

## European Travel Health Insurance

## SECTION 1. Personal Accident Benefit

The Insurer shall pay the following benefits if during the trip abroad the Insured suffers accidental (violent, external and visible) bodily injury which causes death, loss of sight or limbs or permanent and total disablement.

1. Accidental Death: 10.000€

2. Permanent loss of two or more limbs by physical separation at or above the wrist or ankle, or the total and permanent loss of the sight in both eyes 10.000€

3. Permanent and total disability that makes it impossible to be employed in any sort of work: 20.000€

**Exclusions of Section 1**: Despite the general exclusions, the Insurer shall not pay for the following:

- 1) If cases (1) and (2) above, shall not incur within 12 months from the insurance event.
- 2) In case of (3), the benefit shall be paid when the disability lasted 12 months from the insurance event and it is proven it will last for the lifetime.
- 3) The will death benefit (1) shall be limited to 1.000 euro for the children under the age of 18 years at the time of the injury.
- 4) According to this section, the combined maximum amount for persons above 65 years old shall not exceed 5.000 Euro.

## SECTION 2. Medical Treatment and Repatriation Expenses – Up to 30.000€;

In the instance that the Insured either falls ill whilst travelling abroad, the Insurer will underwrite the cost of hospitalisation, surgical operations, and medical fees, transport costs, prescribed by the doctor treating them during the trip, especially the following:

- a) Emergency and reasonable medical, hospital and treatment expenses, including the cost of emergency dental treatment for the relief of pain only, for continuous treatment up to 12 months. The medical treatment will stop by medical advice when the insured is able to return at the country of residence. The expenses under this section shall not exceed the maximum of 30.000€;
- b) Reasonable extra costs of funeral expenses abroad or the cost of returning your body or ashes to the country of residence up to 3.000€;
- c) Repatriation expenses, including air ambulance or the special use of air transport, to return the insured to Albania provided it is medically necessary and the agreements are authorized beforehand and made by Insurer or CORIS, up to 30.000€.
- d) Reasonable extra travel and accommodation room only plus 5 € per day towards meals, of close relative or friend of your living in the Albania who on medical advice must travel to stay with you or accompany you home. Insurer must give a prior approval.

# Exclusions of Section 2

The following exclusions shall be applied for the effect of this section:

1. Any medication or drugs you needed before you the travel.

2. The cost of any treatment or surgery (including exploratory tests) which is not directly related to the illness or injury for which you were hospitalized or treated;



3. Normal eye tests and the provision of the visual aids, normal ear tests and the provision of hearing aids, routine medical examinations or check-ups;

4. Any form of treatment or cosmetic surgery which, in the opinion of doctors treating you can reasonably be postponed until you return home;

5. Any cost arising from your pregnancy or childbirth;

6. Any extra costs from arranging a single or private room accommodation at hospital, clinic or nursing home, except where this is necessary for treatment and approved by the Insurer;

7. Any loss, damage or provision of false dentures, false limbs, hearing aids, contact or corrective lenses or prescribed spectacles;

8. Repatriation expenses which incurred without the prior approval of the Insurer;

9. If you are traveling against the advice of the doctor or for the purpose of having medical treatment during the travel;

10. Any physical defect, infirmity, medical condition or chronic or recurring illness, arising from a Pre-existing Medical Condition unless it was approved by the Insurer and the additional premium was paid;

11. Any treatment or expenses related to cancer or tumors;

12. Any kind of expense related to cardiovascular diseases, hypertension and diabetes.

13. Any dental treatment that which is not for the immediate relief of the pain, and in any case the indemnity is limited to a maximum of  $200 \in$ ;

14. No expenses shall be covered under this section for the persons over 65 years old.

### Sanction clause

Regardless of any provisions of different content within this Insurance Policy, the Insurer shall not be deemed to provide cover and the Insurer shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover , payment of such a claim or the provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under the United Nations Resolutions or the trade or economic sanctions, laws or regulations of the European Union, as well as according to Albanian legislation, the United Kingdom or the United States of America.

#### Illness Contagious exclusion clause

Regardless of any provisions of different content within this Insurance Policy, the Insurer shall not be deemed to provide cover and the Insurer shall not be liable to pay any claims arising out of bodily injury (incl. Emotional distress or mental trauma or phobia), any kind of material loss or damage which is actually or allegedly caused by, contributed to by or in any way related to: Acquired Immune Deficiency Syndrome (AIDS) or its pathogenic agents or hepatitis; Communicable Disease.

A Communicable Disease means any disease which can be transmitted amongst humans, animals, or plants, or by means of any substance or agent from any organism to another organism where: -the substance or agent includes, but is not limited to, a virus, bacterium, parasite or other organism or any variation thereof, whether deemed living or not, and

-the method of transmission, whether direct or indirect, includes but is not limited to, airborne transmission, bodily fluid transmission, transmission from or to any surface or object, solid, liquid or gas or between organisms, and



-the disease, substance or agent can cause or threaten damage to human health or human welfare or can cause or threaten damage to, deterioration of, loss of value of, marketability of or loss of use of property.

# EXCLUSIONS APPLICABLE TO ALL SECTIONS

The Insurance will not pay for any loss, injury, illness, death or expense directly due to, contributed to or caused by:

1. War, invasion, act of foreign enemy, hostilities (whether or not war has been declared) civil war, rebellion, military or usurped power, riot or civil commotion, revolution or similar event if you have deliberately put yourself in danger.

2. Ionization, radiation, radioactive contamination, combustion substances or nuclear residuals, toxic radioactive explosions with other explosive nuclear dangerous weapons.

3. Any hazardous activity, taking part in mountaineering where ropes or guides are normally used, aviation (except where traveling only as a passenger) including hang gliding and parachuting, winter, sports, racing, car, motorcycle, sub-aqua pursuits, water skiing or while using woodworking machinery, whilst on the trip;

4. Being under the influence of alcohol or drugs or intoxicants of any kind;

5. Willfully self-infected injury or venereal disease or Aids and all diseases or AIDS and all diseases caused by and/or related to the HIV virus illness; professional and infective disease which are officially known by the authorities.

6. Suicide or attempted suicide, or wilfully self-exposure to exception danger (except in attempt to save human life);

7. Any dishonest, malicious or criminal act committed by the Insured or any person in conflict with him, or when the insurance is made with the purpose to benefit from it;

8. The extension of the travel beyond the legitimate period;

9. Any expenses incurred after a period of 3 months from the date of diagnosis or the commencement of medical treatment;

10. Any expenses paid by any medical plan, policy or insurance or by any government or private program, or expenses incurred at the country of residence of the insured;

11. Expenses incurred in the country of residence of the insured;

12. The first 50 Euro of each and every claim.

### CONDITIONS APPLICABLE TO ALL SECTIONS

The Insurer shall pay the claims only if the following conditions are met:

1. The insured has lived in Albania legally resided there for at least 6 months before the insurance was issued;

2. The insured is traveling with the intention to return in Albania within the legal period;

3. Taking reasonable care to prevents accident, injury or illness;

4. The Insurance Certificate was issued before the travel started;

5. To give complete written information to the Claims Office as soon as possible (not later than 10 days) for any insurance event, and to give notice to the Insurer within 24 hours the insured or the accompanying person is conscious.

6. Providing all necessary information, certificates, and evidence required by the authorized Claims Office at the expense of the Insured Person or their legal representatives;



7. Not admitting liability for any event or offering to make any payment without Insurer prior written consent;

8. Shall not be considered a valid insurance policy, if the following is not met: a) the policy was issued and printed by the electronic system of the Insurance Company. b) Has the stamp and the signature of the Insurer. c) is signed by the Insured.

## The Insurer has the right to:

1. Make the insurance Certificate void where any claim is found to be fraudulent;

2. To agree with the insured in order to resolve and settle any claim arisen from this insurance;

3. Obtain the necessary information from the Insured medical records for the purpose of settling any claim. No personal information will be disclosed to any external person or organization without prior approval;

4. No payment should be made if the insured failed to disclose a material fact or have a pre-existing medical condition which was not accepted by Insurer. In case an additional premium was agreed, the Insured failed to pay it;

5. No payment should excess the limit of liabilities set for each section;

6. Appoint a medical adviser(s), in the event of a claim, which shall be allowed to examine the Insured Person as often as the Insurer shall consider it necessary. In the event of the death of the Insured Person, the Insurer shall have the right to a post –mortem at their own expense.

7. To proceed in behalf of the Insured to recover compensation from any Third Party in respect of any indemnity. The insurer is entitled to any payment from these procedures and the Insured shall take the necessary assistance.

8. Not to refund the insurance premium (either in full or part) after the Insurance Certificate has been issued, except the case the visa is refused by the Authority;

9. Refund a partial premium even if the insurance period has commenced but the policy is not used for reasons not depending on the Insured, providing the Insured proves that he did not travelled during the insurance period.

10. If the claims are not settled by mutual understanding, the court of Tirana shall settle them.