

Non-EEA University Graduate Medical & Personal Accident Insurance

Policy Summary

Please note that this summary document does not contain the full terms and conditions of the contract, which can be found in the policy wording. This policy summary does not form part of the policy wording. Please ensure that you read the policy wording to fully understand the terms and conditions. A copy of the policy wording is available on request.

The policy is an emergency medical expenses and personal accident insurance contract that provides cover for overseas ex-students from non-EEA Countries, who decide to remain in The Republic of Ireland after graduating and require this cover for visa renewal and who are 40 years of age and under.

The period of insurance is stated in the schedule and is always less than 12 months.

The policy, schedule and any endorsements shall be governed by and construed in accordance with the laws of Ireland and the Irish courts will have jurisdiction to hear any disputes.

The insurer for this policy is AmTrust Europe Limited.

Registered in England number 1229676 at Market Square House, St James's Street, Nottingham NG1 6FG. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. These details can be checked on the Financial Services Register by visiting: www.fca.org.uk
Financial Services Register number 202189
Member of the Association of British Insurers

Significant features and benefits

The Insurer will pay you or your nominated beneficiary or next of kin following an accident or illness occurring within the Republic of Ireland and within the period of insurance.

Section A - Medical and Repatriation Expenses

Subject to the prior approval of the Claims Helpline Provider

(i) an amount up to the limit specified in the Schedule of Benefits to make a cash payment to you and/or the Hospital for the cost of reasonable Hospital Services, incurred by you, relating to in-patient and out-patient treatment. Out-patient expenses shall only be covered following an injury or illness which necessitated admission to a public Hospital. You are liable for the first €200 of each and every claim in respect of medical expenses.

(ii) Repatriation Expenses up to the limit specified in the Schedule of Benefits. The Insurer has the right to repatriate at their own or the Claims Helpline Provider's discretion subject to confirmation that you are deemed fit to travel. In case of death, repatriation of Your remains are covered.

Section B - Death and Permanent Disablement

An amount appropriate to the benefit listed in the Schedule of Benefits arising out of Bodily Injury.

Schedule of Benefits

Section A) Medical and Repatriation Expenses €100,000
Repatriation maximum limit €10,000

Section B) Death and Permanent Disability

Accidental death	€ 10,000
Accidental loss of one or more limbs	€ 10,000
Accidental loss in one or both eyes	€ 10,000
Burns 50% or more of body surface	€ 10,000
Burns 25% to 49% of body surface	€ 5,000
Burns 15% to 24% of body surface	€ 2,500
Paraplegia, Hemiplegia and Quadriplegia	€ 15,000
The maximum benefit payable under Section B) in respect of all Benefits to You shall not exceed € 15,000	

Age Limitation (page 2)

Up to a maximum age of 40 years.

Territorial Limits

Within the Republic of Ireland.

Claims procedures and conditions (page 3)

A claim can be made by you contacting the Claims Helpline Provider on **+44 203 538 0492** or by email to travelclaims@global-response.co.uk as soon as is practicable of any event covered by this policy.

In the event of a medical emergency you should contact the Claims Helpline Provider immediately on **+44 203 538 0492**.

You will need to provide your Policy Number and Cover Number to the Claims Helpline Provider.

Significant exclusions (page 2)

- The first 200 € of each and every claim in respect of medical expenses.
- Treatment by a family member.
- Auto therapy including prescription drugs or any treatment that is not scientifically recognised.
- Diagnosis or counselling directly or indirectly arising out of or consequent upon or contributed to by AIDS/HIV/ARC or venereal disease.
- Any pre-existing medical condition.
- Routine medical examinations (including vaccinations, the issue of medical certificates and attestations, and examinations as to suitability for travel or employment) and

routine eye, ear and dental examinations, including the cost of spectacles, contact lenses and hearing aids.

- Elective cosmetic or aesthetic surgery and associated costs.
- Costs incurred or benefits payable arising out of pregnancy, childbirth, miscarriage and abortion or related complications.
- Birth defects or congenital illnesses.
- Costs for acquisition and implantation of artificial heart and mono or bi-ventricular devices.
- Any dental treatment except as a result of an accident to sound and natural teeth. This shall continue to exclude however, damage to crowns and bridges.
- Treatment for any condition caused or aggravated by any psychiatric illness or any mental or nervous disorder.
- Outpatient services other than those specified in Significant Features & Benefits Section A) Medical and Repatriation Expenses, paragraph (i).
- Transplantation of organs.
- Expenses incurred for any condition where You were under the influence of alcohol or drugs unless prescribed by a physician.
- Any occupation, sport, pastime or activity in which materially greater risk may be incurred. Hazardous Activities shall be deemed to be, but not limited to, winter sports, skin diving involving the aid of breathing apparatus, rock climbing or mountaineering normally involving the use of ropes or guides, potholing, hang gliding, parachuting, hunting on horseback, or driving or riding in any kind of race, manual work, aeronautics or aviation other than as a fare paying passenger in a duly licensed passenger carrying aircraft and driving or riding on motor cycles or motor scooters other than mopeds unless You are properly licensed to do so within the Territorial Limits.
- Costs in respect of treatment which can reasonably wait until you have returned to your home country.
- Any costs incurred after the date on which it is determined that You are fit to travel home to Your country of residence (repatriation) but You decide not to be repatriated.
- Physiotherapy, homeopathy, osteopathy or chiropractic treatment unless post injury. Any such treatment that is insured is limited to a maximum of 5 sessions and must be carried out by an appropriately qualified practitioner.
- Costs of medical treatment incurred outside the Territorial Limits.

Cancellations (page 3)

Your right to change your mind

You may cancel the insurance, without giving reason, by notifying Halligan Insurances and returning the insurance documents within 14 days of it starting or (if later) within 14 days of You receiving the insurance documents.

Cancellation after the withdrawal period

If You wish to cancel Your insurance after the initial period You can do so by notifying Halligan Insurances in writing. Provided that no incident giving rise to a claim has occurred in the current policy period, You will be entitled to a proportionate return of the premium for the unexpired period of insurance. If You cancel during the first year of insurance (outside the Cooling-off period) an administration fee of €50 will apply.

Complaints Procedure (page 5)

Halligan Insurances is dedicated to providing You with a high quality service, however if You feel that we or the Insurer have not provided You with a first class service please write and tell us and we will do our best to resolve the problem.

For complaints related to the **sale or administration** of the policy, please contact:

Halligan Insurances
William Norton House
575 North Circular Road
Dublin 1
Tel: 01 8797100
Email: info@halligan.ie

For complaints related to a **claim**, please contact:

Global Response at the following email address:
customerservices@global-response.co.uk

We will acknowledge the complaint within 5 business days of receiving it, keeping **You** informed of progress and do our best to resolve the matter to **Your** satisfaction within 8 weeks. If we are not able to resolve the complaint satisfactorily we will tell **You** how **You** can take **Your** complaint to the Financial Ombudsman Service for review. Following this complaints procedure does not affect **Your** right to take legal action against us.

Please note: The Financial Ombudsman Service will not consider a complaint if **You** have not provided us with the opportunity to resolve it previously.

Once **You** have received a final response from us, and if **You** are still not satisfied, **You** can contact the UK Financial Ombudsman Service:

UK Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London, E14 9SR.
Tel: +44 20 7964 1000
Email: complaint.info@financial-ombudsman.org.uk

You may also if you wish contact the Irish Financial Services Ombudsman.

Irish Financial Services Ombudsman
3rd Floor, Lincoln House
Lincoln Place
Dublin 2
Lo Call: 1890 88 20 90
Tel: +353 1 6620899
Fax: +353 1 6620890
Email: enquiries@financialombudsman.ie
Website: www.financialombudsman.ie