

**Managed By:** Halligan Insurance  
 William Norton House, 575  
 North Circular Road,  
 Dublin 1. Ireland

**Underwritten By:** AmTrust Europe Limited  
 Registered in England 1229676  
 at Market Square House,  
 St James's Street,  
 Nottingham, NG1 6FG

This insurance is a legal contract. Please read it carefully to ensure that it is in accordance with **Your** requirements and that **You** understand its terms and conditions. **Your** attention is particularly drawn to the Events That Are Not Covered on page 2 and the Conditions on page 3 of this policy wording.

### Introduction

Any proposal made by **You** containing particulars and statements made to the best of **Your** knowledge and belief which, together with any other information which may have been supplied, shall form the basis of this insurance and are considered to be incorporated herein. In consideration of **You** having agreed to pay the premium, the **Insurer** agrees to provide the insurance described in this policy to **You**, subject to the terms, conditions, exclusions and limitations of this insurance.

## Non-EEA Student Medical & Personal Accident Insurance Evidence of Cover

**Master Policy Number:** L14AEL0184

**Cover Number:**

### Insured Details

|   |  |
|---|--|
| <b>First Name:</b><br><b>Last Name:</b><br><b>Date of Birth:</b><br><b>Nationality:</b><br><b>Email:</b><br><b>Educational Institute:</b> | <b>Address Line 1:</b><br><b>Address Line 2:</b><br><b>Town / City:</b><br><b>State / County:</b><br><b>Country:</b><br><b>Postcode / Zip:</b> |
|---|--|

### Cover Details

|   |  |
|---|--|
| <b>Cover Start Date:</b><br><b>Period of Cover:</b> | <b>Insurance Premium:</b><br><b>Administration:</b><br><b>Total Payable:</b> |
|---|--|

### Schedule of Benefits

|            |   |   |
|------------|---|---|
| Section A) | Medical and Repatriation Expenses   | €2,500,000  |
| Section B) | Death and Permanent Disability  |   |
|            | Accidental death  | €10,000   |
|            | Accidental loss of one or more limbs  | €10,000   |
|            | Accidental loss in one or both eyes   | €10,000   |
|            | Burns 50% or more of body surface   | €10,000   |
|            | Burns 25% to 49% of body surface  | €5,000  |
|            | Burns 15% to 24% of body surface  | €2,500  |
|            | Paraplegia, Hemiplegia and Quadriplegia   | €15,000   |
|            | The maximum benefit payable under Section B) in respect of all Benefits to You shall not exceed | €15,000   |
| Section C) | Hospitalisation Benefits  | €50 a day up to a maximum of €5,000 per continuous stay |
| Section D) | European Extension  | as above  |

## Eligibility

To be eligible for this insurance **You** must meet the following criteria:

- Be domiciled in a **Non-EEA Country**
- Be aged under 60
- Have been accepted to study on a course in a Republic of Ireland college of up to one academic year
- Not be **Ordinarily Resident** in the Republic of Ireland.

## Events that are covered

The **Insurer** shall pay to **You** or **Your** nominated beneficiary or next of kin following an **Accident** or **Illness** occurring within the **Territorial Limits** and within the **Policy Period**

### Section A - Medical and Repatriation Expenses

Subject to the prior approval of the **Claims Helpline Provider**

(i) an amount up to the limit specified in the Schedule of Benefits above to make a cash payment to **You** and/or the **Hospital** for the cost of reasonable **Hospital Services**, incurred by **You**, relating to in-patient and out-patient treatment. Out-patient expenses shall only be covered following an injury or **Illness** which necessitated admission to a **Public Hospital**. **You** are liable for the first €100 of each and every claim in respect of medical expenses.

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

### Section B - Death and Permanent Disablement

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

### Section C - Hospitalisation Benefit

An amount, as specified in the Schedule of Benefits, for each day or part thereof in respect of days in a **Public Hospital** in excess of three days, following **Admission to Hospital** resulting from a covered **Accident** or **Illness**.

### Section D - European Extension

The benefits under this policy are extended to EU countries during a maximum of 7 continuous days holiday up to a maximum of 2 periods per policy year.

## Events that are not covered

The following treatment, conditions, activities, items and their related expenses are excluded from the insurance and the **Insurer** shall not be liable for:-

1. The first 100 € of each and every claim in respect of medical expenses.

2. Treatment by a family member.

3. Auto therapy including prescription drugs or any treatment that is not scientifically recognised.

4. Diagnosis or counselling directly or indirectly arising out of, or consequent upon, or contributed to, by AIDS/HIV/ARC or venereal disease.

5. Attempts at suicide, whether successful or not, or any self-inflicted injury.

6. Persons over 60 years of age.

7. Any **pre-existing medical condition**.

8. Routine medical examinations (including vaccinations, the issue of medical certificates and attestations, and examinations as to suitability for travel or employment) and routine eye, ear and dental examinations, including the cost of spectacles, contact lenses and hearing aids.

9. Any criminal act, including resultant imprisonment.

10. Elective cosmetic or aesthetic surgery and associated costs.

11. Costs incurred or benefits payable arising out of pregnancy, childbirth, miscarriage and abortion or related complications.

12. Birth defects or **Congenital Illnesses**.

13. Costs for acquisition and implantation of artificial heart and mono or bi-ventricular devices.

14. Any dental treatment except as a result of an **Accident** to sound and natural teeth. This shall continue to exclude however, damage to crowns and bridges.

15. Treatment for any condition caused or aggravated by any psychiatric **Illness** or any mental or nervous disorder.

16. **Outpatient services** other than those specified in Events That Are Covered, Section (A) Medical and Repatriation Expenses, paragraph (i).

17. Prostheses, corrective devices and medical appliances, which are not surgically required.

18. Transplantation of organs.

19. Expenses incurred in cryopreservation or implantation or re-implantation of living cells whether autologous or provided by a donor.

20. Expenses incurred for any condition where **You** were under the influence of alcohol or drugs unless prescribed by a **Physician**.

21. Treatment which is experimental, or is not established or customary, excessive or medically inappropriate for the medical condition concerned.

22. Any occupation, sport, pastime or activity in which materially greater risk may be incurred. Hazardous Activities shall be deemed to be, but not limited to, winter sports, skin

diving involving the aid of breathing apparatus, rock climbing or mountaineering normally involving the use of ropes or guides, potholing, hang gliding, parachuting, hunting on horseback, or driving or riding in any kind of race, manual work, aeronautics or aviation other than as a fare paying passenger in a duly licensed passenger carrying aircraft and driving or riding on motor cycles or motor scooters other than mopeds unless **You** are properly licensed to do so within the **Territorial Limits**.

**23.** Any expenses arising out of war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, terrorism, insurrection or military power or usurped power.

**24.** Radioactive contamination.

**25.** Costs in respect of treatment which can reasonably wait until **You** have returned to **Your Home Country**.

**26.** Any costs incurred after the date on which it is determined that **You** are fit to travel home to **Your Home Country** (repatriation) but **You** decide not to be repatriated.

**27.** Costs for which no receipts are provided.

**28.** Physiotherapy, homeopathy, osteopathy or chiropractic treatment unless post injury. Any such treatment that is insured is limited to a maximum of 5 sessions and must be carried out by an appropriately qualified practitioner. A further 5 sessions may be allowable by the **Insurer** at their discretion, provided such additional sessions are deemed necessary by another appropriately qualified practitioner.

**29.** Costs of medical treatment incurred outside the **Territorial Limits**.

## Conditions

**1.** If necessary, **You** must supply at **Your** own expense, all information and evidence including medical certificates required by the **Insurer**. The **Insurer** reserves the right to require **You** to undergo an independent medical examination at the expense of the **Insurer**.

**2.** If **You** should become ill or injured the **Insurer** has the right to return **You** to **Your Home Country** at any time during the **Period of Insurance**. The **Insurer** will do this if the **Physician** treating **You** and the designated **Claims Helpline Provider's** physician agree that **You** can safely return home.

**3.** Any fraud, mis-statement or concealment in the statements made by **You** when arranging this insurance or when making a claim shall render all cover null and void and any claim payments shall be forfeited.

**4.** The appropriate Stamp Duty has been or will be paid in accordance with the provisions of Section 113 of The Finance Act 1990. All monies which become payable by us under this Policy shall in accordance with Section 93 of the Insurance Act 1936 be payable and paid in the Republic of Ireland.

## Making a Claim: What You should do?

To make a claim **You** should notify the **Claims Helpline Provider** on **+44 203 538 0492** or by email to [travelclaims@global-response.co.uk](mailto:travelclaims@global-response.co.uk) as soon as is practicable of any event covered by this policy. They will explain the claims procedure and send any appropriate forms for completion.

In the event of a medical emergency **You** should contact the designated **Claims Helpline Provider** on **+44 203 538 0492** immediately should any serious **Accident** or **Illness** within the **Territorial Limits** require **Hospital Services** or before any arrangements are made for repatriation. They are available 24 hours a day and will try to solve the problem in the most practical way to minimise the inconvenience. When contacting the **Claims Helpline Provider**, the following information is required: **Your** Policy Number and Cover Number, both of these are displayed on page 1 of this document.

## Claims notification period

Please note that all claims must be notified to the **Claims Helpline Provider** on **+44 203 538 0492** or by email to [travelclaims@global-response.co.uk](mailto:travelclaims@global-response.co.uk) as soon as is practicable. Please refer to the Policy Conditions section of this document and familiarise yourself with **Your** obligations as failure to comply could result in **Your** claim being refused.

**IMPORTANT: Failure to consult the designated Claims Helpline Provider and follow their instructions could jeopardise entitlement to benefit or compensation.**

## Charges

The total amount paid includes up to € 45.00 in respect of administration services.

The Insurance premium of € 65.00 in respect of the benefits covered, is inclusive of a 5% Government Levy.

## Cancellation

### Your right to change your mind

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

### Cancellation after the withdrawal period

If **You** wish to cancel **Your** insurance after the initial period **You** can do so by notifying Halligan Insurances in writing. Provided that no incident giving rise to a claim has occurred in the current **Policy Period**, **You** will be entitled to a proportionate return of the premium for the unexpired period of insurance. If **You** cancel during the first year of insurance (outside the Cooling-off period) an administration fee of €25 will apply.

## Privacy and data protection notice

### Data protection

AmTrust Europe Limited (the Data Controller) is committed to protecting and respecting **Your** privacy in accordance with the current Data Protection Legislation ("Legislation"). Below is a summary of the main ways in which we process **Your** personal data, for more information please visit our website at [www.amtrustinternational.com](http://www.amtrustinternational.com).

### How we use Your personal data and who we share it with

We may use the personal data we hold about **You** for the purposes of providing insurance, handling claims and any other related purposes (this may include underwriting decisions made via automated means), for offering renewal terms, research or statistical purposes and to provide **You** with information, products or services that **You** request from us or which we feel may interest **You**. We will also use **Your** data to safeguard against fraud and money laundering and to meet our general legal or regulatory obligations.

### Sensitive personal data

Some of the personal information, such as information relating to health or criminal convictions, may be required by us for the specific purposes of underwriting or as part of the claims handling process. The provision of such data is conditional for us to be able to provide insurance or manage a claim. Such data will only be used for the specific purposes set out in our notice.

### Disclosure of Your personal data

We may disclose **Your** personal data to third parties involved in providing products or services to us, or to service providers who perform services on our behalf. These include our group companies, affinity partners, brokers, agents, third party administrators, reinsurers, other insurance intermediaries, insurance reference bureaus, credit agencies, medical service providers, fraud detection agencies, loss adjusters, external law firms, external auditors and accountants, regulatory authorities, and as may be required by law.

### International transfers of data

We may transfer **Your** personal data to destinations outside the European Economic Area ("EEA"). Where we transfer **Your** personal data outside of the EEA, we will ensure that it is treated securely and in accordance with the Legislation.

### Your rights

You have the right to ask us not to process **Your** data for marketing purposes, to see a copy of the personal information we hold about **You**, to have **Your** data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to ask us to provide a copy of **Your** data to any controller and to lodge a complaint with the local data protection authority.

### Retention

**Your** data will not be retained for longer than is necessary, and will be managed in accordance with our data retention policy. In most cases the retention period will be for a period of seven (7) years following the expiry of the insurance contract, or our business relationship with **You**, unless we are required to retain the data for a longer period due to business, legal or regulatory requirements.

If **You** have any questions concerning our use of **Your** personal data, please contact The Data Protection Officer, AmTrust International - please visit [www.amtrustinternational.com](http://www.amtrustinternational.com) for full address details.

## Governing Law

The laws of Ireland will apply to **Your** policy and the Irish courts will have jurisdiction to hear any disputes regarding **Your** policy, unless otherwise stated on **Your** proposal form or in **Your** policy terms and conditions.

## Definitions

For the purposes of this policy, the following definitions apply. To help **You** identify these words in the Policy we have printed them in bold throughout.

**Accident/Accidental:** is a sudden, unexpected or unforeseen event caused by external violent and visible means resulting in **Bodily Injury**.

**Admission to Hospital:** is where **You** are formally admitted to a **Public Hospital** through the signing of an admission sheet by an appropriately qualified medical officer or appropriately qualified casualty officer of the **Public Hospital**.

**Bodily Injury:** is an identifiable physical injury which is caused by an **Accident** and solely and independently of any other cause occasions **Your** death or disablement within twelve months of the date of the **Accident**.

**Burns:** is full-thickness **Burns** where the epidermis and dermis are destroyed.

**Claims Helpline Provider:** Global Response on telephone number +44 203 538 0492, email: [travelclaims@global-response.co.uk](mailto:travelclaims@global-response.co.uk)

**Congenital illness:** is a defect, malformation, disease or injury that arises or has been developed within the maternal uterus or has a genetic origin. It can be evidenced immediately after birth or can be discovered at any time later in life.

**Dental Treatment following an Accident:** is emergency treatment necessary to restore or replace sound natural teeth lost or damaged in an **Accident** and for which a consultation is

provided within 48 hours and dental treatment for the immediate relief of pain following an **Accident**.

**Hemiplegia:** is the permanent and total paralysis of one side of the body.

**Home country:** is the country where **You** are domiciled, for the purposes of this insurance this must be a **non-EEA Country**.

**Hospital Services:** is all medical treatment, excluding **Organ Transplantation**. **Hospital Services** include reasonable and customary charges, in the area where treatment is provided, for hospital accommodation up to the cost of a single-bedded room, meal charges, all hospital medical facilities, and all medical treatment and medical services ordered by a **Physician**. Where intensive care unit accommodation as well as radiotherapy, chemotherapy and computerised tomography is medically required the reasonable and customary charges will also be met.

**Illness:** is a sickness or disease which first manifests itself during the **Policy Period** and whilst **You** are in the Republic of Ireland.

**Insurer:** AmTrust Europe Limited.

**Loss of Limb:** is (a) the loss by permanent physical separation of a hand at or above the wrist or of a foot at or above the ankle, or (b) the total or irrecoverable loss of use of hand, arm or leg.

**Loss of Sight:** is the permanent and irrecoverable **Loss of Sight**:

1. in both eyes if **Your** name is added to the Register of Blind Persons
2. in one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale (which means seeing at 3 feet what **You** should see at 60 feet).

**Non-EEA Country:** is any country that does not form part of the European Economic Area (EEA).

**Ordinarily Resident:** means a person who has the intention of remaining in Ireland for more than one year.

**Organ Transplantation:** is the cost of transplantation of organs.

**Outpatient Services:** is all medical treatment provided to **You** when **You** are not a registered inpatient in a **Public Hospital**, or any other facility for medical care and is restricted to post-operative care or care following a covered medical emergency.

**Paraplegia:** is the permanent and total paralysis of the two lower limbs.

**Physician:** is a legally licensed medical practitioner recognised by the law of the country within the **Territorial Limits** who, in rendering such treatment, is practising within the scope of his/her licensing and training.

**Policy Period:** is the period specified in the policy schedule which will always be less than 12 months.

**Pre-existing medical condition:** is any disease or medical condition (including chronic or recurring conditions) in respect of which **You** had suffered, were aware of or sought treatment or advice for during the 24 months prior to commencement of this insurance certificate.

**Public Hospital:** is a Health Service Executive (HSE) hospital, owned and funded by the HSE, provided with the means for diagnostics and surgery and staffed by **Physicians** 24 hours a day. For the purposes of the policy nursing homes, spas, facilities dedicated to treating chronic diseases and similar institutions are not considered hospitals.

**Quadriplegia:** is the permanent and total paralysis of the two upper limbs and two lower limbs.

**Repatriation Expenses:** is the expense of **Your** preparation and transportation to **Your Home Country**. The **Claims Helpline Provider** only must make such arrangements depending on the medical circumstances.

**Territorial Limits:** The Republic of Ireland and up to a maximum of 7 continuous days holiday in any EU country up to a maximum of 2 periods per policy year.

**You/Your:** is the person stated in the policy certificate as the insured.

## Complaints

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

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

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

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

Global Response at the following email address:  
[customerservices@global-response.co.uk](mailto:customerservices@global-response.co.uk)

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

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

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

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

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

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

## AmTrust Europe Limited

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

Halligan Life & Pensions Limited t/a Halligan Insurance is regulated by the Central Bank of Ireland

THIS EVIDENCE OF COVER DOCUMENT CONFIRMS RECEIPT OF THE PREMIUM SET OUT ABOVE AND SHALL BE DEEMED TO BE A RECEIPT IN RESPECT OF THAT PAYMENT IN ACCORDANCE WITH SECTION 30 OF THE INVESTMENT INTERMEDIARY ACT 1995.