

Private Client

Policy Wording

Prima Premier

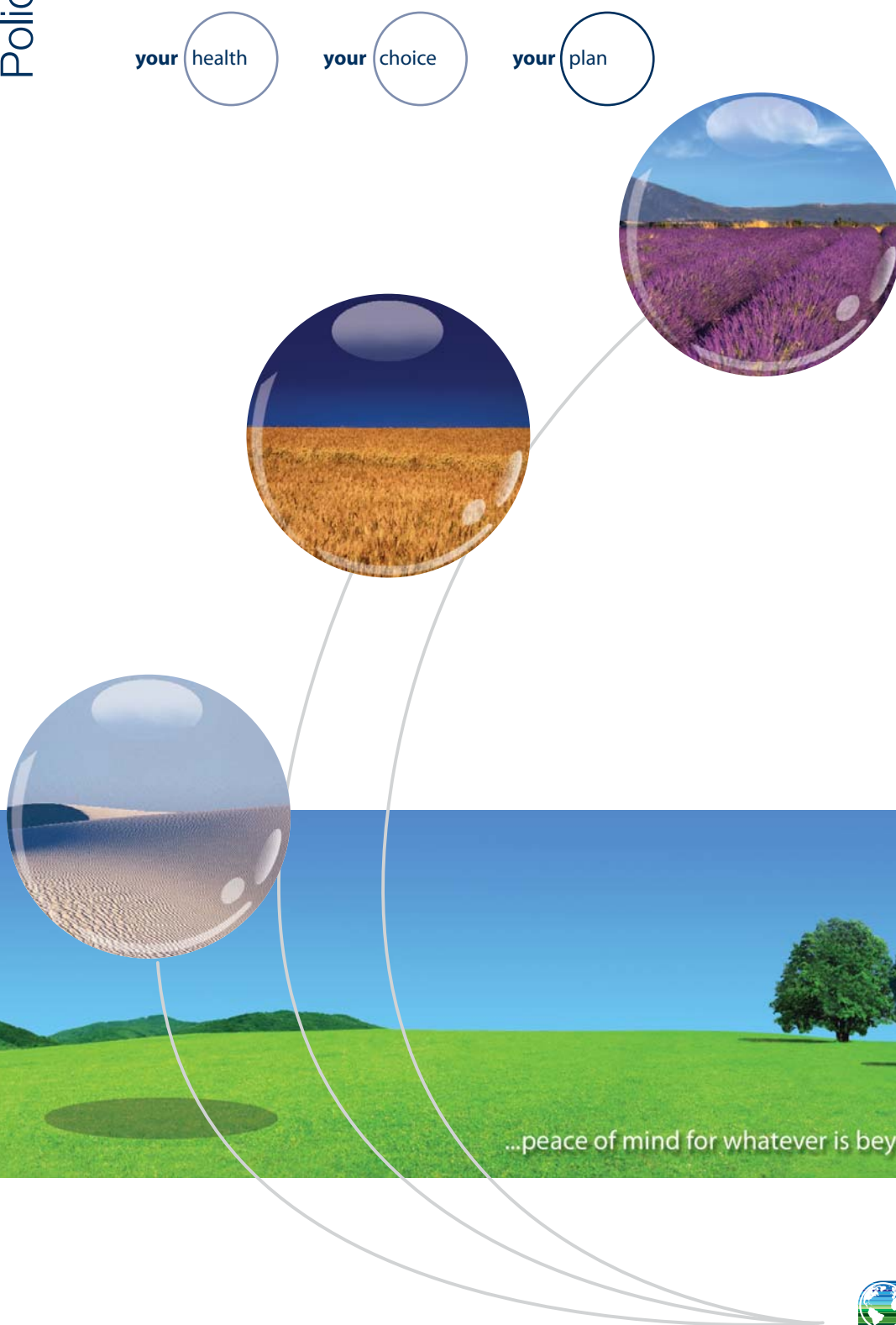
Prima Classic

Prima Ibérica

your health

your choice

your plan



...peace of mind for whatever is beyond your horizon

your health

your choice

your plan



Prima Premier Policy Wording effective 1 June 2011



Prima Classic Policy Wording effective 1 June 2011



Prima Ibérica Policy Wording effective 1 June 2011

The **Prima Ibérica** plan benefits are exactly the same as the **Prima Classic** other than:

Area of Cover - Europe only
Policy Excess - €150; £100 per person per policy year

Available to Private Clients resident in Portugal, Spain and Gibraltar.

Level of Cover

This **policy** provides cover for the following benefits in respect of **treatment** of an **insured person** provided during the **period of cover** for a **medical condition**. All benefits, including full refunds, are conditional upon charges being reasonable and customary.



Maximum sum insured	Prima Premier	Prima Classic
The maximum sum insured is the most we will pay for each insured person in any period of cover . The maximum sum assured and any monetary limits to the benefits will be determined by the currency which you have selected for your policy .	£2,000,000: €2,400,000: US\$3,000,000	£1,000,000: €1,200,000: US\$1,500,000

The Cover

In-patient & day-patient Treatment



(**treatment** received by an **insured person** when admitted to a **hospital** bed for an overnight stay of one or more nights' duration or as a **day-patient**)



	Prima Premier	Prima Classic
Accommodation Hospital accommodation in a ward, semi-private or private room.	Full Refund	Full Refund
Parent Accommodation Room and bed charges for one parent or legal guardian to stay with an insured person who is under 18 years of age, whilst admitted to a hospital bed.	Full Refund	Not Covered
Professional Fees Specialist, physician and qualified nurse fees (including surgeons' and anaesthetists' fees) associated with providing consultations or administering treatment .	Full Refund	Full Refund
Medication Drugs, medicines, supports and appliances when prescribed by a specialist or medical practitioner .	Full Refund	Full Refund
Diagnostics Diagnostic procedures, including x-rays, pathology , computerised tomography and magnetic resonance imaging (brain and body scans).	Full Refund	Full Refund
Theatre Fees Operating theatre fees.	Full Refund	Full Refund
Reconstructive Surgery Reconstructive surgery required following an accident or following surgery for an eligible medical condition which occurred after your date of entry and which is performed within 12 months of the accident or surgery.	Full Refund	Full Refund
Chronic Conditions Acute episodes of a chronic condition. Routine management, maintenance and palliative treatment of a chronic condition .	Full Refund Limited to £15,000: €18,000: US\$22,500	Full Refund Not Covered
Oncology Oncologist fees, radiotherapy and chemotherapy.	Full Refund	Full Refund
Organ Transplants Transplant of any human organ.	£200,000: €240,000: US\$300,000 Lifetime Limit	£200,000: €240,000: US\$300,000 Lifetime Limit

	Prima Premier 	Prima Classic 
<p>Physiotherapy Physiotherapy when such treatment is recommended by a specialist and is administered during the period of stay in hospital.</p>	Full Refund	Full Refund
<p>Rehabilitation Rehabilitation when it is considered an integral part of treatment, is supervised by a specialist and is undertaken in a recognised rehabilitation unit.</p>	Full Refund	Not Covered
<p>Psychiatric Illness Treatment given in a recognised psychiatric unit of a hospital. All treatment under this benefit is subject to pre-authorization by us. If treatment is not pre-authorized by us, then we reserve the right to decline the claim in full.</p>	Limited to 30 days each year	Limited to 30 days each year
<p>Ancillary Charges The purchase or rental of crutches or wheelchairs following treatment as an in-patient or day-patient.</p>	Limited to £500; €600; US\$750	Limited to £500; €600; US\$750
<p>Newborn Cover - Premature Births Cover in respect of a premature baby (i.e. where birth is prior to 37 weeks gestation) in respect of an acute or chronic medical condition requiring in-patient treatment. The mother of the baby must have been insured with us for at least 11 months prior to the birth date. All cover is subject to the newborn being added to the policy within 30 days of birth and the relevant premium paid.</p>	Cover for the first 30 days of life is limited to a maximum sum insured of £10,000; €12,000; US\$15,000 each baby. Thereafter, cover will exclude any medical condition which exists at the end of the first 30 day period	Not Covered
<p>Home Nursing Home nursing, when medically necessary and recommended by a specialist immediately following release from a hospital bed.</p>	Limited to 12 weeks for each condition and a maximum of 26 weeks each year	Limited to 12 weeks for each condition and a maximum of 26 weeks each year
<p>Transportation Ambulance charges for transportation to hospital, or costs associated with another form of transport if an ambulance is inappropriate.</p>	Full Refund	Full Refund
<p>Post Operative Cover Out-patient treatment or consultations received within 6 months of hospital discharge for an eligible medical condition which required hospital admission.</p>	Limited to £1,500; €1,800; US\$2,250 each year	Covered under out-patient treatment
<p>Cash Benefit Where hospital accommodation and all treatment costs are provided in a State or Charitable Hospital and no claim is submitted under this policy for reimbursement of any in-patient costs, and providing that the medical condition suffered would be eligible for benefit.</p>	£200; €240; US\$300 each night up to a maximum of 30 nights	£200; €240; US\$300 each night up to a maximum of 30 nights
<p>Emergency Treatment Outside Area of Cover Treatment (through a physician, medical practitioner or specialist, commencing within 24 hours of the emergency event) required as result of an accident or the sudden beginning or worsening of a severe illness resulting in a medical condition that presents an immediate threat to the insured person's health.</p>	For trips up to a maximum of 6 weeks Maximum 42 nights each year Maximum sum insured of £50,000; €60,000; US\$75,000	For trips up to a maximum of 6 weeks Maximum 42 nights each year Maximum sum insured of £50,000; €60,000; US\$75,000



Out-patient Treatment (OPTIONAL BENEFIT for Prima Premier)

(treatment received but without admission to a hospital bed)

	Prima Premier 	Prima Classic 
	(Optional Benefit)	
Overall Limit	Limited to the overall policy limit of £2,000,000: €2,400,000: US\$3,000,000	Out-patient limit of £10,000: €12,000: US\$15,000 and overall policy limit of £1,000,000: €1,200,000: US\$1,500,000
Professional Fees Medical practitioner, specialist and qualified nurse fees incurred for consultations and examinations.	Full Refund	Full Refund within overall out-patient limit
Diagnostics Diagnostic procedures, including x-rays, pathology, computerised tomography and magnetic resonance imaging (brain and body scans).	Full Refund	Full Refund within overall out-patient limit
Surgical Treatment Minor surgical procedures when carried out by the medical practitioner or specialist.	Full Refund	Full Refund within overall out-patient limit
Medication Drugs and medicines when prescribed by a specialist or medical practitioner.	Full Refund	Full Refund within overall out-patient limit
Chronic Conditions Acute episodes of a chronic condition. Routine management, maintenance and palliative treatment of a chronic condition.	Full Refund Limited to £2,000 :€2,400: US\$3,000 each year	Full Refund within overall out-patient limit Not Covered
Oncology Oncologist fees, radiotherapy and chemotherapy. Extended to include road ambulance costs for transportation to and from the out-patient unit of a hospital for the administering of this specific treatment.	Full Refund	Full Refund within overall policy limit of £1,000,000: €1,200,000: US\$1,500,000
Physiotherapy Physiotherapy on recommendation by a medical practitioner or specialist. A referral from your medical practitioner or specialist is valid for six months only, after which time a new referral letter would be required. If during this six month period, you require physiotherapy for a different medical condition, then a new referral will be required.	Limited to £3,000: €3,600: US\$4,500 each year	Limited to £1,500: €1,800: US\$2,250 each year within overall out-patient limit
Chiropody Treatment by a Chiropodist without referral to a medical practitioner.	Limited to £250: €300: US\$375 each year	Limited to £250: €300: US\$375 each year within overall out-patient limit
Complementary Treatment Chinese herbal medicine and treatment administered by registered Chinese herbalists, chiropractors, osteopaths, homeopaths, acupuncturists. Dietician (limited to 1 visit per year). Podiatrist (limited to 2 visits per year) Recommendation by a medical practitioner or specialist is required for all complementary treatments. A referral from your medical practitioner or specialist is valid for six months only, after which time a new referral letter would be required. If, during this six month period, you require complementary treatment for a different medical condition, then a new referral will be required.	Limited to £3,000: €3,600: US\$4,500 each year	Limited to £1,500: €1,800: US\$2,250 each year within overall out-patient limit



	Prima Premier 	Prima Classic 
<p>Traditional Chinese Medicine Administered by a recognised traditional Chinese practitioner.</p>	Limited to £500: €600: US\$750 each year	Limited to £500: €600: US\$750 each year within overall out-patient limit
<p>Psychiatric Illness Specialist consultations, assessments and treatment. All treatment under this benefit is subject to pre-authorisation by us. If treatment is not pre-authorised by us, then we reserve the right to decline the claim in full.</p>	Limited to £5,000: €6,000: US\$7,500 each year	Not Covered
<p>Hormone Replacement Therapy Medical practitioner or specialist consultations and prescribed patches or implants when administered for the sole purpose of treating a hormone imbalance condition.</p>	Full Refund	Not Covered
<p>Optical Eye examination carried out by an optometrist or ophthalmologist. Prescribed glasses and contact lenses to correct vision when your prescription has changed.</p>	One examination each year Limited to £130: €156: US\$195 each year	One examination each year Limited to £130: €156: US\$195 each year within overall out-patient limit
<p>Routine Health Management (excluding costs incurred within the first 12 months of purchase date of this benefit or your date of entry, whichever is the latter)</p> <p>Hearing Test Annual Hearing Test carried out by a medical practitioner.</p> <p>Routine Health Checks Tests/screenings that are undertaken without any clinical symptoms being present including the following examinations performed at an appropriate age interval, for the early detection of illness or disease:</p> <ul style="list-style-type: none"> ■ Vital signs (blood pressure, cholesterol, pulse, respiration, temperature etc) ■ Cardiovascular examination ■ Neurological examination ■ Cancer screening ■ Well child test <p>Vaccinations Cost of drugs and consultations to administer all basic immunisations and booster injections required under regulation of the country in which treatment is being given and any medically necessary travel vaccinations and malaria prophylaxis.</p>	<p>The total of the benefits available within Routine Health Management is limited to £500: €600: US\$750 each year</p> <p>One test each year Full Refund within Routine Health Management limit</p> <p>Full Refund within Routine Health Management limit</p> <p>Children up to the age of 6 years, limited to 15 visits per lifetime Full Refund within Routine Health Management limit</p> <p>Full Refund within Routine Health Management limit</p>	<p>Not Covered</p> <p>Not Covered</p> <p>Not Covered</p> <p>Not Covered</p> <p>Not Covered</p> <p>Not Covered</p> <p>Not Covered</p> <p>Not Covered</p>
<p>Emergency Dental Treatment Emergency out-patient dental treatment received in a dental surgery/hospital emergency room for the immediate relief of dental pain, including temporary fillings limited to 3 fillings per period of insurance, and/or the repair of damage caused in an accident. The treatment must be received within 24 hours of the emergency event. This does not include any form of dental prosthesis or root canal treatment.</p>	Full Refund	Full Refund

Other Benefits

	Prima Premier 	Prima Classic 
Innocent Bystander	Included	Included
AIDS (HIV)	Included	Included
Hazardous Activities	Included	Included
24/7 Medical Helpline	Included	Included
Blood Care Foundation Providing screened blood and sterile equipment, in emergency situations, anywhere in the world where necessary supplies are not readily available.	Included	Included
Access to ALC World on-line service	Included	Included

Pregnancy & Childbirth (OPTIONAL BENEFIT)



(excluding costs incurred within the first 11 months of purchase date of this benefit or your **date of entry**, whichever is the latter)

	Prima Premier 	Prima Classic 
Normal pregnancy and childbirth costs, including pre and postnatal check-ups, scans and delivery costs for a natural birth or Complications of pregnancy and treatment of medical conditions which arise during the antenatal stages of pregnancy, or which occur during the childbirth/delivery, which require intervention of an obstetric procedure.	Limited to £5,000: €6,000: US\$7,500 for each pregnancy	Limited to £3,000: €3,600: US\$4,500 for each pregnancy
Well-baby Examination Paediatrician costs for the first examination/check-up of a newborn baby, provided the examination is made within 24 hours of delivery.	Full Refund	Full Refund
Newborn Accommodation Cot and nursing charges for newborn baby/babies (up to 6 months of age) to stay with a mother who is admitted to hospital as an in-patient .	Full Refund	Full Refund
Cash Benefit Where hospital accommodation and all pregnancy and childcare costs are provided in a State or Charitable Hospital and no claim is submitted under this section of the policy for any reimbursement of any costs.	Limited to £100: €120: US\$150 each night up to a maximum of 30 nights	Limited to £50: €60: US\$75 each night up to a maximum of 20 nights



Dental Treatment (OPTIONAL BENEFIT)

(excluding costs incurred within the first 6 months of purchase date of this benefit or your **date of entry**, whichever is the latter other than **Accidental Damage** caused to sound natural teeth, which is covered immediately)

The procedures below are limited to the amounts shown and are subject to an overall maximum limit of £1,000: €1,200: US\$1,500 each year for routine dental treatment.

	Prima Premier 	Prima Classic 
Routine examination, including check-up and x-rays.	£70: €84: US\$105 each visit maximum 2 visits each year	£70: €84: US\$105 each visit maximum 2 visits each year
Cleaning and polishing (whether performed by a dental practitioner or hygienist).	£70: €84: US\$105 each visit maximum 2 visits each year	£70: €84: US\$105 each visit maximum 2 visits each year
Fillings (amalgam or composite material).	£70: €84: US\$105 each tooth	£70: €84: US\$105 each tooth
Extractions.	£70: €84: US\$105 each tooth	£70: €84: US\$105 each tooth
Wisdom tooth extraction when performed in a dental surgery.	Full refund within overall dental limit of £1,000: €1,200: US\$1,500 each year	Full refund within overall dental limit of £1,000: €1,200: US\$1,500 each year
New porcelain crown/inlay.	£300: €360: US\$450 each tooth	£300: €360: US\$450 each tooth
Repair of crown/inlay.	£125: €150: US\$190 each tooth	£125: €150: US\$190 each tooth

Dental Treatment (continued)



	Prima Premier 	Prima Classic 
Root canal treatment.	£250: €300: US\$375 each tooth	£250: €300: US\$375 each tooth
New bridge.	£300 : €360: US\$450 each bridge	£300 : €360: US\$450 each bridge
Repair of bridge.	£175: €210: US\$265 each bridge	£175: €210: US\$265 each bridge
New dentures.	£125: €150: US\$190 each set	£125: €150: US\$190 each set
Emergency dental treatment for the relief of pain, being treatment of an abscess, cracked or broken tooth rebuild or temporary filling. The treatment must be received within 24 hours of the emergency event.	£600: €720: US\$900 each year	£600: €720: US\$900 each year

The procedures below are not subject to the overall maximum limit of £1,000: €1,200: US\$1,500 each year for routine dental treatment.

Accidental Damage caused to sound, natural teeth lost or damaged in an accident . Treatment must be received within 5 days from the date of the accident occurring.	Full Refund	Full Refund
Dental Surgery undertaken in a hospital by an oral and maxillofacial surgeon or surgical dentist:		
Surgical removal of impacted or buried wisdom teeth and extractions of complicated buried roots.	Full Refund	Full Refund
Apicectomy.	Full Refund	Full Refund

Evacuation & Repatriation (OPTIONAL BENEFIT)

(for conditions requiring **hospital** admission only)

	Prima Premier 	Prima Classic 
Evacuation The cost of transporting an insured person (and one other relative/colleague to travel as escort) to the nearest appropriate medical facility for treatment of an accident or medical condition within the insured persons area of cover which cannot be treated adequately locally or at the place of incident. The method of transportation shall be the decision of the Assistance Company.	Full Refund	Full Refund
Following evacuation Hotel accommodation for escort and insured person when required pre and post hospital admission. Return airflight (economy class) for the insured person and their escort.	£100: €120: US\$150 each day, for each person Full Refund	£100: €120: US\$150 each day, for each person Full Refund
Repatriation The cost of transporting an insured person (and one other relative/colleague to travel as escort) to their country of nationality or country of residence for treatment of an accident or medical condition which cannot be treated adequately locally or at the place of incident. The method of transportation shall be the decision of the Assistance Company. (If the country of nationality or country of residence falls outside the geographical area covered under your policy , treatment costs will not be considered).	Full Refund	Full Refund
Mortal Remains Burial or cremation costs in the country of death or transportation of body or ashes to country of nationality or country of residence .	Limited to £5,000: €6,000: US\$7,500	Limited to £5,000: €6,000: US\$7,500

Definitions

The following words or phrases have the meanings given below wherever they appear in this document, **Certificate of Insurance** and Endorsements.

ACCIDENT

A sudden, unexpected or unforeseen event resulting in an identifiable physical injury to an **insured person**.

ACCIDENTAL DAMAGE TO TEETH

Dental **treatment** received to restore or replace sound natural teeth which have been lost or damaged as a result of an **accident**.

ACUTE

A **medical condition** that is likely to respond quickly to **treatment** which aims to return **you** to the state of health **you** were in immediately before suffering the disease, illness or **accident**, or which leads to **your** full recovery.

ADVICE

Any consultation or discussion with a **medical practitioner** or **specialist**, including check-ups and the issue of any prescriptions (including repeat prescriptions).

AREA OF COVER

The area to which **your** cover is restricted. The available areas are as defined below and **your** selection will be specified on **your Certificate of Insurance**.

Area 1 - Europe (see page 13)

Area 2 - Worldwide excluding United States of America

Area 3 - Worldwide

If **you** are a USA passport holder, and **you** select this Area, **your** cover in the USA will be restricted to the first 6 months spent there during any one 12 month period.

BIRTH INJURY

A deformity or **medical condition** which is caused during childbirth.

CERTIFICATE OF INSURANCE

The Certificate giving details of the **policyholder**, the **insured persons**, the **period of cover**, the **date of entry** and the level of cover and any endorsements that may apply.

CHIROPODIST

A practising **chiropracist** who is registered and legally licensed to practise chiropracy in the country where **treatment** is provided.

CHRONIC

A **medical condition** which has at least one of the following characteristics:

- It continues indefinitely and has no known cure
- It comes back or is likely to come back
- It is permanent
- **You** need to be rehabilitated or specially trained to cope with it
- It needs long term monitoring, consultations, check ups, examinations or tests

COMMENCEMENT DATE

The date shown on the **Certificate of Insurance** on which the cover provided by this **policy** starts.

COMPLEMENTARY MEDICINE

Therapeutic and diagnostic **treatment** that exists outside the institutions where conventional medicine is taught. Such medicine includes Chinese herbal medicine, chiropractic **treatment**, osteopathy, homeopathy, acupuncture, dietician and podiatry **treatment** as practiced by approved therapists.

CONGENITAL ANOMALY

An intra-uterine development of an organ or structure that is abnormal with reference to form, structure or position.

COUNTRY OF NATIONALITY

The country for which **you** are a passport holder.

COUNTRY OF RESIDENCE

The country in which **you** normally live at the time of the **commencement date** or at each subsequent **renewal date**.

DATE OF ENTRY

The date shown on the **Certificate of Insurance** on which an **insured person** was first covered under this **policy**.

DAY-PATIENT

An **insured person** who is admitted to a **hospital** bed but does not remain in **hospital** overnight.

DENTAL PRACTITIONER

A person who is registered and is legally licensed to practise dentistry in the country where **treatment** is provided.

DEPENDANTS

A spouse or adult partner and/or unmarried children, step-children, legally adopted children and foster children who are under 21 years of age, permanently living with **you** or in full-time education. Children will be accepted from birth, provided that **we** receive notification of their arrival within 30 days from birth. Notification received after this period will result in children being accepted for cover from the date of such notification.

EVACUATION

The transportation costs of an **insured person** who needs to be moved from the place of incident to the nearest appropriate medical facility to receive **in-patient treatment** of a **medical condition** that cannot be satisfactorily treated at the place of incident.

FOETAL SURGERY

Treatment given or undertaken on a foetus whilst in the womb.

HOSPITAL

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

IN-PATIENT

An **insured person** who is admitted to a **hospital** bed and out of medical necessity is required to stay for one or more nights.

INSURED PERSON/YOU/YOUR

You and/or the **dependants** named on the **Certificate of Insurance** who are covered under this **policy**.

INTENSIVE CARE

Treatment in a defined **intensive care** unit, intensive therapy unit, high dependency unit or coronary care unit, which provides constant monitoring after surgical operation or illness.

MEDICAL CONDITION

Any **accident**, injury, illness or disease, including **psychiatric illness**.

MEDICAL PRACTITIONER

A general **medical practitioner** who holds primary degrees in medicine or surgery as recognised by the World Health Organisation and who is legally licensed to practise in the country where **treatment** is provided.

Definitions

MEDICATION

Drugs, medicines and corrective devices (including prostheses when used as an integral part of a surgical procedure) prescribed by a **medical practitioner** or **specialist**.

ORGAN TRANSPLANT

The surgical procedures to perform a transplant of an organ.

OUT-PATIENT

An **insured person** who receives **treatment** but who is not required to be admitted to a **hospital** bed.

PALLIATIVE TREATMENT

Treatment given to an **insured person**, the primary purpose of which is only to offer temporary relief of symptoms, rather than to cure the **medical condition** causing the symptoms.

PATHOLOGY

Tests carried out to help determine or assess the nature of disease and the changes in structure and functions brought about by disease.

PERIOD OF COVER/EACH YEAR

The duration for which cover is provided. This is specified on the **Certificate of Insurance**. This will normally be a twelve (12) month period starting from the **commencement date** or **renewal date**.

PHYSICIAN

A **medical practitioner** who is registered and legally licensed to practise medicine in the country where **treatment** is provided.

PHYSIOTHERAPIST

A practising **physiotherapist** who is registered and legally licensed to practise medicine in the country where **treatment** is provided.

POLICY

The contract which details the level of cover provided. The application form, **Certificate of Insurance** and this **policy** wording incorporating the **policy** terms and conditions form part of the contract.

POLICY EXCESS

The specified monetary amount payable by an **insured person** in respect of expenses incurred before any benefit is paid under this **policy**. The **policy excess** applies per person per **policy** year and is applied to **In-patient**, **Day-patient** and **Out-patient** expenses only.

POLICYHOLDER

The person or company with whom **we** have contracted this **policy** and who is principally responsible for payment of the premiums.

PSYCHIATRIC ILLNESS

Treatment of a mental disorder carried out by a clinical psychologist. The disorder must be associated with present distress, or substantial impairment of the individual's ability to function in a major life activity (eg. employment). The aforementioned condition must be clinically significant and not merely an expected response to a particular event such as bereavement, relationship or academic problems and acculturation. The disorder must meet the criteria for classification under an international classification system such as Diagnostic and Statistical Manual (DSM-IV) or the International Classification of Diseases (ICD-10).

QUALIFIED NURSE

A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body, within the country where **treatment** is provided.

REHABILITATION

Treatment given with the aim of restoring health and mobility after injury or illness to a state in which an **insured person** can be self-sufficient.

RENEWAL DATE

The annual anniversary is the first of the month in which the **commencement date** falls.

REPATRIATION

The transportation costs of an **insured person** to their **country of nationality** or **country of residence** for **treatment** of an **accident** or **medical condition** which cannot be treated adequately locally or at the place of incident.

SPECIALIST

A **medical practitioner** who holds a substantive consultant appointment in the relevant speciality in a National Health Service **hospital**, or has held a substantive consultant appointment which **we** accept as being of equivalent professional status, or is recognised as such by the statutory bodies of the relevant country in which **treatment** is being given.

TREATMENT

Any medically necessary surgical procedure or medical intervention required to cure or provide relief of an **acute medical condition**.

WE/OUR/US

à la carte healthcare limited on behalf of Allianz Worldwide Care Limited as detailed in the **Certificate of Insurance**.

Exclusions Specific to Each Section of Cover

In-patient & day-patient Treatment

The following exclusions apply to **In-patient & day-patient Treatment**. As well as the General Exclusions on page 10, **we** do not cover the following:

Applicable to *Prima Premier and Prima Classic*

- 1 Any costs not incurred as a **day-patient** or **in-patient** in a **hospital** or recognised medical facility.
- 2 Any costs associated with pregnancy & childbirth, unless Pregnancy & Childbirth has been selected.
- 3 Any costs associated with any form of dental **treatment**, unless Dental **Treatment** has been selected.
- 4 Any costs associated with **evacuation & repatriation** unless **Evacuation & Repatriation** has been selected.

- 5 The **policy excess** specified on the **Certificate of Insurance** for all eligible expenses incurred for each **insured person** per **policy** year.
- 6 Any costs incurred in locating a replacement organ, removal of the organ from the donor, transportation costs and all associated administration costs in respect of an **organ transplant**.

Applicable to *Prima Premier only*

- 7 Where **Out-patient Treatment** has been selected, cover in respect of post-operative **treatment** is deleted from **In-patient & day-patient Treatment**.

Exclusions Specific to Each Section of Cover - continued

Out-patient Treatment

If **Out-patient Treatment** has been selected the following exclusions will apply in addition to the General Exclusions on page 10. **We** do not cover the following:

Applicable to Prima Premier and Prima Classic

- 1 Any costs associated with pregnancy & childbirth, unless Pregnancy & Childbirth has been selected.
- 2 Any costs associated with any form of dental **treatment**, unless Dental **Treatment** has been selected or **treatment** is covered under Emergency Dental **Treatment**. If Dental **Treatment** option has been selected Emergency Dental **Treatment** is not applicable. Any benefits payable will be paid under the Dental **Treatment** Benefit.
- 3 Any costs associated with **evacuation & repatriation** unless **Evacuation & Repatriation** has been selected.
- 4 The **policy excess** specified on the **Certificate of Insurance** for all eligible expenses incurred for each **insured person** per **policy year**.
- 5 Any second or subsequent medical opinions from a **medical practitioner** or **specialist** for the same **medical condition**.
- 6 Any **treatment** for cosmetic pedicures, surgical footwear including but not limited to corrective footwear eg. corn plasters, insoles, dressings etc.

Pregnancy & Childbirth

If Pregnancy & Childbirth has been selected the following exclusions will apply in addition to General Exclusions on page 10. **We** do not cover the following:

- 1 Any costs incurred for the initial 11 months of cover from purchase date of this benefit or **date of entry**, whichever is the latter. Conception may take place during this initial period, but only costs incurred after the period will be considered for reimbursement.
- 2 Terminations of pregnancy, except in the event of danger to the life of the pregnant woman. Only the following complications that arise during the pre-natal stages of pregnancy are covered: ectopic pregnancy, gestational diabetes, pre-eclampsia, miscarriage, threatened miscarriage, stillbirth and hydatidiform.
- 3 Elective caesarean section deliveries and **treatment** consequent upon such deliveries.
- 4 Antenatal and postnatal classes.
- 5 Midwifery costs when not associated with the childbirth /delivery.
- 6 Complications which arise to Mother or Baby during and following a home-birth delivery.
- 7 **Foetal surgery**.
- 8 **Treatment** consequent from the well-baby examination, unless the newborn is added within 30 days of birth to the **policy** as an **insured person**.

Dental Treatment

If Dental **Treatment** has been selected the following exclusions will apply in addition to General Exclusions on page 10. **We** do not cover the following:

- 1 Dental procedures other than those specified in the schedule of benefits.
- 2 Gingivitis, periodontitis or gum disease of any kind.
- 3 The cost of any precious metals (excluding gold) used in any dental procedure.
- 4 Dental costs incurred within the first six months from the purchase date of this benefit or **date of entry** whichever is the latter (excluding **Accidental Damage to Teeth**).
- 5 Any dental **treatment** which was recommended by **your dental practitioner** or that you were aware (or ought reasonably to have been aware) required **treatment** before **you** purchased this benefit or during the first six months of **your** purchase of this benefit. In the event of a claim, **you** may be required to provide evidence that **you** have completed all necessary dental work recommended prior to **your** purchase of this benefit.
- 6 Orthodontic **treatment** of any kind.
- 7 Dental surgery when not performed by an oral and maxillofacial surgeon or surgical dentist.
- 8 Dentures where a set or sets have been worn previously.
- 9 Implants.

Evacuation & Repatriation

If **Evacuation & Repatriation** has been selected the following exclusions will apply in addition to General Exclusions on page 10. **We** do not cover the following:

- 1 Travel and subsequent accommodation costs unless specifically agreed by **us**, or **our** appointed Assistance Company, in writing prior to travel. Any costs incurred without **our** prior agreement shall not be considered for reimbursement.
- 2 The cost of any airline tickets other than economy class, unless **we** have provided written approval in advance of the date of travel.
- 3 Burial and cremation costs shall not include the costs of a religious practitioner, floral tributes, musical provision, headstones or food and beverages.
- 4 Any costs incurred where the death has occurred within the **insured person's country of nationality**.

General Exclusions

These exclusions apply to the whole of this insurance. Each section also has its own exclusions.

- 1 Any **medical condition** or related condition for which **you** have received **medical treatment**, had symptoms (whether investigated or not) or sought **advice** prior to **your date of entry** (pre-existing **medical condition**). However, after a continuous period of 2 years as an **insured person**, all pre-existing conditions will become eligible for benefit provided **you** have not:
 - a. consulted a **medical practitioner** or **specialist** for **medical treatment** or **advice**; or
 - b. suffered symptoms; or
 - c. taken **medication** (including drugs, medicines, special diets or injections) for that condition for a continuous period of two years after the **date of entry**.
- 2 Hereditary or **congenital anomalies**, genetic deformities, **birth injuries** or birth defects.
- 3 Genetic testing.
- 4 **Treatment** for, or arising from, deafness caused by a **congenital** abnormality or ageing.
- 5 **Treatment** for any illness, diseases or injuries arising from a procedure that is not covered under this **policy**.
- 6 Experimental, unlicensed or unproven **treatment**, regardless of whether they are medically recommended or prescribed.
- 7 Home visits, unless they are necessary following the sudden onset of an **acute** illness, which renders the insured incapable of visiting their **medical practitioner** or **physician**. The doctor's visit must take place within 24 hours of the start of the condition.
- 8 **Treatment** when performed by a **medical practitioner** or **specialist** who is in any way related to the **insured person**.
- 9 Investigations into and **treatment** for loss of hair and any hair replacement unless the loss of hair is due to cancer **treatment**. Wigs are not covered.
- 10 **Treatment** received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or a **hospital** where the **hospital** has effectively become the **insured person's** home or permanent abode or where admission is arranged wholly or partly for domestic reasons.
- 11 Cosmetic **treatment**, obesity, removal of fat or other surplus tissue from any part of the body, whether or not for medical or psychological purposes, and any associated **treatment** costs consequent of such **treatment**.
- 12 Any **treatment** carried out by a plastic surgeon, whether or not for medical/psychological purposes. The only exception is reconstructive surgery necessary to restore function or appearance after a disfiguring **accident** or as a result of surgery for cancer, if the **accident** or surgery occurs during your **period of cover** and has been covered by **us**.
- 13 Costs of providing or fitting any external prostheses, corrective devices or appliances.
- 14 **Treatment** for any illness, diseases or injuries arising from ear or body piercing and tattooing.
- 15 **Treatment** for cryopreservation, implantation or reimplantation of living cells or living tissue, whether autologous or provided by a donor.
- 16 Routine physical examinations (other than those covered within the 'Routine Health Management' included under Prima Premier **Out-patient** benefit if selected), including gynaecological investigations and tests, inoculations, vaccinations and other preventative medicines and tests. Routine hearing tests and the provision of hearing aids.
- 17 **Treatment** to change the refraction of one or both eyes (laser eye correction) including refractive keratectomy (RK) photorefractive keratectomy (PRK), macular degeneration and similar conditions. However, **we** will pay for corrective sight surgery consequent of an **accident**.
- 18 Claims for any supplements or substances which are available naturally. This includes, but is not limited to: vitamins, minerals and organic substances except where prescribed under **complementary treatment**.
- 19 Nutritional supplements including but not limited to special infant formula and cosmetic products even if medically recommended or prescribed or acknowledged as having therapeutic effects.
- 20 Investigations, diagnostics and **treatment** directly or indirectly arising from or connected with male or female birth control (including insertion and removal of contraceptive devices and all other contraceptives even if prescribed for medical reasons), infertility and any form of assisted reproduction.
- 21 **Treatment** directly related to surrogacy whether you are acting as surrogate, or are the intended parent.
- 22 Investigations, diagnostics and **treatment** of impotence, sexual dysfunction or any consequence thereof, **treatment** for sterilisation or fertilisation, vasectomy or other sexually related conditions or gender reassignment.
- 23 **Treatment** directly or indirectly associated with sexually transmitted diseases.
- 24 **We** do not cover **treatment** for conditions such as conduct disorder, attention deficit hyperactivity disorder, autism spectrum disorder, oppositional defiant disorder, antisocial behaviour, obsessive-compulsive disorder, attachment disorder, adjustment disorders, as well as all **treatments** that encourage positive social-emotional relationships, such as communication therapies, floor time and family therapy.
- 25 Speech therapy is only eligible for reimbursement in the context of a diagnosed physical impairment, such as, but not limited to, nasal obstruction, neurogenic impairment (e.g. lingual paresis, brain injury) or articulation disorders involving the oral structure (e.g. cleft palate). **We** do not pay for speech therapy related to developmental delay, dyslexia, dyspraxia or expressive language disorder.
- 26 Any **treatment** of, or related to, or caused by, eating disorders of any kind. This includes but is not limited to the **treatment** of conditions such as anorexia nervosa, bulimia, bariatrics, and any **treatment** required for any condition caused as a result of these conditions.
- 27 Suicide or attempted suicide, bodily injury or illness, which is wilfully self-inflicted or due to negligent or reckless behaviour and any consequences thereof.
- 28 **Treatment** for dependency on or abuse of alcohol, drugs or any other addictive substances and any injury or illness arising directly or indirectly from such abuse or addiction.
- 29 Any **treatment** arising from or related to injuries sustained whilst engaged in a criminal, illegal or unlawful act.
- 30 Self-exposure to needless danger, except in an attempt to save a human life.
- 31 **Treatment** directly or indirectly arising from or required as a consequence of war, invasions, acts of foreign enemy, hostilities (whether or not war is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege or attempted overthrow of government or any acts of terrorism, unless the **insured person** sustains bodily injury whilst an innocent bystander.
- 32 **Treatment** directly or indirectly arising from or required as a result of chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel, asbestosis or any related condition.

- 33 Costs directly or indirectly resulting from the release of weapon(s) of mass destruction, whether such involves an explosive sequence(s) or not.
- 34 Expenses incurred because of complications directly caused by an illness, injury or **treatment** for which cover is excluded or limited under your plan.
- 35 **Treatment** required as a result of failure to seek or follow medical advice.
- 36 Costs and expenses incurred where an **insured person** has travelled against medical advice.
- 37 Travel costs to and from medical facilities (including parking and taxi costs) for eligible **treatment**, other than any travel costs covered under transportation or **Evacuation & Repatriation** benefit.
- 38 Any costs incurred outside your **area of cover** other than eligible emergency **treatment** costs covered under the **in-patient & day-patient** benefit. We will not cover any costs associated with curative **treatment** or follow-up of emergency **treatment** outside your area of cover or travel costs to return to your **area of cover**.
- 39 **Treatment** costs which are incurred outside of the **period of cover** or after termination of the **policy** for whatever reason, including non-renewal and non-payment of premium.
- 40 Losses not incurred within the **period of cover** and claims submitted later than 6 months after the end of the **period of cover**.
- 41 **Medical practitioner** fees for the completion of a Claim Form or other administration charges.
- 42 **Treatment** or diagnostic procedures of injuries arising from an engagement in professional sports.

General Conditions

These conditions apply to all sections of this insurance.

1 Policy Duration

This **policy** is an annual contract and is operative for twelve months from the **commencement date**. The contract can be renewed **each year**, on the **renewal date**, subject to the **policy** terms, conditions and premium rates in force at that time and as notified to **you** in the renewal invitation.

2 Premium Payment

Premiums are payable monthly, quarterly or annually and are due to be paid by the **commencement date** or **renewal date**. However, as **your policy** is an annual contract **you** are responsible for the whole years' premium even if **we** have agreed that **you** may pay by instalments. Failure to comply with this will result in automatic termination of **your** cover. Reinstatement upon subsequent receipt of funds shall warrant the application of General Exclusion 1 with effect from the date of reinstatement. No **insured person** shall have automatic right to continue the cover with **us**.

3 Taxes

We reserve the right to reflect any changes in insurance premium tax or other government levies as may be imposed upon **us**.

4 Alterations

At each **renewal date**, **we** reserve the right to alter or discontinue the benefits, terms, conditions and premiums of this **policy** and **we** shall notify **you** of such changes at least one month prior to the **renewal date** to **your** last known address. Failure to receive notice for whatever reason shall not invalidate the change.

5 Change of Risk

The **policyholder** must inform **us** as soon as reasonably practical of any material change relating to any **insured person** covered under this **policy** which may affect information given in connection with the original application. This includes any information as documented on the Application Form which may have altered prior to the **commencement date** of the **policy**.

6 Cancellation & Fraud

Whilst **we** will not cancel this **policy** because of eligible claims made by the **insured person**, **we** may at any time terminate the **policy** if an **insured person** has:

- a. misled **us** by mis-statement; or
- b. submitted a claim which is, in any respect, false, fraudulent, intentionally exaggerated or if fraudulent means/devices have been used by **you** or **your** dependants or anyone acting on **your** or their behalf to obtain benefit under this **policy**, **we** will not pay any benefits for that claim. The amount of any claim settlement made to **you**, before the fraudulent act or omission was discovered, will become immediately due and owing to **us**. If the contract is rendered void due to false, fraudulent, intentionally exaggerated claims or if fraudulent means/devices have been used, premium will not be refunded, in part or in whole, and any pending claims settlements will be forfeited. In the event of fraudulent claims, the contract will be cancelled from the date of our discovery of the fraudulent event.

In such circumstances, cover shall be cancelled void ab initio, with refund of premium minus any claim payments paid.

The **policyholder** may cancel the **policy** by notifying **us** in writing within 14 days from the date of entry, and provided no claim has been submitted a full refund of premium will apply. However, if a claim has been incurred within 14 days from the **date of entry**, **we** will recover the costs of services provided to **you**.

If the **policy** is cancelled by the **policyholder** at any time other than within 14 days from the **date of entry**, there will be no return of premium.

7 Governing law

This **policy** shall be construed in accordance with Irish Law, unless agreed otherwise between **you** and **us** or required under mandatory legal regulation.

8 Other Insurance

If there is any other insurance **policy** covering any of the same benefits as provided by this **policy**, **you** must disclose or ensure that the relevant **insured person** discloses the same to **us**. **We** shall not be liable to pay or contribute more than **our** rateable proportions.

9 Electronic Date Recognition Exclusion (EDRE)

This **policy** does not cover any loss, damage, cost, claim or expense, whether preventative, remedial or otherwise, directly or indirectly arising out of or relating to the calculation, comparison, differentiation, sequencing or processing of data involving a date change for the year, or any other data change, modification or alteration including leap year calculations, by any computer system, hardware programme or software and/or any microchip, integrated circuit or similar device in computer equipment or non-computer equipment, whether the property of the **insured person** or not.

10 Changing your level of cover

If **you** effect **Out-patient Treatment** at a **renewal date** after **your date of entry**, any existing **medical condition** or related condition will be limited to **In-patient Treatment** only.

11 General Conditions

In the event of death a pro-rata refund will be issued providing no claims have been made on the **policy** in relation to your death. If a claim has been submitted and accepted, no refund is due.

12 Adding a Newborn Child

Children will be accepted from birth without the need for medical underwriting, provided that **we** receive notification of their arrival within 30 days from birth, please ensure **you** submit **your** request in writing to **us** at: sales@alchealth.com. Notification received after this period will result in children being accepted for cover from the date of such notification.

13 Contacting Dependants

If **we** need to make contact in relation to a **dependant** on **your policy** (e.g. where further information is required to process a claim), the **policyholder**, acting for and on behalf of the **dependant**, will be contacted by **us** and asked to provide the relevant information. Similarly, all information in relation to any person covered by the insurance **policy**, for the purpose of administering claims, will be sent directly to the **policyholder**. On occasion, **we** may need to request further information directly from **your** company (if on a company **policy**) in order to administer **your policy**; however this will not be sensitive health information relating to either **you** or **your dependants**.

14 Non-disclosure or incorrect disclosure

Incorrect disclosure/non-disclosure of any material facts, by **you** or **your dependants**, which may affect our assessment of the risk, including but not limited to material facts that were declared on the Application/Health Declaration Form, may render the cover void (for the insured and any **dependants**) from the **policy** commencement date, unless **we** confirm otherwise in writing. Also, conditions arising between signing the Application/Health Declaration Form and confirmation of acceptance by **us** will be deemed pre-existing. If the applicant is not sure whether something is material, the applicant is obliged to inform **us**. If the contract is rendered void due to incorrect disclosure or non-disclosure of any material facts, **we** will refund the premium amount(s) paid to date minus the costs of any medical claims already paid. If the cost of claims exceeds the balance of the premium, **we** will seek reimbursement of this amount from the **policyholder**.

Assistance & Claims Procedure

Please follow the guidelines below to help us process your claims promptly and efficiently.

POLICY DOCUMENTS

Within **your policy** document folder **you** will have **your Certificate of Insurance** which tells **you** the plan **you** have selected, who is **insured** under **your policy**, which benefits **you** have chosen, and **your policy excess**. Also any Special Endorsements applicable to **your** cover will be noted.

MEMBERSHIP CARDS

We also supply personalised membership cards to every **insured person**, which provides **our** essential contact numbers and addresses. This means that **you** and **your** family are only a phone call away from help. **We** suggest **you** keep this card with **you** at all times.

CLAIM FORMS

Within **your policy** document folder **you** will find a Treatment Request Form, Medical Claim Form and a Continuation of Claim Form. Claim Forms will also be enclosed for Dental **treatment** and Routine Health Management under the **out-patient** (Prima Premier only) cover if **you** have selected these benefits.

You can download the Claim Forms from our website www.alchealth.com.

On the front of the Claim Forms and the back of **your** membership card is the telephone number and address of **our** claims team, as follows:

ALC Health Claims
Allianz Worldwide Care
18B Beckett Way
Park West Business Campus
Nangor Road
Dublin 12 Ireland
T + 353 1 629 7140
F + 353 1 630 1306
E claims@alchealth.com

All claims should be submitted to **us** with a fully completed Claim Form, original invoices and receipts and all other supporting documentation within six months after the end of the **period of cover**.

If claiming under the Cash Benefit, please ensure **you** submit a fully completed Claim Form together with a discharge form from the **hospital** which confirms **your** length of stay.

Before **you** make a claim, it is important to ensure that **your policy** covers the **treatment** **you** are seeking (e.g. **out-patient**, pregnancy, dental etc.).

Our Helpline staff are happy to assist with any queries **you** may have. (See contact details or **your** Claim Form or membership card.)

PLANNED IN-PATIENT & DAY-PATIENT TREATMENT

In the event of a planned admission to a **hospital**, **you** are required to obtain pre-authorisation, prior to admission. Please contact **us**

at least FIVE WORKING DAYS prior to admission. This will allow **us** to arrange the pre-authorisation of **your treatment** and will also ensure a smooth admission process.

If **treatment** is not pre-authorised, **we** reserve the right to decline **your** claim. If the respective **treatment** is subsequently proven to be covered under the terms and conditions of **your policy**, **we** will pay only 50% of the eligible benefits. However, all **treatment** relating to **psychiatric illness** requires pre-authorisation; if **treatment** is not pre-authorised **we** reserve the right to decline the claim in full.

EMERGENCY ADMISSIONS

While pre-authorisation is not required in advance of emergency **treatment**, **we** should be informed within 48 hours of the event to ensure that no pre-authorisation penalty is applied. This will give **us** the opportunity to arrange the direct settlement of your **hospital bills**, where possible, and will ensure that **your** claim can be processed without any delays.

OUT-PATIENT, DENTAL TREATMENT AND ROUTINE HEALTH MANAGEMENT

Out-patient, Dental and Routine Health Management (if applicable) are generally paid for by the patient at the time of receiving **treatment** and the costs incurred are then recovered from **us**. However, all **treatment** relating to **psychiatric illness** requires pre-authorisation; if **treatment** is not pre-authorised **we** reserve the right to decline the claim in full.

We recommend the following steps when making an **out-patient**, dental or routine health check claim:

- Whenever **you** visit a **medical practitioner**, **dental practitioner**, **physician** or **specialist** on an **out-patient** basis please make sure **you** take a Claim Form with **you**.
- Fill in the section that is assigned to **you**, then date and sign the Claim Form. Make sure that **your medical practitioner**, **dental practitioner**, **physician** or **specialist** provides all relevant medical information in the specified section and then dates, signs and stamps the Claim Form.
- Attach all original supporting documentation, invoices and receipts to the Claim Form (e.g. **medical practitioner/physician** invoices, pharmacy receipts with related prescriptions (if available), and post to ALC Health Claims Team. In the case of **physiotherapy** and **complementary medicine** where **treatment** is dependent on recommendation from a **medical practitioner**, the **medical practitioner** must complete the medical certificate on the Claim Form.
- If the amount to be claimed is less than the **policy excess** under **your** plan (which only applies to **In, day** and **out-patient Treatment**) remember to retain the Claim Form and receipts for the costs of **treatment** for each **medical condition** - do not destroy or dispose of them. Please collect all **out-patient** receipts until **you** reach an amount that exceeds the **policy excess**. Then forward to **us** all completed Claim Forms together with original receipts/invoices.

- Remember a separate Medical Claim Form will be required for each person claiming and for each condition.
- Specify on the Claim Form the currency in which **you** wish to be paid; otherwise the benefit due to **you** will be paid in the currency of the invoice. Where a currency conversion is required, the rate will be that prevailing at the date of the invoice.
- Please note that the incurred costs will be reimbursed within the limits of the **policy** and will be net of any **policy excess** shown on **your Certificate of Insurance**.

GENERAL CLAIMS INFORMATION

All documents and materials (including but not limited to original accounts, certificates and x-rays) that **we** require to support a claim shall be provided without expense to **us** (including if requested by **us** a medical report from the **insured person's medical practitioner** or **specialist** and details of the **insured person's** medical history prior to any claim). In cases where medical information is required to complete the claim, **you/your medical practitioner** will

automatically be notified by email or mail as soon as the case has been reviewed by our medical department.

Claims may only be made for **treatment** actually given during a **period of cover** and benefit will only be available for expenditure incurred prior to expiry or termination of such cover.

An **insured person** must, without delay, give **us** written notification of any claims or right of action against any third party arising out of circumstances which gave rise to a claim under this **policy** and must continue to keep **us** fully informed in writing and take all steps reasonably required in making a claim upon that other party. To the extent permissible under the laws of **your country of residence**, **we** shall be entitled to take legal action in any **insured person's** name for our own benefit and claim for indemnity or damages or otherwise which relates to any benefits and costs paid or payable under this **policy**. **We** shall have full discretion in the conduct of any such proceedings and in the settlement of any claim.

Complaints

Complaints about à la carte healthcare's handling of your policy.

Our aim is to provide **you** at all times with a first class standard of service. However, there may be occasions when **you** feel that this objective has not been achieved and **you** are not satisfied with the way **we** explained or arranged **your policy**. If **you** have a complaint about **us** in relation to this insurance **policy**, please contact us by phone or alternatively, write to us at:

The Managing Director
ALC Health
Chanctonfold Barn
Chanctonfold Horsham Road
Steyning West Sussex United Kingdom BN44 3AA
T +44 (0) 1903 817970
F +44 (0) 1903 879719
E managingdirector@alchealth.com

Complaints about Allianz Worldwide Care Limited's underwriting of your policy

Allianz Worldwide Care Limited is the underwriter (i.e. insurance company) responsible for this **policy** and, in this capacity, they look after the handling and payment of claims. If **you** wish to complain about Allianz Worldwide Care Limited or require further information relating to their complaint handling procedures, then please call the Helpline on +353 1 629 7140 or alternatively write to:

The General Manager
Allianz Worldwide Care
18B Beckett Way Park West Business Campus
Nangor Road Dublin 12 Ireland

If **you** are unhappy with the way in which Allianz Worldwide Care Limited deals with **your** complaint, **you** will be able to refer the matter to the Irish Financial Services Ombudsman. Under EU insurance law, the Irish Financial Services Ombudsman operates a scheme that is very similar to that of the UK's Financial Ombudsman Service. The contact details for the Irish Financial Services Ombudsman are:

Financial Services Ombudsman's Bureau
3rd Floor Lincoln House Lincoln Place Dublin 2 Ireland
T 00 353 1 662 0899
E enquiries@financialombudsman.ie
www.financialombudsman.ie

Compensation - à la carte healthcare limited

à la carte healthcare limited is covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme if the firm cannot meet its obligations. This depends on the type of insurance and the circumstances of any claim.

Insurance advising and arranging is covered for 90% of the claim, without any upper limit.

Area of Cover

AREA 1 EUROPE

(Europe is defined as: Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia & Herzegovina, Bulgaria, Canary Islands, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, Federal Republic of Yugoslavia, France, Germany, Gibraltar, Greece, Greenland, Hungary, Iceland, Ireland, Italy, Kazakhstan, Kyrgyzstan, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Malta, Moldova, Monaco, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, Turkey, Turkmenistan, Ukraine, United Kingdom, Uzbekistan).

www.alchealth.com

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