2004 / 2005 I USD / EUR

IHI SCHENGEN TRAVEL

ONE MONTH COVER

YOUR HEALTH ABOVE ALL

FEEL SAFE WHEN TRAVELLING

The IHI Schengen Travel plan offers protection if you have a sudden, unexpected illness or injury when travelling to a country within the Schengen area.

The plan has been specially designed to meet the regulations set up by the European Union. According to these regulations, persons who apply for an entry visa to the Schengen area must prove that they have a valid medical travel insurance. The insurance must cover costs for emergency treatment, hospitalisation, urgent ambulance transportation and medical evacuation to the country of permanent residence. The insurance amount must be at least 30,000 Euro.

IHI Schengen Travel complies with all these demands, and even gives you a higher insurance amount than required, namely 75,000 Euro. You are covered all year round on trips to a Schengen country, and the insurance can be used for all types of trips: business, leisure or study.

IF YOU NEED OUR HELP

In case of sudden illness or accident, IHI provides you with 24-hour emergency service. Our competent staff and doctors work day and night, and bills regarding hospitalisation are paid directly to the hospital. If you are hospitalised you must always notify IHI immediately so that we can send a guarantee of payment to the hospital.

In case of outpatient treatment by a doctor you must pay the bill yourself before claiming reimbursement. After this, you must send us the original, itemised and receipted bill together with a completed Claim Form in order for us to process your claim.

IF YOU HAVE A PRE-EXISTING CONDITION

IHI Schengen Travel covers acute illness and injury occurring after you have started your trip abroad. In order for an illness to be covered it must be unexpected. Therefore, if you suffer from a condition before you begin your trip, this will normally not be covered.

If you have a pre-existing condition and if you are not sure whether the insurance provides coverage, you should send a medical report to IHI before your trip in order to get information about the cover in your particular situation.

The list of cover and benefits is part of the Policy Conditions. All benefits listed are per person per trip.

	USD	EUR
Maximum cover per person per trip	75,000	75,000
Hospitalisation	100%	100%
Ambulance transportation	100%	100%
Medical evacuation	100%	100%
Statutory arrangements in case of death	100%	100%
Home transportation of the deceased	100%	100%
Outpatient treatment by a doctor / specialist after application of a deductible per person per year of USD 1,000 / EUR 1,000	100%	100%

PREMIUMS

Each insured pays an annual premium. The insurance is automatically renewed each year, unless it is cancelled in writing.

Premium per year

Currency	0-16 years	17-36 years	37-59 years	60-79 years
USD	69	101	105	162
EUR	60	87	91	141

In accordance with the Danish Insurance Contracts Act.

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 In order for the insurance to be accepted by the Company, the applicant must not have attained 80 years of age at the date of commencement.

1.3 The insurance cover shall cease when the insured attains 80 years of age.

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.

2.2 The right to compensation shall take effect when the insured leaves his/her country of permanent residence and shall cease upon return to the country of permanent 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.

2.3 The cover shall be valid for a maximum of one month per trip. One month is defined as a period from e.g. the 5th in one month up to and including the 4th in the following month.

ART. 3
WHO IS COVERED BY THE INSURANCE?

3.1 The insurance shall cover the insured person(s) named in the policy schedule.

ART. 4
WHERE IS COVER PROVIDED?

4.1 The insurance shall provide cover within countries which are under the Schengen regulations.

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 benefits listed on page 3. The insurance cover shall not exceed the insurance amount of USD 75,000 / EUR 75,000 per person per trip.

5.2 Fellow-travelling children under the age of 18 who are covered by the insurance shall be entitled to compensation for reasonable travel expenses if the parents or all the fellow-travellers are medically evacuated in connection with a transport covered by the insurance.

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 Prescribed emergency treatment in a hospital and local transport to and from hospital shall be compensated at 100% of the expenses.

6.3 Treatment by authorised physicians and specialists shall be compensated at 100% of the expenses once the covered expenses have met the annual deductible of USD 1,000 / EUR 1,000. The deductible shall be reduced with amounts corresponding to the cover specified in the valid list of cover and benefits. The deductible shall apply per person per policy year.

6.4 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 each departure from the country of permanent residence,

b) has been treated by a physician (routine check-ups excepted) within 6 months prior to each departure from the country of permanent residence,

c) has had a change of medication within 6 months prior to each departure from the country of permanent residence,

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.

6.5 The insurance does not cover conditions which are defined by the Company's medical consultants to be indisputably pre-existing.

6.6 Physicians and specialists 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.

6.7 The Company has the right to demand that the insured be repatriated in order to receive treatment in the country of permanent residence, 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 country of permanent residence.

ART. 7
MEDICAL EVACUATION

7.1 Compensation shall be paid for reasonable additional expenses incurred for the insured's medical evacuation in the event of acute serious illness (cf. Art. 6.4), 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 permanent 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.

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
EXCEPTIONS FOR COMPENSATION

8.1 The Company shall not be liable to pay compensation 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. 6.4),

b) cosmetic surgery and treatment and consequences thereof unless medically prescribed and approved by the Company,

c) recreational treatment,

d) diseases of the teeth and dental treatment,

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 36th week of pregnancy, and after the 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 services 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. 6.6),

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. 9
HOW TO REPORT A CLAIM

9.1 Compensation 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. Furthermore, the insured must submit other relevant documentation

such as medical information, flight tickets, travel documents and a copy of the complete passport.

9.2 In no event shall the amount of compensation exceed the amount shown on the bill. If the insured receives compensation 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 compensation made by the Company shall first be written down by any such outstanding amount.

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

9.4 The Company shall be notified immediately in case of death, hospitalisation, or medical evacuation, 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.

9.5 Claims shall be reported to the Company immediately and no later than 30 days after the insured's arrival to the country of permanent residence.

9.6 Complaints regarding the Company's claims handling shall be filed not later than 30 days after receipt of the compensation amount.

ART. 10
COVER BY THIRD PARTIES

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

10.2 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.

10.3 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.

10.4 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.

10.5 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.

10.6 In any event, the Company shall have the full right of subrogation.

ART. 11
PAYMENT OF PREMIUM

11.1 Premiums, including renewal premiums, are determined by the Company and shall be payable in advance for the whole insurance period before the commencement of the insurance.

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

11.3 In the event of a failure to pay before the date of commencement of the insurance, the insurance shall not be effective and the Company shall not become liable.

11.4 Refund of premium is possible only if a written request is received by the Company prior to the commencement date of the insurance. The Company will charge a fee in connection with refund of premium. After the commencement date of the insurance, the premium is considered fully earned and non-refundable.

ART. 12
NECESSARY INFORMATION TO THE COMPANY

12.1 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.

12.2 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 claims against the Company.

12.3 In addition, the Company is 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 is entitled to obtain any medical records or other written reports and statements concerning the insured's state of health.

ART. 13
ASSIGNMENT, CANCELLATION AND EXPIRY

13.1 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.

13.2 The insurance is automatically renewed on each policy anniversary. The insurance can be cancelled by the policyholder or by the Company at the policy anniversary with 3 months' written notice.

13.3 When a claim has been filed, the insurance can be cancelled with 1 month notice by the policyholder or by the Company within 14 days after the reimbursement has been effected or rejected by the Company.

13.4 The Company's liability shall automatically cease at the end of the insurance period. Upon expiry of the insurance, the right to compensation shall cease.

13.5 The insurance period can 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.

13.6 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.

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

ART. 14
DISPUTES, VENUE, ETC.

14.1 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 (The Insurance Appeals Board).

Valid from 1 July 2004, E.&O.E.

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

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

RESPONSE CENTER
International Health Insurance danmark a/s
8 Palaegade, 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@ihi.com

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

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

ISLE OF MAN
International Health Insurance danmark a/s
64a, Athol Street, Douglas
Isle of Man IM1 1JE, British Isles

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

BOLIVIA
International Health Insurance danmark a/s -
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@ihi.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

SC1E5/03.2005