

Health Insurance for Foreigners

Insurance Product Information Document



Company: Inter Partner Assistance S.A. Oddział w Polsce, located at: Prosta 68, 00-838 Warszawa, Poland; KRS 0000320749

Product: Foreigners / Cudzoziemiec

Complete pre-contractual and contractual information on the product is provided in the General Terms and Conditions of Foreigners Insurance approved under the Regulation of the Chief Executive Officer of Inter Partner Assistance Branch in Poland No. 10/2020 dated 22.06.2020 and shall apply to insurance contracts that are concluded after or on 01.10.2020 and other documents.

What is this type of insurance?

This product is a medical expenses abroad insurance valid in the Schengen Zone member countries. It may be used in a visa application process. This product is aimed at natural persons who are not Polish citizens.



What is insured?

The interests insured are organization and cost coverage for urgent and necessary medical treatment in case of sudden illness or accident.

- ✓ Medical expenses – regarding chosen variant - up to EUR 30 000 or up to 60 000 EUR;
- ✓ Repatriation and medical transport – real cost within the sum insured;
- ✓ Dental treatment – up to EUR 200.



What is not insured?

The full list of exclusions is provided in Article 10 of the General Terms and Conditions of this insurance. Notable exclusions include:

- ✗ Any events resulting from deliberate actions of the Insured or other persons who belong to the same household, or from grave negligence, except in cases when payment of indemnity is appropriate in given circumstances;
- ✗ Any events resulting from the Insured's being under influence of alcohol or other psycho-active substance, committing or attempting to commit a crime;
- ✗ Any events related to professional or competitive sports, practicing of high-risk sports or extreme sports as defined in the GTC,;
- ✗ Treatment of illnesses or accidents which occurred within 12 months prior to the period of insurance, continuation of any treatment started before period of insurance, travel for treatment,;
- ✗ Preventive dental care, regular pregnancy care, mental illnesses;
- ✗ Any services not directly related to the event covered within the scope of this insurance.

This insurance is not equal to a comprehensive health insurance, personal accident insurance, social insurance in any country.



Are there any restrictions on cover?

- ! The Insurance company covers the cost up to the maximal sum insured as quoted in the General Terms and Conditions.
- ! The insurance coverage does not include any medical treatment which is not urgent and necessary for the condition of the Insured to allow for continuation of trip or for further treatment in their country of residence.



Where am I covered?

- ✓ The territorial scope of this insurance are all member countries of the Schengen Zone.



What are my obligations?

In case of a sudden illness or accident the Insured has to:

- Inform the Assistance Centre of the event,
- Provide all known information which may be useful for the organization of treatment and cost coverage, follow the instructions of the Assistance Centre's representatives,
- Provide any documents requested by the Assistance Centre and allow the Assistance Centre representatives access to the medical records.



When and how do I pay?

The insurance premium is paid by the Policy holder upfront, via a one-time payment.



When does the cover start and end?

The start and end dates of the period of insurance are indicated in the Insurance Policy. The insurance coverage starts – provided the premium has been paid – at 00:00 on the day indicated as the start of insurance coverage, and ends at 23:59 on the day indicated as the end of insurance coverage or on the next day after the Insurance company has received the withdrawal from insurance contract (distance or off-premises contract).



How do I cancel the contract?

The Policy Holder may withdraw from a distance or off-premises contract within 30 days from the day this insurance contract has been concluded, or in case the Policy Holder is an entrepreneur, within 7 days thereof. To withdraw from the contract and request the return of insurance premium paid, the policy holder needs to provide in Insurance company with a written statement of withdrawal, The withdrawal does not release the Policy Holder from the obligation to pay the premium for the period when the insurance coverage was provided.