Allianz AYUDHYA

# UltraCare Plan guide

Group plans

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## Contents

## Your Plan Guide

**We** would like to welcome **you** and thank **you** for choosing an **UltraCare plan**. **We** aim to provide **you** with an International Healthcare **Plan you** can rely on. To do this, it is important that **you** fully understand how **your plan** works. This **Plan** guide, together with **your** Table of **benefits**, explains what is, and is not, covered under the **UltraCare plan** and any of the following add-on **plans** that have been chosen:

- Personal Accident Add-on **plan**

Different terms and conditions apply to different underwriting terms. See the 'Definitions' section for more information on **your** underwriting terms, as shown on **your** Certificate of insurance. Also see **benefit** exclusions BE1 and BE2 for more information.

This **Plan** guide will also give **you** important information about managing these **plans**.

Please spend some time reading carefully through this **Plan** guide to make sure that **you** are completely satisfied with the cover **we** are providing and that the cover meets **your** needs. If **you** have any questions about the information in this **Plan** guide or any questions **you** think it does not answer, please contact **us** and **we** will be more than happy to help.

Some words and phrases used in this **Plan** guide and **your** Table of **benefits** have specific meanings that are relevant to **your plans**. **We** have highlighted them in bold print and defined them in the 'Definitions' section of this **Plan** guide.

This **plan** is insured by Allianz Ayudhya General Insurance Public Company Limited.

## Group plans

The **plan** terms apply to **you** and the **planholder**.

**You** must read the Group **member** application (if this applies), Table of **benefits**, Certificate of insurance, membership cards and this **Plan** guide.

The Group application, Group **member** applications (if these apply), Group declaration of health (if this applies), Group membership census, Corporate agreement, Table of **benefits**, Certificates of insurance and this **Plan** guide form the contract of insurance between **us** and the **planholder**. The **planholder** must read these together.

The currency of the **UltraCare plan** and any add-on **plans** will be Thai Baht. Premiums must be paid in the same currency as **your plans**.

**We** can change any of the general conditions, **benefit** conditions, **benefit** exclusions or other terms and conditions in this **Plan** guide at the beginning of the **plan year**. **We** can also change the premiums and any discounts or surcharges at the beginning of the **plan year. We** will tell the **planholder** about any changes before the **plan renewal date**.

## Definitions

Wherever **we** use the words 'including', 'include', 'in particular', 'for example' or any similar expression any following information is given as an example only, not a full list, and will not limit the sense of the words, description, definition, phrase or term before those words.

**Abuse** – the excessive use of alcohol, drugs or any other intoxicating substance. This includes use of drugs in a manner or in quantities other than as directed or prescribed on medical authority or for a reason other than that for which it was originally prescribed.

**Accident** – any involuntary, sudden or unexpected event resulting in a **bodily injury** to **you**.

**Acute** – a **medical condition** that responds to **treatment**, which aims to return **you** to **your** previous state of health or leads to **your** full recovery.

**Area of cover** – the geographic area or areas of the world in which **you** must receive **treatment** or services for **your plan** to apply. **Your area of cover** is shown on **your** Certificate of Insurance.

**Benefit** – the cover provided by **your plan** and any extensions or restrictions shown **your Plan** guide, Certificate of insurance or Table of **benefits**.

**Birth defect** – any deformity, abnormality or disability, or caused during childbirth.

**Bodily injury** – any physical harm or damage to **you.**

**Business colleague** – an associate who is employed by the same company as **you**.

**Card** –Visa or MasterCard.

**Chronic** – a **medical condition** that has-one or more of the following characteristics:

- needs ongoing or long-term monitoring through consultations, examinations, checkups or tests;
- needs ongoing or long-term control or relief of symptoms;
- needs rehabilitation or special training to cope with it;
- continues indefinitely;
- has no known cure;
- comes back or is likely to come back.

**Claim** – when **you** or **your** agent, personal representative, assignee or trustee in bankruptcy seek payment or settlement under the terms and conditions of the **plan**.

**Close family member** – a son, daughter, stepson, stepdaughter, legally adopted son, legally adopted daughter, husband, wife, partner, parent, step-parent, legally adoptive parent, parent-in-law, grandparent, grandchild, brother, sister, brother-in-law, sister-in-law, son-in-law, daughter-in-law or legal guardian.

**Co-insurance** – the percentage of costs that **you** must pay for a covered **claim**.

**Congenital abnormality** – a **medical condition** that is present at birth or is believed to have been present since birth, whether it is **inherited** or caused by an environmental factor.

**Country, where you live, country where a member lives** – the country **you** live in for most of the time, usually for a period of at least six months during a **plan year.**

**CPME, Continuation of Personal Medical Exclusions** – continuation of the same underwriting terms, including any special exclusions, that applied to **you** with a previous insurer. The underwriting terms with **us** can be **CPME** previously **moratorium** or **CPME previously FMU**. **You** will not be subject to any new personal underwriting terms. Cover will still be governed by the **benefits**, terms and conditions of **your plan** with **us**. See the 'Transfers' section and the **CPME previously moratorium** and **CPME previously FMU** definitions in this **Plan** guide for more information.

**CPME previously FMU** – continuation of **your** full medical underwriting terms with a previous insurer. **You** will not be subject to any new personal underwriting terms. Cover will still be governed by the **benefits**, terms and conditions of **your plan** with **us**, including **benefit** exclusion BE2. **Benefit** exclusion BE1 will not apply.

**CPME previously moratorium** – continuation of **your moratorium start date** if **you** had **moratorium** underwriting terms with a previous insurer. **You** will not be subject to any new personal underwriting terms. Cover will still be governed by the **benefits**, terms and conditions of **your plan** with **us**, including **benefit** exclusion BE1. **Benefit** exclusion BE2 will not apply.

**Critical** – a **medical condition** that is unstable and serious, where the outcome cannot be medically predicted, prognosis is uncertain and the person may die.

**Date of joining** – when **you** first became a **member** on the **plan**.

**Daycare treatment** – **treatment** at a **hospital** or daycare unit when medical supervision is needed for four or more hours for recovery, but **you** do not stay overnight.

**Deductibles** – any **co-insurance** or **excess** that applies to **your plan**.

**Dental** – that which affects the teeth and gums.

**Dependant** – a **planholder**, employee or affinity **member's**:

- husband, wife or partner;
- unmarried child, stepchild or legally adopted child under the age of 18;
- unmarried child, stepchild or legally adopted child aged 18 to 24 who is in continuous full-time education. **We** may need written proof from the educational facility where they are enrolled.

**Diagnostic tests and procedures** – a **medically necessary** test or examination to investigate the cause of **your** symptoms.

**Emergency** – a sudden, unexpected **acute medical condition** or an unexpected **acute** episode of a **chronic medical condition** that, without **treatment** within 48 hours of onset, could result in death or serious damage to bodily functions.

**End date** – the last day **you** have cover under a **plan.**

**Excess** – the amount **you** must pay towards the cost of a covered **claim** as shown on your Table of **benefits**.

**FMU, Full Medical Underwriting** – the process that **we** use to assess **your** medical history and decide the special terms **we** offer **you**. Cover will still be governed by the **benefits**, terms and conditions of **your plan** with **us** except for **benefit** exclusion BE1.

**Hazardous pursuit** – any activity or sport that places **you** at an increased risk of suffering a **medical condition** or making an existing **medical condition** worse.

**Home country** – the country **you** are from as given to **us** on **your** application.

**Hospital** – a legally licensed facility providing **treatment** under the laws of the country in which it is located.

**Inherited** – a **medical condition** which is hereditary.

**In-house doctor** – a doctor who is employed by the **hospital**, is considered a permanent member of staff and charges in line with **hospital** tariffs.

**In-patient treatment** – **treatment** at a **hospital** where **you** need to stay in a bed for one or more nights.

**Main member** – the person who is named first on a valid Certificate of insurance.

**Material fact** – information, as follows, which is likely to influence **us** in the assessment, acceptance or renewal of a **plan**, or in making any changes to it:

- about **you**, **your** lifestyle, health or **medical conditions**, that **we** have asked **you** questions about;
- about the **planholder** and any **members**, including **dependants**, where **we** have asked the **planholder** questions; or
- that **you** or the **planholder** have chosen to give to **us**.

If there is any doubt about whether a fact is material, for **your** own protection, **you** must tell **us**.

**Medical condition** – signs or symptoms, injury, illness, sickness or disease.

**Medical necessity, medical necessary** – **treatment** prescribed by **your medical practitioner** attending **specialist** which is appropriate for **your medical condition** and is in line with accepted medical standards.

**Medical practitioner** – a person who is registered and licensed to practise medicine in the country where **treatment** is provided and has obtained the primary degrees in medicine and surgery following attendance at a recognised medical school listed within the World Directory of Medical Schools published by the World Health Organisation.

**Member** – see **you**, **your**, **yourself**.

**MHD, Medical History Disregarded** - **we** will cover **pre-existing medical conditions** suffered by **you**, subject to the **benefits**, terms and conditions of **your plan**. **Benefit** condition BC5 and **benefit** exclusions BE1 and BE2 will not apply.

**Moratorium** – a period of 24 months from **your date of joining**, or the date shown on the special terms section of **your** Certificate of insurance, that must have passed before **claims** for **pre-existing medical conditions** or **related medical conditions** may be eligible under the **UltraCare plan**. See **benefit** exclusion BE1 for more information. The **moratorium** also applies to the Maternity add-on **plan**.

**Natural teeth** – any teeth that are original and organic, not artificial implants or replacements.

**Necessary and reasonable expenses** – the average cost of **treatment**, expertise or services given by similar types of provider:

- within the same country or geographical region; and
- based on our experience and knowledge.

**Nurse** – a person who is qualified in nursing, currently practicing and on the professional register of nursing in the country where **treatment** is provided.

**Our, us, we** – the insurer as shown on the Certificate of Insurance.

**Out-patient treatment** – **treatment** in a **hospital**, consulting room or clinic when **you** do not need a bed.

**Palliative treatment** – any surgical or medical services aimed to relieve the symptoms rather than to cure, stop, reverse or delay progression of the **medical condition** causing them.

**Physiotherapist** – a person who is qualified to practise physiotherapy and is licensed in the country where **treatment** is provided.

**Plan** – the contract between the **planholder**, **you** and **us**.

**Plan administrator** – the person who acts as co-ordinator with **us** for **your** group **plan**, as chosen by the **planholder**.

**Planholder** – the person or organisation **we** have issued the **plan** to as named on a valid Certificate of insurance.

**Plan start date** – the date the **plan** begins each year.

**Plan year** – a period of 12 months, from the, **plan start date**, as shown on a valid Certificate of insurance.

**Pre-authorisation** – the process **you** must follow to obtain approval from **us** before receiving **treatment** or services, or incurring costs.

**Pre-existing** – any **medical condition** or **related medical condition** which has one or more of the following characteristics:

- clearly showed itself;
- **you** had signs or symptoms of;
- **you** asked for advice about;
- **you** received **treatment** for;
- to the best of **your** knowledge, **you** were aware **you** had.

**You** must also read General Condition GC2, **Benefit** Condition BC5 and **Benefit** Exclusion BE1.

**Preventative services** – medical services where no **medical condition** or symptoms are present.

**Psychiatric** – that which affects **your** mind, mental function or emotions, whether the cause is organic, traumatic or reactive.

**Related medical condition** – a **medical condition** that in the opinion of both your **medical practitioner** or **specialist**, and **us** is:

- a direct or indirect result of another **medical condition**;
- associated with another **medical condition**; or
- an associated risk factor of another **medical condition**.

**Renewal date** – the anniversary of the **plan start date** as shown on a valid Certificate of insurance.

**Routine health check** – **diagnostic tests and procedures** where no **medical condition** or symptoms are present.

**Specialist** – a **medical practitioner** who is practising and has a recognised:

- certificate of higher specialist training;
- consultant appointment or equivalent;

in the relevant field of medicine in the country where **treatment** is provided.

**Start date** – the date **you** join the **plan** or any future **renewal date** as shown on a valid Certificate of insurance.

**Terminal** – the end stages of a **medical condition** where life expectancy is considered to be days or weeks and only **palliative treatment** is given.

**Therapist** – an osteopath, chiropractor, homeopath, podiatrist, acupuncturist or Chinese herbalist who is qualified and licensed in the country where **treatment** is provided.

**Treatment** – any surgical or medical services, including **diagnostic tests and procedures**, that are needed to diagnose, relieve or cure a **medical condition**.

**UltraCare plan** – the healthcare **plan**.

**Visiting doctor** – a **medical practitioner** who is not employed by the **hospital**, but has a contract to use the **hospital** facilities and may have different charges to the **hospital** tariffs.

**You, your, yourself** – a person who has met the eligibility criteria of the **plan** and is named on a valid Certificate of insurance.

## Group Eligibility

Eligibility depends on **us** accepting the Group application, Group **member** applications if the underwriting terms are **moratorium** or **CPME**, previous certificates of insurance if the underwriting terms are **CPME**, Group **member** applications including the medical questionnaire if **your** underwriting terms are **FMU**, Group declaration of health (if this applies) and a complete Group membership census.

**Plans** must be made up of a group of employees of the same company or **members** of an existing affinity group. The size of a group **UltraCare plan** at **the start date** must be at least three **main members** (employees or affinity **members**). If there are less than three **main members** at the **start date** or at a **renewal date**, the group cannot continue and **we** will offer individual **plans** to the remaining **members**.

The **UltraCare plans** and add-on **plans** are available to people of all nationalities, including **dependants**, except citizens of the USA who live in the USA and people who are governed by exchange controls or local licensing regulations. If **your area of cover** is Area 3 and **you** are a citizen of the USA, **you** will no longer be eligible for cover if **you** have spent more than 180 continuous days in the USA in any one **plan year**.

**Plans** may not meet specific visa requirements. Cover may also be illegal under local laws. It is the **planholder's**

responsibility to ensure that any **plans** chosen meet **your** needs.

All **dependant** children on a **plan** must be unmarried. **Dependant** children aged 18 to 24 must be in continuous full-time education at their **start date**.

**You** cannot be older than 74 at **your start date**.

**Main members** and their **dependants** must have the same **area of cover**.

Add-on **plans** are only valid when the **UltraCare plan** is in force.

The maximum age at entry for the Personal accident add-on **plan** is 74. This **plan** can cover:

- the **main member** only; or
- the **main member** and all of their **dependants** who are included on the **UltraCare plan**. All **dependants** aged 18 to 74 must have the same level of cover as the **main member**. All **dependants** aged 0 to 17 can only have one unit of cover.

The Personal accident add-on **plan** provides cover for managerial, clerical and administrative occupations only. See **benefit** condition BCPA1 for more information.

Additional eligibility criteria apply to some **plan** types. These are shown in the Group **member** application and Table of **benefits** where applicable.

**We** can refuse cover on any of **our plans** for any reason. **We** may provide cover under **our plans** with any special terms that **we** may set. Any special terms will be shown on the Certificate of insurance.

## Group Plan start date

With **our** agreement cover under the **UltraCare plan** will begin immediately or on a future date the **planholder** has given and **we** have agreed, as long as **we** accept the application, and as soon as **we** have received the:

- Group application;
- Group **member** applications if the underwriting terms are **moratorium** or **CPME**;
- Group **member** applications including the medical questionnaires if the underwriting terms are **FMU**;
- previous certificates of insurance if the underwriting terms are **CPME**;
  acceptance of all special terms offered in the quotation if the underwriting terms are **CPME** or **FMU**;
- Group declaration of health if this applies; and
- Group membership census.

**We** will tell the **planholder** the **start date** in writing.

Cover under any add-on **plans** will begin on the same day as the **UltraCare plan** or any future **UltraCare plan renewal date**. **We** cannot backdate cover under any circumstances. All **plans** will continue for 12 months until the next **renewal date** or until they are cancelled or extended for any reason.

## Group Premiums

Each **plan** is a yearly contract.

The premiums in the quotation accepted by the **planholder** will apply for the **plan year**.

The **planholder** must choose how often the **UltraCare plan** premiums are paid from the payment options available for that **plan** type. They must choose this at application or renewal and it will apply throughout the entire **plan year**.

Personal accident add-on **plan** premiums can only be paid yearly.

The **planholder** is responsible for paying all premiums. Premiums must be paid in Thai Baht. The premium will be returned if payment is received in a different currency to the currency of **your plans**.

The **planholder** will be responsible for:

- any shortfall as a result of exchange rate differences; and
- any associated bank charges.

**We** must receive all premiums, including any taxes that apply, on or before the premium due dates.

Premiums may change as a result of adding or removing **members**. The **planholder** must pay any extra premiums when the next reconciliation statement is sent, in accordance with the credit terms. Any refund due to the **planholder** will be carried forward to the next reconciliation statement.

## Ways to pay group premiums

Premiums must be paid in Thai Baht.

Premiums can be paid by:

- bank transfer; or
- cheque.

See the Group application or invoice for payment details. When making a payment, the **planholder** must give the group name and the quotation number or **UltraCare plan** number as the reference.

## Unpaid or late group premiums payments

The **planholder** must make sure premiums are paid on or before the due date. **We** will tell the **planholder**, in writing, if payments are not made on time.

**We** will not approve or pay any **claims** until the payments are up to date.

**We** will cancel a **plan** if payment is not received within 30 days of the premium due date.

If **we** cancel a **plan**, the **planholder** will have to apply for a new **plan**. The premiums may change and the cover may have new terms.

**We** reserve the right to charge commercial interest on any overdue premium at the Bank of England base rate, plus 5%. Interest will accrue on a daily basis from the premium due date until full payment is made for the overdue premium.

## Adding group members

With **our** agreement the **plan administrator** may add **members** to the **UltraCare plan** after the **plan start date**. The **plan administrator** must make the request as follows, depending on the underwriting terms.

**MHD** – the **plan administrator** must make the request in writing by letter, fax or email.

**Moratorium** – if a new **dependant** is being added the **plan administrator** must make the request in writing by letter, fax or email. If a new **main member** is being added the **plan administrator** must send a group application for the **main member**, and any **dependants** to be included.

**CPME** – see the 'Group **member** transfers' section.

**FMU** – the **plan administrator** must send a Group **member** application, including the medical questionnaire.

With **our** agreement the **plan administrator** may also add **members** to any add-on **plans** at the same time they are added to the **UltraCare plan**. The **plan administrator** must request this in writing by letter, fax or email.

When making a request to add **members**, the **plan administrator** must also tell **us** all **material facts**. If there is any doubt about whether a fact is material, the **plan administrator** should tell **us**. See general condition GC2 for more information.

With **our** agreement cover will begin as follows, depending on the underwriting terms.

**MHD** – as soon as **we** receive the written request or on a future date given to **us** by the **plan administrator**.

**Moratorium** – as soon as **we** receive the written request or on a future date given to **us** by the **plan administrator.**

**CPME** – as soon as **we** receive acceptance of the special terms offered in the quotation or on a future date the **plan administrator** has given and **we** have agreed, as long as there is no break in cover.

**FMU** – as soon as **we** receive acceptance of the special terms offered in the quotation.

Cover under any add-on **plans** will begin on the same day as the **UltraCare plan**. **We** will not backdate cover under any circumstances.

With **our** agreement the **plan administrator** may add newborn children as **dependants** during the **plan year**. When making a request the **plan administrator** must tell **us** all **material facts**.

If the **plan administrator** applies in writing before the newborn child is 30 days old **we** will not apply any underwriting terms to the newborn child's cover on the **UltraCare plan** and their **date of joining** will be their date of birth. **Benefit** condition BC5 and **benefit** exclusions BE1 and BE2 will not apply.

If the **plan administrator** applies in writing after the newborn child is 30 days old, underwriting terms will apply. If the underwriting terms on the **UltraCare plan** are:

**MHD** – cover will begin as soon as **we** receive the written request or on a future date given to **us** by the **plan**

**administrator**.

**Moratorium** – cover will begin as soon as **we** receive the written request or on a future date given to **us** by the **plan administrator**.

**FMU** – the **plan administrator** must send a Group **member** application, including the medical questionnaire. Cover will begin as soon as **we** receive acceptance of the special terms offered in the quotation.

**We** will not backdate cover for any requests received by **us** after the newborn child is 30 days old.

Premiums may change in line with any agreed requests. The Stamp duty or any specific taxes will not be refunded in any situation.

When adding any **dependants**, **we** will send the **plan administrator** a revised Certificate of insurance and a new membership card, if this applies, showing the changes and any special terms that may apply.

When adding any new **main members we** will send the **plan administrator** a Certificate of insurance for the **main member** and any **dependants** included, showing any special terms that may apply. **We** will also send membership cards for the **main member** and their **dependants**.

## Removing group members

With **our** agreement the administrator may remove a **member** from a **plan** after the **plan start date**. The **plan administrator** must make the request in writing by letter, fax or email. The last day of cover will be the date that **we** receive the request, or a future date the **administrator** has given. If a **main member** is removed from a **plan**, all of their **dependants** will also be removed.

When **members** are removed, the **plan administrator** is responsible for collecting and destroying their Certificates of insurance and membership cards on or by the **end date**. If the **plan administrator** does not collect and destroy the Certificates of insurance and membership cards and a removed **member** uses these to obtain **treatment** at a direct billing facility, the **planholder** will be responsible for paying any costs to the **treatment** provider. **We** will not be responsible for any costs after cover has ended.

If a **member** is removed from an **UltraCare plan** they will also be removed from any add-on **plans**. The last day of cover on any add-on **plans** will be the same as their last day of cover on the **UltraCare plan**.

Premiums may change in line with any agreed requests. The Stamp duty or any specific taxes will not be refunded in any situation.

When removing any **dependants**, **we** will send the **plan administrator** a revised Certificate of insurance showing the changes and any special terms that may apply.

## Group member transfers

If a new person wants to transfer cover from another insurer to apply for **CPME** underwriting terms with **us**, a Group **member** application for **CPME** must be completed, and **we** will need an original certificate of insurance from their previous insurer, which shows:

- their original **start date** with that insurer;
- their underwriting terms; and
- any special terms that may have applied.

If there is a break in cover between the end date of the previous insurance plan and the application to **us**, **we** will not offer a transfer of previous underwriting terms.

If **we** accept the application **we** may charge an increased premium. Cover will begin as soon as **we** receive acceptance of any special terms offered in the quotation or on a future date the **plan administrator** has given and **we** have agreed, as long as there is no break in cover.

Our **plan** terms, conditions and **benefits** may be different to those of the previous insurer.

## Continuing cover when leaving a group plan

If **your** cover is coming to an end, with **our** agreement **you** can be transferred to an individual **UltraCare plan**, as long as there is no break in **your** cover with **us** and **you** meet our individual eligibility criteria.

**You** must send **us your** application before **you** leave the group **plan**. If **we** accept **your** application to continue cover, **we** may charge an increased premium and **your** underwriting terms may change. The application will be governed by the definitions, **benefits**, general conditions, **benefit** conditions and **benefit** exclusions in force at **your** new **plan start date**.

The **start date** of **your** new individual **plan** will be the first day after **you** leave the group **plan**.

## Changing the cover and add-on plans for groups

When making any request for changes to a **plan**, including add-on **plans**, the **plan administrator** must also tell **us** all **material facts**. If there is any doubt about whether a fact is material, for **your** own protection, the **plan administrator** should tell **us**. See general condition GC2 for more information.

If **you** change **your** address the **plan administrator** must tell **us** in writing by letter, fax or email. If **your** new address is in a different country, **we** will consider this to be the country where **you** live unless the **plan administrator** tells **us** otherwise.

If a **main member** needs to change their **area of cover** on the **UltraCare plan**, the **plan administrator** must tell **us** in writing by letter, fax or email giving the reason for the change in circumstances. With **our** agreement this change can be made at any time during the **plan year**. **We** will make this change from the date the **plan administrator** tells **us** or any future date they have given. Their **dependants** will also change to the new **area of cover** on the same day.

If there is a change to the country where a **member** lives or their **area of cover** changes, **we** will send the **plan administrator** a revised Certificate of insurance. If the **area of cover** changes, **we** will also send new membership card for **the main member** and any **dependants**. The Certificate of insurance and membership card will show the changes and any special terms that may apply. Premiums, taxes and **benefit** limits may change in line with any agreed requests. The Stamp duty or any specific taxes will not be refunded in any situation.

The **planholder** cannot make changes to:

- the **UltraCare plan** type;
- the **UltraCare plan benefits**;
- deductibles or how often the premiums are paid on the **UltraCare plan**; or
- the number of units on a Personal accident add-on **plan**;

during the **plan year**. With **our** agreement these changes can be made at the next **plan renewal date**. The **planholder** must tell **us** about the changes in writing by letter, fax or email before the **plan renewal date**. Premiums, taxes and **benefit** limits may change in line with any agreed requests.

Add-on **plans** cannot be added during the **plan year**. With **our** agreement these can be included from the next **plan renewal date**. The **planholder** must apply in writing by letter, fax or email before the pl**an renewal date**. When making the application the **planholder** must also tell **us** all **material facts**. If there is any doubt about whether a fact is material, for **your** own protection, the **planholder** should tell **us**.

## Renewing the group plan

With **our** agreement the **planholder** may renew the **UltraCare plan** and any add-on **plans** each year.

If the **planholder** wants to renew, they must tell **us** in writing by letter, fax or email before the **renewal date.**

The **planholder** must tell **us** all **material facts** about all **members** before the **renewal date**. If there is any doubt about whether a fact is material, for **your** own protection, the **planholder** should tell **us**. See general condition GC2 for more information.

**We** may change the definitions, **benefits**, general conditions, **benefit** conditions and **benefit** exclusions that apply to the **UltraCare plan** and any add-on **plans**. Any changes will be sent to the **planholder** together with the renewal quotation at least six weeks before the **renewal date**. Renewal premiums must be paid on or before the **renewal date**.

With **our** agreement the **planholder** can make changes to the **plan** at renewal.

All cover is subject to our eligibility criteria.

A child will no longer be eligible as a **dependant** under any **plan** at the next **renewal date** if any one or more of the following apply:

- they marry;
- they are not in continuous full-time education and they are 18 to 24; or
- they reach the age of 25.

With **our** agreement they can apply to have their own **UltraCare plan** and add-on **plans** by completing an Individual application. As long as there is no break in their cover with **us**, their **date of joining** will stay the same. Their application will be governed by the definitions, **benefits**, general conditions, **benefit** conditions and **benefit** exclusions in force at their new **plan start date**.

**We** will not renew the group **plan** automatically.

If the **planholder** does not want to renew the **plan** they must tell **us** in writing by letter, fax or email before the **renewal date**.

## Cancellation the group plan

If the **planholder** wants to cancel a **plan**, they must confirm in writing by letter, fax or email. The last day of cover will be the date that **we** receive the written confirmation, or on a future date given to **us**.

If the **UltraCare plan** is cancelled, any add-on **plans** will also be cancelled. The last day of cover on any add-on **plans** will be the same as the last day of cover on the **UltraCare plan**.

As each **plan** is a yearly contract the **planholder** must pay any premium owed for the rest of the **plan year**. No refunds will be issued and the **planholder** may have to pay a cancellation charge.

The **plan administrator** must destroy all Certificates of insurance when they cancel a **plan**.

The **plan administrator** must also destroy all membership cards if the **UltraCare plan** is cancelled. If a membership card is used to obtain **treatment** at a direct billing facility after the **plan** has been cancelled, the **planholder** will be responsible for paying any costs to the **treatment** provider. **We** will not be responsible for any costs after cover has been cancelled.

# General conditions, benefit conditions and benefit exclusions

The **UltraCare plan** and all add-on **plans**, are governed by the general conditions shown below. The **UltraCare plan** is governed by the **benefit** conditions shown on the next page. Some of these **benefit** conditions also apply to the Personal accident add-on **plan**. See the 'Extra **benefit** conditions and **benefit** exclusions for add-on **plans'** section for more information. **Claims** will only be paid under a **plan** if **you** meet these general conditions and **benefit** conditions.

Extra **benefit** conditions also apply to the Personal accident add-on **plans**. See the 'Extra **benefit** conditions and **benefit** exclusions for add-on **plans**' section for more information.

## General conditions

GC1 The **planholder** or **plan administrator** must tell **us** immediately in writing by letter, fax or email about any important change that affects information given in connection with the application for cover under a **plan**, for example:

- **you** change **your** name or occupation;
- there is a change to **planholder** details;
- **you** plan to engage in any **hazardous pursuits**; or
- **you** change **your** address.

If **your** new address is in a different country, **we** will consider this to be the **country where you live** unless the **planholder** or **plan administrator** tells **us** otherwise.

After **we** have been told about a change, **we** have the right to reassess **your** cover. **We** can change any of the terms or cancel the **plan**. Any **claim** related to a change in risk that the **planholder or plan administrator** has not told **us** about may be reduced or rejected, or the **plan** may be cancelled.

GC2 The **planholder** or **plan administrator** must tell **us** all **material facts** before **we** accept an application, make changes to a **plan** or renew a **plan**. The **planholder** and **plan administrator** must check that any **material facts** are correct. **You** must check that any **material facts** about **you** are correct.

If there is any doubt about whether a fact is material, for **your** own protection, the **planholder** or **plan administrator** should tell **us**. Where applicable the 24-month **moratorium** will still apply even if the **planholder** or **plan administrator** tells **us** about any **pre-existing medical conditions you** may have.

If **we** find out that the **planholder** has not told **us** about all **material facts we** can cancel the plan or apply different terms to the **plan**.

GC3 If **you** make a **claim** that **you** know is false or fraudulent, **we** will refuse the **claim**. If any payment has already been made, **we** will recover any costs from the **planholder**. **We** will cancel cover from a date given by **us**.

GC4 **We** will send all correspondence about a **plan** to the **planholder**.

GC5 When handling your **claim** we will always:

- communicate directly with **you** if **you** are aged 18 or over;
- communicate directly with the **main member** if **you** are under 18;

unless **you** or **your** personal representative give **us** explicit consent to contact any other individual about **your claim** in accordance with **our** data protection policy.

GC6 If **you** need to make a **claim**, **you** must follow **your Claims** procedures and send the following information as soon as possible.

- the original itemised bill;
- the original receipt;
- the fully completed Claim form;
- a copy of the prescription; and
- a copy of the investigative tests results where relevant (e.g. blood tests, x-rays, ultrasound, etc).

This information is required to support **your claim**. If this information is not sufficient, **we** may ask for more information to support **your claim**. **You** must provide this additional information or **your claim** may not be paid.

GC7 **We** have the right to instruct a specialist of **our** choice to examine **you** as **we** see necessary to support a **claim**.

GC8 If **we** reject a **claim** under a **plan**, for any reason, **you** will have to prove that the **claim** is covered under the **plan**.

GC9 If **you** attend a **hospital**, clinic or any other facility where direct billing or cashless arrangements are in place, and the **claim** for this is subsequently found to be ineligible, **we** have the right to recover the full amount of the **claim** from **you** or the **planholder**. Payment of a **claim** is not an indication of **our** acceptance of liability for the **claim** or confirmation that further costs for the same **medical condition** or any **related medical condition** will be met.

GC10 If there are other insurance **plans** or policies that cover a **claim**, including any reciprocal health insurance arrangements, and they have any of the same, or equivalent **benefits**, only **our** share of the **claim** will be paid under **your plan** with **us**, after:

- **you** have paid any deductibles that apply on any of the other plans or policies; and
- **you** have paid any deductible on **your plan** with **us**.

GC11 **We** can make an administration charge to replace or reissue **plan** documents or membership cards.

GC12 The **planholder** or **plan administrator** must tell **us** immediately in writing by letter, fax or email about any proceedings or right of action against any other party, due to any circumstances which led to a claim under a **plan**. The **planholder** or **plan administrator** must continue to keep **us** informed in writing and take all steps **we** reasonably need, for **us** to take proceedings against the other party.

GC13 The **planholder** or **plan administrator** must tell **us** about any negotiations or settlement discussions that **you** enter into with any other party about any action which leads to a **claim** under a **plan**. **You** must not agree to a settlement with any party before **we** give **our** written agreement.

GC14 If **you** want to take legal action against **us** in respect of a **plan**, **you** must do so within the relevant time bar according to Thai law.

GC15 The **UltraCare plan** and add-on **plans** are governed by and shall be construed in accordance with the laws of Thailand and shall be subject to the exclusive jurisdiction of the courts of Thailand.

GC16 Any translated versions of **our** documents that **we** issue are for **your** information only. In the case of any dispute or discrepancy of wording or interpretation, the English version will apply.

## Benefit Conditions

BC1 All **treatment** must be given by **medical practitioners**, **specialists**, **nurses** or **therapists** with the aim to cure or substantially relieve **medical conditions**.

BC2 **You** or **your** personal representative must request **pre-authorisation** for any **in-patient treatment**, **daycare treatment**, medical evacuation, compassionate **emergency** visit, or preparation or transportation of **your** body or mortal remains, before it takes place. Once **you** or **your** personal representative have received **our** approval, **we** will settle all covered costs directly with the providers. If **you** or **your** personal representative do not receive **our** approval before it takes place, **we** will only approve the costs **we** would have negotiated if **we** had been involved and given **our** approval.

BC3 **Hospital** accommodation will be paid up to the cost of a standard single room with a private bathroom. This will include **your hospital** meals.

BC4 If a local situation makes it impossible, dangerous or not practical to enter a specific location or country, **we** may be unable to arrange a medical evacuation.

BC5 If **we** have not been given details of **your medical practitioner** on **your** application and a **claim** is made that **we**

believe is for a **pre-existing medical condition**:

- **we** will reject the **claim** if **your** underwriting terms are **moratorium** or **CPME** previously **moratorium**;
- **we** will reject the **claim** if your underwriting terms are **FMU** or **CPME previously FMU** and **you** did not tell **us** about the **medical condition** when **we** asked about it on the application, or **we** have not accepted it.

This **benefit** condition does not apply if your underwriting terms are **MHD**.

BC6 Only necessary and **reasonable** expenses will be paid for **claims**. Any costs above the relevant limits shown in your Table of **benefits** will not be paid. If the costs are not necessary and **reasonable** expenses, or are above the limits shown in **your** Table of **benefits**, **you** will have to pay the difference.

BC7 If **you** choose to use a **visiting doctor** instead of an **in-house doctor**, in a **hospital**, clinic or any other facility where direct billing or cashless arrangements are in place, only necessary and **reasonable** expenses will be paid. If the **visiting doctor's** costs are not necessary and **reasonable** expenses and not in line with the **in-house doctor's** costs, **you** will have to pay the difference.

BC8 If **you** move to a **plan** where a lifetime limit applies to a **benefit**, any amount previously paid under the same, or equivalent **benefit**:

- on any one or more **plans**;
- regardless of any previous **benefit** limit; and
- whether or not there has been a break in **your** cover;

will be deducted from the current lifetime limit on the **benefit**.

BC9 Physiotherapy must be referred by a **medical practitioner** or **specialist**. If more than six physiotherapy sessions are needed for any **medical condition**, **your** therapist must provide the reasons in the **Claim** form so **we** can consider cover.

BC10 Complementary **treatment** must be referred by a **medical practitioner** or **specialist**. If more than four osteopathic, chiropractic, homeopathic, podiatry, Chinese traditional medicine or acupuncture sessions are needed for any **medical condition**, **your** therapist must provide the reasons in the **Claim** form so **we** can consider cover.

BC11 All psychiatric **treatment** and psychotherapy must be given by **medical practitioners**, psychiatrists or qualified and registered psychotherapists or psychoanalysts.

BC12 The normal pregnancy and childbirth **benefit** covers no more than one routine antenatal 2D ultrasound scan in each trimester of a normal uncomplicated pregnancy. If any more ultrasound scans are needed, **your medical practitioner** must confirm the reasons in the **Claim** form so **we** can consider cover. The **benefit** also covers 12 routine antenatal visits during a normal uncomplicated pregnancy. If any more antenatal visits are needed your **medical practitioner** must provide the reasons in the **Claim** form so **we** can consider cover.

The **benefit** covers the following for the newborn child:

- one physical examination;
- vitamin K, hepatitis B and BCG vaccinations;
- routine blood tests for PKU, congenital hypothyroidism and G6PD;
- one hearing examination; and
- necessary and **reasonable** expenses of accommodation costs for no more than four nights, if the mother is admitted and not suffering any complications.

BC13 If **we** receive new information that shows a **claim we** have already approved is not eligible, no costs will be paid. If any costs have already been paid, **we** will recover these from **you** or the **planholder** and no further costs will be paid. Any approval **we** have given during the **pre-authorisation** process may also be withdrawn.

## Benefit exclusions

The **UltraCare plan** does not cover **claims** for, arising from or connected with the following **benefit** exclusions unless shown on your Table of **benefits**, or agreed by **us** in writing.

Some of these **benefit** exclusions also apply to the Personal accident add-on **plan**. See the 'Extra **benefit** conditions and **benefit** exclusions for add-on **plans'** section for more information.

Extra **benefit** exclusions also apply to the Personal accident add-on **plan**. See the 'Extra **benefit** conditions and **benefit** exclusions for add-on **plans'** section for more information.

BE1 (This **benefit** exclusion applies if **your** underwriting terms are **moratorium** or **CPME previously moratorium**, as shown on **your** Certificate of insurance. See **benefit** exclusion BE2 if **your** underwriting terms are **FMU** or **CPME**

**previously FMU**, as **benefit** exclusion BE1 does not apply to these underwriting terms. **Benefit** exclusions BE1 and BE2 do not apply if **your** underwriting terms are **MHD**.)

A **medical condition** or **related medical condition** that is **pre-existing** within the 24-month period before the **date of joining** or the date shown on the special terms section of your Certificate of insurance.

**Pre-existing medical conditions** or **related medical conditions** may be covered after **you** have had 24 months' continuous cover under the **plan** and within that time **you** have not:

- experienced symptoms;
- asked for advice; or
- needed or received **treatment**, medication, or a special diet.

If **you** have;

- experienced symptoms;
- asked for advice; or
- needed or received **treatment**, medication, or a special diet.

then **you** will have to wait until **you** have completed a continuous 24-month period when none of these apply to **you**. **Pre-existing medical conditions** or **related medical conditions** may then be covered. This is the rolling part of the **moratorium**.

BE2 (This **benefit** exclusion applies if **your** underwriting terms are **FMU** or **CPME previously FMU**, as shown on **your** Certificate of insurance. See **benefit** exclusion BE1 if **your** underwriting terms are **moratorium** or **CPME previously moratorium**, as **benefit** exclusion BE2 does not apply to these underwriting terms. **Benefit** exclusions BE1 and BE2 do not apply if your underwriting terms are **MHD**.)

A **medical condition** or symptom that **you** were aware of before **your** start date unless **we** were given all the information **we** asked for in the application and **we** have not specifically excluded the **medical condition** or symptom as shown on **your** Certificate of insurance.

BE3 Costs that exceed a limit shown on **your** Table of **benefits**.

BE4 A **benefit** not included on **your plan**.

BE5 A **benefit** not included on **your plan** at the time the costs are incurred, even if the **benefit** was included in any previous **plan year**.

BE6 A **benefit** included on **your plan**, if **you** have not completed the period shown on your Table of **benefits**.

BE7 Pregnancy, childbirth or postnatal costs, whether complicated or not.

BE8 Any journey made specifically for the purpose of receiving medical **treatment**, unless **you** have requested **pre-authorisation** and **we** have given **our** approval.

BE9 Non-**emergency** transportation.

BE10 Burial, cremation, or the costs of moving **your** body or mortal remains, if **you** die in **your home country**.

BE11 Any journey, activity, action or pursuit carried out against the advice of a **medical practitioner**, **specialist**/ **nurse** or **therapist**.

BE12 **Treatment** given, or referrals made by, a **medical practitioner, specialist, nurse** or **therapist** who is in any way related to **you**, and self-prescribed **treatment** or self-referral if **you** are a **medical practitioner**, **specialist** or **therapist**.

BE13 Alcohol, drug or any other intoxicating substance **abuse**, any addictive condition of any kind and any **medical condition** arising directly or indirectly from any such **abuse** or addictive condition.

BE14 **You** being under the influence of alcohol, drugs or any other intoxicating substance.

BE15 Male to female or female to male gender reassignment.

BE16 Tests or **treatment** for, or because of, sexually transmitted infections.

BE17 Experimental or unproven **treatment**, unless **you** have requested **pre-authorisation** and **we** have given **our** approval.

BE18 Bone marrow transplants, the costs of finding and obtaining an organ, costs as a result of removing an organ from a donor, any costs related to the transplant of an organ that is not obtained in accordance with the World Health Organisation's guidelines, costs of removing an organ from **you** to transplant it into another person, and any resulting complications.

BE19 Cryopreservation, implantation or re-implantation of living cells or living tissue, whether taken from **your** own body or provided by a donor. Costs of removing living cells or living tissue from **you** to implant or re-implant into another person, and any resulting complications.

BE20 Foetal **treatment**.

BE21 Terminating a pregnancy.

BE22 Congenital abnormalities or birth defects.

BE23 Suicide, attempted suicide or any deliberate, self-inflicted **medical condition**.

BE24 Putting yourself in needless danger, except in an attempt to save human life.

BE25 Any **medical condition** suffered by military, naval or air force personnel engaging in any military, naval or air force operation or exercise.

BE26 Any **medical condition you** suffer as a result of taking part in, or engaging in, any one or more of the following:

- an illegal or criminal act;
- military activity, war, riot, revolution, strike, lock-out or civil commotion;
- terrorism, usurped power; or
- any similar event.

BE27 Contamination from biological, chemical or nuclear materials, including waste products from the combustion of nuclear fuel. Any biological, chemical or nuclear weapon of mass destruction, whether or not as the result of an explosion.

BE28 **Treatment** received and costs incurred outside your **Area of cover**.

BE29 **You** using a weapon or firearm for any purpose, or engaging in any professional sports when **you** receive payment for that sport as the main source of **your** income.

BE30 Sleep apnoea, sleep-related breathing disorders, snoring or insomnia.

BE31 Developmental disorders of the brain, learning disorders, learning difficulties, speech problems and voice problems.

BE32 The costs of:

- cosmetic, reconstructive or remedial **treatment**; or
- replacing any implant;

including any related complications, whether or not the **treatment**, replacement or complications are for psychological reasons.

**We** will pay these costs if an in-patient or daycare surgical operation is needed as the result of an eligible **medical condition** that first occurred after your **date of joining**.

BE33 Removing fat from any part of the body, breast reduction or breast enlargement.

BE34 **Treatment** in a quarantine, isolation ward or unit, nursing home, hydro spa, spa, health farm or similar facility.

BE35 Charges incurred for overdue payment of invoices.

BE36 Myopia, hypermetropia, astigmatism, natural or non-medical degenerative sight or hearing disorders, aids to help with **your** sight or hearing, contact lens solutions, eye drops, sunglasses or prescription sunglasses. Preventative services and examinations for sight or hearing.

BE37 **Treatment** needed as a result of tattooing or piercing any part of the body.

BE38 Costs of:

- precious crowns;
- **dental** implants;
- removable bridges;
- dentures; or
- false teeth,

**preventative dental services**, including but not limited to:

- sealants;
- fluoride **treatment**; or
- scraping, cleaning and polishing, or

BE39 Orthodontic **treatment** to affect the structure, function, development or appearance of the teeth, upper or lower jaw or the oral cavity.

BE40 Compulsive or addictive eating disorders or homesickness.

BE41 Obesity, special diet or weight control.

BE42 Costs of:

- vitamin, mineral or organic supplements;
- children's food or baby supplies; or
- products that can be obtained without a prescription, including, but not limited to, mouthwash, toothpaste, antiseptic lozenges or sprays, shampoo and sunscreen.

BE43 Supplying, fitting or maintaining any external prostheses, appliance or device. The cost of renting or, buying wheelchairs or other equipment, medical or otherwise. **We** will pay for a spinal support, knee brace or air cast boot if it is part of a surgical operation or part of the **treatment** of an eligible **medical condition**. **We** will also pay for crutches if medically necessary for the **treatment** of an eligible **medical condition**.

BE44 Costs of:

- completing **Claim** forms; or
- completing or obtaining any other documents.

If **you** receive **treatment** outside Thailand, **we** will not pay any registration fees or service administration fees, including concierge and interpreter services.

BE45 Any consequential loss. including but not limited to:

- loss of earnings while unable to work due to illness or injury
- additional childcare costs incurred while **you** are admitted to **hospital**
- additional local travel costs incurred due to illness or injury
- parking fees at the **hospital** or clinic

BE46 Costs incurred before **your start date** or after **your end date**.

BE47 Any costs relating to **in-patient**, **daycare** or **out-patient treatment** in a **hospital**:

- received at the time of **your start date**; or
- that **you** were aware of at **your start date**;

whether the **treatment** was planned or not, unless **you** have told **us** about it and **we** have accepted it.

BE48 Drugs or dressings that:

- are not recognised by the pharmaceutical regulator in the country where **treatment** is provided;
- are available without prescription; or
- are prescribed for a **medical condition** that is different to the one that **you** are claiming for.

BE49 Costs as a result of proven medical negligence or malpractice.

BE50 Any deductible that applies to your **plan**.

BE51 Costs of:

- contraception or sterilisation;
- **treatment** for sexual problems, including impotence, whatever the cause;
- fertility or infertility tests or **treatment**;
- assisted reproduction; or
- surrogacy.

BE52 Any **treatment** needed for a newborn child if the pregnancy was the result of assisted conception.

BE53 Invoices, **Claim** forms, medical reports or any other documents that have been altered or amended.

BE54 Travelling in, or on, a motorised vehicle as a driver or passenger:

- if the driver does not have a valid licence as required by local law; or
- **you** are not wearing the necessary safety equipment.

BE55 Antenatal 3D or 4D ultrasound scans.

BE56 Health education programmes or services including, but not limited to, family planning, antenatal classes and parenting classes.

BE57 **Treatment** of birthmarks.

## Benefit conditions for the Personal accident add-on plan

**Claims** will only be paid under the **plan** if **you** meet **benefit** condition BC13 in the '**Benefit** conditions' section and the extra **benefit** conditions listed below.

**BCPA1 We** provide cover for managerial, clerical and administrative occupations only. If **you** engage in any manual or dangerous occupation or **hazardous pursuit** which puts you at greater risk of a **bodily injury** caused by an **accident**, the **planholder** must tell **us**. **We** will tell the **planholder** if we agree to cover **you** and let them know any extra premium that applies.

**BCPA2** No amount above the maximum accumulation limit shown on the Table of **benefits** will be paid for **claims** arising from any one event in any one location or **vehicle**, if they are made by multiple **members** on the same Personal accident add-on **plan**. If the total value of claims exceeds the maximum accumulation limit, the amount paid for each claim will be reduced proportionately to the amount each **member** is due, up to the maximum accumulation limit.

**BCPA3 You** will not be paid more than the overall maximum limit for each unit shown in the Table of **benefits** for any one or more **accidents**.

**BCPA4** If **you** suffer one or more permanent total or permanent disablements within 12 months of an **accident**, **you** will only be paid up to the **benefit** limits shown on your Table of **benefits** that applied in the **plan year** when **you** had the **accident**. **You** will not be paid any more than the overall limit shown on **your** Table of **benefits**.

**BCPA5** If **you** die within 12 months of an **accident**, payment will only be made up to the **benefit** limit shown on your Table of **benefits** that applied in the **plan year** when **you** had the **accident**, in line with the instructions received from **your** personal representative. If **you** die before any **disablement benefit** is paid, only the accidental death **benefit** will be paid.

If any disablement **benefit** has already been paid under this **plan** for any **accident** that happened in the same **plan year**, the accidental death **benefit** amount paid will be reduced by the value of any **claims** already paid.

No payment will be made for any more than the overall limit shown on your Table of **benefits**.

**BCPA6 We** must be told as soon as possible about any **accident** that causes or may cause a **claim**.

**BCPA7** Cover is not provided for sickness or disease.

**BCPA8 You** must make all medical records, notes and correspondence **we** need available to **us**, and any medical advisor **we** have appointed.

**BCPA9** For any **claim** to be considered for loss of sight of both eyes, **you** must be diagnosed as blind on the authority of a fully qualified ophthalmic **specialist**.

**BCPA10** For any **claim** to be considered for loss of sight of one eye, the degree of sight after correction must be 3/60 or less on the Snellen Scale, seeing at 3 feet what **you** should see at 60 feet, or an equivalent scale.

**BCPA11** If **you** have an existing **medical condition** and suffer a **bodily injury** because of an **accident**, **we** will ask an independent **specialist** to assess if **your** existing **medical condition** has contributed to your disability after the accident, or if **your** disability after the **accident** has made **your** existing **medical condition** worse. **We** will decide the difference between **your** existing **medical condition** and the disability suffered after the **accident** and pay any **claim** based on this difference. This will be expressed as a percentage and applied to the appropriate **benefit**.

An example of this is:

**You** are partially deaf in **your** right ear. **You** have an **accident** that causes total permanent loss of hearing in **your** right ear.

**We** will ask an independent ENT **specialist** to assess the difference between the level of deafness you had before and after the **accident**. If the independent ENT **specialist** advises that the deafness in **your** right ear before the **accident** was at 25%, **you** will be paid 75% of **your benefit** limit for total deafness of one ear.

## Benefit exclusions for the Personal accident add-on plan

The Personal accident add-on **plan** does not cover **claims** for, arising from or connected with the **benefit** exclusions, BE3 to BE4, BE11 to BE14, BE23 to BE27, BE29, BE43, BE44, BE47, BE52 and BE53 listed in the '**Benefit** exclusions' section and the extra **benefit** exclusions listed below.

**BEPA1** Aviation other than as a fare-paying passenger in a fully-certified passenger carrying aircraft, flown in the course of licensed operation for transporting passengers by licensed crew.

**BEPA2** Engaging in manual or dangerous occupations or **hazardous pursuits**.

**BEPA3** Any **accident** that happens before **your start date** or after **your end date**.