

IHI Student Travel

Excl. Baggage

Valid from 2007

POLICY CONDITIONS

In accordance with the Danish Insurance Contracts Act.

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ART. 1 DATE OF COMMENCEMENT

1.1: 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.

1.1: The maximum duration per trip for each insured person is 24 months.

ART. 2 WHERE IS COVER PROVIDED?

2.1: The insurance shall provide worldwide cover.

2.2: The insurance does not provide cover in the country where the insured has a permanent residential address.

ART. 3 WHAT IS COVERED BY THE INSURANCE?

3.1: The insurance shall cover expenses incurred by the insured in the insurance period in accordance with the applicable list of cover and benefits.

3.2: In case of hospitalization and in-patient treatment, the insurance shall cover 100% up to the maximum insured amount.

3.3: In case of treatment in an emergency ward which could have taken place in an out-patient facility, the reimbursement shall be reduced by a deductible of USD 250 / EUR 200 per claim.

3.4: If an elective deductible for out-patient treatment by a doctor/specialist has been chosen, the reimbursement for each claim shall be reduced by this amount.

ART. 4 MEDICAL EXPENSES

4.1: The insurance shall cover the medical expenses incurred by the insured in case of acute illness and injury.

4.2: Treatment by physiotherapists and chiropractors prescribed by an authorised physician shall be compensated up to the maximum amount stated in the list of cover and benefits.

4.3: Provisional pain-stilling dental treatment by authorised dentists and prescribed medicines in connection herewith shall be compensated up to the maximum amount stated in the list of r cover and benefits.

4.4: The insurance shall not cover expenses for treatment of pre-existing, chronic or recurrent illnesses and disorders if the insured:

- a) has been hospitalised within 6 months prior to departure and/or start of the insurance period,
- b) has been treated by a physician (routine check-ups excepted) within 6 months prior to departure and/or start of the insurance period,
- c) has had a change of medication within 6 months prior to departure and/or start of the insurance period,
- d) 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,
- e) has reached a state where any attempt of further treatment has been abandoned, or has been refused treatment,
- f) is waiting to receive treatment, or has been referred to another place of treatment,
- g) 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.

4.5: 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.

4.6: The Company has the right to demand that the insured be repatriated in order to receive treatment in the country of permanent residence, if the Company's medical consultant and the treating physician agree that treatment can be postponed until the insured has been transferred to his/her country of permanent residence.

ART. 5 MEDICAL EVACUATION/REPATRIATION

5.1: Reimbursement shall be paid for reasonable additional expenses incurred for the insured's medical evacuation/repatriation in the event of acute serious illness (cf. Art. 4.4), serious injury or death.

5.2: 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.

5.3: Only one transportation is covered in connection with one course of an illness.

5.4: 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:
a) cremation of the deceased and home transportation of the urn or
b) home transportation of the deceased.

Expenses shall be reimbursed for repatriation for any 2 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.

5.5: If the insured is unable to continue the trip due to an acute illness covered by the insurance, additional and reasonable travel expenses shall be covered when the insured is able to travel again, and when accepted by the Company prior to the change of travel itinerary.

5.6: 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. 6 RETURN TRIP

6.1: The insurance shall cover a return trip to the destination abroad if the insured has been medically evacuated because of illness or injury or if the insured has been repatriated and used the Compassionate Emergency Repatriation cover.

6.2: 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.

6.3: The return trip must be made at the latest 2 weeks after the medical/repatriation evacuation or the compassionate emergency repatriation.

6.4: 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. 7 COMPASSIONATE EMERGENCY REPATRIATION

7.1: 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 serious acute illness or injury occurring after the departure of the insured. In case of doubt, the decision will be left with the Company's medical consultants and if necessary with the treating physician. In the event of death, a death certificate must be submitted to the Company.

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.

7.2: Only one transportation is covered in connection with one course of an illness.

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

7.4: 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.

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

7.6: The insured has the right to take 1 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.

ART. 8 NEXT-OF-KIN ACCOMPANIMENT AND COMPASSIONATE EMERGENCY VISIT

8.1: The insurance shall cover accompaniment in the event of 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 5 days and nights, or that the condition of the insured is life-threatening.

8.2: 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.

8.3: The Company shall reimburse 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 per day for each summoned person or fellow-traveller for expenses in connection with accommodation, board and local transport.

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

ART. 9 PERSONAL ACCIDENT

9.1: If the policyholder has cover for personal accident, 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.

9.1.1: 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.

9.2: Exceptions for compensation:

- a) 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,
- b) any accident caused by illness,
- c) any aggravated consequences of an accident due to a pre-existing condition or any unforeseen illness subsequently contracted,
- d) any consequences of medical treatment not necessitated by an accident covered by the insurance,
- e) if the insured is under the age of 18, compensation in case of death is limited to USD 3,000 / EUR 2,500,
- f) 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.

9.3: Compensation in case of death becomes payable at 100% of the insurance sum when an accident directly results in the insured's death within 1 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 2 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.

9.4: 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.

a) 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 100% of the insurance sum.

b) 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 50% of the insurance sum. In case of loss of sight of two eyes, compensation shall be made at 100% of the insurance sum.

c) 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 25% of the insurance sum.

d) 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.

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

9.6: 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. 10 EXCEPTIONS FOR COMPENSATION

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

- a) death, illness, injury, bodily infirmity or physical disability and consequences hereof which have come into existence, or shown symptoms, before each trip abroad (cf. Art. 4.4),
- b) cosmetic surgery and treatment and consequences thereof unless medically prescribed and approved by the Company,
- c) recreational treatment,
- d) pre-existing diseases of the teeth and dental treatment which is not pain-stilling and provisional and can await the insured's arrival home,
- e) dentures,
- f) venereal diseases, AIDS, AIDS-related diseases and diseases relating to HIV antibodies (HIV positive),
- g) medical and maternity assistance arising after the 36th week of pregnancy, and after the 18th week when the

pregnancy is the result of any kind of fertility treatment and/or the insured is expecting more than one child,
 h) induced abortion which is not medically prescribed,
 i) abuse of alcohol, drugs and/or medicines,
 j) intentional self-inflicted bodily injury,
 k) treatment by naturopaths, naturopathic medicines and other alternative methods of treatment,
 l) 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),
 m) nuclear reactions or radioactive fallout,
 n) treatment performed by the insured, his/her spouse, parents or children or an enterprise owned by one of the aforesaid persons,
 o) epidemics which have been placed under the direction of the public authorities,
 p) treatment by psychologists, unless prescribed by the treating physician in connection with emergency relief,
 q) routine medical check-ups, vaccinations and other preventive treatment,
 r) the insured resisting or failing to comply with the medical directions given by the Company's medical consultant and the treating physician,
 s) the insured resisting medical evacuation/repatriation (cf. Art. 4.6),
 t) 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,
 u) medical treatment and examinations which can await the insured's arrival home,
 v) private room in hospital unless medically prescribed and approved by the Company,
 x) any treatment which is not necessary or which is not directly related to the diagnosis covered by the insurance,
 y) active participation in any motorsport show, race or competition,
 z) any illness or injury resulting from active engagement in an illegal act.

10.2: 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. 11 HOW TO REPORT A CLAIM

11.1: 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 original, receipted and itemised bills and/or other relevant documentation such as medical information and aeroplane tickets/travel documents.
 The Company scans original bills upon receipt. Any retrieval of the original invoice is not possible. The scanned bill stamped 'Certified as a true Copy' represents the original.

11.2: 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.

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

11.4: 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.

11.5: Claims shall be reported to the Company immediately and no later than 30 days after the expiry of the insurance.

11.6: Complaints regarding the Company's claims handling shall be filed no later than 30 days after receipt of the reimbursement amount.

ART. 12 COVER BY THIRD PARTIES

12.1: Where there is cover by another insurance policy or healthcare plan, this must be disclosed to the Company when claiming reimbursement.

12.2: 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.

12.3: If the claim has been covered in whole or in part by any scheme, program or similar, funded by any Government, the Company shall not be liable for the amount covered.

12.4: 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.

12.5: Furthermore, the policyholder and any insured person shall keep the Company fully informed and will take any reasonable steps in making a claim upon another party and to safeguard the interests of the Company.

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

ART. 13 NECESSARY INFORMATION TO THE COMPANY

13.1: 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.

13.2: 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 claim against the Company.

13.3: 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. 14 ASSIGNMENT, CANCELLATION AND EXPIRY

14.1: 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.

14.2: The Company's liability automatically ceases at the end of the insurance period. Upon expiry of the insurance, the right to compensation ceases.

14.3: 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.

14.4: 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.

ART. 15 DISPUTES, VENUE, ETC.

15.1: 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 Insurance Appeals Board).

Valid from 2007

E.&O.E.

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