



This insurance is introduced by:

Sure Insurance Services Limited  
trading as Medical Travel Shield.

2 White Lion Court  
Cornhill  
London  
EC3V 3NP

tel: +44 (0) 207 374 4022  
email: team@sureinsurance.co.uk

Underwritten by DUAL Corporate  
Risks on behalf of certain  
underwriters at Lloyd's.

## MEDICAL TRAVEL SHIELD KeyFacts Document

For persons travelling abroad to receive dental treatment.

This document provides an overall summary of benefits and exclusions applicable to **Your Certificate of Insurance**.

For full details and definitions, please read Your **Certificate of Insurance**.

This keyfacts summary provides an overview of cover for Your Medical Travel Shield insurance. It does not include the full terms and conditions of the insurance which can be found in Your Certificate of insurance.

### Type of Insurance and Cover

Medical Travel Shield is a single **Trip** travel insurance designed specifically for people travelling abroad to receive dental treatment.

The **Certificate** covers the person travelling to receive the **Treatment** (the “**Patient**”) as well as those travelling with the **Patient** (“**Companions**”).

Cover includes protection against the cost of specified situations that may occur whilst **You** are on a **Trip**, such as cancellation and curtailment, emergency medical treatment abroad, personal accident and loss of baggage and/ or travel documents. Cover is also provided for the **Patient** for a further **Trip** back to the same hospital or clinic within 12 months for corrective treatment if it is assessed as being medically necessary where the original **Treatment** was unsuccessful.

Please note that the **Certificate** does not cover any medical and/ or legal costs relating to the actual planned **Treatment** being undertaken or which relates to any underlying condition which makes the **Treatment** necessary.

### Eligibility and Trip conditions

<b>Trip duration</b>	<b>Your Trip</b> must have an original intended duration of no more than 31 days.
<b>Age limits</b>	If <b>You</b> are the <b>Patient</b> <b>You</b> must be aged 18 or over at the date of booking, or the commencement, of the <b>Trip</b> but under age 66 at the end of the <b>Trip</b> . If <b>You</b> are a <b>Companion</b> <b>You</b> must be under age 66 at the end of the <b>Trip</b> . Minors and <b>Dependant Children</b> must be accompanied by an adult.
<b>Residency</b>	At the date of booking, or the commencement, of the <b>Trip</b> <b>You</b> must be a permanent <b>UK</b> resident.
<b>Reason for travel</b>	If <b>You</b> are the <b>Patient</b> <b>You</b> must not travel to receive any medical treatment other than <b>Your</b> planned <b>Treatment</b> . <b>Your</b> planned <b>Treatment</b> must be carried out at a hospital/ clinic or dental surgery that is properly regulated in the country in which it is situated and by health professionals who are properly registered in the country in which they practice. If <b>You</b> are a <b>Companion</b> , <b>You</b> must not travel to obtain any medical treatment.
<b>Geographical Area</b>	Cover applies for either <b>Europe</b> or <b>Worldwide</b> .
<b>Health</b>	<b>You</b> must not book a <b>Trip</b> or travel against medical advice or after a terminal prognosis has been made.

## **Important Information about cover for Existing Medical Conditions**

This **Certificate** does not cover pre-existing conditions other than any existing condition directly related to the **Treatment** being sought and for which the **Trip** is booked.

### **What is a pre-existing medical condition?**

A pre-existing medical condition means any condition, injury, illness, disease or related condition and/or associated symptoms for which:

- a) an **Insured Person** was undergoing or awaiting any diagnostic tests, test results, or medical investigations when **You** applied for this **Certificate**, or
- b) a diagnosis had not been made when **You** applied for this **Certificate**, or
- c) an **Insured Person** had been prescribed medication, undergone surgery or any procedure, or received therapy or rehabilitation in the two year period before **You** applied for this **Certificate**, or
- d) an **Insured Person** was required to have regular check-ups by a doctor or nurse when **You** applied for cover under this **Certificate**.

**Please be assured that any diagnosis or tests, medical care and advice directly in relation to the condition for which You are travelling abroad to receive Treatment will not be considered as a pre-existing condition.**

### **Duration of insurance**

- Provided **You** are eligible, the period **You** are covered for is as shown on **Your** insurance **Schedule**.
- Cancellation cover starts on the date of issue shown on **Your** insurance **Schedule**. All other cover begins when **You** leave home to go on **Your Trip** and lasts until **You** return home, as long as that is within the **Period of Insurance** you have paid for.
- Cover under Section 5.8 in respect of **Money** and travellers cheques applies from the time of collection from **Your** bank or travel agent or from the date three (3) days before a **Trip**, whichever is the later and up to three (3) days after completion of a **Trip**, or time of conversion or encashment, whichever is the earlier.

### **Law Applicable**

This Certificate is subject to the Laws in England and Wales. Any dispute relating to this Certificate will be subject to the jurisdiction of the courts of England and Wales.

## Significant Features and Benefits

The table of benefits below shows the significant features and benefits which are explained in detail in **Your Certificate** wording. Some sections of the **Certificate** carry an excess which is the amount the **Insured Person** has to contribute towards the cost of the claim.

Cover for both <u>Patients and Companions</u>		
Benefits and Services	Sum insured per person	Excess
<p><b>Medical and Additional Expenses</b> Cover for the cost of emergency medical treatment abroad following Accidental injury or illness, or extraordinary medical costs incurred following a life threatening complication during the planned Treatment. Repatriation and other necessary travel and accommodation expenses are included.</p>	GBP 2,000,000	GBP 100
<p><b>Cancellation and Curtailment</b> Cover for certain costs such as pre-paid deposits and unused pre-booked excursions, and reasonable additional travel and accommodation expenses for return to the <b>UK</b>, if <b>Your Trip</b> is cancelled or curtailed due to any of the reasons stated in the <b>Certificate</b>.</p>	GBP 5,000	GBP 100
<p><b>Journey Continuation</b> Cover for reasonable additional travel and accommodation expenses if <b>You</b> miss <b>Your</b> reserved overseas travel connection or reaching reserved accommodation.</p>	GBP 250	GBP 100
<p><b>Travel Delay</b> Cover if <b>Your</b> travel is delayed due to any of the reasons stated in the <b>Certificate</b>, such as breakdown of the mode of transport, local industrial action, civil unrest, bomb scare, severe weather conditions, natural disaster like earthquake, flood or avalanche.</p>	GBP 25 per 12 hours up to 48 hours	Nil
<p><b>Personal Liability</b> Indemnity for <b>Your</b> legal liability if <b>You</b> cause <b>Accidental</b> injury or death to third parties or damage to their property.</p>	GBP 1,000,000	GBP 250
<p><b>Personal Accident</b> Benefit payable for <b>Accidental</b> death or <b>Loss of Limb(s)/ Eye(s)</b> or <b>Permanent Total Disablement</b> following <b>Accidental</b> injury. <b>Accidental</b> death includes death during or resulting from surgical operation.</p>	GBP 20,000	Nil
<p><b>Hospital Benefit</b> Benefit payable for each complete 24 hour period <b>You</b> have to spend in hospital abroad (other than for the <b>Treatment</b> <b>You</b> have travelled to receive)</p>	GBP 50 per 24 hours to max £1,500	Nil

<p><b>Accompanied Personal Baggage, clothing or effects and Money</b> Cover for loss of, or damage to, <b>Your</b> baggage and personal possessions</p>	<p>GBP 1,000 limited to GBP 250 for Money, GBP 300 for any one article or pair or set of articles</p>	<p>GBP 100</p>
<p><b>Loss of Passport</b> Cover for reasonable expenses incurred in obtaining a replacement passport, tickets and other travel documents if the original is lost or stolen.</p>	<p>GBP 250</p>	<p>GBP 100</p>
<p><b>Travel and accommodation expenses over and above the normal recovery period</b> Cover for costs if the <b>Patient</b> has to stay at their destination longer than the normal recovery period on medical grounds.</p>	<p>GBP 50 allowance per day 75% of accommodation expenses 75% of 1 x economy single fare Overall maximum of GBP 1,500</p>	<p>Nil</p>
<p><b>Return Trip within 12 months of the original Treatment.</b> Expenses if the <b>Patient's</b> original <b>Treatment</b> is unsuccessful and it is medically necessary to return to the same hospital/ clinic within 12 months for corrective <b>Treatment</b>. Cover extends to include one <b>Companion</b>.</p>	<p>GBP 50 allowance per day 1 x economy return air fare Overall maximum of GBP 2,000</p>	<p>GBP 250</p>
<b>Cover for <u>Patients only</u></b>		
<p><b>Further medical consultation expenses</b> Cover for costs of necessary further medical consultation after the <b>Patient</b> is discharged from the hospital abroad and before returning to the <b>UK</b>.</p>	<p>GBP 500</p>	<p>GBP 100</p>

## Significant and Unusual Exclusions or Limitations

**Your Certificate** excludes some situations. Please refer to the exclusions under each section of the **Certificate** wording and the 'General exclusions' for full details.

This list summarises the significant exclusions:

- The **Certificate** excess – please see the table of benefits above and the **Certificate** wording.
- **Trips** with an intended duration of more than 31 days or if **You** are over 65 years of age. (*Section 4 – 2,3*)
- **Trips** where the purpose of travelling is to obtain medical treatment other than **Your** planned **Treatment**. (*Section 4 – 1c*)
- Any claim arising from a pre-existing medical condition. A pre-existing medical condition means any condition, injury, illness, disease or related condition and/or associated symptoms for which;
  - a) An **Insured Person** was undergoing or awaiting any diagnostic tests, test results, or medical investigations when **You** applied for cover under this **Certificate**, or
  - b) A diagnosis had not yet been made when **You** applied for cover under this **Certificate**, or
  - c) An **Insured Person** had been prescribed medication, undergone surgery or any procedure, or received therapy or rehabilitation in the two year period before **You** applied for cover under this **Certificate**, or
  - d) An **Insured Person** was required to have regular check-ups by a doctor or nurse when **You** applied for cover under this **Certificate**.

Please note that any diagnosis or tests, medical care or advice directly in relation to the condition for which the **Insured Person** is seeking **Treatment** will NOT be considered as a pre-existing condition. (*Section 4 – 6*)

- Any claim for mental illness, anxiety, depression, body dysmorphic disorder, HIV/AIDS related illness or sexually transmitted disease. (*Section 4 – 17, Section 5.1*)
- Medical treatment which could be delayed until return to the **UK**. (*Section 5.1*)
- Any claim as a result of the **Insured Person's** dissatisfaction with the results of the planned **Treatment**. (*Section 4 - 5*)
- Pregnancy and childbirth if delivery is expected during the **Trip** or within three months afterwards. (*Section 4 – 18*)
- Suicide, attempted suicide, self-injury, exposure to exceptional danger, being under the influence of alcohol or drugs. (*Section 4 – 9,10,11*)
- Claims if travelling in a country against Foreign or Commonwealth Office advice or contrary to medical advice or after a terminal prognosis has been made. (*Section 4 – 1, 14*)
- Taking part in any type of winter sports activity or any other activity specifically excluded within the policy wording, manual labour, Hazardous Pursuits, professional sports or entertaining, motor or sporting competitions, professional sport. (*Section 3.17, Section 4 - 22*)
- Operational duties as a member of the armed forces, flying, except as a passenger in a licensed aircraft. (*Section 4 – 12,16*)
- Winter sports (*Section 4 – 22*)
- Your own criminal acts, fighting, taking part in civil commotions or riots of any kind. (*Section 4 - 9*)
- Claims if the tour operator, airline or any other company becoming insolvent, or does not fulfil its obligations. (*Section 4 - 15*)
- War, terrorism or radiation risks. (*Section 4 – 19,20*)

## **Right of Cancellation**

If **Your** cover does not meet **Your** requirements, please notify **Us** within fourteen (14) days of receiving **Your Certificate of Insurance** for a refund of **Your** premium. If during the fourteen (14) day cooling-off period **You** have travelled, made a claim, or intend to make a claim then **We** are entitled to recover all costs for those services that **You** have used. Please note that **Your** cancellation rights are no longer valid after this initial fourteen (14) day period.

You can notify Us by email on: [cancellation@dualgroup.com](mailto:cancellation@dualgroup.com) or telephone on: 020 7337 9888.

Alternatively write to: Accident & Health, DUAL Corporate Risks, Bankside House, 107 Leadenhall Street, London, EC3A 4AF

## **How to Claim**

To make a claim on this insurance or for assistance services with **Your Certificate of Insurance** please contact the claim handler on +44 (0) 208 865 0784 as soon as possible or email:

[dualclaims@intana-assist.com](mailto:dualclaims@intana-assist.com) for claims; and

[dualassistance@intana-assist.com](mailto:dualassistance@intana-assist.com) for assistance.

Alternatively write to;

Dual Claims, c/o Intana, Sussex House, Perrymont Road, Haywards Heath, West Sussex, RH16 1DN

## **How to Make a Complaint**

**We** believe **You** and **Insured Persons** deserve a courteous, fair and prompt service. If there is any occasion when **Our** service does not meet **Your** expectations please contact **Us** using the appropriate contact details in the **Schedule** and provide **Your** name, the **Certificate**/claim number and the name of the **Certificate-Holder** to help **Us** deal with **Your** comments more quickly.

**We** will acknowledge the complaint within five business days of receiving it, keep **You** or the **Insured Person** informed of progress and do **Our** best to resolve matters satisfactorily.

If **You** continue to remain dissatisfied please contact **Us**, **Our** contact details are shown on the **Schedule**.

### **A complaint about Your claim**

For a complaint about a claim please contact the claim handler on +44 (0) 208 865 0784 or email:

[dualclaims@intana-assist.com](mailto:dualclaims@intana-assist.com) for claims;

Alternatively write to;

Dual Claims, c/o Intana, Sussex House, Perrymont Road, Haywards Heath, West Sussex, RH16 1DN

### **A complaint about any other matter**

If **You** have a complaint about any other aspect of **Your Certificate** contact **Us**.

You can notify Us by email on: [complaints@dualgroup.com](mailto:complaints@dualgroup.com) or telephone on: 020 7337 9888.

**Write to:** Head of Compliance, DUAL Corporate Risks Limited, Bankside House, 107 Leadenhall Street, London, EC3A 4AF

### **Unresolved complaints**

If the complaint is not resolved it can be referred to Lloyd's. The contact details are:

**Certificate-Holder & Market Assistance**, Lloyd's Market Services, One Lime Street, London, EC3M 7HA.

Tel: 020 7327 5693  
Fax 020 7327 5225  
E-mail [complaints@lloyds.com](mailto:complaints@lloyds.com)

Complaints that cannot be resolved by Lloyd's may be referred to:

### **The Financial Ombudsman Service**

Exchange Tower, London, E14 9SR.

Tel: 0800 023 4567 or 0300 123 9123

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

Further details will be provided at the appropriate stage of the complaints process. This complaints procedure does not affect **Your** legal rights.

### **Financial Services Compensation Scheme**

We have taken steps to ensure that all **Our UK** customers are eligible to apply for compensation through the Financial Services Compensation Scheme (FSCS).

In the event of a firm covered by the scheme being unable to meet its financial obligations, the FSCS will seek to transfer **Certificate-Holders** and their Benefits to another provider who can. If they are unable to do this **Certificate-Holders** may be eligible for lump sum compensation of up to a maximum of 90% of the contractual Benefits provided by their insurance. For more information about the FSCS, visit their website [www.fscs.org.uk](http://www.fscs.org.uk) or telephone 020 7741 4100.

Further Information about the scheme is available from the:

### **Financial Services Compensation Scheme**

15 St Botolph Street, London, EC3A 7QU