



# BLUE INSURANCE

## J1 Travel Insurance

Policy Number: BI

### HEALTH NOTICE AND EMERGENCY ASSISTANCE

If **You** or any person who is travelling has a **Medical Condition** then **You** must declare that condition to **Our** Medical Screening Line on +353 1 533 7354.

Please do not incur inpatient medical expenses without first contacting the Emergency Assistance Service in USA +1 212 671 9004 or +44 1733 224 892.

# TRAVEL INSURANCE POLICY SCHEDULE

Section/Description		Premier Cover Limit	Excess
		(per Insured Person)	(per Insured Person)
A.	Cancellation or Curtailment Charges	Up to €2,500	€150 (Loss of deposit €80)
B.	Emergency Medical and Other Expenses*	Up to €6,500,000	€150
	Including Emergency Assistance Services		
	Emergency Dental Pain Relief	Up to €250	€150
C.	Personal Accident*		
	Loss of Limbs or Sight	€15,000	N/A
	Permanent Total Disablement (Aged 18 to 49yrs)	€38,000	N/A
	Death Benefit	€6,000	N/A
D.	Baggage and Passport	Up to €1,200	€150
	Single Article Limit	€200	€150
	Valuables Limit in Total	€200	€150
	Replacement of Passport	Up to €250	N/A
	Emergency Passport Travel	Up to €250	N/A
E.	Personal Money and Documents	Up to €250 in total	€150
	Cash Limit (currency notes and coins)	Up to €200	€150
	Travel Documents	Up to €250	€150
F.	Personal Liability*	Up to €2,500,000	€225
G.	Missed Departure	Up to €500	€150
H.	Trip Abandonment	Up to €2,500 (after 24hrs)	€150
I.	Legal Expenses	Up to €15,000	€225
J.	Student Loans	Up to €1,000	€150
K.	Programme Costs	Up to €750	€150
	Within 28 days of commencement		
L.	Loss of Salary (Minimum 5 working days)	Up to €500	€150
M.	Scheduled Airline Failure	Up to €1,000	€150
N.	Tropical Diseases Screening & Treatment	Up to €200	€75
Wintersports (Available upon payment of additional premium)			
		(per Insured Person)	(per Insured Person)
O1.	Ski Equipment* Owned	Up to €500	€150
	Hired	Up to €300	€150
	Single Article Limit	€150	€150
O2.	Hire of Ski Equipment*	€300 (€30 per day)	N/A
O3.	Ski Pack*	€300 (€30 per day)	N/A
O4.	Piste Closure*	€300 (€30 per day)	N/A
O5.	Avalanche Closure*	Up to €300	€150
Optional Covers (Available upon payment of additional premium)			
		(per Insured Person)	(per Insured Person)
P.	Exam Failure	Up to €1,000	€150

(\*) **You** are not covered under sections B, C, F and O for **Winter Sports** activities unless an additional premium has been paid and **Winter Sports** cover is shown on **Your Validation Certificate**.

Please note that the **Excess** amounts detailed above, are applicable per section, per **Insured Person** per claim, unless **You** have paid the additional premium to waive the **Excess** and this is shown on **Your Validation Certificate**.

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# INTRODUCTION

## IMPORTANT NOTICE

This insurance policy is not designed to insure known or publicly announced events. Restricted cover for **COVID** is provided under Section A - Cancellation or **Curtailment** Charges, and Section B - Emergency Medical and Other Expenses only.

## Understanding This Policy

This is **Your** travel insurance policy wording. The policy wording contains details of the insurance cover **We** provide. Please read the policy carefully to ensure that it meets **Your** needs, the policy document outlines the cover, what is not covered, conditions and exclusions and is the basis on which **We** settle all claims. It is validated by the issue of the **Validation Certificate** which must be attached to the policy. In return for having accepted **Your** premium **We** will in the event of **Bodily Injury**, death, **Serious Illness**, loss, theft, damage or other events happening within the **Period of Insurance** provide insurance in accordance with the operative sections of **Your** policy. Each section of the policy details the cover provided. This policy provides cover for specific reasons only as per each "What is covered" section and should be read together with "What is not covered" and "Special conditions". **You** should take time to read and understand the general exclusions and general conditions which apply to all sections of this policy. The **Validation Certificate** and any endorsements are all part of the policy. **Your Validation Certificate** is evidence of the contract of insurance.

## Arranged by

This exclusive travel insurance has been organised by Blue Insurance Limited. Plaza 255, Blanchardstown Corporate Park 2, Blanchardstown, Dublin 15. Blue Insurance Limited is regulated by the Central Bank of Ireland.

## Data Protection

For the purpose of this data protection notice, *We/Us/Our* refers to Blue Insurance Limited

Blue Insurance Limited and its associated companies are committed to protecting **Your** privacy and personal information at all times and ensure that all personal data processed by *Us* in the course of administering **Your** policy is done so in compliance with the relevant data protection legislation.

To administer **Your** policy *We* will process and store information about **You** provided by **You**. This notice applies to anyone who is insured under this Travel Insurance policy and whose personal information may be processed for the provision of insurance and related services.

Personal information may be used by *Us* for the purposes of arranging **Your** policy; including but not limited to customer service, analysis, complaints handling and the detection and prevention of crime. The information **You** have supplied will also be passed to the Underwriter for fulfilment of **Your** insurance contract and for claims purposes. Please refer to the Data Protection section contained further within the policy wording for further details on how the Underwriter processes **Your** data.

**You** have various rights in relation to personal information that is held by *Us*, including the right to request access to **Your** personal information, the right to correct inaccurate personal information, or the right to request the deletion or suppression of personal information where this is not restricted by any conflicting legitimate interest.

This notice explains certain aspects of how *We* use **Your** information and what rights **You** have in relation to **Your** personal information, however **You** can obtain more information about how *We* use **Your** data by reviewing *Our* full Privacy Policy

<https://www.blueinsurance.ie/PrivacyPolicy/IE/>. **Your** data will be treated in accordance with *Our* Privacy Policy.

## Master Certificate Number

This evidence of insurance is to confirm that those persons who have paid the appropriate premium are insured under the Master Certificate number WH/BI/BLUE/J1/2023 issued to Blue Insurance Limited.

## Period of Cover

This document only constitutes a valid evidence of insurance when it is issued in conjunction with a **Validation Certificate** issued between 01.10.2022 and 30.09.2023 and for **Trips** or journeys commencing from 01.05.2023 up to 31.10.2023

## Residency

This policy is only available to **You** if **You** are registered with a **Medical Practitioner** in **Ireland**, **You** are permanently resident in **Ireland** and have been for the six months prior to the date of issue of this insurance.

## The Law Applicable to this Contract

The laws of the Republic of Ireland will apply to this policy.

## Underwriter

This policy is underwritten by White Horse Insurance Ireland dac.

White Horse Insurance Ireland dac is registered in Ireland No 306045.

White Horse Insurance Ireland dac's Registered Office is Rineanna House, Shannon Free Zone, Shannon, County Clare, Republic of Ireland, V14 CA39.

White Horse Insurance Ireland dac is regulated by the Central Bank of Ireland. This can be checked by visiting their website - [www.centralbank.ie](http://www.centralbank.ie)

## Optional Cover

Some **Winter Sports** cover may also be included upon payment of an appropriate additional premium – **Your Validation Certificate** will show if **You** have selected this option.

Exam failure cover may also be included upon payment of an appropriate additional premium – **Your Validation Certificate** will show if **You** have selected this option.

## Policy Excess

Under most sections of **Your** policy, claims will be subject to an **Excess**. This means that **You** are responsible for paying the first amount of each claim, per section, per incident, per **Insured Person**, unless **You** have paid the additional premium to waive the **Excess** and this is shown on **Your Validation Certificate**. **Excess** waiver does not apply to Sports and Activities: Grade 2-4.

## Stamp Duty

The appropriate stamp duty has been or will be paid by **Us** to the Revenue Commissioner in accordance with the Provisions of the composition agreement entered into with them under section 5 of the Stamp Duties Consolidation Act 1999.

## Territorial Limits

Worldwide. **You** are not insured to travel to a country, specific area or event to which the Department of Foreign Affairs ([www.dfa.ie/travel/travel-advice](http://www.dfa.ie/travel/travel-advice)) has issued travel restrictions. If the Department of Foreign Affairs has issued travel restrictions specifically related to **COVID** and **You** commence **Your Trip** whilst **COVID** travel restrictions are in effect, **You** are insured to travel however there is no cover whatsoever under any section of this policy for any claim directly or indirectly related to **COVID** during **Your Trip**.

## DEFINITIONS

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

### Baggage:

- means luggage, clothing, personal effects, **Valuables** and other articles which belong to **You** (or for which **You** are legally responsible) which are worn, used or carried by **You** during **Your J1 Trip** excluding **Ski Equipment** and **Personal Money**.

Please note that **Baggage** claims are paid on the value of the purchase price less a deduction for wear, tear and depreciation. This cover therefore, is not on a "new for old" basis and means that a deduction per item will be made during the assessment of **Your** claim.

Please also note that if **You** are planning to take expensive items such as certain items of jewellery, photographic or telecommunications equipment or other items that **We** define as **Valuables** on **Your Trip**, then **You** should check that **You** have adequate cover under an alternative insurance policy.

### Bodily Injury:

- means an identifiable physical injury sustained by **You** due to a sudden, unexpected, external and specific event. Injury as a result of **Your** unavoidable exposure to the elements shall be deemed to have been caused by **Bodily Injury**.

### Cancellation Period:

- means the 14 days following the purchase date of this insurance policy.

### Certified Antigen Test:

- means a rapid antigen test conducted by trained healthcare personnel or trained operators in a healthcare, medical or clinical company with test results issued on a certificate which includes **Your** personal details and test result. **Certified Antigen Test** excludes any home or self-administered **COVID** rapid antigen test(s).

## Complications of Pregnancy and Childbirth:

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

## Close Relative:

- means mother, father, sister, brother, wife, husband, civil partner, daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, aunt, uncle, niece, nephew, step parent, step child, step sister, step brother, foster child, legal guardian, next of kin, fiancé/fiancée or partner (any couple, including same-sex, in a common law relationship or who have co-habited for at least 6 months).

## COVID:

- means COVID-19, coronavirus disease, severe acute respiratory syndrome coronavirus (SARS-COV-2) or any mutation or variation of these.

## Curtailment/Curtail:

- means abandoning or cutting short the **Trip** by immediate direct early return to **Ireland** in which case claims will be calculated from the day **You** returned to **Ireland** and settlement will be calculated based on the number of complete days of **Your Trip** **You** have not used.

Please note that although **Curtailment** cover extends to include reasonable additional travel expenses as well as **Irrecoverable** and unused travel costs, it does not extend to cover the cost of **Your** original booked flight. If **You** have not purchased a return flight then no cover exists for **You** to claim for the cost of **Your** return flight.

## Cyber-Terrorism:

- means the use of disruptive activities, or the threat thereof, against computers and/or networks, with the intention to cause real-world harm or severe disruption of infrastructure

## Excess:

- means that **You** are responsible for paying the first amount of each claim, per section, per incident, per **Insured Person**.

## Home:

- means normal place of residence in **Ireland**, your **Trip** must begin and end in your **Home** area.

## Incidental Basis:

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

## Ireland:

- means the Republic of **Ireland**.

## Irrecoverable:

- means that **We** will only cover costs that **You** have not already recovered or which **You** are not entitled to recover from another third party.

## Loss of limb:

- means loss by permanent severance of an entire hand or foot or the total and permanent loss of use of an entire hand or foot.

## Loss of sight:

- means total **Loss of sight** which shall be considered as having occurred:

- in both eyes if **Your** name is added to the NCBI register of Blind Persons on the authority of a fully qualified ophthalmic specialist or
- in one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen scale.

## Medical Condition:

- means any disease, **Serious Illness** or **Bodily Injury**.

## Medical Practitioner:

- means a registered practising member of the medical profession recognised by the law of the country where they are practising, who is not related to **You** or any person who **You** are travelling with.

## Period of Insurance:

- means the period of the **Trip** and terminating upon its completion, but not in any case exceeding the period shown in the **Validation Certificate**. Under these policies Section A – Cancellation cover shall be operative from the time **You** pay the premium and evidence of insurance is issued and will cease upon departure of **Your Trip** or in the event of a cancellation claim on **Your** policy all remaining cover will cease for the planned **Trip**.

In the event of a **Curtailement** claim on **Your** policy, cover will remain in place until the specified return date on **Your Validation Certificate**. Any claim for **Curtailement** will be calculated on the unused and pre-paid portion of **Your** pre-booked **Trip** between the dates where **You** return to **Ireland** and the date **You** recommence **Your** original pre-booked planned itinerary. **You** must recommence **Your** journey within 14 days of returning for cover to remain in place. No cover shall apply during **Your** return to **Your Home** country and no further cover will be available under the **Curtailement** section of **Your** policy. If **You** have not purchased a return flight then no cover exists for **You** to claim for the cost of **Your** return flight.

This policy also entitles **You** to a maximum of two return visits to **Your Home** before **Your** intended return date (as specified on **Your Validation Certificate**) for up to a maximum duration of 14 days excluding any return for which a claim is being made as a result of Emergency Medical or Repatriation. Cover is suspended from the time **You** arrive at **Your** departure point to **Your Home** and starts again when **You** exit the airport at **Your** overseas destination. During this period no cover is provided by the policy.

For all other sections of the policy, cover commences when **You** leave **Your Home** to begin **Your Trip** and terminates at the time of **Your** return to **Your Home** on completion of **Your Trip**.

Any **Trip** that had already begun when **You** purchased this insurance will not be covered.

Please note: if, due to unexpected circumstances beyond **Your** control and included in the conditions of this policy, **You** cannot finish **Your Trip** within the **Period of Insurance** set out on **Your Validation Certificate**, **We** will extend **Your** cover for up to 30 days at no extra charge.

## Permanent Total Disablement:

- means a physical or mental impairment that has a substantial and long-term adverse effect on **Your** ability to carry out any form of employment and all of the following normal day-to-day activities:

- Dressing and undressing
- Getting up and down a flight of stairs
- Getting in and out of a bed or chair
- General household duties, including cleaning, ironing or shopping

**We** will consider that **You** are unable to do any of the above activities when both of the following apply:

- **You** are unable to carry out the activity even with the use of equipment
- **You** always need the help of another person to do the activity

## Personal Money:

- means bank notes, currency notes and coins in current use, travellers' and other cheques, travel tickets, event and entertainment tickets, money cards and credit/debit or charge cards all held for private purposes.

## Policy Schedule:

- means the details of cover as outlined on page 2 of this document.

## Positive COVID Diagnosis:

- means a positive PCR (Polymerase Chain Reaction) test result and/or a **Certified Antigen Test** with a positive result.

## Public Transport:

- means any publicly licensed aircraft, sea vessel, train or coach on which **You** are booked to travel.

## Serious Illness:

- means any disease, infection or **Bodily Injury** which is unexpectedly contracted by **You** prior to **Your Trip** or unexpectedly manifests itself for the first time during **Your Trip**.

## Single Item:

- means any one article, pair or set of articles or collection which are used or worn together.

### Ski Equipment:

- means skis (including bindings), ski boots, ski poles, snowboards, snowboard bindings and snowboard boots.

### Terrorism:

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

### Travelling Companion:

- means a person(s) with whom **You** have booked to travel or are travelling with on the same booking invoice and without whom **Your** travel plans would be impossible.

### Trip:

- means any holiday or pleasure journey made by **You** within the area of travel shown in the **Validation Certificate** which begins and ends in **Ireland** during the **Period of Insurance**.

### Unattended:

- means when **You** cannot see or are not close enough to **Your Baggage, Valuables, Personal Money**, property or vehicle to stop it being damaged or stolen.

### United Kingdom:

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

### Validation Certificate:

- means a document issued to you that confirms your unique insurance policy number, the date you purchased this insurance policy, the dates of your **Trip** and the names of all **insured person(s)** under this insurance policy.

### Valuables:

- means jewellery, gold, silver, precious metal(s), precious or semiprecious stone articles, watches, telescopes, items made of leather (including designer footwear, handbags or purses), binoculars, sunglasses, reading / prescription glasses, furs, cameras, camcorders, photographic audio video computer television or telecommunications equipment (including mobile phones, mobile phone accessories, smart phones, personal digital assistant(s), blackberries, iPods, iPads, laptops, tablets, personal organizers, notebooks, netbooks, kindles, eBooks, eReaders, CD's, DVD's, memory cards, speakers or headphones, Nintendo DS, games console, computer games and associated equipment).

### We/Us/Our:

- means White Horse Insurance Ireland dac's Registered Office is Rineanna House, Shannon Free Zone, Shannon, County Clare, Republic of Ireland, V14 CA39.

White Horse Insurance Ireland dac is regulated by the Central Bank of Ireland. This can be checked by visiting their website [www.centralbank.ie](http://www.centralbank.ie).

### Winter Sports:

- means guided cross country skiing (Nordic skiing), glacier skiing, mono skiing, off piste skiing or snowboarding except in areas designated as unsafe by local resort management unless accompanied by a locally qualified guide, recreational racing, skiing, snowboarding, snowmobiling and snow sledging.

### You/Your/Insured Person(s):

- means each person travelling on a **Trip** whose name appears in the **Validation Certificate**.

## IMPORTANT CONDITIONS RELATING TO HEALTH

 **+353 1 533 7354**

### Medical Screening Line Opening Hours

Monday - Friday 9am - 5pm

### Quoting Reference: J1 Policy

Please note certain **Medical Condition(s)** will incur an additional premium.

This insurance is designed to cover **You** for unforeseen events, accidents, **Serious Illness** or **Bodily Injuries** occurring during **Your Period of Insurance**.



If **You** have a **Medical Condition(s)** or if the **Medical Condition** does not meet the below criteria, **You** must contact the Medical Screening Company on +353 1 533 7354 to declare ALL **Your Medical Condition(s)** to ensure that the cover will meet **Your** needs before **You** depart from Ireland.

## Accepted Medical Conditions

**You** do not need to contact **Our** Medical Screening Company, on the telephone number +353 1 533 7354, if the only **Medical Condition(s)** **You** have appears in the following list, provided **You** are not awaiting surgery for the condition and have been fully discharged from any postoperative follow-up:

- A.** Abnormal Smear Test, Achilles Tendon Injury, Acne, Acronyx (Ingrowing Toenail), Acid Reflux, Adenoids, Allergic Rhinitis, Alopecia, Anal Fissure/ Fistula, Appendectomy, Astigmatism, Athlete's Foot (Tinea Pedis), Attention Deficit Hyperactivity Disorder
- B.** Bell's Palsy (Facial Paralysis), Benign Prostatic Enlargement, Bladder Infection (fully recovered, 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
- C.** Caesarean Section, 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), Coeliac Disease, Cold Sore (Herpes Simplex), Colitis (simple), Common Cold(s), Conjunctivitis, Constipation, Corneal Graft, Cosmetic Surgery, Cyst – Breast, Cyst – Testicular, Cystitis (fully recovered, no hospital admissions), Cystocele (fully recovered, no hospital admissions)
- D.** D & C, Deaf Mutism, Deafness, Dental Surgery, Dermatitis (no hospital admissions or consultations), Deviated Nasal Septum, Diarrhoea and/or Vomiting (resolved), Dilatation and Curettage, Dislocated Hip, Dislocations, Dry Eye Syndrome, Dyspepsia
- E.** Ear Infections (resolved – must be all clear prior to travel if flying), Eczema (no hospital admissions or consultations), Endocervical Polyp, Endocervicitis, Endometrial Polyp, Epididymitis, Epiphora (Watery Eye), Epispadias, Epistaxis (Nosebleed), Erythema Nodosum, Essential Tremor
- F.** Facial Neuritis (Trigeminal Neuralgia), Facial Paralysis (Bell's Palsy), Fibromyositis, Fibrositis, Frozen Shoulder, Femoral Hernia, Fibroadenoma, Fibroid – Uterine, Fibromyalgia
- G.** 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
- H.** 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), Hives (Nettle Rash), Housemaid's Knee (Bursitis), HRT (Hormone Replacement Therapy), Hyperthyroidism (Overactive Thyroid), Hypospadias, Hypothyroidism (Underactive Thyroid), Hysterectomy (provided no malignancy)
- I.** Impetigo, Indigestion, Influenza, Ingrowing Toe-nail (Acronyx), Inguinal Hernia, Insomnia, Intercostal Neuralgia, Intertrigo, Irritable Bowel Syndrome (IBS)
- K.** Keinboeck's Disease, Keratoconus, Knee Injury – Collateral/ cruciate ligaments, Knee Replacement (no subsequent arthritis), Kohlers Disease
- L.** Labyrinthitis, Laryngitis, Learning Difficulties, Leptothrix, Leucoderma, Lichen Planus, Ligaments (injury), Lipoma
- M.** Macular Degeneration, Mastitis, Mastoidectomy (resolved – must be all clear prior to travel if flying), Menopause, Menorrhagia, Migraine (provided this is a definite diagnosis and there are no ongoing investigations), Miscarriage, Mole(s), Molluscum Contagiosum, Myalgia (Muscular Rheumatism), Myalgic Encephalomyelitis (ME) (if the only symptom is fatigue), Myxoedema, Nasal Infection
- N.** Nasal Polyp(s), Nettle Rash (Hives), Neuralgia, Neuritis, Nosebleed(s), Nystagmus
- O.** Obstructive Sleep Apnoea, Osgood-schlatter's Disease, Osteochondritis, Otosclerosis, Overactive Thyroid
- P.** Parametritis, Pediculosis, Pelvic Inflammatory Disease, Photodermatitis, Piles, Pityriasis Rosea, Post Viral Fatigue Syndrome (if the only symptom is fatigue), Pregnancy (provided no complications), Prickly Heat, Prolapsed Uterus (womb), Pruritis, Psoriasis (no hospital admissions or consultations)
- R.** Repetitive Strain Injury, Retinitis Pigmentosa, Rhinitis (Allergic), Rosacea, Ruptured Tendons
- S.** Salpingo-oophoritis, Scabies, Scalp Ringworm (Tinea Capitis), Scheuermann's Disease, Sebaceous Cyst, Shingles (Herpes Zoster), Shoulder

<p>Injury, Sinusitis, Skin Ringworm (Tinea Corporis), Sleep Apnoea, Sore Throat, Sprains, Stigmatism, Stomach Bug (resolved), Strabismus (Squint), Stress Incontinence, Synovitis</p> <p><b>T.</b> Talipes (Club Foot), Tendon Injury, Tennis Elbow, Tenosynovitis, Termination of Pregnancy, Testicles</p> <ul style="list-style-type: none"> <li>– Epididymitis, Testicles</li> <li>– Hydrocele, Testicles</li> <li>– Varicocele, Testicular Cyst, Testicular Torsion (Twisted Testicle), Throat Infection(s), Thrush, Thyroid</li> <li>– Overactive, Thyroid</li> </ul>	<p>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</p> <p><b>U.</b> Umbilical Hernia, Underactive Thyroid, Undescended Testicle, Urethritis (fully recovered, no hospital admissions), URTI (Upper Respiratory Tract Infection) (resolved, no</p>	<p>further treatment), Urticaria, Uterine Polyp(s), Uterine Prolapse</p> <p><b>V.</b> Varicocele, Varicose Veins legs only, never any ulcers or cellulitis (if GP has confirmed that client is fit to travel), Vasectomy, Verruca, Vertigo – provided no disabling episodes, Vitiligo</p> <p><b>W.</b> Warts (benign, non-genital, Womb Prolapse (uterus)</p>
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In addition to any **Medical Condition(s)** shown in the table above, **You** may be automatically accepted for cover if **You** have ONLY ONE of the following conditions provided **You** have NO other **Medical Condition(s)**.

**Arthritis (Juvenile, Osteoarthritis, Rheumatoid or Psoriatic Arthritis, Reiter's Syndrome, Rheumatism):**

- There must have been NO hospital admissions within the last 12 months.
- Must NOT affect the back more than any other area of the body.
- No more than 2 medications.
- No mobility aids (other than walking stick or frame).
- Must NOT be awaiting surgery.
- Must have NO lung problems.

**Asthma (Wheezing):**

- There must have been NO hospital admissions EVER.
- Must have been diagnosed prior to age 50.
- Must be controlled with no more than 2 medications (NO nebulizer, NO home oxygen).
- Must have been a non-smoker for at least 12 months.
- Must be able to walk 200 yards on the flat without becoming short of breath.

**Diabetes Mellitus (Sugar Diabetes):**

- Type 2 (Non-Insulin-Dependent Diabetes Mellitus) only.
- Controlled by diet alone or by no more than 1 medication (no Insulin).
- There must have been NO hospital admissions or diabetic complications EVER.
- Must have been a non-smoker for at least 12 months.

**Down's Syndrome:**

- There must be NO associated conditions or complications (e.g. congenital heart disease, epilepsy, gastrointestinal abnormalities).

**Hypercholesterolaemia (High/Raised Cholesterol):**

- No more than 1 medication.
- Must NOT be the inherited form.
- Must have been a non-smoker for at least 12 months.

**Hypertension (High Blood Pressure, White Coat Syndrome):**

- No more than 2 medications.
- There must have been no change in treatment within the last 6 months.
- Must have been a non-smoker for at least 12 months.

**Hypotension (Low Blood Pressure):**

- Must NOT be associated with any underlying condition.

**Osteoporosis (Osteopaenia, Fragile Bones):**

- There must have been NO vertebral (backbone) fractures.

## Exclusions

PLEASE NOTE that cover cannot be offered for any **Medical Condition** if **You**;

- are awaiting the results of medical tests or investigations;
- are travelling against the advice of a **Medical Practitioner**;
- are travelling for the purpose of obtaining medical treatment;
- are on a hospital waiting list;
- have been diagnosed with a terminal condition.

If **You** are unsure if **Your Medical Condition(s)** is covered, **You** should contact **Our** Medical Screening Company before **Your Trip** departure from **Ireland**.

## Cover Relating to the Health of Non-Travellers

This insurance policy excludes any claims arising directly or indirectly from a **Medical Condition** (unless shown in the Automatically Accepted Minor Conditions list) of any person on whom travel depends unless the person's doctor can state that, at the date of **You** buying this insurance policy or booking **Your J1 Trip** (whichever is later) he/she would have seen no substantial likelihood of the patient's condition deteriorating to such a degree to cause a necessary cancellation or **Curtailment** claim. If the doctor will not confirm this, any claim arising from a **Medical Condition** will be excluded.

All claims arising from a terminal prognosis, any set of symptoms where a diagnosis has not been made and any **Medical Condition** for which a non-traveller is on a waiting list for or has knowledge of the need for surgery, treatment or investigation at a hospital, clinic or nursing home at the time **You** buy this insurance policy or book **Your J1 Trip** (whichever is later) are automatically excluded.

## EMERGENCY ASSISTANCE SERVICE

In the event of a **Serious Illness** or **Bodily Injury** on **Your Trip** which may lead to in-patient hospital treatment or before any arrangements are made for repatriation **You** must contact the Emergency Assistance Service. For Emergency Medical Service in the USA please call

+1 212 671 9004 or alternatively +44 1733 224 892.

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 the Emergency Assistance Service as soon as possible.

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

In the event of a private health insurance **Your** private health insurer must pay the first amount as stated in their policy and **We** will commence cover once that limit has been reached.

## Payment for Medical Treatment Abroad

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

For simple outpatient treatment, **You** should pay the hospital/clinic yourself and claim back medical expenses from **Us**. Beware of requests for **You** to sign for excessive treatment or charges. If in doubt regarding any such requests, please call the Emergency Assistance Service for guidance.

For Emergency Medical Service in the USA please call +1 212 671 9004 or alternatively +44 1733 224 892

Telephone calls are recorded and may be monitored.

# SPORTS AND ACTIVITIES: GRADE 1

**You** are covered under Section B – Emergency Medical and Other Expenses and Section C – Personal Accident for the following activities automatically, provided that the activity is on an **Incidental Basis**. Under this insurance contract, **Incidental Basis** means that the sport or activity **You** are taking part in on **Your Trip** is on a strictly amateur basis and is not the specific reason for **You** going on **Your Trip**.

Archery	Manual Work (bar and restaurant work, amateur musicians and singers, chalet maids, au pair/ nanny, retail work, fruit picking and occasional light manual work at ground level but excluding the use of power tools or machinery)**+	organised)
Badminton		Sail Boarding
Baseball		Sailing within territorial waters +
Basketball		Scuba Diving* down to
Beach Games		30 metres if qualified and not
Bungee Jump (1)		diving alone or accompanied by
Camel/Elephant Riding+		a qualified instructor (see notes
Canoeing (Grade 1 – 3) – Life jacket and helmet must be worn	Marathon Running	below)
Clay Pigeon Shooting+	Motorcycling up to 125cc (with the appropriate Irish motorcycle licence, wearing a crash helmet, no racing) +	Skate Boarding
Cricket	Netball	Snorkelling
Cycling - a helmet must be worn in any country where it is required by law	Non manual work (Including professional administrative or clerical duties only)	Squash
Dinghy Sailing+	Orienteering	Surfing (under 14 days)
Fell Walking	Paintballing	Tennis
Fencing	Parasailing/ Parasailing (over water)	Tour Operator Safari
Fishing	Pony Trekking – wearing a helmet	Track Events
Flying as a fare paying passenger in a fully licensed passenger carrying aircraft	Quad biking up to 50cc (wearing a crash helmet, no racing)+	Trekking (under 2,000 metres altitude)
Football	Racquetball	Volleyball
Golf	Rambling (under 2,000 metres altitude)	War Games (with eye protection) +
Hiking (under 2,000 metres altitude)	River Canoeing (Up to Grade 3) – Life jacket and helmet must be worn	Water Polo
Hockey	Roller Skating	Water Skiing
Horse Riding (up to 7 days, no Polo, Hunting, Jumping) – wearing a helmet	Roller Blading	White Water Rafting (Grades 1 to 3)
Ice Skating (Rink)	Rounders	Windsurfing
Jet Boating +	Rowing	Yachting (racing/crewing inside territorial waters)+
Jet Skiing+	Running – sprint/long distance	
Jogging	Safari (Ireland/United Kingdom	
Kayaking (Grades 1 to 3) – Life jacket and helmet must be worn		

- \* Scuba diving – scuba diving to the following depths. Provided **You** are diving under the direction of an accredited dive marshal, instructor or guide. Alternatively, if qualified, within the guidelines of the relevant diving or training agency or organisation and not diving alone:
- PADI Open Water – 18 metres
  - PADI Advanced Open Water – 30 metres\*
  - BSAC Ocean Diver – 20 metres
  - BSAC Sports Diver – 30 metres\*
  - BSAC Dive Leader – 30 metres\*

**We** must agree with any equivalent qualification. If **You** do not hold a qualification, **We** will only cover **You** to dive to a depth of 18 metres.

**You** will not be covered under this policy if **You** travel by air within 24 hours after participating in Scuba Diving.

\* For the purposes of diving under Sports and Activities: Grade 1.

\*\* Please see paragraph 6. in the General Exclusions Applicable to All Sections of the Policy which states that **We** will not pay for any claims arising directly or indirectly from **Your** participation in or practice of any other sport or activity, manual work, or racing unless: a) shown as being covered under Grade 1; b) shown as covered on **Your Validation Certificate**; or c) the activity is on an **Incidental Basis**.

+ Cover under Section F - Personal Liability for those sports and activities marked with a + is excluded.

## SPORTS AND ACTIVITIES: GRADE 2

Cover in respect of Sports and Activities Grade 2 only operates if the appropriate extension has been chosen and the appropriate additional premium has been paid.

Please note that **Excess** waiver does not apply to Sports and activities Grades 2-4. This means that in the event of a claim **You** are responsible for the **Excess** amount confirmed below.

**You** can be covered under Section B – Emergency Medical and Other Expenses and Section C – Personal Accident for the following activities provided that the activity is on an **Incidental Basis** (unless stated otherwise below) and subject to an additional premium being paid and shown on the **Validation Certificate**.

Medical Excess increased to €320  
Personal Accident Sum insured reduced by 50%  
Personal Liability Cover is Excluded

Boxing Training (no contact)	pleasure rides only (non <b>Incidental Basis</b> )	not diving alone or accompanied by a qualified instructor (see notes below)
Bungee Jump (up to 3 additional)	Jet Skiing (non <b>Incidental Basis</b> )	Sea Canoeing– Life jacket and helmet must be worn
Black Water Rafting (Grade 1 to 4) Life jacket and helmet must be worn	Martial Arts (Training only)	Sea Fishing (non <b>Incidental Basis</b> )
Camel/Elephant Riding/Trekking (non <b>Incidental Basis</b> )	Mountain Biking –helmet must be worn	Surfing
Cycle Touring / Cycling Holiday – a helmet must be worn in any country where it is required by law	Parascending/Parasailing (over water, non <b>Incidental Basis</b> )	Tandem Skydive (up to 2 jumps maximum)
Go Karting – wearing a helmet	Rambling/Trekking between 2,001m and 4,200m	Triathlon (non iron man)
Horse Riding – wearing a helmet	Safari (non-Ireland/ <b>United Kingdom</b> organised)	White Water Rafting (Grade 4) – Life jacket and helmet must be worn
(no Polo, Hunting, Jumping)	Scuba Diving* (non <b>Incidental Basis</b> /down to 50m if qualified and	Waterskiing/Windsurfing/ Snorkelling (non <b>Incidental Basis</b> )
Hot Air Ballooning –organised		

\* Scuba diving – scuba diving to the following depths. Provided **You** are diving under the direction of an accredited dive marshal, instructor or guide. Alternatively, if qualified, within the guidelines of the relevant diving or training agency or organisation and not diving alone:

- PADI Open Water – 18 metres
- PADI Advanced Open Water – 30 metres
- BSAC Ocean Diver – 20 metres
- BSAC Sports Diver – 35 metres\*
- BSAC Dive Leader – 50 metres\*

**We** must agree with any equivalent qualification. If **You** do not hold a qualification, **We** will only cover **You** to dive to a depth of 18 metres.

**You** will not be covered under this policy if **You** travel by air within 24 hours after participating in Scuba Diving.

\* For the purposes of diving under Sports and Activities: Grade 2.

## SPORTS AND ACTIVITIES: GRADE 3

Cover in respect of Sports and Activities Grade 3 only operates if the appropriate extension has been chosen and the appropriate additional premium has been paid.

Please note that **Excess** waiver does not apply to Sports and activities Grades 2-4. This means that in the event of a claim **You** are responsible for the **Excess** amount confirmed below.

**You** can be covered under Section B – Emergency Medical and Other Expenses and Section C – Personal Accident for the following activities provided that the activity is on an **Incidental Basis** (unless stated otherwise below) and subject to an additional premium being paid and shown on the **Validation Certificate**.

Medical Excess increased to €650  
Personal Accident Sum insured reduced by 50%  
Personal Liability Cover is Excluded

Abseiling	Motorcycling over 125cc and up to a maximum of 500cc (with the appropriate Irish motorcycle licence, wearing a crash helmet, no racing)	operators, maximum age 45 years)
American Football	Paragliding	Rugby
Canoeing (Grade 4) – Life jacket and Helmet must be worn	Rambling/Trekking between 4,201m and 6,000m (professionally organised <b>Trips</b> with experienced	Sand Yachting
GAA Football (non <b>Incidental Basis</b> )		Yachting (racing/crewing) outside territorial waters – Life jacket must be worn
GAA Hurling (non <b>Incidental Basis</b> )		Zip Lining/Trekking (safety harness must be worn)
Gliding		
Kayaking (Grade 4) – Life jacket and Helmet must be worn		

# SPORTS AND ACTIVITIES: GRADE 4

Cover in respect of Sports and Activities Grade 4 only operates if the appropriate extension has been chosen and the appropriate additional premium has been paid.

Please note that **Excess** waiver does not apply to Sports and activities Grades 2-4. This means that in the event of a claim **You** are responsible for the **Excess** amount confirmed below.

**You** can be covered under Section B – Emergency Medical and Other Expenses and Section C – Personal Accident for the following activities provided that the activity is on an **Incidental Basis** (unless stated otherwise below) and subject to an additional premium being paid and shown on the **Validation Certificate**.

- Medical Excess increased to €650
- Personal Accident Sum insured reduced by 50%
- Personal Liability Cover is Excluded

Canyoning	wearing a helmet (no Polo,	(over land, non <b>Incidental Basis</b> )
Hang Gliding	Hunting)	Rock Climbing (under 2,000m)
High Diving under 5m	Kite Surfing	Rock Scrambling (under 4,000m)
(excluding cliff diving)	Micro Lighting	
Horse Jumping –	Parasailing/Parascending	

## GENERAL CONDITIONS APPLICABLE TO ALL SECTIONS OF THE POLICY

**You** must comply with the following conditions to have the full protection of **Your** policy.

If **You** do not comply **We** may at **Our** option cancel **Your** policy or refuse to deal with **Your** claim or reduce the amount of any claim payment.

### 1. Dual Insurance

If at the time of any incident which results in a claim under this policy, there is another insurance policy covering the same loss, damage, expense or liability **We** will not pay more than **Our** proportional share (not applicable to Section C – Personal Accident).

Under Section B – Emergency Medical and Other Expenses – In the event of a private health insurance **Your** private health insurer must pay the first amount as stated in their policy and **We** will commence cover once that limit has been reached.

### 2. Reasonable Precautions

**You** must take all reasonable precautions to avoid injury illness, disease, loss, theft or damage and take all practical steps to safe guard **Your** property from loss or damage and to recover lost or stolen property.

### 3. Maximum Age Limit

49 years at the time of buying this insurance policy.

### 4. Statutory Cancellation Rights

**You** may cancel this policy within 14 days of receipt of **Your** policy documents (the **Cancellation Period**) by writing to the issuing agent at the address shown on **Your Validation Certificate** during the **Cancellation Period**. Any premium already paid will be refunded to **You** providing the departure date on **Your** policy has not passed, **You** have not travelled and no claim has been made or is intended to be made and no incident likely to give rise to a claim has occurred. **Your** policy will be cancelled with effect from its date of issue.

#### Cancellation Outside The Statutory Period

**You** may cancel this policy at any time after the **Cancellation Period** by writing to the issuing agent at the address shown on **Your Validation Certificate**. If **You** cancel after the **Cancellation Period** no premium refund will be made.

**We** reserve the right to cancel **Your** policy by providing 21 days notice by registered post to **Your** last known address. No refund of premium will be made.

#### Non Payment of Premiums

**We** reserve the right to cancel this policy immediately in the event of non payment of the premium or in the event that the payment is made by fraudulent use of a credit/debit card or other payment method then **Your** policy automatically becomes null and void

# GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS OF THE POLICY

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

1. **Your** travel to a country, specific area or event to which the Department of Foreign Affairs ([www.dfa.ie/travel/travel-advice](http://www.dfa.ie/travel/travel-advice)) has issued travel restrictions. If the Department of Foreign Affairs has issued travel restrictions specifically related to **COVID** and **You** commence **Your Trip** whilst **COVID** travel restrictions are in effect **You** are insured to travel however there is no cover whatsoever under any section of this policy for claims directly or indirectly related to **COVID** during **Your Trip**.
2. An outbreak of **COVID** resulting in a national or local lockdown or any restrictions of movement affecting the area where **Your Home** is located, the country, specific area or event to which **You** were travelling to or through, on the date **You** purchase this insurance or at the time of booking **Your Trip**.
3. **You** being unable to travel because **You** were forced to cancel **Your Trip**, abandon **Your Trip** or **Your** return journey is delayed because **You** chose, were legally required to or were recommended to quarantine or isolate as a result of exposure to an infectious disease including **COVID**.
4. **You** choosing to cancel or abandon **Your Trip** as a result of the Department of Foreign Affairs or a local government authority advising against travel because of any infectious disease, including **COVID**.
5. **COVID** where **You** have not received a positive PCR test or a **Certified Antigen Test** with a positive result.
6. Any home or self-administered **COVID** rapid antigen test(s).
7. War, risk of war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, **Terrorism**, revolution, insurrection, civil commotion or unrest assuming the proportions of or amounting to an uprising, military or usurped power but this exclusion shall not apply to losses under section B – Emergency Medical and Other Expenses and Section C – Personal Accident unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of **Your J1 Trip**.
8. Any consequences of **Cyber-Terrorism** including, but not limited to, the delay or cancellation of flights due to the failure of critical systems.
9. 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.
10. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
11. The failure or fear of failure or inability of any equipment or any computer programme, whether or not **You** own it, to recognise or to interpret correctly or process any date as its true calendar date, or to continue to function correctly beyond that date.
12. **Your** participation in or practice of any professional sports or professional entertaining.
13. **Your** participation in or practice of any other sport or activity, manual work, or racing unless:
  - a) shown as being covered under Grade 1;
  - b) shown as covered on **Your Validation Certificate**; or
  - c) the activity is on an **Incidental Basis**
14. **Your** use of a motorised vehicle unless a full and valid **Ireland** or **United Kingdom** driving licence is held by **You** that permits **Your** use of such a vehicle in the **Ireland** or **United Kingdom**.
15. **Your** sexually transmitted diseases, solvent abuse, alcohol abuse or **Your** alcohol dependency, use of drugs (other than drugs taken in accordance with treatment prescribed and directed by a **Medical Practitioner**, but not for the treatment of drug addiction or alcohol dependency).
16. **Your** self-exposure to needless peril (except in an attempt to save human life).
17. **You** drinking too much alcohol which is evidenced by one of the following:
  - a) a **Medical Practitioner** stating that **Your** alcohol consumption has caused or actively contributed to **Your** injury or illness.
  - b) a witness report from a 3rd party or a police incident report.
  - c) **Your** own admission.
  - d) **You** having drunk so much alcohol that **Your** judgement is affected, and **You** need to make a claim as a result.

18. **You:**
  - a) jumping or diving from a pier(s), a wall(s), a bridge(s) or a rock(s) including tombstoning,
  - b) climbing on top of or jumping from a vehicle,
  - c) climbing or jumping from a building or balcony,
  - d) climbing or moving from any external part of any building to another part (excluding where stairs are being used) and falling, regardless of the height unless **Your** life is in danger or **You** are attempting to save human life.
19. **Your** own unlawful action or any criminal proceedings against **You**.
20. 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, costs incurred in preparing a claim or loss of earnings following **Bodily Injury** or **Serious Illness**.
21. Any circumstances known prior to the date this insurance is purchased or the time of booking the **Trip** which could reasonably be expected to give rise to a claim.
22. **You** not complying with **Your** respective **Period of Insurance**.
23. Any **Medical Condition** which **You** have not declared and was not accepted by **Us** or **Your** failure to comply with the terms of the Important Conditions Relating to Health section.
24. Loss of enjoyment.

## Section A: Cancellation or Curtailment Charges

### What is covered

**We** will pay **You**, up to the amount shown in the **Policy Schedule**, for any **Irrecoverable** unused travel and accommodation costs and other pre-paid charges (including sports, concert and entertainment tickets) which **You** have paid or are legally contracted to pay together with any reasonable additional travel expenses incurred if

- a) cancellation of the **Trip** is necessary and unavoidable or
- b) the **Trip** is **Curtailed** before completion

as a result of any of the following events occurring:

1. The death, **Bodily Injury**, **Serious Illness** or **Complications of Pregnancy and Childbirth** of:
  - a) **You**;
  - b) **Your Travelling Companion**;
  - c) any person with whom **You** have arranged to reside with, outside of **Ireland** temporarily; or
  - d) **Your Close Relative**.
2. **You** or **Your Travelling Companion**
  - i) receiving a **Positive COVID Diagnosis** within 14 days of the start of **Your Trip** following a positive PCR test or a **Certified Antigen Test** with a positive result; or
  - ii) being admitted to hospital with a **Positive COVID Diagnosis** within 28 days of the start of **Your Trip** following a positive PCR test or a **Certified Antigen Test** with a positive result.
3. **Your Close Relative** being admitted to hospital with a **Positive COVID Diagnosis** at the start of **Your Trip** as certified by a **Medical Practitioner**.
4. Jury service attendance or being called as a witness at a Court of Law of **You** or **Your Travelling Companion**.
5. Redundancy (which qualifies for payment under the current Irish redundancy payment legislation and at the time of booking the **Trip** there was no reason to believe anyone would be made redundant) of **You** or **Your Travelling Companion**.
6. In the event of burglary at **Your Home** within 48 hours of **Your** departure or the police/Gardaí requesting **You** to return to **Your Home** due to serious damage to **Your Home** caused by fire, aircraft, explosion, storm, flood, subsidence, malicious persons or theft.

### Special Conditions Relating to Claims

1. **You** must obtain a medical certificate from a **Medical Practitioner** and prior approval of the Emergency Assistance Service to confirm the necessity to return **Home** prior to **Curtailment** of the **Trip** due to death, **Bodily Injury**, **Serious Illness** or **Complications of Pregnancy and Childbirth**.
2. If **You** fail to notify the travel agent, tour operator or provider of transport/accommodation, at the time it is found necessary to cancel the **Trip**, the amount **We** will pay will be limited to the cancellation charges that would have otherwise applied.
3. If **You** cancel **Your Trip** due to any **Bodily Injury** or **Serious Illness**, **You** must contact a **Medical Practitioner** immediately for treatment and/or advice. **You** must also provide a



medical certificate from a **Medical Practitioner** that confirms in his/her professional medical opinion that **Your Bodily Injury** or **Serious Illness** necessarily and reasonably prevents **You** from travelling on **Your** booked **Trip**.

4. In the event of the cancellation or **Curtailment** of **Your Trip** due to a **Positive COVID Diagnosis**, **We** will require (at **Your** own expense) a copy of the positive PCR test or a **Certified Antigen Test** with a positive result confirming **Your Positive COVID Diagnosis**.

## What is not covered

1. Under point 2 or 3 of 'What is covered', **You** will not be covered for any claim event occurring within 28 days of the date **You** purchased this insurance or the time of booking any **Trip**, whichever is the later, except where the insurance is purchased within 48 hours of booking the **Trip**.
2. There will be no cover for cancelling or **Curtailment** of **Your Trip** due to: (a) restrictions implemented by any government or administration; or (b) actions taken by a transport or accommodation provider; if those restrictions or actions relate to a pandemic and/or epidemic illness (as declared by the World Health Organisation), including **COVID**.
3. The **Excess** as shown in the **Policy Schedule**.
4. The cost of Airport departure duty, taxes and fees.
5. **COVID** where **You** have not received a positive PCR test or a **Certified Antigen Test** with a positive result.
6. Any home or self-administered **COVID** rapid antigen test(s).
7. Any claims arising directly or indirectly from:
  - a) redundancy caused by or resulting from misconduct leading to dismissal or from resignation or voluntary redundancy or where a warning or notification of redundancy was given prior to the date this insurance is purchased by **You** or the time of booking **Your J1 Trip** (whichever is the earlier);
  - b) circumstances known to **You** prior to the date this insurance is purchased by **You** or the time of booking **Your J1 Trip** (whichever is the earlier) which could reasonably have been expected to give rise to cancellation or **Curtailment** of the **Trip**; or
  - c) any claim for pregnancy which falls outside of the definition of **Complications of Pregnancy and Childbirth**.
8. Travel tickets paid for using any mileage or supermarket reward scheme, for example Avios.
9. Accommodation costs paid for using any Timeshare or Holiday Property Bond or other holiday points scheme.
10. Claims arising directly or indirectly as a result of **Your** failure to comply with the Important conditions relating to Health section.
11. **Your** failure to obtain the required passport or visa.
12. Anything mentioned in the general exclusions.

## Section B: Emergency Medical and Other Expenses

### What is covered

**We** will pay **You**, up to the amount shown in the **Policy Schedule**, for the following expenses which are necessarily incurred as a result of **You** suffering unforeseen **Bodily Injury**, illness, disease or **Complications of Pregnancy and Childbirth**:

1. Emergency medical, surgical, hospital, ambulance and nursing fees and charges incurred outside **Ireland**.
2. Emergency dental treatment for the immediate relief of pain (to natural teeth only) up to a limit of €250 incurred outside **Ireland**.
3. In the event of **Your** death outside **Ireland** the reasonable additional cost of funeral expenses abroad up to a maximum of €4,000 plus the reasonable cost of conveying **Your** ashes to **Your Home**, or the additional costs of returning **Your** remains to **Your Home**.
4. Reasonable additional transport (economy class) or 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 the Emergency Assistance Service, reasonable additional transport or accommodation expenses for a friend, **Travelling Companion** or **Close Relative** to remain with **You** or travel to **You** from **Ireland** to escort **You** to **Your Home** if **You** are unable to use the return ticket.
5. With the prior authorisation of the Emergency Assistance Service, 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 the Emergency Assistance Service agree otherwise.

## Special Conditions Relating to Claims

1. **You** must give notice immediately to the Emergency Assistance Service of any **Bodily Injury** or illness which necessitates **Your** admittance to hospital as an inpatient or before any arrangements are made for **Your** repatriation.
2. In the event of **Your Bodily Injury** or illness **We** reserve the right to relocate **You** from one hospital to another and arrange for **Your** repatriation to **Ireland** at any time during the **Trip**. **We** will do this if in the opinion of the **Medical Practitioner** in attendance or the Emergency Assistance Service **You** can be moved safely and/or travel safely to **Ireland** to continue treatment.
3. **You** must claim against **Your** private health insurer first for any inpatient medical expenses abroad up to **Your** policy limit.
4. For medical expenses incurred in the United States of America (USA), White Horse Insurance Ireland dac will only pay for reasonable and necessary emergency treatment, surgical, hospital and transportation costs in accordance to the negotiated rate with the provider, if one exists. If no negotiated rate with a provider exists, then White Horse Insurance Ireland dac will pay a maximum amount of 150% of the USA Medicare rate.

## What is not covered

1. The **Excess** as shown in the **Policy Schedule**.
2. Any claims arising directly or indirectly in respect of:
  - a) Costs of telephone calls other than:
    - i) calls to the Emergency Assistance Service notifying and dealing with the problem for which **You** are able to provide receipts or other reasonable evidence to show the cost of the calls and the numbers **You** telephoned; or
    - ii) any costs incurred by **You** when **You** receive calls on **Your** mobile telephone from the Emergency Assistance Service for which **You** are able to provide receipts or other reasonable evidence to show the cost of the calls.
  - b) The cost of taxi fares, other than those for travel to or from hospital relating to **Your** admission, discharge, attendance for outpatient treatment or appointments or for collection of medication prescribed by the hospital.
  - c) The cost of treatment or surgery, tests e.g. **COVID** tests, which are not directly related to the **Bodily Injury** or illness which necessitated **Your** admittance into hospital.
  - d) Any expenses which are not usual, reasonable or customary to treat **Your Bodily Injury** or illness.
  - e) Any form of treatment or surgery which in the opinion of the **Medical Practitioner** in attendance and the Emergency Assistance Service can be delayed reasonably until **Your** return to **Ireland**.
  - f) Expenses incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside **Ireland**.
  - g) Additional costs arising from single or private room accommodation.
  - h) Treatment or services provided by a health spa, convalescent or nursing home or any rehabilitation centre unless agreed by the Emergency Assistance Service. This includes any physiotherapy costs.
  - i) Any expenses incurred after **You** have returned to **Ireland**.
  - j) Expenses incurred as a result of a tropical disease where **You** have not had the recommended inoculations and/or taken the recommended medication.
  - k) Expenses incurred as a result of **Your** decision not to be repatriated after the date when in the opinion of the Emergency Assistance Service it is safe to do so.
  - l) Any claim for pregnancy which falls outside of the definition of **Complications of Pregnancy and Childbirth**.
3. Claims arising directly or indirectly as a result of **Your** failure to comply with the Important conditions relating to Health section.
4. The cost of private treatment unless authorised specifically by the Emergency Assistance Service.
5. Anything mentioned in the general exclusions.

## Section C: Personal Accident

### What is covered

**We** will pay **You** the amount shown in the **Policy Schedule**, if **You** sustain **Bodily Injury** which shall solely and independently of any other cause, result within two years in **Your** death, **Loss of limb**, **Loss of sight** or **Permanent Total Disablement**.

## Special Condition Relating to Claims

**Our Medical Practitioner** may examine **You** as often as they deem necessary in the event of a claim.

## Provisions

- Benefit is not payable to **You**:
  - under more than one of the items shown in the **Policy Schedule**;
  - under **Permanent Total Disablement**, until one year after the date **You** sustain **Bodily Injury**; or
  - under **Permanent Total Disablement**, if **You** are able or may be able to carry out any relevant employment or relevant occupation.
- The death benefit payment will be paid into the deceased's estate.

## What is not covered

- Claims arising directly or indirectly as a result of **Your** failure to comply with the Important conditions relating to Health section.
- Anything mentioned in the general exclusions.

## Section D: Baggage and Passport

### What is covered

- We** will pay **You** up to the amount shown in the **Policy Schedule** for the accidental loss of, theft of or damage to **Baggage**. The amount payable will be the value of the purchase price 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 **Single Item**, and in total for **Valuables** is as shown in the **Policy Schedule**.

The amount of wear, tear and depreciation will be as follows:

- Up to 1 year old - 85% of purchase price
- Up to 2 years old - 70% of purchase price
- Up to 3 years old - 50% of purchase price
- Up to 4 years old - 25% of purchase price
- Up to 5 years old - 10% of purchase price
- Over 5 years old - Nil

- We** will also pay **You** up to the amounts shown in the **Policy Schedule** for:
  - Replacement of Passport – reasonable additional travel and accommodation expenses necessarily incurred outside **Ireland** to obtain a replacement of **Your** lost or stolen passport or visa which has been lost or stolen outside **Ireland**;
  - Emergency Passport Travel – reasonable additional transport costs if **You** are unable to make **Your** pre booked return flight **Home** following the loss or theft of **Your** passport within 48 hours of **Your** pre booked return flight **Home**.

## Special Conditions Relating to Claims

- You** must report to the local Police in the country where the incident occurred within 24 hours of discovery or as soon as possible after that and obtain a written report of the loss, theft or attempted theft of all **Baggage**. A Holiday Representatives Report is not sufficient.
- If **Baggage** 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** is lost, stolen or damaged whilst in the care of an airline **You** must:
  - obtain a Property Irregularity Report from the airline.
  - give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
  - retain all travel tickets and tags for submission if a claim is to be made under this policy.
- Receipts for items lost, stolen or damaged or proof of ownership should be retained as these will help **You** to substantiate **Your** claim.

## What is not covered

- The **Excess** as shown in the **Policy Schedule**.
- Loss, theft of or damage to **Valuables** or **Your** passport left **Unattended** at any time (including in a vehicle or in the custody of carriers) unless left in a locked premises and kept out of sight.
- Loss, theft of or damage to **Baggage** left **Unattended** at any time or contained in or stolen from an **Unattended** vehicle:
  - overnight between 9pm and 8am (local time) or

- b) at any time between 8am 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.
4. Loss or damage due to delay, confiscation or detention by customs or other authority.
5. Loss, theft of or damage to unset precious stones, contact or corneal lenses, hearing aids, dental or medical fittings, antiques, musical instruments, deeds, manuscripts, securities, perishable goods, surfboards/sailboards, bicycles, marine equipment or craft or any related equipment or fittings of any kind, **Ski Equipment** and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage).
6. 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.
7. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or **Baggage**.
8. Claims arising for **Personal Money** and travel documents and tickets.
9. Loss or damage due to breakage of sports equipment or damage to sports clothing whilst in use.
10. 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.
11. Anything mentioned in the general exclusions.

## Section E: Personal Money and Documents

### What is covered

We will pay **You**, up to the amount shown in the **Policy Schedule**, for the accidental loss of, theft of or damage to **Personal Money** and travel documents and tickets (including driving licence and entertainment tickets).

### Special Conditions Relating to Claims

1. **You** must report to the local Police in the country where the incident occurred within 24 hours of discovery or as soon as possible after that and obtain a written report of the loss, theft or attempted theft of all **Personal Money**, travel documents and tickets. A Holiday Representatives report is not sufficient.
2. Receipts for items lost, stolen or damaged or proof of ownership (including foreign currency exchange receipts showing the amount) should be retained as these will help **You** to substantiate **Your** claim.
3. Please retain all travel tickets and tags for submission if a claim is to be made under this policy.

### What is not covered

1. The **Excess** as shown in the **Policy Schedule**.
2. Loss, theft of or damage to travellers' cheques if **You** have not complied with the issuer's conditions or where the issuer provides a replacement service.
3. Loss or damage due to depreciation in value, variations in exchange rates or shortages due to error or omission.
4. Loss, theft of or damage to **Personal Money**, travel documents and tickets left **Unattended** at any time (including in a vehicle or in the custody of carriers) unless left in a locked premises and kept out of sight.
5. Loss or damage due to delay, confiscation or detention by customs or other authority.
6. Anything mentioned in the general exclusions.

## Section F: Personal Liability

### What is covered

We will pay up to the amount shown in the **Policy Schedule**, (inclusive of legal costs and expenses) 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**, or member of **Your** household or **Travelling Companion**.
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**, **Travelling Companion**, anyone in **Your** employment or any member of **Your** household other than any temporary **Trip** accommodation occupied (but not owned) by **You**.

## Special Conditions Relating to Claims

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 this cover provided that such representative(s) comply(ies) with the terms and conditions outlined in this policy.

## What is not covered

1. The **Excess** as shown in the **Policy Schedule**.
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) ownership possession or use of vehicles, aircraft or watercraft (other than surfboards or manually propelled rowboats, punts and canoes);
  - c) the transmission of any communicable disease or virus; or
  - d) ownership or occupation of land or buildings (other than occupation only of any temporary **Trip** accommodation where **We** will not pay for the first €200 of each and every claim arising from the same incident).
3. Anything mentioned in the general exclusions.

## Section G: Missed Departure

### What is covered

**We** will pay **You** up to the amount shown in the **Policy Schedule** for reasonable additional accommodation (room only) and travel expenses necessarily incurred in reaching **Your** overseas destination or returning to **Ireland** as a direct result of:

1. The failure of other scheduled **Public Transport**.
2. An accident to or breakdown of the vehicle in which **You** are travelling.
3. An accident or breakdown occurring ahead of **You** on a motorway or dual carriage way which causes an unexpected delay to the vehicle in which **You** are travelling.
4. Strike, industrial action or adverse weather conditions.

## Special Conditions Relating to Claims

1. In the event of a claim arising from any delay occurring on a motorway or dual carriage way **You** must obtain written confirmation from the Gardai/police or emergency breakdown services of the location, reason for and duration of the delay.
2. **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.
3. Cover under this section is only applicable if **You** have incurred additional travel and/or accommodation (room only) expenses in either:
  - a) reaching **Your** destination; or
  - b) returning **You Home**.

## What is not covered

1. The **Excess** as shown in the **Policy Schedule**.
2. Claims arising directly or indirectly from:
  - a) strike or industrial action or air traffic control delay existing or publicly announced by the date **You** purchased this insurance or at the time of booking **Your J1 Trip** whichever is the later;
  - b) an accident to or breakdown of the vehicle in which **You** are travelling for which a professional repairers 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 manufacturers instructions; or
  - d) withdrawal from service (temporary or otherwise) of an aircraft on the recommendation of the Irish Aviation Authority or such regulatory body in a country to/from which **You** are travelling.

3. Additional expenses where the scheduled **Public Transport** operator has offered reasonable alternative travel arrangements.
4. Anything mentioned in the general exclusions.

## Section H: Trip Abandonment

### What is covered

If departure of the scheduled **Public Transport** on which **You** are booked to travel is delayed at the final departure point from or to **Ireland** for at least 24 hours from the scheduled time of departure due to:

- a) strike;
- b) industrial action;
- c) adverse weather conditions;
- d) mechanical breakdown of or a technical fault occurring in the scheduled **Public Transport** on which **You** are booked to travel.

**We** will pay **You**, up to the amount shown in the **Policy Schedule** for any **Irrecoverable** unused travel and accommodation costs and other prepaid charges which **You** have paid or are contracted to pay if after a minimum 24 hours has elapsed, **You** choose to cancel **Your Trip**.

### Special Conditions Relating to Claims

1. **You** must check in 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.
3. **You** must comply with the terms of contract of the travel agent, tour operator or provider of transport.
4. **You** must provide **Your** booking confirmation together with written details from **Your** travel agent, tour operator or provider of transport/accommodation of the separate costs of transport, accommodation and other pre-paid costs or charges that made up the total cost of the **Trip**.

### What is not covered

1. The **Excess** as shown in the **Policy Schedule**.
2. Claims arising directly or indirectly from:
  - a) strike or industrial action or air traffic control delay existing or publicly announced by the date **You** purchased this insurance or at the time of booking **Your J1 Trip** whichever is the later; or
  - b) withdrawal from service (temporary or otherwise) of an aircraft on the recommendation of the Irish Aviation Authority or such regulatory body in a country to/from which **You** are travelling.
3. Anything mentioned in the general exclusions.

## Section I: Legal Expenses

### What is covered

**We** will pay up to the amount shown in the **Policy Schedule** for legal costs to pursue a civil action for compensation if someone else causes **You Bodily Injury**, illness or death during **Your Trip**.

Where there are two or more **Insured Person(s)** insured by this policy, then the maximum amount payable by **Us** for all such claims shall not exceed double the amount shown in the **Policy Schedule**.

### Special Conditions Relating to Claims

1. **We** shall have complete control over the legal case through agents **We** nominate, by appointing agents of **Our** choice on **Your** behalf with the expertise to pursue **Your** claim.
2. **You** must follow **Our** agent's advice and provide any information and assistance required within a reasonable timescale.
3. **You** must advise **Us** of any offers of settlement made by the negligent third party and **You** must not accept any such offer without **Our** consent.
4. **We** will decide the point at which **Your** legal case cannot usefully be pursued further. After that no further claims can be made against **Us**.
5. **We** may include a claim for **Our** legal costs and other related expenses.
6. **We** may, at **Our** own expense, take proceedings in **Your** name to recover compensation from any third party in respect of any indemnity paid under this policy. **You** must give such assistance as **We** shall reasonably require and any amount recovered shall belong to **Us**.

## What is not covered

1. The **Excess** as shown in the **Policy Schedule**.
2. Any claim where in **Our** opinion there is insufficient prospect of success in obtaining reasonable compensation.
3. Legal costs and expenses incurred in pursuit of any claim against a travel agent, tour operator, carrier, **Us**, the Emergency Assistance Service or their agents, Blue Insurance Limited, someone **You** were travelling with, a person related to **You**, or another **Insured Person**.
4. Legal costs and expenses incurred prior to **Our** written acceptance of the case.
5. Any claim where the legal costs and expenses are likely to be greater than the anticipated amount of compensation.
6. Any claim where legal costs and expenses are based directly or indirectly on the amount of compensation awarded on the condition that **Your** action is successful (for example a Contingency Fee Agreement).
7. Legal costs and expenses incurred in any claim which is capable of being pursued under a Conditional Fee Agreement.
8. Legal costs and expenses incurred if an action is brought in more than one country.
9. Any claim where in **Our** opinion the estimated amount of compensation payment is less than €1,000 for each **Insured Person**.
10. Travel, accommodation and incidental costs incurred to pursue a civil action for compensation.
11. Costs of any appeal.
12. Claims by **You** other than in **Your** private capacity.
13. Anything mentioned in the general exclusions.

## Section J: Student loans

### What is covered

**We** will pay **You** up to the amount shown in the **Policy Schedule** in respect of an outstanding loan in **Your** name through a regulated financial institution which was arranged by **You** for the purpose of the payment of the fees or attending university or other third level institutions arising as a result of:

1. **You** sustaining **Bodily Injury** which shall solely and independently of any other cause, result within 180 days in **Your** death, **Loss of limb**, **Loss of sight** or **Permanent Total Disablement** which prevents **You** from engaging in a paid occupation.

### Special Condition Relating to Claims

**Our Medical Practitioner** may examine **You** as often as they deem necessary in the event of a claim.

### Provisions

1. Benefit is not payable to **You**:
  - a) under **Permanent Total Disablement**, until one year after the date **You** sustain **Bodily Injury**.
  - b) under **Permanent Total Disablement**, if **You** are able or may be able to carry out any relevant employment or relevant occupation.
2. The death benefit payment will be paid into the deceased's estate.

## What is not covered

1. The **Excess** as shown in the **Policy Schedule**.
2. Claims arising directly or indirectly as a result of **Your** failure to comply with the Important conditions relating to Health section.
3. Anything mentioned in the general exclusions.

## Section K: Programme Costs

### What is covered

**We** will pay **You** up to the amount shown in the **Policy Schedule** in respect of:

1. **Your** costs of participation in the J1 programme, if during a period of 21 days commencing on **Your** date of departure from **Ireland**, **You** need to **Curtail Your Trip** due to the death, **Bodily Injury** or illness of:
  - a) **You**;

- b) **Your Travelling Companion**; or
  - c) **Your Close Relative** resident in **Ireland**.
2. **You** costs of participation in the J1 programme, if during a period of 21 days commencing on **Your** date of departure from the **Ireland**, **You** are unable to obtain employment as a direct result of **You** being unable to furnish a Social Security number to a prospective employer as a result of the failure of the local government and **You** have to **Curtail**.

### Special Conditions Relating to Claims

1. **You** must provide a medical report from a **Medical Practitioner** to confirm **You** are unable to participate in the J1 programme.
2. **You** must obtain authorisation from the Emergency Assistance Service before **You Curtail Your Trip**.

### What is not covered

1. The **Excess** as shown in the **Policy Schedule**.
2. The cost of **Your** flight **home** should **Your** original flight ticket allow **You** to return to **Ireland** at the required time.
3. Claims arising directly or indirectly as a result of **Your** failure to comply with the Important conditions relating to Health section.
4. Anything mentioned in the general exclusions.

## Section L: Loss of Salary

### What is covered

**We** will pay **You**, up to the amount shown in the **Policy Schedule**, in respect of loss of salary resulting from **You** being hospitalised as an inpatient whilst outside **Ireland** for a period of five consecutive working days during **Your Trip** resulting in **You** being unable due to unforeseen **Bodily Injury** or illness to attend **Your** place of work.

### Special Conditions Relating to Claims

1. **You** must provide an official medical report confirming the duration and reason **You** were unable to work.
2. **You** must provide written evidence from **Your** employer confirming the duration and reason for **Your** absence from **Your** place of work.
3. **You** must give notice immediately to the Emergency Assistance Service of any **Bodily Injury** or illness which necessitates **Your** admittance to hospital as an inpatient.

### What is not covered

1. The **Excess** as shown in the **Policy Schedule**.
2. Loss of salary which can be recovered from another source.
3. Claims arising directly or indirectly as a result of **Your** failure to comply with the Important conditions relating to Health section.
4. Anything mentioned in the general exclusions.

## Section M: Scheduled Airline Failure

### What is covered

**We** will pay **You** up to the amount shown in the **Policy Schedule** for:

1. **Irrecoverable** sums paid in advance in the event of insolvency of the scheduled airline provider not forming part of an inclusive **Trip** prior to departure; or
2. In the event of insolvency of the scheduled airline after **Your** departure:
  - a) additional pro rata costs incurred by **You** in replacing that part of the flight arrangements to a similar standard to that originally booked; or
  - b) if **Curtailment** of the **Trip** is unavoidable – the cost of return flights to **Ireland** to a similar standard to that originally booked.

### What is not covered

1. The **Excess** as shown in the **Policy Schedule**.
2. Scheduled flights not booked within **Ireland**.
3. Scheduled flights not booked through a bonded travel agent or direct with a scheduled airline.
4. The financial failure of:
  - a) any scheduled airline in chapter 11 or national equivalent, or for which threat of insolvency was public knowledge, at the date this insurance is purchased by **You** or the date **Your Trip** was booked whichever is the later;



- b) any scheduled airline who is bonded or insured elsewhere (even if the bond is insufficient to meet the claim); or
  - c) any travel agent, tour organiser, booking agent or consolidator with whom **You** have booked a scheduled flight.
5. Anything mentioned in the general exclusions.

## Section N: Tropical Diseases Screening & Treatment

Cover under this section does not apply to a **Trip** in **Ireland**.

### What is covered

**We** will pay **You** up to the amount shown in the **Policy Schedule** for medical expenses necessarily incurred in undergoing tropical medical screening and treatment at a Tropical Medical Bureau centre, or other registered centre specialising in screening for Tropical Diseases approved by **Us**, upon **Your** return **Home** to **Ireland** following:

- a) **You** undergoing in-patient or out-patient medical treatment abroad for a suspected Tropical Disease.
- b) Receipt of a referral of a **Medical Practitioner** in **Ireland** as a direct result of suspecting that the Insured has contracted a Tropical Disease occurring outside **Ireland** during the **Period of Insurance**.

### Special Condition Relating to Claims

The **Insured** must have obtained the necessary vaccinations prior to travel in line with standard internationally accepted recommendations such as those provided by the Centre for Disease Control (CDC).

### What is not covered

- 1. The **Excess** as shown in the **Policy Schedule**
- 2. For medical expenses incurred for treatment or surgery for which **Our** medical advisers and or the appropriate **Medical Practitioner** at the the Tropical medical centre or another registered centre approved by **Us** believe is not essential.
- 3. Any costs incurred once **You** have returned **Home**, other than the cost of the agreed treatment with the Tropical Medical bureau or another registered centre approved by **Us**.
- 4. Anything mentioned in the general exclusions.

## OPTIONAL COVERS

COVER IN RESPECT OF OPTIONAL SECTIONS O1 - O5 WINTER SPORTS AND P EXAM FAILURE ONLY OPERATES IF THE APPROPRIATE WINTER SPORTS OR EXAM FAILURE EXTENSION HAS BEEN CHOSEN AND THE APPROPRIATE ADDITIONAL PREMIUM HAS BEEN PAID.

## Sections O1-O5: Winter Sports

Participating in **Winter Sports** is limited to 31 days in total during the **Period of Insurance**, this is on a non-consecutive basis and additional durations are available upon payment of an additional premium. **Your Validation Certificate** will indicate the **Winter Sports** limit **You** have selected.

## Section O1: Ski Equipment

### What is covered

**We** will pay **You**, up to the amount shown in the **Policy 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 of the purchase price less a deduction for wear tear and depreciation, (calculated from the table below) or **We** may at **Our** option replace, re-instate or repair the the lost, stolen or damaged **Ski Equipment**.

The amount of wear, tear and depreciation will be as follows:

- Up to 1 year old - 85% of purchase price
- Up to 2 years old - 70% of purchase price
- Up to 3 years old - 50% of purchase price
- Up to 4 years old - 25% of purchase price
- Up to 5 years old - 10% of purchase price
- Over 5 years old - Nil

The maximum amount **We** will pay for any **Single Item** will be calculated from the table above or shown in the **Policy Schedule**, whichever is the less.

## Special Conditions Relating to Claims

1. **You** must report to the local police in the country where the incident occurred within 24 hours of discovery or as soon as possible after that and obtain a written report of the loss, theft or attempted theft of all **Ski Equipment**.
2. For items damaged whilst on **Your Trip**, **You** must obtain an official report from a retailer confirming
  - a) the cost of repairing the item(s); or
  - b) the item(s) is damaged and beyond repair.
3. If **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 written confirmation. If **Ski Equipment** is lost, stolen or damaged whilst in the care of an airline **You** must:
  - a) obtain a property irregularity report from the airline;
  - 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.
4. Receipts for items lost, stolen or damaged or proof of ownership should be retained as these will help **You** to substantiate **Your** claim.

## What is not covered

1. The **Excess** as shown in the **Policy Schedule**.
2. Loss, theft of or damage to **Ski Equipment** left **Unattended** at any time or contained in or stolen from an **Unattended** vehicle:
  - a) overnight between 9pm and 8am (local time) or
  - b) at any time between 8am 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 is confirmed by a police report.
3. Loss or damage due to delay, confiscation or detention by customs or other authority.
4. 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.
5. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or **Ski Equipment**.
6. Claims arising from loss or theft from **Your** accommodation unless there is evidence of forced entry which is confirmed by a police report.
7. Claims arising from loss or theft or damage of **Ski Equipment** carried on a vehicle roof rack unless secured by a lockable ski rack and evidence of forced entry to the vehicle roof rack is confirmed by a police report.
8. Anything mentioned in the general exclusions.

## Section O2: Hire of Ski Equipment

### What is covered

**We** will pay **You** €30 per day (up to €300 maximum), 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 12 hours of **Your** own **Ski Equipment**.

## Special Conditions Relating to Claims

1. **You** must report to the local police in the country where the incident occurred within 24 hours of discovery or as soon as possible after that and obtain a written report of the loss, theft or attempted theft of all **Ski Equipment**.
2. For items damaged whilst on **Your Trip**, **You** must obtain an official report from a retailer confirming the item is damaged and beyond repair.
3. If **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 written confirmation. If **Ski Equipment** is lost, stolen or damaged whilst in the care of an airline **You** must:
  - a) obtain a property irregularity report from the airline;
  - 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.
4. Receipts for items lost, stolen or damaged or proof of ownership should be retained as these will help **You** to substantiate **Your** claim.

## What is not covered

1. Loss, theft of or damage to **Ski Equipment** left **Unattended** at any time or contained in or stolen from an **Unattended** vehicle:
  - a) overnight between 9pm and 8am (local time) or
  - b) at any time between 8am 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.
2. Loss or damage due to delay, confiscation or detention by customs or other authority.
3. 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.
4. Anything mentioned in the general exclusions.

## Section O3: Ski Pack

### What is covered

We will pay **You** €30 per day (up to €300 maximum),

- a) for the unused portion of **Your** ski pack (ski school fees, lift passes and hired **Ski Equipment**) following **Your Bodily Injury** or illness; or
- b) for the unused portion of **Your** lift pass if **You** lose it.

### Special Conditions Relating to Claims

1. **You** must provide written confirmation from a **Medical Practitioner** that such **Bodily Injury** or illness prevented **You** from using **Your** ski pack.
2. **You** must report to an appropriate authority within 24 hours of discovery or as soon as possible after that and obtain a written report of the loss or theft of **Your** ski pass.

### What is not covered

Anything mentioned in the general exclusions.

## Section O4: Piste Closure

### What is covered

We will pay **You** €30 per day (up to €300 maximum), for the cost of transport organised by the tour operator to an alternative site if due to lack of snow conditions results in the closure of skiing facilities (excluding cross-country skiing) in **Your** resort and it is not possible to ski. The cover only applies:

- to the resort 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** and
- to **Trips** taken outside **Ireland** during the published ski season for **Your** resort.

### Special Conditions Relating to Claims

**You** must obtain written confirmation from the resort management of the piste conditions, confirming the closure of facilities and the dates applicable.

### What is not covered

1. Any circumstances where transport costs, compensation or alternative skiing facilities are provided or offered to **You**.
2. Anything mentioned in the general exclusions.

## Section O5: Avalanche Closure

### What is covered

We will pay **You** up to the amount shown in the **Policy Schedule** for the cost of transport organised by the tour operator to an alternative site if an avalanche results in the closure of skiing facilities (excluding cross-country skiing) in **Your** resort and it is not possible to ski. The cover only applies:

- a) to the resort 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** and
- b) to **Trips** taken outside **Ireland** during the published ski season for **Your** resort.

### Special Condition Relating to Claims

**You** must obtain written confirmation from the resort management of the piste conditions,

confirming the closure of facilities and the dates applicable.

## What is not covered

1. The **Excess** as shown in the **Policy Schedule**.
2. Anything mentioned in the general exclusions.

## Section P: Exam Failure

### What is covered

**We** will pay **You** up to the amount shown in the **Policy Schedule** for additional travel and accommodation expenses incurred by **You** as a result of returning to **Ireland** to retake public or university exams and then return to **Your** destination, provided cover was issued before **You** sat **Your** initial exam.

### Special Conditions Relating to Claims

**You** must get an official exam report to substantiate **Your** claim.

### What is not covered

1. The **Excess** as shown in the **Policy Schedule**.
2. Expenses incurred if the results of **Your** examination are known or are available to **You** prior to **Your** original departure date or **Your** results are known prior to booking **Your Trip**.
3. Expenses incurred if they are more than the cost of the flight arranged by **Us** or the actual costs incurred by **You** (whichever is the lesser) if **You** choose not to accept the flight arranged by **Us**.
4. The cost of **Your** flight **Home** should **Your** original flight ticket allow **You** to return to **Ireland** at the required time.
5. Expenses incurred if **Your** return to **Ireland** is in respect of project work which forms part of **Your** exam result.
6. Anything mentioned in the general exclusions.

## CLAIMS PROCEDURE

**You** must comply with the following conditions to have the full protection of **Your** policy.

If **You** do not comply **We** may at **Our** option cancel the policy or refuse to deal with **Your** claim or reduce the amount of any claim payment.

When contacting the claims department, please have the following information to hand:

- Name on **Your** policy and where it was purchased
- Policy number
- Date insurance purchased
- **Trip** destination
- Value of claim
- Brief circumstances
- Travel dates
- Incident date

Failure to have the above information to hand may result in **Your** claim being delayed.

### 1.Claims

In the event of a **Serious Illness** or **Bodily Injury** on **Your Trip** which may lead to inpatient hospital treatment or before any arrangements are made for repatriation, **You** must contact the

Emergency Assistance Service. For Emergency Medical Service in the USA please call +1 212 671 9004 or alternatively +44 1733 224 892.

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 the Emergency Assistance Service as soon as possible. Private medical treatment is not covered unless authorised specifically by the Emergency Assistance Service.

To make a claim other than any claim for medical emergencies please contact White Horse Insurance Ireland dac by either:

Telephone: +353 1 533 7392; or

Email: [claims@white-horse.ie](mailto:claims@white-horse.ie).

The notification must be made as soon as possible thereafter following any **Bodily Injury, Serious Illness**, disease, incident, event, redundancy or the discovery of any loss, theft or damage which may give rise to a claim under this policy.

**You** must also inform **Us** if **You** are aware of any writ, summons or impending prosecution. Every communication relating to a claim must be sent to **Us** without delay.

**You** or anyone acting on **Your** behalf must not negotiate admit or repudiate any claim without **Our** written consent.

**We** may also pursue any claim to recover any amount due from a third party in the name of anyone claiming cover under this policy.

**You** or **Your** legal representatives must supply at **Your** own expense all information, evidence, details of household insurance and medical certificates as required by **Us**. **We** reserve the right to require **You** to undergo an independent medical examination at **Our** expense. **We** may also request and will pay for a postmortem examination.

**You** must retain any property which is damaged, and, if requested, send it to **Us** at **Your** own expense. If **We** pay a claim for the full value of the property and it is subsequently recovered or there is any salvage then it will become **Our** property. **We** may refuse to reimburse **You** for any expenses for which **You** cannot provide receipts or bills.

## 2.Subrogation

**We** are entitled to take over and conduct in **Your** name the defence and settlement of any legal action. **We** may also take proceedings at **Our** own expense and for **Our** own benefit, but in **Your** name, to recover any payment **We** have made under this policy to anyone else.

## FRAUD

**You** must not act in a fraudulent manner.

If **You** or anyone acting for **You**:

- a) Make a claim under the policy knowing the claim to be false or fraudulently exaggerated in any respect or
- b) Make a statement in support of a claim knowing the statement to be false in any respect or
- c) Submit a document in support of a claim knowing the document to be forged or false in any respect or
- d) Make a claim in respect of any loss or damage caused by **Your** wilful act or with **Your** connivance

Then

- a) **We** shall not pay the claim
- b) **We** shall not pay any other claim which has been or will be made under the policy
- c) **We** may at **Our** option declare the policy void
- d) **We** shall be entitled to recover from **You** the amount of any claim already paid under the policy
- e) **We** shall not make any return of premium
- f) **We** may inform the police of the circumstances.

## COMPLAINTS PROCEDURE

### Making Yourself Heard

If **You** have cause for complaint, it is important that **You** know that **We** are committed to providing **You** with an exceptional level of service and customer care. **We** realise that things can go wrong and there may be occasions when **You** feel that **We** have not provided the service **You** expected. When this happens, **We** want to hear about it so that **We** can try to put things right.

### Our Promise to You

**We** will provide **You** with the name of one or more individuals appointed by **Us** to be **Your** point of contact in relation to **Your** complaint until the complaint is resolved or cannot be processed any further;

**We** will provide **You** with a regular written update on the progress of the investigation of **Your** complaint at intervals of not greater of 20 business days;

**We** will attempt to investigate and resolve **Your** complaint within 40 business days of having received **Your** complaint; where the 40 business days have elapsed and the complaint is not resolved, **We** will inform **You** of the anticipated time frame within which **We** hope to resolve **Your** complaint.

Within 5 business days of the completion of the investigation of **Your** complaint, **We** will advise **You** in writing of the outcome of the investigation and, where applicable, explain the terms of any offer or settlement being made. Step two above outlines **Your** right to contact the Financial Services and Pensions Ombudsman (FSPO), should **You** be dissatisfied with the outcome of **Our** investigation.

## Who to Contact?

The most important factors in getting **Your** complaint dealt with as quickly and efficiently as possible are:

- to be sure **You** are talking to the right person, and;
- that **You** are giving them the right information.

## When **You** Contact Us:

- Please give **Us Your** name and contact telephone number.
- Please quote **Your** policy and/or claim number and confirm **You** hold a J1 insurance policy.
- Please explain clearly and concisely the reason for **Your** complaint.
- So **We** begin by establishing **Your** first point of contact:

## Step One

Does **Your** complaint relate to:

A. Customer service or policy sales?

B. A claim on **Your** policy?

If A, **You** need to contact the agent who sold **You Your** policy.

If B, **You** need to contact:

The Customer Experience Manager

White Horse Insurance Ireland dac

Rineanna House

Shannon Free Zone

Shannon

County Clare

Republic of **Ireland**

V14 CA36

Email: [complaints@white-horse.ie](mailto:complaints@white-horse.ie)

## Step Two

If **We** have given **You Our** final response and **You** are still dissatisfied **You** may refer **Your** case to the Financial Services and Pensions Ombudsman (FSPO). The Financial Services and Pensions Ombudsman service is an independent body that arbitrate on complaints about general insurance products. It will only consider complaints after **We** have provided **You** with written confirmation that **Our** internal complaints procedure has been exhausted.

Financial Services and Pensions Ombudsman

Lincoln House

Lincoln Place

Dublin 2

D02 VH29

Email: [info@fspoi.ie](mailto:info@fspoi.ie)

Telephone +353 (1) 567 7000

Website: [www.fspoi.ie](http://www.fspoi.ie)

## DATA PROTECTION NOTICE

White Horse Insurance Ireland dac holds **Your** personal information in accordance with all applicable data protection laws.

To administer **Your** policy White Horse Insurance Ireland dac will collect and use information about **You** provided by **You**. This notice applies to anyone who is insured under this insurance policy and whose personal information may be processed for the provision of insurance and related services.

Personal information may be used by **Us** for the purposes of administering **Your** policy including decision making on provision of insurance cover, underwriting, processing and claims handling. **We** may also use **Your** personal information for other related matters such as customer service, analysis, complaints handling and the detection and prevention of crime. The information **You** have supplied may be passed to other insurers and reinsurers for underwriting and claims purposes or to other third party service providers used by **Us** in fulfilling **Your** insurance contract.

**We** may send **Your** personal information in confidence to other companies who provide services to **Us** for processing and storage. This may mean sending information to countries outside of the United Kingdom, European Union or European Economic Area that may not have the same levels of privacy legislation as in the United Kingdom, European Union or European Economic Area. When **We** do this, **We** will ensure that **We** transfer the data securely and accordingly to regulatory requirements.

**You** have various rights in relation to **Your** personal information that is held by **Us**, including the right to request access to **Your** personal information, the right to correct inaccurate personal information, or the right to request the deletion or suppression of personal information where this is not restricted by any conflicting legitimate interest.

This notice explains certain aspects of how **We** use **Your** information and what rights **You** have in relation to **Your** personal information, however **You** can obtain more information about how **We** use **Your** data by reviewing our full privacy policy. **Our** privacy policy is available to read on **Our** website [www.whitehorseinsurance.eu](http://www.whitehorseinsurance.eu).

**Your** data will be treated in accordance with **Our** privacy policy.



# BLUE

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## INSURANCE

