



OP Gold Travel Insurance Terms and Conditions

Inter Partner Assistance SA

1 July 2024

Contents

1 Information about your insurance	2
1.1 Important information.....	2
1.2 The validity of the insurance	2
1.3 How to get help in an emergency during travel.....	3
1.4 Travel in Europe and Australia.....	3
2 Benefits.....	3
2.1 Medical expenses.....	5
2.2 Personal accident	8
2.3 If your trip is cancelled or curtailed	9
2.4 If departure is delayed.....	14
2.5 If you miss your departure or connection.....	15
2.6 Baggage and personal money	17
2.7 ATM assault when you are withdrawing cash.....	19
2.8 If your baggage is delayed.....	20
2.9 Overseas legal expenses.....	21
2.10 Personal liability abroad	23
3 Filing a loss report.....	24
4 Glossary and other information.....	28
5 General conditions.....	35
6 General exclusions.....	37
7 If you wish to submit a complaint concerning your insurance policy.....	39
7.1 Withdrawal of benefits.....	40
7.2 Processing of personal data.....	40

1 Information about your insurance

1.1 Important information

These terms and conditions summarise the benefits received by the person insured under this travel insurance when the insured holds an OP Gold credit card ("OP Gold card"). The benefits in question are paid for from the insurance policy granted to OP Retail Customers plc by Inter Partner Assistance.

This is a group policy, meaning that OP Retail Customers plc, and only OP Retail Customers plc, has direct rights regarding the insurer based on the insurance contract. This contract does not provide the insured direct rights based on the insurance contract; instead, the insured receives benefits as an OP Gold cardholder based on the contract. Compliance with the contract's terms and conditions is a prerequisite for any benefit paid from the travel insurance. This insurance policy is governed by Finnish law.

This document is a guide for the insured and a contract with the insurer. It includes information about the compensations, terms and conditions, and any exceptions related to the insurance benefits of an OP Gold cardholder. All claim applications are resolved in accordance with these terms and conditions.

1.2 The validity of the insurance

The benefits summarised in this document depend on whether the insured holds a valid OP Gold card at the time of the event that results in a claim application. OP Retail Customers plc informs the insured of any material changes to these terms and conditions, or if the insurance policy based on which any benefits paid pursuant to this contract is cancelled or terminates.

The insured is a private person residing in Finland and aged under 91, and a cardholder of the aforementioned OP Gold card.

The insurance is valid for travel abroad when 50% of the trip's expenses have been paid for with an OP Gold card's credit feature. The trip's expenses include accommodation and travel to the destination by airplane, bus, train or rental car.

The insurance is valid for a trip in Finland when at least two nights' accommodation subject to a charge or travel to the destination (by aeroplane, bus, train or rental car) has been reserved in advance and paid for with an OP Gold card's credit feature.

The maximum age limit for all benefits is 90 years. If you turn 91 during the insurance period, the insurance cover continues until the end of the trip. The maximum age limit for any children falling under the scope of the insurance cover is 24 years when the trip begins.

Detailed restrictions related to trips

1. The maximum duration of the trip is 45 consecutive days. Please note that if the trip's duration exceeds the maximum duration, the benefits do not apply to any part of the trip.
2. Trips must begin from and end in the country of residence. The insurance cover extends to trips made solely within the country of residence only in the event that:
 - the travel expenses have been paid for with an OP Gold card's credit feature.
 - the insured has reserved at least two nights' accommodation subject to a charge in advance, OR

- the insured has booked transport subject to a charge in advance and travels to a destination more than 50 kilometres from their home, workplace, place of study or a holiday home in their permanent use.
- The insurance cover does not extend to medical treatment expenses, legal aid abroad, liability loss/damage abroad or compensation pertaining to a robbery at an ATM in connection with a cash withdrawal in the country of residence.

1.3 How to get help in an emergency during travel

If something happens, or you fall ill, call – or instruct the facility administering the care to call – the Travel Emergency Service number +358 9 4245 6233. Help and advice are available to you around the clock. Also contact the Travel Emergency Service if your trip needs to be interrupted.

1.4 Travel in Europe and Australia

Before travel to a member state of the European Union (EU), within the European Economic Area (EEA) or to Switzerland, it is advisable to apply for a European Health Insurance Card. The card makes you eligible to receive some treatments free of charge or for a discounted price in the EU, EEA or Switzerland.

In Australia, the insured must register at a Medicare office when about to receive treatment. If the insured receives treatment prior to such registration, the Medicare benefits can be granted retroactively, provided that the insured is entitled to them. The entitlement requires the insured to be a citizen of the Netherlands, Belgium, Ireland, Italy, Malta, Norway, Sweden, Slovenia, Finland, New Zealand or the United Kingdom, and the insured must present their passport and the appropriate visa. If the insured fails to register at a Medicare office, the insurer may reject the claim application or reduce the sum to be paid. If the insured needs treatment that cannot be provided by Medicare, the insured must contact the insurer before seeking private treatment. If this is not done, the insurer may reject the claim application or reduce the sum to be paid.

For more information, contact: Health Insurance Commission, PO Box 1001, Tuggeranong, ACT 2901, Australia.

Medical expenses	Sum insured	Deductible
Medical expenses, maximum for all insured persons travelling together	EUR 20,000,000	None
Burial expenses/person	EUR 3,000	
Expenses for acute dental care/person	EUR 500	
Expenses for dental care resulting from an accident/person	EUR 1,000	
Personal accident		
Permanent total disability or death caused by an accident, maximum	EUR 40,000	None
Permanent total disability or death, aged under 25	EUR 4,000	
Cancellation or curtailment		
Cancellation, maximum per insured person	EUR 1,500	EUR 25
Cancellation, maximum for all insured persons travelling together	EUR 6,000	EUR 25
Curtailment, maximum for all insured persons travelling together	EUR 10,000	EUR 75

Delayed departure	Sum insured	Deductible
Cancellation, maximum per insured person after 4/8/24 hours	EUR 100 (max. EUR 300)	None
Maximum for all insured persons travelling together after 4/8/24 hours	EUR 400 (max. EUR 1,200)	
Missed departure/Missed connection		
Missed departure, maximum for all insured persons travelling together	EUR 1,000	EUR 75
Missed connection, maximum for all insured persons travelling together	EUR 500	EUR 50
Baggage and personal money		
Baggage, maximum per insured person	EUR 1,000	EUR 75
Baggage, maximum for all insured persons travelling together	EUR 4,000	EUR 75
Theft from safe, maximum for all insured persons travelling together	EUR 700	EUR 50
Personal money, maximum for all insured persons travelling together	EUR 400	EUR 50
Valuables, maximum for all insured persons travelling together	EUR 800	EUR 50
ATM Assault		
ATM assault in connection with cash withdrawal, maximum	EUR 500	None
Baggage delay and extended baggage delay		
Baggage delay, maximum after 2 hours for all insured persons travelling together	EUR 200	None
Baggage delay, maximum after 48 hours for all insured persons travelling together	EUR 800	
Overseas legal expenses		
Overseas legal expenses, maximum	EUR 50,000	EUR 250
Personal liability abroad		
Personal liability abroad, maximum	EUR 80,000	EUR 50

2 Benefits

2.1 Medical expenses

This is not a private health insurance policy.

If the insured falls ill, is injured or suffers from a pregnancy complication unexpectedly and requires inpatient care at a hospital or medical repatriation, or if the expenses are likely to exceed EUR 500, the insured must contact the Customer Service of OP Gold Travel Insurance (tel. 0100 0510) in advance.

If the insurer and the attending physician deem it medically justified and safe, the insurer may at any time

- transfer the insured from one hospital to another and/or
- arrange for a medical transport back to the insured's home country or transfer the insured to a more suitable hospital in the country of residence.

If the insurer's chief medical officer (physician) specifies a date on which the repatriation of the insured is feasible and practical, but the insured does not wish to be repatriated, the insurer's liability to pay any additional expenses is limited. Based on this section, the restriction applies, subsequent to the repatriation date (in question), to what the insurer would have paid if the insured had been repatriated.

What does the insurance cover?

Your travel insurance covers medical treatment expenses up to the sum indicated in the table.

Medical expenses	Sum insured	Deductible
Medical expenses, maximum for all insured persons travelling together	EUR 20,000,000	None
Burial expenses/person	EUR 3,000	
Expenses for acute dental care/person	EUR 500	
Expenses for dental care resulting from an accident	EUR 1,000	

You can apply for compensation for the following medical treatment expenses incurred abroad:

- ✓ All reasonable and necessary expenses incurred by the insured during the trip due to a medical emergency, the first symptoms of which have appeared, or the illness having begun, during the trip.
- ✓ This includes all physician's bills, hospital expenses and medical treatment, and all expenses incurred as a result of the insured having been transported to the nearest suitable hospital, when deemed necessary by an official physician.
- ✓ All reasonable and required first-aid expenses for all babies born after a pregnancy complication occurring during the trip. Multiple births are considered a single event in claim applications.
- ✓ First aid administered to teeth in the interest of immediate pain relief and/or emergency repairs of teeth or dentures only for the facilitation of eating.
- ✓ With the insurer's advance permission, additional travel expenses for the insured's medical transportation back to their home country when this is recommended by the insurer's chief medical officer, including the

expenses of a medical escort if necessary. The repatriation expenses correspond to those of the class used for the trip to the destination unless otherwise approved by the insurer.

- ✓ With advance permission given by the insurer, and if deemed medically justified by the insurer's chief medical officer,
 - ✓ all necessary and reasonable accommodation expenses (room only) and the incurred travel expenses if it is medically justified for the insured to stay at the destination after the scheduled return date, and travel expenses back to the country of residence if the insured is unable to use their original ticket.
 - ✓ all necessary and reasonable accommodation expenses (room only) and travel expenses of another person if it is medically recommended for the insured to be escorted or for a child to be escorted home to the insured's country of residence.
 - ✓ all necessary and reasonable accommodation expenses (room only) and travel expenses of a friend or next of kin for travel from the country of residence to escort insured persons aged under 18 to the home of the insured in the country of residence, provided that the insured is physically incapable of taking care of them, and they travel alone. If the insured is unable to name such a person, a capable one is selected by the insurer.
 - ✓ If the return tickets booked for a child in advance cannot be used, the insurer pays a one-way ticket in economy class to return the child home. The insurer does not pay for travel and/or accommodation expenses that have not been arranged through the insurer, or that the insurer has not approved in advance.
- ✓ If the insured dies abroad suddenly and unexpectedly due to a medical emergency, the first symptoms of which have appeared during the trip
 - ✓ cremation or burial expenses in the country in which the insured dies, or
 - ✓ the transportation expenses of the insured's body or ashes back to the country of residence.

See section 3, "Filing a loss report", for information about the documents the insured must submit.

What does the insurance not cover?

- ✗ The insurance policy does not cover situations directly or indirectly caused by medical conditions that have not begun, or the first symptoms of which have not appeared during a trip, and for which no medical treatment has been received during the trip.
- ✗ All claim applications resulting from a pregnancy-related condition, other than a pregnancy complication, that appeared for the first time after the trip. A normal pregnancy or delivery, or travel when the insured's physician has deemed the insured's pregnancy to involve a high risk of premature labour, is not an unanticipated event.
- ✗ Claim applications if the insured has unreasonably refused services concerning medical repatriation the provision and payment of which the insurer approves based on this insurance policy.
- ✗ If the insured chooses alternative medical repatriation services, the insured must inform the insurer of this beforehand in writing, and the repatriation will be carried out at the insured's own risk and expense.
- ✗ All expenses incurred by the insured outside their country of residence after the insurer's chief medi-

cal officer has informed the insured that they must return home, or after the insurer arranges for the insured to return home. (The insurer's liability to pay additional expenses in accordance with this section after the date in question is limited to what the insurer would have paid had the insured been repatriated.)

- ✗ Any treatments which are not surgical or medical procedures, and the sole purpose of which is to heal or alleviate an acute unanticipated illness or injury.
- ✗ All expenses that are not common, reasonable or conventional in the treatment of the insured's bodily injury or illness.
- ✗ All treatments or diagnostic tests planned in advance by the insured, or of which the insured has been aware in advance.
- ✗ All treatments and operations that, in the opinion of the insurer's chief medical officer, can reasonably be postponed until the insured has returned to their country of residence.
- ✗ All expenses resulting from the procurement or replacement of pharmaceuticals the need for or continuance of outside the country of residence is known at the time of departure unless they are stolen or damaged.
- ✗ Additional expenses resulting from accommodation in a single room or private lodgings.
- ✗ Treatments or services provided at a private clinic or hospital, health spa, institution or nursing home, or any rehabilitation centre whatsoever unless approved by the insurer.
- ✗ The expenses of treatment carried out for cosmetic purposes unless the insurer's chief medical officer deems the treatment in question necessary due to an accident falling under the scope of this insurance cover.
- ✗ All expenses after the insured has returned to their country of residence unless approved by the insurer earlier.
- ✗ All claim applications resulting from the insured not having obtained the recommended vaccinations, inoculations or medications prior to their trip.
- ✗ The expenses of plane tickets exceeding the price of economy class tickets for anyone other than a medical escort in a medical repatriation and any additional expenses resulting from a requested upgrading of the class of plane tickets must be paid for by the person travelling.
- ✗ The expenses of any dental care requiring the use of dentures, false teeth or precious metals the purpose of which is not immediate pain relief.
- ✗ All expenses incurred in Australia when the insured would have been entitled to register with the Medicare programme and would have had the opportunity to do so, but has not done so.
- ✗ Phone expenses, excluding calls informing the insurer of the problem, for which the insured can produce a receipt or other evidence itemising the charges and the number called.
- ✗ The expenses of any air-sea rescue.
- ✗ Sports and activities do not fall under the scope of the insurance cover if participation in them is the sole or main reason for the insured's trip (excluding golf and winter sport trips).

Travel Emergency Service

To reach the Travel Emergency Service, call +358 9 4245 6233.

If the insured has a serious illness or has had an accident due to which the insured is admitted to a hospital as an inpatient before a plan for their repatriation has been made, or if the insured has to interrupt their trip, they must contact the insurer. We are open around the clock (24/7) and can assist you in arranging repatriation and the settling of the treatment expenses directly with the relevant hospital.

The insurance does not cover treatment at a private facility unless the insurer has given its permission for it in advance. If contacting the insurer is impossible prior to the treatment (in emergencies), call the insurer as soon as possible. In outpatient care (when the insured has not been admitted to an inpatient ward) or in minor illnesses or injuries (excluding fractures), the insured must pay for the care and apply for compensation for it from the insurer after the insured has returned to their country of residence.

How do I pay for treatment or care received abroad?

If the insured is admitted to an inpatient ward outside their country of residence, the insurer arranges matters so that the treatment expenses falling under the scope of the insurance cover are paid directly to the hospital/clinic. The insurer also arranges medical transportation if such transportation is deemed medically justified, or when the insured has been informed of a next of kin's serious illness, injury or death at home.

Contact us by telephone (+358 9 4245 6233) as soon as possible. The insured must pay for their appointments with a physician themselves and apply for compensation for the treatment expenses from the insurer after the insured has returned to their country of residence. Do not sign anything to confirm you will pay for excessive care or excessive charges. If a request feels suspicious to you, call us for instructions.

2.2 Personal accident

What does the insurance cover?

Your travel insurance covers expenses resulting from an accident up to the sum indicated in the table.

Personal accident	Sum insured	Deductible
Personal total disability or death caused by an accident, maximum	EUR 40,000	None
Personal total disability or death, aged under 25	EUR 4,000	

You can apply for compensation for expenses incurred as a result of an accident abroad if you have a bodily injury resulting solely from an accident that occurred during the trip which, over a period of 12 months, leads directly to the

- ✓ death of the insured, or the insured
- ✓ losing their sight or
- ✓ losing a limb, or to the insured's
- ✓ permanent incapacity for work.

If the insured loses their sight or a limb, the following amounts can be paid, but in no circumstances will they exceed a hundred per cent (100%) of the amount of compensation for permanent and full incapacity for work.

Losing	Amount of compensation
both hands and feet	100% of the amount of compensation
one hand and one foot	
total vision, both eyes	
one hand or foot and vision altogether in one eye	
one hand or foot	50% of the amount of compensation
total vision in one eye	

The insurer's physician can examine the insured for as many times as is reasonably necessary before the compensation is paid. Compensation for a full and permanent incapacity for work will only be paid when the insured has had the bodily injury for a year. The insurer pays compensation for the same injury only once.

See section 3, "Filing a loss report", for information about the documents the insured must submit.

What does the insurance not cover?

- ✗ Incapacity for work or death resulting from a decline of physical fitness (such as a heart attack or cerebral stroke) and not a direct consequence of a bodily injury.
- ✗ The payment of compensation for a full and permanent incapacity for work before the insured has had the bodily injury for a year.
- ✗ General and usual travel between the home and job or holiday home of the insured is not considered a trip falling under the scope of the insurance cover.

See section 5 ("General conditions") and section 6 ("General exclusions").

2.3 If your trip is cancelled or curtailed

Your travel insurance covers expenses resulting from the cancellation of a trip up to the sum indicated in the table. The sum applies to a single trip and separately for each insured person travelling together.

Cancellation or curtailment	Sum insured	Deductible
Cancellation, maximum per insured person	EUR 1,500	EUR 25
Cancellation, maximum for all insured persons travelling together	EUR 6,000	EUR 25
Curtailment, maximum for all insured persons travelling together	EUR 10,000	EUR 75

Cancellation of a trip

What does the insurance cover?

A trip's cancellation means the following: uncancelled unused travel and accommodation expenses and all excursions, tours or activities at the trip's destination paid in advance for which the insured has paid or pays jointly for the insured persons, and all other travel expenses deemed reasonable incurred if the trip's cancellation or rebooking is necessary and unavoidable because of one of the following changes in circumstance that the insured cannot control, and of which the insured was unaware when reserving the trip or at the start of the trip, whichever is later.

The following are the practical situations of a trip's cancellation for which you can apply for compensation:

- ✓ The unanticipated illness, injury, pregnancy complication or death of the insured, their next of kin or a person with whom the insured is travelling, or with whom the insured is staying during the trip, when the medical condition to which the compensation is related begins or shows its first symptoms during the trip.
- ✓ The destination country's regulatory authority instructs the public to avoid all, or all but absolutely necessary, travel to the destination. Exceptions to this include situations in which the instructions have taken effect as a result of a pandemic or regional quarantine after the card providing the insurance cover entered into force, or the trip was reserved (depending on which takes place later) and the instructions being issued no later than 21 days before your date of departure.
- ✓ The insured's or their travel companion's (or travel companions') mandatory personal quarantine, juror duty or summons to give witness testimony in court (other than as an advisor or in a professional capacity).
- ✓ Rescue services ask the insured to stay or return home or to their workplace (when the policyholder is an owner, director or principal shareholder of the company) due to serious damage caused by a third party unrelated to the insured.
- ✓ The employment contract of the insured being terminated by their employer when the insured is in a permanent employment relationship and has passed their probationary period.
- ✓ If the insured or their travel companion or a person with whom the insured is staying during the trip is an employee of the defence forces, police, fire brigade, health care or rescue services, or a government agency, and their official leave is cancelled due to work, provided that the cancellation or interruption in question could not reasonably have been expected when the insured obtained this insurance policy, or when the trip was reserved (whichever is later).
- ✓ If the car the insured intends to use on their trip is stolen or damaged and cannot be driven within seven days of the original date of departure, and provided that repairs cannot be carried out by the date of departure, only the expenses of a corresponding rental car are compensated for, and no cancellation expenses are paid.

N.B. This compensation only applies to applications resulting directly or indirectly from conditions subsequent to the trip's reservation or start (whichever is later).

See section 3, "Filing a loss report", for information about the documents the insured must submit.

What does the insurance not cover?

- ✗ Claim applications based on the insured being unable or deciding not to travel because the Ministry for Foreign Affairs (or another equivalent authority in another country) advises the public to avoid travel due to a pandemic.
- ✗ Applications involving cases in which the insured is late in informing or fails altogether to inform their travel agency, tour operator or transport/accommodation organiser of the cancellation during the period deemed necessary for the trip's cancellation. The insurer's liability is limited to the cancellation charges that would have been applied if the failure or delay had not occurred.
- ✗ Claim applications involving unused tickets to a destination for which the insurer has already paid the insured's alternative travel arrangements.
- ✗ All claim applications resulting from pregnancy complications that appeared for the first time before the trip was reserved or paid for, depending on which is later.
- ✗ All claim applications resulting from a change of plans due to a change in the insured's financial situation unless the insured's permanent employment relationship has been terminated after the probationary period.
- ✗ Claim applications not presenting documented proof of an official leave being cancelled due to unforeseeable work-related reasons.
- ✗ All rebooking expenses exceeding the expenses of the original trip reserved by the insured.
- ✗ All claim applications resulting from the trip of the insured being delayed or changed due to the government's actions or restricting orders.
- ✗ All compensations sought by the insured due to an interruption of their trip.

See section 5 ("General conditions") and section 6 ("General exclusions").

Curtailment of trip

Always call the Travel Emergency Service (tel. +358 9 4245 6233) first, curtailment of your trip.

What does the insurance cover?

Your travel insurance covers expenses resulting from the curtailment of a trip up to the sum indicated in the table in section 2.3. The sum applies to a single trip and all insured persons travelling together.

The curtailment of a trip means the following: uncancelled and unused travel and accommodation expenses, any excursions, tours and activities at the trip's destination paid for in advance for which the insured has paid or pays jointly for the insured persons, and any other reasonable travel expenses resulting from the trip's unexpected curtailment. Such curtailment may be the result of a change in circumstances that the insured cannot control, and of which the insured was unaware when reserving the trip or at the start of the trip, depending on which occurred later.

- ✓ the unanticipated illness, injury, pregnancy complication or death of the insured, their next of kin or a person with whom the insured is travelling, or with whom the insured is staying during the trip when the medical condition to which the compensation is related begins or shows its first symptoms during the trip.

- ✓ rescue services ask the insured to stay or return home or to their workplace (when the policyholder is an owner, director or principal shareholder of the company) due to serious damage caused by a third party unrelated to the insured.
- ✓ if the insured or their travel companion or a person with whom the insured is staying during the trip is an employee of the defence forces, police, fire brigade, health care or rescue services, or a government agency, and their official leave is cancelled due to work, provided that the cancellation or curtailment in question could not reasonably have been expected when the insured obtained this insurance policy, or when the trip was reserved (whichever is later).

N.B. This compensation only applies to applications resulting directly or indirectly from conditions that occur after the insurance policy has been taken out or subsequent to the trip's reservation or start (whichever is later).

N.B. The amount of the compensation is calculated precisely from the day on which the insured returns to their home in their country of residence.

See section 3, "Filing a loss report", for information about the documents the insured must submit.

What does the insurance not cover?

- ✗ All applications for which the insured has not received advance approval from the insurer before returning to their country of residence. The insurer confirms the necessity of returning home before the trip is curtailed due to a bodily injury or illness.
- ✗ All expenses of transportation and/or accommodation not arranged by the insurer, or that has taken place without advance approval from the insurer.
- ✗ All claim applications attributable to a pregnancy complication which appeared for the first time before departure.
- ✗ All compensations sought by the insured due to a cancellation of their trip.

See section 5 ("General conditions") and section 6 ("General exclusions").

Common restrictions applicable to the curtailment and cancellation of a trip

1. The deductible shown in the compensation table for the insured and for each loss.
2. All claims resulting from a regional quarantine.
3. All claim applications related to in vitro fertilisation therapies.
4. Claim applications in terms of which the insured has not delivered the necessary documents requested by the insurer.
5. Expenses concerning a trip's cancellation or curtailment due to a bodily injury or illness if the insured fails to submit a certificate from the physician attending to the injured/ill person stating that the insured had to cancel the trip, and that the insured was unable to travel or return to the country of residence due to the bodily injury or illness.

6. Claim applications pertaining to any travel companions if these travel companions are not insured persons.
7. All expenses paid for with an airline's travel bonus scheme or another card bonus point system, timeshare system or programme, or another holiday bonus system and/or any related maintenance expenses.
8. Unused expenses or additional expenses of the insured for which refunds are possible:
 - From accommodation providers, their booking agents, travel agency or through another compensation scheme.
 - Transportation providers, their booking agents, travel agency or through a compensation scheme.
 - The issuer of the insured's credit or debit card or the Paypal service.
9. All expenses or charges refunded to the insured by a provider of public transport.
10. Claim applications that the insured has not completed in accordance with the travel agency's, tour operator's or transport operator's terms and conditions of agreement.
11. A strike or industrial action which has begun on the start date of which has been declared before the insured makes travel arrangements for their trip, and/or before the trip has been paid for, depending on which is later.
12. The grounding of an aeroplane or ship (temporarily or otherwise) at the recommendation of an aviation authority, port authority or a country's equivalent body.
13. All claim applications resulting from the service provider of a part of the insured's reserved trip being unable to provide a part of the insured's reserved trip (excluding excursions) due to an error, insolvency, negligence or shortcoming, for example.
14. All cancellations or curtailments resulting from a work assignment or from the insured's employer changing the insured's holiday right unless the insured or their travel companion, or a person with whom the insured stays during their trip, is an employee of the defence forces, police, fire brigade, health care or first aid, or a government agency whose official holiday is cancelled for work-related reasons.
15. All claim applications resulting from the insured being unable to travel because a member of their travelling party does not have a valid passport or the required visas, or has been unable to procure or present them.
16. This insurance policy does not cover a cancellation or curtailment directly or indirectly attributable to a previously existing medical condition of which the insured has been aware before the insurance took effect, or before the trip was reserved (depending on which is done later), and which affects their next of kin, close business associate, the insured's travel companion, or a person with whom the insured is intending to stay if
 - a physician has given a terminal phase prognosis,
 - the person has been on a waiting list for an operation, hospital care, or an examination at a hospital or clinic, and has been aware of its need, or
 - the person has had to have an operation, or they have required hospital care or a visit to a physician during a period immediately preceding the insurance's entry into force or the trip's reservation by 90 days.

See section 5 ("General conditions") and section 6 ("General exclusions").

2.4 If departure is delayed

What does the insurance cover?

Your travel insurance covers expenses resulting from a delayed departure up to the sum indicated in the table.

Delayed departure	Sum insured	Deductible
Cancellation, maximum per insured person after 4/8/24 hours	EUR 100 (max. EUR 300)	None
Maximum for all insured persons travelling together after 4/8/24 hours	EUR 400 (max. EUR 1,200)	

Compensation requires the insured to have arrived at the terminal and completed check in or attempted to complete check in for travel to or from the destination. Compensation also requires the departure of the public transport operating according to the timetable of the trip reserved in advance by the insured to have been delayed at the ultimate point of departure for the following reasons:

- ✓ strike or industrial action,
- ✓ inclement weather conditions, or
- ✓ an engine failure or technical malfunction in the public transport operating according to a timetable from which the insured has booked their trip.

See section 3, "Filing a loss report", for information about the documents the insured must submit.

What does the insurance not cover?

- ✗ All expenses and charges that the operator or service provider should have compensated the insured for, which it has compensated, or which it will compensate at a later date, and all amounts paid by the operator as compensation.
- ✗ Claim applications in terms of which the insured has not completed check in or attempted to complete check in, in accordance with the routing provided to the insured. The insured must also arrive at the point of departure before the specified time of departure.
- ✗ Claim applications that the insured has not completed in accordance with the travel agency's, tour operator's or transport operator's terms and conditions of agreement.
- ✗ Claim applications in terms of which the insured has not received written confirmation from the operator (or its ground service representatives) of the delay's length in hours and the reason for the delay.
- ✗ A strike or industrial action or a delay in air traffic control which has begun on the start date of which has been declared before the insured makes travel arrangements for their trip and/or acquires the insurance policy.
- ✗ The withdrawal from service of a means of public transport (temporarily or otherwise) at the recommendation of an aviation authority, port authority or a country's equivalent body.
- ✗ All claim applications pertaining to a case where the insured's trip has been delayed by a maximum of four hours of the scheduled time of departure.

✗ All claim applications pertaining to a delayed departure pursuant to this section if the insured has applied for compensation related to section 2.5 (“If you miss your departure or connection”).

✗ Private charter flights.

See section 5 (“General conditions”) and section 6 (“General exclusions”).

2.5 If you miss your departure or connection

What does the insurance cover?

If you miss (are late for) your departure or a connection, your travel insurance covers expenses up to the sum indicated in the table.

Missed departure/missed connection	Sum insured	Deductible
Missed departure, maximum	EUR 1,000	EUR 75
Missed connection, maximum	EUR 500	EUR 50

If you miss your departure

Compensation requires you to miss the departure of a flight, cruise or rail journey abroad for the following reasons:

- ✓ a breakdown of other public transport operating according to a timetable, or
- ✓ an accident or breakdown of the vehicle by which the insured is travelling, or a significant event that causes severe delays on the roads on which the insured is travelling
- ✓ unexpected weather conditions

The compensation is paid per a single trip for each insured person travelling together for extra accommodation (room only) and all travel expenses strictly attributable to getting to the destination abroad or connecting flights outside the country of residence.

N.B. The delay is always counted from the original timetable’s time of departure to the actual time of departure.

See section 3, “Filing a loss report”, for information about the documents the insured must submit.

If you miss a connection

Compensation requires you to miss the connection of a flight, cruise or rail journey abroad for the following reasons.

If the insured arrives at an airport, port or railway station too late for the start of the insured’s international trip because the preceding flight to the insured’s international point of departure has been late, when the transfer time between the connecting flights is at most 12 hours and at least two hours (the transfer time must be longer if the flights’ booking systems require longer transfer times), the insurer pays to the insured

compensation at maximum equal to the sum indicated in the table for the trip and each insured person travelling together for extra accommodation (room only) and the travel expenses needed for the insured to reach the destination abroad or a connecting flight outside the country of residence.

See section 3, “Filing a loss report”, for information about the documents the insured must submit.

What does the insurance not cover?

- ✗ Claim applications when the insured has not reserved enough time (that is a reasonable period for arriving at check in on time with the selected mode of transport and according to an official route map) for arriving at the point of departure on time with a means of public transport operating according to a timetable or by another means of transport.
- ✗ Claim applications in terms of which the insured has failed to submit the operator’s written explanation of the length and the reason for the delay.
- ✗ Expenses that exceed the original operator’s alternative when the insured uses alternative transportation.
- ✗ All amounts paid as compensation by the operator.
- ✗ Claim applications in terms of which the insured has not kept and submitted original receipts for expenses exceeding five euros (EUR 5).
- ✗ The breakdown of a vehicle by which the insured is travelling if the insured owns the vehicle, and the vehicle has not been properly serviced and kept in shape in accordance with the manufacturer’s instructions.
- ✗ Claim applications in terms of which the insured has not obtained a written account from the police or rescue services or a mechanic’s account and/or receipt within seven days of the insured returning home if the vehicle by which the insured travels breaks down or is involved in an accident.
- ✗ The withdrawal from service of a means of public transport (temporarily or otherwise) at the recommendation of an aviation authority, port authority or a country’s equivalent body.
- ✗ All claim applications pertaining to a missed departure or connection pursuant to this section if the insured has applied for compensation related to section 2.3 (“If your trip is cancelled or curtailed”) or 2.4 (“If departure is delayed”).
- ✗ Private charter flights.
- ✗ A strike or industrial action which has begun, or the start date of which has been declared before the insured makes travel arrangements for their trip and/or acquires the insurance policy.
- ✗ Other expenses when the operator of public transport operating according to a timetable has offered reasonable alternative travel arrangements within four hours of departure according to schedule or within four hours of the connection’s actual time of arrival.
- ✗ A denial of boarding because the insured has abused drugs or alcohol, or if the insured is unable to present a valid passport, visa or another document required by the operator of the public transport.

See section 5 (“General conditions”) and section 6 (“General exclusions”).

2.6 Baggage and personal money

Compensation for luggage and valuables is paid only up to the maximum replacement value of one item.

Baggage and personal money	Sum insured	Deductible
Baggage, maximum per insured person	EUR 1,000	EUR 75
Baggage, maximum for all insured persons travelling together	EUR 4,000	EUR 75
Theft from safe, maximum for all insured persons travelling together	EUR 700	EUR 50
Personal money, maximum for all insured persons travelling together	EUR 400	EUR 50
Valuables, maximum for all insured persons travelling together	EUR 800	EUR 50

What does the insurance cover?

Your travel insurance covers baggage and personal money up to the sum indicated in the table.

Baggage

Your travel insurance compensates for baggage for a single trip and each insured person travelling together when the case involves the theft or damage of baggage and valuables.

The compensation paid is equal to the value at the time of purchase, less wear and tear based on the property's age. With respect to an item less than one (1) year old and in good condition, the basis for the item's replacement value is the purchase price of a new equivalent item. In other cases, the compensation is determined according to the item's value at the time of the loss, meaning that a 20% deduction per age in years is made from the item's purchase price based on its age. The deduction is not made from repair costs based on a bill. Damaged items are primarily compensated for by having the damaged item repaired. If the item has been insured under several insurance policies for the same insured event, the total amount of compensation equals, at maximum, the amount of damage caused, less any deductibles.

For an item, pair of items or group of items stolen from a locked safe, the insurer pays an amount equal to the limit indicated in the compensation table.

The total amount paid by the insurer for all valuables, at maximum, is equal to the limit for valuables indicated in the compensation table.

Personal money

Your travel insurance compensates for personal moneys for a single trip and each insured person travelling together when the case involves the theft or damage of baggage and valuables.

The insurer pays at maximum the amounts indicated in the table, according to the cash limit for notes and coins.

See section 3, "Filing a loss report", for information about the documents the insured must submit.

Important conditions for claim applications

- ✓ If the insured's baggage disappears, is stolen or damaged while in the possession of an operator, transport company, authority or hotel, the insured must inform them in writing of the event's details. The insured must receive an official report from the local police within 24 hours.
- ✓ If the baggage goes missing or is stolen or damaged while in the possession of the airline, the insured must
 - obtain a PIR (Property Irregularity Report) form from the airline at the airport where the event becomes apparent
 - make a written report of the airline's compensation within the time limits set by the operator or its ground service representatives and keep a copy of it
 - keep all travel tickets and baggage tickets for the submission of the claim application.
- ✓ The insured must deliver an original receipt or proof of the items' ownership as the basis for their claim application.

All compensations paid based on the "Baggage delay" and "Extended baggage delay" sections are deducted from the final amount to be paid based on this section.

What does the insurance not cover?

- ✗ The deductible shown in the compensation table for the insured and for each loss.
- ✗ Claim applications that fail to present proof of the lost, stolen or damaged items' ownership and their insurable value (acquired before loss).
- ✗ Events involving the disappearance or theft of baggage or valuables which have not been reported to the local police within 24 hours of them being noticed, and for which no written explanation or report has been obtained. A holiday representative's account is not sufficient.
- ✗ Any items of the insured damaged during a trip when the insured has not obtained a loss/repair report from the appropriate agent within seven days of returning to the country of residence.
- ✗ Disappearance or damage attributable to the delay of or confiscation or taking into custody by customs or another authority.
- ✗ Cheques, traveller's cheques, postal or money orders, vouchers and gift vouchers paid for in advance, travel tickets, provided that the insured has failed to follow the issuer's instructions.
- ✗ Claim applications related to cash when the insured does not present proof of the money's withdrawal.
- ✗ Loose gems, contact or corneal lenses, eye or sunglasses other than those prescribed by a physician for which there is no receipt, hearing aids, dental implants or medical implants, cosmetics, perfumes, tobacco, vapes and e-cigarettes, drones, alcohol, antiques, musical instruments, documents prepared by a notary, manuscripts, securities, highly perishable goods, surfboards/sailboards, bicycles, navigation equipment, or hand tools, or any equipment or installations associated with baggage damage (unless the suitcases are rendered entirely unfit for use due to an individual damage).
- ✗ Damage to dishes, glass (other than the glass of wristwatches, eye or sunglasses prescribed by a physician, cameras, binoculars or telescopes), porcelain, and other fragile and easily damaged items unless the damage is caused by fire, theft or an accident in the transport equipment transporting them.

- ✗ Disappearance or damage attributable to sporting equipment being broken or sports clothing being damaged while in use.
- ✗ All amounts already paid based on the “Baggage delay” and “Extended baggage delay” sections.
- ✗ All items used in connection with the insured’s business, livelihood, occupation or job.
- ✗ Damage caused by wear and tear, the depreciation of value, impairment, weather or climate conditions, moths, pests, cleaning, repair or restoration procedures, engine or electrical malfunctions, or water damage.
- ✗ Value depreciation, changes in exchange rates or losses attributable to an error, or the negligence of the insured or a third party.
- ✗ Claim applications based on a theft made at the insured’s lodgings unless evidence of a burglary is confirmed by a police report.
- ✗ Valuables or personal money or a passport that has not been under constant attendance (such as in a vehicle or in the possession of an operator) unless they have been kept in a hotel’s safe or a locked safety deposit box. If items are stolen from a hotel’s safe or safety deposit box, all claim applications in terms of which the insured has not informed the hotel of the event in writing and obtained an official report from the appropriate local authority.
- ✗ Claim applications attributable to a powder or liquid transported in the baggage having spilt.
- ✗ Claim applications attributable to baggage transported as freight.
- ✗ The disappearance or forgetting of an item other than when in the locked safe of a transport company or hotel.

See section 5 (“General conditions”) and section 6 (“General exclusions”).

2.7 ATM assault when you are withdrawing cash

What does the insurance cover?

If you are robbed at an ATM while drawing cash, your travel insurance compensates for expenses up to the sum indicated in the table.

ATM assault	Sum insured	Deductible
ATM assault in connection with cash withdrawal, maximum	EUR 500	None

The compensation requires you to be robbed during a trip outside your country of residence, and the cash you have withdrawn to be taken from you within four hours of it being withdrawn.

See section 3, “Filing a loss report”, for information about the documents the insured must submit.

What does the insurance not cover?

- ✗ Cash withdrawn more than four hours before the robbery.
- ✗ Claim applications in terms of which the local police has not been informed of the robbery within 24

hours of it occurring, and no written report with an event code has been obtained of the robbery.

- ✗ Claim applications which do not include proof of the amount of money withdrawn, the date of the withdrawal and the withdrawing itself.
- ✗ Claim applications in terms of which the insured has not submitted a medical certificate or an official witness statement which describes the conditions of the robbery, and is dated and signed and includes the full name of the witness, their date and place of birth, address and workplace, and an official document verifying the witness's identity and signature, such as a passport or driving licence.

See section 5 ("General conditions") and section 6 ("General exclusions").

2.8 If your baggage is delayed

What does the insurance cover?

If your baggage is delayed, your travel insurance covers expenses up to the sum indicated in the table.

Baggage delay and extended baggage delay	Sum insured	Deductible
Baggage delay, maximum after 2 hours for all insured persons travelling together	EUR 200	None
Extended baggage delay, maximum after 48 hours for all insured persons travelling together	EUR 800	

Baggage delay

If your baggage is delayed, you will receive compensation as a whole in terms of all insured persons travelling together. You are also entitled to emergency compensation for clothes, pharmaceuticals and sanitary products if your checked-in baggage disappears temporarily during transport to your destination and is not returned to you within two hours of arrival. However, this requires written confirmation from the airline of the length of your baggage's delay.

If your baggage disappears permanently, the compensation you receive for the baggage delay is deducted from the final sum, paid in connection with section 2.6 ("Baggage and personal money").

Extended baggage delay

If your baggage is significantly delayed, your travel insurance covers expenses up to the sum indicated in the table. You will receive compensation as a whole in terms of all insured persons travelling together for an extended baggage delay if your checked-in baggage has still not arrived at the destination airport within 48 hours of the insured's arrival at their destination.

Important conditions for claim applications

- ✓ The insured must receive written confirmation from the operator on the length in hours of the baggage delay. The insured must
 - obtain a PIR (Property Irregularity Report) form from the airline or its ground service representative

- prepare a written report about the compensation within the time limits set by the operator and keep a copy of it
- keep all travel tickets and baggage tickets for the submission of the claim application.
- ✓ All amounts concern only actual expenses based on receipts in addition to the compensation paid by the operator.
- ✓ The amounts indicated in the compensation table are the total amounts for all delays, regardless of the number of insured persons travelling together.
- ✓ If it has been impossible to use the card providing the insurance cover for essential purchases, the insured must keep the receipts itemising the items.

See section 3, “Filing a loss report”, for information about the documents the insured must submit.

What does the insurance not cover?

- ✗ Claim applications unrelated to the insured’s trip to the destination outside the insured’s country of residence.
- ✗ Claim applications attributable to the delay of or confiscation or taking into custody by customs or another authority.
- ✗ Claim applications attributable to the baggage being transported as freight or bill of lading.
- ✗ All expenses or charges that the operator or transport provider must offer to the insured, or that it has compensated or will compensate.
- ✗ Compensation for purchased items after the insured’s baggage has been returned.
- ✗ Compensation if the insured has not presented receipts with itemisations of the items.
- ✗ Claim applications for which the insured has not obtained written confirmation from the operator (or its ground service representative) of the length in hours of the baggage delay, and of when the baggage was returned to the insured.
- ✗ All purchases made more than four days after arriving at the destination.

See section 5 (“General conditions”) and section 6 (“General exclusions”).

2.9 Overseas legal expenses

What does the insurance cover?

Your travel insurance covers legal expenses abroad up to the sum indicated in the table.

Overseas legal expenses	Sum insured	Deductible
Overseas legal expenses, maximum	EUR 50,000	EUR 250

We compensate for legal expenses arising from conducting a civil suit if someone else causes a bodily injury or illness to the insured or the insured’s death during a trip. The insurer also pays for the reasonable ex-

penses of the interpreter selected by the insurer for the proceedings.

Settlement of claim applications concerning legal expenses

The insurer appoints a member of the insurer's panel to handle the insured's case. If the insured nevertheless decides to choose an advisor to act on their behalf, the insured must inform the insurer of the fact immediately. After receiving the insured's notification to this end, the insurer informs the insured of all terms and conditions applicable to the appointment in question.

See section 3, "Filing a loss report", for information about the documents the insured must submit.

Special clauses

- ✓ The insured must inform the insurer of claim applications as soon as is reasonably possible, and in any case within 90 days of the insured becoming aware of an event that may lead to a claim application.
- ✓ The insured must provide all details requested by the insurer in relation to the insured event. The insured must deliver at their own expense all information the insurer requests to decide whether the claim application can be approved.
- ✓ The insurer gives permission for a legal advisor only if the potential for success is reasonable.
- ✓ The insurer is liable for the advisor's expenses only in respect of work for which the insurer has expressly given permission beforehand in writing, and that is carried out if the potential for success is reasonable. If the insured instructs the advisor they have chosen in lieu of the advisory panel appointed by the insurer, the expenses of the insured's advisor are compensated, provided that they do not exceed the expenses of the advisor of the insurer's usual advisory panel.
- ✓ The insurer initiates legal proceedings for the same event in only one country.
- ✓ The insurer can pursue legal proceedings in the United States of America or Canada based on the system of contingency fee applicable in said countries.

What does the insurance not cover?

- ✗ Claim applications that in the insurer's opinion have at most a 51 per cent chance of the insured winning the case or reaching a reasonable settlement.
- ✗ Expenses and costs that have arisen before the insurer approves the insured's claim application.
- ✗ Claim applications of which the insurer has not been informed within 90 days of the event or as soon as is reasonably possible.
- ✗ Claim applications from the operator, travel agency or tour operator arranging the trip, Inter Partner Assistance, the insured's employer, insurer or the insurer's agents.
- ✗ Claim applications from a person with whom the insured travels or from another insured person or another person falling under the scope of OP Gold's insurance cover.
- ✗ Legal action in which the insurer estimates the amount of compensation to be less than EUR 750, or in which the insured does not have reasonable potential for success.
- ✗ Action to be taken in more than one country.

- ✗ The legal advisors' fees, paid on the condition that the insured's action wins.
- ✗ Any consequences or fines imposed on the insured by the court.
- ✗ Claim applications made by the insured as something other than a private person.
- ✗ Claim applications resulting from the insured's travel in their country of residence.

See section 5 ("General conditions") and section 6 ("General exclusions").

2.10 Personal liability abroad

What does the insurance cover?

Your travel insurance covers the expenses of liability losses up to the sum indicated in the table.

Personal liability abroad	Sum insured	Deductible
Personal liability abroad, maximum	EUR 80,000	EUR 50

We pay compensation for such unintentional events for which you are legally liable on a trip outside your country of residence.

- ✓ Bodily injury, death, illness or a disease in a person who is not in the insured's employ or service, or who is not their relative, next of kin or member of the insured's household.
- ✓ The loss or damage of property that does not belong to the insured, their relative, next of kin, anyone in the employ or service of the insured, or a member of the insured's household, or who is not in the control of the aforementioned, excluding a temporary holiday home used (but not owned) by the insured.

See section 3, "Filing a loss report", for information about the documents the insured must submit.

Important conditions for claim applications

- ✓ The insured must inform the insurer in writing as soon as possible of all events that may lead to a claim application.
- ✓ The insured must accept liability or pay for, offer to pay, promise to pay, or negotiate on all claim applications that do not have the insurer's written consent.
- ✓ At its discretion, the insurer may take charge in the name of the insured of all claims against any third party whatsoever. The insurer may act entirely according to its own discretion in all negotiations or proceedings or settlements that concern claim applications, and the insured must provide the insurer with all necessary information and support that the insurer may request.
- ✓ If the insured dies, their legal representative has coverage in accordance with the compensation table, provided that the representative in question abides by the terms and conditions specified in this document.

What does the insurance not cover?

Compensation or legal expenses arising from the following:

- ✗ Liability for which the insured has assumed responsibility without grounds for doing so.
- ✗ The practice of a business, livelihood, paid or unpaid voluntary work, occupation or post, or the delivery of goods or services.
- ✗ The ownership, possession or use of firearms, vehicles, aircraft or waterborne vessels (excluding surfboards or manually operated rowing boats, punts and canoes).
- ✗ The spread of communicable diseases or viruses.
- ✗ The ownership or use of land or a building (excluding only the use of a temporary holiday home).
- ✗ Any criminal, malicious or intentional acts committed by the insured.
- ✗ Punitive or exemplary damage.

See section 5 (“General conditions”) and section 6 (“General exclusions”).

3 Filing a loss report

In emergencies, call the Emergency assistance, tel. +358 9 4245 6233.

In all other cases, you can get help by calling the OP Gold travel insurance Customer Service, tel. 0100 0510. Select 3, Travel insurance.

When filing a loss report, be prepared to provide the following information:

- the name of the insured
- the first six (6) numbers of the card
- briefly, the details of the insurance event

The insurer requests the insured to inform the insurer within 28 of days of it coming to the attention of the insured that they must file a loss report and to provide all additional information to the insurer as soon as possible.

Any claim application must be submitted to the insurer within a year of the loss, in any case no later than within 10 years of it.

Copies must be kept of all documents submitted to the insurer. The insurer may need to appoint an agent for the handling of applications so that the applications can be resolved in a timely and fair manner.

The insured must submit the details needed for the handling of their claim application. The insurer may make a request for additional documents, not listed below, to provide grounds for the insured's application. If the insured fails to submit such documents, the application may be rejected.

3.1 Documents for all claim applications

See this list for the documents you must deliver so that we can process your application as quickly as possible:

- the original booking bills and travel documents of the insured, indicating the travel and reservation dates
- the original receipts and account statements of all expenses paid for by the insured themselves
- the original bills the insured has been requested to pay
- the details of all other insurance policies that may provide insurance cover for the event
- all documents of the insured which provide grounds for the claim application
- the physician attending to the insured, their next of kin or a person with whom the insured is travelling or staying must complete a medical certificate in all claim applications pertaining to an illness or injury; in applications concerning death, the insurer requires a medical certificate from the physician attending to the insured, their next of kin or the person with whom the insured is travelling or staying and a copy of the death certificate
- original receipts or certificates of ownership on stolen or damaged items or items lost by a transport company/hotel.

3.2 Medical expenses

- In a medical emergency, the insured must contact the Emergency assistance (tel. +358 9 4245 6233) as soon as possible.
- The insured must pay for the treatment themselves if it takes place without inpatient care (excluding fractures). In addition, they must keep all original receipts and obtain a medical certificate from the hospital confirming the illness or injury, all treatment, as well as the admission and discharge date, as applicable.
- A medical certificate confirming the treatment and medical expenses.
- A copy of the unpaid bill must be submitted in respect of unpaid expenses; it must also be indicated whether the bill is still unpaid.
- If the insured incurs additional expenses after advance permission from the insurer, receipts for such expenses must be submitted to the insurer.

3.3 Personal accident

- A detailed account of the circumstances leading up to the event, including any photo and video evidence (as applicable).
- A medical certificate confirming the extent of the injury and the treatment administered, including admission to and discharge from a hospital.
- Death certificate (as applicable).
- The full details of any witnesses giving written statements insofar as possible.

3.4 If your trip is cancelled or curtailed

Cancellation

- The original bills pertaining to the cancellation, specifying the incurred expenses and paid refunds.
- Submission of the loss report concerning a cancellation more than 24 hours later requires the insured to have the operator's written notification confirming the duration of and reason for the delay.
- If the application pertains to other circumstances falling under the scope of the insurance cover, the insurer informs the insured of the documents to be submitted.

Curtailement

- An original receipt or booking bill for a new flight.
- The original booking bill for unused excursions paid for in advance that confirms the payment date and the amount paid.
- The physician attending to the insured, their next of kin or the person with whom the insured is travelling or staying with must complete a medical certificate in all claim applications concerning an illness or injury.
- If the trip is curtailed due to a death, the insurer requires a medical certificate from the physician attending to the insured, their next of kin or a person with whom the insured is travelling or staying during the trip, and a copy of the death certificate.

3.5 If departure is delayed

- The operator's (or its ground service agents') written confirmation of the delay's duration and reason.
- Original receipts from the payment of refreshments and meals, and additional accommodation if necessary.
- If the insured decides to cancel the trip when it has been delayed by 24 hours from the original time of departure, the cancellation bill and operator's letter confirming the duration of and reason for the delay.

3.6 If you miss your departure or connection

- Proof of the reason for missing the departure:
 - public transport failure – a letter confirming the duration of and reason for the delay
 - engine failure – a report of the company the failure concerned, indicating the date and the fault affecting the vehicle
 - traffic problem – a printout of the road authority's communique of the day in question or written confirmation from the police indicating the delay's location, duration and reason
- proof of other travel/accommodation expenses resulting from the missed departure.

3.7 Baggage and personal money

- If lost or stolen, a police report confirming that the insured has informed the police within 24 hours of noticing that the goods were gone.

- If the items have been lost or damaged by an operator, the insured must obtain a PIR form and letter from the airline confirming the disappearance; all luggage tickets must also be kept insofar as possible.
- If personal money has been lost or stolen, a police report confirming what has happened, and what has been lost, and all bank statements/exchange point receipts as proof of ownership.
- A loss report and repair estimate for damaged items. All damaged items must be left unrepaired because the insurer may need to inspect them.

3.8 ATM assault when you are withdrawing cash

- A receipt or account statement for the cash withdrawal, and a police report and event code confirming that the insured reported the robbery within 24 hours.
- A witness's official statement describing the circumstances of the robbery and that is dated and signed, as well as the witness's full name, birthday, address and workplace, passport, or driving licence.
- If the insured has required medical treatment, they must obtain a written certificate from the physician.

3.9 If your baggage is delayed

- A PIR (Property Irregularity Report) form from the airline or its ground service representative.
- The airline's letter confirming the reason for and duration of the delay, and when the items were returned to the insured, as well as the airline's claim settlement decision.
- Receipts concerning any emergency purchases, itemising the purchases.

3.10 Overseas legal expenses

- A detailed account of the circumstances leading up to the event, including any photo and video evidence (as applicable).
- All documents for legal proceedings, summonses or other communication by a third party.
- The full details of any witnesses giving written statements insofar as possible.

3.11 Personal liability abroad

- A detailed account of the circumstances leading up to the event, including any photo and video evidence (as applicable).
- All documents for legal proceedings, summonses or other communication by a third party.
- The full details of any witnesses giving written statements insofar as possible.

4 Glossary and other information

4.1 Glossary

This glossary includes important words and definitions related to your insurance policy. They have the same meaning throughout these terms and conditions concerning your travel insurance.

You can also find information about medical conditions and activities below.

Valuables

Jewellery, precious metals or gems or items made from precious metals or gems, wristwatches, furs, leather items, photos, audio, video, computer, television games (including CD and DVD discs, memory devices and headphones), telescopes, binoculars, portable computers, tablets and laptops, electronic reading devices, MP3/4 players.

Regional quarantine

Any period during which a government or official restricts movement or isolates a community or geographic location such as a district or territory in your country of residence or destination country, including national lockdown.

Country of residence

Finland. The insured persons must have a residential address in Finland.

Previously existing medical condition (conditions)

All previous or existing medical conditions that have caused symptoms, or for which a treatment or pre-scribed medication, a physician's appointment, examination or monitoring/inspection has been required or received over the last two years before the possession of the card providing the insurance cover, and/or before the trip's reservation and/or start, and all conditions related to the heart and blood vessels or circulation (including heart condition, hypertension, blood clots, high cholesterol, heart attack, aneurysm) that have appeared at any time before the start of the insurance cover related to this compensation table and/or the start of the trip.

Inclement weather conditions

Rain, wind, fog, thunder or lightning, flood, snow, sleet, hail, hurricane, typhoon, tornado or a tropical storm not attributable to or arising from a geological event or disaster such as an earthquake, volcanic eruption or tsunami.

Personal quarantine

A period during which you are suspected of carrying an infection or of having been exposed to an infection, and due to which you are isolated or quarantined due to the orders of a physician or national institute of health.

Personal money

All notes and coins, traveller's cheques and other cheques, postal or money orders, vouchers or gift vouchers paid for in advance, travel tickets, and hotel vouchers intended for private use.

Public transport

Road, rail, marine or air traffic in which a licensed operator operates the scheduled and/or charter passenger transport from which the insured has reserved a trip.

Curtailment

Ending a trip by returning home due to an emergency approved by the insurer.

Committee

The insurer's advisory panel which the insurer may appoint to act on behalf of the insured.

Cardholder

The holder of the card providing the insurance cover.

Compensation table

The compensation amounts listed in the table on pages 3 and 4.

Home

Your regular place of residence in the country of residence.

Trip home

Travel to the home address in the country of residence from the trip's destination.

This glossary includes important words and definitions related to your insurance policy. You can also find information about medical conditions and activities below.

Strike or industrial action

Any industrial action carried out to stop, limit or disrupt the production of goods or provision of services.

Close business associate

A person whose day-long absence or absence spanning several days in a company simultaneously with your absence prevents the proper continuation of business.

Next of kin

Mother, father, sister, brother, spouse or fiancé(e) or partner (a couple living permanently in the same address), daughter, son, including adopted daughter or son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, stepparent, stepchild, stepsister or stepbrother, foster child, legal guardian.

Medical emergency

A bodily injury or a sudden and unanticipated illness when its first symptoms appear during the trip, when you are outside your country of residence, and a registered physician informs you of a need for immediate medical attention or treatment administered by a physician.

Medical condition (or conditions)

A sudden and unexpected physiological or psychological illness, disease, condition or trauma that has affected the insured or their next of kin, travel companion or a person with whom the insured intends to stay during their trip, or a close business associate of yours.

Medically justified

Reasonable and essential medical services and equipment/supplies prescribed by a physician after a careful clinical evaluation and needed for the diagnosis or treatment of an illness, injury (trauma), medical condition, disease or its symptoms, and meeting the standards of generally approved medical practice.

Physician

A medical professional practising their occupation under a legal licence recognised pursuant to the law of the country in which the care is administered and who, when administering said care or treatment, operates within the bounds of their licence and training and is not related to you, your travel companion or a person with whom you intend to stay.

Manual labour

All work above ground; work which involves the use of cutting tools, electrical tools and machinery, work that includes physical participation in the installation, assembly, maintenance or repair of an electrical, mechanical or hydraulic facility; performing the work of a plumber or electrician, light or sound technician, carpenter, painter/renovator or builder, or any other manually performed work excluding bar and restaurant work, reception, housekeeping and cleaning work, au pair and childcare work, and occasional light, manually performed work at ground level, including retail sales work and fruit picking.

Trip

A holiday, business or recreational trip made anywhere in the world that begins from and ends in the country of residence during the validity of the insurance cover.

A trip taking place entirely in the country of residence falls under the scope of the insurance policy only if:

- the insured has reserved at least two nights' accommodation subject to a charge in advance, OR
- the insured has booked transport subject to a charge in advance and travels to a destination more than 50 kilometres from their home, workplace, place of study or a holiday home in their permanent use.

The insurance cover does not apply to the aforementioned places or travel between the aforementioned places.

N.B. The travel expenses must be reserved and paid for with an OP Gold card's credit feature.

N.B. The insurance cover is not valid if you cross the Russian border in your own car, but it is valid if you cross said border by ship or train.

N.B. The insurance cover is not valid for trips to countries, territories or events to which the Ministry for Foreign Affairs or another authority has urged the public to avoid all travel.

Baggage

The clothes, personal supplies and equipment, suitcases and other items belonging to you (excluding valuables, personal money and documents) that you wear, use or carry with you during your trip.

Trip/travel to destination

Travel from home, workplace, place of study or a holiday home in the permanent use of the insured in the country of residence to the trip's destination, including any international flights, as well as travel by boat or rail directly related to the trip, or travel to the destination that has been booked in advance, before departure from the country of residence.

Advisor

Specialised lawyers and their attorneys.

Advisor's expenses

An advisor's reasonable charges and fees approved by the insurer in advance; legal and accounting fees are estimated in a standard manner, and third-party expenses are reimbursed if they are requested from the insured, and paid for based on a standard estimation.

Loss of sight

The permanent and irrevocable loss of vision in one or both eyes; this is deemed to have taken place if eye-sight after correction is at most 3/60 on the Snellen chart (which means that the person can see no further than 3 feet, or 90 cm, away, when they should be able to see 60 feet, or 18 metres, away).

Deductible

The first sum shown in the compensation table for which the insured themselves is liable per each insured person and event.

Pair or group

Items that form part of a group, or that are usually used together.

Loss of limb

The loss of an arm from the wrist up or above it, or the loss of a leg from the ankle up or above it due to the limb being physically severed or due to the loss of its function permanently and irrevocably.

Pregnancy complications

The following unanticipated pregnancy complications, confirmed by a physician: toxæmia, hypertension in pregnancy, preeclampsia, ectopic pregnancy, molar pregnancy, severe morning sickness, bleeding before labour, placental abruption, small placenta (placental insufficiency), bloody show, retained placenta, miscarriage, stillbirth, emergency C-section or abortion on medical grounds, and all premature births or potential premature births more than eight (8) weeks (or in a multiple pregnancy, sixteen (16) weeks) prior to the calculated date of birth.

Bodily injury

A bodily injury or sudden and unexpected illness, the first symptoms of which appear during the trip, outside the country of residence, and deemed by a physician to require immediate medical attention.

Robbery (getting robbed)

A threat or physical violence committed by a third person (other than next of kin, a relative or person in your employ or service) the purpose of which is to take your money.

Terrorism

An act such as the use of force or violence and/or the threat of such, committed by a person or group of persons alone or in association with an organisation (organisations) or a government (governments) in an attempt to influence the government or terrorise the public or a part of the public for political, religious, ideological or equivalent reasons.

Permanent total disability

An incapacity for work that has continued for a minimum of 12 consecutive months after its appearance and that, in the opinion of an independent qualified specialist, prevents the insured from practising their trade or profession, or from pursuing it for the rest of their life.

Sports and activities

The activities listed in section 4.3 ("Sports and activities").

Under the influence

In the event that tests according to which the subject's blood alcohol content is more than 0.02% have been conducted, or the subject tests positive for drugs; if a test has not been conducted, all statements made during the event that corroborate the use of drugs or alcohol, or which express a suspicion to this effect.

The insured/insured persons

The cardholder and their spouse or legal partner (a couple living permanently in the same apartment or home) and any of their children under the age of 25 travelling with them.

All the insured persons must be on the same trip and travelling to the same destination as the cardholder.

Insurer

This insurance policy was granted by Inter Partner Assistance SA, a member of AXA Group, 7 Boulevard du Régent, 1000 Brussels, Belgium, an insurance company supervised by the National Bank of Belgium under the number 0487, business ID 0415.591.055, and the service provider arranged by Inter Partner Assistance SA.

Policyholder

OP Retail Customers plc, Gebhardinaukio 1, 00510 Helsinki, Finland.

Duration of insurance cover

The insurance cover begins when a trip begins on the day that the card providing the insurance cover enters into force or after it, and when 50% of the trip's expenses (travel and accommodation expenses) have been paid for with the OP Gold card's credit feature.

The insurance cover terminates when the card's account is closed, or when these benefits are withdrawn or they terminate. The maximum duration of the trip is 45 consecutive days. Please note that if the trip's duration exceeds the maximum duration, the benefits do not apply to any part of the trip.

The insurance cover concerning cancellations begins when the trip is booked and ends when the trip begins. In all other respects, the insurance cover begins when you leave home, your workplace, place of study or a holiday home in the permanent use of the insured (depending on which is later) to begin your trip and ends when you return home, to your workplace, place of study or a holiday home in the permanent use of the insured (depending on which is earlier) after the trip.

The insurance cover period continues automatically during a delay if the return to the country of residence is unavoidably delayed due to an event falling under the scope of the insurance cover.

Card providing insurance cover

An OP Gold card issued by OP Retail Customers plc that is valid and has been activated, and the balance of which has been paid in accordance with the cardholder's agreement at the time of the event that results in a claim application.

Unattended

When your property or vehicle is not in your full view, or when you cannot prevent unauthorised interference with it.

Theft

A theft carried out by a third party (a person who is not a relative of the cardholder or their next of kin or travel companion) violently, by threatening violence or by larceny, robbery or burglary.

4.2 Indirectly related medical conditions

These are examples of illnesses that can be indirectly related to a medical condition the insured has or has had:

- a person with breathing difficulties who then falls ill with any kind of inflammation of the lungs.
- a person with high blood pressure or diabetes who then gets a heart attack, cerebral embolism or a transient ischaemic attack (mini stroke).
- a person who has or has had cancer and suffers from secondary cancer.
- a person with osteoporosis who then suffers from a broken or fractured bone.

4.3 Sports and activities

The insurance cover pertaining to the insured's medical treatment expenses is valid for the activities listed below.

The sports and activities marked with an asterisk (*) do not fall under the scope of the insurance cover in section 2.10 ("Liability loss abroad").

- | | |
|-------------------|---|
| • Baseball | • Camel riding |
| • Golf | • Bowling |
| • *Go-Karting | • *Sledging |
| • Hurling | • *Competitive snowmobiling |
| • Zorbing | • Basketball |
| • *Glacier skiing | • Cricket |
| • Football | • *Hot-air ballooning |
| • *Archery | • Surfing |
| • Running | • Scuba diving** (see note below) |
| • Fishing | • Downhill skiing (on marked slopes or outside them with a guide) |

- Kiteboarding
- Volleyball
- Ice skating (in official rinks)
- Snowshoeing
- *Snowboarding
- Field hockey
- Road racing
- *Mountain biking on asphalt
- *Hacking
- *Canoeing/kayaking (up to grade/level 3)
- *Fencing
- Monoskiing
- Snowmobiling (on a marked path or outside one with a guide)
- Cross-country skiing
- *Elephant riding
- Hiking (up to 4,000 metres without climbing gear)
- *Trail running
- *Pony riding (off-road)
- Table tennis
- Sailing (more than 20 nautical miles off the coast)
- Sailing (within 20 nautical miles of the coast)
- Windsurfing
- Racketball
- Horseback riding
- Rollerblading
- *Skeet shooting
- *War games
- Squash

- Badminton
- Orienteering
- Tennis
- Trampoline jumping
- *Long-distance ski touring
- *Paintball gaming
- *Boating (more than 20 nautical miles off the coast)
- Boating (within 20 nautical miles of the coast)
- Netball
- Water skiing
- Water polo
- *Driving a water scooter

** Scuba diving – The insured's insurance cover is valid only for depths corresponding to the class of the insured. The insured must have a classification equivalent to their diving and dive under the guidance of an accredited scuba diving instructor, teacher or guide and in accordance with the instructions of the relevant diving school or association.

N.B. The insurance cover is not valid when the insured participates in training or in a course.

See section 5 ("General terms and conditions") and section 6 ("Restrictions").

5 General conditions

For the full insurance cover, the insured must comply with the following terms and conditions. Should the insured fail to comply with the terms and conditions, the insurer may refuse to handle the claim application or reduce the amount of the compensation paid.

1. The insurance cover does not extend to medical treatment expenses, legal aid abroad, liability loss/damage abroad or benefits pertaining to a robbery at an ATM in connection with a cash withdrawal in the country of residence.
2. The insured must take all reasonable precautions to ensure that a loss does not occur. The insured must act as if there were no insurance, and the insured must carry out any measures that will make the losses as small as possible and carry out any reasonable measures to prevent a reoccurrence of the events, and by which the lost property can be returned.
3. If the insured has to interrupt their trip, the insured must contact the Travel Emergency Service, tel. +358 9 4245 6233. The insurer is open around the clock (24/7) for the purposes of advice and the insured's return home. The insurer also arranges passage home if the insured has become aware of a next of kin's serious illness, deteriorating condition or death at home.
4. The insured must inform the insurer of an emergency or admittance into a hospital as soon as possible.
5. The insured themselves pays for all expenses for outpatient care, minor illnesses or injuries, excluding fractures, and applies for compensation.
6. The insurer requests the insured to inform the insurer within 28 of days of it coming to the attention of the insured that they must file a loss report and to deliver all additional information to the insurer at their earliest convenience.
7. The insured must report all loss events to the local police in the country they occur in and file an offence report or a report of lost property, which must indicate the code given to the report they have filed.
8. The insured may not leave any property in the care of the insurer, and the insured must retain all damaged objects or items, as the insurer may have to view them.
9. The insured must deliver all the required documents specified on page 24, requested by the insurer, at the insured's expense. The insurer may make a request for additional documents, not listed on page 24, to be appended to the insured's application. If the insured fails to submit such documents, the application may be rejected.
10. The insured or the legal representatives of the insured must send to the insurer at the insured's expense all information, evidence, medical certificates, original bills, receipts, notifications and assistance that may be needed, including information about any other insurance policies that may cover the loss in question. The insurer may choose not to compensate the insured for expenses for which the insured is not able to produce receipts or bills. Copies must be kept of all documents submitted to the insurer.

11. The deductible of the insurance is deducted as applicable in terms of each insured person and each event.
12. The insured may not accept, deny, agree, reject, negotiate or make any arrangements on the compensations without the insurer's permission.
13. The insured must inform the insurer and provide detailed information in writing to the insurer if someone holds the insured responsible for any property damage or bodily injury caused to them. The insured must immediately send to the insurer all procedural documents or summons, claims or other documents related to the insured's application.
14. When a case pertains to a claim application and if the insurer so requests, the insured must consent to an examination performed by a physician selected by the insurer at the insurer's expense as often as can reasonably be deemed necessary before the compensation is paid. When a case pertains to the death of the insured, the insurer may also request a post mortem and pay for it.
15. If the insurer provides transport or settles the insured's claim application so that the insured is left with unused travel tickets, the insured must hand over the tickets in question to the insurer. If the insured fails to do so, the insurer deducts the price of said tickets from the sum to be paid to the insured.
16. The insurer, when it so wishes, has the right, in the name of the insured but at the insurer's expense, to:
 - make an agreement on the compensation to paid;
 - undertake legal action on behalf of the insured to secure compensation from any other party for the benefit of the insurer or to secure the return of payments already made from any other party;
 - take measures for the recovery of lost property or property believed lost.
17. This insurance policy is invalid if the insured or a person acting on behalf of the insured in some respect attempts to secure funds, information or other property by fraudulent or other illegal means by intentionally presenting incorrect information or failing to provide information in order to give a false impression of the situation, for example. The insurer may report such attempts to the police, and the insured must pay back to the insurer any money already received on the basis of the insurance.
18. If the insurer pays for expenses not covered by the insurance policy, the insured must reimburse the insurer for them within one (1) month of the insurer making a request to this end.
19. The insurer makes every effort to provide all services under all circumstances in accordance with the insurance policy. Geographically remote locations or unforeseeable damaging local events may prevent the provision of a service at its standard level.
20. The insured must first apply for compensation for all expenses through their private health insurance policy, the state's health insurance and/or another travel insurance policy.
21. If the insured has several cards issued by OP Retail Customers plc, the insurer pays compensation only up to the cards' largest individual limit, and the cards' benefit values cannot be added together.

6 General exclusions

These restrictions apply to the entire insurance policy of the insured. The insurer does not pay compensation resulting directly or indirectly from the following:

1. In respect of all sections, for claims the reason for which is not listed in the “What does the insurance cover?” section.
2. For claims in terms of which the insured has not delivered the necessary documents requested by the insurer on page 24 at the expense of the insured. The insurer may make a request for additional documents, not listed, to provide grounds for the insured’s application.
3. The insured participating in or practising the following: manual labour; flying, excluding as a paying passenger aboard a licensed passenger aircraft; the use of a motorised two- or three-wheeled vehicle unless the insured has a valid applicable driving permit based on which the vehicles in question can be used in the insured’s country of residence and in the trip’s destination and provided that a helmet is used (see section 4.3 “Sports and activities”); professional entertainment; professional sports; competing (other than on one’s feet); rallies and motor races, track racing, and all speed and endurance tests.
4. The insured participating in sports or activities other than those listed as falling under the scope of the insurance cover in section 4.3 (“Sports and activities”) or the practising of such. Sports and activities fall under the scope of the insurance cover only when they are occasional, do not involve competing and are not practised professionally. In no circumstances does the insurance cover extend to compensation resulting from activities not specified on the list, regardless of whether they have been practised as part of an organised excursion or event.
5. All claims resulting from the insured attempting to commit suicide or having committed suicide, inflicting damage upon themselves intentionally, using pharmaceuticals not prescribed by a physician, having been addicted to drugs or alcohol, or abusing them or having been under their influence.
6. Unnecessarily exposing oneself to danger (unless attempting to save a human life).
7. All claims attributable to the insured having participated in a fight, excluding self-defence.
8. The insured travelling contrary to the health requirements of an operator, its handling representatives or another provider of public transport.
9. The insured’s own illegal activity or a criminal trial against the insured, or any loss or damage intentionally perpetrated or caused by the insured.
10. All other losses, damage or additional expenses attributable to an event for which the insured is claiming compensation. Such losses, damage or additional expenses would include expenses incurred from preparing the claim application, expenses resulting from a loss of earnings or a suspension of the insured’s business activity, or losses or expenses resulting from inconvenience, anxiety or loss of pleasure.
11. Excluding the duties of employees of the defence forces, police, fire brigade, health care, rescue services or government offices, claims attributable to a permitted holiday being cancelled due to work-related reasons, as specified in the section concerning the cancellation or curtailment of a trip.
12. The total compensation received by the customer cannot exceed the amount of the original loss. The insurer does not pay the damages paid by another insurance company.

13. The insured travelling to a country, territory or event to which the Ministry for Foreign Affairs or another authority in the country of departure or destination has urged the public to avoid all travel.
14. The insured climbing, jumping or moving from one balcony to another, regardless of the balcony's height.
15. All expenses that the insured would be required to pay, or that the insured would have been expected to pay, had the event resulting in the compensation not occurred.
16. All circumstances of which the insured has been aware of prior to obtaining the insurance or at the time the trip was booked and which could reasonably be expected to result in a claim application on the basis of this insurance policy.
17. Phone and fax expenses, network payments, unless they can be shown to result from contacting the insurer.
18. A condition which the insured is not treating with the recommended treatment, or for which the insured is not using the medication prescribed by a physician.
19. War, attack, the acts, hostilities or war-like measures of foreign hostiles (regardless of whether war has or has not been declared), civil war, insurrection, terrorism, revolution, insurgency, civil unrest which, based on numbers or scope, can be considered a popular uprising, army rebellion or a usurpation of power, this restriction nevertheless not being applicable to losses under the sections on medical treatment expenses and accident unless the losses in question are attributable to a nuclear, chemical or biological attack, or if disruptions occurred since the beginning of the trip.
20. Ionising radiation or contamination resulting from the radioactivity of nuclear fuel or nuclear waste, the burning of nuclear fuel, or the radioactive, toxic, explosive or other dangerous quality of a nuclear facility or the nuclear core of the facility in question.
21. Losses, destruction or damage directly attributable to pressure waves caused by airplanes and other aircraft flying at the speed of sound or at supersonic speeds.
22. The insurance cover does not extend to medical treatment expenses, legal aid abroad, personal liability or compensation pertaining to a robbery at an ATM in the insured's country of residence.
23. All virtual currencies, including value fluctuations and cryptocurrencies.
24. The insurer is not considered obligated to provide insurance or a benefit, or to pay compensation insofar as the provision or payment of such insurance cover or benefit would expose the insurer in question to any sanction, injunction or restriction pursuant to UN resolutions or the trade or economic sanctions, laws and regulations of the European Union, the United Kingdom or the United States.
25. The insurance policy does not cover situations directly or indirectly caused by medical conditions that have not begun, or the first symptoms of which have not appeared during a trip, and for which no medical treatment has been received during the trip.
26. The insurance cover does not extend to claim applications attributable to the insured travelling against a physician's orders (or claim applications attributable to situations where the insured would be travelling against a physician's orders, had they visited a physician).
27. The insurance cover does not extend to claim applications attributable to the purpose of a trip being to receive treatment by or to visit a physician by appointment abroad.

6.1 Note the following health requirements

For the full insurance cover, the insured must comply with the following terms and conditions. Should the terms and conditions not be complied with, the insurer may refuse to handle the claim application or reduce the amount of compensation paid. These compensations do not apply to the insured if the insured:

- travels contrary to a physician's instructions (or would travel contrary to a physician's instructions had the insured asked for such instructions);
- travels with the intention of receiving medical attention or advice abroad. Nor do benefits concerning medical treatment expenses or cancellation or interruption due to health reasons apply to the insured if:
- the insured has undiagnosed symptoms that require monitoring or further examinations (in other words, symptoms for which the insured awaits examinations, an appointment with a physician or test results, when the reason for the symptoms has not been determined);
- the insured is not a permanent resident of the country of residence.

N.B. The insurance pays compensation, in accordance with the policy's terms and conditions, for situations involving an illness when the insured event is based on an illness that has clearly required treatment, and the first symptoms of which have appeared or the illness having begun during a trip, and for which medical treatment has been administered during the trip.

7 If you wish to submit a complaint concerning your insurance policy

As the insurer, we do our utmost to ensure that the service we provide is as good as possible. If our service for some reason fails to live up to your expectations, do the following.

Call the Customer Service of OP Gold's travel insurance (tel. 0100 0510) or send an email to **clp.fi.travelinsurance@partners.axa**.

You can also mail your complaint to: AXA Travel Insurance Services, P.O. Box 43, 00501 Helsinki, Finland.

We will handle your complaint and investigate it as soon as possible.

If contacting the insurance company does not lead to your desired result, you can also contact the Finnish Financial Ombudsman Bureau by mail (Porkkalankatu 1, 00180 Helsinki, Finland) or by calling (0)9 685 0120. You will receive the recommended decision from the Insurance Complaints Board.

You can also contact the Consumer Disputes Board in writing: Consumer Disputes Board, P.O. Box 306, 00531 Helsinki, Finland. The Consumer Disputes Board also provides recommended decisions.

As the policyholder, if you are dissatisfied with the insurance company's claim settlement decision or another decision affecting the position of the policyholder, insured person or another beneficiary, you have the right to initiate legal proceedings in the Helsinki District Court or in the court of first instance of your domicile within three years of receiving written notice of the decision issued by the insurance company.

7.1 Withdrawal of benefits

These benefits are linked to the card providing the insured's insurance cover and cannot be withdrawn separately. If the insured cancels the card providing the insurance cover, the insurance cover terminates, and all the related benefits cease. The card agreement includes detailed information about how to cancel the card providing the insurance cover.

7.2 Processing of personal data

By disclosing their personal data when buying this insurance policy and in connection with the services provided by the insurer, the insured consents to the insurer processing the personal data of the insured.

The insured also consents to the insurer processing the insured's sensitive data. If the insured discloses the data of other persons to the insurer, the insured also consents to informing these persons of the insurer's processing of their data as is described in this document and in the insurer's privacy policy.

The processing of the insured's personal data is necessary for the provision of the insurance contract and other services. The insurer also processes the insured's data to comply with the insurer's legal obligations, or if it otherwise accords with the insurer's legitimate interests in the management of the insurer's business. If the insured does not disclose this data, the insurer cannot grant the insurance or process the insured's claim application.

The insurer processes the insured's data for several legitimate reasons, including:

- underwriting, policy management, the processing of claim applications, arranging assistance during a trip, complaints handling, checking sanctions and fraud prevention.
- For the use of sensitive data pertaining to the health or vulnerability of the insured or other persons related to the claim application or a request to arrange assistance for the provision of the services described in this policy document. By using the insurer's services, the insured gives the insurer permission to use said data for these purposes.
- The monitoring and/or recording of calls related to the insured's insurance cover for the purposes of education and quality control.
- Technical investigations in which benefits and insurance premiums are analysed, pricing is adjusted, the customer process is supported, and financial reporting is improved (also in accordance with regulation). The detailed analysis of claim applications to allow the better supervision of providers and activities. To analyse customer satisfaction and for customer segmentation to further improve the products' adjustment to market needs.
- To obtain and save all relevant and appropriate additional evidence in terms of the insured's claim application so that the services pursuant to these terms and conditions can be provided, and the insured's claim application can be approved.
- To send requests for feedback or surveys on the insurer's services to the insured and for taking care of other communications involving customer relations.

The insurer may disclose data pertaining to the insured and the insured's insurance cover to AXA Group companies, the insurer's service providers and agents so that the insured's insurance cover can be managed and maintained, the insured can be offered assistance while they are travelling, to prevent fraud, collect payments, and otherwise as required or permitted by the applicable law.

The insurer separately requests the insured's consent before using the insured's personal data or disclosing it to another party for such a party to contact the insured in relation to products or services (direct marketing). The insured may at any time withdraw their consent to marketing or prevent requests for feedback by contacting the data protection officer (contact details can be found below).

In connection with such activities, the insurer may transfer the insured's personal data outside the United Kingdom or the European Economic Area (EEA). In such a situation, the insurer ensures that the appropriate security measures needed to protect the insured's personal data are in place. This includes ensuring that security measures corresponding with the level of the United Kingdom and the EEA are in place, and that the party to whom the insurer transfers the personal data is obligated by their agreement to protect the data in accordance with the appropriate standards.

The insurer stores the insured's personal data for as long as is reasonably necessary for fulfilling the purposes specified in this statement and for complying with the insurer's legal obligations.

The insured has the right to request a copy of the data that the insurer has on the insured. The insured also has other rights with respect to how the insurer uses the insured's data, as is specified in the privacy policy available on the insurer's website. We kindly request you to inform us if any data concerning you is inaccurate, so that said data can be corrected.

If you wish to know how to lodge a complaint with the data protection authority, or if you have other requests or concerns related to how we use your data, including how to get a printed copy of the privacy policy available on our website, please write to us and send your letter to:

Data Protection Officer

AXA Travel Insurance 106–108

Station Road Redhill

RH1 1PR

Email address: **dataprotectionenquiries@axa-assistance.co.uk**