

IHI BUSINESS TRAVEL

COVER AND BENEFITS & POLICY CONDITIONS



YOUR HEALTH ABOVE ALL

COVER AND BENEFITS & POLICY CONDITIONS

In accordance with the Danish Insurance Contracts Act.

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COVER AND BENEFITS

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COVER AND BENEFITS

VALID FROM 01.01.2005

The maximum amount per insured person per trip is USD 300,000 / EUR 250,000 / CHF 400,000 under the Basic Cover. The cover may be enhanced by including the baggage supplement.

BASIC COVER	USD	EUR	CHF
Hospitalisation	100%	100%	100%
Outpatient treatment by a doctor/specialist	100%	100%	100%
Prescribed medicines	100%	100%	100%
Prescribed treatment by a physiotherapist/chiropractor	2,500	2,000	3,400
Provisional pain-stilling dental treatment	200	165	270
Ambulance transportation	100%	100%	100%
Medical evacuation	100%	100%	100%
Return trip	100%	100%	100%
Compassionate emergency repatriation	100%	100%	100%
Next-of-kin accompaniment	100%	100%	100%
Compassionate emergency visit	100%	100%	100%
Board, lodging and local transport for a person summoned or accompanying the insured, per person per day	300	250	400
Statutory arrangements in case of death	100%	100%	100%
Home transportation of the deceased	100%	100%	100%
Personal accident - death & disability	15,000	12,000	20,000

BAGGAGE SUPPLEMENT	USD	EUR	CHF
Theft or loss of baggage	1,000	800	1,350
Delayed baggage	250	200	340

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

POLICY CONDITIONS

VALID FROM 01.01.2005

ART. 1 ACCEPTANCE OF THE INSURANCE

1.1: International Health Insurance danmark a/s, hereinafter called the Company, shall decide whether the insurance can be accepted. In order for the insurance to be accepted and the Company to become liable, the application must be approved by the Company.

1.2: The insurance must be taken out on an annual basis, and must remain effective for 12 months, as a minimum. The minimum number of travel days per policy is 200.

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

1.4: All underwriting and issuance of policy schedules are made from the Company's headquarters in Copenhagen, Denmark.

ART. 2 DATE OF COMMENCEMENT

2.1: The insurance shall be valid if the premium has been paid prior to the date of commencement. The insurance shall be effective in the period stated in the policy schedule and on the insurance card.

2.2: The right to reimbursement shall take effect on the commencement date of the insurance. The cover is effective

when the insured leaves his/her country of residence and shall cease upon return to the country of residence. If the insurance is taken out after the insured has left the country of permanent residence, there is a waiting period of 3 days before the insurance takes effect. In the event of serious injury in connection with an accident, the right to compensation shall, however, take effect concurrently with the date of commencement of the insurance.

ART. 3 WHO IS COVERED BY THE INSURANCE?

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

- a) board members, co-travelling spouses and children and others travelling in the interest of the company, and/or
- b) combined business and holiday trips.

Any such extension must be stated in the policy schedule.

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

ART. 4 WHERE IS COVER PROVIDED?

4.1: The insurance shall provide world-wide cover.

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

ART. 5 WHAT IS COVERED BY THE INSURANCE?

5.1: The insurance shall cover expenses incurred by the insured in the insurance period in accordance with the applicable cover and benefits. The insurance cover shall not exceed the insurance amount of USD 300,000 / EUR 250,000 / CHF 400,000 per person per trip.

5.2: If the policyholder has chosen to extend the cover with the Baggage Supplement, the insurance also covers theft/loss of baggage and delayed baggage, cf. Art. 12 and Art. 13. The extension must be stated in the policy schedule.

ART. 6 MEDICAL EXPENSES

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

6.2: Treatment by authorised physicians and specialists, prescribed hospitalisation, prescribed medicines and local transport to and from the place of treatment shall be compensated at 100% of the expenses.

6.3: Treatment by physiotherapists and chiropractors prescribed by an authorised physician shall be compensated at 100% of the expenses, not exceeding, however, USD 2,500 / EUR 2,000 / CHF 3,400 per insured.

6.4: Provisional pain-stilling dental treatment by authorised dentists and prescribed medicines in connection herewith shall be compensated within a maximum of USD 200 / EUR 165 / CHF 270 per insured.

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

- a) has been hospitalised within 6 months prior to departure and/or start of the insurance period,
- b) has been treated by a physician (routine check-ups excepted) within 6 months prior to departure and/or start of the insurance period,
- c) has had a change of medication within 6 months prior to departure and/or start of the insurance period,
- d) has not received medical treatment, has refused or given up treatment, even though the insured should know that the illness/disorder ought to be treated, or has deteriorated,
- e) has reached a state where any attempt of further treatment has been abandoned, or has been refused treatment,

- f) is waiting to receive treatment, or has been referred to another place of treatment,
- g) has omitted to go to prearranged controls.

The insurance does not cover expenses for control, treatment and medicines in connection with stabilisation and regulation of a pre-existing, chronic or recurrent illness/disorder. The insurance does not cover a need for treatment which was expected before departure.

6.6: Physicians, specialists, dentists, etc. performing the treatment must have authorisation in their country of practice. Furthermore, the method must be approved by the public health authorities in the country, where the treatment takes place. Methods of treatment not yet approved by the public health authorities, but under scientific research, will only be covered if approved in advance by the Company's medical consultants.

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

ART. 7 MEDICAL EVACUATION

7.1: Reimbursement shall be paid for reasonable additional expenses incurred for the insured's medical evacuation in

the event of acute serious illness (cf. Art. 6.5), serious injury or death.

7.2: The insurance shall provide cover subject to the treating physician and the Company's medical consultant agreeing on the necessity of transferring the insured and agreeing on whether the insured should be transferred to his/her country of residence or to another place of treatment.

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

7.4: In the event of the insured's death, expenses for home transportation of the deceased and for statutory arrangements such as embalming and a zinc coffin shall be reimbursed. The next-of-kin have the following options:

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

Expenses shall be reimbursed for repatriation for any 2 of the summoned relatives or fellow-travellers of the deceased. The Company shall reimburse travel expenses equivalent to the cost of an aeroplane ticket on economy class, as a maximum.

7.5: The Company cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond the Company's control.

ART. 8 RETURN TRIP

8.1: The insurance shall cover a return trip to the destination abroad if the insured has been medically evacuated because of illness or injury or if the insured has been repatriated and used the compassionate emergency repatriation cover.

8.2: The incident causing the return trip must be covered by the insurance, and the insurance must still be valid at the time of the return trip.

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

8.4: The Company shall compensate travel expenses equivalent to the cost of a return aeroplane ticket on economy class. The destination for the return trip must always be the place from which the insured was evacuated or repatriated in the first place.

ART. 9 COMPASSIONATE EMERGENCY REPATRIATION

9.1: The insurance shall cover in the event that the insured has to terminate his/her stay abroad prematurely, because a close relative in the country of residence is hospitalised or dies as a result of serious acute illness or injury occurring after the departure of the insured.

A close relative is defined as being a spouse/partner, residing and registered

at the same address as the insured, a child, a son or daughter-in-law, a grandchild, a parent, a grandparent, a parent-in-law, a brother or a sister.

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

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

9.4: Repatriation shall only be covered if the ensuing time of arrival is at least 12 hours earlier than the insured's originally planned time of arrival.

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

ART. 10 NEXT-OF-KIN ACCOMPANIMENT AND COMPASSIONATE EMERGENCY VISIT

10.1: The insurance shall cover accompaniment in the event of serious acute illness, serious injury, death and/or medical evacuation of the insured. It is a condition for cover that the Company's medical consultant and the attending physician agree that the duration of the stay in hospital will be a minimum of 5 days and nights, or that the condition of the insured is life-threatening.

10.2: The insured is entitled to have a maximum of two persons accompanying him/her. The accompanying persons may either be fellow-travellers or relatives who

are summoned from the home country to accompany the insured.

10.3: The Company shall reimburse additional travel expenses equivalent to the cost of a return aeroplane ticket on economy class per summoned person. Furthermore, compensation shall be made for a maximum of USD 300 / EUR 250 / CHF 400 per day for each summoned person or fellow-traveller for expenses in connection with accommodation, board and local transport.

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

ART. 11 PERSONAL ACCIDENT

11.1: If the policyholder has taken out coverage for personal accident, reimbursement shall be paid by the insurance in the event of an accident that directly, and without the influence of any illness, causes the insured's death or results in loss of a limb, loss of sight, loss of extremity, or permanent total disablement.

11.1.1: An accident is defined as follows:

A fortuitous event occurring without the insured's intention which has a sudden, external and violent impact on the body, resulting in demonstrable bodily injury.

11.2: Exceptions for reimbursement:

a) any illness or pre-existing medical condition which occurs, even though the

illness or condition recurs as a result of the accident or is aggravated by it,

b) any accident caused by illness,

c) any aggravated consequences of an accident due to a pre-existing condition or any unforeseen illness subsequently contracted,

d) any consequences of medical treatment not necessitated by an accident covered by the policy,

e) if the insured is under the age of 18, compensation in case of death is limited to USD 3,000 / EUR 2,500 / CHF 4,000,

f) if the insured is over the age of 75, the compensation payable in case of death or disablement is limited to 50% of the insurance sum.

11.3: Reimbursement in case of death becomes payable at 100% of the insurance sum when an accident directly results in the insured's death within 1 year after the accident.

Unless the Company has received written instructions to the contrary, the insurance sum shall be paid to the insured's immediate family members, defined as the insured's spouse, or, if the insured leaves no spouse, the insured's children or, in the absence of any children, the insured's cohabitee, provided that such cohabitee has been registered at the same address as the insured for at least 2 years or, in the absence of a cohabitee, the insured's beneficiaries.

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

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

- a) Loss of a limb shall be loss by separation or the total and irrecoverable loss of use of a hand at or above the wrist or a foot at or above the ankle. Compensation shall be made at 100% of the insurance sum.
- b) Loss of sight shall be loss of sight of one or both eyes which is certified as being complete and irrevocable by a qualified practitioner specialising in ophthalmology and approved by the Company. In case of loss of sight of one eye, reimbursement shall be made at 50% of the insurance sum. In case of loss of sight of two eyes, reimbursement shall be made at 100% of the insurance sum.
- c) Loss of extremity shall be the permanent physical separation or the total and irrecoverable loss of use of a digit or part thereof or an ear, nose or genital organ or part of one of the above. Reimbursement shall be made at 25% of the insurance sum.

- d) Permanent total disablement shall be disablement which inevitably and continuously prevents the insured from carrying out every aspect of his/her normal business or occupation for a period of 12 calendar months and, at the end of such period is certified by two qualified medical practitioners approved by the Company as being beyond hope of improvement. If the insured has no business or occupation, the disablement must confine him/her immediately and continuously to the house and prevent him/her from attending to his/her normal duties. Reimbursement shall be made at 100% of the insurance sum.

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

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

ART. 12 BAGGAGE

12.1: If the policyholder has taken out the supplementary cover for baggage, the Company shall reimburse the insured for the following items: Baggage, cash, tickets, traveller's cheques, credit cards, securities and passports.

Baggage is defined as suitcases, clothing, toiletries, books, photo equipment and mobile phones. Baggage for commercial use, including travellers' samples, dealers'

stock and collections, are not covered. Bicycles, sports equipment and accessories hereto are not covered.

Reimbursement for any individual object may never exceed 50% of the insurance sum. The maximum reimbursement for photo equipment and jewellery amounts to 50% of the insurance sum.

12.2: Baggage will be covered up to 100% of the coverage limit in the following cases:

- a) fire, robbery, theft from a locked hotel room, a locked home abroad or a locked safety box,
- b) theft, observed when being committed, of valuables carried on or by the insured,
- c) theft from a boot or locker that is separate from the passenger compartment of a locked motor vehicle or boat,
- d) loss of registered baggage (proof of registration must be provided). Compensation cannot be paid sooner than 1 month after the loss.

12.3: Cash, tickets and securities are covered by up to 10% of the insurance sum, however, only in case of:

- a) fire, robbery, theft from a locked hotel room, a locked home abroad or a locked safety box,
- b) theft, observed when being committed, of valuables carried on or by the insured,

- c) theft from a boot or locker that is separate from the passenger compartment in a locked motor vehicle or boat.

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

- a) the insurance covers the replacement cost of comparable new items, if they are less than 2 years old (proof must be provided),
- b) for items more than 2 years old, purchased second-hand or already damaged, reimbursement will be fixed at the replacement cost of comparable new items less a fair deduction for deterioration due to age, wear and tear, reduced usability or any other circumstances. This also applies to items for which no documentation of age and value can be provided,
- c) the Company is entitled, but not obliged, to provide reimbursement in kind,
- d) coverage for film, video and tape recordings and the like is limited to the cost of the raw materials,
- e) the insurance covers the costs of replacing tickets, traveller's cheques, credit cards, securities and passports. The costs include necessary transport charges, fees, photos, etc., but not reimbursement for the time involved in replacing the items.

12.5: The insurance does not cover:

- a) forgotten, lost or mislaid items,
- b) theft of baggage which is not effectively supervised,
- c) theft from an open and/or unlocked motor vehicle, caravan, trailer, hotel room, holiday apartment, house or boat,
- d) theft from a motor vehicle, caravan or trailer, hotel room or holiday residence which does not bear visible signs of forced entry, including theft where access was obtained by means of a correct or a false key,
- e) any loss connected with the abuse of credit cards or traveller's cheques,
- f) loss of baggage which is freighted separately,
- g) any indirect loss.

12.6: The Company is only liable to pay reimbursement if the insured items are handled and stored safely, and if the insured moreover exercises due care.

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

ART. 13 DELAYED BAGGAGE

13.1: If the policyholder has taken out the supplementary cover for baggage, the insurance covers reasonable expenses for the purchase of essential items of clothing, toiletries and essential medicine in cases where registered baggage is delayed for more than 5 hours after the time of arrival at the destination outside the country of residence.

13.2: This benefit will be provided only if the insured:

- a) provides original documentation (in the form of a Property Irregularity Report) from the carrier stating that the baggage did not arrive at the scheduled time and date, and indicating the date and time of actual arrival,
- b) already had made a compensational purchase before the baggage was returned to him,
- c) provides original documentation of the expenses defrayed in the form of dated receipts, vouchers or the like.

13.3: The policy does not cover rent/purchase of sports equipment. In addition, indirect losses are not covered.

13.4: Coverage does not apply on the insured's arrival in the country of residence.

ART. 14 EXCEPTIONS FOR COMPENSATION

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

concern, are due to or are incurred as a result of:

- a) any illness, injury, bodily infirmity or physical disability and consequences hereof which have come into existence, or shown symptoms, before each trip abroad (cf. Art. 6.5),
- b) cosmetic surgery and treatment and consequences thereof unless medically prescribed and approved by the Company,
- c) recreational treatment,
- d) pre-existing diseases of the teeth and dental treatment which is not pain-stilling and provisional and can await the insured's arrival home,
- e) dentures,
- f) venereal diseases, AIDS, AIDS-related diseases and diseases relating to HIV antibodies (HIV positive),
- g) medical and maternity assistance arising after the 8th month (36th week) of pregnancy, and after the 4th month (18th week) when the pregnancy is the result of any kind of fertility treatment and/or the insured is expecting more than one child,
- h) induced abortion which is not medically prescribed,
- i) abuse of alcohol, drugs and/or medicines,
- j) intentional self-inflicted bodily injury,
- k) treatment by naturopaths, naturopathic medicines and other alternative methods of treatment,
- l) treatment for sickness or injuries directly or indirectly caused while actively engaging in: war, invasion, acts of a foreign enemy, hostilities (whether war has been declared or not), civil war, terrorist acts, rebellion, revolution, insurrection, civil commotion, military or usurped power, martial law, riots or the acts of any lawfully constituted authority, or army, naval or air service operations (whether war has been declared or not),
- m) nuclear reactions or radioactive fallout,
- n) treatment performed by the insured, his/her spouse, parents or children or an enterprise owned by one of the aforesaid persons,
- o) epidemics which have been placed under the direction of the public authorities,
- p) treatment by psychologists, unless prescribed by the treating physician in connection with emergency relief,
- q) routine medical check-ups,
- r) the insured resisting or failing to comply with the medical directions given by the Company's medical consultant and the treating physician,
- s) the insured resisting medical evacuation (cf. Art. 6.7),

- t) vaccinations and other preventive treatment,
- u) transportation which has not been arranged by the Company. However, expenses equivalent to the amount which the Company would have reimbursed, if it had been notified of the transportation shall be covered,
- v) medical treatment and examinations which can await the insured's arrival home,
- x) private room in hospital unless medically prescribed and approved by the Company,
- y) any treatment which is not necessary or which is not directly related to the diagnosis covered by the insurance.

ART. 15 HOW TO REPORT A CLAIM

15.1: Reimbursement shall be paid following the Company's approval of the expenses as being covered by the insurance after a fully completed Claim Form has been submitted to the Company together with the original, receipted and itemised bills and/or other relevant documentation such as medical information and aeroplane tickets/travel documents.

15.2: In no event shall the amount of reimbursement exceed the amount shown on the bill. If the insured receives reimbursement from the Company in excess of the amount to which he/she is entitled, the insured shall be under the obligation to repay the Company for the

excess amount immediately. Subsequent reimbursement made by the Company shall first be written down by any such outstanding amount.

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

15.4: The Company shall be notified immediately in case of death, hospitalisation, emergency repatriation, medical evacuation, or accompaniment, and such notification must include medical information about the illness/injury. Notification should be made by telephone or e-mail to the Company's 24-hour Emergency Service; the Company shall defray all expenses incurred in this connection.

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

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

ART. 16 COVER BY THIRD PARTIES

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

16.2: In these circumstances the Company will co-ordinate payments with other companies and the Company will

not be liable for more than its rateable proportion.

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

16.4: The policyholder and any insured person undertake to co-operate with the Company and to notify the Company immediately of any claim or right of action against third parties.

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

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

ART. 17 PAYMENT OF PREMIUM

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

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

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

17.4: Refund of premium is possible only if a written request is received by the Company prior to the commencement date of the insurance. After the commencement date of the insurance, the premium is considered fully earned and non-refundable.

However, unused travel days may be transferred one time, from the insurance period of the first year to the insurance period of the second year, if the Company approves. It is only possible to transfer the days exceeding 200 travel days.

ART. 18 NECESSARY INFORMATION TO THE COMPANY

18.1: The policyholder shall be under the obligation to inform the Company of the travel dates for each employee before each business trip.

18.2: The policyholder and/or the insured shall be under the obligation to notify the Company of any travel or health insurance cover or a similar cover with another company.

18.3: The policyholder and/or the insured shall also be under the obligation to notify the Company of and provide the Company with all obtainable information required for the Company's handling of the policyholder's and/or the insured's claim against the Company.

18.4: In addition, the Company shall be entitled to seek information about the insured's state of health and to contact any hospital, physician, etc. who is treating or has been treating the insured for physical or mental illnesses or disorders.

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

ART. 19 ASSIGNMENT, CANCELLATION AND EXPIRY

19.1: Without the prior written consent of the Company, no party shall be entitled to create a charge on or assign the rights under the insurance.

19.2: The insurance may be cancelled by the policyholder or by the Company at the anniversary date with 1 month's written notice.

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

In connection with the settlement of a claim, the insurance may be cancelled by the policyholder or by the Company with 1 month's written notice within 14 days after the settlement of the claim.

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

19.4: The insurance period may be extended up to 48 hours with no extra premium charge, if the return of the insured is delayed without the insured being responsible for the delay.

19.5: Where upon taking out the insurance or subsequently, the policyholder

or the insured has fraudulently disclosed incorrect information or withheld facts which may be regarded as being of importance to the Company, the insurance contract shall be void and shall not be binding on the Company.

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

19.7: The Company can stop or suspend an insurance product at 3 months' notice prior to the policy anniversary.

ART. 20 DISPUTES, VENUE, ETC.

20.1: Any disputes arising out of or in connection with the insurance contract shall be settled in accordance with Danish law, with Copenhagen as the agreed venue. The Company is affiliated to Ankenævnet for Forsikring, Anker Heegaards Gade 2, 1572 Copenhagen V, Denmark (The Insurance Appeals Board).

**Valid from 1 January 2005
E.&.O.E.**

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*International Health Insurance danmark a/s
has insured people of all nationalities for more
than 30 years. The sound financial standing
of the Company and the strict standard
of regulations set by the Danish Insurance
Contracts Act and the European Supervision
Authorities guarantee the best possible
security for our clients.*

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