



**Revolut**

## **Group Travel Insurance Policy**

# **Overseas Emergency Medical Assistance and Expenses**



# Introduction

This **Group Policy** is an agreement between the **Group Policyholder** and **Us**, which has been arranged by the **Group Policyholder** for the benefit of the **Beneficiaries**. It contains details of the cover, conditions and exclusions applicable and is the basis on which all claims will be settled.

In return for having accepted the premium from the **Group Policyholder**, **We** will provide cover to the **Group Policyholder** and **Beneficiaries** in accordance with the operative sections of this **Group Policy** as referred to in the **Statement of Insurance**.

The **Statement of Insurance** issued together with this **Group Policy** wording and any endorsements, shows which benefits the **Group Policyholder** has chosen, who is covered under this **Group Policy** and when and where cover applies. The **Group Policyholder** and the **Beneficiaries** should take the time to read this **Group Policy** carefully to ensure that it meets their needs. This **Group Policy** wording, the **Statement of Insurance** and any endorsements all form part of the **Group Policy**.

This is a contract between the **Group Policyholder** and **Us**. The **Group Policy** and all communications before and during the **Policy Term** will be provided in English.

The **Group Policyholder** must tell **Us** immediately if any of the information **We** have been provided with is incorrect or changes. If **We** have wrong information this may result in an increased premium and/or claims not being paid in full, or cover under this **Group Policy** may not be valid and claims will not be paid.

The **Group Policyholder** and **Beneficiaries** should keep a record (including copies of letters) of all information supplied to **Us** in connection with this insurance.

## The Law Applicable to this Group Policy

**We** and the **Group Policyholder** are free to choose the laws applicable to this **Group Policy**. We propose to apply the laws of England and Wales and by purchasing this **Group Policy** the **Group Policyholder** has agreed to this.

## Group Policy Excess

Claims will be subject to an **Excess**. This means that each **Beneficiary** will be responsible for paying the first part of each and every claim under each section for which an **Excess** applies.

## Group Policy information or advice

The **Group Policyholder** must give a copy of this **Group Policy** wording, **Statement of Insurance** and any endorsements to each **Beneficiary** at the time they are accepted for cover under this **Group Policy**.

If any **Beneficiary** would like more information or feel that this insurance may not meet their needs, please contact the **Group Policyholder** at the address shown in the **Statement of Insurance**.

This **Group Policy** is underwritten by White Horse Insurance Ireland dac, which is authorised and regulated by the Central Bank of Ireland. This can be checked by visiting their website at [www.centralbank.ie](http://www.centralbank.ie). White Horse Insurance Ireland dac, registered in Ireland No 306045, registered Office First Floor, Rineanna House, Shannon Free Zone, Shannon, County Clare, Republic Of Ireland.

## Important notes

White Horse Insurance Ireland dac holds **Your** personal information in accordance with the EU Data Protection laws, the EU Directive on Privacy and Electronic Communications 2002/58/EC and the General Data Protection Regulation ((EU) 2016/679)) (to the extent applicable and in force from time to time). The information you have supplied may be held on computer and passed to other insurers and reinsurers for underwriting and claims purposes. You should show this notice to anyone whose personal information may be processed to administer this Group Policy, including handling any claims.

**We** use a variety of security technologies and procedures to help protect **Your** information from inappropriate use, and **We** will continue to revise procedures and implement additional security features as new technology becomes available.

**We** may use **Your** information for the purposes underwriting purposes, statistical analysis, management information, market research, testing to ensure the integrity of **Our** systems, and risk management. **We** will only share **Your** information as described in this notice, or where **We** are required or allowed to do so by law. **We** may record or monitor telephone calls for security and

regulatory purposes.

#### **Group policy administration and underwriting**

In order to administer this **Group Policy** and any claims made against this **Group Policy**, White Horse Insurance Ireland dac may share personal information provided to **Us** with other companies within White Horse Insurance Ireland dac and with business partners, including companies inside and outside the European Economic Area. If **We** do transfer **Your** personal information, including where **We** propose a change of underwriter, **We** make sure that it is appropriately protected.

#### **Fraud prevention and detection**

**In order to prevent and detect fraud, we may at any time:**

- Share information about **You** with other organisations including the police;
- Conduct searches about **You** using publicly available databases and centralised insurance industry application, group policy and claims checking systems;
- Undertake credit searches;
- Check and/or share **Your** details with fraud prevention and detection agencies.

**If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information. We and other organisations may also access and use this information to prevent fraud and money laundering, for example when:**

- Checking details on applications for credit and credit related or other facilities;
- Managing credit and credit related accounts or facilities;
- Recovering debt and tracing beneficiaries;
- Checking details on proposal and claims for all types of insurance;
- Checking details of job applicants and employees.

Please contact **Us** on the number shown in this **Group Policy** if you want to receive details of the relevant fraud prevention agencies. **We** and other organisations may access and use the information recorded by fraud prevention agencies from other countries.

#### **Data protection rights**

Individuals have certain rights under EU Data Protection laws, including the right to ask for a copy of the information we hold about them. Individuals also have the right to ask **Us** to correct their information if it is inaccurate.

If you want to know more about how we use personal information or have any data protection questions, please contact the Data Protection Officer, White Horse Insurance Ireland dac, First Floor, Rineanna House, Shannon Free Zone, Shannon, County Clare, Republic of Ireland.

#### **Beneficiary Eligibility**

Cover under this **Group Policy** is available to **Beneficiary's** that are;

- Aged 18 or over;
- Aged 70 or under at the start of any **Trip**;
- Is a holder of a Premium account with the **Group Policyholder**;
- Registered under the healthcare system in their **Home Country**;
- Not travelling against medical advice and have sought medical advice if they have any health concerns affecting their ability to travel;
- Travelling on a journey that meets the definition of a **Trip**.

#### **White Horse Insurance Ireland dac**

White Horse Insurance Ireland dac is an insurance company incorporated in the Republic of Ireland and authorised and regulated by the Central Bank of Ireland. This can be checked by visiting their website at [www.centralbank.ie](http://www.centralbank.ie).

#### **When cover starts**

For the **Group Policyholder**: This **Group Policy** starts on the start date in the **Statement of Insurance**.

For a **Beneficiary**: Cover starts when they sign up for a **Group Policy** Premium account.

#### **When cover ends**

The **Group Policyholder** will no longer be eligible for cover, and all cover will automatically end, at midnight on the end date shown in the **Statement of Insurance**.

A **Beneficiary** will no longer be eligible for cover, and all cover will automatically end, at midnight on the day the following event occurs:

- at midnight on the end date shown in the most recent **Statement of Insurance**; or,
- when **You** close the **Group Policyholder** premium account for which **You** are eligible to receive benefits under this **Group Policy**; or,
- when **You** reach the age of 71;
- **no longer meet the Eligibility criteria.**

Whichever event is sooner.

#### **Automatic extension of cover**

If **You** are unable to return home before **Your** cover ends due to reasons outside **Your** control, **Your** insurance will remain in force for:

- up to 14 days, if any vehicle **You** are travelling in breaks down, or **Your** public transport in which **You** are travelling as a ticket holding passenger is cancelled or delayed;
- up to 30 days, if due to **Your Injury, Illness** or compulsory quarantine. **We** may extend **Your Period of Insurance** for longer if considered medically necessary by the **Emergency Assistance Service.**

#### **Important Notice**

This is not a private medical insurance policy and only gives cover in the event of an **Accident**, a **Bodily Injury** or a sudden **Serious Illness** that requires emergency treatment whilst on a **Trip**. In the event of medical treatment becoming necessary which results in a claim under this insurance, the **Insured Person** is responsible for paying the costs to allow **Us** or **Our** representatives, reasonable access to their medical records and medical background. It is essential that **You** read and understand the Important Exclusions and Conditions Relating to Health section.

## **Definitions**

Any word or expression to which a specific meaning has been attached will bear the same meaning throughout this policy. For ease of reading the definitions are highlighted by the use of **bold** print and will start with a capital letter.

**We / Us / Our** means White Horse Insurance Ireland dac Registered in Ireland No 306045. Registered Office First Floor, Rineanna House, Shannon Free Zone, Shannon, County Clare, Republic Of Ireland.

**You / Your / Yours / Beneficiary('s) / Beneficiaries** means the person(s) listed as being insured on the **Statement of Insurance**; that holds a premium account with the **Group Policyholder**; and meets the **Beneficiary Eligibility Criteria** section detailed on this Policy. A **Beneficiary** is not party to this contract which is solely between the **Group Policyholder** and **Us**.

**Accident(s)** means an event that is sudden and unexpected, which is caused by external and visible means at a time that can be identified.

**Bodily Injury** means an identifiable physical injury sustained by **You** that is caused by sudden, unexpected, external and visible means.

**Children** means the natural or legally adopted children, stepchildren, grandchildren or step-grandchildren of **You** or children for whom **You** are the parent or legal guardian; that are

- financially dependent on **You** or their parent(s)
- unmarried and not living with their **Partner**
- under 18 at the date **Your** cover commences.

**Close Relative** means **Your Partner**, fiancé(e), parent, parent-in-law, grandparent, son, daughter, son-in-law, daughter-in-law, brother, sister, brother-in-law, sister-in-law, grandchild, aunt, uncle, cousin, nephew, niece, step-parent, step brother, step sister, step child, foster child and legal guardian.

**Complications of Pregnancy or Childbirth** means toxæmia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole, (molar pregnancy), post partum haemorrhage, retained placenta membrane, placental abruption, hyperemesis gravidarum, placenta praevia, stillbirths, miscarriage, medically necessary emergency Caesarean section, medical necessary termination and premature births. This definition is only applicable if the complication occurs more than 8 weeks (or 16 weeks in the case of a known multiple pregnancy) prior to the expected delivery date.

**Emergency Assistance Service** means the **Emergency Assistance Service** provider, appointed by White Horse Insurance Ireland dac.

**Excess** means the first amount of any claim for which **You** are responsible to pay. The excess applies to each **Beneficiary** per claim.

**Group Policy** means the documents consisting of the group policy wording, the **Statement of Insurance** and any applicable endorsements.

**Group Policyholder** means the person, firm, company or organisation stated in the **Statement of Insurance** as being the **Group Policyholder**, that is resident or incorporated within the **United Kingdom** and which has entered into this **Group Policy** for the benefit of itself and the **Beneficiaries**.

**Home / Home Country** means the **Beneficiary's** normal place / country of residence, which shall be a member of the European Economic Area.

**Hospital** means a licensed medical institution which meets the following criteria:

- it has facilities for medical diagnosis and/or for treating Injured and sick people;
- it is run by **Medical Practitioner(s)**;
- it provides care supervised by state registered nurses or the local equivalent; and / or
- it is not a medical institution only specialised in training and education, a nursing or convalescent home, a hospice or place for the terminally ill, a residential care home, or a place for drug and/or alcohol rehabilitation.

**Incidental Basis** means that the sport or activity **You** are taking part in on **Your Trip** is on a strictly amateur basis and is not the specific reason for **You** going on **Your Trip**.

**Injury / Injured** means bodily injury sustained in an **Accident** directly and independently of all other causes.

**Manual Work** means physical work or work involving the use or operation of mechanical or non-mechanical machinery or equipment.

**Medical Condition** means any disease, **Serious Illness** or **Bodily Injury**.

**Medical Practitioner** means a registered practising member of the medical profession who is not related to **You**.

**Normal Pregnancy or Childbirth** means pregnancy or childbirth without any **Complications of Pregnancy or Childbirth**.

**Partner** means a person **You** are legally married to or who is permanently resident as if married; or a person **You** have a registered civil partnership with that is formally registered and recognised by law under the Civil Partnership Act 2004.

**Period of Insurance** means the start date and end date as stated on **Your Statement of Insurance**.

**We** will cover **Trips** booked during one period of insurance but not taking place until the next period of insurance if **Your** cover under this **Group Policy** is still in force at the time of the incident resulting in a claim.

The maximum number of days **You** are covered for in any 12 month period is 183 days, with no **Trip** lasting longer than 20 days. Please refer to When cover ends for details of when a **Beneficiary's** cover ends. Please also refer to Automatic Extension of Cover section of this policy.

**Serious Illness** means any disease, infection or **Bodily Injury** which unexpectedly manifests itself for the first time during **Your Trip**.

**Statement of Insurance** – the document giving details of the **Period of Insurance**, cover and limits, the premium and the **Group Policy** number. The **Statement of Insurance** includes the information **We** were provided with when the **Group Policyholder** applied for cover.

**Terrorism** means an act, including but not limited to the use of force or violence and / or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisations(s) or governments, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

**Trip(s)** – a holiday or journey which is a round **Trip**, starting from when **You** leave **Your Home Country**, and which ends on **Your** return to **Your Home Country**, and includes an overnight stay.

A **Trip** is for travel outside **Your Home Country**, to and from the final destination of **Your Trip**, but not including travel to and from your normal place of work, or to an area where the UK Foreign and Commonwealth Office or World Health Organisation have advised against travelling. Each **Trip** must not exceed 20 days and **Trips** must start and end during the **Period of Insurance**.

# General Conditions

**You** must comply with the following conditions to have the full protection of **Your** policy. If **You** do not comply **We** may at **Our** option cancel **Your** Policy or refuse to deal with **Your** claim or reduce the amount of any claim payment.

## Dual Insurance

If at the time of any incident which results in a claim under this **Group** policy, there is another insurance covering the same loss, damage, expense or liability **We** will not pay more than **Our** proportional share.

## Reasonable Precautions

**You** must take all reasonable precautions to avoid **Bodily Injury** or **Serious Illness**.

## Cancellation of the Group Policy by the Group Policyholder

The **Group Policyholder** may cancel this **Group Policy** by giving **Us** 90 (ninety) days' notice in writing to the address shown in the **Statement of Insurance**. In the event of cancellation of this **Group Policy** by the **Group Policyholder** in accordance with this condition, the **Group Policyholder** must notify **You** of such cancellation by giving **You** 30 (thirty) days' notice. No return of premium will be paid to the **Group Policyholder**.

## Withdrawal of Participation by a Beneficiary

A **Beneficiary** may withdraw from participation in the **Group Policy** by giving written notice of that intention to the **Group Policyholder** specified in the **Statement of Insurance**. No return of premium will be paid to the **Group Policyholder**.

## Cancellation of the Group Policy (or a Beneficiary's participation in the Group Policy) by Us

**We** may cancel cover under this **Group Policy** where there is a valid reason for doing so for either the **Group Policyholder** or **Beneficiaries** (see points a) and b) below). Valid reasons for cancellation may include but are not limited to:

- If the **Group Policyholder** advises **Us** of a change of risk under this **Group Policy** which **We** are unable to insure;
- Where the **Group Policyholder** or a **Beneficiary** fails to respond to requests from **Us** for further information or documentation;
- Where the **Group Policyholder** or a **Beneficiary** has given incorrect information and fails to provide clarification when requested;
- Where the **Group Policyholder** or a **Beneficiary** is in breach of any of the terms and conditions which apply to this **Group Policy**; or
- The use of threatening or abusive behaviour or language, or intimidation or bullying of **Our** staff or suppliers, by the **Group Policyholder**, a **Beneficiary** or any person acting on their or **Your** behalf.

### a) Cancellation of this **Group Policy**

**We** may cancel this **Group Policy** by giving either the **Group Policyholder** 90 (ninety) days' notice in writing to their last known address or by email to the address they have given **Us**. In the event of cancellation of this **Group Policy** by **Us** in accordance with this condition, the **Group Policyholder** must notify **You** of such cancellation. No refund will be payable if the **Group Policyholder** and/or any **Beneficiaries** have made or intend to make a claim.

### b) Cancellation of a **Beneficiary's** cover under the **Group Policy**.

**We** may cancel **Your** cover under this group policy by giving **You** and the **Group Policyholder** 30 (thirty) days' notice in writing to **You** and their last known address or by email to the addresses **You** and they have given **Us**. No refund will be payable to the **Group Policyholder**.

## Duty to check information and tell **Us** of any changes

It is important the **Group Policyholder** and **Beneficiaries** check the most recent **Statement of Insurance** as this sets out the information **We** were given when **We** agreed to provide the **Group Policyholder** and **Beneficiaries** with the cover and terms of this **Group Policy**.

Although **We** may undertake checks to verify information **We** have been given by the **Group Policyholder** and/ or **Beneficiaries**, the **Group Policyholder** and/ or **Beneficiaries** must take reasonable care to make sure all information provided is accurate and complete.

The **Group Policyholder** must tell **Us** immediately if any information **We** have been provided with is incorrect or changes. If **We** have wrong information this may result in an increased premium and / or claims not being paid in full, or the **Group Policy** may not be valid and claims will not be paid. If in doubt about any information please contact **Us** as soon as possible.

Please contact **Us** immediately to discuss any changes and **We** will confirm if **Your** cover will be affected. Any changes accepted by **Us** will apply from the date **We** have confirmed such change in writing and **We** will be entitled to vary the premium and terms for the rest of the **Period of Insurance**.

If the changes are unacceptable to **Us** and **We** are no longer able to provide cover, **We**, the **Group Policyholder** or **You** can cancel cover under this **Group Policy**, as set out under the following conditions: Cancellation of the **Group Policy** by the **Group Policyholder**, Withdrawal of Participation by a **Beneficiary** and Cancellation of the **Group Policy** by **Us**.

If the **Group Policyholder** and /or **Beneficiaries** have given **Us** inaccurate information this can affect cover under this **Group Policy** in the following ways:

- a) If **We** would not have provided the **Group Policyholder** and / or any **Beneficiaries** with any cover **We** have the option to:
  - void cover under this **Group Policy**, which means **We** will treat it as if it cover had never existed and repay the premium paid; and
  - seek to recover any money from **You** or the **Group Policyholder** for any claims **We** have already paid, including the amount of any costs or expenses **We** have incurred.
- b) If **We** would have applied different terms to the cover provided under this **Group Policy**, **We** have the option to treat the cover under this **Group Policy** as if those different terms apply, which may mean claims are not paid or not paid in full; and / or
- c) If **We** would have charged a higher premium for providing the cover, **We** will have the option to charge the **Group Policyholder** appropriate additional premium due in full.

### **Sanctions**

**We** will not be held liable to provide cover or make any payments or provide any service or benefit to any **Group Policyholder**, **Beneficiary** or other party to the extent that such cover, payment, service, benefit and / or business or activity of the **Group Policyholder** or **Beneficiary** would violate any applicable trade or economic sanctions law or regulation.

### **Change of Business**

The **Group Policyholder** must provide **Us** with written notice within a reasonable time of any alteration in their business.

### **Third Party Rights**

The **Group Policyholder** and **We** have agreed that it is not intended for any third party to this contract to have the right to enforce the terms of this contract. The **Group Policyholder** and **We** can rescind or vary the terms of this contract without the consent of any third party to this contract, who might seek to assert that they have rights under the Contracts (Rights of Third Parties) Act 1999.

## Important Exclusions and Conditions Relating to Health

This insurance is designed to cover **You** for unforeseen events, **Accidents** and **Serious Illnesses** occurring during **Your Period of Insurance**. **You** must comply with the following conditions to have the full protection of **Your** policy.

**We** will not pay for claims which are in any way related to any pre-existing **Medical Condition** which existed either:

- at the time **You** buy this insurance and / or
- at the time of booking a **Trip** and / or
- at the start of any **Trip**

unless **Your Medical Condition** is confirmed in the list of **Acceptable Medical Conditions** shown below:

### Acceptable Medical Conditions

Acid reflux	Diarrhoea and vomiting (if completely resolved)	Nasal polyps
Acne	Dyspepsia	Nut allergy that, if left untreated, does not require Hospital treatment
ADHD	Eczema	PMT
Allergic rhinitis	Enlarged prostate (benign only)	Psoriasis
Arthritis (the affected person must be able to walk independently at home without using mobility aids)	Essential tremor	RSI
Asthma (the affected person must have been diagnosed whilst under 50 years of age and the asthma controlled by no more than 2 inhalers)	Glaucoma	Sinusitis (provided there is no ongoing treatment)
Blindness or partial sightedness	Gout	Skin or wound infections that have completely resolved with no current treatment
Carpal tunnel syndrome	Haemorrhoids	Tinnitus
Cataracts	Hay fever	Tonsillitis
Chicken pox (if completely resolved)	Irritable bowel syndrome	Underactive thyroid
Colds or influenza	Ligament or tendon injury (provided <b>You</b> are not currently being treated)	Urticaria
Cuts and abrasions (not self- inflicted and require no attention)	Macular degeneration	Varicose veins
Cystitis (provided that there is no ongoing treatment)	Menopause	Deafness
	Migraine (providing there are no ongoing investigations)	

#### Change In Health

If there are any changes in **Your** health after **You** are provided cover under this **Group Policy**, this can affect the cover **We** provide and / or the cover **You** require. There is no cover under this

policy for any pre-existing **Medical Conditions** not listed in the list of **Acceptable Medical Conditions**.

# Details of Your Emergency Overseas Medical Assistance and Expenses

This policy provides cover for the items shown under the 'What is covered' section below, whilst **You** are on a **Trip**. Under this policy, an emergency shall mean; for the immediate relief of pain or discomfort because **You** suffer a **Serious Illness** or a **Bodily Injury**.

This is not a health insurance policy and will not therefore, cover **You** for any **Medical Condition(s)** **You** have had before unless the **Medical Condition** is listed as being covered under the section entitled, Important Exclusions and Conditions Relating to Health.

## What is covered

**We** will cover **Your** emergency medical treatment and related expenses if **You** fall ill or are Injured or quarantined (on the orders of **Your** treating **Medical Practitioner**), during **Your Trip**, up to £10,000,000, or require emergency dental treatment up to £250 for:

- ✓ Emergency medical treatment, including the costs of rescue or assistance services to take **You** to a **Hospital**, which is outside **Your Home Country**.
- ✓ Emergency medical expenses incurred outside **Your Home Country** for:
  - a) additional costs for transport and accommodation (up to a similar standard of **Your** original booking) if it is deemed medically necessary for **You** to stay after the date **You** were booked to return to **Your Home Country**. This includes extra costs **You** have to pay to return to **Your Home Country** if **You** cannot use **Your** booked transport;
  - b) returning **You** to **Your Home Country**, if it is deemed medically necessary because **You** have a serious **Injury** or **Illness** and **You** cannot use **Your** booked transport;
  - c) additional costs for transport and accommodation for one relative or friend who has to stay with **You** or travel to be with **You**;
  - d) additional costs for transport and accommodation for **Your** children who are on the same **Trip** as **You**, and who have to stay with **You** or travel without **You** to return to their **Home Country**.
- ✓ Reasonable related expenses incurred if **You** die:
  - a) outside **Your Home Country**, for funeral costs outside **Your Home Country**; or
  - b) for returning **Your** body or ashes to **Your Home Country**.
- ✓ Emergency Dental treatment up to a financial limit of £250, for the immediate pain relief outside **Your Home Country**.

For medical expenses incurred in the United States of America (USA), **We** will only pay for reasonable and necessary emergency treatment, surgery, hospital and transportation costs in accordance to the negotiated rate with the provider, if one exists. If no negotiated rate with a provider exists, then **We** will pay a maximum amount of 150% of the USA Medicare rate.

## What is not covered

- × The first £95 of each claim **You** make (this is **Your Excess**).
- × Any claim relating to any reason set out under Important Exclusions and Conditions Relating to Health section of this wording.
- × Any treatment or expenses in **Your Home Country**.
- × Any non-essential medical treatment, surgery, investigations or tests which are not related to the **Serious Illness** or **Bodily Injury** that **You** originally went to **Hospital** for.
- × Any treatment that the **Emergency Assistance Service** confirms can reasonably wait until **You** return to **Your Home Country**.

- × Any expenses relating to replacing any medication, which is known by **You** to be required or continued at the time of **You** starting any **Trip**.
- × Any claim relating to a tropical disease if **You** have not had the recommended inoculations and / or taken the recommended medication as directed, for **Your** destination.
- × Any cosmetic surgery.
- × Any dental work involving the use of precious metals.
- × Any expenses or treatment funded by a Reciprocal Healthcare Agreement (RHA).
- × The extra costs of single or private accommodation in hospital, or any treatment or services provided by a spa, nursing home or rehabilitation centre.
- × The cost of telephone calls, other than for calls to the **Emergency Assistance Service** or for receiving calls from the **Emergency Assistance Service**.
- × The cost of taxi-fares, other than for **Your** travel to and from hospital relating to **Your** admission, attendance for outpatient treatment or appointments or for collection of medication prescribed for **You** by the hospital.
- × **Normal Pregnancy or Childbirth**, without any accompanying **Bodily Injury**, **Serious Illness** or **Complications of Pregnancy or Childbirth**.
- × **Your** wilful, self-inflicted injury or **Serious Illness**, suicide or attempted suicide, sexually transmitted diseases, solvent abuse, use of drugs (other than drugs taken in accordance with treatment prescribed and directed by a **Medical Practitioner**, but not for the treatment of drug addiction).
- × **Your** self-exposure to needless peril (except in an attempt to save human life).
- × **You** drinking too much alcohol, **Your** alcohol abuse or **Your** alcohol dependency. (In respect of **You** drinking too much alcohol, **We** do not expect **You** to avoid alcohol, but **We** will not cover any claims that occur because **You** have drunk so much alcohol that **Your** judgement is affected and **You** need to make a claim as a result).
- × Unless **Your** life is in danger or **You** are attempting to save human life, **You**:
  - jumping or diving from a pier(s), a wall(s), a bridge(s) or a rock(s) including tombstoning or shore diving,
  - climbing on top of or jumping from a vehicle,
  - climbing or jumping from a building or balcony,
  - climbing or moving from any external part of any building to another part (excluding where stairs are being used) and falling, regardless of the height.
- × **Your** travel to a country, a specific area or event to which the UK Foreign and Commonwealth Office, [www.gov.uk/foreign-travel-advice](http://www.gov.uk/foreign-travel-advice), or the World Health Organisation, [www.who.int/ith/en](http://www.who.int/ith/en), has advised the general public against all or against all but essential travel.
- × **Your** failure to comply with the terms and conditions of the Eligibility; the Special Conditions Relating to all Claims or the Reciprocal Health Agreements sections of this policy.
- × **Your** stress, anxiety, depression or any other mental or nervous disorder.
- × Any participation in or practice of any professional entertaining or professional sports or competitive activities.
- × Any participation in or practice of any other sport or activity, **Manual Work** or racing unless shown as covered on the sports and activities table.
- × Unless specifically covered under this insurance, any other loss, damage or additional expense following on from the event for which the **Beneficiary** is claiming unless **We** provide cover under this insurance. For example, loss of earnings due to being unable to return to work following **bodily Injury**, Illness or disease happening while on a **Trip**.
- × Operational duties of a member of the Armed Forces.
- × The use of a motorised vehicle on a **Trip** covered under this **Group Policy** unless a full driving licence is held permitting the use of such vehicles in the country concerned.

- × Any **Trip** which is a one way journey or if the **Trip** is longer than the duration shown on the **Statement of Insurance**.
- × Any payments **You** would normally have made during **Your Trip** or which do not fall within the events insured by the **Group Policy**.
- × Any loss caused by currency exchanges or fluctuations.
- × Loss or damage more specifically insured by another policy.
- × Any costs incurred by **You** or the **Group Policyholder** which can be recovered from the service provider.
- × Any circumstances **You** were aware of at the time of taking out this **Group Policy** that could reasonably be expected to give rise to a claim.
- × The **Group Policyholder** or **Beneficiary's** own unlawful action or any criminal proceedings against them.
- × a) War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.  
b) Terrorism where such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **Trip**.
- × Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.

## Special Conditions Relating To All Claims

- **You** must contact the **Emergency Assistance Service** immediately if **You** are admitted to **Hospital** or before any arrangements are made for **Your** repatriation.
- **You** must contact the **Emergency Assistance Service** of any **Bodily Injury** or **Serious Illness** which means **You** are told by the treating **Medical Practitioner** that **You** need to undergo tests or investigations as an out-patient.
- All expenses and costs for accommodation and transport, must have the prior agreement of the **Emergency Assistance Service**.
- All expenses and costs exceeding £500 (or the local equivalent) must have the prior agreement of the **Emergency Assistance Service**.
- In the event of **Your Bodily Injury** or **Serious Illness** **We** reserve the right to relocate **You** from one hospital to another and to arrange **Your** repatriation **Home** at any time during **Your Trip**. **We** will do this if in the opinion of the **Emergency Assistance Service** **You** can be moved safely and / or travel safely to **Your Home** to continue treatment. If **You** choose not to move or return **Home** all cover will end and **We** will not pay for any costs incurred after the date it was deemed safe for **Your** move or return.
- **You** must provide **Us** with valid receipts and invoices for all costs and expenses **You** incur.
- **You** must accept the decisions of the **Emergency Assistance Service** about the most suitable, practical and reasonable solution to any medical emergency.

## Fraud

**You** must not act in a fraudulent manner. If **You** or anyone acting for **You**: Make a claim under the policy knowing the claim to be false or fraudulently exaggerated in any respect or make a statement in support of a claim knowing the statement to be false in any respect or submit a document in support of a claim knowing the document to be forged or false in any respect or make a claim in respect of any loss or damage caused by **Your** wilful act or with **Your** connivance, then: **We** shall not pay the claim; **We** shall not pay any other claim which has been or will be made under the policy; **We** may at **Our** option declare the policy void; **We** shall be entitled to recover from **You** the amount of any claim already paid under the policy; **We** shall not make any return of premium and **We** may inform the Police of the circumstances.

**We**, **Our** agents and fraud prevention agencies obtain and share information with each other to prevent and detect fraudulent claims to help protect **Our** customers and ourselves from such activity.

## Sports and Activities

The following table confirms the sports and activities that this policy will cover on an **Incidental Basis** (which means that the sport or activity **You** are taking part in on **Your Trip** is on a strictly amateur basis and is not the specific reason for **You** going on **Your Trip**). If **You** participate in any sports or activities not mentioned in this table, **You** will not be covered by this policy.

If **You** participate in any listed activity below, **You** are required at all times to wear the appropriate safety equipment for that activity (for example protective clothing and / or suitable head protection).

Activity	Limitations and Conditions
Abseiling	Under supervision of a qualified instructor or guide.
Aerobics	-
Angling / Fishing	-
Archery	-
Badminton	-
Banana Boating / Donuts / Inflatables behind a power boat	-
Baseball	-
Basketball	-
Board Sailing	-
Body Boarding	-
Bowls / Bowling	-
Bridge Walking	Under supervision of a qualified instructor or guide.
Camel Riding	Under supervision of a qualified instructor or guide.
Canoeing	Up to grade 2 on rivers only.

Cave tubing	Under supervision of a qualified instructor or guide and organized through a licensed operator.
Charity or conversation work	Strictly voluntary basis and organized by a registered charity or conservation organisation. Manual work with hand tools only and no working at height above 3 metres.
Clay Pigeon Shooting	-
Climbing	Indoors on climbing wall only.
Cricket	-
Croquet	-
Cross Country Running	No racing.
Curling	-
Cycling	Leisure only and no racing.
Deep Sea Fishing	Under supervision of a qualified instructor or guide.
Dingy Sailing	No racing.
Dodgeball	-
<b>Activity (continued)</b>	<b>Limitations and Conditions (continued)</b>
Driving any car, motorcycle, moped or scooter, for which <b>You</b> are licensed to drive in <b>Your Home Country</b>	No motor rallies or racing. For scooter, mopeds or motorcycles <b>You</b> must wear a crash helmet and appropriate protective clothing.
Elephant Riding	Under supervision of a qualified instructor or guide.
Falconry	Under supervision of a qualified instructor or guide.
Fell Walking / Running / Rambling / Trekking	-
Fencing	-
Flotilla Sailing	Under supervision of a lead skipper and within 20 miles of coastland or inland water.
Flying	As a passenger in a fully licensed passenger aircraft only.
Football	-
Geocaching	Under 2,500 metres altitude.

Go Karting	Under supervision of a licensed operator.
Golf	-
Handball	-
Helicopter Rides / Tours	As a passenger in a fully licensed helicopter only.
Hiking (under 3,000 metres altitude)	-
Horse Riding	No polo, hunting, jumping or racing and You must wear a helmet.
Hot Air Ballooning	As a passenger under supervision of a licensed operator.
Hydro Zorbing	Under supervision of a licensed operator.
Ice Skating	In a rink and no hockey or speed skating.
Jet Boating	As a passenger and with a licensed operator.
Jet Skiing	Under supervision of a licensed operator.
Jogging	-
Kayaking	Up to grade 2 on rivers only.
Motor Boating	As a passenger under with a licensed operator.
Mountain Biking	Wearing a helmet and only casual or off road. No endurance, downhill, freeriding, four-cross, dirt jumping, trials, stunting or racing.
Netball	-
Narrowboat / Canal Cruising	Inland waters only.
Orienteering	-
Paint Balling	<b>You</b> must wear eye protection and appropriate safety clothing.
Parascending	Towed by a boat over water only and with a licensed operator.
Pony Trekking	<b>You</b> must wear a helmet.
Rackets / Racquetball	-
Rambling / Walking	Under 2,500 metres altitude.

Rifle Range Shooting	Under supervision of a qualified instructor or guide and with a licensed operator.
Ringos	Under supervision of a licensed operator.
River Tubing	Under supervision of a qualified instructor or guide.
Roller Blading / Roller Skating	-
<b>Activity (continued)</b>	<b>Limitations and Conditions (continued)</b>
Rounders / Softball	-
Rowing	No racing and within sight of land.
Running	-
Safari	Organized guided tour by vehicle and supervised walking only.
Sail Boarding	-
Sailing / Yachting	Within 20 miles of a coastline or inland waters.
Sandboarding / Sand Dune Surfing	-
Sand Yachting	-
Scuba Diving	To a maximum depth of 18 metres below sea level. No solo diving. If unqualified <b>You</b> must be accompanied by a qualified instructor or dive master. No commercial or professional or technical diving (such as cave or cavern, ice, enriched air, free, tutor or wreck diving).
Shark Diving	In a cage only and under supervision of a qualified instructor or guide. Organised through a licensed operator.
Skateboarding	<b>You</b> must wear a helmet.
Snooker, Pool or Billiards	-
Snorkelling	-
Squash	-
Surfing	-
Swimming	If in open water within sight of land.
Swimming with dolphins	Under supervision of a qualified instructor or guide. Organised through a licensed operator.
Table Tennis	-
Tennis	-
Tenpin Bowling	-

Trampolining	-
Trekking	Under 2,500 metres altitude.
Tubing	Under supervision of a qualified instructor or guide.
Tug of War	-
Volleyball	-
Wake Boarding	-
Water Polo	-
Water Skiing	-
Wind Surfing	-
Yoga	-
Zip Lining	Under supervision of a qualified instructor or guide.
Zorbing	Arranged with a licensed operator.

## What to do in the Event of a Claim

In the event of a **Serious Illness** or **Bodily Injury** which leads to **You** being an in-patient in hospital or before any arrangements are made for repatriation **You** or **Your** representative must contact the **Emergency Assistance Service** immediately on **+44 1733 224 956**.

The service is available to **You** and operates 24 hours a day, 365 days a year for advice, assistance, repatriation and authorisation of medical expenses. If immediate contact is not possible because the condition requires emergency treatment, **You** or **Your** representative must contact the **Emergency Assistance Service** as soon as possible.

Private medical treatment is not covered unless authorised specifically by the **Emergency Assistance Service**.

### Medical Assistance Abroad

The **Emergency Assistance Service** has the medical expertise, contacts and facilities to help should **You** suffer a **Bodily Injury** or a **Serious Illness**. The **Emergency Assistance Service** will also arrange to transport **You Home** when this is considered to be medically necessary.

### Payment for Medical Treatment Abroad

If **You** are admitted to a hospital / clinic while abroad, the **Emergency Assistance Service** will arrange for medical expenses covered by the policy to be paid direct to the hospital / clinic. To take advantage of this benefit someone must contact the **Emergency Assistance Service** for **You** as soon as possible.

For out-patient treatment, **You** should pay the doctor / hospital / clinic yourself and claim back medical expenses from **Us** on **Your** return to **Your Home**. Please beware of requests for **You** to sign for excessive treatment or charges. If **You** have a doubt regarding any such requests, please call the **Emergency Assistance Service** for guidance. On **Your** return home **You** should call **+44 1733 224 958** or email [claims@white-horse.ie](mailto:claims@white-horse.ie) order to claim back **Your** medical expenses.

When contacting the **Emergency Assistance Service** provider or the claims handler, to avoid any delays please quote **Your** unique Revolut **Group Policy** number '**WH/RG0817**' and state that **You** hold a Revolut **Group policy** with White Horse Insurance Ireland dac.

The primary language of the **Emergency Assistance Service** provider and claims handler is English. The Emergency Assistance Service provider can provide its services in other languages to enable it to deal with medical facilities around the world.

Telephone calls are recorded and may be monitored.

## Reciprocal Health Agreements

If **You** are travelling to countries within the European Union, the European Economic Area (EEA) **You** are strongly advised to check if **You** are entitled to benefit from the reciprocal health care arrangements which exist between countries within the EU/EEA. **You** must have in **Your** possession a valid European Health Insurance Card (EHIC).

If **You** are travelling to Australia, **You** must enroll with a local Medicare office immediately or after **You** have received medical treatment for the first time..

## Making Yourself Heard

**We** know that sometimes, no matter how hard **We** try, **We** don't always get it right. If **We** give **You** cause for complaint, it's important that **You** know that **We** are committed to providing **You** with an exceptional level of service and customer care. When this happens, **We** want to hear about it so that **We** can try to put things right.

Should **You** have any complaint regarding **Your** insurance or the way **Your** claim has been dealt with, please contact:

The Customer Experience Manager  
White Horse Insurance Ireland dac  
First Floor  
Rineanna House  
Shannon Free Zone  
Shannon  
County Clare  
Republic of Ireland

Alternatively, **You** can email: [complaints@white-horse.ie](mailto:complaints@white-horse.ie)

The Customer Experience Manager will issue a final response to **Your** complaint. If **You** are still not satisfied with **Our** decision after following the above procedure, **You** may then contact the:

Financial Services Ombudsman's Bureau  
3rd Floor  
Lincoln House  
Lincoln Place  
Dublin 2  
Republic of Ireland

Email: [enquiries@financialombudsman.ie](mailto:enquiries@financialombudsman.ie)  
Website: [www.financialombudsman.ie](http://www.financialombudsman.ie)  
Telephone: 00 353 1 662 0899

Please note that the Financial Services Ombudsman's Bureau will not consider **Your** complaint until a final response letter has been issued by **Us**.