



IHI GLOBAL 1

2004 • EUR/USD

YOUR HEALTH ABOVE ALL



YOUR INSURANCE GUIDE



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MORE BENEFITS, FEW EXCLUSIONS

International Health Insurance danmark a/s (IHI) is a Danish Company registered in Copenhagen, specialising in international medical insurance.

IHI – A COMPANY YOU CAN TRUST

IHI has provided international medical insurance to clients of all nationalities for more than 30 years. Today more than 200,000 private and corporate customers in over 190 countries rely on IHI.

You can feel safe knowing that IHI is a financially sound Company. We are regulated by the strict standards set by the Danish Insurance Contracts Act and the European Supervision Authorities. In addition, our re-insurer, General Cologne Re, is among the largest and highest rated re-insurance enterprises in the world.

With IHI Global 1 you can relax in the knowledge that wherever you are living or travelling, you and your family will have the best health care and support, whenever you need it:

- Worldwide cover with complete freedom of choice concerning specialists, hospitals, etc., (excluding cover in USA and Canada)
- 24-hour Emergency Service – you can contact us at any time on telephone +45 33 15 33 00
- Full cover regardless of your job, leisure interests or sports activities
- Access to IHI's respected medical consultants for advice or second opinions
- Access to a broad range of online services enabling you to manage your policy on our website

YOUR COVER OPTIONS

Health insurance requirements differ from country to country, and everyone has individual needs depending on their age and occupation. IHI Global 1 offers you freedom, based on the most comprehensive medical benefits, providing cover during stays abroad as well as in the country where you reside.

With IHI Global 1 you also have a choice when it comes to the actual cover. Depending on your needs, your cover can be further increased with Medical Evacuation & Repatriation Cover and/or the Dental Cover. Below is an overall description of your options. You will find a detailed description in the List of Reimbursements on pages 9-11.

IHI Global 1 provides 100% coverage for hospitalisation and outpatient treatment, such as General Practitioners, specialists, therapists and medicine expenses are covered 100% up to an annual maximum. The overall annual maximum cover is EUR 1,500,000 / USD 1,800,000.

The optional Medical Evacuation & Repatriation covers transportation to a qualified place of treatment or back to your home country if you have a serious illness or injury. For instance, we will cover expenses for transportation by aeroplane or helicopter. This option also covers expenses for an accompanying person.

The Dental Cover gives you free choice of dentist. Expenses for dental care are reimbursed 100%. The annual insurance sum is EUR 1,000 / USD 1,200.

IHI CRITICAL ILLNESS AND IHI PERSONAL ACCIDENT COVERS

IHI Critical Illness provides you with a cash sum if you are diagnosed with or undergo surgery for a major critical illness, such as heart attack or cancer.

IHI Personal Accident provides a cash sum in the event of an accident resulting in e.g. the loss of an arm or leg, loss of sight, loss of the use of a hand or foot, death, etc.

Full details of the conditions covered are described in separate brochures. The cash sum can be used for any purpose; e.g. supplement any loss in your income while you recover, or finance any changes you may need to make to your home or car following the accident / illness.

CHOICE OF DEDUCTIBLE

A deductible is the amount payable by you before the insurance comes into effect. We offer a range of deductible options to help you reduce the premium. There is only one annual deductible per person per policy year. The premium level is determined by the deductible chosen - the higher the deductible, the lower the premium. Please see the premium table for further details.

If you choose to take out the Optional Dental Cover, there is a separate deductible of EUR 300 / USD 360 for dental treatment.

In case of an accident involving three or more insured family members, only the highest deductible will apply. This benefit has been implemented to ease the financial burden on clients who may already be in a difficult situation.

IHI OPTIMYSE – YOUR HEALTH PROGRAMME

In IHI we believe that prevention is better than cure. We therefore offer you, as our customer, a free tool to help you maintain and improve your health.

On www.ihl.com you can gain access with your personal password to your own private page – myPage” – and a number of IHI advantages and services:

- Free doctors’ consultations: IHI’s medical consultants answer your questions about both general and specific health issues and treatments. The medical consultants can also provide a second opinion or advice and assistance in a medical emergency
- Advice on choice of hospital or clinic
- The opportunity to manage your policy online: pay your premium, see your last three claims and make changes to your policy
- A personal log where you can save all your personal health details
- Country specific information, and advice and information about safety, health and vaccinations
- The opportunity to participate in the IHI Bonus Programme. You can achieve discounts on your insurance premium and other bonuses through developing a Health Plan in conjunction with our medical consultants, and adhering to the plan. In order to participate, all you need to do is to complete an IHI Bonus Questionnaire which can be downloaded under “myPage” or ordered from our Response Center. All information in the questionnaire will be treated with confidentiality and will not have any effect on the terms under which your insurance is taken out

All services and benefits are subject to the specific and general terms and conditions. For more information, please refer to “Disclaimers” on www.ihl.com.



IF YOU NEED HELP

24-HOUR SERVICE

You can contact IHI at any time of day or night, 24 hours a day, 7 days a week, 365 days a year. Our 24-hour Emergency Service is staffed by multilingual IHI staff with an in-depth knowledge of your plan.

They will help you in a crisis situation, regardless of where you are in the world and of the time of day you need help. You can send an e-mail or call us – we also accept reverse charge calls.

For inquiries related to your policy e.g. change of address, please note that our normal office hours in Denmark are from Monday to Friday from 08.00 to 22.00 (Central European Time). However, you can always contact IHI at any time of day.

24-HOUR EMERGENCY SERVICE

Tel.: +45 33 15 33 00

e-mail: emergency@ihi.com

THE INSURANCE CARD

All insured receive a personal insurance card. You should always carry the card with you.

On the back of the card, you will find information on how to contact IHI – including our 24-hour Emergency Service.

HOW IS THE PREMIUM PAID?

If you have not given your credit card information in the Application Form, we will send you a premium notice. As IHI must receive payment before the cover can start, we advise you to pay the premium within 30 days. You can choose between the following payment options:

- Online credit card payment via www.ihi.com
- International Credit Card: American Express, VISA, Eurocard/MasterCard, JCB or Diners
- International cheque issued to International Health Insurance danmark a/s
- International transfer to our bank account:
Danske Bank A/S, Holmens Kanal 12,
DK-1092 Copenhagen K, Denmark
EUR Account No.: 4310 021 385
IBAN: DK4730004310021385
USD Account No.: 4451 115 014
IBAN: DK1230004451115014
BIC / S.W.I.F.T: DABADKKK

Regardless of how you pay, we ask you to always state your policy number.

COVER OF YOUR EXPENSES

WAITING PERIODS

In the event of an acute, serious illness or injury, the cover will come into force immediately from the policy commencement date. Under other circumstances, there will be a waiting period of 4 weeks from the policy commencement date – subject to the following exceptions:

- If you switch to IHI from another equivalent international health insurance plan with another company, the cover will come into force immediately on the policy commencement date
- The waiting period is 12 months in connection with pregnancy and childbirth and consequences thereof, including cover the first 28 days of life for newborn babies
- The waiting period is 24 months for psychiatric treatment
- The waiting period for expenses incurred in connection with routine dental treatment and special dental treatment is 6 months and 12 months, respectively

HOSPITAL TREATMENT

IHI has worked for many years with hospitals throughout the world and is therefore thoroughly aware of the practical circumstances that must be in place prior to a hospital admission. If you wish, we can take care of the details in connection with planned or non-acute admissions.

In the event of emergency admission, we should be notified as soon as possible in order to avoid misunderstandings about the insurance cover. You are required to state the date of admission, diagnosis, treatment and expected date of discharge.

We can issue a payment guarantee – matched to the cover selected by you. The bill can then be sent directly to us, enabling you to concentrate on getting better.

Expenses in connection with the notification of hospital admission will be refunded by IHI (e.g. your call to IHI from another country).

OTHER TREATMENT

To claim reimbursement for expenses for outpatient treatment, such as a bill from a specialist, doctor or dentist, you can send the bill to any of our addresses which can be found at the back of the brochure.


You just need to fill in the claim form and send it to IHI together with the original, paid, receipted and clearly itemised bills. Physicians' bills should also include a diagnosis and bills for medicines must be accompanied by the corresponding prescriptions.

MEDICAL EVACUATION & REPATRIATION COVER

If you have extended your insurance to cover Medical Evacuation & Repatriation, your policy will cover expenses in connection with medical transport if the treatment required is not available at your location.

In all circumstances, you must inform us before the transport is commenced, either directly or through the attending physician. The optional Medical Evacuation & Repatriation Cover must be preapproved by IHI. In consultation with the attending physician, our medical consultants will choose an alternative place of treatment.

Please remember to state your policy number in all correspondence with IHI.



*Do you want to know
more?*

*Please feel free to call
+45 33 15 30 99
or visit www.ihl.com*

LIST OF REIMBURSEMENTS

VALID FROM 1.1.2004

Please note that the List of Reimbursements is part of the Policy Conditions.

Reimbursements will not in any event exceed the following amounts or the overall annual maximum cover per person per policy year of EUR 1,500,000 / USD 1,800,000.

All amounts are in EUR or USD

	EUR	USD
Maximum cover, per person per policy year.	1,500,000	1,800,000
Hospitalisation	EUR	USD
Hospital accommodation	Full cover	Full cover
Intensive care room	Full cover	Full cover
Parent accommodation whilst an insured child under the age of 18 is in hospital	Full cover	Full cover
Surgery	Full cover	Full cover
Anesthesia	Full cover	Full cover
Medical treatment, laboratory tests, X-rays	Full cover	Full cover
Medicine treatment during a stay in hospital	Full cover	Full cover
Chemotherapy and radiation for treatment of cancer	Full cover	Full cover
Prostheses, corrective devices and medical appliances which are medically required and implanted during surgery as a permanent part of the body	Full cover	Full cover
Organ transplant, per diagnosis all included <i>Only human organs. The procurement of the organ must be preapproved by IHI</i>	Full cover	Full cover
Acute emergency dental treatment due to serious accident requiring hospitalisation	Full cover, up to 600 per year	Full cover, up to 720 per year
Psychiatric treatment <i>For treatment received as in-patient or as day-case at a hospital, the insurance will only provide cover for a lifetime max. of 90 days of treatment</i>	Full cover	Full cover
Day-case treatment in hospital/clinic	EUR	USD
Outpatient surgery in hospital/clinic	Full cover	Full cover
1-day presurgical examination in connection with a scheduled surgery	Full cover	Full cover
Emergency room treatment in connection with acute illness or accident	Full cover	Full cover
Chemotherapy, radiation and dialysis	Full cover	Full cover
Psychiatric treatment <i>For treatment received as in-patient or as day-case at a hospital, the insurance will only provide cover for a lifetime max. of 90 days of treatment</i>	Full cover	Full cover
Emergency ground ambulance transport Medically prescribed transport on ground by ambulance to and from hospital	Full cover	Full cover
Maternity cover/childbirth	EUR	USD
Delivery (routine or complicated) all inclusive. Max. per pregnancy (Pre- and postnatal treatment included)	Full cover, up to 6,000	Full cover, up to 7,200
Cover for congenital and hereditary conditions*	Yes	Yes

* cf. Art. 6.1.1 and 6.1.2 in the Policy Conditions

Cover for newborn children	EUR	USD
Treatment during the first 28 days of life, if the mother of the child has been insured by the Company for the previous 12 months prior to the delivery	Up to 40,000, including cover for treatment of congenital or hereditary diseases	Up to 48,000, including cover for treatment of congenital or hereditary diseases
Expenses covered under Cover for newborns are reimbursed according to the maximum rates for each service stated in the List of Reimbursements		
Home nursing	EUR	USD
Medically prescribed home nursing by a registered nurse following hospitalisation Must be preapproved by IHI	Up to 95 per day, all inclusive. Up to 40 days per year	Up to 115 per day, all inclusive. Up to 40 days per year
Hospital Cash Benefit	EUR	USD
If room, board and treatment are received free of charge Up to 20 nights per policy year Must be preapproved by IHI	110 per night	130 per night
Outpatient treatment	EUR	USD
Medical specialists, physiotherapist, chiropractor, osteopath, acupuncturist, psychiatrists, radiology, pathology, ECG, diagnostic tests	Full cover, up to 5,000 per year	Full cover, up to 6,000 per year
Family doctor, prescribed drugs and appliances	Full cover, up to 950 per year	Full cover, up to 1,140 per year
Scans, CT-scan, MRI scans	Full cover	Full cover
Chemotherapy and radiation for treatment of cancer	Full cover	Full cover
Outpatient surgical interventions	Full cover	Full cover

IHI OPTIMYSE

IHI Optimyse		
Access to IHI's medical consultants: general advice and second opinions	Free	Free
Online services, such as the possibility of administrating your policy online	Free	Free
Access to a range of health related information and the IHI Bonus Programme	Free	Free

OPTIONAL COVERS: MEDICAL EVACUATION & REPATRIATION

Medical Evacuation	EUR	USD
Transportation expenses by aeroplane or helicopter	Full cover	Full cover
Accompanying person	Full cover	Full cover
Return journey to residential address abroad within 3 months after completion of treatment	Full cover	Full cover
Repatriation	EUR	USD
Transportation expenses by aeroplane or helicopter	Full cover	Full cover
Accompanying person	Full cover	Full cover
Return journey to residential address abroad within 3 months after completion of treatment	Full cover	Full cover
Statutory arrangements in case of death, such as embalming and zinc coffin Transportation of the urn/coffin	Full cover	Full cover
Expenses are covered up to the overall annual insurance sum of your policy. In all circumstances, IHI must be notified before the transport takes place, either directly or through the attending physician		

DENTAL COVER

A deductible of EUR 300 / USD 360 will apply to the Dental Cover per person per policy year.

Maximum cover, per person per policy year	EUR 1,000	USD 1,200
Routine Dental Treatment		
Examination Tooth-cleaning Individual preventative treatment Fillings Root treatments Tooth extraction Surgery X-ray, simple and panoramic Emergency treatment Local anesthesia Occlusion bar Retaining pivots, root screws and pivots Prescription Special assistance	100% cover	100% cover
Special Dental Treatment		
Gold jacket, porcelain crowns, etc. Gold inlay, pivot teeth, plastic crowns Build-up and recementation Temporary crowns and implants	100% cover	100% cover
Bridgework		
Bridgework and repairs		
Treatment of periodontitis		
Treatment of gingivitis and periodontitis, preventative treatment included		
Root scaling		
Periodontal surgery and membrane treatment		
Tooth adjustment		
Dentures		
Dentures and repairs		

CRITICAL ILLNESS AND PERSONAL ACCIDENT COVERS

IHI Critical Illness	EUR	USD
Cover for 11 critical illnesses and surgeries. You can choose between the following 4 insurance sums	25,000 50,000 75,000 100,000	25,000 50,000 75,000 100,000
<i>Please refer to the separate Policy Conditions regulating the IHI Critical Illness</i>		
IHI Personal Accident	EUR	USD
Cover for accidental disablement and death. You can choose between the following 3 insurance sums	50,000 100,000 150,000	50,000 100,000 150,000
<i>Please refer to the separate Policy Conditions regulating the IHI Personal Accident</i>		

In accordance with the Danish Insurance Contracts Act

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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 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 recurring disease, illness, injury, bodily infirmity or physical disability, and the applicant must not have attained 70 (seventy) years of age at the time of acceptance.
 - 1.2.1 If the conditions in Art. 1.2 are not met 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 Children shall only be covered if one of the parents is insured under the same policy schedule.
- 1.4 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 the obligation to notify the Company of such change immediately.

ART. 2 DATE OF COMMENCEMENT

- 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.

ART. 3 WAITING PERIODS IN CONNECTION WITH NEW INSURANCE CONTRACTS AND EXTENSION OF COVER

- 3.1 When a new insurance contract is entered into, the right to reimbursement under the new insurance contract shall only take effect 4 (four) weeks after the date of commencement of the Insurance.
 - 3.1.1 In the event of acute serious illness and serious injury, the right to reimbursement shall, however, take effect concurrently with the date of commencement of the Insurance.
 - 3.1.2 In addition to Art. 3.1, the waiting periods listed below shall apply for the insurance contract:
 - a) For expenses incurred in connection with pregnancy and childbirth and consequences thereof, the right to reimbursement shall only take effect 12 (twelve) months after the date of commencement of the Insurance, and only if both parents are covered under the Insurance and have reached the age of 18 (eighteen) at the time of birth of the child.
 - b) During the first 28 (twenty-eight) days of life, expenses incurred in connection with treatment of a newborn child shall only be reimbursed if one of the parents have been insured with the Company for a period of 12 (twelve) months prior to the birth of the child.
 - c) Psychiatric treatment received as day-case or as inpatient at a hospital or as outpatient treatment shall only be covered if the Insurance has been in force for 24 (twenty-four) months.
 - d) For expenses incurred in connection with routine dental treatment and special dental treatment, the right to reimbursement shall only take effect after 6 (six) months and 12 (twelve) months, respectively, after the date of commencement of the Insurance.

- 3.2 The Insured may change his/her insurance cover to another type of cover as from a policy anniversary by giving one month's written notice to the Company and subject to proof of insurability according to Art. 1.

ART. 4 WHO IS COVERED BY THE INSURANCE?

- 4.1 The Insurance shall cover the insured person(s) named in the policy schedule, including children registered therein.
- 4.2 An Application Form must be submitted for newborn and adopted children within 1 (one) month after the birth or adoption of the child.
- 4.2.1 The Insurance shall automatically cover expenses for treatment during the first 28 (twenty-eight) days of life of a newborn child, cf. Art. 3.1.2 b).

ART. 5 WHERE IS COVER PROVIDED?

- 5.1 The Insurance shall provide worldwide cover. However, the Insurance shall not provide cover for treatment - including Emergency Treatment - received in the USA or Canada.

ART. 6 WHAT IS COVERED BY THE INSURANCE?

- 6.1 The Insurance shall cover the medical expenses incurred by the Insured in accordance with the chosen cover and the applicable reimbursement rates. The valid reimbursement rates are stated in the List of Reimbursements.
- 6.1.1 The Insurance shall cover expenses incurred in connection with congenital and hereditary conditions, when the condition has been diagnosed after the commencement of the Insurance and only if the policyholder and/or the Insured neither knew nor should have known about the conditions at the time of commencement of the Insurance.
- 6.1.2 The Insurance shall cover expenses incurred in connection with congenital and hereditary conditions if the expenses are incurred during the first 28 (twenty-eight) days of life of a newborn child in accordance with Art. 3.1.2 b). Also cf. Art. 6.1.1.
- 6.2 Reimbursements shall be paid following the Company's approval of the expenses as being covered by the Insurance after the original, receipted and itemised bills, provided with the policy number, have been submitted to the Company.
- 6.3 If a deductible has been chosen, the reimbursements will be paid once the reimbursable expenses have met the Insured's annual deductible. The deductible chosen shall be reduced with amounts not exceeding the maximum rates specified in the valid List of Reimbursements. The deductible shall apply per person per policy year.
- 6.3.1 In case of accident where 3 (three) or more family members insured with the Company are involved, only the highest deductible is applied.
- 6.4 Physicians, specialists, dentists, etc. performing the treatment must have authorisation in the 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.

- 6.5 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 an obligation to repay the Company the excess amount immediately, otherwise the Company will set off the excess amount in any other account between the Insured and the Company.
- 6.6 Reimbursements shall be limited to the usual, customary and reasonable charges in the area or country in which the treatment is provided.
- 6.6.1 On request from the policyholder, the Company will inform what it considers usual, customary and reasonable charges for treatment of a specific diagnosis in the area or country in which the treatment will be provided.
- 6.7 Any discount, which has been negotiated directly between the Company and providers, will be specifically used by the Company for the overall benefit of the insured persons within the insurance product as a whole.
- 6.8 Any ex-gratia payments are at the Company's discretion. If the Company makes a payment to which the Insured is not entitled under the Insurance, this will still count toward the annual maximum cover per person per policy year.

ART 7 MEDICAL EVACUATION & REPATRIATION COVER

- 7.1 If the Insurance has been extended to include the Medical Evacuation & Repatriation Cover (see the policy schedule), the special terms listed below shall also apply:
 - 7.1.1 The Medical Evacuation & Repatriation Cover can only be taken out as a supplement to the health insurance.
 - 7.1.1.2 Expenses incurred in connection with the Medical Evacuation & Repatriation Cover shall be included in the overall annual maximum cover.
 - 7.1.2 Reimbursements shall be paid for reasonable expenses incurred for the Insured's Medical Evacuation or Repatriation in the event of acute serious illness, serious injury or death in accordance with the applicable reimbursement rates as stated in the List of Reimbursements.
 - 7.1.3 Cover shall be provided subject to the attending 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 home country or to the nearest suitable place of treatment, and only if no qualified treatment can be obtained locally.
 - 7.1.4 The Insurance shall only cover reasonable and necessary transportation expenses for one person accompanying the Insured upon approval by the Company.
 - 7.1.5 The Medical Evacuation & Repatriation Cover shall only apply if the illness is covered under the Insurance.
 - 7.1.6 Only one transportation is covered in connection with one course of an illness.
 - 7.1.7 In the event that the Insured is evacuated for the purpose of receiving treatment, he/she and the accompanying person, if any, shall be reimbursed for the expenses for a return journey to the Insured's place of residence. The return journey shall be made within 3 (three) months after treatment has been completed. Cover shall only be provided for travelling expenses equivalent to the cost of an aeroplane ticket in economy class, as a maximum.

- 7.1.8 In the event that the Insured has received treatment covered by the Insurance, but has now reached the terminal phase, he/she and the accompanying person, if any, shall be reimbursed for the expenses of the return journey to the Insured's place of residence.
- 7.1.9 In the event of death, expenses shall be reimbursed for home transportation of the deceased and for statutory arrangements such as embalming and a zinc coffin.
- 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.
- 7.1.10 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 DENTAL COVER

- 8.1 If the Insurance has been extended to include the Dental Cover (as stated on your policy schedule), the special terms listed below shall also apply:
- 8.1.1 The Dental Cover can only be taken out as a supplement to the health insurance.
- 8.1.1.2 Expenses incurred in connection with dental treatment shall in no event exceed the maximum cover stated in the List of Reimbursements.
- 8.1.2 The Dental Cover shall cover the Insured's expenses for dental treatment and appliances in accordance with the applicable reimbursement rates as stated in the List of Reimbursements.
- 8.1.3 Any bill for expenses incurred by dental treatment shall be reported by submitting the original, receipted and itemised bills provided with the policy number to the Company.

ART. 9 EXCEPTIONS FOR REIMBURSEMENT

- 9.1 The Insurance shall not cover medical expenses incurred for any disease, illness or injury known to the policyholder and/or the Insured at the time of application, unless agreed upon with the Company.
- 9.2 Furthermore, the Company shall not be liable to pay reimbursement for expenses which concern, are due to or are incurred as a result of:
- 1) cosmetic surgery and treatment unless medically prescribed and approved by the Company,
 - 2) obesity surgery,
 - 3) venereal diseases, AIDS, AIDS-related diseases and diseases relating to HIV antibodies (HIV positive). However, diseases relating to AIDS and HIV antibodies (HIV positive) are covered, if provable caused by a blood transfusion received after the commencement of the policy. The HIV-virus will also be covered if provable contracted as the result of an accident occurring during the course of a normal occupation. The Insured shall notify the company within 14 (fourteen) days after such accident and provide at the same time a negative HIV antibody test,
 - 4) abuse of alcohol, drugs and/or medicines,
 - 5) intentional self-inflicted bodily injury,

- 6) contraception, including sterilisation,
- 7) induced abortion unless medically prescribed,
- 8) any kind of fertility test and/or treatment, including hormone treatment or examinations and any procedures related hereto, including expenses for pregnancy, prenatal and postnatal treatments of the newborn child/children,
- 9) treatment of sexual dysfunction,
- 10) any kind of care which is not part of a medical or surgical treatment, including stays in nursing homes,
- 11) treatment by naturopaths or homoeopaths and naturopathic or homoeopathic medications and other alternative methods of treatment,
- 12) health certificates,
- 13) treatment of diseases during military service,
- 14) 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,
- 15) nuclear reactions or radioactive fallout,
- 16) treatment performed by the Insured, his/her spouse, parents or children or an enterprise owned by one of the aforesaid persons,
- 17) epidemics which have been placed under the direction of public authorities,
- 18) treatment by a psychologist,
- 19) hospital accommodation if it is used for any of the following purposes:
 - convalescence, rehabilitation, supervision, or any purpose other than for receiving treatment covered under the insurance
 - receiving general care, pain management or any support usually obtained in a hospice or other residence for the terminally ill, which is not active treatment of a disease, illness or injury
 - artificial life maintenance
 - receiving general nursing care or any other services which could have been provided in a nursing home or in any other establishment which is not a hospital
- 20) deafness or speech disorders,
- 21) organ transplant involving mechanical or animal organs, or expenses related to the procurement of a donor. Furthermore, the Company shall not be liable to pay reimbursement for bone marrow transplantation of any kind,
- 22) correction of eyesight, including spectacles, contact lenses and laser procedures. However, the Company will cover expenses for correction of eyesight if needed due to an injury,
- 23) learning difficulties, behavioral and development problems,

- 24) purchase or rental of physical aid equipment and devices,
- 25) hormone replacement therapy,
- 26) foetal surgery, defined as surgery undertaken on an unborn child,
- 27) preventive treatment, such as health screening, routine health checks, vaccination or any other preventive treatment,
- 28) sleep disorders, such as treatment for snoring or apnea,
- 29) professional sports,
- 30) menopause, ageing, puberty or pre-menstrual tensions,
- 31) chronic conditions. However, the Company will cover expenses for treatment of the chronic condition if it has flared up, and treatment is likely to lead quickly to a complete recovery or restoring to the previous state of health,
- 32) dialysis. However, there will be cover for expenses for kidney dialysis if needed in immediate connection with a kidney transplant, or if needed due to kidney failure in connection with illness or injury affecting other parts of the body.

ART. 10 HOW TO REPORT A CLAIM

- 10.1 A fully completed claim form must be submitted to the Company in respect of each and every claim. The claim form must be completed and signed by the insured and accompanied by the original itemised bills and receipts for the treatment received. Photocopies shall not be regarded as acceptable documentation.
 - 10.1.1 A copy of the prescription must accompany any bill for medicine.
- 10.2 Any claim shall be reported to the Company immediately and not later than 3 (three) months after the circumstances underlying the claim have become known to the Insured.
 - 10.2.1 Complaints regarding the Company's claims handling shall be filed not later than 30 (thirty) days after receipt of the amount of reimbursement.
- 10.3 The Company shall be notified immediately of any stays in hospital, and such notification must include the physician's diagnosis. All notifications should be made by telephone, fax or e-mail; the Company shall defray all expenses incurred in this connection.

ART. 11 COVER BY THIRD PARTIES

- 11.1 Where there is cover by another insurance policy or healthcare plan, this must be disclosed to the Company when claiming reimbursement.
- 11.2 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.
- 11.3 If the claim is covered in whole or in part by any scheme, programme or similar, funded by any Government, the Company shall not be liable for the amount covered.
- 11.4 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.

- 11.5 The policyholder and any insured person shall keep the Company fully informed and shall take any reasonable step in making a claim upon another party and to safeguard the interests of the Company.
- 11.6 In any event the Company shall have the full right of subrogation.

ART. 12 PAYMENT OF PREMIUM

- 12.1 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.
- 12.2 The premium is age-related and will therefore also be adjusted on the first due premium date after the Insured's birthday.
- 12.3 The premium depends on the region in which the Insured has his/her permanent residence, and will change if the Insured changes his/her permanent residence to a new region.
- 12.4 The initial premium shall fall due on the date of commencement. The premium can be paid annually, semi-annually or quarterly. The semi-annually and quarterly premiums are 53% and 27%, respectively, of the annual premiums.
- 12.4.1 Changes in the terms of payment can only be made at 30 (thirty) days' written notice prior to the policy anniversary.
- 12.5 There are 10 (ten) days of grace on each premium due date.
- 12.6 The policyholder shall be responsible for punctual payment of the premium 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.
- 12.7 The policyholder's attention is drawn to Art. 6.5 regarding payment of outstanding amounts.

ART. 13 INFORMATION NECESSARY TO THE COMPANY

- 13.1 The policyholder and/or the Insured shall be under the obligation to notify the Company in writing of any changes of name or address and changes in health insurance cover with another company. The Company must also be notified in the event of death of the policyholder or an Insured. The Company shall not be liable for the consequences if the policyholder and/or the Insured fails to notify it of such events.
- 13.1.1 The policyholder and/or the Insured shall notify the Company of any change of permanent residence within 30 (thirty) days of such change. cf. Art. 14.7.
- 13.2 The policyholder and/or the Insured shall be under an obligation to provide the Company with all obtainable information required for the Company's handling of the policyholder's and/or the Insured's claims against the Company.
- 13.3 In addition, the Company shall be entitled to seek information about the Insured's state of health and to contact any hospital, physician, etc. who is treating or has been treating the Insured for physical or mental illnesses or disorders. Furthermore, the Company shall be entitled to obtain any medical records or other written reports and statements concerning the Insured's state of health.

ART. 14 ASSIGNMENT, CANCELLATION AND EXPIRY

- 14.1 Without the prior written consent of the Company, no party shall be entitled to create a charge on or assign the rights under the Insurance.
- 14.2 The Insurance is renewed on each policy anniversary upon approval by the Company.
- 14.2.1 The Insurance can be cancelled by the policyholder or the Company as from the anniversary date with 3 (three) months' written notice. The Insurance shall be effective for 12 (twelve) months as a minimum.
- 14.3 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.
- 14.4 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.
- 14.5 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.
- 14.6 The Company can stop or suspend an insurance product at 3 (three) months' notice prior to the policy anniversary, and offer the Insured an equivalent insurance cover.
- 14.7 Failure to notify the Company of any change of permanent residence according to Art. 13.1.1 may lead to the cancellation of the insurance contract.
- 14.8 Upon expiry of the Insurance, the right to reimbursement shall cease. However, expenses covered under the Insurance and defrayed during the insurance period shall be reimbursed up to 3 (three) months after the expiry of the Insurance. After-effects of an injury or illness incurred during the insurance period shall not be covered after the expiry of the Insurance.

ART. 15 DISPUTES, VENUE, ETC.

- 15.1 Any disputes arising out of or in connection with the insurance contract shall be settled in accordance with Danish law (Ankenævnet for Forsikring, Anker Heegaards Gade 2, 1572 Copenhagen V, Denmark), with Copenhagen as the agreed venue.

COUNTRY LIST

Please find your country of residence in the list. The region under which your country of residence is listed, determines the premium table to choose. Please see the separate premium tables.

COUNTRY	REGION	COUNTRY	REGION	COUNTRY	REGION	COUNTRY	REGION
Afghanistan	Asia	Dominica	N/A	Luxembourg	Europe	Serbia and Montenegro	Europe
Albania	Europe	Dominican Republic	N/A	Macau	Asia	Seychelles	Africa
Algeria	Africa	East Timor	Asia	Madagascar	Africa	Sierra Leone	Africa
American Samoa	Australia/Oceania	Ecuador	N/A	Macedonia	Europe	Singapore	Asia
Andorra	Europe	Egypt	Africa	Malawi	Africa	Slovakia	Europe
Angola	Africa	El Salvador	N/A	Malaysia	Asia	Slovenia	Europe
Anguilla	N/A	Equatorial Guinea	Africa	Maldives	Asia	Solomon Islands	Australia/Oceania
Antarctica	Australia/Oceania	Erythrée	Africa	Mali	Africa	Somalia	Africa
Antigua and Barbuda	N/A	Estonia	Europe	Malta	Europe	South Africa	Africa
Argentina	N/A	Ethiopia	Africa	Marshall Islands	Australia/Oceania	Spain	Europe
Armenia	Europe	Falkland Islands	N/A	Martinique	N/A	Sri Lanka	Asia
Aruba	N/A	Faroe Islands	Europe	Mauritania	Africa	St Helena	Africa
Australia	Australia/Oceania	Fiji	Australia/Oceania	Mauritius	Africa	St Kitts and Nevis	N/A
Austria	Europe	Finland	Europe	Mexico	N/A	St Lucia	N/A
Azerbaijan	Europe	France	Europe	Micronesia	Australia/Oceania	St Pierre and Miquelon	N/A
Bahamas	N/A	French Antilles	N/A	Moldova	Europe	St Vincent and the Grenadines	N/A
Bahrain	Middle East	French Guiana	N/A	Monaco	Europe	Sudan	Africa
Bangladesh	Asia	French Polynesia	Australia/Oceania	Mongolia	Asia	Suriname	N/A
Barbados	N/A	French Southern Territories	Africa	Montserrat	N/A	Svalbard and Jan Mayen Islands	Europe
Belgium	Europe	Gabon	Africa	Morocco	Africa	Swaziland	Africa
Belize	N/A	Gambia	Africa	Mozambique	Africa	Sweden	Europe
Benin	Africa	Georgia	Europe	Myanmar	Asia	Switzerland	Switzerland
Bermuda	Australia/Oceania	Germany	Europe	Namibia	Africa	Syrian Arab Republic	Middle East
Bhutan	Asia	Ghana	Africa	Nauru	Australia/Oceania	Taiwan	Asia
Bolivia	N/A	Gibraltar	Europe	Nepal	Asia	Tajikistan	Asia
Bosnia-Herzegovina	Europe	Greece	Europe	Netherlands	Europe	Tanzania, United Republic of	Africa
Botswana	Africa	Greenland	Europe	Netherlands Antilles	N/A	Thailand	Asia
Bouvet Island	Africa	Grenada	N/A	New Caledonia	Australia/Oceania	Togo	Africa
Brazil	N/A	Guadeloupe	N/A	New Zealand	Australia/Oceania	Tokelau	Australia/Oceania
British Indian Ocean Territory	Asia	Guam	Asia	Nicaragua	N/A	Tonga	Australia/Oceania
British Virgin Islands	N/A	Guatemala	N/A	Niger	Africa	Trinidad and Tobago	N/A
Brunei Darussalam	Asia	Guinea	Africa	Nigeria	Africa	Tunisia	Africa
Bulgaria	Europe	Guinea-Bissau	Africa	Niue	Australia/Oceania	Turkey	Europe
Burkina Faso	Africa	Guyana	N/A	Norfolk Islands	Australia/Oceania	Turkmenia	Asia
Burundi	Africa	Haiti	N/A	Northern Mariana Islands	Australia/Oceania	Turkmenistan	Asia
Byelorussia	Europe	Heard and McDonald Islands	Australia/Oceania	Norway	Europe	Turks and Caicos Islands	N/A
Cambodia	Asia	Honduras	N/A	Oman	Middle East	Tuvalu	Australia/Oceania
Cameroon	Africa	Hong Kong	Hong Kong	Pakistan	Middle East	Uganda	Africa
Canada	N/A	Hungary	Europe	Panama	N/A	Ukraine	Europe
Cape Verde	Africa	Iceland	Europe	Papua New Guinea	Australia/Oceania	United Arab Emirates	Middle East
Cayman Islands	N/A	India	Middle East	Paraguay	N/A	United Kingdom	Europe
Central African Republic	Africa	Indonesia	Asia	Peru	N/A	United States	N/A
Chad	Africa	Iran	Middle East	Philippines	Asia	Uruguay	N/A
Channel Islands	Europe	Iraq	Middle East	Pitcairn	Australia/Oceania	Uzbekistan	Asia
Chile	N/A	Ireland	Europe	Poland	Europe	Vanuatu	Australia/Oceania
China (excl. Hong Kong)	Asia	Isle of Man	Europe	Portugal	Europe	Vatican City State	Europe
Christmas Island	Asia	Israel	Middle East	Puerto Rico	N/A	Venezuela	N/A
Cocos (Keeling)	Asia	Italy	Europe	Qatar	Middle East	Vietnam	Asia
Colombia	N/A	Jamaica	N/A	Réunion	Africa	Virgin Islands (U.S.)	N/A
Comoros	Africa	Japan	Asia	Romania	Europe	Wallis and Futuna Islands	Australia/Oceania
Congo	Africa	Jordan	Middle East	Russia	Asia	Western Sahara	Africa
Cook Islands	Australia/Oceania	Kazakhstan	Asia	Rwanda	Africa	Yemen Arab Republic	Middle East
Costa Rica	N/A	Kenya	Africa	Samoa	Australia/Oceania	Zaire	Africa
Côte D'Ivoire	Africa	Kiribati	Australia/Oceania	San Marino	Europe	Zambia	Africa
Croatia	Europe	Korea, North	Asia	Saudi Arabia	Middle East	Zimbabwe	Africa
Cuba	N/A	Korea, South	Asia	São Tomé and Príncipe	Africa		
Cyprus	Europe	Kuwait	Middle East	Senegal	Africa		
Czech Republic	Europe	Kyrgyzstan	Asia				
Denmark	Europe	Laos	Asia				
Djibouti	Africa	Latvia	Europe				
		Lebanon	Middle East				
		Lesotho	Africa				
		Liberia	Africa				
		Libyan Arab Jamahiriya	Africa				
		Liechtenstein	Europe				
		Lithuania	Europe				

N/A: Non Applicable

GLOSSARY

Acute serious illness: an “acute serious illness” shall be determined to exist only after review and agreement by both the attending physician and the Company’s medical consultant.

Africa: geographical region that consists of the countries defined in the Country List.

Anniversary date: the renewal of the Insurance.

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

Application: the Application Form and Medical Questionnaire.

Asia: geographical region that consists of the countries defined in the Country List.

Australia/Oceania: geographical region that consists of the countries defined in the Country List.

Chronic condition: a disease, illness or injury, which is continuous over an extended period of time and/or frequently recurs, and which may need treatment and/or medication in order to maintain the Insured’s present status of health. A “chronic condition” shall be determined to exist only after review and decision by the Company’s medical consultant.

Claim: the economic demand covered in whole or in part by the Insurance. In the Company’s evaluation/determination of the claim, the time of treatment is decisive, not the time of the occurrence of the injury/illness.

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

Congenital condition: a disease, illness or injury which is existing at or dating from birth, and which is acquired during development in the uterus and not through heredity. A “congenital condition” shall be determined to exist only after review and agreement by both the attending physician and the Company’s medical consultant.

Cover for newborn children: cover of expenses for treatment in accordance with the Policy Conditions and the List of Reimbursements, which is provided for a newborn child.

Day-case: surgery in a hospital or clinic that is not received as an inpatient but medically necessitates the pre-arranged occupation of a bed or comparable facility.

Deductible: the total amount of money noted in the policy schedule which each Insured agrees to pay each policy year before being reimbursed by the Company.

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

Due Date: date on which a premium notice is due to be paid.

Europe: geographical region that consists of the countries defined in the Country List.

Hereditary condition: a disease, illness or injury, which is genetically transmitted or transmittable from parent to offspring. A “hereditary condition” shall be determined to exist only after review and agreement by both the attending physician and the Company’s medical consultant.

Home Country: the country of which the Insured is a citizen.

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

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, deductible and reimbursement rates.

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

Middle East: geographical region that consists of the countries defined in the Country List.

Outpatient: surgery or medical treatment in a hospital or clinic where it is not medically necessary to occupy a bed.

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, deductible and any special terms.

Pre-existing condition: the medical history, including the illnesses and conditions listed in the Medical Questionnaire, which may affect the Company's decision to insure or not to insure or to impose special terms.

Reimbursement rates: the maximum amount of money which will be paid by way of reimbursement of medical expenses in one year from the commencement date or from each anniversary date, as further detailed in the Policy Conditions.

Renewal: the automatic renewal of the Insurance as per the anniversary date.

Serious injury: a "serious injury" shall be determined to exist only after review and agreement by both the attending physician and the Company's medical consultant.

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

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

Subrogation: the insurer's right to enforce a remedy which the Insured has against a third party and the insurer's right to require the Insured to repay the Insurer if the insurer has paid expenses recouped by the Insured from a third party.

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

Terminal phase: when the advent of death is highly probable and medical opinion has rejected active therapy in favour of the relief of symptoms and support of both patient and family. This decision must be confirmed by the Company's medical consultants.

Waiting period: a period of time from the commencement date where the Insurance provides no cover unless as per specification in Art. 3.

Valid from 1 January 2004

E.&O.E.

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