

# GLOBAL ASSISTANCE & INSURANCE PROGRAM

**Academic HealthPlans Inc.**



If you need Medical, Security or Travel assistance, regardless of the nature or severity of your situation, contact the On Call Global Response Center 24 hours a day, 7 days a week:

**Call from anywhere in the world:** +1 978-237-0276

**Call toll free from US or Canada:** 1-800-341-9725

**Email:** [mail@oncallinternational.com](mailto:mail@oncallinternational.com)

You will be connected directly with an Assistance Coordinator ready to assist you with your inquiry or problem. On Call provides you with a resource experienced in navigating through any crisis and making sure you can continue your trip, or get home safely. On Call assists during critical emergencies such as illness or injury that may require an evacuation or during a political or natural disaster event that may threaten your safety. On Call also assists with smaller problems you may not realize you have a resource for. Review a listing of services on the following pages.

Global Assistance Services must be paid and arranged by On Call; no claims for reimbursement of transportation will be considered.

If you are experiencing a medical emergency, you should proceed immediately to the nearest hospital or emergency department and then contact On Call as soon as you or a companion can safely do so.

The following Plan Description is a summary of coverage for insured participants. This is not a contract of insurance. Coverage is governed by an insurance policy issued to Academic HealthPlans Inc. The policy is underwritten by HDI Global Ltd. Complete information on the insurance is contained in the Certificate of Insurance on file with Academic HealthPlans Inc. If there is a difference between this program description and the certificate wording, the certificate controls.



## DESCRIPTION OF SERVICES

### I. GLOBAL ASSISTANCE SERVICES

#### 1) MEDICAL ASSISTANCE SERVICES

- a. **Pre-Trip Plan** On Call shall provide up-to-date information either by e-mail, fax or over the phone regarding required vaccinations, health risks, travel restrictions and weather conditions for destinations worldwide.
- b. **Medical Monitoring** On Call shall, via telephone, email and fax, monitor the Participant's conditions when hospitalized. On Call shall maintain an appropriate level of contact with the treating physician and nursing staff as well as obtain relevant medical, surgical and treatment plan reports and information. On Call will use information obtained to assess the available level of care in relation to the patient's condition and geographical location where treatment is being performed.
- c. **24 Hour Nurse Help Line** On Call shall provide, at the Participant's request, with clinical assessment, education and general health information. This service shall be performed by a registered Nurse counselor to assist in identifying the appropriate level and source(s) of care for Participant's (based on symptoms reported and/or health care questions asked by or on behalf of Participant's). Nurses shall not diagnose Participant's ailments.
- d. **Prescription Replacement Assistance** If a Participant requires prescription medication or eyeglasses, On Call International will consult with the prescribing physician and locate and arrange to send the prescription medication or eyeglasses when it is possible and legally acceptable or arrange an appointment with a local medical provider.
- e. **Guarantee of Payment** Guarantees shall be made by On Call for any expenses either covered by a benefit of the Program or authorized by the Client.
- f. **Medical, Behavioral or Mental Health, Dental and Pharmacy Referrals** On Call shall provide, at the Participant's request, referrals to medical and/or dental professionals and pharmacies in the given geographic area locations of western style medical facilities and English speaking doctors, dentists and other healthcare providers in an area served by On Call to the extent possible.
- g. **Coordination of Benefits** On Call shall request primary health insurance information and/or any supplemental travel/secondary insurance from the participant and attempt to coordinate benefits during an active assistance case. Coordination includes attempt to facilitate direct payment of covered expenses from the insurer to the medical provider and facilitating assistance with claims documentation by notifying the insurance carrier and requesting a pre-certification of medical expenses.

#### 2) MEDICAL TRANSPORTATION SERVICES

The Program includes coverage as shown in Section II. Terms, conditions and limitations included in Section II apply to services described in this section.

- a. **Emergency Medical Evacuation** On Call shall arrange and coordinate air and/or surface transportation and medical care during transportation to the nearest hospital where appropriate medical care is available.

Following a Medical Evacuation, if the Participant is discharged and deemed fit to travel unescorted, On Call shall arrange transportation to return the Participant to the original location or to the Participant's home if the reason for travel has ended.

- b. **Medical Repatriation** After being treated at a medical facility, On Call shall arrange the transport of the Participant with a qualified medical attendant to their residence or home hospital for further medical treatment or recovery.
- c. **Return of Remains** In the event of a Participant's death, On Call shall make the arrangements coordinate for casket or air tray, preparation and transportation of his/her remains to his/her place of residence or to the place of burial.

### 3) EMERGENCY (COMMERCIAL) TRAVEL SERVICES

The Program includes coverage as shown in Section II. Terms, conditions and limitations included in Section II apply to services described in this section.

- a. **Emergency Travel Arrangements (Visit by Family or Friend; Family Reunion)** If the Participant is hospitalized On Call shall arrange travel and suitable hotel accommodations for a person of the Participant's choice to join them.
- b. **Return of Dependent Children** If the Participant's Dependent(s) are present but left unattended as a result of the Participant's Medical Evacuation or hospitalization, On Call shall make arrangements to return them home, including a non-medical escort as needed.
- c. **Return of Personal Belongings** In the event of Your repatriation or death, On Call will pay reasonable costs toward the shipment of personal effects to Your primary residence. Shipment must take place within 90 days of the repatriation or death of the Insured Person.

### 4) TRAVEL ASSISTANCE SERVICES

- a. **Pre-Trip Information** On Call shall provide to Participants pre-trip information such as visa, passport and inoculation requirements; cultural information; weather conditions; embassy and consulate referrals; foreign exchange rates; and travel advisories.
- b. **24/7 Emergency Travel Arrangements** On Call shall assist Participant once a trip has started with changing airline, hotel or car rental reservations.
- c. **Translator and Interpreter Referral** On Call shall provide the Participant with access to an interpreter via telephone 24 hours a day or referrals to local translators and interpreters in the case of communication problems which cannot be solved via telephone.
- d. **Emergency Travel Funds Assistance** On Call shall provide assistance to Participants by arranging for the forwarding of funds from Participant's credit cards or family Participants.
- e. **Legal Consultation and Referral** If a Participant is arrested, or requires the services of an attorney, On Call shall arrange for an initial telephone consultation with an attorney without charge to Participant. If needed, a Participant will be referred to an attorney in the appropriate geographical area. This service applies only when a Participant is traveling internationally.
- f. **Lost/Stolen Travel Documents Assistance** On Call shall provide assistance to Participants for the replacement of passports, airline documents, birth certificates and other travel-related documents.
- g. **Emergency Message Forwarding** In the event a Participant is unable to reach an employer, family Participant or traveling companion, On Call shall forward a message via telephone to the intended party.
- h. **Lost Luggage Assistance** On Call shall assist the Participant with the tracking of luggage lost in transit.

## 5) SECURITY ASSISTANCE SERVICES

- a. **Travel Risk Brief** Upon request, On Call will email a country or city security overview that includes intelligence on crime, civil unrest, getting around, cultural info, embassies, vaccinations, health infrastructure.
- b. **Incident Briefing** Upon request, a Global Security Specialist will provide a non-emergency briefing following an incident to discuss impacts to current and future travel for an individual, group or operations in the location of the incident.
- c. **24/7 Global Security Specialist Assistance** If a Participant's safety is at risk, a Global Security Specialist is available 24 hours a day to provide immediate advice and assistance to the Participant or Client.

## 6) SECURITY TRANSPORTATION SERVICES

The Program includes coverage as shown in Section II. Terms, conditions and limitations included in Section II apply to services described in this section.

- a. **Political Evacuation** If Participant requires emergency evacuation due to political or military events, On Call will arrange the Participant's transportation to the nearest safe location, lodging within the safe haven and onward travel arrangements to their home or an alternate study or work location.

The method of transportation will be as deemed most appropriate to ensure the Participant's safety. If evacuation becomes impractical due to hostile or dangerous conditions, On Call will maintain contact with and advise Participant until evacuation becomes viable or the political or social upheaval has resolved.

Should commercial transportation be available, but transportation to the commercial transportation departure point represents an imminent threat to the Participants safety, On Call shall arrange secure transport to the departure point.

- b. **Natural Disaster Evacuation** If Participant requires emergency evacuation due to a Natural Disaster, On Call will arrange the Participant's transportation to the nearest safe location, lodging within the safe haven and onward travel arrangements to their home or an alternate study or work location.

The method of transportation will be as deemed most appropriate to ensure Participant's safety. If evacuation becomes impractical due to hostile or dangerous conditions, On Call will maintain contact with and advise the Participant until evacuation becomes viable or the natural disaster situation has been resolved.

Should commercial transportation be available, but transportation to the commercial transportation departure point will represents an imminent threat to the Participants safety, On Call shall arrange secure transport to the departure point.

## II. Terms, Conditions and Limitations

The Policy will be administered on behalf of the Insurer by the Administrator: On Call International, LLC.

BENEFIT TABLE	Premier
Medical Evacuation and/or Repatriation	\$500,000
Repatriation of Remains or Burial	\$50,000
Emergency Security Evacuation and Repatriation	\$100,000
Emergency Travel Expenses	\$12,500 when hospitalized for more than 3 days
Return of Dependent Children	\$2,500
Return of Personal Belongings	\$1,000
Personal Accident Accidental death, Loss of Sight, Loss of Limb(s), Permanent Total Disablement	\$25,000
Catastrophic Limitation	\$1,000,000

### INSURING AGREEMENT

In return for the Participating Organization having paid the premium for the Coverage Period, We will provide You the Benefits set out in Your Policy whilst You are on a trip away from Your Primary Residence during the Coverage Period subject to the Definitions, Condition, Benefits limits and Exclusions contained in Your Policy.

This is Your Evacuation and Repatriation Insurance Policy, which with Your Certificate of Insurance should be read together and forms the contract of Insurance between You and Us.

Your premium has been based on the information shown to Us by the Participating Organization. If after reading Your Policy and Certificate You have any questions, please contact On Call International.

## Who We are

### HDI Global Specialty SE, UK Branch

Branch Office: 20 Gracechurch Street, London EC3V 0BG

Registered Office: HDI-Platz 1, 30659 Hannover, Germany.

Registered in Germany, Registration No. HRB 211924

HDI Global Specialty SE is authorised by the Bundesanstalt für Finanzdienstleistungsaufsicht (BaFin). Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of Our authorisation and regulation by the Prudential Regulation Authority are available from Us on request. (FRN: 659331)

## IMPORTANT

*It is essential that You provide Us with a fair representation of the risks We are accepting when applying for cover. It is also important that You advise Your broker, intermediary or Us of any changes which occur during the period of insurance which may alter information previously provided. If You are in doubt as to whether You need to disclose information to Us then this should be declared.*

*This means You may need to make enquiries with all Senior Management to ensure that You have declared all necessary information.*

*It is Your responsibility to prove any loss therefore We recommend that You keep receipts, photographs and relevant documents to help with any claim You make. This Policy is a legal contract. You must tell Us about any facts or changes which affect Your insurance and which have occurred either since the Policy started or since the last renewal date.*

*If You are not sure whether certain facts are relevant please ask Your adviser. If You do not tell Us about relevant changes, Your Policy may not be valid or the Policy may not cover You fully. You should keep a written record (including copies of letters) of any information You give Us or Your insurance adviser when You purchase or renew this Policy*

## JURISDICTION AND CHOICE OF LAW

This insurance shall be governed by and construed in accordance with the laws of Indiana and shall be subject to the jurisdiction of the courts of the United States of America.

All communications between You and Us shall be conducted in English except as otherwise provided in this Policy.

## DATA PROTECTION

HDI Global Specialty SE is an insurance company whose UK address is 20 Gracechurch Street, London, EC3V 0BG, United Kingdom. It is a Data Controller and Data Processor as defined under the EU General Data Protection Regulation ('GDPR') and is registered with the Information Commissioner's Office ('ICO') under number Z5380754. Further details on the GDPR can be found at the ICO website ([www.ico.org.uk](http://www.ico.org.uk)).

Please read the Privacy Notice at the end of Your policy carefully as it contains important information about Our use of Your personal information i.e. how Your information will be collected and dealt with, and Your rights concerning that data

## REASONABLE CARE

You must exercise reasonable care to prevent Illness or Injury to yourself; or loss, theft or damage to Your documents and Money as if uninsured, and avoid willful exposure to danger, except in an attempt to save a human life.

## OUR COMMITMENT TO YOU

Each of Our customers is important to Us, and We believe You have the right to a fair, swift and courteous service at all times. We will acknowledge receipt of Your complaint and We will deal with it promptly and provide a response as quickly as possible.

## COMPLAINTS PROCEDURES

If You are disappointed with any aspect of the handling of Your insurance We would encourage You, in the first instance, to contact the complaints department of Your insurance adviser, On Call International. You can write or telephone, whichever suits You, and ask Your contact to review the problem.

If you remain dissatisfied with On Call International's response, Complaints can be notified to Us by phone, e-mail or in writing. Any enquiry or complaint You have may be addressed to Our complaints department by telephone, e-mail or in writing using the following contact details:

Telephone: 020 7015 4000

Email: [complaints@hdi-specialty.com](mailto:complaints@hdi-specialty.com)

Address: Complaints Department, HDI Global Specialty SE - UK, 20 Gracechurch Street, London EC3V 0BG, United Kingdom.

Please have details of the contract, including Your policy number, available to enable the enquiry to be dealt with speedily.

We take all complaints seriously and aim to resolve all problems promptly and fairly.

1. Upon receipt of Your complaint, We will, within no more than five working days, send You a letter to acknowledge Your complaint, and explain to You how we will investigate Your complaint. We will also enclose a copy of Our complaints procedure.

2. We will endeavour to send a final response to You within eight weeks of receipt of Your complaint. If We are unable to provide You with a final response within this time frame, We will write to You explaining the delay and advise You when You can expect a final response.

3. If more than eight weeks from the date of Your complaint have elapsed and You have not received a final response, or You are dissatisfied with the final response You have received from Us, You may choose to refer Your complaint to:

Financial Ombudsman Service (FOS)  
South Quay Plaza  
183 Marsh Wall  
London  
E14 9SR

You can find out more information regarding the Ombudsman by visiting their website:

[www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)



## FINANCIAL OMBUDSMAN SERVICE

If You are dissatisfied with the final response from the complaints department, You may be entitled to refer the matter to the FOS.

Full contact details of the FOS will be provided at the same time as Your complaint is acknowledged by Us.

Note that the FOS will only consider Your complaint if You have given Your insurance adviser the opportunity to resolve it and You meet the definition of an eligible complainant. Eligible complaints are defined as:

- a) Individuals acting for purposes outside of their trade, business or profession.
- b) Micro-enterprises which are smaller businesses with less than 10 employees and an annual turnover or balance sheet of less than EUR 2 million.
- c) Charities with an annual income of less than GBP 6.5 million at the time the Complaint was made.
- d) Trustees of a trust with a net asset value of less than GBP 5 million at the time the Complaint was made.
- e) Small businesses which are enterprises that have an annual turnover of less than GBP 6.5 million and a balance sheet total of less than GBP 5 million or employ fewer than 50 persons.
- f) Professional clients and eligible counterparties, where the person is an individual acting for purposes outside of his trade, business, craft or profession. OR
- g) Individuals who have given a guarantee or security in respect of an obligation or liability of a person which was a micro-enterprise or small business at the time the guarantee or security was given

Whilst We are bound by the decision of the FOS, You are not. Following the complaint procedure does not affect Your right to take legal action.

## FINANCIAL SERVICES COMPENSATION SCHEME

For risks located within the EEA We are covered by the UK Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if We cannot meet Our obligations. This depends on the type of business and the circumstances of the claim. Most insurance contracts are covered for 90% of the claim with no upper limit. You can learn more about this scheme at [www.fscs.org.uk](http://www.fscs.org.uk) or by phoning 0800 678 1100 or 0207 741 4100 or writing to Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU.

## Useful Telephone Numbers and Websites

On Call International Global Response Center: +1 978-237-0157

Claims Administrator: [tpaclaims@oncallinternational.com](mailto:tpaclaims@oncallinternational.com)

Complaints, On Call International Customer Service: +1 855-878-9590



# Assistance Services

## Medical, Travel and Security Assistance

In the event of a Medical, Travel or Security Emergency please contact Emergency Assistance Company:

**On Call International Global Response Center: +1 978-237-0157**

[mail@oncallinternational.com](mailto:mail@oncallinternational.com)

[www.oncallinternational.com/chat/direct](http://www.oncallinternational.com/chat/direct)

The following services require arrangement by On Call International for the benefit to apply and are not reimbursable via the claims process:

- Medical Evacuation and/or Repatriation
- Repatriation of Remains or Burial
- Emergency Security Evacuation and Repatriation
- Emergency Travel Expenses
- Return of Dependent Children
- Return of Personal Belongings

## Who to contact in the event of Claim

### Who to contact in the event of a Non-Emergency Claim

All non-emergency claims should be notified to Our Claims Administrators as above for assistance, or to submit a self-paid expense claim for reimbursement consideration:

**[tpaclaims@oncallinternational.com](mailto:tpaclaims@oncallinternational.com)**

or

On Call International

11 Manor Parkway, Salem, NH 03079

Tel: 603 328 1300 | Fax: 603 328-1770

[www.oncallinternational.com](http://www.oncallinternational.com)

The following **do not** require arrangement by On Call International for the benefit to apply and are reimbursable via the claims process:

- Personal **Accident Accidental** death, Loss of Sight, Loss of Limb(s), Permanent Total Disablement

### Claims Provisions

1. As soon as reasonably possible after the happening of any incident likely to give rise to a claim under this Policy (but in any event no later than **60 days** after the discovery date of loss) You must notify Our Claims Handlers of such incident. Should a claim be notified after this time, it may be declined.

2. You must at Your own reasonable expense furnish them such certificates, information and evidence as they may from time to time reasonably require in the form prescribed by Us. They shall be allowed at their own expense, upon reasonable notice to request a medical examination of You as may be deemed appropriate.
3. You shall as soon as reasonably possible after the occurrence of any Accidental Bodily Injury or after You become aware of any Illness obtain and follow the advice of a Medical Practitioner and We shall not be liable for any consequences of Your failure to so obtain and follow such advice.
5. We are entitled to take over any rights in defense or settlement of any claims and to take proceedings in Your name for Our benefit against any other party.
6. Your claim will be settled within 30 business days of receiving a claim form completed in accordance with these claims provisions and all requested proof of claim documentation.
7. You shall provide such reasonable cooperation to Our Emergency Assistance Company and Claims Handler as they may reasonably request including by permitting them access to medical documentation, reports and evidence in relation to Your claim. We may deny coverage for any claim where there has been an unreasonable refusal or material failure to so cooperate.

### **Proof of Claim**

When Our Claims Handler receives notice of claim, they will provide You with forms for filing Proof of Claim. The following is considered to be Proof of Claim:

1. A completed and signed Claimant's Statement and Authorization Form (claim form provided to You by the Claims Handler), together with all attachments reasonably requested (as set out in paragraph 2 above, under "Claims provisions") and
2. Scans or pictures of original itemized bills from Physicians, Hospitals and other medical providers; and
3. Scans or pictures of original receipts for any expenses which have already been paid by or on behalf of You.
4. For claims related to death, death certificate is required as proof of claim.

You shall submit Proof of Claim to the Claims Handler as soon as reasonably possible after receiving the forms for filing Proof of Claim from them but in any event no later than **60 days** beginning on the date of receipt of such forms.

If any claim under this insurance shall be in any respect fraudulent or if any fraudulent means or devices are used by You or anyone acting on their behalf, this insurance shall be null and void and all claims hereunder shall be forfeited, in addition to any and all other remedies available to Us.

# GENERAL CONDITIONS APPLICABLE TO THE POLICY AS WHOLE

## Benefit payments

All benefits will be paid directly to You unless Our Emergency Assistance Company has guaranteed Your expenses or charges and has made payment on Our behalf. In the event of Your death any benefits payable will be made to Your executors or administrators. In the event of You not having an executor or administrator the benefits will be paid out in accordance with the inheritance laws of Your Home Country.

## Currency

The monetary limits and premiums stated in the Policy and any Certificate issued hereunder are in **USD**.

## Contribution

If at the time of an event giving rise to a claim there is any other insurance policy, reciprocal health arrangement or governmental health or workmen's compensation scheme in force in Your name which covers You for the same expense, loss or liability We will only pay Our share of the claim determined by reference to the cover provided by each of the relevant policies.

## Eligibility Criteria

To be eligible for cover under this Policy You must satisfy the following **Eligibility Criteria**:

- U.S. Students: You must be studying or located outside of the United States, or at least 100 miles from your primary residence while in the United States.
  - Note: The 100 mile limitation from your Primary Residence does not apply to the Accidental Death & Dismemberment benefit and to the Repatriation of Mortal Remains benefit.
- Foreign national students: You must be studying or located in the United States or outside of your Home Country.

## Medical Advice

You cannot undertake a trip from Your Home Country either against the advice of Your Physician or after You have received a terminal prognosis or if You are travelling purely for the purpose of medical treatment. If You choose to do so all Our liability under this Policy shall cease.

## Measures outside Our control

We and Our Emergency Assistance Company will use Our best efforts to arrange any Emergency Medical Evacuation or Repatriation of Remains within the least amount of time possible. The timeliness of Emergency Medical Evacuation or Repatriation of Remains can be affected by circumstances which are not within Our or their control, such as delays of or restrictions on flights caused by mechanical problems, government officials, telecommunications problems and weather and other acts of God. We and Our Emergency Assistance Company shall not be liable for any delays that are not within Our or their direct and immediate control.

### **Fraudulent claims.**

If any claim under this insurance shall be in any respect fraudulent or if any fraudulent means or devices are used by You or anyone acting on their behalf, this insurance shall be null and void and all claims hereunder shall be forfeited, in addition to any and all other remedies available to Us

### **Pre-authorization requirements for treatments, costs charges or expenses.**

All Emergency Medical Evacuations and Repatriations, Repatriation of Remains and Burial, and Emergency Reunions must be pre-authorized by Our Emergency Assistance Company,

If You do not comply with this pre-authorization requirement, We will be unable to pay for Your treatments or costs, charges or expenses that You incur.

To comply with the pre- authorization requirements, You or a third party must:

1. Contact the Emergency Assistance Company at the telephone number contained in Your Certificate as soon as possible before the expense is to be Incurred; and
2. Comply with the reasonable instructions of the Emergency Assistance Company and submit any information or documents they may reasonably require; and
3. Take reasonable steps to notify Your treating Physicians, Hospitals and other providers that this Policy contains pre-authorization requirements and ask them to fully cooperate with Our Emergency Assistance Company.

If in an Emergency it is not reasonably possible for You to obtain pre-authorization from Our Emergency Assistance Company for Emergency Medical Evacuations and Repatriations. You or a third party must notify them as soon as reasonably practicable of admission as an In-patient in which case all Your charges will be paid by Us subject to the terms and conditions, benefit limits, restrictions and exclusions contained in this Policy.

### **Right of Recovery**

If any benefit paid to You or on Your behalf under this Policy is in excess of the amount allowed in the Benefit Table, or if a payment is made to You due to clerical or administrative error, then We reserve the right to recover such payment from You or any institution, insurer or other organization or party to whom such payment has been made.

### **Residency**

You must be resident in Your Home Country or within 14 days of arrival in Your Host Country when applying for this Policy.

### **Subrogation**

Under the law applicable to this Policy, We have the legal right to stand in Your shoes in the event that you make a claim under this policy and another party is responsible for causing the loss or damage. This is called Subrogation. We will be entitled to pursue Our rights of Subrogation in Your name and in doing so You will give Us reasonable information, documentation, co-operation and assistance to allow Us to do so. You agree not to make any payment, admit liability, offer or promise to make any payment without prior written consent from Us. (Reciprocal Health Arrangement will apply if applicable)

## Sanction Limitation and Exclusion Clause

We shall not provide cover or pay or be liable for any claims or provide any benefit under this Policy if by providing any cover, paying any claims or providing any benefit under this Policy would expose Us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

## Termination of Cover:

Cover under this Policy terminates on the earlier of:

1. 11:59 PM Eastern Standard Time on the last day of the Coverage Period for which premium has been paid; or
2. the expiration of 12 months from the Effective Date unless declared to and accepted by Us in writing; or
3. the maximum amount of benefits payable under this Policy as set out in the Benefits Table has been paid; or
4. the date You cease to be an Eligible Person.

## Grace Period

Following a Termination of Cover as a result of You ceasing to be an Eligible Person, You shall have the benefit of a temporary extension of cover under this Policy for a maximum period of 14 days grace (**Grace Period**). If, within the Grace Period, You acquire the benefit of alternative insurance cover, such temporary extension of cover will cease immediately.

# GENERAL EXCLUSIONS APPLICABLE TO THE POLICY AS A WHOLE

The following exclusions apply to all sections

We will not pay any expenses resulting indirectly or directly from:

- a. Your claim for any losses that are not directly covered by the terms and conditions of this Policy.
- b. Your claim for additional expense(s) or fee(s) arising from errors or omissions in Your booking arrangements or Your failure to obtain relevant visa or passport documents.
- c. Your claim occurring because You act illegally or break any government prohibition legislation or regulation including visa rules.
- d. Your claim occurring if You fail to be in compliance with all conditions and provisions of this insurance
- e. Your claim occurring from You being in control of or a motorcycle or vehicle without a current motorcycle or vehicle license valid for the country You are travelling in or You being a passenger travelling on a motorcycle or in a vehicle that is in the control of a person that does not hold a current motorcycle or vehicle license valid for the country You are travelling in.
- f. Your claim arising because You did not follow advice of Your Home Country government or Appropriate Authorities or other official body's warning against travel to a particular country or parts of a country, unless such travel has been declared and accepted by Us.
- g. Your claim arising from any act of war, whether war is declared or not, or from any rebellion, revolution, insurrection or taking of power by the military, any nuclear reaction or contamination from nuclear weapons or radioactivity,

biological and or chemical materials, substances, compounds or the like used directly or indirectly for the purpose to harm or to destroy human life and or create public fear or as a result of Your service in the military, naval or air service of any country or Acts of Terrorism (other than for personal accident, medical expenses, Emergency Medical Evacuation, Repatriations, Repatriation of Remains and Burial and Emergency Reunion, Emergency Security Evacuation and Repatriation, Trip Interruption and Cancellation of trip where You have no direct or indirect involvement in the Act of Terrorism).

- h. Your claim arising from treatment of Substance Abuse.
- i. Your claim occurring out of You flying other than as a passenger in a licensed passenger carrying aircraft or charter company.
- j. Your claim arising from Your engaging in any form of Physical Manual Work as defined herein, unless You are under direction or supervision of the Participating Organization during a sponsored activity.
- k. Your claim being sustained while taking part in athletic or recreational activities where You are not physically or medically fit nor hold the necessary qualifications to engage in said activities.
- l. Your claim being sustained while participating in any sporting, recreational or adventure activity where such activity is undertaken against the advice or direction of any local authority or any qualified instructor or contrary to the rules, recommendations, and procedures of a recognized governing body for the sport or activity.

## GENERAL DEFINITIONS APPLICABLE TO THE POLICY AS A WHOLE

Certain words within Your policy have special meanings which are defined as follows:

**Accident:** A sudden, unintentional and unexpected occurrence caused by external, visible means and resulting in Your physical Injury.

**Accidental Bodily Injury:** Injury which is sustained by You as the result of an Accident which is solely and independently of any other cause except surgical treatment rendered necessary by the Accident results in Your death, disablement or Injury that incurs Medical Expenses.

**Act of 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 organization(s) or government(s) 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.

**Appropriate Authorities:** The Foreign and Commonwealth Office of the United Kingdom, The United States Department of State, the Foreign Office of Canada or similar authority of Your Home Country.

**Benefits Table:** means the table of benefits set out in Your Certificate

**Certificate of Insurance / Schedule of Insured Persons:** The document issued to You by the Participating Organization or the Plan Administrator which provides evidence of benefits payable under this Policy. If You are purchasing the coverage as an individual You will receive a Certificate of Insurance and if You receive the benefits as part of a group, You will be listed in the Schedule of Insured Persons.



**Certificate Period:** means the dates of Coverage Period set out in Your Certificate. The maximum Certificate Period is 12 months unless declared by You to Us and accepted by Us.

**Children:** Any person who is unmarried and under 19 years of age or 23 years of age if in full time education and is travelling with an adult Insured under this policy.

**Claims Handlers:** means **On Call International** whose contact details are set out in this Policy above.

**Close Relative:** Your Partner, parent(s) or parent(s) in law, grandparent(s), brother(s), brother(s) -in-law sister(s), sister(s)-in-law, Dependents, grandchild(ren). In-law includes both Spouse and Partner relationships.

**Common Carrier:** An airplane, bus, train or watercraft operating for commercial purposes and carrying fare-paying passengers on regularly scheduled and published routes.

**Coverage Period:** The period of time starting on the Effective Date and ending on the End Date during which you are eligible for coverage.

**Dependents:** Your natural or legally adopted Children or legal wards, foster or step-child(ren) of You or those of Your Partner (where applicable) living at the same address who are no older than 19 years of age or 23 years of age if in full time education at the time of the event giving rise to a claim under this insurance Policy.

**Effective Date:** means the Effective Date specified on Your Certificate.

**Eligibility Criteria:** means the qualifications and requirements needed for You to purchase this Policy as set out in the General Conditions.

**Eligible Person:** means a person satisfying the Eligibility Criteria.

**Emergency:** A medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing Your life or limb in danger if medical attention is not provided within 24 hours.

**Emergency Assistance Company:** means On Call International whose contact details are set out in this Policy above.

**Emergency Medical Evacuation:** means Your transportation by air and/or surface transportation following Your Accidental Bodily Injury or Illness.

**Emergency Security Evacuation:** means Your extraction from the Host Country due to an Insured Event that puts You in Imminent Physical Danger by the most efficient and available method of conveyance. In all cases and where practical, an economy ticket fare will be used and whenever possible Your Common Carrier tickets will be utilised.

**End Date:** Means the End Date specified on Your Certificate.

**Geographical Location:** The country or region You have stated You are travelling to.

**Home Country:** For US Citizens, Home Country is the United States of America, regardless of the location of their principal residence. For non-US Citizens, Home Country is the country where they principally reside and receive regular mail.

**Hospital:** An institution which operates as a hospital pursuant to law, and is licensed by the State or Country in which it operates; and operates primarily for the reception, care and treatment of sick or injured persons as Inpatients; and provides 24-hour nursing service by Registered Nurses on duty or call; and has a staff of one or more Physicians



available at all times; and provides organized facilities and equipment for diagnosis and treatment of acute medical conditions on its premises; and is not primarily a long-term care facility, Extended Care Facility, nursing, rest, Custodial Care or convalescent home, a place for the aged, drug addicts, alcoholics or runaways; or similar establishment.

**Host Country:** Means the destination country within the Geographical Location You are traveling to.

**Illness:** A sickness, disorder, pathology, abnormality, ailment, disease or any other medical, physical or health condition. For purposes of this insurance, Illness includes Complications of Pregnancy during the first 26 weeks of Pregnancy. Illness does not include learning disabilities, attitudinal disorders or disciplinary problems.

**Imminent Physical Danger:** means You are subject to possible physical Injury or Illness that could result in Your grave physical harm or death.

**Incurred:** A charge is incurred on the date the service is provided or supply is purchased.

**Loss of Limb:** Loss by physical separation of a hand at or above the wrist or a foot at or above the ankle and includes total and irrecoverable loss of use of hand, arm or leg.

**Loss of Sight:** Permanent and total Loss of Sight shall be considered as having occurred:

- a) in both eyes, if You are added to the Register of Blind Persons in Your Home County on the authority of a fully qualified ophthalmic specialist and is without any reasonable prospect of improvement;
- b) in one eye, if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale and is without any reasonable prospect of improvement.

**Medically Necessary:** A service or supply which is necessary and appropriate for the diagnosis or treatment of an Illness or Accidental Bodily Injury based on generally accepted current medical practice. A service or supply will not be considered Medically Necessary if is provided only as a convenience to You and/or is not appropriate for Your diagnosed symptoms, and/or exceeds in scope, duration or intensity that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment of an Illness or Injury.

**Medical Practitioner:** means someone who is registered and legally practices medicine.

**Natural Disaster:** Any avalanche, earthquake, flood, hurricane, impact event, landslides, mudslides, tornado, tsunami, tropical cyclone, typhoon, volcanic eruption, and wildfire.

**Nearest Place of Safety:** means a location determined by Our Emergency Assistance Company where You can either be presumed safe from the Insured Event that precipitated Your Evacuation or a location that has available access to transportation to Your Home Country.

**Participating Organization:** **Academic HealthPlans Inc** who is the organization that applies for coverage on Your behalf from the Plan Administrator.

**Partner:** Your spouse or civil partner living at the same address as You for the last 12 months and sharing financial living expenses and where applicable is also responsible for Your Dependents.

**Permanent Total Disablement:** Disablement that has lasted for at least 12 months and which in the opinion of a Physician is beyond any reasonable prospect of recovery and shall in all probability continue for the remainder of Your life and result in Your inability to perform or give attention to gainful occupation of any and every kind.

**Personal Belongings:** means personal articles, which are Your property; or property for which You are responsible and which is taken on or acquired during Your trip.

**Physical Manual Work:** Any work involving physical labor such as but not limited to building, butchery, construction, farming, fishing, forestry, meat packing, mining, maintenance or involving the use of power tools or hazardous equipment such as explosives.

**Physician:** Means a qualified doctor of medicine lawfully licensed to practice in the place where medical services are performed but this does not include You or a relative of Yours.

**Plan Administrator:** On Call International who is the insurance advisor You or the Participating Organization arranges coverage from.

**Primary Residence:** means the location in which You resided within Your Home Country before being in the location where you are studying.

**Registered Nurse:** A nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority, and who is legally entitled to place the letters "RN" after his or her name.

**Repatriation:** Your transportation by air and/or surface transportation with a qualified medical attendant to Your Home Country to obtain further medical treatment or to recover or both.

**Repatriation of Remains:** The ground or air transportation of Your bodily remains or ashes to Your Home Country including the costs of preparation of the remains necessary for transportation.

**Routine Physical Exam:** Examination of the physical body by a Physician for preventative or informative purposes only, and not for the diagnosis or treatment of any condition.

**Substance Abuse:** Alcohol, drug or chemical abuse or dependency.

**Us, We or Our:** HDI Global Specialty SE, UK Branch.

**Unattended:** Outside of Your custody, care and control and beyond the reasonable prospect of You being able to prevent unauthorized interference with it.

**Usual, Reasonable and Customary:** In relation to a charge, the most common charge for similar services, medicines or supplies within the area in which the charge is Incurred, so long as those charges are reasonable. What is defined as Usual, Reasonable and Customary charges will be determined by the following factors: the level of skill, extent of training, and experience required to perform the procedure or service; the length of time required to perform the procedure or services as compared to the length of time required to perform other similar services; the severity or nature of the Illness or Injury being treated; the amount charged for the same or comparable services, medicines or supplies in the locality; the amount charged for the same or comparable services, medicines or supplies in.

**You or Your or Insured:** means the person or persons named in the Certificate of Insurance as the insured or the insured's under this Policy.

## MAIN POLICY BENEFITS

### Emergency Medical Evacuations

The cost of transporting You by air and/or surface transportation if Your medical condition warrants immediate transportation (due to inadequate medical facilities) by Our Emergency Medical Assistance Provider from the place where You are located to the nearest adequate medical facility where medical treatment can be obtained, including the costs of all medical care and ancillary costs associated with that transportation.

### Repatriation

After being treated at a local medical facility and following the advice of Our Emergency Medical Assistance Provider, and if Your medical condition warrants it, the costs of transporting You by air and surface transportation, and with a qualified medical attendant when Medically Necessary, to Your Home Country to obtain further medical treatment or to recover, or both.

### Repatriation of Remains or Burial

Following Your death and with the agreement of Your executors or administrators We will pay up to the amount stated in the Benefits Table for the Repatriation of Your remains following Your death, including costs of preparation of the remains necessary for transportation, or for the cost of preparing Your remains for cremation or burial and a burial plot in the Host Country where Your death occurred.

### Emergency Travel Expenses

We will pay up to the amount stated in the Benefits Table for the following Emergency Travel Expenses:

1. The cost of an economy round-trip air transportation for one relative or designated person to visit You if You are or are to be hospitalized for more than 3 days; and
2. Reasonable expenses for lodging and meals for that designated person to remain while You are hospitalized, for a period not to exceed 15 days.
3. The cost of any additional hotel charges You incur following discharge but during any required convalescence period prior to Your return to Your Home Country, for a period not exceeding 15 days.
4. In the event You have an unforeseen medical event requiring a stay away from the scheduled stay location, the cost of economy air and/or surface transportation and lodging during the period of treatment, for a period not exceeding 10 days.

## Extensions

### Return of Dependent Children (if Covered as stated in the Benefits Table)

In the event of Your death or hospitalization while on an insured journey which leaves dependent children traveling with You Unattended, We will pay the reasonable cost for economy surface and air transportation, and escort as required, to return dependent(s) to a designated advocate.

### **Return of Personal Belongings (if Covered as stated in the Benefits Table)**

In the event of Your repatriation or death, We will pay reasonable costs toward the shipment of personal effects to Your primary residence. Shipment must take place within 90 days of the repatriation or death of the Insured Person.

## **Emergency Security Evacuation and Repatriation Expenses**

We will pay up to the amount stated in the Benefits Table if You require emergency evacuation to the Nearest Place of Safety and Repatriation to Your Home Country following evacuation as a result of an Insured Event as shown hereunder. Onward travel arrangements to an alternate study or work location will be made upon request by the Participating Organization if alternative arrangements will not delay Evacuation or Repatriation,

### **Insured Event**

- a. Your Appropriate Authority issues travel advices for the Host Country You are staying in, recommending that certain categories of person which includes You should leave that country or region.
- or -
- b. The recognized Government in Your Host Country:
  - a) Declares a state of emergency necessitating immediate evacuation or
  - b) Formally recommends or instructs that You should leave that country or region for safety or
  - c) Expels You or declares You "persona non grata".
- c. Natural Disaster within Your Host Country which puts Your life in Imminent Physical Danger.
- d. The political or military events in the Host Country put Your life in Imminent Physical Danger.
- e. Following a verified physical attack or threat of physical attack on You.

For benefits to be payable under this section:

- 1. You must contact Our Emergency Assistance Company as soon as reasonably practicable after You became aware of any situation that may give rise to an Insured Event or as soon as reasonably possible after the occurrence of the Insured Event. If the Emergency Assistance Company is not so contacted, Our liability to pay any subsequent claim under this section will cease.
- 2. You must provide the Emergency Assistance Company with all reasonable assistance and information requested in a timely manner.
- 3. You must follow the reasonable advice of the Emergency Assistance Company at all times.
- 4. If You are entitled to any refund on unused tickets or returnable deposits or advanced payments We are entitled to deduct these from the value of any claim.
- 5. You must be able to reasonably prove that there is Imminent Physical Danger to You with either physical or documented evidence.
- 6. You must be able to prove that, In the event of physical attack or threat of physical attack, such attack or threat occurred by either physical or documented evidence.

### **The following exclusions are applicable to Emergency Security Evacuation Expenses;**

We will not pay any expense arising directly or indirectly from:

1. Your failure to reasonably prove that there is any Imminent Physical Danger to Your Life
2. Your taking part in any political activity or operations of any security or armed forces unless declared to and agreed by Us.
3. Your failure to maintain and possess duly authorised and issued required immigration, work, residence or similar visas or permits or other relevant documentation required in Your Host Country.
4. Any evacuation expenses or costs Incurred more than 30 days after the event giving rise to Your evacuation.
5. Any expense attributable in whole or in part to debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder, or any other financial cause.
6. Any losses Incurred by You or claim costs that have been unnecessarily increased by Your unreasonable failure to follow the reasonable advice of Our Emergency Assistance Company

## **Accidental death, Loss of Sight, Loss of Limb or Permanent Total Disablement**

We will pay You, Your executors or Your administrators the relevant amount shown in the Benefit Table if, as a result of an Accident which results in Your Accidental Bodily Injury You suffer in one or more of the following:

- Your accidental death
- Your Loss of Sight (in one or both of Your eyes)
- Your Loss of Limb
- Your Permanent Total Disablement

### **Payment of Benefit**

We will not pay a claim for more than one of the accidental death, Loss of Sight, Loss of Limb or Permanent Total Disablement arising in conjunction with the same Accident.

### **Disappearance**

If You have been missing for a period of 180 consecutive days and there is sufficient evidence to support the conclusion that Your death has been caused by Accidental Bodily Injury, You will be presumed to have died and the amount stated in the Benefit Table will be paid to Your executors or Your administrators. However they will repay any benefit if You are subsequently found to have been alive or are found alive.

### **Catastrophic Limitation**

Except as may otherwise be provided, the total liability hereunder for deaths and Injuries suffered by any number of Insured Persons insured under this Certificate of Insurance in any one Accident or disaster shall not exceed the sum of \$1,000,000. In the event of any such Accident or disaster for which all indemnities payable hereunder would otherwise exceed \$1,000,000 the amount of indemnity payable for each Insured Person will be proportionately reduced to the extent that the total of all indemnities payable shall not exceed \$1,000,000.

## The following exclusions apply to Accident death, Loss of Sight, Loss of Limb or Permanent Total Disablement

We will not be liable for any claim arising directly or indirectly from;

- a. Accidental Bodily arising as a result of Your Illness,
- b. Your Accidental Bodily Injury if it is caused directly or in-directly by any degenerative medical condition.

## Privacy notice

We value your business and your trust in HDI Global Specialty SE. The privacy and confidentiality of your personal information is among our top priorities.

This notice explains how your personal information will be collected and dealt with, our practices and procedures for securing your personal information and your rights concerning that personal information. In this notice, 'we', 'us' or 'our' refers to HDI Global Specialty SE and its agents, co-insurers and reinsurers. 'You' or 'your' refers to the individual whose personal information we are processing.

### 1. Responsible data controller

#### **HDI Global Specialty SE - UK Branch**

Legal & Compliance  
20 Gracechurch Street  
London  
EC3V 0BG  
Tel. +44 (20) 7015 4000

HDI Global Specialty SE is a Data Controller as defined under the EU General Data Protection Regulation, UK General Data Protection Regulation and UK Data Protection Act 2018, as amended from time to time (together the "Data Protection Law").

You can reach our Data Protection Officer by post at the aforementioned address (please include the additional address line "Data Protection Officer") or by e-mail via our data privacy group mailbox:

E-mail: [privacy-hgs@hdi-specialty.com](mailto:privacy-hgs@hdi-specialty.com)

### 2. Personal information we may collect about you

- 2.1. *Individual details* such as name, address, proof of address, contact details (including emails and telephone numbers), gender, marital status, date and place of birth, nationality, employer, job title, employment history and family details (including their relationship to you).
- 2.2. *Identification numbers* issued by government bodies, agencies or similar such as national insurance, passport, tax identification or driving licence numbers.
- 2.3. *Financial information* such as bank account or payment card details, income or transaction histories.
- 2.4. *Insurance policy information* including information about quotes you receive and policies you take out.
- 2.5. *Credit and anti-fraud information* including credit history, credit score, sanctions and criminal offences, and information received from various anti-fraud databases relating to you.



2.6. *Information about previous and current claims* (including in connection with other related or unrelated insurance) which may include information about your health, criminal convictions, or special categories of Personal Data (as defined under Data Protection Law) and, in some cases, surveillance reports.

2.7. *Technical information* including your computer's IP address.

2.8. *Special categories of Personal Data* which have additional protection under Data Protection Law, namely health, criminal convictions, racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic information, biometric, or information concerning sex life or sexual orientation.

We will only collect such non-public personal information about you to the extent that our business needs require.

### **3. Where we may collect your personal information from**

We may collect your personal information from various sources:

- 3.1. You (including, from time to time, recordings of your telephone calls with us)
- 3.2. Your family members, employer or agent/representative (including your broker)
- 3.3. Our agents, other insurers, insurance brokers, or reinsurers
- 3.4. Credit reference agencies
- 3.5. Websites or software applications for use on computers or mobile devices and/or social media content, tools and applications
- 3.6. Anti-fraud databases, sanctions lists, court judgments and other databases
- 3.7. Government agencies
- 3.8. Any open electoral register; or
- 3.9. In the event of a claim, third parties including the other party or parties to the claim, witnesses, experts, loss adjusters, solicitors, claims handlers, translators, surveillance agents, engineers and others.

### **4. What personal information we disclose to you**

We do not disclose any of our customers' or other persons' non-public personal information to anyone, except as permitted or required by law. Permitted disclosures include information to process transactions on your behalf, and information about you or about participants, beneficiaries or claimants under your insurance policy in the normal course of business.

### **5. Identities of Data Controllers and Data Protection Contacts**

The operation of the insurance market means that personal data may be shared between insurance brokers, insurers, reinsurers and other market participants. You can find out the identity of the controller or controllers of your personal data in the following ways:

If you took out the insurance yourself, get in touch with the data protection contact at your insurance broker or the entity you dealt with in taking out the insurance.

If your employer or another organisation took out the insurance for your benefit, you should get in touch with the data protection contact at your employer or the organisation that took out the insurance.



If you are not a policyholder or an insured under the insurance, you should get in touch with the organisation that collected your personal data.

## **6. The purposes, categories, legal grounds and recipients of our processing your personal information**

6.1. Your personal information may be processed for the following purposes:

6.1.1. Quotation/inception:

- Setting you up as a client, including possible fraud, sanctions, credit and anti-money laundering checks
- Evaluating the risks and matching them to appropriate policy terms/premium
- Payment of premium where the insured is an individual

6.1.2. Policy administration

- Client care, including communicating with you and sending you updates
- Payments to and from individuals

6.1.3. Claims processing:

- Managing insurance and reinsurance claims
- Defending or prosecuting legal claims or regulatory proceedings
- Investigating or prosecuting fraud

6.1.4. Renewals

- Contacting you/the insured to renew the insurance
- Evaluating the risks and matching them to appropriate policy terms/premium
- Payment of premium where the insured is an individual

6.1.5. Other purposes including:

- Complying with our regulatory or legal obligations
- Risk modelling
- Effecting reinsurance contracts
- Transferring books of business, company sales, restructuring and reorganisation.

6.2. We may also disclose personal information to the following non-exhaustive list of entities: reinsurers, financial institutions, service providers, contractors, agents, tax authorities, law enforcement and other regulators and group companies in connection with the above purposes. You will find the current list of service providers and our companies who participate in data-processing operations hereon our website or by emailing [privacy-hgs@hdi-specialty.com](mailto:privacy-hgs@hdi-specialty.com).

6.3. We process your personal information on one of the following legal grounds as required by Data Protection Law:

- 6.3.1. in order to place and operate the contract(s) of insurance;
- 6.3.2. where a legitimate interest to do so has been identified for which processing of your personal information is necessary and which balances your interest, rights and freedoms e.g. protecting you from fraud or personalising the insurance product to you; or
- 6.3.3. where we have a legal obligation to do so e.g. to prevent money laundering.

## **7. Consent**

To provide insurance and deal with insurance claims in certain circumstances we may need to process special categories of your Personal Data (see 1.8 above), such as medical or criminal records. Your consent to this processing may be necessary to achieve one or more of the purposes set out above.

Where this is the case, you may withdraw your consent to such processing at any time by notifying [privacy-hqs@hdi-specialty.com](mailto:privacy-hqs@hdi-specialty.com). If you do withdraw your consent, however, this may mean we cannot provide insurance or pay claims.

## **8. Profiling**

When calculating insurance premiums, we may compare your personal information against other information such as industry averages or fraud patterns. Your personal information may also be used to create such other information to ensure, among other things, that premiums align to risk.

We may make decisions based on profiling and without staff intervention (known as automatic decision making).

## **9. Storage, retention and protection of your personal information**

Information is held by us on servers and in printed form, as well as on our behalf in off-site storage facilities. We will keep your personal information only for so long as is necessary and for the purpose for which it was originally collected. In particular, so long as there is any possibility that either you or we may bring or face legal claims in connection with the insurance contract(s), or if there are legal or regulatory reasons to retain your personal information, we must do so.

We understand the importance of securing your personal information. We have physical, electronic and procedural safeguards in place to protect your nonpublic personal information in compliance with applicable state federal laws. We restrict employee access to customer information only to those who have business reason to know, in order to provide our products and services to you.

## **10. Transfer of personal information**

Due to the global nature of our business, for the purposes set out above we transfer personal information internationally to parties located in other countries that have a different data protection regime than is found in the United States of America. Personal information collected by HDI Global Specialty SE is likely to be transferred to places outside of the United States of America (such as to secure data centres,

affiliates, service providers, business partners and governmental or regulatory authorities) in order to carry out the purposes, or directly related purposes, for which the personal information was collected.

If you would like details of how your personal information would be protected if transferred outside the United States of America, please contact [privacy-hqs@hdi-specialty.com](mailto:privacy-hqs@hdi-specialty.com).

## 11. Amendment

We may amend this Privacy Notice from time to time. The most recent version can always be consulted on our website: <https://www.hdi.global/legal/privacy/>.

## 12. Your rights

If you have any questions about our use of your personal information, please contact the relevant data protection contact as explained above. In certain circumstances you may have the right to require us to:

- 12.1. Provide you with further details about the use we make of your personal information
- 12.2. Provide you with a copy of the personal information we hold
- 12.3. Correct any inaccuracies in the personal information we hold
- 12.4. Delete any personal information we no longer have any lawful ground to use
- 12.5. Where the processing requires your consent, to withdraw that consent so we stop the processing in question
- 12.6. Transfer your personal information to another organisation
- 12.7. Object to any processing based on the legitimate interests ground at 4.3.2 above unless our reasons for that processing outweigh any prejudice to your data protection rights
- 12.8. Object to automated processing, including profiling
- 12.9. Restrict how we process or use your personal information in certain circumstances e.g. whilst a complaint is being investigated.

In certain circumstances we may need to restrict the above rights to safeguard the public interest (e.g. prevention or detection of crime) or our interests (e.g. legal or litigation privilege).

If you are not satisfied with our use of your personal information or our response to any request by you to exercise any of your rights, or if you think we have breached Data Protection Law or any other applicable data protection laws, you have the right to complain to the relevant national authority, details below.

### **Germany** (lead supervisory authority)

Die Landesbeauftragte für den Datenschutz Niedersachsen  
Prinzenstraße 5  
30159 Hannover

Phone: +49 (0511) 120 45 00

Fax: +49 (0511) 120 45 99

E-mail: [poststelle@lfd.niedersachsen.de](mailto:poststelle@lfd.niedersachsen.de)

Website: <https://www.lfd.niedersachsen.de>

<b>UK</b>			
<b>England</b>	<b>Scotland</b>	<b>Wales</b>	<b>Northern Ireland</b>
Information Commissioner's Office  Wycliffe House  Water Lane  Wilmslow  Cheshire  SK9 5AF	Information Commissioner's Office  45 Melville Street  Edinburgh  EH3 7HL	Information Commissioner's Office  2 <sup>nd</sup> Floor  Churchill House  Churchill Way  Cardiff CF10 2HH	Information Commissioner's Office  3 <sup>rd</sup> Floor  14 Cromac Place  Belfast  BT7 2JB
Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate)	Tel: 0131 244 9001	Tel: 029 2067 8400	Tel: 0303 123 1114 (local rate)  028 9027 8757 (national rate)
casework@ico.org.uk	scotland@ico.org.uk	wales@ico.org.uk	ni@ico.org.uk

### 13. Contact Us

If you have any questions about our use of your personal information you can contact us at:

Hannover Office: Data Protection Officer, HDI-Platz 1, 30659 Hannover, Tel. +49 511 5604-2909

UK Branch: Legal & Compliance, 20 Gracechurch Street, London, EC3V 0BG, Tel. +44 (20) 7015 4000