

# Worldwide Travel Insurance with Everyday Extra

Your policy document

The **co-operative** bank

# Worldwide Travel Insurance

Inside this booklet you'll find all the information you need about your Worldwide Travel Insurance policy, which comes as standard with your Everyday Extra Current Account. It covers everything from what to do in an emergency, to important terms and conditions. You should take this with you when you travel, just in case anything unfortunate occurs. Please ensure you have read and understood the benefit schedule and policy document all contained within this booklet.



Call **+44(0)344 249 9981** for general enquiries 8am to 8pm, Mon - Fri, 9am to 6pm, Sat and Sun.  
Breakdown and Medical Emergencies Lines available 24/7

Lines are available from both the UK and abroad.

For Breakdown Cover, Travel Insurance and Mobile Phone Insurance queries call  
**+44(0) 344 249 9981** (8am to 8pm, Monday to Friday, 9am to 6pm, Saturday & Sunday)

# Contents

<b>Do you need to make a Medical Health Declaration?</b>	<b>4</b>	H. Hospital Benefit	34
<b>Statement of Demands and Needs</b>	<b>6</b>	I. Baggage, Baggage Delay, Personal Money and Passport	35
<b>Policy document</b>	<b>6</b>	J. Personal Accident	37
<b>Definitions</b>	<b>10</b>	K. Personal Liability	38
<b>Important Health Requirements</b>	<b>14</b>	L. Overseas Legal Expenses and Assistance	39
<b>General Conditions</b>	<b>20</b>	M Winter Sports	40
<b>General Exclusions</b>	<b>22</b>	1 Ski Equipment and Ski Equipment Hire	
<b>Sports and Winter Sports Activities</b>	<b>24</b>	2 Ski Pack	
		3 Piste Closure	
		N. Golf Cover	42
		1 Golf Equipment	
		2 Golfing Liability	
		3 Green Fees	
		4 Hole in One	
<b>The Insurance</b>		O. Hijack	44
A. Travel Advice	25	P. European Pet Care	44
B. Travel Assistance	26	Q Travel Disruption Cover	45
C. Cancellation or Curtailment Charges	26	<b>Complaints Procedure</b>	<b>48</b>
D. Delayed Departure/Abandonment	29	Use of Your Personal Data	48
E. Missed Departure	30		
F. Involuntary Denial of Boarding	31		
G. Emergency Medical and Other Expenses	32		

# Do you need to make a Medical Health Declaration?

## Please follow this step-by-step guide

As part of your application, **you** will have completed a Medical Health Declaration. It is important to note that no claim arising directly or indirectly from a pre-existing medical condition affecting any person travelling under this insurance will be covered unless ALL pre-existing medical conditions have been declared to The Co-operative Bank Medical Assessment Helpline prior to the commencement of cover under this policy and/or prior to any trip, plus any changes in health or prescribed medication have been declared and **we** have accepted the condition(s) for insurance in writing.

If **you** feel **you** need to provide any additional details relating to **your** medical health, or if it has been 12 months or more since **you** completed the Medical Health Declaration, please review the information below.

### Step 1

Please read the following questions carefully.

a) **During the last two years**, has anyone travelling under this policy had any medical or psychological condition:

- Which has resulted in symptoms, or
- For which any form of treatment or prescribed medication has been required, or
- For which they have required any medical consultation, investigation or follow-up/ check-up?

Yes  No

b) Has anyone travelling under this policy **EVER** had any cardiovascular or circulatory condition? For example:

- A heart attack, angina, chest pain(s), or any other heart condition
- High blood pressure, blood clots, raised cholesterol, aneurysm or any circulatory disease
- Any form of stroke, transient ischaemic attack, or brain haemorrhage.

Yes  No

If **you** have answered YES to either (a) or (b).



Proceed to Step 2.

If **you** have answered NO to BOTH questions.



No further action required. **You** do not need to tell us anything more about **your** medical history at this time.

Worldwide Travel Insurance provided by AXA Travel Insurance and underwritten by Inter Partner Assistance.

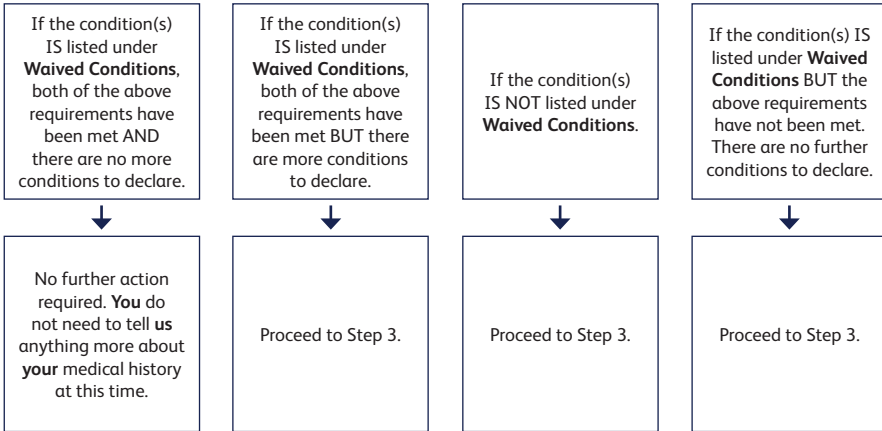
## Step 2 – Automatically Accepted Conditions

The medical conditions under Section **Waived Conditions** on page 15 are covered free of charge and subject to the normal terms and conditions of this insurance, **provided**:

a) the insured person is not awaiting surgery for the condition, **and**

b) the insured person has been fully discharged from any post-operative follow-up.

**You do not need to declare any of those conditions to us provided both of the above requirements have been met.**



## Step 3

Each person who is travelling under this policy and who has been directed to Step 3 will need to call the **Medical Assessment Helpline** on **0344 249 9981** to declare:

- a) any conditions listed under **Waived Conditions** (where all criteria have not been met), **and**
- b) any other medical conditions.

If **you** have a pre-existing medical condition **you** must make a medical health declaration when:

- a) opening **your** Everyday Extra Current Account, or
- b) booking any trip, or
- c) upon the annual renewal of **your** medical health declaration, whichever is the later.

**We** will assess the medical information supplied to **us** and advise if we can cover the pre-existing medical condition(s), if certain exclusions or restrictions should be imposed, or if cover can be offered subject to the payment of an

additional premium. If the cover is subject to the payment of an additional premium, cover will not commence until full payment has been received by us and written confirmation has been provided by us.

If **your** policy is endorsed to cover any claims arising from your pre-existing medical condition(s), the endorsement will remain valid for 12 months and **you** need not re-declare **your** pre-existing medical condition(s) when taking any trips within that 12-month period.

If there are any changes in **your** health or prescribed medication after **you** declare, **you** must notify **us** and update your medical health declaration prior to booking any trip or departing on any trip. All changes must be declared to **us** and accepted in writing before cover can continue.

**Failure to declare pre-existing medical conditions that are relevant to this insurance may invalidate your claim.**

# Statement of Demands and Needs

This product meets the demands and needs of those under 80 years of age travelling abroad in respect of medical and other similar expenses throughout the duration of the policy.

The Co-operative Bank p.l.c. is not providing **you** with a personal recommendation based on **your** individual circumstances as to whether this policy is suitable for **your** needs, and recommends that **you** read the full details and conditions of your insurance which are located in your policy wording.

## Policy document

### Travel Insurance Schedule

**Please note:** No excesses are payable on claims under this policy.

Benefit Schedule	Benefit Amount
<b>Section A – Travel Advice</b> Travel Advice (Visa, vaccination, weather forecast, language, opening hours)	Included
<b>Section B – Travel Assistance</b> Medical Helpline, Travel Assistance, Legal Assistance, Lost or Stolen Document Assistance, Interpreter, Message Relay, Lost Luggage Assistance	Included
<b>Section C – Cancellation or Curtailment Charges</b> Cancellation or Curtailment Re-booking fees	up to £5,000 up to £300
<b>Section D – Delayed Departure/Abandonment</b> Travel Delay, maximum – After first 12 hours – Per six hours thereafter Abandonment	£250 £25 £25 up to £5,000
<b>Section E – Missed Departure</b>	up to £1,000
<b>Section F – Involuntary Denial of Boarding</b>	£100

<b>Benefit Schedule</b>	<b>Benefit Amount</b>
<b>Section G – Emergency Medical and Other Expenses</b> Medical Expenses and Repatriation Emergency Dental Pain Relief Relative/Friend to travel out if travelling alone when hospitalised Extended stay (Insured/Companion) Return Home of Children Funeral Expenses Infants born following Complications of Pregnancy, maximum per event	up to £10,000,000 £500 Economy Flight + £150 per day; maximum 10 days £150 per day, maximum £1,500 Economy Flight + £150 per day; maximum 3 days up to £4,000 £75,000 (or £200,000 for trips to the USA or Caribbean)
<b>Section H – Hospital Benefit</b> Hospital Benefit Mugging Benefit	£25 per day; maximum claim £600 £50 per day; maximum claim £1,200
<b>Section I – Baggage, Baggage Delay, Personal Money and Passport</b> Baggage (maximum) – Single Item Limit – Valuables Limit in Total Personal Money – Cash Limit – Cash Limit under 16s Delayed Baggage, maximum after 12 hours Lost or stolen Passport, identity card or visa	£2,500 £250 £250 £500 £250 £100 £100 £250
<b>Section J – Personal Accident</b> Personal Accident (maximum) – Loss of Limbs or Sight – Permanent Total Disablement (>16 < 70) – Permanent Total Disablement (<16 > 70) – Death Benefit	Up to £25,000 £25,000 £25,000 Nil £25,000
<b>Section K – Personal Liability</b>	up to £2,000,000
<b>Section L – Overseas Legal Expenses and Assistance</b>	up to £25,000

Benefit Schedule	Benefit Amount
<b>Section M – Winter Sports</b> Ski Equipment Owned – Single Item/Pair Limit Ski Equipment Hired – Single Item/Pair Limit Ski Hire, maximum – per week Ski Pack, maximum – per day Piste Closure, maximum – per day	up to £500 £100 up to £500 £100 £150 £50 £250 £50 £250 £50
<b>Section N – Golf Cover</b> Golf Equipment Owned – Single Item/Pair Limit Golfing Liability Green Fees Hole in One	up to £500 £250 up to £500,000 £250 £250
<b>Section O – Hijack</b> Hijack – per day	£500 £100
<b>Section P – European Pet Care</b> Sudden Accident/Illness, maximum Lost and found costs Quarantine Repatriation	£1,000 £500 £1,000 £1,000
<b>Section Q – Travel Disruption</b>	£2,000

For travel advice and emergency assistance telephone **+44 (0) 344 249 9981**



## Introduction

This is **your** travel insurance policy. It contains details of cover, conditions and exclusions relating to each **insured person** and is the basis on which all claims will be settled.

On the condition that **you** meet the requirements of being an **insured person**, we will in the event of **bodily injury**, death, **medical condition**, disease, loss, theft, damage or other events happening within the **period of insurance** provide insurance in accordance with the operative sections of **your** policy as referred to in **your** schedule.

The schedule and any endorsements are all part of the policy.

## Policy Information or Advice

If **you** would like more information, telephone our customer helpline on **0344 249 9981**.

## Underwriter

This policy is underwritten by Inter Partner Assistance S.A.

## Important Requirement applying to your policy

Cover commences on the date **you** open an Everyday Extra Current Account and will continue for each month **you** hold that account and continue to pay the monthly subscription.

If **you** have a **pre-existing medical condition**, **you** must make a **medical health declaration** when:

- Opening **your** Everyday Extra current account,
- Booking any **trip**, or
- Upon the annual renewal of **your medical health declaration**, whichever is the later.

If there are any changes in **your** health or prescribed medication **you** must notify us and update **your medical health declaration** prior to booking any **trip** or departing on any **trip**.

All changes must be declared to **us** and accepted in writing before cover can continue.

Failure to declare **pre-existing medical conditions** that are relevant to this insurance may invalidate **your** claim.

## Changes to your policy Terms and Conditions

In the event that the insurer needs to change the terms, we will give **you** 30 days' notice in writing to your last known address. This will only be for valid reasons:

- To respond proportionately to changes in the law
- To respond to decisions of the Financial Ombudsman Service
- To meet regulatory requirements, industry guidance or codes of practice
- To proportionately reflect other increases or reductions in costs associated with providing the cover
- To change the level of cover to reflect any changes in the travel market.

## DUAL INSURANCE:

If at the time of any incident which results in a claim under this policy, there is another insurance covering the same loss, damage, expense or liability we will not pay more than our proportional share (not applicable to PERSONAL ACCIDENT).

## Policy Information

1. This policy contains certain restrictions regarding **pre-existing medical conditions** concerning the health of the people travelling and of other people upon whose health the holiday may depend. **You** are advised to read the Important Health Requirements on page 14 and the Important Limitations Under Section C – Cancellation or Curtailment Charges on page 18.

2. **You** must claim against **your** private health insurer first for any inpatient medical expenses abroad, up to **your** policy limit.
3. If injury, illness, loss, theft or damage happens **you** should immediately call **us** on **0344 249 9981** to report a **medical emergency**, request repatriation, report any loss, theft or damage.
4. In the event of **curtailment** necessitating **your** early return **home**, **you** must contact **us**. The service is available to **you** and operates 24 hours a day, 365 days a year for advice and assistance with **your** return **home**. **We** will arrange transport **home** when **you** have notice of serious illness, imminent demise, or death of a **close relative** in the country of residence.
5. **Your** policy will be governed by the laws of England and Wales unless **we** have specifically agreed in writing otherwise.
6. This policy is only available to **you** if **you** are a resident of the **United Kingdom** at the date of booking each holiday and are registered with a General Practitioner in the **United Kingdom**.
7. **You** are covered for any holiday or journey for pleasure with each individual **trip** limited to 45 consecutive days, beginning and ending in the **United Kingdom**. Cover for trips involving Winter Sports Activities is limited to 21 days in total in any 12-month period. **You** must not undertake business of any kind during the holiday. It is not possible to extend this policy to cover **trips** of more than 45 continuous days.
8. Any **trip** solely within the **United Kingdom** is only covered where **you** have pre-booked at least two nights' accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee.

## 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.

### Adverse weather conditions

Rain, wind, fog, thunder or lightning storm, flood, snow, sleet, hail, hurricane, cyclone, tornado or tropical storm which is not caused by or has not originated from a geological or catastrophic event such as but not limited to an earthquake, volcano or tsunami.

### Adviser

Specialist solicitors or their agents.

### Adviser's costs

Reasonable fees and disbursements incurred by the **adviser** with **our** prior written authority. Legal and accounting expenses shall be assessed on the standard basis and third party costs shall be covered if awarded against **you** and paid on the standard basis of assessment.

### Baggage

Luggage, clothing, personal effects and other articles which belong to **you** and are worn, used or carried by **you** during any **trip** (excluding **valuables** and **personal money**).

### Bodily injury

An identifiable physical injury caused by a sudden, violent, external, unexpected specific event.

### Close business associate

Any person whose absence from business for one or more complete days at the same time as **your** absence prevents the proper continuation of that business.

### Close relative

Mother, father, sister, brother, wife, husband, daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, stepparent, stepchild, stepsister, stepbrother, foster child, legal guardian, legal ward, **partner** or fiancé/ fiancée or Common-Law **Partner** (any couple, including same-sex, in a common law relationship or who have co-habited for at least six months).

### Complications of pregnancy

The following unforeseen complications of pregnancy as certified by a **medical practitioner**: toxæmia; gestational hypertension; pre-eclampsia; ectopic pregnancy; hydatidiform mole (molar pregnancy); hyperemesis gravidarum; ante partum hæmorrhage; placental abruption; placenta prævia; post partum hæmorrhage; retained placenta membrane; miscarriage; stillbirths; medically necessary emergency Caesarean sections/medically necessary termination; and any premature births or threatened early labour more than eight weeks (or 16 weeks in the case of a multiple pregnancy) prior to the expected delivery date.

### Curtailement/curtail

Cutting short **your trip** by returning **home** due to an emergency authorised by us.

### Dependent children

All children who are 22 years of age or under (including legally adopted, legal ward/ guardianship, foster and step children) of either the **First Named Account Holder** or **Joint Account Holder/Second Named Account Holder** who at the start date of the journey are living at either the **First Named Account Holder's** or **Joint Account Holder/Second Named Account Holder's home** address and have no other residence or are in full-time education (living at either the **First Named Account Holder's** or **Joint Account Holder/Second Named Account Holder's home** address or are living at a fixed term time address) and are 22 years of age or younger. **Dependent children** must be unmarried or have not entered into a Civil Partnership in

order to be covered by this insurance. We will cover **dependent children** who are 22 years of age or under, who do not reside permanently (or for the majority of the time) with the **First Named Account Holder** or **Joint Account Holder/Second Named Account Holder**, providing the dependent child(ren) reside(s) permanently with the other parent for the remainder of the time and provided that the residency arrangements are governed by a formal written agreement.

### First Named Account Holder

The person whose name appears first on the Everyday Extra Current Account.

### Golf equipment

Golf clubs, golf balls, golf bag, golf trolley, and golf shoes forming part of **your baggage**.

### Hole-in-one

Driving from the tee during a golf match and holing out in a single stroke.

### Home

**Your** normal place of residence in the **United Kingdom**.

### Joint Account Holder/Second Named Account Holder

The person whose name appears second on the Everyday Extra Current Account.

### Loss of limb

Loss by physical severance, or the total and irrecoverable permanent loss of use or function of, an arm at or above the wrist joint, or a leg at or above the ankle joint.

### Loss of sight

Total and irrecoverable **loss of sight** in one or both eye(s); this is considered to have occurred if the degree of sight remaining after correction is 3/60 or less on the Snellen scale. (This means being able to see at three feet or less what **you** should see at 60 feet).

### Medical condition(s)

Any medical or psychological disease, sickness, condition, illness or injury that has affected **you** or any **close relative**, travelling companion or person with whom **you** intend to stay whilst on **your trip**.

**Medical emergency**

A **bodily injury** or sudden and unforeseen illness suffered by **you** while **you** are on a **trip** outside the **United Kingdom** and a registered **medical practitioner** tells **you** that **you** need immediate medical treatment or medical attention.

**Medical health declaration**

Medical information that needs to be declared to us by any **insured person** who has suffered from a **pre-existing medical condition** when:

- a) opening the Everyday Extra Current Account
- b) prior to booking any **trip**, or
- c) upon each annual renewal: whichever is the later.

**Medical practitioner**

A legally licensed member of the medical profession, recognised by the law of the country where treatment is provided and who, in rendering such treatment is practising within the scope of his/her licence and training, and who is not related to **you** or any travelling companion.

**Mugging**

A violent, threatening attack by an unknown third party causing actual bodily harm.

**Pair or set**

Items of **baggage, valuables, golf equipment** or **ski equipment** forming part of a set or which are normally used together.

**Panel**

**Our panel** of **advisers** who may be appointed by **us** to act for **you**.

**Partner**

The spouse or legal **partner** of the **First Named Account Holder** at the same address in a relationship (for six months or more).

**Period of insurance**

Cover commences on the date **you** open an Everyday Extra Current Account and will continue for each month **you** hold that account and continue to pay the monthly subscription.

Under this policy Section C – Cancellation cover – shall be operative from the date **you** open an Everyday Extra Current Account or the time **you** book each **trip**, whichever is later, and ceases upon commencement of **your trip** or on the expiry of the **period of insurance**, whichever is sooner. For all other sections of the policy, the insurance commences when **you** leave **your home** or hotel, or **your** place of business (whichever is the later) to commence the **trip** and terminates at the time **you** return to **your home**, hotel or place of business (whichever is the earlier) on completion of the **trip**.

If **you** cancel **your** Everyday Extra Current Account mid-term and/or cease to pay the monthly subscription then all cover will cease from the expiry date of **your** subscription, whether or not **you** are on a holiday at the time.

**Extension to the period of insurance**

If **your** return journey to the **United Kingdom** is unavoidably delayed because of something which is covered under this policy, **we** will automatically extend **your** cover for the period of the delay at no additional cost.

**Permanent total disablement**

Disablement which, having lasted for a period of at least 12 consecutive months from the date of occurrence will, in the opinion of an independent qualified specialist, prevent **you** from engaging in, or giving any attention to, any business or occupation for the remainder of **your** life.

**Personal money**

Bank notes, currency notes and coins in current use, travellers and other cheques, postal or money orders, prepaid coupons or vouchers, travel tickets, hotel vouchers and passport, all held for private purposes.

**Pre-existing medical condition(s)**

1. Any past or current **medical condition** that has given rise to symptoms or for which any form of treatment or prescribed medication, medical consultation, investigation or follow-up/check-up has been required or received during the two years prior to:

- a) opening **your** Everyday Extra Current Account,
  - b) booking any **trip**, or
  - c) upon the annual renewal of your **medical health declaration**, whichever is the later, and
2. Any cardiovascular or circulatory condition (e.g. heart condition, high blood pressure, blood clots, raised cholesterol, stroke, aneurysm) that has occurred at any time prior to any **trip**.

If **you** are aware of any **pre-existing medical condition(s)** these must be declared to the Medical Assessment Helpline on **0344 249 9981**, and accepted for cover.

#### **Public transport**

Any publicly licensed aircraft, sea vessel, train or coach on which **you** are booked to travel.

#### **Ski equipment**

Skis (including bindings), ski boots, ski poles and snowboards.

#### **Sports Activities and Winter Sports Activities**

The activities listed on page 24 for which **your** participation in during your holiday is not the sole or main reason for **your** trip. During a winter holiday the **Winter Sports Activities** detailed are covered by **your** policy.

#### **Strike or industrial action**

Any form of industrial action which is carried out with the intention of stopping, restricting or interfering with the production of goods or provision of services.

#### **Territorial limits**

Worldwide, excluding the **United Kingdom** for Medical Expenses Benefits. Any **trip** solely within the **United Kingdom** is only covered where **you** have pre-booked at least two nights' accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee.

Please note: Any trips to a country, specific area or event when the Travel Advice Unit of the Foreign, Commonwealth & Development Office (FCDO) or regulatory authority in a

country to/from which you are travelling has advised against all travel or all but essential travel are not covered.

#### **Terrorism**

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 organisation(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**

Any holiday, cruise or journey for pleasure of not more than 45 continuous days made by **you** within the **territorial limits** during the **period of insurance**, beginning and ending in the **United Kingdom**. Cover for **trips** involving **Winter Sports Activities** is limited to 21 days in total in any 12-month period.

Any **trip** solely within the **United Kingdom** is only covered where **you** have pre-booked at least two nights' accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee.

**You** must not undertake business of any kind during the holiday.

It is not possible to extend this policy to cover **trips** of more than 45 continuous days.

Please note: Any trips to a country, specific area or event when the Travel Advice Unit of the Foreign, Commonwealth & Development Office (FCDO) or regulatory authority in a country to/from which you are travelling has advised against all travel or all but essential travel are not covered.

#### **Unattended**

When **you** are not in full view of and not in a position to prevent unauthorised interference with **your** property or vehicle.

#### **United Kingdom**

England, Scotland, Wales, Northern Ireland, Isle of Man and the Channel Islands.

### Valuables

Jewellery, gold, silver, precious metal or precious or semiprecious stone articles, watches, leather goods, cameras, camcorders, photographic, audio, video, television and telecommunications equipment (excluding mobile phones and associated equipment but including CDs, DVDs, tapes, films, cassettes, cartridges and headphones), laptops, notebooks and tablets, computer games and associated equipment, telescopes, binoculars, portable DVD players, iPod, MP3/4 players and e-readers.

### We/us/our

The service provider arranged by Inter Partner Assistance S.A.

### You/your/insured person

For single account holders: The **First Named Account Holder**, their spouse or **partner** and **Dependent Children**. The **First Named Account Holder's** spouse or **partner** is only covered when travelling with the **First Named Account Holder**. **Dependent Children** are covered when travelling independently, but children under 18 who are travelling alone

must be dropped off and picked up at their international departure/arrival point by a responsible adult aged 18 or over.

For **Joint Account Holders**: The **First and Second Named Account Holders** and their **Dependent Children**. The **First and Second Named Account Holder**, and their **Dependent Children** are covered when travelling independently of each other, but children under 18 who are travelling alone must be dropped off and picked up at their international departure/arrival point by a responsible adult aged 18 or over.

All **Insured Persons** must be under 80 years of age or if participating in **Winter Sports Activities** under 65 years of age. If **you** reach the age of 80 during a **trip**, or 65 if participating in **Winter Sports Activities**, cover will continue under those sections until the end of that **trip** but not thereafter. All **insured persons** must be residents of the **United Kingdom** at the date of booking each holiday and must be registered with a General Practitioner in the **United Kingdom**.

## Important Health Requirements – For All Insured Persons

**You** must comply with the following conditions in order to have full protection under this policy. If **you** do not comply, **we** may refuse to deal with **your** claim or reduce the amount of any claim payment.

This insurance will not cover **you** if **you**:

1. are travelling against the advice of a **medical practitioner** (or would be travelling against the advice of a **medical practitioner** had **you** sought his/her advice);
2. are travelling with the intention of obtaining medical treatment or consultation abroad;
3. have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which **you** are awaiting investigations/consultations, or

awaiting results of investigations, where the underlying cause has not been established);

4. are not a permanent resident of, and registered with a General Practitioner in, the **United Kingdom**.

No claim arising directly or indirectly from a **pre-existing medical condition** affecting **you** will be covered unless:

- **You** have declared ALL **pre-existing medical conditions** to us; and

- You have declared any changes in **your** health or prescribed medication; and
- We have accepted the condition(s) for insurance in writing.

If **you** have a **pre-existing medical condition** **you** must make a **medical health declaration** when:

- Opening **your** Everyday Extra Current Account; or
- Booking any **trip**; or
- Upon the annual renewal of **your medical health declaration**,

whichever is the later.

We will assess the medical information supplied to **us** and advise if **we** can cover the **pre-existing medical condition(s)**, if certain exclusions or restrictions should be imposed, or if cover can be offered subject to the payment of an additional premium. If the cover is subject to the payment of an additional premium, cover will not commence until full payment has been received by **us** and written confirmation has been provided by **us**.

If **your** policy is endorsed to cover any claims arising from your **pre-existing medical condition(s)** the endorsement will remain valid for 12 months and **you** need not re-declare your **pre-existing medical condition(s)** when taking any **trips** within this 12-month period.

If there are any changes in **your** health or prescribed medication **you** must notify **us** and update **your medical health declaration** prior to booking any **trip** or departing on any **trip**. All changes must be declared to **us** and accepted in writing before cover can continue.

Failure to declare **pre-existing medical conditions** that are relevant to this insurance may invalidate **your** claim.

To declare a **pre-existing medical condition** or a change in **your** state of health or prescribed medication, **you** should contact the Medical Assessment Helpline on **0344 249 9981**.

**You** should also refer to the General Exclusions.

## Waived Conditions

The following **medical conditions** are covered free of charge and subject to the normal terms and conditions of this insurance, provided:

1. the **insured person** is not awaiting surgery for the condition, and
2. the **insured person** has been fully discharged from any post-operative follow-up.

**You** do not need to declare any of these conditions to **us** provided ALL criteria are met.

- Abnormal Smear Test
- Achilles Tendon Injury
- Acne
- Acronyx (Ingrowing Toe-nail)
- Adenoids
- Allergic Rhinitis
- Alopecia
- Anal Fissure/Fistula
- Appendectomy
- Astigmatism
- Athlete's Foot (Tinea Pedis)
- Attention Deficit Hyperactivity Disorder
- Bell's Palsy (Facial Paralysis)
- Benign Prostatic Enlargement
- Bladder Infection (no ongoing treatment, no hospital admissions)
- Blepharitis
- Blindness
- Blocked Tear Ducts
- Breast – Fibroadenoma
- Breast Cyst(s)
- Breast Enlargement/Reduction
- Broken Bones (other than head or spine) – (no longer in plaster)
- Bunion (Hallux Valgus)
- Bursitis
- Caesarean Section

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- Candidiasis (oral or vaginal)
- Carpal Tunnel Syndrome
- Cartilage Injury
- Cataracts
- Cervical Erosion
- Cervicitis
- Chalazion
- Chicken Pox (fully resolved)
- Cholecystectomy
- Chronic fatigue syndrome (if only symptom is fatigue and no hospital admissions)
- Coeliac Disease
- Cold Sore (Herpes Simplex)
- Common Cold(s)
- Conjunctivitis
- Constipation
- Corneal Graft
- Cosmetic Surgery
- Cyst – Breast
- Cyst – Testicular
- Cystitis (no ongoing treatment, no hospital admissions)
- Cystocele (fully recovered, no hospital admissions)
- D & C
- Deaf Mutism
- Deafness
- Dental Surgery
- Dermatitis (no hospital admissions or consultations)
- Deviated Nasal Septum
- Diarrhoea and/or Vomiting (resolved)
- Dilatation and Curettage
- Dislocations (no joint replacement or hospital admissions)
- Dry Eye Syndrome
- Dyspepsia
- Ear Infections (resolved – must be all clear prior to travel if flying)
- Eczema (no hospital admissions/ consultations)
- Endocervical Polyp
- Endocervicitis
- Endometrial Polyp
- Epididymitis
- Epiphora (Watery Eye)
- Epispadias
- Epistaxis (Nosebleed)
- Erythema Nodosum
- Essential Tremor
- Facial Neuritis (Trigeminal Neuralgia)
- Facial Paralysis (Bell's Palsy)
- Femoral Hernia
- Fibroadenoma
- Fibroid – Uterine
- Fibromyalgia
- Fibromyositis
- Fibrositis
- Frozen Shoulder
- Gall Bladder Removal
- Ganglion
- Glandular Fever (full recovery made)
- Glaucoma
- Glue Ear (resolved – must be all clear prior to travel if flying)
- Goitre
- Gout
- Grave's Disease
- Grommet(s) Inserted (Glue Ear)
- Gynaecomastia
- Haematoma (external)
- Haemorrhoidectomy
- Haemorrhoids (Piles)
- Hallux Valgus (Bunion)
- Hammer Toe
- Hay Fever
- Hernia (not Hiatus)
- Herpes Simplex (Cold Sore)
- Herpes Zoster (Shingles)
- Hip Replacement (no subsequent arthritis and never any dislocation of a joint replacement)
- Hives (Nettle Rash)
- Housemaid's Knee (Bursitis)
- HRT (Hormone Replacement Therapy)



- Hyperthyroidism (Overactive Thyroid)
- Hypospadias
- Hypothyroidism (Underactive Thyroid)
- Hysterectomy (provided no malignancy)
- Impetigo
- Indigestion
- Influenza (full recovery made)
- Ingrowing Toe-nail (Acronyx)
- Inguinal Hernia
- Insomnia
- Intercostal Neuralgia (no admissions)
- Intertrigo
- Irritable Bowel Syndrome (IBS)  
(provided definite diagnosis made and no ongoing investigations)
- Keinboeck's Disease
- Keratoconus
- Knee Injury – Collateral/cruciate ligaments
- Knee Replacement (no subsequent arthritis and never any dislocation of a joint replacement)
- Kohler's Disease
- Labyrinthitis
- Laryngitis
- Learning Difficulties
- Leptothrix
- Leucoderma
- Lichen Planus
- Ligaments (injury)
- Lipoma
- Macular Degeneration
- Mastitis
- Mastoidectomy (resolved – must be all clear prior to travel if flying)
- Menopause
- Menorrhagia
- Migraine (provided definite diagnosis made and no ongoing investigations)
- Miscarriage
- Mole(s)
- Molluscum Contagiosum
- Myalgic Encephalomyelitis (ME)  
(if the only symptom is fatigue and no hospital admissions)
- Myxoedema
- Nasal Infection
- Nasal Polyp(s)
- Nettle Rash (Hives)
- Neuralgia (no hospital admissions)
- Nosebleed(s)
- Nystagmus
- Osgood-Schlatter's Disease
- Osteochondritis
- Otosclerosis
- Overactive Thyroid
- Parametritis
- Pediculosis
- Pelvic Inflammatory Disease
- Photodermatitis
- Piles
- Pityriasis Rosea
- Post Viral Fatigue Syndrome (if the only symptom is fatigue and no admissions)
- Pregnancy (provided no complications)
- Prickly Heat
- Prolapsed Uterus (womb)
- Pruritus
- Psoriasis (no hospital admissions or consultations)
- Repetitive Strain Injury
- Retinitis Pigmentosa
- Rhinitis (Allergic)
- Rosacea
- Ruptured Tendons
- Salpingo-oophoritis
- Scabies
- Scalp Ringworm (Tinea Capitis)
- Scheuermann's Disease (provided no respiratory issues)
- Sebaceous Cyst
- Shingles (Herpes Zoster)
- Sinusitis
- Skin Ringworm (Tinea Corporis)
- Sleep Apnoea (no machine used to assist breathing)
- Sore Throat
- Sprains

- Stigmatism
- Stomach Bug (resolved)
- Strabismus (Squint)
- Stress Incontinence (no urinary infections)
- Talipes (Club Foot)
- Tendon Injury
- Tennis Elbow
- Tenosynovitis
- Termination of Pregnancy
- Testicles – Epididymitis
- Testicles – Hydrocele
- Testicles – Varicocele
- Testicular Cyst
- Testicular Torsion (Twisted Testicle)
- Throat Infection(s)
- Thrush
- Thyroid – Overactive
- Thyroid Deficiency
- Tinea Capitis (Scalp Ringworm)
- Tinea Corporis (Skin Ringworm)
- Tinea Pedis (Athlete's Foot)
- Tinnitus
- Tonsillitis
- Tooth Extraction
- Toothache
- Torn Ligament
- Torticollis (Wry Neck)
- Trichomycosis
- Trigeminal Neuralgia
- Turner's Syndrome
- Twisted Testicle
- Umbilical Hernia
- Underactive Thyroid
- Undescended Testicle
- Urethritis (no ongoing treatment, no hospital admissions)
- URTI (Upper Respiratory Tract Infection) (resolved, no further treatment)
- Urticaria
- Uterine Polyp(s)
- Uterine Prolapse

- Varicocele
- Varicose Veins (legs only, never any ulcers or cellulitis)
- Vasectomy
- Verruca
- Vitiligo
- Warts (benign, non-genital)
- Womb Prolapse (uterus)
- Wry Neck (Torticollis)

## Important Limitations under Section C – Cancellation or Curtailment Charges

Claims under Section C – Cancellation or Curtailment Charges, are not covered for incidents arising directly or indirectly from any **pre-existing medical condition** known to **you** prior to booking any **trip** affecting any **close relative, close business associate**, travelling companion who is not insured under this policy, or any person with whom **you** have arranged to reside temporarily while on **your trip** if:

1. a terminal diagnosis had been received prior to booking any **trip**,
2. they were on a waiting list for or had knowledge of the need for, surgery, in-patient treatment or investigation at any hospital or clinic at the time of booking any **trip**, or
3. during the 90 days immediately prior to booking any **trip** they had required surgery, in-patient treatment or hospital consultations.

## Reciprocal Health Agreements - European Union (not including the EEA or Switzerland)

If **you** are travelling to countries within the European Union (EU), not including the EEA or Switzerland, **you** are strongly advised to obtain a Global Health Insurance Card (GHIC). **You** can apply for a GHIC either online at

[ghic.org.uk](http://ghic.org.uk) or by telephoning 0300 330 1350. This will entitle **you** to benefit from the health care arrangements which exist between countries within the EU.

If **we** agree to pay for a medical expense which has been reduced because **you** have used either a Global Health Insurance Card or private health insurance, **we** will not deduct the excess under EMERGENCY MEDICAL EXPENSES.

When **you** are travelling to Australia and **you** register for treatment under the national Medicare scheme, Medicare provides:

- Free treatment as an in-patient or out-patient at a public hospital
- Subsidised medicines under the Pharmaceutical Benefits Scheme, and
- Benefits for medical treatment provided by doctors through private surgeries and Government Health Centres (not hospitals).

**You** must enrol at Medicare offices in Australia if **you** will be receiving treatment. If **you** receive treatment before **you** enrol, Medicare benefits can be backdated, if **you** are eligible. To be eligible **you** must be a resident of the United Kingdom and will need to show **your** British passport with an appropriate visa. If **you** do not enrol at Medicare offices **we** may reject **your** claim or limit the amount **we** pay to **you**. If **you** need treatment which cannot be carried out under Medicare **you** MUST contact **our** 24-hour Emergency Service before seeking private treatment. If **you** do not do so, **we** may reject **your** claim or limit the amount **we** pay to **you**.

For more information **you** should contact: Health Insurance Commission, PO Box 1001, Tuggeranong, ACT 2901, Australia or visit their website at: [hic.gov.au](http://hic.gov.au)

## Emergency Assistance

In the event of a serious illness or accident which may lead to in-patient hospital treatment, or before any arrangements are made for repatriation or in the event of **curtailment** necessitating **your** early return **home**, or in the event of **you** incurring medical expenses in excess of £500, **you** must contact **us**. The service is available to **you** and operates 24 hours a day, 365 days a year for advice, assistance, making arrangements for hospital admission, repatriation and authorisation of medical expenses. If this is not possible because the condition requires immediate emergency treatment **you** must contact **us** as soon as possible. Private medical treatment is not covered unless authorised specifically by **us**.

### Medical Assistance Abroad

**We** have the medical expertise, contacts and facilities to help should **you** be injured in an accident or fall ill. **We** will also arrange transport **home** when this is considered to be medically necessary, or when **you** have notice of serious illness or death of a **close relative** at **home**.

### Payment for Medical Treatment Abroad

If **you** are admitted to a hospital/clinic while outside the **United Kingdom**, **we** 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 **us** for **you** as soon as possible.

For simple out-patient treatment, **you** should pay the hospital/clinic yourself and claim back medical expenses from **us** on **your** return to the **United Kingdom**. Beware of requests for **you** to sign for excessive treatment or charges. If in doubt regarding any such requests, please call **us** for guidance.



Contact AXA Assistance on telephone:  
+44 (0) 344 249 9981 or + 44 (0) 203 147 7363.

# General Conditions

**You** must comply with the following conditions to have the full protection of the policy. -If **you** do not comply **we** may at **our** option refuse to deal with **your** claim, or reduce the amount of any claim payment.

1. **You** must comply with **our** Important Health Requirements. No cover will come into force, or continue in force, for **Medical Emergency** and Repatriation Service, Cancellation or **Curtailement**, unless each **insured person** who must make a **medical health declaration** in respect of the period for which insurance is required, has declared **ALL pre-existing medical conditions** to **us** and they have been formally accepted by **us** in writing.
 

Any medical information **you** give **us** will be treated as strictly confidential. **We** will not pass **your** medical information to anyone without **your** specific authority. **We** will use it to decide whether or not **we** can cover **you** and **we** will refer to it in the event of any claim.
2. **You** must tell **us** before booking any **trip** or departing on any **trip** if there is any change in **your** health, medication or treatment. If **you** do not tell **us** about changes, claims may not be accepted and **your** policy may be invalid. All changes must be declared to the Co-operative Bank Medical Assessment Helpline on **0344 249 9981** and accepted before cover can continue.
3. **You** must tell **us** as soon as possible if **you** are hospitalised as an in-patient, or of any emergencies or claims whatsoever that are likely to exceed £500.
4. We ask that **you** notify **us** within 28 days of **you** becoming aware of an incident or loss leading to a claim and **you** return **your** completed claim form and any additional information to **us** as soon as possible.
5. In the event of a claim and if **we** require it, **you** must agree to be examined by a **medical practitioner** of **our** choice, at **our** expense. In the event of **your** death **we** may also request and will pay for a post-mortem examination.
6. The maximum age limit for benefits is 79 years (or 64 years to participate in **Winter Sports Activities**).
7. Cover commences on the date **you** open an Everyday Extra Current Account and will continue for each month **you** hold that account and continue to pay the monthly subscription. Before the annual renewal date or the annual renewal date of **your medical health declaration** **you** will need to declare or re-declare any **pre-existing medical conditions** in accordance with the Important Health Requirements.
8. **You** must take all reasonable care and precautions to protect **yourself** against accident, illness, disease or injury and to safeguard **your** property against loss, theft or damage. **You** must act as if **you** are not insured and take steps to minimise **your** loss as much as possible and take reasonable steps to prevent a further incident.
9. **We** will make every effort to apply the full range of services in all circumstances as shown in **your** policy booklet. Remote geographical locations or unforeseeable adverse local conditions may prevent the normal standard of service being provided.
10. **You** must not admit, deny, settle, reject, negotiate or make any arrangement for any claim without **our** permission.
11. Tell **us** and provide full details in writing immediately if someone is holding **you** responsible for damage to their property or **bodily injury** to them. **You** must also immediately send **us** any writ or summons, letter of claim or other document.

12. **We** have the right, if **we** choose, in **your** name but at **our** expense to:
- take over the defence or settlement of any claim,
  - take legal action in **your** name to get compensation from anyone else for **our** own benefit or to get back from anyone else any payments that have already been made, and
  - take any action to get back any lost property or property believed to be lost.
13. **We** may at any time pay to **you our** full liability under the policy after which no further payments will be made in any respect.
14. **You or your** legal representatives must supply at **your** own expense all information, evidence, details of household insurance, medical certificates, original invoices, receipts, reports and assistance that may be needed. **We** may refuse to reimburse **you** for any expenses for which **you** cannot provide receipts or bills. Please keep copies of all documents sent to **us**.
15. **You** must report all incidents to the local police in the country where they occur and obtain a crime or lost property report, which includes an incident number.
16. If **we** provide transportation or settle **your** claim and as a result **you** have unused travel ticket(s) **you** must surrender those tickets to **us**. If **you** do not **we** will deduct the amount of those tickets from any amount paid to **you**.
17. It is important that when applying for insurance (normally when applying for an account) or submitting a claim, **you** or anyone acting on **your** behalf must take reasonable care to answer all questions honestly and to the best of **your** knowledge. Failure to do so may affect the validity of **your** policy or the payment of **your** claim. If **you** or anyone acting for **you** in any respect:
- Makes a claim under the policy knowing the claim to be false or fraudulently exaggerated
  - Makes a statement in support of a claim knowing the statement to be false
  - Submits a document in support of a claim knowing the document to be forged or false, or
  - Makes a claim in respect of any loss or damage caused by **your** wilful act or with **your** connivance
- then **we**
- Will not pay the claim or any future claim made under the policy
  - May at **our** option terminate the policy
  - Shall be entitled to recover from **you** any amount already paid to **you** under the relevant claim
  - May inform the police of the circumstances and shall not make any return of premium.
18. If **we** pay any expense for which **you** are not covered, **you** must pay this back within one month of **our** asking.
19. **You** must give **us**, at **your** expense, all the information, documents and medical certificates **we** ask for including details of other insurance policies that may cover the loss.
20. If at the time of any incident which results in a claim under this policy, there is another insurance covering the same loss, damage, expense or liability, **we** will not pay more than **our** proportional share (not applicable to Section J – Personal Accident).
21. **You** must claim against **your** private health insurer, state health provider and/or other travel insurer for any in-patient medical expenses abroad up to all applicable limits.

# General Exclusions

We will not pay for claims arising directly or indirectly from:

1. Under all sections, any claim arising from a reason not listed in what is covered.
2. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, **terrorism**, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power but this exclusion shall not apply to losses under Section G – Emergency Medical and Other Expenses and Section H – Hospital Benefit unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any trip.
3. 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.
4. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
5. **Your** participation in or practice of any sport or activity unless it is shown as covered in the list of **Sports Activities** and **Winter Sports Activities** on page 24.
6. **Your** engagement in or practice of: manual work involving the use of dangerous equipment in connection with a profession, business or trade; flying except as a fare paying passenger in a fully-licensed passenger-carrying aircraft; the use of motorised vehicle unless a full **United Kingdom** driving licence is held permitting the use of such vehicles and in the case of two or three wheeled vehicles **you** and **your** passenger are wearing a helmet; professional entertaining; professional sports; racing (other than on foot); motor rallies and motor competitions or any tests for speed or endurance.
7. Skiing against local authoritative warning or advice.
8. Any claim resulting from **you** attempting or committing suicide; deliberately injuring **yourself**; using any drug not prescribed by a registered **medical practitioner**, being addicted to any drugs, or abusing solvents, drugs, or alcohol, or being under the influence of drugs, solvents, or alcohol.
9. Self exposure to needless peril (except in an attempt to save human life).
10. Any claim resulting from **your** involvement in a fight except in self-defence.
11. A condition **you** have in respect of which a **medical practitioner** has advised you not to travel or would have done so had **you** sought his/her advice.
12. A condition for which **you** are travelling with the intention of obtaining medical treatment (including surgery or investigation) or advice outside of the **United Kingdom**.
13. A condition for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**.
14. **You** travelling against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.
15. **Your** own unlawful action or any criminal proceedings against **you** or any loss or damage deliberately carried out or caused by **you**.

16. Any other loss, damage or additional expense following on from the event for which **you** are claiming, unless **we** provide cover under this insurance. Examples of such loss, damage or additional expense would be the cost of replacing locks after losing keys; cost incurred in preparing a claim; loss of earnings following **bodily injury** or illness; or loss or costs incurred arising from the interruption of **your** business.
17. Any claim where **you** are entitled to indemnity under any other insurance, including any amounts recoverable from any other source, except in respect of any excess beyond the amount which would have been covered under such other insurance, or any amount recoverable from any other source, had the benefits in this policy herein not been effected.
18. Operational duties as a member of the Armed Forces.
19. **Your** travel to a country, specific area or event when the Travel Advice Unit of the Foreign, Commonwealth & Development Office (FCDO) or regulatory authority in a country to/from which you are travelling has advised against all travel or all but essential travel.
20. Any claim resulting from something **you** knew about at the time of opening **your** Everyday Extra Current Account or before booking any **trip** and which **you** did not declare to the Medical Assessment Helpline on **0344 249 9981** when opening **your** Everyday Extra Current Account or before booking any **trip**.
21. Any claim caused by you climbing, jumping or moving from one balcony to another regardless of the height of the balcony.
22. Any costs **you** would have been required or been expected to pay, if the event resulting in the claim had not happened.
23. Costs of telephone calls or faxes, meals, taxi fares (with the sole exception of the taxi costs incurred for the initial journey to a hospital abroad due to an **insured person's** illness or injury), newspapers, laundry costs, interpreters' fees (with the sole exception of the interpreter costs for valid claims under Section L – Overseas Legal Expenses and Assistance), inconvenience, distress, loss of earnings, or loss of enjoyment.
24. Any circumstances known to you before you purchased your policy or at the time of booking any trip which could reasonably have been expected to lead to a claim under this policy.
25. No insurer shall be deemed to provide and no insurer shall be liable to pay any claim or provide any benefit here under to the extent that the provision of such cover, payment or such claim of such benefit would expose that insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanction, laws or regulations of the European Union, United Kingdom or United States of America.
26. Any virtual currency including but not limited to crypto-currency, including fluctuations in value.



# Sports and Winter Sports Activities

**You** must accept and follow the supervision and tuition of experts qualified in the pursuit or activity in question and **you** must use all appropriate precautions, equipment and eye protection. Disregarding such advice and precautions may invalidate any claim **you** make.

Under no circumstances will any claims arising from any unlisted activities (e.g. cliff jumping, quad biking, canyoning) be covered regardless of whether it is undertaken as part of an organised excursion or event.

## Sports Activities

This policy covers **you** when **you** are engaging in the following sports and activities on a non-competitive and non-professional basis provided **your** participation is not the sole or main reason for **your** trip.

- Abseiling<sup>†</sup>
- Archery<sup>†</sup>
- Badminton
- Baseball
- Basketball
- Bowling
- Camel Riding
- Canoeing (up to grade/class 2)
- Canoeing (up to grade/class 3 to 4)<sup>†</sup>
- Clay pigeon shooting<sup>†</sup>
- Cricket
- Cycling on tarmac<sup>†</sup>
- Elephant Riding
- Fell running<sup>†</sup>
- Fencing<sup>†</sup>
- Fishing
- Football
- Go-Karting<sup>†</sup>
- Golf
- Hockey
- Horse Riding<sup>†</sup>
- Horse Trekking
- Hot air ballooning<sup>†</sup>
- Jet Biking<sup>†</sup>
- Jet Skiing<sup>†</sup>
- Kitesurfing
- Mountain bicycling on tarmac<sup>†</sup>
- Netball
- Orienteering
- Paintball<sup>†</sup>
- Pony Trekking
- Racquetball
- Roller skating
- Rounders
- Running
- Sailing (within 20 Nautical Miles of the coastline)
- Sailing (Outside 20 Nautical Miles of the coastline)<sup>†</sup>
- Scuba diving - to the following depths, when **you** hold the following qualifications:
  - PADI Open Water - 18 Metres
  - PADI Advanced Open Water - 30 Metres<sup>†</sup>
  - BSAC Ocean Diver - 20 Metres<sup>†</sup>
  - BSAC Sports Diver - 35 Metres<sup>†</sup>
  - BSAC Dive Leader - 50 Metres<sup>†</sup>

If you do not hold a qualification, we will only cover **you** to dive to a depth of 18 Metres.
- Squash
- Surfing
- Table Tennis
- Tennis
- Trampolining
- Trekking (Up to 4,000 metres without use of climbing equipment)
- Volleyball
- War games<sup>†</sup>
- Water polo



- Water Skiing
- Wind Surfing

## Winter Sports Activities

Please note: The maximum age limit to participate in **Winter Sports Activities** is 64 years. This policy covers **you** when **you** are engaging in the following sports and activities on a non-competitive and non-professional basis.

- Cross country skiing (on recognised paths)<sup>†</sup>
- Glacier Skiing<sup>†</sup>
- Ice Skating (on recognised ski rinks) (no speed skating)

- Monoskiing
- On piste skiing
- Off piste skiing with a qualified instructor only
- On piste snowboarding
- Off piste snowboarding with a qualified instructor only
- Ski touring<sup>†</sup>
- Skidoo<sup>†</sup>
- Snowblading<sup>†</sup>
- Snowshoeing
- Tobogganing<sup>†</sup>

<sup>†</sup> No Personal Liability or Personal Accident cover.

# Section A. Travel Advice

## What IS Covered

### Section A

Before and during **your trip** we will provide **you** with information on:

1. Current visa and entry requirements for all countries. If **you** hold a passport from a country other than the **United Kingdom**, **we** may need to refer **you** to the embassy or consulate of the country concerned.
2. Current vaccination requirements for all countries and information on current World Health Organisation warnings and where **you** can get them.
3. What **you** should take with **you** regarding first aid and health.
4. Weather forecasts abroad.
5. Specific languages spoken and details of the countries **you** plan to visit.
6. Time zones and time differences.

7. Opening hours of major banks including information and advice on the acceptability of various currencies and travellers' cheques and the main currency in use at the travel destination, as well as the current exchange rates.

**We** can also arrange the following for **you**:

1. Transport to and from airports.
2. Make hotel bookings and reservations.
3. Book hire cars.
4. Make reservations and bookings on scheduled flights.
5. Book tickets for events **you** may wish to see while **you** are away, such as theatre, shows, concerts and exhibitions.



For travel advice and emergency assistance  
telephone +44 (0) 344 249 9981

## Section B. Travel Assistance

### What IS Covered

During **your trip** we will:

1. Assist **you** with the procurement of a lawyer and/or interpreter if **you** are arrested or threatened with arrest while travelling, or are required to deal with any public authority.
2. Relay messages to **your close relatives**, business colleagues or friends in the **United Kingdom**.
3. Assist in locating **your** lost luggage and provide **you** with regular updates on the current situation.
4. Assist in obtaining replacement travel documents if the documents required for the return journey are lost or stolen. **We** will not pay the charges payable for issuing new documents.
5. Advise **you** on how and where to cancel **your** credit cards if they are lost or stolen.
6. Advise **you** on how to transfer money out to **you** if required.
7. Provide help in replacing **your** essential prescription medication if it, or a local equivalent is unavailable when **you** are outside of the **United Kingdom**. **We** will only pay the cost for the shipping, not for the cost of the medication, duties or taxes.
8. Provide an escort service for unaccompanied minors. Any resulting costs will have to be funded by **you**.

### What IS NOT Covered

1. The cost of any advance, flight or delivery fee.
2. Anything mentioned in General Exclusions on page 22.

## Section C. Cancellation or Curtailment Charges

**You** should always contact **us** before **you** cancel or **curtail your trip**. To cancel or curtail **your trip** telephone +44 (0) 344 249 9981.

### Definitions – Applicable to this section

#### Regional quarantine:

Any period of restricted movement or isolation, including national lockdowns, within your country of residence or destination country imposed on a community or geographic location, such as a county or region, by a government or public authority.

#### Personal quarantine:

a period of time where you are suspected of carrying an infection or have been exposed to an infection and as a result are confined or isolated on the orders of a medical professional or public health board in an effort to prevent disease from spreading.

### What IS Covered

**We** will pay **you**, up to the amount shown in the Benefit Schedule, for any irrecoverable unused travel and accommodation costs and other prepaid charges which **you** have paid or

are contracted to pay together with any reasonable additional travel expenses incurred if:

a) cancellation of **your trip** is necessary and unavoidable, or

b) **your trip** is **curtailed** before completion

as a result of any of the following changes in circumstances, which is beyond **your** control, and of which **you** were unaware at the time **you** booked **your trip**:

1. Unforeseen illness, injury or death of **you**, a **close relative**, a **close business associate** or any person with whom **you** are travelling or staying during **your trip**.
2. Compulsory personal quarantine, jury service attendance or being called as a witness at a Court of Law (other than in an advisory or professional capacity) of you or your travelling companion(s).
3. The Travel Advice Unit of the Foreign, Commonwealth & Development Office (FCDO) or other regulatory authority in a country in which you are travelling advising against all travel or all but essential travel to the area you are travelling to/in, but not including where advice is issued due to a pandemic or regional quarantine, providing the advice came into force after you purchased this insurance or booked the trip (whichever is the later) and was within 21 days of your departure date.
4. Redundancy (which qualifies for payment under the current redundancy payment legislation in the **United Kingdom** and at the time of booking **your trip** there was no reason to believe anyone would be made redundant) of **you** or any person with whom **you** are travelling or have arranged to travel with.
5. The withdrawal of leave for members of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department, provided that such cancellation or **curtailment** could not reasonably have been expected at the time of receiving these benefits or booking **your trip** (whichever is the later).

6. The police requesting **you** to remain at or subsequently return to **your home** due to serious damage to **your home** caused by fire, aircraft, explosion, storm, flood, subsidence, malicious persons or theft.

7. **You** having **your** passport or visa stolen in a burglary within seven days of **your** scheduled departure date and **you** cannot obtain a replacement in time.

8. **Your** pet dog or cat requiring life-saving treatment within seven days of **your** scheduled departure date.

## Rebooking Fees

We will pay **you** up to the amount shown in the Benefit Schedule for rebooking fees if, due to an incident covered by Section C – Cancellation, **you** chose to rebook **your** covered holiday instead of cancelling.

## Important Limitations

Claims under Section C – Cancellation or Curtailment Charges are not covered for incidents arising directly or indirectly from any **pre-existing medical condition** known to **you** prior to booking any **trip** affecting any **close relative**, **close business associate**, travelling companion who is not insured under this policy, or any person with whom **you** have arranged to reside temporarily while on **your trip** if:

1. a terminal diagnosis had been received prior to booking any **trip**, or
2. they were on a waiting list for or had knowledge of the need for, surgery, in-patient treatment or investigation at any hospital or clinic at the time of booking any **trip**, or
3. during the 90 days immediately prior to booking any **trip** they had required surgery, in-patient treatment or hospital consultations.

## Special Conditions

1. **You** must obtain a medical certificate from **your** treating **medical practitioner** and prior approval of **us** to confirm the necessity to return **home** prior to **curtailment of your trip** due to death, **bodily injury** or illness.
  2. If **you** delay or fail to notify the travel agent, tour operator or provider of transport/accommodation, at the time it is found necessary to cancel **your trip**, **our** liability shall be restricted to the cancellation charges that would have applied had failure or delay not occurred.
  3. If **you** cancel **your trip** due to **bodily injury** or illness, **you** must provide a medical certificate from the **medical practitioner** treating the injured/ill person, stating that this necessarily and reasonably prevented **you** from travelling.
  4. If the car which **you** intended to use for **your trip** is stolen or damaged within seven days of the departure date then the costs of a hire car will be covered and no cancellation costs will be paid.
  5. **You** must contact **us** to make necessary travel arrangements for **you**.
  6. In the event of a claim for **curtailment**, indemnity will be calculated strictly from the date **you** return to **your home** in the **United Kingdom**.
  7. Anything mentioned in General Conditions on page 20.
3. Any unused or additional costs incurred by you which are recoverable from:
    - The providers of the accommodation, their booking agents, travel agent or other compensation scheme.
    - The providers of the transportation, their booking agents, travel agent, compensation scheme or Air Travel Organisers' Licensing (ATOL).
    - Your credit or debit card provider or Paypal.
  4. The cost of recoverable airport charges and levies.
  5. Any claims arising directly or indirectly from circumstances known to **you** prior to the date these benefits became effective or the time of booking any **trip** (whichever is the earlier) which could reasonably have been expected to give rise to cancellation or **curtailment of your trip** or claims arising directly or indirectly from:
    - a) **Strike or industrial action** or air traffic control delay existing or publicly declared by the date these benefits became effective or **you** booked **your trip** (whichever is the earlier).
    - b) The withdrawal from service (temporary or otherwise) of **public transport** on the orders or recommendation of the regulatory authority in any country.

government body in another country) advises against travel due to a pandemic.

**You** should refer any claim in this case to the transport operator involved.

## What IS NOT Covered

1. Any claim arising directly or indirectly from a **pre-existing medical condition** affecting **you** unless **you** have declared ALL **pre-existing medical conditions** to **us** and **we** have written to **you** accepting them for insurance.
2. Any claim where you cannot travel or choose not to travel because the Foreign, Commonwealth & Development Office (FCDO) (or any other equivalent
6. Any claim due to a regional quarantine.
7. Any costs or charges for which any carrier or provider must, has or will compensate **you**.
8. Any claim resulting from change of plans due to **your** financial circumstances except if **you** are made redundant and qualify for redundancy payment under current UK legislation.

9. Any costs paid for using any airline mileage reward scheme, for example Air Miles, any card bonus point schemes, any Timeshare, Holiday Property Bond or other holiday points scheme and/or any associated maintenance fees.
10. Any claim arising from pregnancy or childbirth unless certified by a **medical practitioner** as necessary due to unforeseen complications which commence after **you** purchased or renewed **your** policy or after booking any **trip**, whichever is the later.
11. Any costs incurred because **you** did not contact the emergency service provider to make the necessary travel arrangements, as soon as **you** knew that **your trip** was to be **curtailed**.
12. Any costs incurred when **you** do not get a medical certificate from the treating **medical practitioner** at **your** resort or place of incident, explaining why it is deemed medically necessary to return **home** early to the **United Kingdom**.
13. Any claim resulting from **your** inability to travel due to an **insured person's** failure to hold, obtain or produce a valid passport or any required visas.
14. Anything mentioned in General Exclusions on page 22.

## Section D. Delayed Departure/ Abandonment

### What IS Covered

If **you** have arrived at the terminal and have checked-in, or attempted to check in for **your** pre-booked flight, sea crossing, international coach or international train journey from or to the **United Kingdom**, and it is delayed for more than 12 hours beyond the intended departure time as a direct result of:

1. **strike or industrial action**,
2. **adverse weather conditions**, or
3. mechanical breakdown of or a technical fault occurring in the scheduled **public transport** on which **you** are booked to travel,

we will pay **you**, either:

- a) £25 for the first full 12 hours that **your** departure is delayed, and
- b) £25 for each additional full six-hour period of delay. The maximum we will pay **you** per **trip** is £250; or

- c) If after a minimum of 24 hours delay on **your** outward journey and the period of **your trip** is reduced by more than 25% of the original pre-booked duration, **you** may choose to submit a cancellation claim under Section C – Cancellation. A refund or alternative compensation must initially be sought from the travel provider.

### Special Conditions

1. **You** must check in or attempt to check in at the terminal according to the itinerary supplied to **you**.
2. **You** must obtain confirmation from the carriers (or their handling agents) in writing of the number of hours of delay and the reason for the delay.



For travel advice and emergency assistance  
telephone +44 (0) 344 249 9981

3. **You** must comply with the terms of contract of the travel agent, tour operator or provider of transport.
4. **You** may claim only once under Section D. Delayed Departure/Abandonment or once under Section E. Missed Departure or once under Section F. Involuntary Denial of Boarding for the same event, not twice or all.
5. Anything mentioned in General Conditions on page 20.

## What IS NOT Covered

1. Claims arising directly or indirectly from:

# Section E. Missed Departure

## What IS Covered

**We** will pay **you**, up to the amount shown in the Benefit Schedule, for reasonable additional accommodation (room only) and travel expenses necessarily incurred in reaching **your** overseas destination/home if **you** fail to arrive at the international departure point in time to board the scheduled **public transport** on which **you** are booked to travel for the first leg of the outbound/return journey of the **trip** as a result of:

1. the failure of other scheduled **public transport**, taking **you** to **your** international departure point, from the UK, or
2. an accident to or breakdown of the vehicle in which **you** are travelling
3. heavy traffic or road closures that were sufficiently severe to warrant reporting on a recognised motoring association website or on television, news bulletins or in the press. **We** will help **you** to get to **your** international departure point by:
  - Liaising with **your carrier** and/or tour operator to advise them of **your** late arrival
  - Arranging emergency local help including towing **your** vehicle to the nearest garage
  - Arranging alternative transport

- a) **Strike or industrial action** or air traffic control delay existing or publicly declared by the date these benefits became effective or **you** booked **your trip** (whichever is the earlier).
- b) The withdrawal from service (temporary or otherwise) of **public transport** on the orders or recommendation of the regulatory authority in any country. **You** should refer any claim in this case to the transport operator involved.

2. Anything mentioned in General Exclusions on page 22.

- Arranging for overnight hotel accommodation and alternative international travel to **your** pre-booked destination by the most direct alternative route.

## Special Conditions

1. **You** must allow sufficient time for the scheduled **public transport** or other transport to arrive on schedule and to deliver **you** to the departure point.
2. **You** must obtain a written report from the carrier confirming the delay and cause.
3. **You** must obtain a written report from the local police or attending emergency service if the vehicle **you** are travelling in breaks down or is involved in an accident.
4. **You** may claim only once under Section D. Delayed Departure/Abandonment or once under Section E. Missed Departure or once under Section F. Involuntary Denial of Boarding for the same event, not twice or under all.
5. Anything mentioned in General Conditions on page 20.

## What IS NOT Covered

1. Claims arising directly or indirectly from:
  - a) **Strike or industrial action** existing or being publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
  - b) An accident to or breakdown of the vehicle in which **you** are travelling for which a professional repairer's report is not provided.
  - c) Breakdown of any vehicle in which **you** are travelling if the vehicle is owned by **you** and has not been serviced properly and maintained in accordance with manufacturer's instructions.
  - d) The withdrawal from service (temporary or otherwise) of **public transport** on the

orders or recommendation of the regulatory authority in any country. **You** should refer any claim in this case to the transport operator involved.

2. Additional expenses where the scheduled **public transport** operator has offered reasonable alternative travel arrangements.
3. Any claim where **you** have not allowed **yourself** sufficient time to arrive at the international departure point in time to check-in or clear passport and security controls.
4. Any claim where **you** did not contact **us** to make the necessary travel arrangements.
5. Anything mentioned in General Exclusions on page 22.

# Section F. Involuntary Denial of Boarding

## What IS Covered

If **you** have checked-in, or attempted to check in, for a confirmed scheduled flight, within the published check-in times, and **you** are involuntarily denied boarding as a result of overbooking, **we** will pay **your** costs incurred in respect of restaurant meals and refreshments consumed between the original scheduled flight departure time and **your** actual departure time, up to the amount shown in the Benefit Schedule.

## Special Conditions

1. **You** may claim only once under Section D. Delayed Departure/Abandonment or once under Section E. Missed Departure or once under Section F. Involuntary Denial of Boarding for the same event, not twice or under all.
2. Anything mentioned in General Conditions on page 20.

## What IS NOT Covered

1. Any costs or charges for which the airline will compensate **you**.
2. Any costs or charges incurred where seat bumping was not involuntary and/or on a mandatory basis.
3. Any claims where written proof from the airline is not obtained confirming **your** inability to travel through over-booking and the period of delay until **your** next available flight is confirmed.
4. Anything mentioned in the General Exclusions on page 22.

## Section G. Emergency Medical and Other Expenses

To comply with the terms and conditions of the insurance, **you** must contact **us** if **you** are hospitalised as an in-patient, or before incurring any expenses whatsoever over £500, in order to obtain **our** prior authorisation, immediately **you** are physically able to do so. For the avoidance of any doubt – failure to contact **us** as required may result in **our** declining to pay **your** claim.

### What IS Covered

**We** will pay the following costs if **you** suffer an unforeseen **bodily injury**, illness or die during a **trip** outside the **United Kingdom**:

1. All reasonable and necessary expenses which arise as a result of a **medical emergency** involving **you**. This includes **medical practitioners' fees**, hospital expenses, medical treatment and all the costs of transporting **you** to the nearest suitable hospital, when deemed necessary by a recognised **medical practitioner**.
2. Emergency dental treatment for the immediate relief of pain and/or emergency repairs to dentures or artificial teeth solely to relieve distress in eating up to the limit in the Benefit Schedule.
3. In the event of **your** death outside of the **United Kingdom** the reasonable additional cost of funeral expenses abroad up to a maximum of £4,000 plus the reasonable cost of returning **your** remains to **your home**.
4. Necessary additional accommodation expenses incurred, up to the standard of **your** original booking, if it is medically necessary for **you** to stay beyond **your** scheduled return date. This includes, with the prior authorisation of **us**, necessary additional accommodation expenses for a friend or **close relative** to remain with **you** and escort **you** home. If **you** and **your** friend or **close relative** are unable to use the original return ticket, **we** will provide additional travel expenses up to the standard of **your** original booking to return **you** to **your home**.
5. With the prior authorisation of **us**, up to £25 per day for receipted out of pocket expenses, where **you** are being treated as an out-patient, whilst on an insured **trip**. e.g. transport costs to get to hospital from **your** holiday accommodation.
6. With the prior authorisation of **us**, economy class transport and up to £150 per night for 10 nights' accommodation expenses for a **close relative** from the **United Kingdom** to visit **you** or escort **you** to **your** home if **you** are travelling alone and if **you** are hospitalised as an in-patient for more than 10 days.
7. With the prior authorisation of **us**, the additional costs incurred in the use of air transport or other suitable means, including qualified attendants, to repatriate **you** to **your home** if it is medically necessary. Repatriation expenses will be in respect only of the identical class of travel utilised on the outward journey unless **we** agree otherwise.
8. Economy class transport and up to £150 per night for three nights' accommodation expenses for a friend or **close relative** to travel from the **United Kingdom** to escort **insured persons** under the age of 16 to **your home** in the **United Kingdom** if **you** are physically unable to take care of them. If **you** cannot nominate a person **we** will then select a competent person.

### Special Conditions

1. **You** must give notice as soon as possible to **us** of any **bodily injury** or **medical**



- condition** which necessitates **your** admittance to hospital as an in-patient or before any arrangements are made for **your** repatriation.
- In the event of **your bodily injury** or **medical condition** we reserve the right to relocate **you** from one hospital to another and arrange for **your** repatriation to the **United Kingdom** at any time during the **trip**. We will do this if in the opinion of the **medical practitioner** in attendance and **AXA Assistance** **you** can be moved safely and/or travel safely to the **United Kingdom** to continue treatment.
  - You** must claim against **your** state or private health insurer for any in-patient medical expenses abroad up to **your** policy limit. In the event of a claim under this section **you** must advise **us** of any other insurance policy **you** hold or benefit from which may provide cover.
  - Anything mentioned in General Conditions on page 20.
  - Costs incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside the **United Kingdom**.
  - The cost of dental treatment replacing dentures, artificial teeth or precious metals.
  - Treatment or services provided by a private clinic or hospital, health spa, convalescent home or any rehabilitation centre unless confirmed as medically necessary by **our** Chief Medical Officer.
  - Any claim arising from your failure to obtain any recommended vaccines, inoculations or medications prior to your trip.
  - Any claim arising from pregnancy or childbirth unless due to unforeseen complications which first arise after departing on **your trip**. Normal pregnancy or childbirth, or travelling when your **medical practitioner** has recorded **your** pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event.
  - Costs of telephone calls, other than calls to **us** notifying them of the problem for which **you** are able to provide a receipt or other evidence to show the cost of the call and the number telephoned.
  - Additional costs arising from single or private room accommodation.
  - Any expenses incurred after **you** have returned to the **United Kingdom** unless previously agreed to by **us**.
  - Treatment costs for cosmetic reasons unless **our** Chief Medical Officer agrees such treatment is necessary as a result of an accident covered by this policy.

## What IS NOT Covered

- Any claims arising directly or indirectly as a result of any **pre-existing medical conditions** unless **you** have declared ALL **pre-existing medical conditions** to **us** and **we** have written to **you** accepting them for insurance.
- Costs of more than £500 or medical repatriation not agreed or authorised by **us** in advance.
- Any costs for transportation and/or accommodation not arranged by **us**, or incurred without **our** prior approval.
- Any treatment which is not a surgical or medical procedure with the sole purpose of curing or relieving acute unforeseen illness or injury.



14. The cost of any treatment which, in the opinion of **our** Chief Medical Officer, can safely be delayed until **you** return **home**.
15. Any costs **you** incur outside the **United Kingdom** after the date **our** Chief Medical Officer tells **you** **you** should return **home** or **we** arrange for **you** to return **home**. (**Our** liability to pay further costs under this section after that date will be limited to what **we** would have paid if **your** repatriation had taken place.)
16. **You** must not unreasonably refuse the medical repatriation services **we** agree to provide and pay for under this policy. If **you** choose alternative medical repatriation services without reasonable grounds for doing so, which **we** have accepted in writing, it will be at **your** own risk and own cost.
17. The cost of flight tickets exceeding economy class for an accompanying non-medical escort in the event of medical repatriation (any increase in cost due to requested upgraded flight tickets must be at the personal expense of the person(s) travelling).
18. Any costs incurred in Europe which would have been covered by the use of an GHIC card had **you** obtained one, and **you** failed to obtain one prior to travel.
19. Any costs incurred in Australia which would have been covered by Medicare had **you** enrolled, and **you** failed to enrol in Medicare, having had the opportunity to do so.
20. Costs incurred in the United States that exceed the average reimbursement the medical service provider receives for all services rendered to its patients for like treatment, but in any event no more than one and a half times the rate that would be applicable if the costs were payable by US Medicare.
21. Air-sea rescue costs.
22. Any medical costs **you** incur when **you** are engaging in **Winter Sports Activities** when **you** are over the age of 64.
23. Anything mentioned in General Exclusions on page 22.

## Section H. Hospital Benefit

### What IS Covered

If **we** accept a claim under Section G – Emergency Medical and Other Expenses, **we** will also reimburse **you** up to £25 for incidental expenses (such as telephone line rental, television rental and visitor taxi journeys) for each continuous 24-hour period that **you** have to spend in hospital as an in-patient outside the **United Kingdom**. Itemised receipts must be kept as proof of costs incurred. If **you** are hospitalised as a result of a **mugging** during the **trip** **we** will pay **you** a further £50 for every complete 24 hours **you** have to stay in hospital as an in-patient outside the **United Kingdom**.

### What IS NOT Covered

1. Any claims arising directly or indirectly from:

- a) Any additional period of hospitalisation relating to treatment or surgery, including exploratory tests, which are not directly related to the **bodily injury** or **medical condition** which necessitated **your** admittance into hospital.
  - b) Any additional period of hospitalisation relating to treatment or services provided by a convalescent or nursing home or any rehabilitation centre.
  - c) Any additional period of hospitalisation following **your** decision not to be repatriated after the date when in the opinion of **us** it is safe to do so.
2. Anything mentioned in General Exclusions on page 22.

# Section I. Baggage, Baggage Delay, Personal Money and Passport

## What IS Covered

### Baggage

We will pay **you**, up to the amount shown in the Benefit Schedule, for the accidental loss of, theft of or damage to **baggage** and/or **valuables**. The amount payable will be the value at today's prices less a deduction for wear tear and depreciation, (or **we** may at **our** option replace, reinstate or repair the lost or damaged **baggage**). The maximum **we** will pay for any one article, pair or set of articles is equal to the Single Item Limit shown in the Benefit Schedule. The maximum **we** will pay for all **valuables** in total is equal to the **valuables** Limit shown in the Benefit Schedule.

### Baggage Delay

We will pay **you** up to the amount shown in the Benefit Schedule for the emergency replacement of clothing, medication and toiletries if **your baggage** is temporarily lost in transit during the outward journey and not returned to **you** within 12 hours, provided written confirmation is obtained from the carrier, confirming the number of hours the **baggage** was delayed. All receipts must be retained.

If the loss is permanent the amount paid will be deducted from the final amount to be paid under this section.

### Personal Money

We will pay **you** up to the amounts shown in the Benefit Schedule for the accidental loss of, theft of or damage to **personal money**.

We will pay **you** up to the amounts shown in the Benefit Schedule for cash limit for bank notes, currency notes and coins and up to the cash limit for under 16s if **you** are aged 15 and under.

### Passport

If **your** passport is lost or stolen outside of the **United Kingdom**, **we** will pay up to the amount shown in the Benefit Schedule for reasonable additional travel and accommodation expenses to obtain an emergency passport abroad.

We will only pay the pro rata value of the lost passport and the costs of the emergency travel document. If **you** subsequently miss **your** scheduled return journey **we** will also pay the costs of a replacement standard class travel ticket to enable **you** to return **home**. **Our** total liability under this section is capped at the level shown in the Benefit Schedule.

## Special Conditions

1. **You** must report all incidences of loss, theft, or attempted theft of **baggage, valuables, personal money, golf equipment and ski equipment** to the local police in the country where the incident occurred within 24 hours of discovery and obtain a written report. A Holiday Representative's Report is not sufficient.
2. For items damaged whilst on **your trip you** must obtain a damage report/repair statement from an appropriate agent (an appropriate agent is a repair service, customer service representative or the manufacturer).
3. **You** must take all reasonable steps to get back any article which has been lost or stolen, and to identify the person **you** believe to be responsible for the loss and assist in any legal action.



4. If **baggage, golf equipment and ski equipment** is lost, stolen or damaged while in the care of a carrier, transport company, authority or hotel, **you** must report to them, in writing, details of the loss, theft or damage and obtain an official report from an appropriate local authority. If **baggage, golf equipment and ski equipment** is lost, stolen or damaged whilst in the care of an airline **you** must:
  - a) immediately obtain a Property Irregularity Report from the airline, but no later than 24 hours of discovery of the incident,
  - b) give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy), and
  - c) retain all travel tickets and tags for submission if a claim is to be made under this policy.
5. **You** must provide an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.
6. **You** must retain any property (for example, **baggage, valuables, personal money, passport**) which is damaged, and, if requested, send it to **us** at **your** own expense. **You** must not abandon any property for **us** to deal with or dispose of any damaged items as **we** may need to see them.
7. If **we** pay a claim for the full value of the property (for example, **baggage, valuables, personal money, passport**) and it is subsequently recovered or there is any salvage then it will become **our** property.
8. Payment will be made based on the value of the property (for example, **baggage, valuables, personal money, passport**) at the time it was damaged, lost or stolen. A deduction will be made for wear, tear and loss of value depending on the age of the property.
9. **You** must produce evidence of the withdrawal of bank notes, currency notes or coins – otherwise no payment will be made.
10. Anything mentioned in General Conditions on page 20.

## What IS NOT Covered

1. Loss, theft of or damage to **valuables** or **personal money** left **unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or locked safety deposit box.
2. Loss, theft of or damage to **baggage, golf equipment and ski equipment** contained in an **unattended** vehicle:
  - a) overnight between 9pm and 9am (local time), or
  - b) at any time between 9am and 9pm (local time) unless it is in the locked boot which is separate from the passenger compartment for those vehicles with a boot, or for those vehicles without a separate boot locked in the vehicle and covered from view and evidence of forcible and violent entry to the vehicle confirmed by a police report issued by the local police in the country of incident.
3. Loss or damage due to delay, confiscation or detention by customs or other authority.
4. Loss, theft of or damage to unset precious stones, contact or corneal lenses, hearing aids, dental or medical fittings, cosmetics, tobacco, alcohol, antiques, musical instruments, deeds, manuscripts, securities, perishable goods, bicycles and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage).
5. Loss or damage due to cracking, scratching, breakage of or damage to china, glass (other than glass in watch faces, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, theft, or accident to the aircraft, sea

- vessel, train or vehicle in which they are being carried.
6. Loss or damage due to breakage of sports equipment or damage to sports clothing whilst in use.
  7. Claims which are not supported by the original receipt, proof of ownership or insurance valuation (obtained prior to the loss) of the items lost, stolen or damaged.
  8. Loss, theft of or damage to business goods, samples, tools of trade, motor accessories and other items used in connection with **your** business, trade, profession or occupation.
  9. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning, repairing or restoring, mechanical or electrical breakdown or liquid damage.
  10. Loss or damage due to depreciation in value, variations in exchange rates or shortages due to error or omission.
  11. Claims arising from loss or theft from **your** accommodation unless there is evidence of forced entry which is confirmed by a police report issued by the local police in the country of incident.
  12. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or **baggage**.
  13. Claims arising from loss, theft or damage of **baggage, golf equipment and ski equipment** shipped as freight or under a bill of lading.
  14. Loss, theft of or damage to travellers cheques if **you** have not complied with the issuers conditions or where the issuer provides a replacement service.
  15. Loss or damage due to depreciation in value, variations in exchange rates or shortages due to error or omission.
  16. **We** will not pay additional fees charged by the embassy or consulate in excess of the pro rata value of the lost passport.
  17. Anything mentioned in General Exclusions on page 22.

## Section J. Personal Accident

### What IS Covered

If **you** suffer an accidental **bodily injury** during **your trip**, which within 12 months is the sole and direct cause of death or **loss of limb, loss of sight** or **permanent total disablement**, **we** will pay to **you** or **your** legal personal representatives one of the following benefits:

1. £25,000 for death,
2. £25,000 for the **loss of limbs**, or the total and irrecoverable **loss of sight** in one or both eyes, or
3. £25,000 for **permanent total disablement** if **you** are over 16 years old or under 70 years old.

The most **we** will pay **you** in total under this section per **trip** is £25,000.

### What IS NOT Covered

1. Any claim arising directly or indirectly from any **pre-existing medical condition(s)**.
2. Any disability or death that is caused by a worsening of physical health (e.g. a stroke or a heart attack) and not as a direct result of a **bodily injury**.
3. Normal and habitual travel to and from **your home** and place of employment or second residence shall not be considered as a part of a **trip**.
4. Anything mentioned in General Exclusions on page 22.

# Section K. Personal Liability

## What IS Covered

We will pay up to the amount shown in the Benefit Schedule, (inclusive of legal costs and expenses up to the amount shown in the policy schedule) against any amount **you** become legally liable to pay as compensation for any claim or series of claims arising from any one event or source of original cause in respect of accidental:

1. **Bodily injury**, death, illness or disease to any person who is not in **your** employment or who is not a **close relative**, relative or member of **your** household.
2. Loss of or damage to property that does not belong to and is neither in the charge of or under the control of **you**, a **close relative**, relative, anyone in your employment or any member of **your** household other than any temporary holiday accommodation occupied (but not owned) by **you**.

## Special Conditions

1. **You** must give **us** written notice as soon as possible of any incident, which may give rise to a claim.
2. **You** must forward every letter, writ, summons and process to us as soon as **you** receive it.
3. **You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **our** written consent.
4. **We** will be entitled if **we** so desire to take over and conduct in **your** name the defence of any claims for indemnity or damages or otherwise against any third party. **We** shall have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **you** shall give **us** all necessary information and assistance which **we** may require.

5. In the event of **your** death, **your** legal representative(s) will have the protection of the Benefit Schedule provided that such representative(s) comply(ies) with the terms and conditions outlined in this document.
6. Anything mentioned in General Conditions on page 20.

## What IS NOT Covered

1. Any claim arising in connection with a **trip** solely in the **United Kingdom**.
2. Compensation or legal costs arising directly or indirectly from:
  - a) Liability which has been assumed by **you** under agreement unless the liability would have attached in the absence of such agreement.
  - b) Pursuit of any business, trade, profession or occupation or the supply of goods or services.
  - c) Ownership possession or use of vehicles, aircraft or watercraft (other than surfboards or manually propelled rowboats, punts, canoes).
  - d) Any injury, illness, death, loss expense or other liability attributable to the transmission of any communicable disease or virus and/or any related illness and/or any mutant derivatives or variations thereof, however caused.
  - e) Ownership or occupation of land or buildings (other than occupation only of any temporary holiday accommodation where **we** will not pay for the first £250 of each and every claim arising from the same incident).
  - f) Arising out of **your** criminal, malicious or deliberate acts.
3. Anything mentioned in the General Exclusions on page 22.

# Section L. Overseas Legal Expenses and Assistance

## What IS Covered

We will pay up to the amount shown in the Benefit Schedule, for legal costs to pursue a civil action for compensation if someone else causes **your bodily injury, medical condition** or death during **your trip**. We will also pay reasonable costs of an interpreter that is arranged by **us** for court proceedings.

## How we settle

### Legal Expenses claims:

We will appoint a member of **our panel** to handle **your** case. However, should **you** choose to appoint an **adviser** of **your** own choice to act on **your** behalf, **you** will notify **us** to that effect. We will, upon receipt of **your** notification, advise **you** of any conditions concerning such appointment.

## Special Conditions

1. **You** must notify **us** of claims as soon as reasonably possible and in any event within 28 days of **you** becoming aware of an incident which may generate a claim.
2. We will provide **you** with a claim form which must be returned promptly with all relevant information required by **us**. **You** must supply at **your** own expense all of the information which **we** reasonably require to decide whether a claim may be accepted.
3. In the event of a dispute arising as to **adviser's costs** we may require **you** to change adviser.
4. We shall only be liable for **adviser's costs** for work expressly authorised by **us** in advance in writing and undertaken while there are reasonable prospects of success. In the event that **you** instruct an **adviser** of **your** own choice

instead of the **panel adviser** appointed by **us**, **your adviser's costs** will be covered to the extent that they do not exceed **our standard panel adviser's costs**.

5. **You** are responsible for any **adviser's costs** if **you** withdraw from the legal action, other than on the advice of **your** adviser, without **our** prior consent. Any **adviser's costs** or other fees already paid under this insurance will be reimbursed to **us** by **you**.
6. We will not start legal proceedings in more than one country in respect of the same occurrence.
7. We may choose to conduct legal proceedings in the United States of America or Canada under the contingency fee system operating in those countries.
8. Anything mentioned in General Conditions on page 20.

## What IS NOT Covered

1. Any claim where **we** think there is not a reasonable chance of **you** winning the case or achieving a reasonable settlement.
2. Costs or expenses incurred before **we** accept **your** claim in writing.
3. Claims not notified to **us** within 28 days of the incident.
4. Claims against a carrier, the travel or holiday agent or tour operator arranging any **trip**, **us**, Inter Partner Assistance, AXA Travel Insurance Limited, **us** or our agents and The Co-operative Bank.



For travel advice and emergency assistance  
telephone +44 (0) 344 249 9981

5. Claims against someone **you** were travelling with or another **insured person** or any other person insured under a Co-operative Bank current account policy.
6. Legal action where in **our** opinion the estimated amount of compensation is less than £750.
7. Actions undertaken in more than one country.
8. Lawyers' fees incurred on the condition that **your** action is successful.
9. Penalties or fines which a Court awards against **you**.
10. Claims by **you** other than in **your** private capacity.
11. Claims occurring within the **United Kingdom**.
12. Anything mentioned in General Exclusions on page 22.

## Section M1, M2 and M3 – Winter Sports

**Please note:** The maximum age limit to participate in **Winter Sports Activities** is 64 years. Cover for **trips** involving **Winter Sports Activities** is limited to 21 days in total in any 12-month period.

### Section M1 – Ski Equipment and Ski Equipment Hire

#### What IS Covered

##### Ski equipment

We will pay **you**, up to the amount shown in the Benefit Schedule, for the accidental loss of, theft of or damage to **your** own **ski equipment**, or for hired **ski equipment**. The amount payable will be the value at today's prices less a deduction for wear tear and depreciation, (or **we** may at **our** option replace, reinstate or repair the lost or damaged **ski equipment**). The maximum we will pay for any one article, **pair** or **set** of articles is shown in the Benefit Schedule.

##### Ski equipment hire

We will pay **you**, up to the amount shown in the Benefit Schedule, for the reasonable cost of hiring replacement **ski equipment** as a result of the accidental loss of, theft of or damage to or temporary loss in transit for more than 24 hours of **your** own **ski equipment**.

#### Special Conditions

1. **Our** liability for **ski equipment** hired by **you** shall be further limited to **your** liability for such loss or damage.
2. Anything mentioned in the Special Conditions to Section I – Baggage, Baggage Delay, Personal Money and Passport on page 34.
3. Anything mentioned in General Conditions on page 20.

#### What IS NOT Covered

1. Anything mentioned in What IS NOT Covered under Section I. Baggage, Baggage Delay, Personal Money and Passport on page 34.
2. Anything mentioned in the General Exclusions on page 22.



## Section M2 – Ski Pack

### What IS Covered

We will pay **you**, up to the amount shown in the Benefit Schedule for the unused portion of **your** ski pack (ski school fees, lift passes and hired **ski equipment**) following **your** bodily injury or illness.

### Special Conditions

1. **You** must provide written confirmation from a **medical practitioner** that such **bodily injury** or illness prevented **you** from using **your** ski pack.
2. Anything mentioned in General Conditions on page 20.

### What IS NOT Covered

1. Any claims arising directly or indirectly as a result of any **pre-existing medical conditions** unless **you** have declared ALL **pre-existing medical conditions** to us and **we** have written to **you** accepting them for insurance.
2. Anything mentioned in the General Exclusions on page 22.

## Section M3 – Piste Closure

### What IS Covered

If **you** are prevented from skiing (excluding cross country skiing) at the pre-booked resort due to lack of snow, excess snow or adverse weather we will pay **you**, up to the amount shown in the Benefit Schedule for the cost of transport organised by the tour operator to an alternative site. The cover only applies to **trips** to resorts, taken during their published ski season, which **you** have pre-booked for a period exceeding 12 hours and for so long as such conditions prevail at the resort, but not exceeding the pre-booked period of **your trip**.

If no alternative sites are available **we** will pay **you** compensation of the amount shown in the Benefit Schedule.

### Special Conditions

1. This cover does not apply to holidays taken in the **United Kingdom**.
2. **You** must obtain written confirmation from the resort management of the piste conditions confirming the closure of facilities and the dates applicable.
3. Anything mentioned in General Conditions on page 20.

### What IS NOT Covered

1. Anything mentioned in the General Exclusions on page 22.



# Section N. Golf Cover

## Section N1 – Golf Equipment

### What IS Covered

We will pay **you** up to the amount as shown in the Benefit Schedule for loss, theft, or damage to your own **golf equipment**. The amount payable will be the value at the time of the loss, less a deduction for wear tear and depreciation, or **we** may at **our** option replace, reinstate or repair the lost or damaged **golf equipment**. The maximum payment for any **single item** is shown in the Benefit Schedule.

### Special Conditions

1. Anything mentioned in the Special Conditions to Section I. Baggage, Baggage Delay, Personal Money and Passport on page 34.
2. Anything mentioned in General Conditions on page 20.

### What IS NOT Covered

1. Claims arising for **golf equipment** left **unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property at anytime.
2. Claims arising for loss, theft or damage of **golf equipment** carried on a vehicle roof rack.
3. Loss, theft of or damage to **golf equipment** over five years old.
4. Anything mentioned in What IS NOT Covered under Section I. Baggage, Baggage Delay, Personal Money and Passport on page 34.
5. Anything mentioned in the General Exclusions on page 22.

## Section N2 – Golfing Liability

### What IS Covered

We will pay up to the amount shown in the Benefit Schedule, (inclusive of legal costs and expenses up to the amount shown in the Benefit Schedule) against any amount **you** become legally liable to pay as compensation for any claim or series of claims arising from any one event or source of original cause in respect of an incident related to golfing on a recognised public or private golf course:

1. not involving any person who is in **your** employment or who is a **close relative**, relative or member of **your** household, or
2. loss of or damage to property that belongs to and/or is in the charge of or under the control of **you**, a **close relative**, relative, anyone in your employment or any member of **your** household other than any temporary holiday accommodation occupied (but not owned) by **you**.

### Special Conditions

1. **You** must give **us** written notice as soon as possible of any incident, which may give rise to a claim.
2. **You** must forward every letter, writ, summons and process to **us** as soon as **you** receive it.
3. **You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **our** written consent.
4. **We** will be entitled if **we** so desire to take over and conduct in **your** name the defence of any claims for indemnity or damages or otherwise against any third party. **We** shall have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **you** shall give **us** all necessary information and assistance which **we** may require.

5. In the event of **your** death, **your** legal representative(s) will have the protection of the Benefit Schedule provided that such representative(s) comply(ies) with the terms and conditions outlined in this document.
6. Anything mentioned in General Conditions on page 20.

## What IS NOT Covered

1. Compensation or legal costs arising directly or indirectly from:
  - a) Liability which has been assumed by **you** under agreement unless the liability would have attached in the absence of such agreement.
  - b) Pursuit of any business, trade, profession or occupation or the supply of goods or services.
  - c) Ownership, possession or use of vehicles, aircraft or watercraft (other than surfboards or manually propelled rowboats, punts, canoes).
  - d) The transmission of any communicable disease or virus.
  - e) Ownership or occupation of land or buildings (other than occupation only of any temporary holiday accommodation where **we** will not pay for the first £250 of each and every claim arising from the same incident).
  - f) **Your** criminal, malicious or deliberate acts.
2. Anything mentioned in the General Exclusions on page 22.

## Section N3 – Green Fees

### What IS Covered

We will pay **you** up to the amount shown in the Benefit Schedule per **trip** to reimburse **your** prepaid, irrecoverable Green Fees if:

1. **You** are ill or suffer a **bodily injury** during **your** trip and **you** are medically certified (by the treating registered **medical practitioner** at the resort or place of incident), as being unable to play golf for the remainder of **your** trip, or
2. **You** have to cancel or **curtail your trip** for any of the valid reasons listed under Section C. Cancellation or Curtailment.

### Special Conditions

1. **You** must provide written confirmation from a **medical practitioner** at the resort or place of incident that such **bodily injury** or illness prevented **you** from golfing.
2. Anything mentioned in General Conditions on page 20.

### What IS NOT Covered

Anything mentioned in the General Exclusions on page 22.

## Section N4 – Hole in One

### What IS Covered

If **you** shoot a **hole in one** during a golf game **we** will pay **you** up to the amount shown in the Benefit Schedule towards bar expenses.

### Special Conditions

1. **You** must provide a certified copy of **your** score card, signed by **you** and a witness and countersigned by the club professional, a dated Golf Club bar receipt and a dated charge slip for the greens fees.
2. Anything mentioned in General Conditions on page 20.

### What IS NOT Covered

Anything mentioned in the General Exclusions on page 22.

## Section O. Hijack

### What IS Covered

We will pay **you** up to the amounts shown in the Benefit Schedule for each 24 hours **you** are detained in the event that the aircraft or sea vessel in which **you** are travelling as a fare paying passenger is hijacked.

### What IS NOT Covered

1. Anything mentioned in the General Exclusions on page 22.

## Section P. European Pet Care

### What IS Covered

If **you** take **your** pet dog or cat with **you** on a **trip** to Europe we will pay up to the amount shown in the Benefit Schedule:

1. for necessary veterinary treatment if **your** pet is injured or falls ill, and
2. for advertisements to be placed in the locality abroad where **your** pet was last seen by **you** if it is lost during **your trip**, and
3. if the pet is subsequently found after **your** return **home**, travel for one person to retrieve the pet, and
4. for necessary quarantine boarding in a kennel in the **United Kingdom** for the statutory period required, if **you** are unable to bring **your** dog or cat with **you** on the return journey **home** because the microchip embedded under the pet's skin has become lost or the microchip is present but fails to function correctly
5. to repatriate **your** pet dog and/or cat to the **United Kingdom** if **you** receive in-patient hospital treatment which is covered under Section G. Emergency Medical and Other Expenses and **your** travelling companions or others are unable to care for the pet dog and/or cat.

### Special Conditions

Anything mentioned in General Conditions on page 20.

### What IS NOT Covered

1. Any claims arising directly or indirectly from any **medical condition** **your** pet dog or cat suffered at any time prior to the departure of the **trip**.
2. Any claim when **you** have not arranged for all necessary inoculations, the insertion of the required microchip, and all appropriate documentation in adequate time prior to departure of **your trip**.
3. Any costs for inoculations, microchips or any medication or preparation that was required before the start of the **trip**.
4. Any claim where **your** pet dog and/or cat's stay does not exceed the pre-booked period of accommodation.
5. Any claim which formed part of the original pre-booked duration for **your** pet dog and/or cat.
6. Anything mentioned in the General Exclusions on page 22.



## Section Q – Travel Disruption Cover

Cover provided specifically for costs and expenses that **you** cannot claim back from any other source. **You** must claim from the carrier/tour operator in the first instance and provide proof of this. Only receipted costs will be reimbursed.

### Definitions – Applicable to this section

#### Covered events

Flood, earthquake, tsunami, landslide, avalanche, hurricane, storm, tornado, fire and volcanic activity caused by any naturally occurring event, excluding any event caused as a direct result of human and/or malicious intervention.

#### Prepaid charges

Charges **you** have paid before **you** travel, or are contracted to pay, for car hire, car parking at the point of departure, airport accommodation, airport lounge access, or excursions.

#### Package

The pre-arranged combination of at least two of the following components when sold or offered for sale at an inclusive price and when the service covers a period of more than 24 hours or includes overnight accommodation:

- a) transport,
- b) accommodation, and
- c) excursions.

#### Travel disruption

The inability of **your public transport** to depart from the booked port or airport due to a **covered event**.

### What IS Covered

#### Before you reach your destination

1. If the **public transport** (port or airport) on which **you** were booked to travel from the **United Kingdom**, including any onward connecting flights, is cancelled or delayed for at least six hours due to a **covered event**, **we** will pay for **your** costs incurred in the terminal in respect of restaurant meals, refreshments consumed and hotel accommodation up to:

- a) £20 for the first six hours delay, and
- b) £20 for each additional full 12 hours delay, up to a maximum of £200

providing **you** eventually continue the booked **trip**. **You** must have checked in or attempted to check in according to the carriers' regulations. Itemised receipts must be kept as proof of purchase.

2. If due to **travel disruption** **you** fail to arrive at the next departure point in time to board **your** pre-booked onward connecting **public transport** and **you** have to make

alternative arrangements to reach **your** final destination, **we** will pay **you** up to £1,000 for **your** reasonable additional travel and accommodation costs (room only) which are of a similar standard to that of **your** pre-booked travel and accommodation that **you** cannot claim back from any other source.

3. If **your** pre-booked international transport is cancelled by the carrier due to **travel disruption** and no alternative is offered, **we** will pay **you** up to:

- a) £2,000 for **your** unused travel, accommodation (including excursions up to £250) and other **prepaid charges** that **you** cannot claim back from any other source if **you** cannot travel and have to cancel **your trip**, or
- b) up to £200 in total per **trip** for re-booking fees incurred for the identical **trip**, if **you** wish to re-book **your trip** for a later date.

### On the way home

4. We will pay **you** up to a maximum of £1,000 for your reasonable additional travel and/or accommodation costs (room only, up to a maximum of £200 per night for five nights) which are of a similar standard to that of **your** pre-booked travel and accommodation that **you** cannot claim back from any other source if **you** have to make alternative arrangements to return to **your home** or stay longer outside of the **United Kingdom** as a result of the **public transport** on which you were booked to travel to **your home area** being cancelled or delayed for at least 12 hours, diverted or redirected after take-off due to a **covered event**.
5. If the **public transport** on which **you** were booked to travel to **your home area** including any connecting flights is cancelled or delayed for at least six hours due to a **covered event** we will pay for **your** costs incurred in the terminal in respect of restaurant meals, refreshments consumed and hotel accommodation up to:
  - a) £20 for the first six hours delay, and
  - b) £20 for each additional full 12 hours delay, up to a maximum of £200

providing **you** return to **your home area** on the next available suitable **public transport**. **You** must have checked in or attempted to check in according to the carrier's regulations. Itemised receipts must be kept as proof of purchase.

### Special Conditions

1. If **you** fail to notify the travel agent, tour operator or provider of transport or accommodation as soon as **you** find out it is necessary to cancel the **trip**, the amount **we** will pay will be limited to the cancellation charges that would have applied otherwise.
2. Extra accommodation costs must be for a similar standard of accommodation to that in which **you** were originally staying.
3. **You** must give notice as soon as possible to the Emergency Assistance Service of any circumstances making it necessary for **you** to return **home** and before any

arrangements are made for **your** repatriation.

4. **You** must get (at **your** own expense) written confirmation from the **public transport** operator (or their handling agents) of the cancellation, number of hours of delay or being denied boarding and the reason for these together with details of any alternative transport offered.
5. **You** must comply with the terms of contract of the **public transport** operator and seek financial compensation, assistance or a refund of **your** ticket from them in accordance with such terms and/or (where applicable) **your** rights under EU Air Passenger Rights legislation in the event of denied boarding, cancellation or long delay of flights or equivalent regulations.
6. **You** must get written confirmation from the **public transport** operator (or their handling agents) and/or provider of accommodation that compensation, assistance or reimbursement of any costs, charges and expenses incurred by **you** will not be provided and the reason for this.
7. If the same costs and charges are also covered under any other section of the Travel Disruption Cover or in any benefit in the policy, **you** can only claim for these under one section for the same event.
8. Itemised receipts must be kept as proof of purchase.

9. Anything mentioned in General Conditions on page 20.

### What IS NOT Covered

1. Any claim under subsections 2, 3 and 4 if **your trip** was booked as part of a package holiday.
2. Claims arising directly or indirectly from:
  - a) Any insurable event under this section existing or being publicly announced by the date **you** purchased this policy or the **trip** was booked, (whichever is later).

- b) An aircraft or sea vessel being withdrawn from service (temporary or otherwise) on the recommendation of the Civil Aviation Authority, Port Authority or any similar body in any country not due to a **covered event**.
  - c) Denied boarding due to **your** drug use, alcohol or solvent abuse, or violent or unruly behaviour of **you** or anyone with whom **you** are travelling.
  - d) Denied boarding due to **your** inability to provide a valid passport, visa or other documentation required by the **public transport** operator or their handling agents.
3. The cost of Airport Departure Duty.
  4. Costs paid for using any airline mileage reward scheme, for example Air Miles, any Timeshare, Holiday Property Bond or other holiday points scheme.
  5. Any costs incurred by **you** which are recoverable from the providers of the accommodation (or their administrators) or for which **you** receive or are expected to receive compensation or reimbursement.
  6. Any costs incurred by **you** which are recoverable from the **public transport** operator or for which **you** receive or are expected to receive compensation, damages, refund of tickets, meals, refreshments, accommodation, transfers, communication facilities or other assistance.
  7. Any costs incurred by **you** which are recoverable from **your** credit/debit card provider or for which **you** receive or are expected to receive compensation or reimbursement.
  8. Any travel and accommodation costs, charges and expenses where the **public transport** operator has offered reasonable alternative travel arrangements.
  9. Any costs for normal day to day living such as food and drink which **you** would have expected to pay during **your trip**.
  10. Any claim where the provider of the accommodation and/or the local or national authorities did not deem it necessary for **you** to leave **your** prepaid accommodation.
  11. Any claim for additional costs for persons not insured under this policy.
  12. Anything mentioned in the General Exclusions on page 22.

# Complaints Procedure

## Making Your Complaint

**You** can contact the Quality Manager, who will arrange an investigation on behalf of the General Manager, at: Inter Partner Assistance SA, The Quadrangle, 106-118 Station Road, Redhill, Surrey RH1 1PR, United Kingdom. Telephone **+44 (0) 1737 815227** email: **claimcomplaints@axa-travel-insurance.com**

If it is impossible to reach an agreement, **you** may refer the matter to the Financial Ombudsman Service by writing to: Financial Ombudsman Service, Exchange Tower, London E14 9SR, United Kingdom. Or you can phone **0800 023 4567** or **0300 123 9 123** from a mobile. Website: **financial-ombudsman.org.uk**

These procedures do not affect **your** right to take legal action.

## Financial Services Compensation Scheme (FSCS)

In the unlikely event that Inter Partner Assistance is unable to meet its obligations, you may be entitled to compensation under the Financial Services Compensation Scheme (FSCS). Further information about compensation scheme arrangements is available from the FSCS.

Their contact details are Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU, United Kingdom.

Call: **0800 678 1100** or **020 7741 4100**,  
Fax: **020 7741 4101**

Website: **www.fscs.org.uk**

## Use of your personal data

By providing **your** personal information in the course of purchasing this policy and using **our** services, **you** acknowledge that **we** may process **your** personal information. **You** also consent to **our** use of **your** sensitive information. If **you** provide **us** with details of other individuals, **you** agree to inform them of **our** use of their data as described here and in our website privacy notice available at HYPERLINK "<http://www.axa-assistance.com/en.privacypolicy>" [www.axa-assistance.com/en.privacypolicy](http://www.axa-assistance.com/en.privacypolicy).

Processing **your** personal information is necessary in order to provide **you** with an insurance policy and other services. **We** also use **your** data to comply with **our** legal obligations, or where it is in **our** legitimate interests when managing **our** business. If **you** do not provide this information **we** will be unable to offer **you** a policy or process **your** claim.

**We** use **your** information for a number of legitimate purposes, including:

Underwriting, policy administration, claims handling, providing travel assistance, complaints handling, sanctions checking and fraud prevention.

- Use of sensitive information about the health or vulnerability of **you** or others where relevant to any claim or assistance request, in order to provide the services described in this policy. By using **our** services, **you** consent to **us** using such information for these purposes.
- Monitoring and/or recording of **your** telephone calls in relation to cover for the purposes of record-keeping, training and quality control.





- Technical studies to analyse claims and premiums, adapt pricing, support subscription process and consolidate financial reporting (incl. regulatory). Detailed analysis on claims to better monitor providers and operations. Analysis of customer satisfaction and construction of customer segments to better adapt products to market needs.
- Obtaining and storing any relevant and appropriate supporting evidence for **your** claim, for the purpose of providing services under this policy and validating **your** claim.
- Sending **you** feedback requests or surveys relating to **our** services, and other customer care communications.

**We** may disclose information about **you** and **your** insurance cover to companies within the AXA group of companies, to **our** service providers and agents in order to administer and service **your** insurance cover, to provide **you** with travel assistance, for fraud prevention, to collect payments, and otherwise as required or permitted by applicable law.

**We** will separately seek **your** consent before using or disclosing **your** personal data to another party for the purpose of contacting **you** about other products or services (direct marketing). **You** may withdraw **your** consent to marketing at any time, or opt-out of feedback requests, by contacting the Data Protection Officer (see contact details below).

When carrying out these activities, **we** may transfer **your** personal information outside the UK or the European Economic Area (EEA). Where this happens we will make sure that the appropriate safeguards have been implemented to protect **your** personal information. This includes ensuring similar standards to the UK and EEA are in force and placing the party **we** are transferring personal information to under contractual obligations to protect it to adequate standards.

**We** keep **your** personal information for as long as reasonably necessary to fulfil the relevant purposes set out in this notice and in order to comply with **our** legal and regulatory obligations.

**You** are entitled to request a copy of the information **we** hold about **you**. **You** also have other rights in relation to how **we** use **your** data, as set out in **our** website privacy notice. Please let **us** know if **you** think any information **we** hold about **you** is inaccurate so that **we** can correct it.

If **you** want to know how to make a complaint to the UK Information Commissioner or have any other requests or concerns relating to **our** use of **your** data, including obtaining a printed copy of the website privacy notice please write to **us** at:

Data Protection Officer  
AXA Travel Insurance  
106-108 Station Road  
Redhill  
RH1 1PR

Email:  
dataprotectionenquiries@axa-assistance.co.uk

## Claim notification

### 1. First check you are covered by your policy.

Please read the appropriate section in the policy wording to see exactly what is, and is not covered, noting particularly any conditions, limitations and exclusions.

### 2. Making a claim.

- a) In the event of an emergency **you** should first call the Emergency Helpline **0344 249 9981** (any minor illness or injury costs must be paid for by **you** and reclaimed).
- b) For all other claims, telephone **our** Claims Helpline on **0344 249 9981** (during office hours, 9am to 5pm, Monday to Friday) to obtain a claim form. **You** will need to give:
- **your** name,
  - **your** Account Number, and
  - brief details of **your** claim.

Alternatively **you** can email **our** Claims Helpline at:

**coop\_claims@axa-travel-insurance.com**

**You** will need to provide:

- **your** name,
- **your** Account Number,
- **your** address including the postcode, and
- the section under which **you** wish to make a claim.

**We** ask that **you** notify us within 28 days of **you** becoming aware of an incident or loss leading to a claim and **you** return **your** completed claim form and any additional information to **us** as soon as possible.

### 3. Additional information

**You** must supply all of **your** original invoices, receipts and reports etc. **You** should check the section under which **you** are claiming for any specific conditions and details of any supporting evidence that **you** must give **us**.

**You** should always keep copies of all the documents that **you** send to **us**.

## Choice of Law

This policy shall be governed and construed in accordance with the Law of England and Wales and the English Courts alone shall have jurisdiction in any dispute. All communication of and in connection with **your** policy shall be in the English language.

## Insurer

This policy is underwritten by Inter Partner Assistance S.A.



**To hold an Everyday Extra Current Account you must be 18 or over and a UK resident. The terms and exclusions applicable to any of the account benefits are set out in this Welcome Guide. Policy and supplier terms and exclusions apply.**

**The subscription fee for the Everyday Extra Current Account is £15 debited from the account on the first working day of each month. By paying the monthly subscription fee for your Everyday Extra account, The Co-operative Bank p.l.c. will collect the monthly premium payable for the insurance policy as agent for the insurer. It will not hold any other money on the insurer's behalf – for example it will not hold any money which may be due to you following a claim.**

**Please call 03457 212 212\* (8am to 6pm Monday to Friday, 9am to 5pm Saturday and Sunday) if you would like to receive this information in an alternative format such as large print, audio or Braille.**

The Co-operative Bank p.l.c. is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (No.121885). The Co-operative Bank, Platform, smile and Britannia are trading names of The Co-operative Bank p.l.c., P.O. Box 101, 1 Balloon Street, Manchester M60 4EP. Registered in England and Wales No.990937. Credit facilities are provided by The Co-operative Bank p.l.c. and are subject to status and our lending policy. The Bank reserves the right to decline any application for an account or credit facility. The Co-operative Bank p.l.c. subscribes to the Standards of Lending Practice which are monitored by the Lending Standards Board.

\*Calls to 01,02 and 03 numbers from a UK landline cost up to 16p per minute and from a mobile cost between 3p and 65p if outside any inclusive minutes. Calls to 0800 and 0808 numbers are free from landlines and mobiles. Charges for calls made outside of the UK will be determined by your local provider. Calls may be monitored or recorded for security and training purposes.

Information correct as at 03/2024.