

Global Secutive

International Medical Insurance

Plan



INTRODUCTION

This Policy of insurance is underwritten by Catlin Insurance Company (UK) Ltd, whose registered office is 20 Gracechurch Street, London EC3V 0BG, England. Catlin Insurance Company (UK) Ltd are regulated by the FSA; registration number: 423308.

The Policy comprises:

- ❖ this policy wording, which contains full details of the benefits, terms, conditions and exclusions of the insurance policy; and
- ❖ a Certificate showing who is covered under the Policy, the Period of Insurance, Your contact and Home Country details and any endorsements and
- ❖ Your Schedule of Benefits, which sets out the benefits and maximum amounts payable under this Policy.

Please read these documents fully and carefully to familiarise yourself with the details of Your cover, the Conditions of cover and what is and is not covered. Please note that there are specific conditions and exclusions which apply to specific sections of the Policy and there are general conditions and exclusions which apply to the Policy as a whole. Your Certificate is your evidence that you have been accepted for cover. This Policy is effective from the commencement date specified in Your Certificate.

Cooling off period: If, when reading this Policy, the Policy Owner decides that it does not meet its requirements it should be returned within 14 days of the commencement date. On condition that a Claim has not already made and it is accepted that one cannot make one later, We will refund any premium that has been paid. The contract between the Policy Owner and Us will be annulled, which means it will be treated as if it had never existed.

We will provide the services and benefits described in this Policy during the Period of Insurance, subject to the limits of cover and all other terms, conditions and exclusions contained in this Policy, and following payment of the appropriate premium.

This Policy is subject to the laws of England and Wales.

MEANING OF WORDS

Wherever the following words and phrases shown below in **bold** appear in this Policy (and in the Certificate AND Schedule of Benefits attaching to and forming part of the Policy) they will always have the meanings defined below.

Accident means a sudden and unforeseen bodily Injury caused by violent or external means.

Claim means your request for payment of benefit(s) under this policy.

Close Relative means a Spouse or common-law partner, mother, father, mother-in-law, father-in-law, daughter, son (including legally adopted daughter or son) brother, sister, brother-in-law, sister-in-law or fiancé(e) of an Insured Person.

Co-payment means the amount specified in the Schedule of Benefits payable by You before any benefit is payable by this Policy for each Claim.

Date of Entry means the date that cover first starts for an Insured Person.

Day-care means Treatment provided in a Hospital where an Insured Person is admitted but is not required for medical reasons, to stay overnight.

Dental Surgery means tooth extraction.

Disability means a state of physical incapacity resulting from an **Accident**.

Emergency Dental Treatment means Treatment necessary as a result of an Accident by an extra-oral impact, received within 48 hours from the date and time of the Accident for the immediate relief of pain caused by natural teeth being lost or damaged in the Accident.

Emergency Treatment means Treatment that commences within 24 hours of an Illness or Accident causing an immediate threat to health and requiring urgent medical attention.

Emergency Medical Transfer and/or Repatriation means the emergency transportation when approved by Our 24-hour Assistance Centre, and medical care during such transportation, to move an Insured Person who suffers critical medical condition to a suitable Hospital where appropriate care and facilities are available, which may be in the Insured Person's Home Country.

Home Country means a country for which the Insured Person holds a passport or which is shown as the Insured Person's Home Country on the Application Form.

Hospital means any institution under the constant supervision of a resident Physician which is legally licensed as a medical or surgical Hospital in the country where it is located.

Illness means any acute sickness, disease, disorder or alteration in the Insured Person's medical condition diagnosed by a Physician.

Injury means acute physical damage or harm caused to the body as a result of an Accident.

Inpatient means Treatment provided in a Hospital where an Insured Person is admitted and, out of medical necessity, occupies a bed for one or more nights.

Insured Event means an unforeseen Accident or Illness requiring Emergency Treatment and /or Emergency Dental Treatment occurring during the Period of Insurance and outside the Home Country.

Insured Person / You / Your means the person entitled to benefit under this Policy, who is named or described in the Schedule of Benefits and for whom the appropriate premium has been paid, and whom We have accepted for cover.

Local Ambulance Services means the necessary medical transportation to or from a local Hospital.

Loss of Sight means the total loss of sight where the degree of any sight remaining after correction is 3/60 or less on the Snellen Scale which is of a permanent and of an irreversible nature which is shown by medical evidence to be likely to continue for the remainder of Your life.

Medical Advisor means the medical practitioner We choose to advise on Claims under this Policy.

Medical Expenses means expenses incurred for Treatment of an Accident or Illness as a result of an Insured Event.

Outpatient means medical Treatment provided to the Insured Person or ordered by a Physician when it is not medically necessary for an Insured Person to be admitted as an Inpatient or Day-care patient in a Hospital or any other facility for medical care.

Period of Insurance means the period specified in the Certificate for which the appropriate premium has been paid.

Permanent Total Disablement means a condition which, one year after the date of disablement, is of a permanent, severe and irreversible nature which is shown by medical evidence to be likely to continue for the remainder of Your life and which in Our reasonable opinion prevents You from engaging in any work or occupation for remuneration or profit.

Physician means a legally licensed medical practitioner who is a doctor recognised by the law of the country where Treatment covered under this Policy is provided and who, in rendering such Treatment is practicing within the scope of his / her license and training.

Physiotherapy means Treatment recommended by a Physician for medical reasons following an Insured Event and provided by a licensed Physiotherapist.

Policy Limit(s) means the maximum benefit per Insured Event and per Period of Insurance as specified in the Schedule.

Policy Owner means the Company, Corporation, Organisation who subscribes to this Plan and pays or undertakes to pay the appropriate premium on behalf of the Insured Person (s).

Pre-existing Medical Condition means a known (or You ought to have been reasonably aware of) medical or psychological condition from which You have suffered or for which You have received medical Treatment (including Prescription Drugs) or of which symptoms have manifested themselves during the 6 month period prior to Your being first included for cover under this Policy.

Prescription Drugs means medications whose sale and use are legally restricted to the order of a Physician.

Schedule of Benefits means the document attaching to and forming part of this Policy, stating (amongst other things), the benefits provided under each Section of this Policy, and the maximum amounts payable in respect of those benefits.

Total and Permanent Loss means the permanent physical severance or loss of use of a limb or part thereof which is of a permanent and irreversible nature which is shown by medical evidence to be likely to continue for the remainder of Your life.

We or Us / Our means Catlin Insurance Company (UK) Ltd.

BENEFITS & SERVICES

Following payment of the appropriate premium, subject to the Specific Exclusions in each Section and to the General Conditions and Exclusions in Sections 5 and 6, We will arrange and / or pay for the benefits and services shown in this Policy for Emergency Treatment, Emergency Dental Treatment and ancillary benefits resulting from an Insured Event occurring outside the Insured Persons Home Country. We will pay the reasonable, necessary and customary costs, up to the Policy Limits for each Insured Person, in each Period of Insurance

Our liability for any Claim will cease immediately on the date of the Insured Persons return to their Home Country or when this Policy expires.

Benefits are payable on behalf of the Insured Person to the licensed providers of the medical and / or dental treatment and services insured under this Policy, or alternatively at Our discretion are reimbursable to the Insured Person.

Benefit payments shall be processed by Claims administrators, specialised in the handling of medical Claims, who are appointed by Us.

PLEASE NOTE: You MUST seek our pre-approval before incurring ANY costs for the following treatments otherwise Your claim may be invalidated:

- a) Inpatient Treatment and/or supplies of any kind;
- (b) any Surgery or Surgical procedure;
- (c) Computerized Axial Tomography (CAT Scan);
- (d) Magnetic Resonance Imaging (MRI).

1 MEDICAL, HOSPITAL & DENTAL BENEFITS

We will pay the following costs if You suffer an Insured Event:

1.1 Hospitalisation Costs

We will arrange and pay up to the amount specified in the Schedule of Benefits for Your Emergency Treatment for Inpatient or Day-care admission to Hospital and for all medical Treatment and services ordered by a Physician and approved by Our Medical Advisor:

1.2 Outpatient Care

We will pay necessary costs agreed by Us for Emergency Treatment up to the amount specified in the Schedule of Benefits for Outpatient services, including

- 1.2.1. Physicians fees, and Prescription Drugs;
- 1.2.2. Laboratory and X-Ray fees, medical scanning, imagery services, and
- 1.2.3. Physiotherapy and chiropractors fees when referred and recommended by a Physician and for immediate pain relief only.

1.3 Emergency Dental Treatment

We will arrange and pay up to the amount specified in the Schedule of Benefits for Outpatient Emergency Dental Treatment necessary for the immediate relief of pain.

Emergency Dental Treatment shall not include restorative or remedial work, the use of any precious metals, and Orthodontic Treatment of any kind or Dental Surgery performed in a Hospital, unless Dental Surgery is the only Treatment available to alleviate the pain.

SPECIFIC EXCLUSIONS APPLYING TO SECTION 1

We will not pay any costs:

- a) which need to be pre-authorized (as per above) and which have not been authorised by Us in advance.
- b) Treatment which, in the opinion of the medical practitioner or dentist treating You or Our Medical Advisor, can reasonably be delayed until Your return to Your Home Country.

- c) Any costs where You have not received the required vaccinations as recommended by the World Health Organisation for travel to certain countries.
- d) Any costs incurred in Your Home Country other than in connection with transportation of You or Your remains to Your home from abroad.
- e) Root Canal Treatment or Periodontics.

2 MEDICAL TRANSFER BENEFITS

We will pay the following costs for Emergency Treatment if You suffer an Insured Event covered under Section 1:

2.1 Local Ambulance Services

We will arrange and pay up to the amount specified in the Schedule of Benefits for Your transport to the nearest suitable Hospital by the most appropriate means available, comprising road / off-road ambulance, train, helicopter or fixed-wing aircraft, with a medical escort if Our Medical Advisor considers necessary.

2.2 Emergency Medical Transfer and/or Repatriation

If an Insured Event occurs which, in Our Medical Advisor's opinion requires Your Emergency Medical Transfer and/or Repatriation We will arrange and pay all necessary costs up to the amount specified in the Schedule of Benefits for Your medical transportation.

The most appropriate means of transport available locally will be used. If by air We will employ a regular scheduled or charter airline, or, if medically necessary in the opinion of Our Medical Advisor, a specially chartered air ambulance. If You had been travelling by plane, transport will be in the same class as the original airline ticket (unless medical needs prescribe otherwise), but if You were not, transport will be by the airline's economy / tourist class (unless medical needs prescribe otherwise).

When Our Medical Advisor considers necessary, We will arrange and pay for a medical escort to accompany You.

Where We have arranged and paid for Your Emergency Medical Transfer and/or Repatriation We will pay necessary travel expenses by first class rail or by economy/tourist class air travel to return You to Your location at the time of the event giving rise to Insured Event.

2.3 Companion

Where You are (or in the opinion of Our Medical Advisor likely to be) hospitalised for a period of in excess of 5 days We will provide the following benefits.

- We will arrange and pay for one return trip by first class rail or by economy/tourist class air travel for a nominated relative or friend to travel to the location where You are Hospitalised.
- We will arrange and pay for additional transportation costs by first class rail or by economy/tourist class air travel necessarily incurred for a nominated relative or friend to accompany You if We arrange an Emergency Medical Transfer or Evacuation.
- We will pay for necessary overnight accommodation and subsistence for Your nominated relative or friend while You remains Hospitalised outside Your Home Country, up to US\$100 each night for a maximum of 10 nights.

2.4 Emergency Return Home

Where it is necessary for You to return to Your Home Country due to the death or imminent demise of a Close Relative We will pay Your return travel expenses by first class rail or by economy/tourist class air travel for You to return to Your Home Country. Expenses will be processed on a reimbursement basis on provision of a valid death certificate.

A claim under Section 2.4 is not subject to a valid claim under Section 1.

SPECIFIC CONDITIONS APPLYING TO SECTION 2.1

1. Our Medical Advisor's decision is final and We are entitled to refuse any request which is incompatible with their opinion of Your medical condition and safety.
2. Our Medical Advisor will set up the medical team and resources to be used as and when appropriate, to ensure Your safety during the Emergency Medical Transfer or evacuation.
3. If You reject the assistance procedures We propose then We shall be released from Our obligations under this Section.

SPECIFIC EXCLUSIONS APPLYING TO SECTION 2

We will not pay any costs:

- a) Not arising from a valid claim under Section 1 other than in respect of Section 2.4
- b) Not arranged and approved by Us in advance (other than emergency ambulance transfer).
- c) For You to return to Your Home Country due to the death, imminent demise, or hospitalisation due to serious accident or illness of a Close Relative where such Close Relative had any Pre-Existing Medical Conditions (for the purpose of this exclusion - in the Meaning of Words, in the term Pre-Existing Medical Conditions You is deemed to mean a Close Relative) or where You ought to have reasonably been aware at the date of Entry of the need to return to Your Home Country
- d) For more than one Emergency Return Home claim.
- e) Any costs incurred in Your Home Country other than in connection with transportation of You or Your remains to Your home from abroad.
- f) Any subsequent Medical Transfer costs arising out of the same Insured Event once We have returned You to Your Home Country.

3 BENEFITS FOLLOWING DEATH

If the Insured Person dies outside their Home Country during the Period of Insurance as the result of an Insured Event, We will provide one of the three following benefits according to the wishes of the Insured Person expressed prior to death or those of the next-of-kin. We will arrange and pay for:

3.1 Repatriation of Remains

- Up to the amount specified in the Schedule of Benefits for preparation and repatriation of the mortal remains of the Insured Person from the country where death occurs to the place of the funeral in the Home Country. We will make all necessary arrangements as required under international regulations and will pay up to US\$300 towards the cost of the coffin.
- the additional travel costs of one other person (who was accompanying the deceased at the time of death) to return by first class train or economy / tourist class air travel to attend the funeral.

OR

3.2 Cremation

- up to US\$300 towards the cost of cremation in the country where death occurs; and
- for transportation of the funeral urn to the Home Country.

OR

3.3 Local Burial

- up to US\$1,000 for burial in the country where death occurs.

We will pay any additional costs necessary to comply with statutory requirements.

SPECIFIC EXCLUSIONS APPLYING TO SECTION 3

We will not pay any costs:

- a) Not arranged and approved by Us in advance.

4 PERSONAL ACCIDENT BENEFIT

We will pay the Benefit specified in the following Schedule of Benefits should You sustain Injury resulting from an Accident:

Schedule of Benefits	Benefit Payable as a % of the Sum Insured Specified in the Schedule
1. Death	100%
2. Permanent Total Disablement	100%
3. Loss of Sight in	
3.1. Both eyes	100%
3.2. One eye	50%
4. Total and Permanent Loss of	
4.1. Two or more limbs	100%
4.2. One limb	50%
4.3. Four fingers and thumb of one hand	50%
4.4. Four fingers of one hand	40%
4.5. A thumb	25%
4.6. One index finger	15%
4.7. Any one other finger	10%
4.8. All toes of one foot	15%
4.9. Big toe	7.5%
4.10. Any one other toe	5%

Subject to:

- A. The maximum Benefit payable in respect of any one Insured Person in respect of any one Accident shall not exceed the Personal Accident Sum Insured specified in the Schedule of Benefits in respect of that Insured Person.
- B. Where an Insured Person suffers Total and Permanent Loss of part of a limb not otherwise provided for under Items 4.1 to 4.10 We shall at Our absolute discretion determine the percentage payable in respect of such loss.

- C. The maximum Death Benefit payable in respect of an Insured Person aged 17 years or younger will not exceed US\$5,000.

SPECIFIC EXTENSION APPLYING TO SECTION 4

1. Death or Injury caused by the effects of
 - a. Drowning;
 - b. unavoidable exposure to natural elements; or
 - c. suffocation by smoke, poisonous fumes or gas

will be deemed to have resulted from Accidental Injury provided that such events do not arise from an Insured Person's intentional, wilful or reckless acts.

2. If after a reasonable period of time has elapsed and all available evidence has been examined, there is reason to presume the death of the Insured Person as a result of an Accident, the disappearance of the Insured Person will be deemed a claim under Death benefit section of this insurance. If at any time after payment of such claim by Us the Insured Person shall be found to be living, You must repay to Us all sums so paid.

SPECIFIC EXCLUSIONS APPLYING TO SECTION 4

We will not pay any claim:

- 1) Any Claims which arises directly or indirectly resulting from:
 - a) The Insured Person's own criminal act.
 - b) Being under the influence of alcohol or drugs, otherwise than under the direction of a registered medical practitioner provided that such direction is not for treatment for drug addiction or dependence.
 - c) Sickness or disease, bacterial or viral infections even if contracted by Accident.
 - d) Existing defect or chronic or recurring disease, disorder or other condition unless We have accepted it in writing and specifically stated it as covered under this Section of this Policy.
 - e) Post-Traumatic Stress Disorder, psychiatric, mental or nervous disorder, anxiety and or depression.
 - f) Pregnancy, childbirth, abortion, miscarriage or any complications arising from such.

5. GENERAL CONDITIONS APPLYING TO WHOLE POLICY

The following conditions apply to all parts of this Policy:

- 5.1. Other than for Pre-Existing Conditions affecting the Insured Person, all material facts may affect our assessment of the risk, must be declared to Us - failure to do so may prejudice a Claim. If there is doubt whether or not a fact is material, it should be declared.
- 5.2. All Pre-Existing Medical Conditions are excluded from cover under this Policy. .
- 5.3. Full compliance with the terms and conditions of this Policy is necessary before a Claim will be paid.
- 5.4. In all cases We require a completed Claim form, together with full original supporting evidence to substantiate the expense, such as receipts and reports. This does not apply for claims through Our direct billing network in the United States.

- 5.5. You must take all reasonable steps to avoid or minimise any Claim. You must act as if not insured.
- 5.6. The provision of benefits and services under this Policy is subject to local availability, national and international law, regulation and authorisations.
- 5.7. If the Insured Person has a right of action against any third party in respect of the Accident giving rise to a claim under this Policy We are entitled to take over the Insured Person's rights in the defence or settlement of such claim or to take proceedings in the Insured Person's name for Our own benefit against another party and We shall have full discretion in such matters.
- 5.8. We may, at any time, pay to the Insured Person Our full liability under this Policy after which, We shall have no further liability in any respect.
- 5.9. If another insurance company or a state scheme pays part of Your Claim You must send Us the original bill which clearly shows the amount paid by the insurer or scheme and We shall only be responsible for Our fair proportion of Your claim.
- 5.10. If We have admitted liability, any dispute as to the interpretation of this Policy, or as to any rights or obligations under it shall be referred to Arbitration under the provisions laid down under current legislation. Where a dispute is referred to Arbitration under this provision, the Insured Person shall not exercise any right of action against Us before an award is made.
- 5.11. If any fraudulent means or devices are used to obtain any benefit under this Policy, it shall be void and the premium paid shall be forfeited. We may demand immediate repayment of any such benefit paid.
- 5.12. The Policy Owner can cancel Policies relating to individual Insured Persons, and subject to there being no Claims against those individual Policies a pro rata refund will be applied. The Policy Owner can back date cancellation up to 28 days if the Insured Person did not commence their trip and the insurance Policy was never in effect.
- 5.13. If We make any payment which proves to be Your responsibility, whether because it is subject to an exclusion, Co-payment, Co-insurance or otherwise, You shall pay Us all sums (or the appropriate proportion, as the case may be) We have paid or incurred.

6 GENERAL EXCLUSIONS APPLYING TO WHOLE POLICY

You are not insured and We will not pay under any part of this Policy for:

- 6.1 (i) any expenses, treatment, medical or dental condition or procedures relating thereto not specifically stated in this Policy as being insured; (ii) sums in excess of the Policy Limits; (iii) any expense which We and / or Our Medical Advisor considers to be unreasonable, unnecessary or excessive; (iv) any treatment where we require pre-authorisation and this has not provided; (v) costs which would have been incurred if the Insured Event had not occurred.
- 6.2 The Co-payment (where applicable) specified in this Policy.
- 6.3 Any claim arising from a Pre-Existing Medical Conditions..
- 6.4 Any claim arising from pregnancy after the 26th week of pregnancy.
- 6.5 Any claim arising from any sexually transmitted diseases.
- 6.6 Any claim arising from Human Immunodeficiency Virus or HIV related Illness, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) and any similar infections, Illnesses, injuries or medical conditions arising from.
- 6.7 Any Claim involving fraud, misrepresentation or concealment or their consequences.

- 6.8 Any Claim arising from: (i) self-inflicted Injury (including suicide or attempted suicide); (ii) needless self-exposure to peril (except in an attempt to save human life); (iii) travel undertaken against medical advice.
- 6.9 Treatment for drug and substance abuse (including alcohol) or dependency or other addictive condition and any condition arising directly or indirectly there from.
- 6.10 Any costs arising after expiry of the Period of Insurance. If at the time of the expiry of the Period of Insurance You are receiving Inpatient treatment covered under this insurance the Period of Insurance will be extended by up to 30 days or until such time as You are discharge from Hospital, whichever occurs first.
- 6.11 Any Injury or Illness sustained while taking part in: mountaineering, climbing or trekking activities where specialized climbing equipment, ropes or guides are normally or reasonably should have been used, Amateur Athletics (not including interscholastic or club sports), Professional Athletics, abseiling, aviation (except when travelling solely as a passenger in a commercial aircraft), hang gliding and parachuting, snow skiing and snowboarding except for recreational downhill and/or cross country snow skiing or snowboarding (no cover provided while skiing / boarding in violation of applicable laws, rules or regulations; away from prepared and marked in-bound territories; and/or against the advice of the local ski school or local authoritative body), Motocross or BMX, BASE jumping, bobsledding, bungee jumping, canyoning, caving, high diving, heli-skiing, in-line skating without the use of proper helmet and pads equipment, jet skiing, luge, parachuting, paragliding, parascending, rappelling rodeo, ski jumping, skydiving, snowmobiling (except as passenger), white-water rafting, racing of any kind including by horse, motor vehicle (of any type) or motorcycle, spelunking, or scuba diving, snorkelling or other sub aqua pursuits in depths of more than 10 meters involving underwater breathing apparatus; Practice or training in preparation for any excluded activity which results in injury will be considered as activity while taking part in such activity.
- 6.12 Any Claim arising when the Insured Person is under military authority or is engaged in activities involving the use of firearms or physical combat or in an area of military conflict, except in connection with tourist trips made on a private basis during leave.
- 6.13 Any expenses relating to search and rescue operations to find an Insured Person in mountains, at sea, in the desert, in the jungle and similar remote locations, including air/sea rescue charges for Evacuation to shore from a vessel or from the sea.
- 6.14 Any expense where We are not satisfied with the documents submitted and / or where We do not receive the original documents within 28 days after the expiry of Insured Person's Policy, unless We agree otherwise.
- 6.15 Medical Treatment for mental or nervous disorders, psychiatric Treatment and / or the costs of a psychotherapist, psychologist, family therapist or bereavement counsellor. The cost of initial diagnosis would be covered up to maximum policy benefit of \$500.
- 6.16 The radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof.
- 6.17 Any Claim in any way caused or contributed to by the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent.
- 6.18 Any Claims whatsoever resulting from war, invasion, act of foreign enemy, hostilities (whether war be declared or not), act of terrorism, civil war, rebellion, revolution, insurrection, military or usurped power or taking part in civil commotion or riot of any kind.

(For the purpose of this exclusion, an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear).

6.19 Any expense which at the time of happening is covered by, or would, but for the existence of this Policy, be covered by any other existing insurance certificate policy, or state scheme. If there is any other cover in force which may pay in respect of the event for which the Insured Person is claiming, the Insured Person must tell Us at the time he / she first contacts Us.

6.20 Any losses which are not directly covered by the terms and conditions of this Policy (examples of losses We will not pay for include loss of earnings due to being unable to work as a result of Illness or Injury).

7 PRE-AUTHORISATION AND CLAIMS PROCEDURES

The following explains what to do if You need to make a claim under this Policy.

To ensure the most appropriate care possible the Insured Person should contact the relevant organisation as shown on the Membership card.

You must bear in mind that to comply with the terms and conditions of this Policy, Our chosen Providers must be contacted for Our pre-authorisation before You incur costs for the following treatments:

- (a) Inpatient Treatment and/or supplies of any kind;
- (b) any Surgery or Surgical procedure;
- (c) Computerized Axial Tomography (CAT Scan);
- (d) Magnetic Resonance Imaging (MRI).

If the Treatment scheduled is eligible for cover, We can confirm the level of benefit applicable to the medical provider/s and authorise Treatment, subject to the terms and conditions of the Policy. When the Claim is subsequently fully validated, We will arrange for costs to be settled direct to the medical provider/s.

It is important to note that if We authorise Treatment which ultimately transpires to have been related to a condition excluded by the policy, for example, Treatment for a Pre-Existing Medical Condition, You will be responsible for all costs, including those settled by Us. In such cases, You must repay Us within one month of Our request to you, any costs or expenses We have paid out on Your behalf of which are not covered under the terms of this Policy.

In case of an emergency, if the You are physically prevented from contacting Us immediately, You or someone designated by You must contact Us within 48 hours. You must make no admission of liability, offer, promise or payment without our prior consent. We must be telephoned first.

You must give Us written details of any Claim within 28 days of Our request. As often as We require, You shall submit to medical examination at Our expense. In the event of the death of an Insured Person We shall be entitled to have an autopsy carried out at Our expense (where this is not forbidden by local law).

You must supply Us with a written statement substantiating Your Claim, together with (at Your expense) all original invoices, certificates, information, evidence and receipts that We require.

8 COMPLAINTS PROCEDURE

We aim to provide a first class service at all times. However, if You have any complaint regarding the standard of service received under this Policy, the following procedure is available to resolve the situation:

In the first instance You should write to the

Chief Executive Officer
Global Secutive LLC
134 15th Avenue North
St Petersburg
FL 33704
USA

If We cannot give you a final decision within 4 weeks from the date We receive your complaint, We will explain why and tell you when We hope to reach a decision.

Our decision is final and based on the evidence presented. If you feel that there is any new evidence or information that may change Our decision you have the right to make an appeal.

Should You remain dissatisfied or fail to receive a final answer within eight weeks* of Us receiving Your complaint, you have the right to refer the matter directly to the

Compliance Officer
Catlin Insurance Company (UK) Ltd
20 Gracechurch Street
London
EC3V 0BG
England

Should you remain dissatisfied you have the right to refer the matter directly to the Financial Ombudsman

The Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London E14 9SR

You can only refer to the Financial Ombudsman after Catlin has already considered your complaint.

*NOTE: The timescales given above are dependent on you responding immediately to any correspondence We send you.

9 DATA PROTECTION NOTICE

We collect and maintain personal information in order to underwrite and administer the Policies of insurance that We issue. All personal information is treated with the utmost confidentiality and with appropriate levels of security. We will not keep your information longer than is necessary. Your information will be protected from accidental or unauthorized disclosure. We will only reveal your information if it is allowed by law, authorised by you, to prevent fraud or in order that We can liaise with Our agents in the administration of this Policy. You have the right to ask for a copy of any information We hold on you upon payment of an administrative fee and to require a correction of any incorrect information held. Any inaccurate or misleading data will be corrected as soon as possible. The above principles apply whether We hold your information on paper or in electronic form.