PERSONAL ACCIDENT SUPPLEMENT TO YOUR HEALTH INSURANCE

Valid from 2016 • USD

Personal accident

Few people stop to think how a serious accident might affect their lives.

An accident which leaves you seriously injured or disabled can bring all sorts of financial problems. It could mean you might be unable to return to work for several months or even permanently as a result of your accident.

As a customer with Bupa Global, you can now protect yourself with a Personal Accident plan.

A Personal Accident plan can be taken out as a supplement to your health insurance plan. It is designed to help you replace some income if you cannot work because of an accident. This type of protection should be a fundamental element of your financial plan because if you are less than 60 years old, the risk of becoming disabled is statistically higher than the risk of dying prematurely.

Spend the money as you wish
With a Personal Accident plan you are free to choose for what purpose the sum insured is spent, eg:

- Stop working for a period of time
- Finance any changes you may need to make to your home or car as a result of the accident
- Use the sum to reduce your mortgage or loan
- In case of death, to support your family financially

Covered accidents
Pay-out will be effective if one of the five following conditions applies:

- Death by accident (100% of the sum insured)
- Loss of a limb above the wrist or above the ankle by accident (100% of the sum insured)
- Loss of sight on one eye (50% of the sum insured) or both eyes by accident (100% of the sum insured)
- Loss of or loss of use of hand, foot, ear, nose or genital organ by accident (25% the sum insured)
- Permanent total disablement by accident (100% of the sum insured)

Please see the Policy Conditions for a detailed description of the cover.

Advantages

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

USD 50.000	USD 100.000	USD 150.000

Insurance sum
The sum can be changed upon any renewal.

The premium for the Personal Accident plan is based on your choice of insurance sum and your occupation. Please refer to the separate premium tables.

Please note that the compensation in case of disablement/death for children is limited to USD 5,000/3,000 or the equivalent in other currencies.

- There is full-time coverage for any occupational or leisure time accident, however, with the exception of dangerous sports
- You can choose between different insurance sums
- You will receive the insurance sum, regardless of any other insurance you might have
- You only need to fill in the claim form together with a police report or statement from a doctor — we will take care of the rest, ensuring you receive immediate payment

Valid from 1 January 2016

Policy Conditions

The Policy Conditions include the Glossary, where certain words and phrases are defined or explained further.

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Art. 1
Acceptance of the insurance

1.1: Bupa Insurance Limited, hereinafter called the Company, shall decide whether your application for a Personal Accident plan, hereinafter called the insurance, can be accepted. In order for the insurance to be accepted and the Company to become the insurer, the application must be approved by the Company and the necessary premium paid to the Company.

1.2: In order for the application to be accepted by the Company, the applicant must have attained three years of age and must not have attained 60 years of age at the time of acceptance.

1.3: Corporate accident 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.

1.4: The determination of the premium amount will be based on the occupational risk profile of the applicant, which will be determined on an individual basis by the Company.

1.5: The insurance may only be taken out as a supplement to a health insurance with the Company.

Art. 2
Commencement date and waiting periods

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

2.2: The right to benefit from the insurance shall only take effect four weeks after the commencement date.

2.3: The Company shall process the extension of cover as a new application in accordance with Art. 1.

2.4: If extended cover is taken out, the right to benefit from the extended insurance shall only become effective four weeks after the date of commencement of the extension.

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 provided?

4.1: The insurance shall provide the same geographical cover as the Health Insurance.

Art. 5
What is covered by the insurance?

5.1: The insurance shall provide cover in the event of an accident, without the influence of any illness, resulting in death or the loss of a limb, sight, extremity, or permanent total disablement of the insured.

5.2: 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.

5.3: The insured may choose between the following total insurance sums per person: USD 50,000 or USD 100,000 or USD 150,000 or the equivalent in other currencies.

5.4: The benefit shall be paid out in case of an accident resulting in the loss of a limb, sight, extremity, or permanent total disablement within one year after the accident.

a) Loss of a limb shall be defined as loss by separation or the total and irrecoverable loss of use of an arm above the wrist or a leg above the ankle. Compensation shall be made at 100% of the insurance sum.

b) Loss of sight shall be loss of sight of one or both eyes, which is certified as being complete and irreversible by a qualified practitioner specialising in ophthalmology and approved by the Company. In case of loss of sight of one eye, compensation shall be made at 50% of the insurance sum. In case of loss of sight of two eyes, compensation shall be made at 100% of the insurance sum.

c) Loss of extremity shall be defined as the permanent physical separation or the total and irrecoverable loss of use of a hand, foot, ear, nose or genital organ. Compensation shall be made at 25% of the insurance sum for each loss of extremity.

d) Permanent total disablement shall be inevitable and continuous paralysation, defined as quadriplegia (paralysation in both arms and both legs), paraplegia (paralysation of both legs) or hemiplegia (paralysation of one arm and one leg at the same side of the body). Compen-sation shall be made at 100% of the insurance sum.

5.5: In the event of the insured's death directly caused by an accident and where death occurs within one year after the accident, the full insurance sum (100%) shall become payable.

5.5.1: In the event of an accident resulting in the death of the insured, any compensation already paid out as a consequence of that same accident shall be deducted from the total insurance sum before being paid out by the Company.

5.5.2: Once the insurance sum has been paid out due to death following an accident, the insurance shall expire for the deceased.

5.6: In the event of the death of the insured, the insurance sum shall be paid out to the Beneficiary chosen by the insured.

5.6.1: If the insured has not chosen a Beneficiary or the chosen Beneficiary has passed away, the insurance sum shall be paid to the insured's immediate family members, defined as the insured's spouse, or, if the insured leaves no spouse, the insured's children or, in the absence of any children, the insured's cohabitor, provided that such cohabitor has been registered at the same address as the insured for at least two years.

5.7: Once the total chosen insurance sum has been paid out, the insurance shall expire.

5.8: In the event of an accident, the insured must receive medical treatment and comply with the physician's instructions. Otherwise, the Company may reduce or deny payment of compensation.

5.9: The Company shall be entitled to:

- refer the insured to treatment by a physician chosen by the Company and,
- in case of death, to demand an autopsy of the deceased.

5.10: If the insured is under 18 years of age, compensation in case of a covered disablement shall be limited to USD 5,000 or in the equivalent in other currencies.

5.11: If the insured is under 18 years of age, compensation in case of death shall be limited to USD 3,000 or the equivalent in other currencies.

Art. 6
Exceptions for payment of benefits

6.1: The Company shall not be liable to pay out compensation which are due to or are incurred as a result of:

a) any illness or pre-existing medical condition, even though the illness or condition recurs as a result of the accident or is aggravated by it;

b) any accident caused by illness;

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

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

e) any use or misuse of alcohol, drugs and/or medicines unless it can be documented that the illness or injury is unrelated thereto,

f) intentional self-inflicted bodily injury;

g) entering a known area of conflict (as identified by the British government) and/or direct or indirect 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);

h) nuclear reactions or radioactive fallout;

i) treatment for or arising from any epidemic disease and/or pandemic disease, including vaccinations, medicines or preventive treatment for or related to any epidemic disease and/or pandemic disease,

j) vaccinations and other preventive treatment;

k) accidents occurring due to participation in or training to:

- Professional sports
- Boxing, martial arts, rugby, fencing, hunting, polo, diving, mountain climbing, parachuting, paragliding or parasailing
- Any kind of motor race with eg cars, motorbikes, boats and other types of motor driven vehicles;

l) accidents occurring due to conducting an aircraft or helicopter, or as a passenger in such;

m) deliberate participation in any illegal or criminal act,

n) treatment performed by an unrecognised medical practitioner, provider or facility,

Art. 7
How to report a claim

7.1: Compensation shall be paid within 14 days following the Company's approval of the fully completed claim form, which must be submitted to the Company together with an originally signed medical statement from two qualified medical practitioners, and relevant documentation, e.g. information about the accident and the consequences for the insured, police report, witness statements or any other information by any relevant person.

7.2: In no event shall the amount of compensation exceed the amount stated in Art 5.3. If the insured receives payment of benefits 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, otherwise the Company will set off the excess amount in any other account between the insured and the Company.

7.3: The Company shall be notified immediately of any accident occurring, which causes death or disablement or may inflict death or disablement as a direct consequence. Such notification must include medical information about the accident and its consequences. Notification should be made by telephone or email to the Company; the Company shall defray all expenses incurred in this connection.

Art. 8
Payment of premium

8.1: 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.

8.2: The initial pro rata premium shall fall due on the commencement date. Subsequent payments shall follow the terms of the health insurance policy.

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

8.4: After the commencement date of the insurance, the premium is considered fully earned and non-refundable.

8.5: Other charges, such as Insurance Premium Tax (IPT), or other taxes, levies or charges, depending on the laws of the policyholder's country of residence may apply. If they apply to the policyholder's insurance premium, they will be included within the total that has to be paid on the premium notice. The charges may apply from the commencement date or the anniversary of the commencement date. The policyholder must pay these charges to us when paying the premiums, unless otherwise required by law.

Art. 9
Necessary information to the Company

9.1: The policyholder and/or the insured shall be under an obligation to notify the Company in writing of any changes in name, address or beneficiary. The Company must also be notified in writing in the event of death of the policyholder, insured or beneficiary. The Company shall not be liable for the consequences if the policyholder and/or the insured fail to notify such events.

9.1.1: The policyholder and/or the insured must notify the Company in writing of any changes in occupation immediately and no later than 14 days after the change. Failure to notify the Company in such event may lead to cancellation of the insurance contract.

9.2: The policyholder and/or the insured shall be under the obligation to notify the Company in writing of all obtainable information required for the Company's handling of the policyholder's and/or insured's claim against the Company, including provision of original bills upon request from the Company. If an original bill is not provided upon request the Company may deny reimbursement of the expenses to which the bill relates.

9.3: 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 and/or occupation.

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 may be terminated by the policyholder with effect from the end of a calendar month with one month's prior written notice.

10.2.1: The policyholder can cancel the insurance, and that of any additional insured covered under the insurance, within 28 days of receiving the first policy documents. Should the policyholder wish to cancel the insurance up on receipt of the first policy documents, the policyholder needs to do that in writing (by letter, fax or email). The address and contact information can be found on the back page of this product guide. If the policyholder or any additional insured have not made any claims, the Company will refund any premium payment already paid.

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

10.4: The insurance is automatically renewed for each insured, on each policy anniversary until:

- the age of 65 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 health insurance plan.

The insurance shall continue for any other insured, for whom the above events have not yet occurred.

10.5: Sanction clause
The Company will not provide cover nor pay claims under this insurance policy if the Company's obligations (or the obligations of the Company's group companies and administrators) under the laws of any relevant jurisdiction, including UK, European Union, the United States of America, or international law, prevent the Company from doing so. The Company will normally tell the policyholder if this is the case unless this would be unlawful or would compromise the Company's reasonable security measures. This insurance policy does not provide cover to the extent that such cover would expose the Company (or the Company's group companies and administrators) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, UK or United States of America, or under other relevant international law. This Art. 10.5 only applies to insurances with a commencement date on or after 1 January 2016.

10.6: The Company's liability in connection with the insurance, including liability for reimbursement for medical expenses for ongoing treatment, after-effects or consequential damages in connection with an injury or illness incurred or treated during the insurance period, shall automatically cease upon expiry, cancellation or termination of the insurance.

Accordingly, upon expiry, cancellation or termination of the insurance, an insured's right to claim reimbursement shall cease. Claims for reimbursement of medical expenses incurred during the insurance period must be filed within six months of the date of expiry, cancellation or termination of the insurance in order to be eligible for reimbursement.

10.7: 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.

10.8: 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 in accordance with Art. 10.8.

10.9: A claim shall be calculated as the proportion between the total premium sum paid by the insured from the date of disclosure of the incorrect information and the total premium sum, the insured should have paid had he/she given the correct information to the Company. This proportion shall be multiplied with the claim calculated in accordance with Art. 5.4. and Art. 5.5.

10.10: 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.

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

Art. 11
Complaints

11.1: How to file a complaint
We are always pleased to hear about any aspect of the insurance cover that the insured has particularly appreciated, or which may have caused the insured any problems.

If something does go wrong, we have a simple procedure to ensure that all concerns are dealt with as quickly and effectively as possible.

For any comments or complaints, the Bupa Global Customer Service can be contacted at the phone number +45 70 23 00 42, by email at Complaints-Global@ihi.com, or by writing to us at:

Bupa Global
Palægade 8
DK-1261 Copenhagen K
Denmark

11.2: External appeal
It's very rare that we can't settle a complaint, but if this does happen, the complainant may be entitled to refer the complaint to an independent organisation for review. Which organisation it will be depends on the nature

of the complaint and the location of the Bupa Global office where the cause of the complaint occurred. We will advise the complainant at the time. In most cases this will be either the Danish Insurance Complaints Board or the UK Financial Ombudsman Service.

Further information about the Danish Insurance Complaints Board can be requested by:

- writing to them at
  Anker Heegaards Gade 2, 1.
  DK-1572 Copenhagen V, Denmark
- calling them on +45 33 15 89 00

More details can be found on their website www.ankeforsikring.dk

Further information about the UK Financial Ombudsman Service can be requested by:

- writing to them at Exchange Tower, London E14 9SR, UK
- calling them on 0800 023 4 567 from a UK landline, or 0300 123 9 123 from a UK mobile telephone, or for calls from outside of the UK +44 20 7964 0500

More details can be found on their website www.financial-ombudsman.org.uk

A full copy of our complaints procedure can be requested by contacting Bupa Global. (None of these procedures affect the complainant's legal rights.)

§12
Confidentiality

12.1: The confidentiality of patient and customer information is of paramount concern to the companies in the Bupa group. To this end, Bupa Global fully complies with applicable data protection legislation and medical confidentiality guidelines. Bupa Global sometimes uses third parties to process data on our behalf. Such processing, which may be undertaken outside the EEA (European Economic Area), is subject to contractual restrictions with regard to confidentiality and security in addition to the obligations imposed by the applicable data protection legislation.

§13
The Financial Services Compensation Scheme (FSCS)

13.1: The Company is covered by the FSCS. In the unlikely event that the Company cannot meet the Company's financial obligations, the insured may be entitled to compensation from the FSCS, if the insured is usually a resident of the EEA (European Economic Area). More information is available from the FSCS by calling +44 (0) 20 7892 7301 or on its website fscs. org.uk.

§14
Applicable Law

14.1: The policy is governed by Danish law. Any dispute that cannot otherwise be resolved will be dealt with by courts in Denmark. If any dispute arises as to the interpretation of this document, then the English version of this document shall be deemed to be conclusive and taking precedence over any other language version of this document. A copy can be obtained at any time by contacting our Customer Service on +45 70 23 00 42 or by writing an email to ihi@ihi.com.

Glossary

Valid from 1 January 2016

Defined term	Description
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.
Beneficiary:	Any third person which the Insured has decided shall subrogate to his/her rights to the insurance sum after his/her death. The appointment of a beneficiary shall be done in writing to the Company.
Bupa Global (incl. we/us/our):	Bupa Insurance Limited. Bupa Global is a trading name of Bupa Insurance Limited.
Commencement date:	The date indicated in the policy schedule on which the insurance commences, unless otherwise stated in the Policy Conditions.
Company:	Bupa Insurance Limited, a company registered in England No. 3956433. Our address is: Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA, UK.
Country of residence/ residency country:	The country where the insured is living/spending most of his/her time. This should be the country in which the relevant authorities (such as tax authorities) will consider the insured to be resident for the duration of the insurance.
Death:	A person is declared dead when two experienced medical specialists have carried out a brain death test proving that the patient is brain dead.
Deceased:	The insured person, who has passed away due to an accident.
Documentation:	Any written information related to the insurance including medical statement from medical doctors or other health professionals, witness report, police report, photograph, hospital journals, bills, policy schedules and the like.
Epidemic:	The occurrence of more cases of disease, injury, or other health condition than expected in a given area or among a specific group of persons during a particular period. Usually, the cases are presumed to have a common cause or to be related to one another in some way.
Family members:	Persons of a family relationship (related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request.
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.
Insured:	The policyholder and all other insured persons listed in the policy schedule.
Pandemic:	An epidemic occurring over a widespread area (multiple countries or continents) and usually affecting a substantial proportion of the population.
Permanent total disablement:	Permanent total disablement is defined as inevitably and continuously paralysation, defined as quadriplegia (paralysation in both arms and both legs) or paraplegia (paralysation of both legs) or hemiplegia (paralysation of one arm and one leg at the same side of the body.
Policy Conditions:	The terms and conditions of the insurance purchased.
Policyholder:	The person identified as the policyholder on the application form and as an Insured in the policy schedule.

Defined term	Description
Policy schedule:	Policy details showing the type of insurance purchased, annual premium and any special terms.
Renewal:	The automatic renewal of the Insurance as per the anniversary date.
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.
Unrecognised medical practitioner, provider or facility:	An unrecognised medical practitioner, provider or facility includes: ○ treatment provided by a medical practitioner, provider or facility who is not recognised by the relevant authorities in the country where the treatment takes place as having specialised knowledge, or expertise in, the treatment of the disease, illness or injury being treated. ○ treatment by any medical practitioner, provider or in any facility to whom we have sent a written notice that we no longer recognise them for the purposes of our plans. ○ treatment provided by family members or anyone with the same residence as the insured.
Waiting period:	○ A period of time from the commencement date where the Insurance provides no cover.

Call Bupa Global's Customer Service for questions on your policy, payment, coverage etc.

Open 8am - 9pm (CET) weekdays

Tel: +45 70 23 00 42
Fax: +45 33 32 25 60
Email: ihi@ihi.com

Palægade 8
DK-1261 Copenhagen K
Denmark

Call Bupa Global Assistance for 24-hour emergency service and medical help

Tel: +45 70 23 24 60
Fax: +45 33 32 25 60
Email: emergency@ihi.com

Calls will be recorded and may be monitored.

European addresses

Bupa Global
Victory House
Trafalgar Place
Brighton
BN1 4FY
UK

Bupa Cyprus
3 Ioannis Polemis Street
PO Box 51160
3502 Limassol
Cyprus

Bupa Denmark, filial af Bupa Insurance Limited, England
Palægade 8
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Copenhagen K
Denmark

Bupa Malta
Testaferrata Street
Ta' Xbiex XBX 1403
Malta

ihi.com
bupa-intl.com