medical practitioner(s)** and returned to **us** with the original itemised bills and original receipts as soon as possible.
- GC10** If a **planholder** or **insured person** makes a **claim** which is fraudulent in any respect any **benefit** paid or payable in relation to that **claim** shall be forfeited and (if appropriate) recoverable and the **planholder's** or **insured person's** cover shall be cancelled immediately from the date of the fraudulent **claim**.
- GC11** If a **claim** is covered and there is another policy or **plan** of insurance, including any reciprocal health arrangements covering any of the same **benefits our** liability will be limited to **our** rateable proportion of the **claim**.
- GC12** If **we** reject a **claim** under the **plan** for whatever reason the **planholder** or **insured person** shall be required to prove that such **claim** is covered under the **plan**.
- GC13** The **planholder/insured person** must give **us** written notification without delay of any **claim** or right of action against any third party arising out of any circumstances which gave rise to a **claim** under this **plan** and must continue to keep **us** informed in writing and take all steps **we** reasonably require in making a **claim** upon that other party.
- GC14** **We** shall be entitled to take proceedings in any **planholder's/insured person's** name for **our** own benefit to recover any **claim** for indemnity or damages or otherwise which relates to any **benefits** or costs paid or payable under the **plan**. **We** shall have full discretion in the conduct of any such **claim**, but **we** shall have no responsibility for any **claim** for uninsured losses, in respect of which the **planholder/insured person** should ensure that legal advice is taken.
- GC15** A **planholder/insured person** shall keep **us** informed of any settlement discussions/negotiations they may enter into with any party in respect of any cause of action which gives rights to a **claim** under this **plan**. A **planholder/insured person** shall not conclude settlement with any party without **our** prior written agreement.
- GC16** Any legal action in respect of the **plan** must be brought by the **planholder** or **insured person** within six years from the date the legal action accrued.
- GC17** This **plan** is governed by and shall be construed in accordance with the laws of England and shall be subject to the exclusive jurisdiction of the courts of England.
- GC18** Where a country becomes unstable due to political or economic volatility and **claims** are received in the local currency, **we** will only pay for covered **medical treatment** up to an amount which, in **our** opinion, is **reasonable** and **customary** for the country.

## Benefit Conditions and Benefit Exclusions

You are covered for the **benefits** applicable to **your** chosen **plan**. These **benefits** are subject to General Conditions, **Benefit** Conditions and **Benefit** Exclusions. Please read the following carefully.

### Benefit Conditions

- BC1** All **treatment** must be given by **medical practitioners, specialists, consultants, registered nurses** or **therapists** for the sole purpose of curing or actively or substantially relieving **medical conditions**.
- BC2** Any **in-patient**, or **daycare treatment** or evacuation must be **pre-authorised** by **us**. Once the **insured person** has received such **pre-authorisation**, **we** will settle all covered costs agreed by **us** directly with the **treatment** providers concerned.
- BC3** All **in-patient, daycare treatment** and medical **emergency** evacuation costs are professionally checked and negotiated before being incurred. Should an **insured person** or their representative not **pre-authorise in-patient or daycare treatment** or an evacuation **we** will only provide **benefit** for the eligible costs **we** would have negotiated, had **we** become involved.
- BC4** **Hospital** accommodation cover is limited to a single en-suite room, including the provision of a **hospital** bed, meals and house-keeping.
- BC5** In the Application Form, provision is made for details of the **insured person's** family **medical practitioner/s** over the last 2 years. If **medical practitioners'** details are not provided by the **insured person**, in the event of a **claim** being made after the **commencement date** of the **plan**, by the **insured person**, which is deemed by **us** as being for a **pre-existing medical condition**, such **claim** will be rejected.
- BC6** If an **insured person** has purchased Area 3 cover and is a citizen of the USA, cover under the **plan** will be terminated automatically when the time spent in the USA exceeds 180 days continuous stay in any one **plan year**.
- BC7** If new information is received that subsequently negates a **claim** which has been previously approved, that approval may be revoked. **We** reserve the right to recover any costs incurred.
- BC8** If a local situation makes it impossible, unreasonably dangerous or impractical to enter a specific area or country **we** may be unable to arrange an **emergency** evacuation.
- BC9** If **you** choose to use a **visiting doctor** instead of an **in-house doctor**, **we** will only pay **reasonable and customary** charges. If the **visiting doctor's** charges are not **reasonable** and not in line with the **in-house doctor's** charges, **you** will have to pay the difference.
- BC10** **We** will pay necessary, **reasonable and customary** expenses up to an overall maximum, per **insured person** per **plan year** for eligible **claims**.
- BC11** Under the normal pregnancy and childbirth **benefit**, **we** will consider cover for a maximum of three (3) routine antenatal ultrasound scans (one in each trimester) during the term of a normal non-complicated pregnancy. If any additional ultrasounds are required, **your** treating doctor must provide full reasons in the medical section of the **claim** form. **We** will consider twelve (12) routine antenatal visits during the term of a normal pregnancy. If any additional antenatal visits are required, **your** treating doctor must provide full reasons in the medical section of the **claim** form.

Under the childbirth benefit, **we** will cover the following for the newborn baby:

- one (1) consultation charge which includes the physical examination; vitamin K, Hepatitis B and BCG vaccine

- one (1) hearing test
- routine blood tests: PKU, Congenital Hypothyroidism and G6PD
- accommodation charge of up to a maximum of four (4) nights for the newborn if the mother is admitted and not suffering any complications

### Benefit Exclusions

Although **we** cover most **medical conditions**, the UltraCare **Plan** does not cover **claims** arising from or connected with the following **Benefit Exclusions** unless specified on **your** Table of **Benefits**, in any written **plan** endorsement, or agreed by **us** in writing:

**BE1** A **pre-existing medical condition** that, within a 24 month period prior to the **date of joining**, or the date specified on the special terms section of **insured person's** Certificate of Insurance, has one or more of the following characteristics:

- was **foreseeable**,
- **manifested** itself,
- the **insured person** had signs or symptoms of,
- the **insured person** sought advice for,
- the **insured person** received **treatment** for, or
- to the best of the **insured person's** knowledge, was aware existed.

After a period of 24 months continuous insurance under the **plan**, **pre-existing medical conditions** may become eligible for **benefit**, if the **insured person** has not:

- experienced symptoms,
- sought advice,
- required **treatment**, medication, or special diet, or
- received **treatment**, medication or special diet

in respect of such. If an **insured person** has experienced any of the above, they will be required to wait a further 24 months from the last date of **treatment** and must meet the above criteria, before being eligible to **claim benefit** for the **pre-existing medical condition** in question. This constitutes the rolling part of the **moratorium**.

**BE2** A **benefit** limit of **your plan**, as detailed on your table of **benefits**, being exceeded.

**BE3** Any **benefit** not available on **your plan**.

**BE4** A **benefit** waiting period, as detailed on your table of **benefits**, not being satisfied.

**BE5** Pregnancy, childbirth and post-natal costs whether normal or complicated.

**BE6** Travel expenses incurred for journeys from the **country of residence**, specifically made for the purpose of obtaining medical **treatment**, unless **pre-authorized** by **us** under the **Emergency Evacuation and Repatriation Benefit**.

**BE7** Non-**emergency** transportation.

**BE8** Burial, cremation or transportation where death of an **insured person** occurs in their **home country**.

**BE9** Any journey, activity, action or pursuit undertaken against the advice of a **medical practitioner, specialist/consultant, registered nurse** or **therapist**.

**BE10** **Treatment** by a **medical practitioner, specialist** or **consultant** who is in any way related to the **insured person**.

**BE11** Alcohol, drug or any other intoxicating substance **abuse** or any addictive condition of any kind and any **medical condition** arising directly or indirectly from any such **abuse** or addiction.

- BE12** A **medical condition** due to an **insured person** being under the influence of alcohol, drugs or any other intoxicating substance.
- BE13** Any type of infertility **treatment**, contraception, sterilisation or fertilisation, **treatment** for sexual problems (including impotence, whatever the cause), sex changes, assisted reproduction (e.g. IVF **treatment**) and any pregnancy, including surrogacy, resulting from such **treatment**.
- BE14** Tests and **treatment** of venereal and sexually transmitted diseases.
- BE15** Experimental or unproven **treatment**, unless **we** have given specific **pre-authorisation**.
- BE16** Bone marrow transplants, the acquisition or search costs of an organ, **treatment** incurred as a result of the removal of a donor organ from a donor, or **treatment** for removal of an organ from an **insured person** for the purposes of transplantation into another person and any complications arising thereafter.
- BE17** Cryopreservation, implantation or re-implantation of living cells or living tissue, whether autologous or provided by a donor.
- BE18** Foetal **treatment**.
- BE19** Termination of pregnancy.
- BE20** **Congenital abnormalities** or **birth defects**.
- BE21** Suicide, attempted suicide and/or any willful, self-inflicted **medical conditions**.
- BE22** Self-exposure to needless danger, except in an attempt to save human life.
- BE23** **Medical conditions** sustained by military, naval or air force personnel resulting from participation in any military, naval or air force operation or exercise.
- BE24** Participation in war, riots, strikes, lock-outs, civil commotion, rebellion, revolution, insurrection, terrorism, military or usurped power or any illegal/criminal act, including resultant imprisonment.
- BE25** The release of weapon/s of mass destruction, (nuclear, biological or chemical) whether such involves an explosive sequence/s or not.
- BE26** Contamination from chemical, biological and nuclear materials, including waste products from the combustion of nuclear fuel.
- BE27** **Medical conditions** due to the participation in **professional sports** or use of a weapon or firearm.
- BE28** Sleep apnoea, sleep **related** breathing disorders, snoring, or insomnia.
- BE29** Learning difficulties and/or disorders, developmental problem disorders and speech and/or voice problems.
- BE30** Cosmetic, reconstructive, or remedial disorders, whether or not for psychological reasons, and/or any complications arising thereafter, unless required as the direct result of a covered **medical condition**.
- BE31** Removal of fat from any part of the body, breast reduction or breast enlargement.
- BE32** **Treatment** in a quarantine/isolation ward or unit, nursing home, hydro, spa, health farm or similar establishment.
- BE33** Preventative sight and hearing examinations.
- BE34** Myopia, hypermetropia, astigmatism, natural/non-medical degenerative sight defects, non-medical/natural degenerative hearing defects and aids to assist eye sight and hearing.

- BE35** Ear or body piercing and tattooing, and any **treatment** required following these.
- BE36** Preventative **dental** examinations, prophylaxis **treatment**, scraping, scaling, cleaning, polishing, dentures, false teeth and/or **orthodontic treatment**.
- BE37** Compulsive or addictive eating disorders and/or homesickness.
- BE38** Obesity, special diet, weight control, children's food, baby supplies, vitamin, mineral or organic supplements, products that can be purchased without a doctor's prescription, such as, but not limited to, mouthwash, toothpaste, antiseptic lozenges or sprays, shampoo, sunscreen etc.
- BE39** Supplying, maintaining or fitting any external prostheses or appliance, and rental or purchase of crutches, wheelchairs or other equipment, medical or otherwise. **We** will pay for a spinal support, knee brace or aircast if it is part of a surgical operation and/or integral to the **treatment** of a covered **medical condition**.
- BE40** Charges or fees incurred for the completion of Medical Claim Forms.
- BE41** Any **consequential loss**.
- BE42** **Treatment** after the **expiry date** of the **plan**, or after the **expiry date** of an **insured person's** cover, whichever occurs first, unless the **plan** or the **insured person's** cover has been renewed and the premium paid and the **treatment** is eligible.
- BE43** Any **treatment** relating to a **hospital** admission at the time of the **insured person's commencement date**, which was not disclosed to, and accepted by **us**.
- BE44** Any **treatment** relating to a planned **hospital** admission that the **insured person** was aware of at the **commencement date**, which was not disclosed to, and accepted by **us**.
- BE45** Medication, drugs and dressings which are not recognised by the pharmaceutical regulator in a given country or are available without prescription from a **medical practitioner, specialist / consultant, registered nurse** or **therapist**.
- BE46** **Treatment** as a result of proven medical negligence or malpractice.

### Legal Expenses Benefit Exclusions

The legal expenses section does not cover **claims** arising from:

- BEL1** Legal expenses incurred without **our** prior agreement.
- BEL2** Any legal expenses where **we** consider the prospects of success in achieving a reasonable outcome are insufficient.
- BEL3** Any costs incurred in the pursuit of any legal action against **us**.

## Additional Benefit Conditions and Benefit Exclusions Applicable to the Optional Add-on Plans

The following additional **Benefit** Conditions and/or **Benefit** Exclusions apply to **your** chosen Optional Add-on **plan**. If **you** have an Optional Add-on Plan, this will be detailed on **your** Certificate of Insurance.

Our liability under any chosen Optional Add-on **plan** will be conditional upon the **planholder** and each **insured person** complying with the chosen Optional Add-on **plan's Benefit** Conditions.

### Benefit Conditions for Maternity (apply to individual & family plans only)

**BCM1** The minimum age at entry for individual enrolment is 18 years attained. The maximum age of entry for individual enrolment is 44 years attained. Cover will cease under the **plan** upon the **renewal date** after the age of 46 years has been attained.

### Benefit Exclusions for Maternity (apply to individual & family plans only)

The Optional Maternity Add-on **plan** does not cover **claims** arising from or connected with the **Benefit** Exclusions listed on pages 17 to 19 and the **Benefit** Exclusions listed below:

**BEM1** **Claims** for **treatment** received within 12 months after **your** original **inception date** of the Optional Maternity Add-on **plan**.

**BEM2** **Birth defects** or **congenital abnormalities** which either parent is aware exists, suffers from, has had **treatment/medication** for, prior to the **plan inception date**, or has knowledge that the **birth defect/congenital abnormality** has occurred in their **immediate** family.

**BEM3** **Treatment** and/or surgery to birthmarks.

### Benefit Conditions for Personal Accident

**BCPA1** Cover is provided to managerial, clerical and administrative occupations only. If an **insured person** shall regularly engage in any occupation, sport, pastime or activity in which materially greater risk may be incurred than disclosed in connection with this **plan** without first notifying **us** and obtaining **our** written agreement to the amendment of this **plan** (subject to the payment of such additional premiums as **we** may reasonably require as the consideration for such agreement), then no **claim** shall be payable in respect of any **accident** arising therefrom.

**BCPA2** **We** shall not be liable to pay compensation for more than the amount stated as the maximum accumulated limit from all sources for any one location / any one conveyance.

### Benefit Exclusions for Personal Accident

The Optional Personal Accident Add-on **plan** does not cover **claims** arising from or connected with BE9, BE10, BE19, BE20, BE21, BE22, BE23, BE24, BE25, BE26, BE27 (listed on pages 17 to 19) and the **Benefit** Exclusions listed below:

**BEPA1** **Claims** directly or indirectly, occasioned by, happening through, or in consequence of, aviation, other than as a fare-paying passenger in a fully certified passenger carrying aircraft, flown in the course of licensed operation for the transportation of passengers by properly licensed crew.

**BEPA2** **Claims** and/or disabilities resulting from participation in manual or hazardous occupations, dangerous sports, pursuits or activities including mountaineering and/or rock-climbing requiring the use of ropes and/or pitons, pot-holing, winter sports, canyoning, racing of any kind except on foot and **professional sports**.

### Benefit Conditions for Travel

- BCT1** We shall not be liable to pay compensation for more than the amount stated as the maximum accumulated liability from all sources and the maximum sum insured directly from the **plan**.
- BCT2** The maximum period for notification of a **claim** is 31 days after the end of a **trip**.
- BCT3** We reserve the right to relocate an **insured person** from one **hospital** to another and/or arrange for transportation to an alternative location in the event of an eligible **medical condition**. We will do this if in **our** opinion or that of the attending **medical practitioner** the **insured person** can be moved safely to that location to continue **treatment**.

### Benefit Exclusions for Travel

Section A of the Optional Travel Add-on **plan** does not cover **claims** arising from or connected with the **Benefit Exclusions** listed on pages 17 to 19 and the **Benefit Exclusions** listed below:

- BET1** **Claims** where a **trip** has been made for the specific purpose of receiving **medical treatment**.
- BET2** A **medical condition** that is **pre-existing** prior to the date of booking a **trip** or the date specified on the **insured person's** Certificate of Insurance (whichever is the later).

Sections B - I of the Optional Travel Add-on **plan** do not cover **claims** arising from or connected with BE9, BE10, BE23, BE24, BE25, BE26, BE42 (listed on pages 17 to 19) and the **Benefit Exclusions** listed below:

- BET3** **Claims** for items more specifically **insured** elsewhere. If an **insured person** can **claim** under another policy or **plan** which provides **benefits** which are the subject of a **claim** under this **plan**, **we** must be notified in writing and shall not be liable for more than **our** rateable proportion of the **claim**.
- BET4** **Claims** brought against a tour operator, travel agent or carrier.
- BET5** **Claims** caused by pressure waves resulting from any aircraft or other flying object travelling at, or above the speed of sound.
- BET6** **Claims** arising from changes or fluctuations in exchange rates.
- BET7** **Claims** for any expenses **you** would normally incur in respect of **your trip**.
- BET8** **Claims** resulting from any person, organisation or company becoming insolvent, being unable or unwilling to fulfil any part of their obligation to **you**.

Sections B, D, G & H of the Optional Travel Add-on **plan** do not cover **claims** arising from:

- BET9** Government regulations (other than in respect of compulsory quarantine), currency restriction or act.
- BET10** Omission or default of provider of transport or accommodation or an agent through whom the travel arrangements were made.
- BET11** Disinclination to travel or financial circumstances of an **insured person** (other than such arising from the **insured person's** loss of employment where the **insured person** has been in the same full-time employment for a minimum period of two (2) years).
- BET12** Expenses payable by the tour operator, hotel, airline or other carrier.
- BET13** Delay in commencement of holiday.
- BET14** Surcharges levied by the tour operator increasing basic brochure prices.

- BET15** Failure to notify a travel agent, tour operator or provider of transport or accommodation immediately it is found necessary to cancel the travel arrangements.
- BET16** Where an **insured person** has not checked in prior to any **trip** according to the itinerary supplied to the **insured person** relating to that **trip** and where a **claim** is not supported by a signed statement or report confirming the period of delay from the carrier (or the carriers' handling agents), the tour operator or tour operators' representative at place of departure.
- BET17** Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of a relevant port authority, or the Civil Aviation Authority or of any similar body.
- BET18** Strike or industrial action existing or publicly declared on or before the date the **trip** is booked.
- BET19** Arrival by an **insured person** at the airport or dock after check-in time (except for late arrival due to strike or industrial action or documented mechanical failure or breakdown of public transport).
- BET20** If **you** knew **you** would need to cancel or cut short **your trip** when purchasing this policy or booking **your trip**.

Sections F, G, H & I of the Optional Travel Add-on **plan** do not cover **claims** arising from:

- BET21** Damage due to moth, vermin, wear and tear, atmospheric or climatic conditions, gradual deterioration, loss of value, mechanical or electrical breakdown or damage caused by any process of cleaning, repairing or restoring, or damage caused by leaking powder or fluid carried within an **insured person's** baggage.
- BET22** Breakage of fragile articles including china, glass or sculpture.
- BET23** Damage to sports equipment/clothing whilst in use.
- BET24** Loss due to confiscation or detention by customs or other authority.
- BET25** Loss of, or damage to, stamps, documents, deeds, manuscripts or securities of any kind.
- BET26** Loss or damage whilst in the custody of an airline or other carrier unless reported immediately upon discovery and in the case of an airline, a Property Irregularity Report obtained.
- BET27** Loss of, or damage to, goods, samples or tools hired or held in trust by an **insured person**, but not owned by that **insured person**.
- BET28** Loss of, or damage to, jewellery or photographic equipment packed in a suitcase or other like receptacle whilst travelling.
- BET29** Loss of, or damage to, contact or corneal lenses.
- BET30** Shortages due to error, omission, exchange or depreciation in value.
- BET31** Theft or suspected theft not reported to the local police within twenty-four (24) hours of discovery of the loss and a report obtained.
- BET32** Cash not personally carried by the **insured person** on his/her person unless held in a safety deposit box or safe that is not in the **insured person's** room or apartment.
- BET33** Unattended baggage.

## Claims Procedures

1. How to make a **claim** under **your plan** for **in-patient** or **daycare treatment**. **You** must obtain **pre-authorisation** for any **in-patient** or **daycare treatment you** require.

- a. See **your medical practitioner** in the usual way.
- b. If **your medical practitioner** refers **you** for a **specialist** consultation for **treatment** requiring a stay in a **hospital** or clinic as an **in-patient**, or for **daycare treatment**, **you** must call the International Helpline immediately on the telephone number shown on page 4. The International Helpline is open 24 hours a day, 365 days a year.

When calling the International Helpline please give:

**Your** membership number.

**Your** attending **medical practitioner's** name.

Name and telephone number of the **hospital/clinic**.

- c. The International Helpline will then contact **your medical practitioner** and the hospital or clinic concerned, to ensure arrangements are in place for **your treatment**.
- d. The International Helpline will get back to **you**, confirm authorisation and the arrangements that have been put in place for **your treatment**. Unless a deductible applies to **your plan**, **you** will not be required to pay for any **treatment** as all eligible costs will be met directly with the **medical practitioner, consultant, hospital** or clinic concerned. **You** will not need to complete any medical **claim** forms.
- e. Receive **your treatment** at the **hospital** or clinic.

2. How to make a claim under your plan for **emergency** evacuations

**We** will only provide **benefit** for evacuation costs if **your medical condition** is considered an **emergency**, or if **our** International Helpline considers there are no adequate medical facilities in **your** location. This will be based on **medical necessity** and approved by **us**. **We** will only evacuate **you** within **your area of cover** which is detailed on **your** Certificate of Insurance.

In a medical **emergency**, **you** or **your** representative must contact the International Helpline on the telephone numbers shown in the **claim** team contact details section on page 4.

**Please note:** in accordance with BC8, if a local situation makes it impossible, unreasonably dangerous or impractical to enter a specific area or country **we** may be unable to arrange an **emergency** evacuation.

### 3. How to make a **claim** under **your plan** for **out-patient treatment**

Please note: Out-patient **treatment** is not covered under the UltraCare Standard **plan**.

If **you** need any help or advice, please contact the claims team on the details on page 4. **You** do not need to contact the International Helpline for **pre-authorisation**.

- a. See your **medical practitioner, therapist, specialist** or **consultant** in the usual way.
  - b. Pay **your** bill for the **treatment you** have received.
  - c. Make sure **you** obtain an original itemised invoice and original receipt as you will need to send this to **us** with **your** completed medical claim form (see step f). Please ensure that one medical claim form is completed per **medical condition**.
  - d. Complete sections A-G of a medical claim form. **You** can get a medical claim form by contacting the claims team or the International Helpline (details on page 4). **You** can also download a medical claim form by visiting **our** website [www.interglobalpmi.com](http://www.interglobalpmi.com).
  - e. **You** must ask **your medical practitioner** to complete section H (or section I for **dental treatment**). Please note: **treatment** received from a **therapist, specialist** or **consultant** must always be on referral from **your medical practitioner**.
  - f. Send **your claim** to the claims team at the address shown on page 4. You must send the following items to make sure that we can process your claim:
    - The original itemised bill
    - The original receipt
    - The fully completed medical claim form
- Please return the above items as soon as possible from the first date of **treatment**.

### 4. How to make a **claim** under **your** Direct Billing Facility for **in-patient, daycare** or **out-patient treatment** (only applies to corporate or group **plans**).

If **you** are part of a corporate or group **plan**, **you** may be entitled to a direct billing **claims** facility. **We** will provide **you** with a list of **hospitals** that will accept **you** on a direct billing arrangement.

- a. Visit one of the **hospitals** on the list for **in-patient, daycare** or **out-patient treatment**.
- b. Show **your** membership card.
- c. Receive **your** treatment. The **hospital** will take over all the **claim** administration. If **pre-authorisation** for **in-patient** or **daycare treatment** is required, then the **hospital** administration team will gain this approval from the International Helpline.
- d. Pay any deductible applicable to **your plan**. This deductible will be shown on **your** membership card.

### 5. How to make a **claim** under **your** Travel Optional Add-on **plan**

If **you** need to make a **claim** under Section A of **your** Travel Optional Add-on **plan** please follow procedures 1-3 outlined above.

If **you** need to make a **claim** under section B-I of **your** Optional Travel Add-on **plan**, please contact the claims team on the telephone and fax numbers shown in the **claim** contact details section on page 4.

## 6. How to make a **claim** under **your** Personal Accident Optional Add-on **plan**

If **you** need to make a **claim** under **your** Personal Accident Add-on **plan**, please contact the claims team on the telephone and fax numbers shown in the **claim** contact details section on page 4.

### Claims Checklist

- Carry **your** membership card and assistance card at all times.
- Familiarise yourself with the cover provided under **your plan**.
- Ensure that **your dependants** or business colleagues are aware of **your** international private medical insurance arrangements.
- Contact the International Helpline if **in-patient** or **daycare** medical **treatment** is required.
- When submitting an **out-patient claim**, make sure that both **you** and the **medical practitioner** attending **you** have completed all the sections on the Medical Claim Form.
- Attach the original receipts with **your** Medical Claim Form for **out-patient treatment claims** and include the original itemised bills. (Keep copies for **your** own records.)
- Quote **your plan** number and member number in all correspondence.

## Membership Cards

**You** will be issued a membership card with **your plan** documents. **You** should carry this card with **you** at all times and present it to the **hospital** or clinic when you go for a **pre-authorised in-patient** or **daycare treatment**. If **you** are a member of a group **plan** that has a direct billing facility **you** must present this card when obtaining **out-patient treatment** at a direct billing **hospital**.

Please note the following about **your** membership card:

- **Your** card is not proof of identity for **hospital treatment** purposes.
- **You** must produce one of the following as proof of identity: passport, driver's licence, identity card or work permit.
- **Your** card is not transferable.
- **Your** card is the property of the insurer and must be returned upon request if membership is terminated.
- **Your** card is not a credit card or guarantee of payment.

## Payment of Eligible Claims

### Eligible claim payments settled directly with treatment providers

All eligible **claims** will be settled in accordance with the payment instructions of the **treatment** providers detailed on the invoice.

### Eligible claim payments settled directly with the insured/member

All eligible **claims** will be settled in accordance with the recommendations outlined by **you** in section E of the Medical Claim Form.

### Exchange rates

If **we** need to convert from one currency to another in respect of a **claim** payment, **we** will use an exchange rate prevailing on the date **we** assess the **claim**.

**We** will not be responsible for any loss **you** may incur due to exchange rate fluctuations.

## Payment Methods

Eligible **claims** payments can be issued by:

- Bank transfer in most currencies (most recommended method)
- Cheque in the currency of **your plan**
- Foreign draft in most currencies

Please note: **we** will not pay any charges in respect of cashed foreign drafts/cheques.

## Claim Contact Details

### International Helpline



#### Telephone Numbers:

From Japan, call free on **00 531 642 084**

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From the UK, call free on **0800 0327 921**

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From the USA, call free on **1 866 895 7795**

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From North China, call free on **10800 6400113** / From South China, call free on **10800 2640113**

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From the UAE, call free on **800 0640 1957**

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From Australia, call free on **1800 147 528**

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From Indonesia, call free on **001 80 364 173 75**

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From the Philippines, call free on **1800 1641 0003**

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From Thailand, call free on **001 800 647 355**

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From Malaysia, call free on **180 080 2157**

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From Singapore, call free on **800 641 1123**

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From Africa, **+27 (0)11 259 5217** (please note: this is not a free phone number)

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If **you** are calling from another country other than those shown above, call collect or directly on: **+64 9 356 2276**

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To make a collect call **you** must first contact the telephone operator in the country **you** are calling from. **You** must then say that **you** would like to make a collect call and specify the number detailed above. The operator will then connect **you** to First Assistance at no charge to **you**. **You** can also call this number in the normal way. If **you** call directly, **you** may be charged the local international rate.

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Fax Number: **+64 9 356 1700**

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### Claims Team

Please see page 4 for contact details.

## Queries and Complaints

It is **our** aim at all times to provide **you** with a first class standard of service. There may nevertheless be occasions when **you** may feel that this objective has not been fully achieved, or **you** would like further clarification from **us**. In such an event please contact:

### Complaints Team - InterGlobal Limited

Level 1, Building B, Millennium Centre, 602 Great South Road  
PO Box 17026, Greenlane, Auckland 1546, New Zealand  
Telephone: +64 9 309 2119 Email: info@interglobal-nz.biz

If **you** feel that **we** have been unable to resolve the matter to **your** satisfaction, then please write to:

### Chief Executive Officer - InterGlobal Limited

Woolmead House East, The Woolmead, Farnham, Surrey GU9 7TT, United Kingdom

## Plan Definitions

**Abuse** means the excessive use of a substance including but not limited to alcohol and drugs. As regard to drugs, this includes use for a reason other than that which it was intended for or in a manner or quantities other than as directed or prescribed on medical authority.

**Accident** means any involuntary, sudden, unexpected or unforeseen external event resulting in **bodily injury** to an **insured person**.

**Acute** means a **medical condition** that responds to **treatment**, which aims to return **you** to **your** previous state of health or leads to **your** full recovery.

**Area of cover** means the geographic area of the world in which the **plan** is operative and which is described on the Certificate of Insurance.

- **Area 1** means Europe.
- **Area 2** means Worldwide, not including the USA.
- **Area 3** means Worldwide.
- **Area 4** means Australia and New Zealand.

**Benefit/Benefits** means the coverage provided by this **plan** and any extensions or restrictions shown in this Plan Guide, Certificate of Insurance and the Table of Benefits.

**Birth defect** means any deformity, anomaly, abnormality or disability, arising during pregnancy, or caused during childbirth.

**Bodily injury** means an identifiable physical injury.

**Chronic** means a **medical condition** which has at least one of the following characteristics:

- has no known cure
- is likely to recur
- requires **palliative treatment**
- needs prolonged monitoring/**treatment**
- is permanent
- requires **specialist** training/**rehabilitation**
- is caused by changes to the body that cannot be reversed

**Claim/Claims** means an **insured person** or agent, personal representative, assignee or trustee in bankruptcy seeking payment or settlement under the terms and conditions of the **plan**.

**Close business colleague** means an associate of the **insured person** who is employed within the same company.

**Close family member** means a **dependant**, parent, step-parent, parent-in-law, grandparent, grandchild, brother, sister, brother or sister in-law, son or daughter in-law or guardian. Maximum age is 75 years attained.

**Co-insurance** means an uninsured percentage of money, which the **planholder/insured person** must pay towards the cost of a covered **claim** per **plan year**.

**Commencement date** means the **date of joining** or any subsequent **renewal date** relative to a specific **plan year**, as specified on a valid Certificate of Insurance.

**Common carrier** means a licensed form of transportation for fare-paying passengers.

**Congenital abnormality** means a **medical condition** that is present at birth or is believed to have been present since birth, whether it is inherited or caused by an environmental factor.

**Consequential loss** means any costs incurred that maybe associated with a **claim** but are not covered under the **plan**. An example of this could be loss of earnings as a result of a **medical condition**.

**Consultant**, please refer to the **specialist/consultant** definition.

**Continuation of Personal Medical Exclusions (CPME)** means upon transfer from another insurer **we** will offer to continue the same underwriting exclusions terms or **moratorium** that applied previously to the transferring **insured person** (if applicable). **We** shall not require the transferring **insured person** to be subject to any new personal underwriting exclusion terms nor apply any new **moratorium**. However coverage will still be subject to all other **benefits**, terms and conditions of the **plan** except BE1.

**Country of residence** means the country in which **you** and **your dependants** live for the majority of the time (usually for a period of at least 6 months) during a **plan year**.

**Critical** means a **medical condition** which is unstable and serious, where the outcome cannot be medically predicted, prognosis is uncertain and the individual concerned is in danger of dying.

**Curtailment** means abandonment of a **trip** by an **insured person** due to a factor or factors beyond the **insured person's** control.

**Date of joining** means the start date of an **insured person** shown on the Certificate of Insurance on which cover under the **plan** first commenced.

**Daycare treatment** means **treatment** at a **hospital** where an **insured person** is admitted and occupies a bed, but does not remain overnight.

**Dental** means that which affects the teeth and gums.

**Dependant** means an **insured person's**:

- spouse, common-law spouse or partner,
- unmarried child, stepchild or child legally adopted under 18 years attained,
- unmarried child under 25 years attained, if in full-time education (written proof may be required from the educational institution where they are enrolled).

**Diagnostic tests/procedure** means a **medically necessary** test or examination to investigate the cause of an **insured person's** symptoms.

**Emergency** means a sudden, unexpected **acute medical condition** or an unexpected acute exacerbation of a **chronic medical condition** that, without **treatment** within forty-eight (48) hours of onset, could result in death or serious impairment of bodily functions.

**Excess** means an uninsured amount of money, which the **planholder/insured person** must pay towards the cost of a **claim** as specified on **your** table of **benefits**. The different types of excess are:

- Per visit **excess**. This **excess** works on a per doctor consultation visit only, per day (no matter how many **medical conditions** are treated by that doctor on that day). This type of **excess** only applies to out-patient primary and specialist consultations, and for each different doctor seen on that day, even if there is a referral from one doctor to another on the same day. An **excess** will still apply to the referred doctor seen on that same day if this occurs.

- Per **medical condition**, per **plan year**. This **excess** applies to each **medical condition** claimed in a **plan year**. E.g. if **you** submit four **claims** for two **medical conditions**, two **excesses** will be deducted in the **plan year**.
- Per person, per **plan year**. This **excess** applies once per **plan year**, per person, no matter how many **claims** are submitted to **us** by the person.

**Expiry date** means the end date of the **plan**.

**Foreseeable** means a **medical condition** that could be reasonably anticipated.

**Home country** means the country declared as such on the application form.

**Hospice** means an organisation providing services for patients with a **terminal** illness. **Hospice** care may be as an **in-patient** or **out-patient** at home, or at a centre for controlling pain and other symptoms.

**Hospital** means an establishment legally licensed as an institution for providing **treatment** under the laws of the country in which it is located.

**Immediate family** is defined as a blood relative.

**Inception date** means the date shown on the Certificate of Insurance on which cover under the **plan** first commenced.

**In-house doctor** means a doctor who is employed by the **hospital**, is considered a permanent member of staff and charges in line with **hospital** tariffs.

**In-patient treatment** means **treatment** at a **hospital** where an **insured person** is admitted and occupies a bed for one or more nights.

**Insured person(s)** means an individual who has satisfied the enrolment requirements of the **plan** and is named on a valid Certificate of Insurance.

**Insurance Premium Tax (IPT)** means a government tax which **we** have to collect at the rate applicable in **your country of residence**.

**Intrinsic value** means the actual cash value of an item at the time of loss or damage, including appropriate deductions for wear and tear.

**Legal representative** means a personal representative with legal standing (as by power of attorney or executor of a will).

**Local ambulance** means road ambulance transport required due to an **emergency** or **medical necessity** to the nearest available and appropriate local **hospital**.

**Manifested** means a **medical condition** that showed or demonstrated itself plainly.

**Medical condition(s)** means any injury, illness, sickness, disease, signs or symptoms.

**Medical History Disregarded (MHD)** means no special underwriting terms shall apply and no exclusion from cover will exist for eligible **medical conditions** that are known to have been in existence prior to the **date of joining**. However such eligible **medical conditions** will still be subject to all other **benefits**, terms and conditions of the **plan** except BE1.

**Medical practitioner** means a **person** who is licensed to practice medicine in the country where the **treatment** is provided and has obtained the primary degrees in medicine and surgery following attendance at a recognised medical school listed within the World Directory of Medical Schools published by the World Health Organisation.

**Medically necessary / medical necessity** means **treatment** prescribed by the **insured person's medical practitioner**, attending **specialist/consultant**, which is appropriate for the **medical condition** and is in accordance with accepted medical standards.

**Moratorium** means a waiting period of twenty-four (24) months from the **date of joining**, or the date specified on the special terms section of the **insured person's** Certificate of Insurance, that must have elapsed before **claims** for **pre-existing** conditions may be eligible under the **plan**.

**Natural teeth** means any teeth that are original and organic and not artificial implants or replacements.

**Non-paying patient** means when an **insured person** is admitted as an **in-patient** or **daycare** patient and receives **medical treatment** in a **hospital** where no charges are billed.

**Nursing at home** means services of a **registered nurse** in the home of an **insured person** when prescribed and supervised by a **medical practitioner, consultant** or **specialist** and **related** directly to a **medical condition** for which an **insured person** is receiving **treatment** covered under a **plan**.

**Orthodontic** means that which affects the structure, function, development or appearance of the teeth, upper or lower jaw or the oral cavity.

**Out-patient treatment** means **treatment** at a **hospital**, consulting room, or **out-patient** clinic where an **insured person** does not occupy a bed.

**Palliative** means **treatment**, the purpose of which is to primarily temporarily relieve and/or maintain the symptoms, rather than to cure the actual **medical condition** causing the symptoms.

**Permanent total disablement** means disablement which entirely prevents an **insured person** from attending to any business or occupation to which he/she is suited by way of education, training or experience and which lasts 12 months and at expiry of that period is beyond expectation of improvement.

**Physiotherapist** means a person who is qualified to practice physiotherapy and is licensed in the country in which **treatment** is being provided.

**Plan** means the contract between **you** and **us**, to provide cover in accordance with the Table of Benefits, General Conditions, Benefit Conditions and Benefit Exclusions contained within **your plan** documents.

**Plan administrator** means the person appointed by the **planholder** to administer the **insured person's** group healthcare **plan**, and to act as co-ordinator with **us**.

**Plan year** means the period of 12 months, starting from the **commencement date**, as shown on a valid Certificate of Insurance.

**Planholder** means the person or organisation to which **we** have issued the **plan** and is named on a valid Certificate of Insurance.

**Post hospitalisation treatment** means **medical practitioner's** and **specialist/consultant's** fees, **diagnostic tests**, physiotherapy when referred by a **medical practitioner** or **specialist/consultant**, and drugs and dressings immediately following discharge from **hospital** after **in-patient** or **daycare treatment**.

**Pre-authorise(d), Pre-authorisation** means a process through which an **insured person** seeks approval from **us** prior to undertaking **treatment** or incurring costs. **Pre-authorisation** may be revoked if new information subsequently negates a **claim**.

**Pre-existing** means any **medical condition** or **related medical condition** which:

- was **foreseeable**,
- **manifested** itself,
- the **insured person** had signs or symptoms of,
- the **insured person** sought advice for,
- the **insured person** received **treatment** for, or
- to the best of the **insured person's** knowledge, was aware existed.

**Preventative treatment** means **treatment** carried out where no **medical condition** or symptoms are present.

**Primary treatment** means the medical care a patient receives upon first contact with a medical professional (such as a general practitioner), before referral to a **specialist/consultant** for further **treatment**.

**Professional sports** mean sports where **you** are being paid to participate and where any such payment makes up the principal source of **your** income.

**Psychiatric** means that which affects the mind, emotions or mental function of a person whether it is organic, traumatic or reactive in origin.

**Reasonable and customary** means the standard cost of a **treatment** and/or services within the same country or geographical region and will be based on **our** experience and knowledge.

**Registered nurse** means a qualified nurse who is currently on the professional register of nursing in the country where **treatment** is provided.

**Rehabilitation** means **treatment** aimed at restoring health and/or mobility in order to allow the **insured person** to live a more independent life.

**Related** means a **medical condition** that in both **our** opinion and that of the **insured person's medical practitioner, specialist/consultant**, is:

- directly or as a result of,
- associated with, or
- an associated risk factor of,

another **medical condition**.

**Renewal date** means the anniversary of the **commencement date** of the **plan** as specified on a valid Certificate of Insurance.

**Routine health check** means any diagnostic test/screening carried out where no **medical condition** or symptoms are present.

**Specialist/consultant** means a **medical practitioner** who is practicing and holds in the country where **treatment** is provided:

- a **consultant** appointment, or equivalent, or
- a recognised certificate of higher **specialist** training

in the field of medicine for which the **treatment** is required.

**Terminal** means an advanced or rapidly progressing incurable **medical condition** which in the opinion of a **medical practitioner** is expected to lead to death.

**Therapist** means a chiropractor, osteopath, homeopath, acupuncturist or Chinese herbalist who is qualified and licensed in the country in which **treatment** is being provided.

**Treatment** means any surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve, or cure a **medical condition**.

**Trip** means a journey, or period of travel which does not exceed the duration specified on the **insured person's** Travel Optional Add-on **plan** Certificate of Insurance. The **trip** includes the dates of departure from and the return to the **country of residence** (of the **insured person**), as declared by the **planholder**.

**Visiting doctor** means a doctor who is not employed by the **hospital** and has a contract to use the **hospital** facilities but have different charges to the **hospital** tariffs.

**We/us/our** means the insurer as detailed in the Certificate of Insurance.

**You/your** means the **planholder** or **insured person**.

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