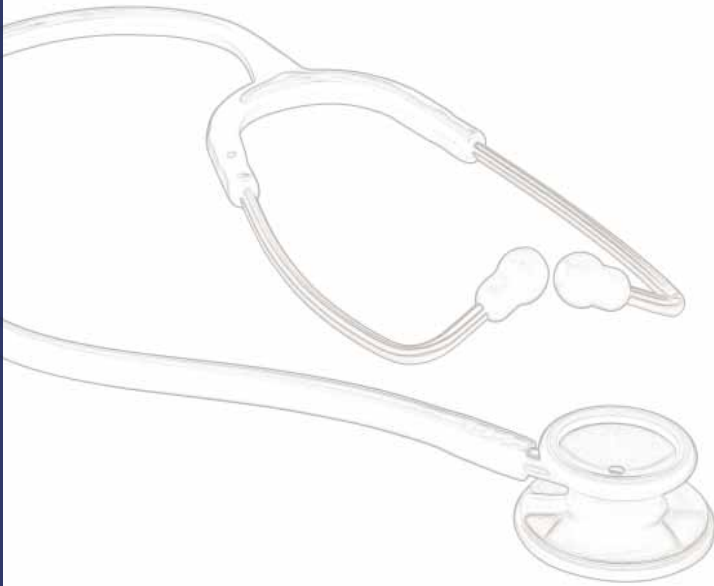


IHI CRITICAL ILLNESS



SUPPLEMENT TO YOUR IHI HEALTH INSURANCE

VALID FROM 1. 1. 2005



YOUR HEALTH ABOVE ALL



IHI CRITICAL ILLNESS



Even the healthiest lifestyle cannot completely eliminate the risk of becoming ill. Changes in your health may be genetically determined or otherwise beyond your control. If you become ill, your medical expenses are taken care of by your IHI Health Insurance. IHI will take care of issuing a guarantee of payment if you have to undergo long and costly treatment or undergo expensive surgery.

Nevertheless, a critical illness could mean a heavy strain on your finances, and change your life and the lives of the people closest to you.

Therefore, as part of IHI's healthcare solutions we are offering IHI Critical Illness to help you through times when you don't have any income due to absence from work.

With IHI Critical Illness you will receive the chosen insurance sum after we have received sufficient information from you. How you spend the insurance sum is your decision e.g.:

- Supplement any loss in your income while you recover
- Take time off from work. E.g. in case of a heart attack, many suffer from a second heart attack because they are unable financially to stop working
- Use the sum to reduce your mortgage or loan



INSURANCE SUMS

You can choose between the following insurance sums in USD or the equivalent in other currencies:

USD 25,000	USD 50,000	USD 75,000	USD 100,000
------------	------------	------------	-------------

The sum can be changed upon renewal. If you wish to increase the insurance sum, you will have to undergo new underwriting procedures.

The premium for the IHI Critical Illness is based on your choice of insurance sum, your age and your smoking habits. Please refer to the separate Premium Table.

COVERAGE FOR 11 CRITICAL DIAGNOSES AND SURGERIES

IHI Critical Illness provides cover for the following diagnoses and surgeries:

- Cancer
- Heart Attack (myocardial infarction)
- Stroke
- Coronary Artery By-pass Surgery
- Kidney / Renal Failure
- Major Organ Transplants
- Multiple Sclerosis
- Benign Brain Tumour
- Loss of Hearing / Deafness
- Loss of Sight / Blindness
- Paralysis (Paraplegia)

Please see the Policy Conditions for a definition of the particular diagnoses and surgeries.

ADVANTAGES WITH IHI CRITICAL ILLNESS



- You can keep IHI Critical Illness up to age 65
- You can choose between different insurance sums
- You will receive the entire insurance sum, regardless of any other insurance you may have
- You only need to send the diagnosis and the medical records from your doctor – we will take care of the rest ensuring immediate payment



POLICY CONDITIONS

VALID FROM 1. 1. 2005

In accordance with the Danish Insurance Contracts Act

INDEX

- Art. 1 Acceptance of the insurance
 - Art. 2 Date of commencement and waiting period
 - Art. 3 Who is covered by the insurance?
 - Art. 4 Where is cover valid?
 - Art. 5 What is covered by the insurance?
 - Art. 6 Covered diagnoses and surgeries
 - Art. 7 How to report a claim
 - Art. 8 Exceptions
 - Art. 9 Payment of premium
 - Art. 10 Assignment, cancellation and expiry
 - Art. 11 Disputes, venue etc.
- Glossary

ART. 1 ACCEPTANCE OF THE INSURANCE

- 1.1 International Health Insurance danmark a/s, hereinafter called the Company, shall decide whether IHI Critical Illness, hereinafter called 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 and the necessary premium paid to the Company.
- 1.2 In order for the Insurance to be accepted by the Company on standard terms, the applicant must be of sound health at the time of acceptance and must not suffer nor have suffered from any illness, injury, bodily infirmity, physical disability or recurring disease. The applicant must have attained 3 (three) years of age and must not have attained 60 (sixty) years of age at the time of acceptance.
 - 1.2.1 If the conditions in Art. 1.2 are not met and the applicant has not attained 60 (sixty) years of age at the time of acceptance, the Company may offer the Insurance on special terms. If the Company decides to offer the Insurance on special terms, the policyholder will receive a policy schedule in which these terms are stated.
- 1.3 In the event of a change in the applicant's state of health after the application has been signed and before the Company's approval thereof, the applicant shall be under an obligation to notify the Company of such change immediately.
- 1.4 Corporate critical illness schemes may be taken out on special terms upon approval by the Company. If the Company decides to offer the Insurance to corporations, the special terms will be stated in an insurance contract.
- 1.5 The Company shall be entitled to obtain any information documented by a physician from the applicant on his/her state of health. Expenses hereto shall be paid by the applicant.
 - 1.5.1 A Physical Report Form completed by a General Practitioner must be submitted to the Company together with the Application Form for applicants having attained 45 (forty-five) years of age and applying for the insurance sum of USD 75,000 or USD 100,000 or the equivalent in other currencies.
- 1.6 The applicant is required to give information on his/her permanent place of residence in the application. If the permanent residence changes, this shall be reported to the Company cf. Art. 10.6.

1.6.1 It shall be considered a permanent residence if the insured does not stay abroad for more than 3 (three) months in succession.

1.7 The Insurance may only be taken out as a supplement to an IHI health insurance with the Company.

ART. 2 DATE OF COMMENCEMENT AND WAITING PERIOD

2.1 The Insurance shall be valid as of the date on which the application is approved by the Company. The date of commencement is stated in the policy schedule. The Company may agree on another date with the policyholder.

2.2 Illness or injury as a result of a disease established or signs and/or symptoms having appeared within 3 (three) months after the approval of the application shall not be covered.

2.3 Extension of cover can only be accepted upon approval by the Company in accordance with Art. 1.

2.3.1 If the Insurance is extended, the right to benefit from such extension shall only become effective 3 (three) months after the date of commencement of the extension. During the waiting period the previous cover shall apply.

2.4 If one of the diagnoses/surgeries mentioned in Art. 6 has been caused by an accident, no waiting period will apply.

ART. 3 WHO IS COVERED BY THE INSURANCE?

3.1 The Insurance shall cover the insured person(s) named in the policy schedule in accordance with the chosen insurance covers.

ART. 4 WHERE IS COVER VALID?

4.1 The Insurance is valid worldwide.

ART. 5 WHAT IS COVERED BY THE INSURANCE?

5.1 The Insurance shall provide cover when the insured has been given one of the diagnoses or has undergone one of the surgeries listed in Art. 6 and in accordance with the chosen insurance sum.

- 5.1.1 The diagnosis shall be made or the surgery performed before the insured attains the age of 65 (sixty-five) years.
- 5.2 The insured can choose between different insurance sums as stated in the separate Premium Table.
- 5.3 A covered diagnosis or surgery shall be established by a medical physician authorised by the public authority in the country of practise.

ART. 6 COVERED DIAGNOSES AND SURGERIES

6.1 In the following, the definitions of the covered diagnoses/surgeries are listed.

6.1.1 **Cancer**

A malignant tumour characterised by the uncontrolled growth and spread of malignant cells and invasion and destruction of tissue. The term cancer includes leukaemia and Hodgkin's disease.

The following tumours are excluded:

- All tumours that are histologically described as pre-malignant, as non-invasive or as cancer in situ (including CIN-1, CIN-2, CIN-3)
- Any malignant tumour in the presence of Human Immunodeficiency Virus
- Any skin cancer other than malignant melanoma starting with Clark Level III
- Prostate cancer described in TNM classification as T1a or T1b
- Papillary micro-carcinoma of thyroid or bladder
- Chronic lymphocytic leukaemia less than Rai stage 3

6.1.2 **Heart Attack** (myocardial infarction)

The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis will be evidenced by at least 3 (three) of the following 4 (four) criteria:

- A history of typical chest pain
- Confirmatory new ECG changes

- Diagnostic elevation of cardiac enzyme CK-MB or troponin
- Left ventricular ejection fraction less than 45% measured 3 (three) months or more after the event

6.1.3 **Stroke**

Any cerebrovascular incident producing neurological sequelae lasting more than 24 hours and including infarction of brain tissue, haemorrhage and embolization from an extra cranial source. Evidence of persisting neurological deficit for at least 3 (three) months must be produced.

Excluded are transient ischaemic attacks, cerebral symptoms due to migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye or optic nerve as well as ischaemic disorders of the vestibular system.

6.1.4 **Coronary Artery By-pass Surgery**

The actual undergoing of open chest surgery on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries by coronary artery bypass graft (CABG). The surgery must be proven to be necessary by means of coronary angiography. Angioplasty, other intraarterial or laser procedures are excluded.

6.1.5 **Kidney / Renal Failure**

End-stage renal failure presenting chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is initiated, or renal transplant is carried out.

6.1.6 **Major Organ Transplants**

The actual undergoing of organ transplant as a recipient of a kidney, heart, lung, liver, pancreas or the transplantation of bone marrow. The transplant of all other organs, parts of organs or any other tissue transplant is excluded.

6.1.7 **Multiple Sclerosis**

Unequivocal diagnosis of multiple sclerosis by a consultant neurologist, confirmed by diagnostic techniques current at the time of the claim.

There must be current deficit of motor or sensory function causing at least 25% impairment of whole person function. The impairment must have persisted for a continuous period of at least 6 (six) months.

6.1.8 Benign Brain Tumour

A non-malignant, life-threatening tumour in the brain resulting in severe permanent deficit to the neurological system, causing at least 25% impairment of whole person function. The diagnosis has to be confirmed by a neurologist. Excluded are tumors or lesions in the pituitary gland or spine, cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas.

6.1.9 Loss of Hearing / Deafness

The complete and irrecoverable loss of hearing of both ears as a result of illness or injury, certified by an ENT physician.

6.1.10 Loss of sight / Blindness

Total permanent and irreversible loss of all sight in both eyes, certified by an ophthalmologist.

6.1.11 Paralysis (paraplegia)

Total and permanent loss of function of two or more limbs as a result of an accident or illness. These conditions have to be medically documented for at least 3 (three) months. A limb is defined as the complete arm or the complete leg.

ART. 7 HOW TO REPORT A CLAIM

7.1 The insured's state of health shall be diagnosed or surgery documented by a treating medical physician in accordance with the previous articles, and approved by the Company's specialist doctors.

7.2 The Company is entitled to seek confirmation and/or second opinion from one or more medical specialists appointed by the Company, regarding the diagnosis or the surgery as defined in Art. 6.1.1 to 6.1.11 on the basis of the insured's claim towards the Company.

7.3 Until a covered diagnosis has been given, the insured shall seek all related expenses for examination etc. covered by his/her IHI health insurance with the Company.

7.4 Any claim shall be reported to the Company immediately and no later than 3 (three) months after the circumstances underlying the claim have become known to the insured.

- 7.5 The insured shall be under an obligation to provide the Company with all obtainable information, e.g. original receipts for examination, treatment etc. before the handling of the insured's claim can be terminated and the insurance sum be paid by the Company.
- 7.5.1 The policyholder and/or the insured shall be under an obligation to notify the Company in writing immediately of any changes in the insured's smoking habits compared to what was informed at the time of application.
- 7.6 The Company will pay the insurance sum as soon as the Company has received the information necessary to establish its obligations.
- 7.6.1 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.
- 7.6.2 The insurance sum can only be paid out one month, at the earliest, after the conditions for payment have been met. The insurance sum is only paid out if the insured is still alive 28 (twenty-eight) days after the conditions for payment have been met.
- 7.6.3 Complaints regarding the Company's claims handling shall be filed no later than 30 (thirty) days after receiving the insurance sum.
- 7.7 Once the insurance sum has been paid out, the Insurance shall cease altogether without further payment.

ART. 8 EXCEPTIONS

- 8.1 The Insurance shall not cover expenses incurred for any disease, illness or injury known to the policyholder and/or the insured at the time of application.
- 8.1.1 Illness or injury as a result of a disease established or signs and/or symptoms having appeared within 3 (three) months after the approval of the application shall not be covered.
- 8.1.2 Serious and critical illnesses not defined in Art. 6.1.1 to 6.1.11 are not covered by the Insurance.

8.2 Furthermore, the Insurance shall not cover critical illness or disability, which concern, are due to or are incurred as a result of:

- a) any Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS),
- b) abuse of alcohol, drugs and/or medicines,
- c) intentional self-inflicted bodily injury,
- d) 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 services operations (whether war has been declared or not),
- e) nuclear reactions or radioactive fallout,
- f) deliberate participation in any illegal or criminal act,
- g) illness or condition where objective signs of the presence of injury or disease cannot be documented by the assessment performed by a medical physician, e.g. where the complaints are of mere subjective character,
- h) failure to follow medical advise,
- i) any form of aerial flight other than as a fare-paying passenger on a regular public airline,
- j) Participation in or training for scuba-diving, climbing or mountaineering, any form of racing other than by foot, professional sports or other hazardous pursuits or pastimes.

8.3 Children shall not be covered if a critical illness is caused by intentional injury inflicted by a parent, a legal guardian or policyholder, or if the injury is instigated by a parent, a legal guardian or policyholder, or in the event of failure by a parent, a legal guardian or policyholder to render assistance, either directly or indirectly.

ART. 9 PAYMENT OF PREMIUM

- 9.1 Premiums are determined by the Company and shall be payable in advance. The Company adjusts the premiums once a year as from the anniversary date on the basis of changes in the cover and/or the loss experience in the insurance class during the previous calendar year.
- 9.2 The premium is based on age and smoking habits. The premium will be adjusted on the first due date after the insured's birthday.
- 9.3 The initial pro rata premium shall fall due on the date of commencement. Subsequent payments shall follow the terms of the IHI health insurance policy.
- 9.4 The policyholder shall be responsible for punctual payment to the Company and, if a premium is not received by the Company within the 10 (ten) days grace period at any premium due date, the Company's liability shall cease.

ART. 10 ASSIGNMENT, CANCELLATION AND EXPIRY

- 10.1 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.
- 10.2 The Insurance is automatically renewed on each policy anniversary until:
- the age of 65 (sixty-five) years, or
 - the end of the policy terms, or
 - the death of the insured, or
 - the insurance sum has been paid out, or
 - cancellation of the IHI health insurance.
- 10.3 The Insurance can be cancelled by the policyholder as from the anniversary date with 1 (one) month's notice.
- 10.4 The Company can stop or suspend an insurance product at 3 (three) months' notice prior to the policy anniversary.
- 10.5 Where, upon taking out the Insurance or subsequently, the policyholder or the insured has fraudulently changed original documents or 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.

- 10.6 Where, upon taking out the Insurance or subsequently, the policyholder or the insured has disclosed incorrect information, the insurance contract shall be void, and the Company shall not be liable if the Company would not have accepted the Insurance if the correct information had been disclosed. If the Company would have accepted the Insurance but on other terms, the Company shall be liable to the extent to which the Company would have undertaken the obligations in accordance with the agreed premium.
- 10.7 Where, upon taking out the Insurance, the policyholder or the insured neither knew nor should have known that the information disclosed by him/her was incorrect, the Company shall be liable as if such incorrect information had not been disclosed.
- 10.8 Upon expiry of the Insurance, the Company's liability shall cease.

ART. 11 DISPUTES, VENUE, ETC.

- 11.1 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 K, Denmark (The Insurance Appeals Board).

GLOSSARY

Accident: an accident shall be defined as 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.

Anniversary date: the renewal of the Insurance.

Applicant: a person named on the Application Form as an applicant for the Insurance.

Application: the Application Form.

Commencement date: the date indicated in the policy schedule on which the Insurance commences, unless otherwise stated in the Policy Conditions.

Documents: any written information related to the Insurance including original bills, policy schedules and the like.

Hospitalisation: surgery or medical treatment in a hospital or clinic as an inpatient when it is medically necessary to occupy a bed overnight.

IHI health insurance: the Insurance under which the insured can obtain reimbursement for medical and/or dental expenses.

Insurance: the Policy Conditions and policy schedule representing the insurance contract with the Company and setting out the scope terms of the Insurance, the premium payable and reimbursement rates.

Insurance sum: the maximum amount of money which will be paid after one of the covered illnesses has been diagnosed or one of the covered surgeries has been performed.

Insured: the policyholder and all other insured persons as listed in the valid policy schedule.

Physical Report: a Form which is obtained by contacting the Company. The Form must be filled in by a General Practitioner and submitted to the Company. Expenses hereto shall be paid by the applicant cf. Art. 1.5.

Place of Treatment: the institution, hospital or clinic where certified medical examination or treatment is normally performed.

Policy Conditions: the terms and conditions of the insurance purchased.

Policyholder: the person identified as the policyholder on the Application Form

Policy schedule: policy details showing the type of insurance purchased, annual premium and any special terms.

Special terms: restrictions, limitations or conditions applied to the Company's standard terms as detailed in the policy schedule.

Standard terms: the Company's standard insurance terms with no special restrictions, limitations or conditions.

Surgery: a surgical treatment/intervention, which does not include endoscopies and scannings even though these examinations require anesthesia.

Treatment: any treatment and or therapeutic actions performed by a certified doctor, specialist, physiotherapist or chiropractor. In order for the treatment to be accepted, it must be accepted as a normal, medical practice within the medical community.

Waiting period: a period of time from the commencement date where the Insurance provides no cover.

Valid from 1. 1. 2005

E.&O.E.

DENMARK - HEAD OFFICE

International Health Insurance danmark a/s
Palaegade 8, DK-1261 Copenhagen K
Denmark

Telephone: +45 33 15 30 99
Fax: +45 33 32 25 60
E-mail: ihl@ihl.com

RESPONSE CENTER

International Health Insurance danmark a/s
Palaegade 8, DK-1261 Copenhagen K
Denmark

Opening hours:
08:00 a.m. – 08:00 p.m. on weekdays.
Telephone: +45 70 23 23 13
Fax: +45 33 32 25 60
E-mail: response@ihl.com

SPAIN

International Health Insurance danmark a/s
Edif. Tres Coronas, Portal D, Apt. 202
Avda. Clemente Diaz Ruiz, 4
E-29640 Fuengirola (Málaga), Spain

Telephone: +34 952 47 12 04
Fax: +34 952 47 12 08
E-mail: spain@ihl.com

FRANCE

International Health Insurance danmark a/s
Nice-Etoile, 30, Avenue Jean Médecin
F-06000 Nice, France

Telephone: +33 (0)4 92 17 42 42
Fax: +33 (0)4 92 17 42 44
E-mail: france@ihl.com

ISLE OF MAN

International Health Insurance danmark a/s
1, Sydney Mount, Douglas
Isle of Man IM1 3DB, British Isles

Telefon: +44 1624 677 412
Fax: +44 1624 675 856
E-mail: iom@ihl.com

UNITED KINGDOM

International Health Insurance danmark a/s
34, Bedford Row
London WC1R 4JH, United Kingdom

Telephone: +44 (0) 20 7611 7930
Fax: +44 (0) 20 7611 7940
E-mail: uk@ihl.com

USA - FLORIDA, CORAL GABLES

International Health Insurance danmark a/s
Two Alhambra Plaza, Suite 802
Coral Gables, Florida 33134
USA

Telephone: +1 (305) 476-9200
Fax: +1 (305) 476-1700
E-mail: us@ihl.com

BOLIVIA

International Health Insurance danmark - Bolivia S.A.
Av. San Martin No. 1800
Edificio Tacuaral, Oficina 203
Equipetrol
Santa Cruz, Bolivia

Telephone: +591 3 3412842 / +591 3 3412841
Fax: +591 3 3412832
E-mail: bolivia@ihl.com

HONG KONG

International Health Insurance danmark a/s
Unit 506, 5/F, Tower II, Admiralty Centre
18 Harcourt Road, Hong Kong

Telephone: +852 2529 2723
Fax: +852 2529 2725
E-mail: hongkong@ihl.com

JAPAN - REPRESENTATIVE OFFICE

International Health Insurance danmark a/s
Kokaji Building 2F, 3-62-1 Sendagaya, Shibuya-ku
Tokyo 151-0051, Japan

Telephone: +81 3 34 05 07 94
Fax: +81 3 34 05 12 94
E-mail: info@ihidanmark.jp

24-HOUR EMERGENCY SERVICE

TELEPHONE: +45 33 15 33 00
E-MAIL: EMERGENCY@IHI.COM
WWW.IHI.COM

Reg. No. CVR 88076516



International
Health
Insurance
danmark a/s