IPH ELITE PLANS INDIVIDUAL PLAN RULES

INTRODUCTION

This document explains the full terms and conditions of the insurance cover being provided. It is to be read in conjunction with **your** Certificate of Insurance which will also show the extent and limits of the cover **you** have selected. Please read both documents carefully and keep them safe. Words and expressions shown in bold type shall have the same meaning wherever they appear. They are explained in the Definitions Section and will help **you** to understand the cover but if **you** are at all unsure please contact us for advice.

ELIGIBILITY

You are eligible for this insurance provided that **your** fully completed Application Form has been accepted by the **insurers**. Only those individuals who were named on **your** Application Form and accepted by the **insurers** will qualify for cover.

If **you** have included children for cover they must be **your** unmarried natural children, step-children, foster children or legally adopted children, who are dependent on **you** for support. They must also be not less than 15 days old and not more than 18 years old at **your original inception date** (or 24 years old if it can be proved that they are continuing in full time education).

Members aged 70 and over will be required to complete a new application form at each annual renewal and acceptance terms maybe amended as appropriate subject to 30 days notice.

Cover is not available to USA or Canadian nationals residing in those countries or Green Card Holders resident in the USA.

The **insurers** reserve the right to decline a claim and/or cancel cover if any pertinent fact was not disclosed or was mis-represented on **your** Application Form.

TERRITORIAL SCOPE

The **geographical area** of cover excludes the USA, Canada and the **Caribbean area** though the cover will still include trips to these countries but the following conditions will apply:-

- each such trip must be originally intended to last less than 14 days, and its purpose must not include medical treatment,
- the total time **you** spend in these countries must not exceed 30 days in any one **policy year**,
- benefit will be paid for a maximum of 30 days whilst **you** remain in the USA/Canada and the **Caribbean area**, commencing on **your** first day of medical treatment.

IMPORTANT INFORMATION ABOUT THE COVER

Treatment must be in IPH authorised clinics or hospitals where available. Should **you** elect to be treated in a clinic or **hospital** of your choice, the **insurers** will pay only the equivalent costs of the approved clinic or **hospital.**

Prior authorisation
You must contact the Medical Advisors in advance for authorisation of :-

- any form of in-patient care in a **hospital** (other than in an Emergency Ward), and
- any emergency medical transportation, as described herein.

*Important - failure to secure prior authorisation from the Medical Advisors may jeopardise **your** entitlement to benefit under this insurance and may result in your claim being declined.*

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Hertfordshire WD6 2BT
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Treatment outside your country of residence.
In the event that treatment is not available in **your country of residence**/geographical limit, insurers will pay the cost of travel to and treatment at the nearest approved **hospital**.

Should **you** elect to be treated in an unapproved **hospital** of **your** choice that may be outside **your country of residence**/geographical limit, the **insurers** will pay only the equivalent costs of the nearest approved **hospital**.

THE INSURANCE PROTECTION
The **insurers** will pay for the costs of the medical treatments and services listed below up to the limits stated in the Schedule of Benefits on **your** Certificate of Insurance. The particular services and treatments **you** qualify for will vary according to the **plan you** have chosen.

***You** are liable for 25% of <u>all</u> treatment in the USA and Canada and for the first US$100 (or equivalent) of each new claim in respect of Out-patient Services and the deductible on In-Patient Services, if any, as per your Certificate of Insurance (where **you** subsequently claim for a new course connected with a former treatment for which **you** have claimed, this will be regarded as a new claim).*

Day-Care Treatment (All Plans)
Medical treatment provided to the insured patient admitted to a hospital or day-patient unit for a medical procedure which for medical reasons could not have been performed on an out-patient basis and which requires them to occupy a hospital bed for a period of medically supervised recovery, but it is not medically necessary for them to occupy a bed overnight.

In-patient Hospital Services (All Plans)
All medical treatment and services which are confirmed by a **physician** to be necessary and provided appropriate diagnostic procedures and/or treatments are not available as out-patient services. **You** must be admitted as a registered in-patient to a **hospital** for one or more nights. This Section does not include organ transplants - the cover for organ transplants is explained below.

Also included under this Section are the costs of:-

- **hospital accommodation**, and
- intensive care unit accommodation, and
- **hospital accommodation** for one parent accompanying a child aged 12 years or under who has been insured by **you** under **your plan** and is confined to a **hospital**.

Excluded under this section are the costs of use of a life support machine or similar device beyond the first 30 days of use.

An alternative cash benefit of US$250 per day or equivalent will be paid where treatment is provided in a government **hospital** where no charge for **hospital** services is made.

You will be responsible for the deductible, if any, as per your Certificate of Insurance for each and every ailment/diagnosed medical condition for which a claim is made within any one **policy year**.

External Prosthetic Devices (All Plans)
External prosthetic body parts, such as prosthetic limbs, fitted at the time of a surgical operation covered by **your plan**.

Rehabilitation Treatment following discharge from hospital (All Plans)
In-patient rehabilitation treatment**,** authorised by our **Medical Advisors,** carried out under the control and supervision of a **specialist** in a recognised rehabilitation **hospital** or unit immediately following in-patient treatment covered by **your plan** and immediately following discharge from hospital and on the written recommendation of **your** treating specialist. **You** must be admitted as a registered in-patient to a **hospital** or unit for a period of 24 hours or more.

In-patient Psychiatric treatment (All Plans)
In-patient treatment in a recognised psychiatric unit of a **hospital,** authorised by our **Medical Advisors**, administered under the direct control of a registered psychiatrist. **You** must be admitted as a registered in-patient to a **hospital** for a period of 24 hours or more. Cover is limited to 30 days per period of cover. This benefit is available after **you** have been insured under your **plan** for a continuous period of 24 months.

You will be responsible for the deductible, if any, as per your Certificate of Insurance for each and every ailment/diagnosed medical condition for which a claim is made within any one **policy year**.

Emergency Ward Services (All Plans)
Services performed for up to 24 hours in a **hospital** if **you** are admitted to a casualty ward or emergency room.

Hospice & Palliative Care (All Plans)
The palliative care of a medical condition covered by **your plan**

Local Road Ambulance Services (All Plans)
Your necessary medical transportation to a local **hospital**.

Organ Transplant (All Plans)
Medical treatment and services confirmed by a **physician** to be necessary and in respect only of lung, kidney, heart liver or bone marrow transplants. This includes the costs of **hospital accommodation** but excludes the costs of acquisition of the organ itself or any costs incurred by the donor.

Excluded under this section are the costs of use of a life support machine or similar device beyond the first 30 days of use.

Emergency Medical Transportation (All Plans)
In the event of **your** emergency medical evacuation the **insurers** will pay for the costs of **your** necessary transportation to the nearest **hospital** where appropriate care and facilities are available, including any medical care **you** receive en route. The **insurers** will also pay the reasonable transportation costs of one other individual who accompanies **you** on an emergency medical transportation when this is deemed necessary. In respect only of such person or persons cover is extended to include the cost of economy air fare tickets back to their **country of residence**.
Cover does not apply if the emergency medical transportation is as a result of childbirth, pregnancy or related conditions and the **insurers** retain the right to decide the place to which **you** shall be transported.

Accommodation Expenses of a Companion (All Plans) –
Accommodation expenses of a companion required to stay with **you** when you receive in-patient treatment in a **hospital** after **emergency medical transportation**.

Dental Treatment Following Accident (All Plans)
Emergency treatment necessary to restore or replace sound natural teeth lost or damaged in an **accident** and for which a consultation is provided within 48 hours following such **accident**. Maximum limit of costs as stated on **your** policy certificate**.**

Nursing at Home (All Plans)
The medical services of a government licensed nurse in **your** home provided they are confirmed to be necessary by a **physician** and relate directly to a medical condition or injury for which **you** have received and are receiving treatment and which is covered under this insurance. Cover will be limited to the period stated on **your** policy certificate.

Repatriation of Your Remains (All Plans)
In the event of **your** death occurring outside **your country of origin** or **country of residence** costs will be paid for the preparation and the air transportation of **your** mortal remains from the place of death to **your country of origin** or **country of residence.** This benefit is not available if a claim is made for Burial or cremation at the place where you died.

Local Burial or Cremation (All Plans)
The preparation and local burial or Cremation of **your** mortal remains in the place where **you** died. This benefit is not available if a claim is made under the Repatriation of mortal remains benefit.

Maximum limit of costs as stated on **your** policy certificate**.**

Post Hospital Treatment (Pearl Plan Only)
You are covered for all medical treatments and services described in the following Section as "Out-patient Services" provided they result directly from an illness or injury for which **you** have been treated as an in-patient. Such treatment and services must be confirmed by a **physician** to be necessary and must be provided to **you** within 3 months immediately following discharge from the **hospital**.

Out-patient Services (Sapphire Plan and Ruby Plan Only)
Medical treatments and services, provided they are confirmed by a **physician** to be necessary, when **you** are not a registered in-patient or day-patient in a **hospital**.

Out-patient Services are:-

(a) general out-patient services,

(b) specialist out-patient services; being those deemed necessary by a specialist or consultant to whom **you** have been referred by another **physician**,

(c) laboratory testing, X-ray services and nuclear medicine procedures, and

(d) prescribed drugs.

You will be responsible for the first US$100 of each and every ailment/diagnosed medical condition for which a claim is made within any one **policy year**.

HIV & AIDS (All Plans)
Treatment arising from or related to Human Immunodeficiency Virus (HIV)and/ or HIV-related illness, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) for a maximum period of 6 years, provided the HIV virus was contracted after your **original inception date** and **you** have been insured under the same **plan** for a continuous period of 24 months.

Innocent Bystander (All Plans)
Bodily injury or illness caused by an Act of Terrorism, where such injury/illness is sustained as an innocent bystander, excluding any Act of Terrorism involving the use of nuclear weapons or devices, chemical or biological agents.

Medical Aids (All Plans)
The cost of supplying, fitting or hiring instruments, apparatus or devices which are medically prescribed as an aid to **your** function or capacity, such as crutches, wheelchairs, orthopaedic supports/braces, stoma supplies and compression stockings, immediately following in-patient or emergency ward treatment covered by **your plan**. Costs for medical aids that form part of the care of a chronic condition are not eligible for cover under this benefit.

Complicated Maternity (Sapphire Plan and b Plan Only)
Medical treatment and services including **hospital accommodation** confirmed by a **physician** to be necessary in respect of a complicated childbirth. "Complicated childbirth" means childbirth which requires surgical procedures where natural childbirth might endanger the life of mother and/or child(ren). Cover shall not apply where the expected date of confinement is less than 12 months from **your original inception date**.

There is a 25% co-insurance against <u>all</u> treatment under the Maternity Benefit.

Normal Maternity (Ruby Plan Only)
Medical treatment and services including **hospital accommodation** confirmed by a **physician** to be necessary in respect of a normal childbirth. This shall include pre/postnatal treatment of the mother only. "Normal childbirth" is one which does not require any special obstetric procedure. Cover shall not apply where the expected date of confinement is less than 12 months from **your original inception date**.

There is a 25% co-insurance against <u>all</u> treatment under the Maternity Benefit

New Born Cover (Sapphire Plan and Ruby Plan Only)
Cover in respect of a child born to you, provided that you have been insured under the plan for at least 12 consecutive months, for the following **in-patient** treatment costs, in the first 14 days of life only. (After 14 days this cover will cease)

- routine accommodation charges
- a physical examination
- Vitamin K
- Hepatitis B vaccine
- BCG vaccine
- one hearing test
- blood tests for PKU, congenital hypothyroidism and G6PD

Specialist Herbal Treatment (Ruby Plan Only)
Internal and/or external application of herbs provided such treatment is confirmed as necessary by and/or provided by a **physician**.

Acupuncture (Ruby Plan Only)
Therapy of medical conditions by needles or laser provided such treatment is confirmed as necessary by and/or provided by a **physician**.

Compassionate Home Visit (ALL Plans)
If a **close family member** dies during your period of cover we will pay for your return economy airfare to attend the funeral. Travel must take place within 28 days of the date of death. **You** are limited to one return journey in each **policy year**. A copy of the death certificate/proof of death of your **close family member**, together with a copy of the invoice for your return airfare will be required within 60 days of the date of the claim.

PERSONAL ACCIDENT BENEFITS
This protection is available only if **you** selected it as optional additional cover on **your** Application Form and paid the appropriate extra premium. Cover applies only to those individuals named on **your** Application Form who are aged 18 years or older but not dependant children.

If **you** sustain **bodily injury** the **insurers** will pay the amount shown in the Schedule of Benefits on **your** Certificate of Insurance if, within 12 months of the **accident**, such **bodily injury** results in:-

- **your** death,
- **loss of limb(s)**, or
- total and irrecoverable loss of sight of one or both eyes.

Cover shall also include **your disappearance**, as defined.

Benefit shall not be payable under more than one of the above in respect of any one accident. All cover and benefit for each of **you** in respect of Personal Accident will cease automatically upon payment to **you** of a claim under this Section of **your plan**.

LIMITS

Overall Limits
The limits shown in the Schedule of Benefits on **your** Certificate of Insurance are the total aggregate benefits that may be claimed in any one **policy year** by any one of **you**.

Contribution of benefits
Compensation will be paid on a proportionate basis if **you** have any other insurance in force or are entitled to indemnity from any other source in respect of the same **bodily injury**, sickness, disease or expense.

Subrogation
The **insurers** have full rights of subrogation.

CITIZENS OF THE USA OR CANADA WHO RETURN HOME
For citizens of the USA or Canada who return to those countries for a period in excess of 3 months cover under their **plan** will cease automatically from the date of return. **You** should notify the **insurers** of the date of **your** return within 30 days and they will make a proportionate refund of premium.

PREMIUM INCREASE
Provided **you** are given 30 days prior written notice the **insurers** have the right to increase **your** premium by any amount they deem reasonable with effect from the start of any new **policy year**.

All premiums will be payable in advance of the start of any new **policy year**. If payment is not made on or before this date the agreement will be terminated with effect from the expiry of the last **policy year**.

CHANGE OF ADDRESS
You must inform the **insurers** immediately of a change of address. If **you** do not inform the **insurer you** are liable for any consequences of misdirected communication.

RENEWAL
Your cover will remain in force provided the Insurance Scheme is not cancelled by the current **insurer**.

Insurers have the right to amend terms with effect from the expiry of the current policy year provided you are given 30 days prior written notice.

Members aged 70 and over will be required to complete a new application form at each annual renewal and acceptance terms maybe amended as appropriate subject to 30 days notice.

CANCELLATION BY THE POLICYHOLDER
The insurers will only pay for claims submitted under this policy if the treatment takes place during the policy period. In the event of cancellation or non-renewal of the policy by **you**, we will only pay benefit for treatment which takes place before the date of cancellation or non-renewal.

If **your plan** is cancelled by **you** at a date other than at the expiry of the current **policy year**, provided no claims have been paid during that **policy year**, a proportionate refund of premium will be paid, less an administration charge of US$15. Notification must be in writing.

CLAIMS PROCEDURE
Treatment must be in IPH authorised clinics or hospitals where available. Should **you** elect to be treated in a clinic **or hospital** of your choice, the **insurers** will pay only the equivalent costs of the approved clinic or **hospital.**

Medical Advisors
The appointed medical advisors for this insurance are:
Global Response - contact details as per **your** policy certificate and **your** IPH identity card

Prior Authorisation
You must contact the Medical Advisors in advance for authorisation of :-

- any form of in-patient care in a **hospital** (other than in an Emergency Ward), and
- an emergency medical transportation, as described herein.

The Medical Advisors will also advise **you** which **hospital** is appropriate for **your** medical condition.

*Important - failure to secure prior authorisation from the Medical Advisors may jeopardise **your** entitlement to benefit under this insurance and may result in your claim being declined.*

Claim Notification
You must contact the Medical Advisors within 90 days of any occurrence covered by this insurance. The Medical Advisors will explain the claims procedure to **you** and will advise **you** which forms **you** need to complete.

Claim Processing
The **insurers** have appointed specialist Claims Administrators, International Claims Management Services, who will process **your** claim and make all claim payments. The **insurers** reserve the right to require **you** (or **your** legal representative, if appropriate) to furnish, at **your** own expense, all original documents as may reasonably be required with regard to the claim and to instruct any **physician**, **hospital** etc. presently or previously treating **you** to release such information to them, including **your** previous medical history.

Claims payments
Reimbursement shall be made in the Local Currency or US Dollars (whichever is most suitable) and the **insurers** shall make their payment(s) either to the provider of treatment/services or directly to **you**, as appropriate.

Medical Examinations
The **insurers** shall have the right and opportunity through their medical representatives to examine **you** whenever and so often as they may reasonably require within the duration of any claim. In addition the **insurers** shall have the right to require an autopsy in the case of death, where this is not forbidden by law.

Legal Proceedings
No action at law or in equity shall be brought to recover under the **plan** prior to the expiration of sixty days after proof of claim has been furnished in accordance with the requirement of these Plan Rules. Nor shall any such action be brought at all unless commenced within six years from the date of claim.

E U Disclosure Clause (UK) - LSW1002 (7/94)
Notice to the Proposer/Assured
The Parties are free to choose the law applicable to this Insurance Contract. Unless specifically agreed to the contrary this insurance will be subject to English Law.

PROCEDURE FOR RESOLUTION OF DISAGREEMENTS
If **you** have any questions or concerns about **your** policy or the handling of a claim **you** should, in the first instance, contact International Private Healthcare Limited, addressed to:

The Customer Services Manager
IPH Ltd
IPH House
Stirling Way
Borehamwood
Herts WD6 2BT
United Kingdom.

COMPLAINTS PROCEDURES
In the event that you remain dissatisfied and wish to make a complaint, you can do so at any time by referring the matter to the Complaints team at Lloyd's. The address of the Complaints team at Lloyd's is:

Complaints Lloyd's
One Lime Street
London EC3M 7HA
Tel: 020 7327 5693; Fax: 020 7327 5225;
E-mail: complaints@lloyds.com
Website: https://www.lloyds.com/complaints

Details of Lloyd's complaints procedures are set out in a leaflet "Your Complaint – How We Can Help" available at https://www.lloyds.com/complaints and are also available from the above address. If **you** remain dissatisfied after Lloyd's has considered your complaint, you may have the right to refer your complaint to the Financial Ombudsman Service.

The Financial Ombudsman Service is an independent service in the UK for settling disputes between consumers and businesses providing financial services. You can find more information on the Financial Ombudsman Service at https://www.financial-ombudsman.org.uk.

Arbitration
Any differences in respect of medical opinion in connection with the treatment of an **accident** or illness shall be settled between two medical experts appointed in writing by the parties to the dispute. Any difference of opinion between the two medical experts shall be referred to an umpire who shall have been appointed in writing at the outset. Should the two medical experts fail to agree despite the mediation of the umpire then the decision of the umpire shall be final and binding.

Fraudulent Claims
If any claim shall in any respect be false or fraudulent or if fraudulent means or devices are used to obtain benefit hereunder then all cover shall be cancelled with immediate effect and all benefit forfeited.

EXCLUSIONS

No benefit or reimbursement shall be paid by the **insurers** in respect of claims arising from:-

1. any medical, physical or mental condition (including chronic or recurring conditions), not disclosed on **your** Application Form for cover, in respect of which **you** had suffered or sought treatment or advice at any time prior to **your original inception date** or, if later, the date **you** joined **your plan**,

2. any medical, physical or mental condition or treatment or service which is specifically excluded on **your** Certificate of Insurance. After 12 months any excluded medical or related condition may be eligible for cover provided the condition(s) has not recurred, you have not received or needed treatment or medication or sought advice for such condition(s),

3. suicide or self-inflicted injury,

4. alcohol or drug abuse,

5. illness or injury whilst performing duties as a serving member of a military or police force or unit,

6. routine medical examination (including vaccinations, the issue of medical certificates and attestations, and examinations as to suitability for employment or travel) and routine eye and ear examinations (including the cost of spectacles, contact lenses and hearing aids),

7. treatment relating to birth defects and congenital illnesses. Birth defects are deemed to include hereditary conditions,

8. all dental treatment which is not emergency dental treatment as described herein,

9. tests and treatment relating to infertility and invitro fertilisation,

10. any abortion (and its consequences) unless it has been confirmed by a **physician** to be medically or surgically necessary,

11. prostheses, corrective devices and medical appliances which are not required intra-operatively, except as provided on **your** Certificate of Insurance

12. cryopreservation or introduction or re-introduction of living cells,

13. treatment of mental illness, stress, psychiatric or psychological disorders, except in-patient psychiatric treatment as provided on **your** Certificate of Insurance

14. elective and/or cosmetic surgery,

15. any sexually transmitted diseases,

16. Acquired Immune Deficiency Syndrome (AIDS), AIDS related Complex Syndrome (ARCS) and all diseases caused by and/or related to the virus HIV positive, except as provided on **your** Certificate of Insurance

17. the performance of professional and/or hazardous sports and all kind of racing other than on foot,

18. treatment by a family member and any autotherapy including prescription of drugs or any treatment that is not scientifically recognised,

19. the acquisition and implantation of artificial heart and mono or bi-ventricular devices,

20. flying other than as a passenger on a scheduled regular carrier (this applies only to the optional Personal Accident Benefits),

21. taking part in any criminal act,

22. taking part in war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, act of terrorism,

23. any losses directly or indirectly arising out of contamination due to an act of terrorism, regardless of any contributory causes (If the insurer alleges that by reason of this exclusion any loss is not covered by this insurance the burden of proving the contrary shall be upon the insured),

24. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel,

25. travelling specifically to obtain medical treatment unless agreed by underwriters.

DEFINITIONS

"accident"
A sudden, unexpected or unforeseen event caused by external violent and visible means.

"bodily injury"
An identifiable physical injury which is caused by an **accident** and solely and independently of any other cause occasions any event for which **you** are covered under the Personal Accident section within 12 months of such **accident**.

"Caribbean area"
For the purposes of this insurance the following countries are deemed to be in the **Caribbean area**: Anguilla, Antigua, Aruba, Bahamas, Barbados, Belize, Bermudas, Bonaire, Cayman Islands, Costa Rica, Cuba, Curacao, Dominica, Dominican Republic, El Salvador, Grenada, Guadeloupe, Guatemala, Haiti, Honduras, Jamaica, Martinique, Mexico, Nicaragua, Panama, Puerto Rico, St Lucia, St Vincent, Trinidad & Tobago, Venezuela, Virgin Islands.

"close family member"
Your spouse, civil partner, a co-habiting partner, parent, brother, sister, child or grand-child.

"contamination"
For the purposes of the exclusion under this insurance, "contamination" means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause illness and/or death.

"country of origin"
The country for which you hold a current passport.

"country of residence"
The country for which you hold a current visa and are physically resident for 9 or more months of each 12 month period. If the period of insurance is less than 12 months, then you must be physically resident for at least 75% of that period.

"disappearance"
If following the disappearance, forced landing, sinking or wrecking of any public transport on which **you** were travelling as a fare paying passenger **your** body is not found within one year it will be presumed that **you** have died by reason of **bodily injury**.

"geographical area"
The **geographical area** selected by **you** on **your** Application Form and as stated on **your** Certificate of Insurance.

"hospital"
Any institution which is legally licensed as a medical or surgical **hospital** in the country in which it is located and whose main activities are not those of a rehabilitation centre, spa, hydroclinic, sanatorium, nursing home or home for the aged. It must be under the constant supervision of a resident **physician**.

"hospital accommodation"
The provision to **you** by a **hospital** of a room, bed and food.

"insurers"
This Insurance Scheme is underwritten by certain underwriters at Lloyd's of London whose names and the proportions underwritten by them can, upon application, be ascertained by reference to Binding Authority Contract reference B0878ASW150173 which bears the Seal of Lloyd's Policy Signing Office. The subscribing (re)insurers' obligations under contracts of (re)insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing (re)insurers are not responsible for the subscription of any co-subscribing (re)insurer who for any reason does not satisfy all or part of its obligations.

"loss of limb"
Either:
(a) the loss by permanent physical separation of a hand at or above the wrist or of a foot at or above the ankle, or
(b) the total and irrecoverable loss of use of hand, arm or leg.

"original inception date"
This date is shown on **your** Certificate of Insurance and is the date **you** first became insured under **your plan**.

"physician"
Any legally licensed medical practitioner recognised by the law of the country where treatment is provided and who, in rendering such treatment, is practising within the scope of his licensing and training

"plan"
A Pearl Plan or a Sapphire Plan or a Ruby Plan as selected by **you** on **your** Application Form and for which **you** have paid the appropriate premium.

"policy year"
The annual period of insurance shown on **your** current Certificate of Insurance.

"an act of terrorism" For the purpose of the exclusion under this insurance "an act of terrorism" means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

"you/your"
An individual who has been accepted by the **insurers** for cover hereunder and who is named on **your** Certificate of Insurance.