

Important information flyer:

Amendment to current policy terms and conditions.

ENGLISH: We point out that this document only takes effect if the transfer of policies from International Health Insurance danmark a/s to Bupa Insurance Limited, which is set to take effect on 1 January 2009, is completed.

ITALIANO: Vi preghiamo di notare che il presente documento entrerà in vigore solo se il trasferimento delle polizze dalla International Health Insurance danmark a/s alla Bupa Insurance Limited, previsto per il 1° gennaio 2009, verrà effettuato.

FRANÇAIS : Il est à noter que le présent document n'entrera en vigueur que dans la mesure où la cession des polices d'International Health Insurance danmark a/s à Bupa Insurance Limited, prévue pour le 1er janvier 2009, sera effectuée.

PORTUGUÊS: Queira observar que este documento só entrará em vigor caso a transferência das apólices da International Health Insurance danmark a/s para a Bupa Insurance Limited seja efectuada até 1 de Janeiro de 2009, data de início de vigência das apólices.

ESPAÑOL: Por favor, tenga en cuenta que el presente documento sólo entrará en vigencia si la transferencia de la cartera de pólizas de seguro de International Health Insurance danmark a/s a Bupa Insurance Limited se hace, de hecho, efectiva al 1 de enero de 2009.

POLSK: Zwracamy uwagę, że niniejszy dokument wchodzi w życie wyłącznie pod warunkiem zrealizowania przejęcia polis International Health Insurance danmark a/s przez Bupa Insurance Limited, przewidywanego na dzień 1 stycznia 2009 r.

DEUTSCH: Wichtig! Wir weisen darauf hin, dass dieses Dokument nur in Kraft tritt, wenn die für den 1. Januar 2009 vorgesehene Übertragung von Versicherungspolizen der International Health Insurance danmark a/s auf die Bupa Insurance Limited durchgeführt wird.

SVENSKA: Vi ber dig notera att detta dokument endast träder i kraft om överlåtelsen av försäkringar från International Health Insurance danmark a/s till Bupa Insurance Limited, vilken förväntas träda i kraft den 1 januari 2009, genomförs.

NORSK: Vi gjør oppmerksom på at dette dokumentet kun trer i kraft hvis poliser blir overdratt fra International Health Insurance danmark a/s til Bupa Insurance Limited, noe som forventes å skje den 1. januar 2009.

DANSK: Du gøres opmærksom på, at dette dokument kun træder i kraft, hvis overdragelsen af policer fra International Health Insurance danmark a/s til Bupa Insurance Limited, som forventes at træde i kraft den 1. januar 2009, gennemføres.



Good Neighbor Insurance

690 E. Warner Rd., Ste. 117
Gilbert, AZ 85296 USA

Email: doug@gninsurance.com
Web: <http://www.onlineglobalhealthinsurance.com>
Phone: 480.633.9500 / 480.813.9100
Toll free: 866.636.9100
Fax: 480.813.9930



Worldwide Travel Options
Valid from 2009 • USD/EUR/CHF/GBP



Your insurance guide

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Feel safe when travelling

Worldwide Travel Options offers the best possible protection if you have a sudden, unexpected illness or injury when travelling. In case you need to see a doctor, or if you are hospitalised, ihi Bupa will help you in any way possible.

You can choose a travel insurance which covers one single trip, or you can choose to be covered all year round on all your trips abroad, for up to 1 month per trip.

With Worldwide Travel Options you are guaranteed the following advantages:

- ihi Bupa's own Medical Centre (24-hour emergency service).
- Direct payment of all hospital bills.
- Access to our medical consultants.
- Free choice of doctors and hospitals.
- Full cover with no deductible.
- Professional and efficient reimbursement service.
- Worldwide cover during all types of travel: leisure, study and business.
- No restrictions on hazardous sports or occupations (except motorsports).
- Free cover of children under the age of two.
- Even accidents resulting from terrorist acts are covered.
- With our annual travel option you get access to your personal website myPage on www.ihl.com where you will find your policy documents, recent claims and health and wellbeing services.





We are with you everywhere...

If you are hospitalised, ihi Bupa must be notified immediately in order for us to send a guarantee of payment to the hospital.

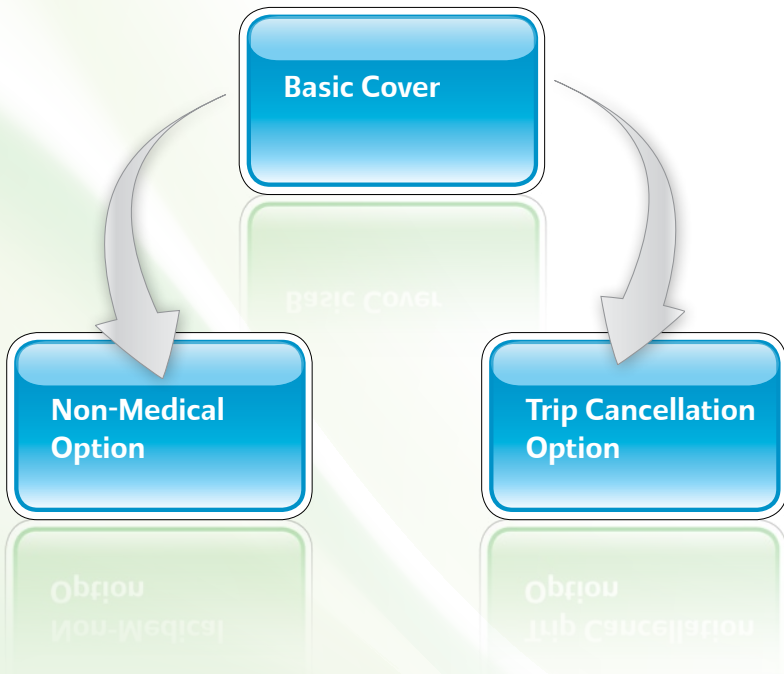
You only have to concentrate on getting better while we take care of all the administrative and financial details.

Worldwide Travel Options provides cover for medical evacuation and also repatriation if a close relative at home suddenly becomes seriously ill. Furthermore, Worldwide Travel Options covers for two relatives from your country of permanent residence to stay with you in case you get seriously ill or injured. In case you or your family need to be transported for medical reasons, ihi Bupa will arrange all details: organise plane tickets, hotel booking etc.

Outpatient treatment such as visits to a doctor or a dentist must be paid by yourself before claiming reimbursement. You will be reimbursed when we have received the original, itemised and receipted bills together with a completed Claim Form.

Your cover options

With Worldwide Travel Options we offer you a travel insurance that allows you to tailor your own travel insurance policy.



Basic Cover

This is the fundamental cover providing inpatient cover and much more. The Basic Cover can be taken out on its own or you can choose to add one or both of the following options: Non-Medical Option and Trip Cancellation Option.

Non-Medical Option

This option provides you with the following benefits:

- Personal accident - death and disability
- Baggage - theft, loss or damage
- Baggage delay
- Personal liability - property damage
- Personal liability - bodily injury
- Flight delay
- Hospital daily benefit
- Security and legal assistance

Trip Cancellation Option

This option covers compensation for the amount you have paid for your trip in case you are unable to travel due to acute serious illness, injury or death.



Cover and benefits

Valid from 1 January 2009

The list of cover and benefits is part of the Policy Conditions.

Maximum cover and benefits are per person per trip:

| Basic Cover | USD | EUR | CHF | GBP |
|--|-----------|-----------|-----------|-----------|
| Maximum cover per person per trip | Unlimited | Unlimited | Unlimited | Unlimited |
| Hospitalisation | 100% | 100% | 100% | 100% |
| Outpatient treatment by a doctor/specialist | 100% | 100% | 100% | 100% |
| Prescribed medicines | 100% | 100% | 100% | 100% |
| Prescribed treatment by a physiotherapist/ chiropractor | 2,500 | 2,000 | 3,400 | 1,375 |
| Provisional pain-stilling dental treatment | 300 | 250 | 400 | 165 |
| Ambulance transportation | 100% | 100% | 100% | 100% |
| Medical Evacuation/Repatriation | 100% | 100% | 100% | 100% |
| Evacuation | 100% | 100% | 100% | 100% |
| Return Trip | 100% | 100% | 100% | 100% |
| Compassionate Emergency Repatriation | 100% | 100% | 100% | 100% |
| Next-of-Kin Accompaniment | 100% | 100% | 100% | 100% |
| Compassionate Emergency Visit | 100% | 100% | 100% | 100% |
| Board, lodging and local transport for a person summoned or accompanying the insured, per person per day | 300 | 250 | 400 | 165 |
| Statutory arrangements in case of death | 100% | 100% | 100% | 100% |
| Home transportation of the deceased | 100% | 100% | 100% | 100% |

Maximum cover and benefits are per person per trip:

| Non-Medical Option | USD | EUR | CHF | GBP |
|--|---------------------|---------------------|---------------------|---------------------|
| Personal accident - death and disability | 75,000 | 55,000 | 83,000 | 42,000 |
| Baggage - theft, loss or damage | 2,000 | 1,500 | 2,200 | 1,100 |
| Loss of passport and/or cash | 200 | 150 | 220 | 110 |
| Baggage delay | 500 | 350 | 550 | 280 |
| Personal liability - property damage | 500,000 | 360,000 | 550,000 | 280,000 |
| Personal liability - bodily injury | 1,000,000 | 715,000 | 1,100,000 | 550,000 |
| Flight delay | 500 per day 100 | 350 per day 70 | 550 per day 110 | 280 per day 60 |
| Hospital daily benefit | 2,000 per day 50 | 1,450 per day 35 | 2,200 per day 60 | 1,100 per day 30 |
| Security and legal assistance | 10,000 | 7,200 | 11,100 | 5,500 |
| | | | | |
| Trip Cancellation Option | USD | EUR | CHF | GBP |
| Single Trip | 2,000 | 1,450 | 2,200 | 1,100 |
| Annual - per trip | 1,500 | 1,500 | 1,650 | 850 |

The complete terms and insurance sums are stated in the Policy Conditions.



How to take out the insurance

It is easy to take out Worldwide Travel Options. You only need to complete the Application Form and mail or fax it to us.

You can also take out the insurance online and print your policy schedule directly from www.ihl.com and it is easy to extend your Single Trip.

If you contact us by telephone, your policy schedule can be issued immediately.

Please remember that the premium must be paid before the insurance cover takes effect.

If you have a pre-existing condition

A travel insurance is designed to cover acute illness and injury occurring after you have started your trip abroad. In order for an illness to be covered it must be unexpected. Therefore, if you suffer from a condition before you begin your trip, this will normally

not be covered. If you have a pre-existing condition and if you are not sure whether the insurance provides coverage, you should send a medical report to ihl Bupa in order to get information about the cover in your particular situation.

Contact ihl Bupa

You are always welcome to contact us or your local representative if you have any questions regarding the insurance cover, or if you need information about other kinds of services:

- Travel insurance for groups.
- Business travel insurance.
- Health insurance for individuals or companies.

How to use the insurance

If you have a chronic disease

A travel insurance is designed to cover acute illness and injury. Contact ihi Bupa if you suffer or have suffered from a condition before you begin your trip. This applies to every trip - not just at the time you take out the insurance. See also Art. 6.5.

Acute assistance in the event of injury

If you need help, you can contact our Medical Centre 24 hours a day on +45 33 15 33 00. We will send a guarantee of payment to hospitals, arrange home transportation and provide other kind of assistance in connection with acute illness and injury, etc.

In case of injury

You must always notify ihi Bupa immediately in case of hospitalisation, compassionate emergency repatriation, next-of-kin accompaniment, compassionate emergency visit, death and accident.

Physician's bills and medicine expenses must be reported to ihi Bupa as soon as you have returned from your trip. You can print a claim form on www.ihb.com or have one sent by calling +45 33 15 30 99. Please complete the form with as much detailed information as possible and send it to ihi Bupa together with all relevant original documentation such as receipts and itemised physician's bills, expenses for medicine and dental treatment.

If you are hospitalised, you do not need to pay for the treatment yourself. As soon as ihi Bupa has guaranteed the payment, the hospital bill will be settled directly with ihi Bupa.



Policy Conditions

Valid from 1 January 2009

In accordance with the Danish Insurance Contracts Act.

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Policy Conditions

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Art. 1 Acceptance of the insurance

1.1: Bupa Denmark, filial af Bupa Insurance Limited, England (Bupa Denmark, branch of Bupa Insurance Limited England), hereinafter called the Company, shall decide whether the insurance can be accepted. In order for the insurance to be accepted and the Company to become liable, the application must be approved by the Company.

1.2: In order for the insurance to be accepted by the Company, the applicant must not have reached 80 years of age at the date of commencement.

1.3: If Annual Travel has been chosen, the insurance cover shall cease when the insured reaches 80 years of age.

1.4: All underwriting and issuance of policy schedules are made from the Company's office in Copenhagen, Denmark. The Company may choose to have data processed in or outside the EU.

Art. 2 Date of commencement and extensions

2.1: The insurance shall be valid if the premium has been paid prior to the date of commencement. The insurance shall be effective in the period stated in the policy schedule/on the insurance card.

2.2: The right to compensation shall take effect when the insured leaves his/her country of permanent residence and shall cease upon return to the country of permanent residence. If the insurance is taken out after the insured has left the country of permanent residence, there is a waiting period of 3 days before the insurance takes effect. In the event of serious injury in connection with an accident, the right

to compensation shall, however, take effect concurrently with the date of commencement of the insurance.

2.3: If Annual Travel has been chosen, cover shall be valid only for trips of one month's duration, as a maximum, unless extra travel days have been purchased. One month is defined as a period from e.g. the 5th in one month up to and including the 4th in the following month. The policyholder can extend the insurance as per agreement with the Company by buying extra travel days for the period exceeding one month.

2.4: If Single Trip has been chosen, the insurance can only be taken out for an insurance period of maximum 12 months.

2.5: The insurance period of Single Trip and Annual Travel can be extended as per agreement with the Company. However, any illness or injury which has come into existence, or has shown symptoms, or has been diagnosed in the previous insurance period(s) shall not be covered in the extended insurance period.

2.6: If Annual Travel is extended with extra travel days and if the extra travel days are purchased prior to the insured's departure from the country of permanent residence, the cover will be continuous without interruption in the extended period.

Art. 3 Who is covered by the insurance?

3.1: The insurance shall cover the insured person(s) named in the policy schedule/on the insurance card.

3.2: Free cover of children under the age of 2 is subject to the child being registered with the Company, the insured person(s) having

legal custody of the child, and the child being registered at the same address as the insured having legal custody of the child.

Art. 4 Where is cover provided?

4.1: The insurance shall provide worldwide cover.

4.2: The insurance does not provide cover in the country where the insured has a permanent residential address.

Art. 5 What is covered by the insurance?

5.1: The insurance shall cover expenses incurred by the insured in the insurance period in accordance with the applicable benefits listed on page 8 and 9.

5.2: Fellow-travelling children under the age of 18 who are covered by the insurance shall be entitled to compensation for reasonable travel expenses if the parents or all the fellow-travellers are medically evacuated, repatriated or are accompanying another insured in connection with a transport covered by the insurance.

Art. 6 Medical expenses

6.1: The Basic Cover must be taken out before any other options can be added. The insurance shall cover the medical expenses incurred by the insured in case of acute illness and injury.

6.2: Treatment by authorised physicians and specialists, prescribed hospitalisation, prescribed medicines and local transport to and from the place of treatment shall be compensated at 100% of the expenses.

6.3: Treatment by physiotherapists and chiropractors prescribed by an authorised physician shall be compensated at 100%

of the expenses, not exceeding, however, USD 2,500 / EUR 2,000 / CHF 3,400 / GBP 1,375 per insured.

6.4: Provisional pain-stilling dental treatment by authorised dentists and prescribed medicines in connection herewith shall be compensated within a maximum of USD 300/ EUR 250/CHF 400/GBP 165 per insured.

6.5: The insurance shall not cover expenses for treatment of pre-existing, chronic or recurrent illnesses and disorders if the insured:

- a) has been hospitalised within 6 months prior to commencement of the insurance period or, if Annual Travel has been chosen, prior to each departure from the country of permanent residence,
- b) has been treated by a physician (routine check-ups excepted) within 6 months prior to commencement of the insurance period or, if Annual Travel has been chosen, prior to each departure from the country of permanent residence,
- c) has had a change of medication within 6 months prior to commencement of the insurance period or, if Annual Travel has been chosen, prior to each departure from the country of permanent residence,
- d) has not received medical treatment, has refused or given up treatment, even though the insured should know that the illness/disorder ought to be treated, or has deteriorated,
- e) has reached a state where any attempt of further treatment has been abandoned, or has been refused treatment,

- f) is waiting to receive treatment, or has been referred to another place of treatment,
- g) has omitted to go to prearranged controls.

The insurance does not cover expenses for control, treatment and medicines in connection with stabilisation and regulation of a pre-existing, chronic or recurrent illness/disorder. The insurance does not cover a need for treatment which was expected before departure.

6.6: Physicians, specialists, dentists, etc. performing the treatment must have authorisation in the country of practice. Furthermore, the method must be approved by the public health authorities in the country where the treatment takes place. Methods of treatment not yet approved by the public health authorities, but under scientific research, will only be covered if approved in advance by the Company's medical consultants.

6.7: The Company has the right to demand that the insured be repatriated in order to receive treatment in the country of permanent residence, if the Company's medical consultant and the treating physician agree that treatment can be postponed until the insured has been transferred to his/her country of permanent residence.

Art. 7 Medical Evacuation/Repatriation

7.1: Compensation shall be paid for reasonable additional expenses incurred for the insured's medical evacuation/repatriation in the event of acute serious illness (cf. Art. 6.5), serious injury or death.

7.2: The insurance shall provide cover subject to the treating physician and the Company's

medical consultant agreeing on the necessity of transferring the insured and agreeing on whether the insured should be transferred to his/her country of permanent residence or to another place of treatment.

7.3: Only one transportation is covered in connection with one course of an illness.

7.4: In the event of the insured's death, expenses for home transportation of the deceased and for statutory arrangements such as embalming and a zinc coffin shall be reimbursed. The next-of-kin have the following options:

- a) cremation of the deceased and home transportation of the urn or
- b) home transportation of the deceased.

Expenses shall be reimbursed for repatriation for any 2 of the summoned relatives or fellow-travellers of the deceased. The Company shall compensate travel expenses equivalent to the cost of an aeroplane ticket on economy class, as a maximum.

7.5: If the insured is unable to continue the trip due to an acute illness covered by the insurance, additional and reasonable travel expenses shall be covered when the insured is able to travel again, and when accepted by the Company prior to the change of travel itinerary.

7.6: The Company cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the

pilot or any other condition beyond the Company's control.

Art. 8 Evacuation

8.1: The insurance shall provide cover in case of:

- a) epidemics in the region where the insured is staying, if epidemics have been declared and documented by the Royal Danish Ministry of Foreign Affairs, the Danish embassy or a similar institution, and if the situation has arisen after the insured left for the region,
- b) war, civil commotion, civil war, terrorist acts, martial law, revolution or other similar situations in the region where the insured is staying, if such a situation has been declared and documented by the Royal Danish Ministry of Foreign Affairs, the Danish embassy or a similar institution, and has arisen after the insured left for the region,
- c) natural disasters provided that the Royal Danish Ministry of Foreign Affairs, a Danish embassy or a similar institution recommends evacuation and provided that the situation arose after the insured travelled to the area.

8.2: The insurance covers transportation to the nearest safe destination or to the home country, and a maximum amount of USD 150/EUR 110/CHF170/GBP 85 per day for documented additional accommodation expenses.

8.3: If the insured is detained by the authorities in a country due to war or impending war, the insurance shall provide coverage for up to 3 months for reasonable and documented extra expenses for accommodation and meals, plus the costs of necessary domestic transportation.

8.4: The Company cannot be held liable for the extent to which transportation can be carried out, but will cooperate with the Royal Danish Ministry of Foreign Affairs, the Danish embassy or a similar institution, in such cases where assistance is necessary.

Art. 9 Return Trip

9.1: The insurance shall cover a return trip to the destination abroad if the insured has been medically evacuated because of illness or injury or if the insured has been repatriated or used the Compassionate Emergency Repatriation cover.

9.2: The incident causing the return trip must be covered by the insurance, and the insurance must still be valid at the time of the return trip.

9.3: The return trip must be made at the latest 2 weeks after the medical evacuation/repatriation or the compassionate emergency repatriation.

9.4: The Company shall compensate travel expenses equivalent to the cost of a return aeroplane ticket on economy class. The destination for the return trip must always be the destination where the insured would have been according to his/her original travel plan at the time of the return trip.

Art. 10 Compassionate Emergency Repatriation

10.1: The insurance shall cover in the event that the insured has to terminate his/her stay abroad prematurely, because a close relative in the insured's country of permanent residence is hospitalised or dies as a result of serious acute illness or injury occurring after the departure of the insured.

In case of doubt the decision will be left with the Company's medical consultants and if necessary with the treating physician. In the event of death, a death certificate must be submitted to the Company.

10.2: Only one transportation is covered in connection with one course of an illness.

10.3: No compensation shall be paid if the injured in question is a fellow-traveller who has already been repatriated.

10.4: Repatriation shall only be covered if the ensuing time of arrival is at least 12 hours earlier than the insured's originally planned time of arrival.

10.5: Compensation shall be paid for reasonable additional travelling expenses equivalent to the cost of an aeroplane ticket on economy class, as a maximum.

10.6: The insured has the right to take 1 fellow-traveller to accompany him/her on emergency repatriation. Compensation includes additional travelling expenses equivalent to the cost of an aeroplane ticket on economy class, as a maximum.

Art. 11 Next-of-Kin Accompaniment and Compassionate Emergency Visit

11.1: The insurance shall cover accompaniment in the event of serious acute illness, serious injury, death and/or medical evacuation/repatriation of the insured. It is a condition for cover that the Company's medical consultant and the attending physician agree that the duration of the stay in hospital will be a minimum of 5 days and nights, or that the condition of the insured is life-threatening.

11.2: The insured is entitled to a maximum of two persons accompanying him/her. The accompanying persons may either be fellow-travellers or relatives who are summoned from the insured's country of permanent residence to accompany the insured.

11.3: The Company shall compensate additional travel expenses equivalent to the cost of a return aeroplane ticket on economy class per summoned person. Furthermore, compensation shall be made for a maximum of USD 300/EUR 250/CHF 400/GBP 165 per day for each summoned person or fellow-traveller for expenses in connection with accommodation, board and local transport.

11.4: The insurance shall only cover a compassionate emergency visit one time in connection with one insured event.

Art. 12 Personal accident

12.1: If the policyholder has chosen the Non-Medical Option, compensation shall be paid by the insurance in the event of an accident that directly, and without the influence of any illness, causes the insured's death or results in loss of a limb, loss of sight, loss of extremity, or permanent total disablement.

12.1.1: An accident is defined as follows: A fortuitous event occurring without the insured's intention which has a sudden, external and violent impact on the body, resulting in demonstrable bodily injury.

12.2: Exceptions for compensation:

- a) any illness or pre-existing medical condition which occurs, even though the illness or condition recurs as a result of the accident or is aggravated by it,

- b) any accident caused by illness.
- c) any aggravated consequences of an accident due to a pre-existing condition or any unforeseen illness subsequently contracted.
- d) any consequences of medical treatment not necessitated by an accident covered by the insurance.
- e) if the insured is under the age of 18, compensation in case of death is limited to USD 3,000/EUR 2,500/CHF 4,000/ GBP 1,700.
- f) if the insured is over the age of 75, the compensation payable in case of death or disablement is limited to 50% of the insurance sum.

12.3: Compensation in case of death becomes payable at 100% of the insurance sum when an accident directly results in the insured's death within 1 year after the accident.

Unless the Company has received written instructions to the contrary, the insurance sum shall be paid to the insured's immediate family members, defined as the insured's spouse, or, if the insured leaves no spouse, the insured's children or, in the absence of any children, the insured's cohabitee, provided that such cohabitee has been registered at the same address as the insured for at least 2 years or, in the absence of a cohabitee, the insured's beneficiaries.

If compensation in the event of disablement was paid as a consequence of the accident, the amount of compensation payable is the amount by which the death benefit exceeds the payment already made.

12.4: Compensation in case of loss of a limb, loss of sight, loss of extremity, or permanent total disablement becomes payable, provided that the injury causes disablement of the insured within one year after the accident.

- a) Loss of a limb shall be loss by separation or the total and irrecoverable loss of use of a hand at or above the wrist or a foot at or above the ankle. Compensation shall be made at 50% of the insurance sum
- b) Loss of sight shall be loss of sight of one or both eyes which is certified as being complete and irrevocable by a qualified practitioner specialising in ophthalmology and approved by the Company. In case of loss of sight of one eye, compensation shall be made at 25% of the insurance sum. In case of loss of sight of two eyes, compensation shall be made at 50% of the insurance sum.
- c) Loss of extremity shall be the permanent physical separation or the total and irrecoverable loss of use of a digit or part thereof or an ear, nose or genital organ or part of one of the above. Compensation shall be made at 10% of the insurance sum.
- d) Permanent total disablement shall be disablement which inevitably and continuously prevents the insured from carrying out every aspect of his/her normal business or occupation for a period of 12 calendar months and, at the end of such period is certified by two qualified medical practitioners approved by the Company as being beyond hope of improvement. If the insured has no business or occupation, the disablement must confine him/her immediately and continuously to the house and prevent him/her from attending to his/

her normal duties. Compensation shall be made at 100% of the insurance sum.

12.5: The insured must be receiving medical treatment and comply with the physician's instructions.

12.6: The Company is entitled to obtain information from any physician who is treating or has been treating the insured, to subject the insured to treatment by a physician chosen by the Company and, in case of death, to demand an autopsy.

Art. 13 Baggage

13.1: If the policyholder has chosen the Non-Medical Option, the Company will compensate the insured for the following items on his/her travel outside his/her country of: Baggage, electronic equipment, cash, tickets, traveller's cheques, credit cards, securities and passports.

Baggage and electronic equipment of any nature for commercial use, including travellers' samples, dealers' stock and collections, are not covered. Bicycles, sports equipment and accessories are not covered.

Reimbursement for any individual object may never exceed 50% of the insurance sum. The maximum reimbursement for photo equipment and jewellery amounts to 25% of the insurance sum. The insurance sum amounts to the maximum compensation per claim.

13.2: As described in the following table, the following limits apply:

| Cause / Item | Baggage and electronic equipment | Cash, tickets, Securities, and passports |
|--|--|--|
| Fire, theft, theft from a locked hotel room, a locked home abroad or a locked safety box | Up to the sum insured | 10% of the sum insured |
| Theft, observed when being committed, of valuables carried on or by the insured | Up to the sum insured | 10% of the sum insured |
| Theft from a boot or locker separate from the passenger compartment of a locked boat or a motor vehicle | Up to the sum insured | 10% of the sum insured |
| Loss of registered baggage (proof must be submitted) | Up to the sum insured (electronic equipment, however, not covered) | Not covered |
| Damage to registered baggage (proof must be submitted) | Up to the sum insured (electronic equipment, however, not covered) | Not covered |
| Theft from the passenger compartment of a locked boat or motor vehicle | Not covered | Not covered |
| Forgotten, lost or mislaid items | Not covered | Not covered |
| Theft of baggage left without effective supervision | Not covered | Not covered |
| Theft from motor vehicle, boat, trailer, hotel room, home or safety box that bear no visible signs of forced entry | Not covered | Not covered |
| Damage to baggage caused by food, bottles, glass, etc. packed in insured's own baggage | Not covered | Not covered |
| Loss in connection with abuse of credit card or traveller's cheques | Not covered | Not covered |
| Loss of or damage to baggage freighted separately | Not covered | Not covered |
| Indirect loss | Not covered | Not covered |
| Simple theft | Not covered | Not covered |

13.3: Compensation for the insured's lost or damaged valuables is calculated according to the following principles:

- a) The insurance shall cover the replacement cost of comparable new items, if they are less than 2 (two) years old (proof must be provided).
- b) For items more than 2 (two) years old, purchased second-hand or already damaged, compensation will be fixed at the replacement cost of comparable new items less a fair deduction for deterioration due to age, wear and tear, reduced usability or any other circumstance. This also applies to items for which no documentation of age and value can be provided.
- c) The Company may choose to have damaged items repaired or pay an amount corresponding to the costs of repair.
- d) The Company is entitled, but not obliged to provide compensation in kind.
- e) Coverage for film, video and tape recordings and the like is limited to the cost of the raw materials.
- f) The insurance shall cover the costs of replacing tickets, traveller's cheques, credit cards, securities and passports. The costs include necessary transportation charges, fees, photos, etc., but not compensation for the time involved in replacing the items.

13.4: The Company shall only be liable to pay compensation if the insured items are handled and stored safely, and if the insured exercises due care.

13.5: Any theft or robbery must be reported to the nearest police authority. Loss of or damage to registered baggage (proof must be submitted) must be reported to the airline company or the like. If, in exceptional circumstances, it is not possible to notify the relevant local authority, e.g. due to imminent departure, such notification must be made to the Company as soon as possible upon the insured's return home. Copy of the police report, airline report or the like must be submitted to the Company at the latest together with the claim.

Art. 14 Delayed baggage

14.1: If the policyholder has chosen the Non-Medical Option, the insurance covers reasonable expenses for the purchase of essential items of clothing, toiletries and essential medicine in cases where registered baggage is delayed for more than 5 hours after the time of arrival at the destination outside the country of permanent residence.

14.2: This benefit will be provided only if the insured:

- a) provides original documentation (in the form of a Property Irregularity Report) from the carrier stating that the baggage did not arrive at the scheduled time and date, and indicating the date and time of actual arrival,
- b) already had made a compensational purchase before the baggage was returned to him,
- c) provides original documentation of the expenses defrayed in the form of dated receipts, vouchers or the like.

14.3: The insurance does not cover rent/purchase of sports equipment. In addition, indirect losses are not covered.

14.4: Coverage does not apply on the insured's arrival in the country of permanent residence.

Art. 15 Personal liability

15.1: If the policyholder has chosen the Non-Medical Option, the insurance shall cover the following:

- a) legal liability for any bodily injury or property damage incurred by the insured under the existing laws of the country in which such injury or damage occurs,
- b) costs of settling the compensation issue defrayed in agreement with the Company,
- c) damage to a rented holiday home/hotel and the contents of a rented home.

15.2: Exceptions for compensation:

- a) liability for contractual liability,
- b) claims arising out of or incidental to the insured's business, employment or work,
- c) claims arising as a consequence of the insured having incurred, by contract or in any other way, liability which is more extensive than that incurred under the general statutory provisions on non-contractual liability,
- d) loss of or damage to personal property which is not comprised by Art. 15.1 and which the insured owns, has on loan, on hire, or for storage or use, or which is in his/her care for transporting, processing or treating

purposes, or which is in his/her possession or care for any other reason,

- e) loss or damage to any family member, co-worker or co-traveller of the insured,
- g) loss or damage caused by the insured's domestic animals,
- h) claims arising as a consequence of the insured having transmitted a disease to another person via infection or otherwise,
- i) loss or damage caused by the use of a motor vehicle or trailer, aircraft and boat measuring at least 3 (three) metres, including the sail or engine or motor, or boats measuring less than 3 (three) metres if the engine power exceeds 3 (three) HP.

15.3: The insurance shall not cover fines or punitive charges.

15.4: The insurance sum stated on the policy schedule for property damage and bodily injury is the highest limit of the Company's liability for any individual insurance event, even if it results in several losses or incidents of damage, even if several individuals can be held liable, and even if coverage is provided under one or more policies taken out with the Company.

15.5: The insured cannot - with binding effect for the Company - admit liability for any loss, damage or injury caused by him/her.

Art. 16 Flight delay

16.1: If the policyholder has chosen the Non-Medical Option, the insurance shall provide cover

- a) in case of delay of more than 5 hours of a booked flight,
- b) in case of flight cancellation,
- c) in case of overbooking which results in the insured not getting on a booked flight.

16.2: The insurance shall provide compensation for documented, necessary and reasonable additional expenses for local transportation, meals and hotel accommodation up to USD 100/EUR 70/ CHF 110/GBP 60 per day per insured.

Art. 17 Hospital daily benefit

17.1: If the policyholder has chosen the Non-Medical Option, the insured will be entitled to receive a hospital cash benefit.

17.2: The hospital daily benefit must be pre-approved by the Company and applies only when treatment is received as inpatient for an eligible medical condition which is covered by the insurance.

17.3: The insurance shall compensate the insured with USD 50/EUR 35/CHF 60/GBP 30 for each 24-hour period spent in hospital as an in-patient. The insurance sum amounts to a maximum of USD 2,000/EUR 1,450/ CHF 2,200/ GBP 1,100 per insured.

Art. 18 Security and legal assistance

18.1: If the policyholder has chosen the Non-Medical Option, the insurance shall cover payment that can permanently or temporarily release the insured or his/her property from detention by local authorities.

Security is provided as an interest-free loan repayable to the Company immediately after release or on demand.

If the security is seized because the insured fails to pay a fine or compensation that he/she has been ordered to pay, or because the insured does not appear in court, or if the insured is in any other way liable for the seizure, such security shall be deemed an interest-free loan repayable to the Company immediately after seizure.

18.2: The insurance shall cover legal assistance in connection with legal problems arising during the covered trip. If, during the covered trip, the insured is charged or indicted for a criminal offence, necessary and reasonable attorney fees shall be covered until the case has been decided by a court of the first instance. If the insured is convicted before a court of the first instance for the criminal offence, the insured's attorney fees will be deemed an interest-free loan repayable to the Company on demand. The appointment of a foreign attorney to represent the insured is subject to approval by the Company.

18.3: The insurance shall cover the insured's travel expenses if the insured is summoned to appear as a witness or to be examined before a court of law outside the country of residence.

18.4: Except for security, see Art. 18.1, coverage is subject to a 10% deductible of the total costs, however, not less than USD 500/ EUR 350/CHF 550/GBP 280.

18.5: Exceptions for compensation:

- a) Legal issues arising between the insured and the travel agency, tour operator or the travel supplier.

- b) Legal issues regarding contracts, the insured's business, employment or work.
- c) Legal issues relating to family law and the law of succession.
- d) Legal issues arising between the insured and the Company.
- e) Cases not arising during the covered trip.
- f) Litigation regarding liability arising out of the use of motor vehicles, aircrafts or boats.
- g) De facto compensation, fines or punitive charges.

Art.19 Trip Cancellation Option

19.1: If the policyholder has chosen the Trip Cancellation Option, the insurance shall provide compensation for the amount that the insured has paid for his/her trip and for which there is no possibility of a refund in case of cancellation and/or change in itinerary according to the conditions of the travel agency or airline company. The amount reimbursed will be subject to the insured providing satisfactory evidence of actual costs incurred. The maximum reimbursed amount per insured per trip is USD 2,000/ EUR 1,450/CHF 2,200/GBP 1,100 under Single Trip and USD 1,500/EUR 1,100/CHF 1,650/ GBP 850 under Annual.

19.2: The right to compensation shall cease when the insured leaves his/her country of permanent residence to start the trip. The start of the trip is defined as passing border control or embarking on an aircraft, a ship or a train

19.3: The insurance provides cover when the insured cannot travel because he/she

or a close family member dies, or becomes seriously ill/injured requiring hospitalisation or medically prescribed as unfit to travel. It is a condition for cover that the death, illness or injury, including any symptoms thereof, occurs after the insured has booked and/or paid for the trip. In the case of a covered incident resulting in cancellation, a single co-insured travellers costs will also be covered. Where the insured is travelling with his/her co-insured spouse and/or children, the whole family will be covered.

19.4: Exception for compensation:

- a) if the illness, injury or the cause of death, which results in the cancellation, has shown symptoms or was present when the trip was booked and/or paid for, and the need for treatment could therefore be expected before the commencement of the trip;
- b) if the insured has not received medical treatment, has refused or given up treatment, even though the insured should know that the illness/disorder ought to be treated, or has deteriorated;
- c) if the cancelled trip is a part-arrangement of the whole insured trip
- d) if the cancellation is due to a change in travel plans, change of mind, changed conditions at the destination, natural catastrophes, acts of terrorism or similar situations;
- e) if the claim has occurred directly or indirectly due to the insured's intentional actions, gross negligence or omissions, unless it can be proved that the claim has no connection with this.

19.5: In case of a claim the insured must notify the travel agency / airline company immediately. The insurance does not provide cover if cancellation takes place later than the time of departure.

19.6: In the case of a claim it is a condition that the insured obtains medical information with a diagnosis from the attending physician and that the insured, upon request, gives the Company's medical consultant access to all relevant medical records or reports, including information about previous courses of illness. In case of death the death certificate must be included.

Art. 20 Exceptions for compensation

20.1: The Company shall not be liable to pay compensation for expenses which concern, are due to or are incurred as a result of:

- a) any illness, injury, bodily infirmity or physical disability and consequences hereof which have come into existence, or shown symptoms, before the insurance became effective or, if Annual Travel has been chosen, before each trip abroad (cf. Art. 6.5),
- b) cosmetic surgery and treatment and consequences thereof unless medically prescribed and approved by the Company,
- c) recreational treatment,
- d) pre-existing diseases of the teeth and dental treatment which is not pain-stilling and provisional and can await the insured's arrival home,
- e) dentures,
- f) venereal diseases, AIDS, AIDS-related diseases and diseases relating to HIV antibodies (HIV positive),
- g) medical and maternity assistance after the 8th month (36th week) of pregnancy and after the 4th month (18th week) of pregnancy when the pregnancy is the result of fertility treatment and/or the insured is expecting more than one child. Any expenses relating to pregnancy and/or delivery, including expenses relating to new-born children, are only covered for a period of up to one month after expiry of the policy period. The cover will then lapse.
- h) induced abortion which is not medically prescribed,
- i) abuse of alcohol, drugs and/or medicines,
- j) intentional self-inflicted bodily injury,
- k) treatment by naturopaths, naturopathic medicines and other alternative methods of treatment,
- l) treatment for sickness or injuries directly or indirectly caused while actively engaging in:
 - war, invasion, acts of a foreign enemy, hostilities (whether war has been declared or not), civil war, terrorist acts, rebellion, revolution, insurrection, civil commotion, military or usurped power, martial law, riots or the acts of any lawfully constituted authority, or army, naval or air service operations (whether war has been declared or not),
- m) nuclear reactions or radioactive fallout,

- n) treatment performed by the insured, his/her spouse, parents or children or an enterprise owned by one of the aforesaid persons,
- o) epidemics which have been placed under the direction of the public authorities,
- p) treatment by psychologists, unless prescribed by the treating physician in connection with emergency relief,
- q) medical check-ups, vaccinations and other preventative treatment,
- r) the insured resisting or failing to comply with the medical directions given by the Company's medical consultant and the treating physician,
- s) the insured resisting medical evacuation/repatriation (cf. Art. 6.7),
- t) transportation which has not been arranged by the Company. However, expenses equivalent to the amount which the Company would have reimbursed if it had been notified of the transportation shall be covered,
- u) medical treatment and examinations which can await the insured's arrival home,
- v) private room in hospital unless medically prescribed and approved by the Company,
- x) any treatment which is not necessary or which is not directly related to the diagnosis covered by the insurance,
- y) active participation in any motorsport show, race or competition,
- z) any illness or injury resulting from active engagement in any illegal act.

Art. 21 How to report a claim

21.1: Compensation shall be paid following the Company's approval of the expenses as being covered by the insurance after a fully completed Claim Form has been submitted to the Company together with the original, receipted and itemised bills and/or other relevant documentation such as medical information and flight tickets/travel documents.

The Company scans original bills upon receipt. Any retrieval of the original invoice is not possible. The scanned bill stamped 'Certified as a true Copy' represents the original.

21.2: In no event shall the amount of compensation exceed the amount shown on the bill. If the insured receives compensation from the Company in excess of the amount to which he/she is entitled, the insured shall be under the obligation to repay the Company for the excess amount immediately. Subsequent compensation made by the Company shall first be written down by any such outstanding amount.

21.3: Compensation payments shall be limited to the usual, customary and reasonable charges in the area or country in which treatment is provided.

21.4: The Company shall be notified immediately in case of death, hospitalisation, emergency repatriation, medical evacuation/repatriation or accompaniment, and such notification must include medical information about the illness/injury. Notification should be made by telephone or e-mail to the Company's 24-hour emergency service; the Company shall defray all expenses incurred in this connection.

21.5: Claims shall be reported to the Company immediately and no later than 30 days after the expiry of the insurance.

21.6: Complaints regarding the Company's claims handling shall be filed no later than 30 days after receipt of the compensation amount.

Art. 22 Cover by third parties

22.1: Where there is cover by another insurance policy or healthcare plan, this must be disclosed to the Company when claiming reimbursement.

22.2: In these circumstances, the Company will co-ordinate payments with other companies and the Company will not be liable for more than its rateable proportion.

22.3: If the claim has been covered in whole or in part by any scheme, program or similar, funded by any Government, the Company shall not be liable for the amount covered.

22.4: The policyholder and any insured person undertake to co-operate with the Company and to notify the Company immediately of any claim or right of action against third parties.

22.5: Furthermore, the policyholder and any insured person shall keep the Company fully informed and will take any reasonable steps in making a claim upon another party and to safeguard the interests of the Company.

22.6: In any event, the Company shall have the full right of subrogation.

Art. 23 Payment of premium

23.1: Premiums, including renewal premiums for Annual Travel, are determined by the

Company and shall be payable in advance for the whole insurance period before the commencement of the insurance.

23.2: The policyholder shall be responsible for punctual payment of the premium to the Company.

23.3: In the event of failure to pay before the date of commencement of the insurance, the insurance shall not be effective and the Company shall not become liable.

23.4: Refund of premium is possible only if a written request is received by the Company prior to the commencement date of the insurance. The Company will charge a fee in connection with refund of premium. After the commencement date of the insurance, the premium is considered fully earned and non-refundable.

Art. 24 Necessary information to the Company

24.1: The policyholder and/or the insured shall be under the obligation to notify the Company of any travel or health insurance cover or a similar cover with another company, including a consolidated company.

24.2: The policyholder and/or the insured shall also be under the obligation to notify the Company of and provide the Company with all obtainable information required for the Company's handling of the policyholder's and/or the insured's claim against the Company.

24.3: In addition, the Company is entitled to seek information about the insured's state of health and to contact any hospital, physician, etc. who is treating or has been treating the

insured for physical or mental illnesses or disorders.

Furthermore, the Company is entitled to obtain any medical records or other written reports and statements concerning the insured's state of health.

Art. 25 Assignment, cancellation and expiry

25.1: Without the prior written consent of the Company, no party shall be entitled to create a charge on or assign the rights under the insurance.

25.2: If Annual Travel has been chosen, the insurance is automatically renewed on each policy anniversary. The insurance can be cancelled by the policyholder or by the Company at the policy anniversary with 1 month's written notice.

25.3: When a claim has been filed, the insurance can be cancelled with 1 month's notice by the policyholder or by the Company within 14 days after the reimbursement has been effected or rejected by the Company.

25.4: The Company's liability shall automatically cease at the end of the insurance period. Upon expiry of the insurance, the right to compensation shall cease.

25.5: The insurance period can be extended up to 48 hours with no extra premium charge if the return of the insured is delayed without the insured being responsible for the delay.

25.6: Where upon taking out the insurance or subsequently, the policyholder or the insured has fraudulently disclosed incorrect information or withheld facts which may

be regarded as being of importance to the Company, the insurance contract shall be void and shall not be binding on the Company.

25.7: The Company can stop or suspend an insurance product at 3 months' notice prior to the policy anniversary.

Art. 26 Disputes, venue, etc.

26.1: Any disputes arising out of or in connection with the insurance contract shall be settled in accordance with Danish law, with Copenhagen as the agreed venue. The Company is affiliated to Ankenævnet for Forsikring, Anker Heegaards Gade 2, 1572 Copenhagen V, Denmark (The Danish Insurance Complaints Board).

Valid from 1 January 2009 E.&O.E.

Glossary

This Glossary with definitions is part of the Policy Conditions.

Acute serious illness: an "acute serious illness" shall be determined to exist only after review and agreement by both the attending physician and the Company's medical consultant.

Applicant: a person named on the Application Form as an applicant for insurance.

Application: the Application form and Application for cover of pre-existing condition.

Baggage: baggage is defined as suitcases, clothing, toiletries, books, photo equipment, mobile phones and laptops.

Claim: the financial demand covered in whole or in part by the insurance. In the Company's evaluation/determination of the claim, the time of treatment is decisive, not the time of the occurrence of the injury/illness.

Close relative: a close relative is defined as being a spouse/partner, residing and registered at the same address as the insured, a child, a son or daughter-in-law, a grandchild, a parent, a grandparent, a parent-in-law, a brother or a sister.

Commencement date: the date indicated in the policy schedule on which the insurance commences, unless otherwise stated in the Policy Conditions.

Company, the: Bupa Denmark, filial af Bupa Insurance Limited, England (Bupa Denmark, branch of Bupa Insurance Limited, England).

Hospitalisation: surgery or medical treatment in a hospital or clinic as an inpatient when it is medically necessary to occupy a bed overnight.

ihl Bupa (incl. we/us/our): Bupa Denmark, filial af Bupa Insurance Limited, England (Bupa Denmark, branch of Bupa Insurance Limited, England).

Insurance: the Policy Conditions and policy schedule representing the insurance contract with the Company and setting out the scope of the insurance terms, the premium payable, cover and benefits.

Insured: the policyholder and/or all other insured persons as listed in the valid policy schedule.

Outpatient: surgery or medical treatment in a hospital or clinic where it is not medically necessary to occupy a bed.

Policy conditions: the terms and conditions of the insurance purchased.

Policy schedule: policy details showing the type of insurance purchased and any special terms.

Pre-existing condition: the medical history, including the illnesses and conditions listed in the Application for cover of Pre-Existing conditions which may affect the Company's decision to insure or not to insure.

Securities: Entrance tickets to e.g. museum, football match theatre performance, opera etc.

Serious injury: a "serious injury" shall be determined to exist only after review and agreement by both the attending physician and the Company's medical consultant.

Simple theft: theft which is not noticed at the time of the theft being committed.

Subrogation: the insurer's right to enforce a remedy which the insured has against a third party and the insurer's right to require the insured to repay the insurer if the insurer has paid expenses recouped by the insured from a third party.

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