

SECTION OF COVER	BENEFITS	GOLD PLAN	PREMIUM PLAN	SCHENGEN PLAN	STUDENT PLAN						
		Max. Sum Insured US\$	Max. Sum Insured US\$	Max. Sum Insured US\$	Max. Sum Insured US\$						
A	Personal Accident - DEATH/PTD	US\$27,500	US\$25,000	US\$10,000	US\$10,000						
B	Emergency Medical Expenses and Emergency Medical Evacuation	US\$150,000	US\$100,000	US\$60,000	US\$50,000						
	Emergency Dental Care	US\$750	US\$600	US\$500	US\$500						
	Repatriation of Mortal Remains	US\$12,500	US\$10,000	US\$5000	US\$5000						
	Hospital Benefits	US\$25 per day maximum of US\$250	US\$10 per day maximum of US\$100	NIL	NIL						
C	Loss of Checked Baggage	US\$1,000	US\$1,000	US\$1,000	US\$1,000						
	Delayed Baggage US\$50 per each 12 hour period of delay	US\$ 50 per 12 Hours but maximum of US\$250	US\$50 per 12 Hours but maximum of US\$250	US\$50 per 12 Hours but maximum of US\$250	US\$50 per 12 Hours but maximum of US\$250						
D	Personality Liability	US\$250,000	US\$200,000	US\$200,000	US\$100,000						
E	Hijack US\$50 per each 24 hour period of detention	US\$750	US\$500	US\$500	US\$500						
F	Loss of Passport	US\$500	US\$500	US\$500	US\$500						
G	Cancellation and Curtailment	US\$1,500	US\$1,000	US\$1,000	US\$500						
H	Travel Delay	US\$50 per 8 hrs, up to a max of US\$150	US\$10 per 12 up to a maximum of US\$100	US\$10 per 12 up to a maximum of US\$100	US\$10 per 12 up to a maximum of US\$100						
I	War & Terrorism	Included	Optional - Covered at an additional premium of 25% of the Basic premium	Optional - Covered at an additional premium of 25% of the Basic premium	Optional - Covered at an additional premium of 25% of the Basic premium						
<b>PREMIUM</b>											
<b>PERIOD</b>		<b>SINGLE TRIP</b>				<b>INBOUND</b>		<b>AGE: 16 - 45</b>			
		AGE: 16 - 60	61 - 70:	16 - 60	61 - 70	16 - 60	61 - 70	16 - 60	61 - 70		
Up to	7 days	38	46	31	38	25	29	27	32		
Up to	8 - 10 days	66	94	53	76	38	47	39	48	Up to 90 days	257
Up to	11 - 15 days	94	128	76	104	53	62	50	62	91 to 180 days	213
Up to	16 - 21 days	124	152	100	123	67	81	61	73		334
Up to	22 - 31 days	180	233	146	189	81	96	73	92	Annual	277
Up to	32 - 62 days	204	273	165	222	100	124	93	105		488
Up to	63 - 93 days	320	349	260	284	N/A	N/A	166	186		362
Up to	94 - 185 days	408	459	331	373	N/A	N/A	271	287		
ANNUAL MULTI TRIP		378	526	307	427						
GROUP PLAN		US\$5 Per day									

**IMPORTANT POINTS**

- Nature of coverage:**  
This policy is not a general health insurance policy. Coverage is intended for use by the Insured in the event of a sudden and unexpected sickness or accident arising when the Insured is outside of his Home Country.
- Pre-Existing Exclusion:**  
This policy does not cover claims for any medical services arising from a Pre-Existing Medical Condition as defined in this document.
- General Health Exclusion:**  
No claims under this policy will be paid where the Insured:  
a) Is travelling against the advice of a Physician; or  
b) Is receiving, or on a waiting list for treatment, or awaiting the results of medical tests or investigations for medical treatment declared by a Physician; or  
c) Is travelling for the purpose of obtaining treatment; or  
d) Has received a terminal prognosis for a medical condition.

**What to do in the Event of a Medical Emergency**

**SPECIALTY ASSISTANCE MUST** be contacted immediately, in the event of an Insured dying, incurring medical expenses in excess of US\$500, being involved in an accident, or being admitted to hospital. The Company will not be liable for any costs without the express prior approval of **SPECIALTY ASSISTANCE**. **SPECIALTY ASSISTANCE** will provide a complete medical assistance service to the Insured. Operating 24 hours a day 365 days a year, **SPECIALTY ASSISTANCE** provides effective medical assistance for the Insured anywhere in the world and can be accessed by telephone or fax:  
For assistance Worldwide, contact:  
**Specialty Assistance**  
London, UK  
Tel: (24 HR) +44 (0)20 7902 7405  
Fax: (24 HR) +44 (0)20 7928 4748  
Email: (24 HR) assistance@specialty-group.com

For non-emergency medical and all other claims you will need to complete a claim form as soon as possible after the incident has occurred or within 31 days of your return to your home country.

The completed claim form, together with invoices, proof of ownership, travel documents and any other relevant details must be sent to Britam.

- Notes**
- Ages calculated at the commencement of the trip.
  - Children under 16: 50% of 16 - 60 rates if travelling with an insured adult.
  - Age 71 - 74 years = 200% of 61 - 70 rates, Age 75 - 80 years = 300% of 61 - 70 rates. Rates for Age 70+ are subject to a clean medical report.
  - Adults 70 years and over: to submit to a satisfactory medical examination prior to acceptance.
  - Maximum age at expiry of insurance: 80 years.
  - Pre-existing conditions not covered.
  - Annual Multi Trip Maximum any one trip not exceeding 90 days.
  - Minimum of 10 travellers with a minimum of 3 days for the group plan.
  - The benefits for Group Plan are the same as for Premium Plan.

**Britam Travel Insurance Application Form**

Date of Departure From  To  Total Days  Country of Travel  Policy No.

Selected Plan (please tick)  Gold Plan  Premium Plan Single trip  Premium Plan Inbound  Schengen Plan  Student Plan 90 Days  Student Plan 180 Days  Student Plan Annual  Mode of Travel

	Persons to be Insured (state Full Names Mr/Mrs/Miss)	Date of Birth	Passport No.	Relationship to Policy Holder	Premium per Person	Additional Premium for Terrorism	Total Premium
1.							
2.							
<b>Others to be Insured</b>							
1.							
2.							

NB: For Group plan please provide a schedule with the details of the insured name, date of birth & passport number.