



## POLICY SUMMARY 2016-17

Some important facts about your insurance are summarised below. This summary does not describe all the terms and conditions of your policy, so please take time to read the policy document to make sure you understand the cover it provides. This policy is designed to offer protection for your travel arrangements as described in this policy summary.

**Benefits Alliance** is a trading name of UK General Insurance Ltd. This Insurance policy is underwritten by UK General Insurance Ltd on behalf of Great Lakes Reinsurance (UK) SE, Registered in England No. SE000083. Registered Office: Plantation Place 30 Fenchurch Street, London, EC3M 3AJ. UK General Insurance Ltd is authorised and regulated by the Financial Conduct Authority. Great Lakes Reinsurance (UK) SE is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. This can be checked on the Financial Services Register at [www.fca.org.uk/firms/systems-reporting/register](http://www.fca.org.uk/firms/systems-reporting/register) or by calling them on 0800 111 6768.

SUMMARY OF COVER, LIMITS AND EXCESSES		
Cover and limits are per person unless otherwise stated		
Section	Cover	Excess
A1 Cancellation & Curtailment	Up to £5,000	£60 per person or £100 per family
A2 Catastrophe	Up to £750	Nil
Hijack	£50 per complete 24 hours up to £500	
Mugging Air Rage	£50 per complete 24 hours up to £500 Up to £500	
B Emergency Medical and Treatment Expenses Emergency Dental Treatment Funeral & Repatriation Expenses Travel & Accommodation Expenses	Up to £10,000,000 Up to £250 Up to £7,500 Up to £1,000	£60 per person or £100 per family
C Hospital Benefit	£20 per 24 hours up to £600	Nil
1 Travel Delay	£200 (£20 for each 12 hours of delay)	Nil
D2 Holiday Abandonment	Up to £5,000	£60 per person or £100 per family
D3 Pet Care	Up to £300	Nil
E Missed Departure	Up to £500 (UK & European Holidays) Up to £1,000 (outside UK & Europe)	Nil
F Personal Accident Loss of Limbs or Sight Permanent Total Disablement Death Benefit (aged 18 -65) Death Benefit (aged under 18 or over 65)	Maximum Benefit £25,000 £25,000 £25,000 £10,000 £5,000	Nil
G Personal Liability	Up to £2,000,000	Nil
Legal Expenses	Up to £25,000	Nil
<b>Personal Effects &amp; Baggage &amp; Personal Money</b>		
I Personal Effects & Baggage Single Item Limit Total Valuables Limit Travel Documents Delayed Baggage	Up to £2,000 £300 (£100 for children) £200 (£100 for children) Up to £500 Up to £125 per 24 hours up to £250	£60 per person or £100 per family Nil Nil
J Personal Money Cash Limit Cash Limit (aged under 18)	Up to £300 (£150 for children) £250 £50	£60 per person or £100 per family
<b>Winter Sports (When Additional Premium Is Paid)</b>		
Winter Sports Cover	Maximum Benefit £1,350	
K1 Ski Equipment i) Owned ii) Hired	Up to £350 Up to £250	£60 per person or £100 per family
K2 Ski Hire	£20 per day up to £200	Nil
K3 Ski Pack	Up to £150	£60 per person or £100 per family
K4 Piste Closure	£20 per person per day up to £200	Nil
K5 Delay Due to Avalanche	Up to £200	£60 per person or £100 per family
<b>Golf Cover (When Additional Premium Is Paid)</b>		
L1 Golf Equipment Single Item Limit	Up to £1,500 £300	£60 per person or £100 per family
L2 Golf Equipment Hire	£20 per day up to £200	Nil
L3 Non-Refundable Golf Fees	£75 per fee up to £300	£60 per person or £100 per family
L4 Hole in One Bar Bill	£100	Nil

### MEDICAL SCREENING QUESTIONS – PLEASE READ CAREFULLY

This policy is not intended to cover all medical conditions or situations relating to a person's health and some exclusions do apply. A pre existing medical condition is defined as any illness, injury or disease for which you are receiving or are awaiting treatment. This is relevant to all persons being insured on the policy, not just the proposer. To identify if this policy can provide the right cover for your circumstances, please answer the following questions on behalf of yourself and your travelling companions; Have you, or any of your travelling companions;

- received a terminal prognosis
- required referral to or consultation with a specialist or hospital treatment, investigation or check up within the past 12 months?
- suffered from, been investigated for, treated for or diagnosed with any cancer or malignant condition?
- suffered from, been investigated for, treated for or diagnosed with any lung, heart related or circulatory condition including angina or hypertension?
- suffered from, been investigated for, treated for or diagnosed with stress, anxiety or depression?

No cover is available under this particular policy for any claim which is directly or indirectly linked to the medical condition(s) which caused you or your travelling companions to answer 'Yes' to any of the questions above. However, we may be able to offer extended cover. Please call us on **0345 218 7171** to discuss your requirements and we will advise if additional cover is available and if any additional premium would apply.

## WHILE YOU ARE AWAY WHAT TO DO IN CASE OF MEDICAL EMERGENCY

The emergency assistance provided for **you** by this insurance is operated by Global Response and Healthwatch S.A. In the event of any illness, injury, **accident** or hospitalisation which requires:

- Inpatient treatment, anywhere in the world **you** must contact:  
Global Response  
Tel: +44 (0) 113 3180 197 Fax: +44 (0) 113 3180 198  
Email: [operations@global-response.co.uk](mailto:operations@global-response.co.uk)
- Outpatient treatment, anywhere in the world, excluding North America and the **United Kingdom**, **you** must contact:  
Healthwatch S.A.  
Tel: +44 (0) 113 3180 124 Fax: +44 (0) 113 3180 125  
Email: [newcase@healthwatch.gr](mailto:newcase@healthwatch.gr)
- Outpatient treatment, in North America and the **United Kingdom** **you** must contact:  
Global Response  
Tel: +44 (0) 113 3180 197 Fax: +44 (0) 113 3180 198  
Email: [operations@global-response.co.uk](mailto:operations@global-response.co.uk)

Global Response or Healthwatch S.A. may be able to guarantee costs on **your** behalf. When contacting Global Response or Healthwatch S.A. please state that **your** insurance is provided by UK General Insurance Ltd and quote the appropriate scheme name and reference number:

Scheme Name: **Benefits Alliance Travel Insurance**

Reference number: **02486J**

Note: **You** must retain receipts for medical and additional costs incurred and **you** are responsible for any policy **excess** which should be paid by **you** at the time of treatment.

## HOW TO MAKE A CLAIM

Any incident or loss which gives rise, or may give rise, to a claim under **your** travel insurance should be advised immediately to:

Direct Group Travel Services

PO Box 1188,

Doncaster,

DN1 9PQ

Tel: 0344 412 4296

E: [dgtsnewclaims@directgroup.co.uk](mailto:dgtsnewclaims@directgroup.co.uk)

Scheme Name: **Benefits Alliance Travel Insurance**

Reference number: **02486J**

**You** will then be sent a claim form, which **you** should arrange to complete as fully as possible, and return with the necessary supporting documents. If **you** have to make a claim, **you** must notify **us** as above as soon as practicable after the incident giving rise to the claim, and in any event no later than 31 days after **your** return **home**. **We** reserve the right to decline liability for any claim notified after this date. UK General Insurance Ltd are an insurers agent and in the matters of a claim, act on behalf of the insurer.

## YOUR RIGHT TO COMPLAIN

It is the intention to give **you** the best possible service but if **you** do have any questions or concerns about this insurance or the handling of a claim **you** should follow the Complaints Procedure below:

### Complaints regarding the SALE OF THE POLICY

Benefits Alliance, Melford Court, The Havens, Ransome Europark, Ipswich, Suffolk, IP3 9SJ

Tel: 0345 218 7171

Email: [benefitsalliancetravel@ukgeneral.co.uk](mailto:benefitsalliancetravel@ukgeneral.co.uk)

If your complaint about the sale of **your** policy cannot be resolved by the end of the next working day, **your** agent will pass it to:

Customer Relations Department, UK General Insurance Ltd, Cast House, Old Mill Business Park, Gibraltar Island Road, Leeds, LS10 1RJ

Tel: 0345 218 2685

Email: [customerrelations@ukgeneral.co.uk](mailto:customerrelations@ukgeneral.co.uk)

### Complaints regarding CLAIMS

Direct Group Limited, Customer Relations, PO Box 1193, DONCASTER, DN1 9PW

Tel: 0344 412 4296

Fax: 0344 412 4138

Email: [Customer.relations@directgroup.co.uk](mailto:Customer.relations@directgroup.co.uk)

**In all correspondence please state that your insurance is provided by UK General Insurance Group Ltd and quote scheme reference 02486J**

If it is not possible to reach an agreement, **you** have the right to make an appeal to the Financial Ombudsman Service. This also applies if **you** are insured in a business capacity and have an annual turnover of less than €2million and fewer than ten staff. **You** may contact the Financial Ombudsman Service at:

The Financial Ombudsman Service

Exchange Tower

London

E14 9SR

Tel: 0300 123 9 123

Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

The above complaints procedure is in addition to **your** statutory rights as a consumer. For further information about **your** statutory rights contact **your** local authority Trading Standards Service or Citizens Advice Bureau.

## CONSUMER INSURANCE ACT

**You** are required by the provisions of the Consumer Insurance (Disclosure and Representations) Act to take care to:

- supply accurate and complete answers to all the questions **we** or the administrator may ask as part of **your** application for cover under the policy;
- to make sure that all information supplied as part of **your** application for cover is true and correct;
- tell **us** of any changes to the answers **you** have given as soon as possible.

Failure to provide answers in-line with the requirement of the Act may mean that **your** policy is invalid and that it does not operate in the event of a claim.

## YOUR RIGHT TO CANCEL

If **You** decide that for any reason, this **Policy** does not meet **Your** insurance needs then please return it to the company from whom you bought the policy within 14 days from the day of purchase or the day on which **You** receive **Your** policy documentation, whichever is the later. On the condition that no claims have been made or are pending, **We** will then refund **Your** premium in full. Thereafter **You** may cancel the insurance cover at any time by informing your issuing agent, however no refund of premium will be payable.

## RESIDENCY

This policy is only available to **you** if **you** are permanently resident in the **United Kingdom**, Channel Islands or the Isle of Man. You must have been present in the **United Kingdom** for at least six months prior to purchasing your policy and be registered with a **medical practitioner** in the area in which you reside.

## MEDICAL EMERGENCY

If **you** suffer an injury or illness which may lead to a claim under **your** insurance, **you** must always seek the advice of a registered **medical practitioner** before cancelling or **curtailing your trip**, or before incurring any expenses. If **you** are already on **holiday** **you** must also seek the advice of the 24 hour medical emergency service before incurring any expenses under sections B. Please remember to retain receipts for all costs incurred

## AGE LIMITS

The maximum age limit for **trips** to the USA and Canada is 69. The maximum age limit for **trips** within Europe and all other worldwide destinations is 74.

For single trip policies the limit is your age at the date of travel. For Annual Multi Trip policies the limit is as at the date the policy commences.

## RECIPROCAL HEALTH AGREEMENTS: EHIC/MEDICARE

If **you** are travelling to European Union countries you should obtain a European Health Insurance Card (EHIC) postal application form from your local Post Office. You can also apply either online through [www.dh.gov.uk/travellers](http://www.dh.gov.uk/travellers) or by telephoning 0845 606 2030. This will entitle you to benefit from the reciprocal health agreements, which exist between certain European countries. In the event of a claim being accepted for medical expenses which has been reduced by the use of an EHIC, or Private Health Insurance, the deduction of the excess under the medical section will not apply.

When **you** are travelling to Australia and **you** have to go to hospital, **you** must register for and make use of the treatment offered under the national Medicare scheme.

## PERSONAL LIABILITY

There is no cover for Personal Liability claims arising directly or indirectly from ownership, possession or use of any motorised or mechanical vehicles including any attached trailers or caravans, any aircraft (whatsoever), any watercraft or vessel (other than manually propelled watercraft or vessel) or any other form of motorised leisure equipment. **We** strongly recommend checking with the company **you** hire from, that they have sufficient Personal Liability cover in place should **you** hire and participate in such an activity whilst on **your** trip. For any activity listed under the **acceptable sports and leisure activities** definition there is no cover for participant to participant liability. If **you** have paid the appropriate additional premium and are participating in any **hazardous sports and leisure activities** cover is provided for Personal Liability.

## POLICY LIMITS

All sections of **your** policy have limits on the amount **we** will pay under that section.

There are also specific limits under the **Personal Effects and Baggage** section for: **single items; valuables;** items for which an original receipt, proof of purchase or an insurance valuation (obtained prior to loss) is not supplied.

There is a reduced limit under the **Personal Effects and Baggage** and **Personal Money** sections for claims on behalf of children.

There is a reduced limit under the **Personal Accident** section for children aged under 18 and adults aged over 65.

## POLICY EXCESSES

Under some sections of the policy, claims will be subject to an **excess**. The **excess** will be applied per person, per section and per incident under which a claim is made. This means that **you** will be responsible for the first part of the claim. The amount **you** have to pay is the **excess**.

## REASONABLE CARE / UNATTENDED PROPERTY

**You** must exercise reasonable care to prevent illness, injury and loss or damage to **your** property by acting as if uninsured. There is no cover for property left unattended in a place to which the general public has access. There is no cover for loss of **personal money** which was not carried on **your** person unless placed in a safety deposit box or similar locked, fixed receptacle.

## DANGEROUS SPORTS OR PASTIMES

There is no cover under the policy for claims arising from any activity not listed under the definition of the **acceptable sports and leisure activities** unless **you** have paid the additional premium prior to travel and cover is confirmed on **your** schedule.