



Emergency Medical Assistance (EMA) Program

SCOPE OF SERVICES

- In the event of an emergency, **you and the persons on the namelist (“You/Your”)** may call our dedicated assistance hotline 24 hours a day, 365 days a year to request the following services.
- All limits and monetary amounts are stated in US\$.
- Cover is subject to our policy terms and conditions.
- In the event of any discrepancy, the policy terms and conditions, endorsements and benefit schedules shall prevail.

The undermentioned services (the “Services”) are available to You subject to the following conditions:

- You are insured under a plan arranged and administered by APRIL Asia Pacific Ltd or one of its subsidiaries (“APRIL” or “APRIL Assistance”).**
- Services are only available under the conditions listed below.**
- Medical evacuation and medical repatriation services are available** only when **You** are traveling away from your **Place of Residence**.
- In any case, You must contact APRIL Assistance as early as practically possible.**

1. SERVICES AVAILABLE IN THE EVENT OF ACCIDENT OR SUDDEN ILLNESS (Up to a combined limit of US\$1,000,000)

1.1 Emergency Medical Evacuation and Medically Supervised Repatriation

Under the following circumstances:

- **You** are facing a **Medical Emergency** and;
- adequate medical facilities are not available locally and;
- in the opinion of **APRIL Assistance’s doctor**, it is necessary to evacuate **You** to the nearest adequate registered hospital for urgent and necessary medical treatment, then

APRIL Assistance will arrange for the emergency transportation and all en-route medical care and supplies necessary.

Should you be evacuated to a destination that is not within the vicinity of your **Place of Residence AND** if medically needed, APRIL Assistance will arrange for a medically supervised repatriation on a scheduled commercial flight (economy class ticket) or any other appropriate means to bring **You** back to your **Place of Residence**.

The means of evacuation/repatriation arranged by APRIL Assistance or its authorized representative may include air ambulance, regular air transportation, rail, road, and any other appropriate means and the assignment of a doctor and/or nurse to accompany **You**. All decisions as to the means of transportation and the final destination will be made by APRIL Assistance or its authorised representative and will be based solely upon medical necessity. If **You** refuse to accept these conclusions, APRIL Assistance will not be responsible for any consequences and expenses arising from such a refusal.

A member whilst he/she is in his/her **Home Country** will only be evacuated or repatriated within his/her **Home Country** except when he/she is visiting his/her **Home Country** on an occasional basis for a period of less than 90 days per trip.

1.2 Return to your Place of Residence after recovery

Following evacuation and upon **Your** recovery, APRIL Assistance will arrange an air ticket (return economy class) for **You** to return to **Your Place of Residence**.

The provision of this service is subject to **Your return** within ten days following **Your** discharge from the hospital.



1.3 Visit to **You** bedside by a friend/relative

If **You** are unaccompanied and hospitalised away from **Your Place of Residence** and **You** are expected to be hospitalised for more than 7 days, APRIL Assistance will arrange an economy round trip transportation plus up to 7 nights' accommodation in a hotel limited to US\$150 per night for a person chosen by **You** to join **You**. All other costs remain **Your** responsibility.

1.4 Dispatch of Medication and Medical Equipment Not Available Locally

In the event of an emergency where **You** require essential medication and/or medical equipment not available locally, APRIL Assistance will dispatch these materials subject to the local rules and regulations.

Unless reimbursable under **Your** health insurance or required for an emergency as determined by APRIL Assistance's doctor, **You** will be responsible for the cost of the items dispatched.

1.5 Return of member's family members

In the event that **You** are hospitalised abroad when traveling with **Your** family and if **You** require assistance to send **Your** family back to their **Place of Residence**, APRIL Assistance will arrange an air ticket (one-way economy class) for them to return to their **place of residence**.

1.6 Return of dependent children

If dependent children (age 18 and below) are left unattended, because of **Your Medical Emergency**, and when there is no immediate next of kin with the children, APRIL Assistance will provide an air ticket (one-way economy class) for them to return to their **Place of Residence**, or that of the nearest relative or designated guardian where appropriate. Qualified attendants will also be provided without charge, when required.

2. SERVICES AVAILABLE IN THE EVENT OF THE DEATH OF THE MEMBER (Up to a combined limit of US\$30,000)

2.1 Repatriation of Mortal Remains

In the event of **Your** death outside your **Home Country** or **Place of Residence**, APRIL Assistance will assist with the necessary formalities and will organise the return of **Your** body or remains to the location indicated by **Your** next of kin.

2.2 Cost of a transport coffin for repatriation of body by air.

The cost of a coffin suitable for transportation by air is limited to US\$5,000.

2.3 Presence of a person to accompany the deceased

In the event of **Your** death abroad and if **You** were unaccompanied, APRIL Assistance will arrange economy round trip transportation plus up to 7-night accommodation in a hotel limited to US\$150 per night (if the visitor does not have any accommodation) for a person *designated by your immediate family*.

2.4 Return of family Members

In the event of **Your** death due to an **Accident** or **Illness** while traveling and if Your family **Member(s)** *require(s)* assistance to return to their **Place of Residence**, APRIL Assistance will arrange an air ticket (one-way economy class) for **them** to return to their **Place of Residence**.

3. SERVICES AVAILABLE IF PERSONAL EFFECTS ARE LOST OR STOLEN ABROAD

3.1 Cash advance

In case of emergency, APRIL Assistance can advance funds to **You** if APRIL Assistance first receives an equivalent amount or an indemnity form for an equivalent amount from a person designated by **You**.

3.2 Relay of urgent message during an emergency abroad

In case of an emergency, APRIL Assistance will attempt to establish a national or international message relay to a designated addressee on **Your** behalf.



4. SERVICES AVAILABLE IN THE EVENT OF AN UNINTENTIONAL INFRACTION OF THE LAW ABROAD

4.1 Legal Referral

When requested, APRIL Assistance will provide **You** with the contact information of the legal service company: address, telephone number of the legal service company. APRIL Assistance shall not be liable for any costs nor any consequences of **You** contacting the local provider.

4.2 Advance of legal expenses

In case of emergency, APRIL Assistance can advance funds for legal expenses to **You** if APRIL Assistance first receives an equivalent amount or an indemnity form for an equivalent amount from a person designated by **You**.

4.3 Advance of cost of Bail Bond

In the event where **You** require the arrangement of a Bail Bond, APRIL Assistance will provide the needful assistance. This service will be provided subject to APRIL receiving the required funds from a source designated by **You**.

4.4 Assistance with translation of legal or administrative documents

In case of traffic **Accident** or offence committed on non-criminal grounds in which **You** are involved and when it is necessary to translate the legal and administrative documents, APRIL Assistance will support **You** and pay up to US\$500 for translation or administrative documents. All other costs shall remain Your responsibility.

5. SERVICES AVAILABLE IN THE EVENT OF THE DEATH OR TERMINAL ILLNESS OF A FAMILY MEMBER

5.1 Compassionate Home Travel

If an **Immediate Family Member** passes away or receives an **Urgent Terminal Diagnosis** from a **Physician**, APRIL Assistance will reimburse a return economy airfare to **Your Home Country** of up to US\$1,000. The outward journey must commence within 14 days before or following the death. This is a reimbursement benefit and subject to receipt of original supporting travel documentation, receipts and death certificate. This benefit is limited to one claim per **Member** per policy year.

6. OTHER MEDICAL AND TRAVEL ASSISTANCE SERVICES

6.1.1 Around the clock telephone access

You may call our 24/7 dedicated hotline for assistance. Trained personnel including a medical team will be on-hand to assist.

6.1.2 Medical Referral

If **You** need any medical referrals such as a doctor, a hospital, and/or a clinic, APRIL Assistance shall provide direction to obtain medical care by giving to **You** the address and the telephone number of the nearest medical facility. APRIL Assistance shall not be held responsible for any consequences between **You** and the facilities.

6.1.3 Organisation of Hospital Admission including Admission Deposits

If **You** require hospitalisation, APRIL Assistance will organise **Your** hospital admission in accordance with the entitlement of **Your** health insurance. If **Your** health insurance excludes coverage of the event or does not cover the event in full, **You** shall be responsible for all the financial obligations imposed by the facility.

6.1.4 Tele-medicine Advice

When medical advice is needed, **You** may call APRIL Assistance for help. April Assistance will make arrangements for a doctor to return your call. Please note that this is not a medical consultation.

Important: The telephone conversation does not permit the establishment of a diagnosis

6.1.5 Medical Monitoring

APRIL Assistance will monitor **Your** condition if **You** are hospitalised abroad and will keep **Your** employer/family informed, with **Your** agreement.



6.2.1 Pre-Trip Travel Information

APRIL Assistance will provide with pre-trip referrals/travel information on countries and regions to be visited upon **Your** request. In addition, APRIL Assistance will also provide information concerning Visa, inoculation, passport or immunisation requirements of the foreign countries in which **You** will be traveling.

6.2.2 Travel Assistance while on a trip

Upon **Your** request, APRIL Assistance will provide information on exchange rates of major currencies, address and telephone numbers and opening hours of the nearest appropriate consulates or embassy.

6.2.3 Lost luggage and lost passport assistance

APRIL Assistance will assist **You** in the recovery of lost luggage, documents, and personal items. Airlines, government authorities and credit card issuers are among those who will be contacted, if necessary.



EXCLUSIONS

1. Emergency medical evacuation or repatriation or any cost not approved in advance and in writing by APRIL Assistance and/or not arranged by APRIL Assistance.
2. Services rendered by any other party without the authorisation and/or intervention of the APRIL Assistance.
3. Medical treatment administered by **Your** relatives, whether being a qualified medical practitioner or not.
4. Any expenses specifically covered under **Your** insurance policy.
5. Any expense if **You** are not suffering from a serious medical condition and can be treated within **Your** location or if the treatment can be reasonably delayed until **You** return to **Your Place of Residence**.
6. Cases of minor **Illness** or injury, which, in the opinion of the APRIL Assistance's Doctor, can be treated with sufficient medical equipment and treatment within **Your** location and which does not prevent **You** from continuing **Your** traveling or work.
7. Any expenses incurred where, in the opinion of the APRIL Assistance's Doctor, **You** are physically fit and able to travel as a normal passenger and without a medical escort.
8. Situations in which **You** have already been under medical treatment at the time or before **You** commenced your journey.
9. Situations in which **You** were traveling with the intention of obtaining medical treatment.
10. Cases related to psychiatric disorders or diseases for which **You** had previously received treatment.
11. Any expenses arising from willfully self-inflicted injury or **Illness**, insanity, alcoholism, drug or substance abuse or self-exposure to needless peril.
12. Cases of pregnancy and childbirth unless unexpected complications arise.
13. Cases where **You** engage in any form of aerial flight except as a fare-paying passenger on a regular scheduled airline or licensed charter aircraft over an established route.
14. Cases related to participation in professional sports on a full time or part-time basis
15. Cases related to deliberate exposure to exceptional danger, except in an effort to save human life.
16. Any expenses arising from an event where **You** are engaged in extreme sports such as but not limited to mountaineering or trekking above 3,000 meters; caving or potholing; downhill off-piste skiing; motorsports on land; boating in vessels designed to travel at 30 knots or more; scuba diving below 12 meters; bungee jumping, skydiving, paragliding, jet skiing, white-water rafting, aviation activities other than as a fee-paying passenger.
17. The commission of, or the attempt to commit an unlawful act.
18. Failure from **You** to take reasonable precautions following warnings of any intended strike, riot or civil commotion via the mass media.
19. Detention, destruction, confiscation by customs or government authorities, breach of government regulations.
20. Any expenses arising while serving as a *member* of a police force or military unit of any country or international authority, or due to participation in war (whether declared or undeclared), civil war, invasion, insurrection, revolution, use of military power, usurpation of government or military power, or any known or suspected terrorist act, utilisation of nuclear weapons, chemical or biological weapons of mass destruction or participation any illegal act.
21. Any expenses arising from an event where **You** are engaged in occupations with exposure to highly hazardous conditions.
22. Any expenses as a result of exposure to ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel; the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof; any weapon of war employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter.
23. Any expenses incurred on funeral rites or any religious ceremonies.
24. **Sanction Limitation and Exclusion Clause.** Services will not be available when **You** are in countries sanctioned by United Nations resolutions, European Union, United Kingdom or United States of America. **You** may like to check with us the excluded countries before travel or expatriation.



LIMITATIONS AND LIABILITY

APRIL Assistance cannot be held responsible for the failure to provide services or for delays caused by strikes or conditions beyond its control including, but not limited to, flight conditions or where local laws of regulatory agencies prohibit APRIL Assistance from rendering such services.

APRIL Assistance reserves the right to impose a limit of one (1) emergency evacuation and/or repatriation attributable to any single medical condition by a member. Any legal professionals and/or medical professionals suggested by APRIL Assistance for providing direct services to **You** are not employees or agents of APRIL Assistance and/or its subsidiaries or affiliated companies. APRIL Assistance and/or its subsidiaries or affiliated companies cannot be held responsible for the quality or results of any services provided by independent practitioners to whom APRIL Assistance refers **You**.

COSTS AND EXPENSES TO BE BORNE BY YOU

The cost of emergency assistance services stipulated in Clauses 1.1 to 1.6, 2.1 to 2.4, 4.4 and 5.1 when rendered by APRIL Assistance, will be borne by APRIL Assistance. The services other than those mentioned above are rendered by APRIL Assistance purely on a fee-for-service or referral basis. APRIL Assistance shall not be responsible for any expenses incurred in connection to such rendering of services. You shall pay all such costs.

GENERAL PROVISIONS

1. **You** must be insured under a policy including the stated benefits.
2. The benefits are accorded to **You** when **You** are traveling abroad or outside your **Place of Residence**. However, if you are an expatriate visiting your home country on an occasional basis, you will also be entitled to the benefits.
3. When a member is in his/her **Home Country**, the medical evacuation and medical repatriation is restricted to within his **Home Country**, except when he is visiting his/her **Home Country** on an occasional basis for period less than 90 days per trip.
4. **You** must take reasonable care to prevent **Accidents or Injuries**.
5. If **You** hold valid open or modifiable tickets, these must be placed at the disposal of APRIL Assistance to make the new travel arrangements on your behalf, where applicable.
6. Fraud, misstatement or concealment in the statements made for and on **your** behalf prior to or when effecting this **Agreement** or any fraudulent claim hereunder shall render the **Agreement** null and void and all indemnities and services shall be forfeited.
7. Any claim with respect to a covered event must be filed within sixty (60) days of the date of such event, or the right to such action or legal claim shall be forfeited.
8. Written notice of any **Accident or Injury**, proceedings or any other event which may give rise to a claim shall be given to APRIL Assistance within 30 days of the occurrence or as soon as reasonably practicable. All certificates, information and evidence required by APRIL Assistance shall be provided at your expense by **Your** legal representative.

GOVERNING LAW

Any disputes arising in connection with this **Agreement** which cannot be settled by correspondence or mutual conference between the parties shall follow the terms in the main insurance **Agreement**.

SUBROGATION AND SUBSIDIARITY

It is noted and agreed that the primary purpose of this Membership is the provision of services to **You** when involved in a **Medical Emergency**.

If the services provided by APRIL Assistance are covered in whole or in part by an insurance policy or other health plans, APRIL Assistance shall only be responsible for those costs which cannot be recovered by **You** under the said insurance.

APRIL Assistance may at any time and at its own expense, and without prejudice to this **Agreement**, take proceedings in **Your** name to obtain compensation or secure an indemnity from any third party in respect of any loss or injury caused by such third-party giving rise to the provision of services under this **Agreement**.



DEFINITIONS

“Accident”: Shall mean any sudden and unexpected violent event which may befall **You**, other than any intentionally self-inflicted injury.

“Agreement”: The **Agreement** with APRIL Assistance includes the Application for membership made by **You** or made on **Your** behalf, together with this document and the Membership Card. The documents shall be read as a whole, and no modifications shall be admitted except those issued or acknowledged in writing by APRIL Assistance.

“APRIL Assistance doctors”: Shall mean the **Physician/s** designated by APRIL Assistance.

“Country of Residence”: Shall mean the country in which **You** are habitually or permanently resident.

“Home Country”: Shall mean the country of which **You** are a citizen or national. In the case of dual nationality, if a country of nationality corresponds with that in which **You** are habitually resident, that country shall be deemed to be both **Your Home Country** and **Country of Residence**. **Immediate Family** assumes the nationality of the principal **Member** for the purposes of this **Agreement**.

“Hospital or medical facility or local medical provider”: Refers to any institution which is legally licensed as a medical or surgical hospital in the country in which it is located and whose main activities are not those of a spa, hydroclinic, sanatorium, nursing home or home for the aged. Treatment provided to **You** must be conducted under the constant supervision of a **Physician**.

“Illness or Injury”: Shall mean any sudden and unexpected deterioration of health certified by a competent medical authority.

“Immediate Family”: Shall mean **Your** partner, children, parents.

“Medical Emergency”: Refers to a situation which in the opinion of APRIL Assistance constitutes a sudden change in your health as a result of an accident or acute exacerbation of a disability within forty-eight (48) hours which requires urgent medical or surgical intervention to avoid permanent damage to your life or health.

The severity of the medical condition will be judged within the context of **Your** geographical location, the nature of the **Medical Emergency** and the local availability of appropriate medical care or facilities.

“Members”: Shall mean those persons to whom services shall be provided to under this **Agreement**.

“Place of Residence”: Shall mean the town, province or region in which **You** are habitually or permanently resident.

“Physician”: A doctor of Western medicine other than someone related to **You** by blood, marriage or adoption, who is licensed by the competent medical authorities of the country in which treatment is provided, and who in rendering such treatment is practicing within the scope of his or her licensing and training.

“Occasional Basis” refers to visitations to the member’s home country for not more than 90 days per trip.

“Urgent Terminal Diagnosis”: shall mean as verified by a **Physician** in which death is anticipated within 14 days with reasonable clinical judgment.

TO CONTACT APRIL ASSISTANCE:

Please refer to the emergency hotline numbers on the back of your member card or on your Easy Claim app.