CREWSELECT INTERNATIONAL INDIVIDUAL POLICY SUMMARY



This policy summary does not contain full details and conditions of your insurance, these are located in your policy wording.

The CrewSelect International Healthcare Plan is insured and fully underwritten by Sirius International Insurance Corporation who are regulated by the Financial Services Authority in the United Kingdom. As the Plan Manager for CrewSelect InternationalSM, IMG Europe Ltd acts as the authorised agent for and on behalf of Sirius International.

TYPE OF INSURANCE COVER

This policy meets the general demands and needs of Professional Marine Captains and Crew Members who require International Medical Cover. Please refer to your insurance certificate, any applicable endorsements and your policy wording for your selected cover and to check the product meets your own specific demands and needs.

FEATURES AND BENEFITS

Subject to the Terms of Your Plan and if no other limitations or exclusions apply, after deduction of any Excesses and Coinsurance, we will pay Eligible Charges up to the overall aggregate maximum sum insured per Insured Person, per Period of Insurance. Eligible Charges for certain benefits under your plan are payable only up to a Sub-Limit per Insured Person or per Period of Insurance and/or only up to a Lifetime Limit per Insured Person, as shown in the Schedule of Cover and Excess relevant to your chosen Plan. The currency in which you pay your premium being £Sterling, US\$ or €Euros is the currency that applies to your plan for the purposes of benefit limits and excesses shown in the schedule of benefits table below, you cannot change currency at renewal. Alphabetical and numeric headings in the Schedule of Cover and Excesses refer to the similarly designated sections of the Policy Wording.

PRE-CERTIFICATION FOR MEDICAL NECESSITY

For many of the benefits under your Plan you are required to notify us so that we can verify medical necessity prior to incurring any cost or undertaking any treatment and before being admitted to Hospital (except in an emergency situation in which event we should be informed within 48 hours or as soon as reasonably possible) -See Pre-Certification Section of the Policy Wording for full list and details. Pre- Certification is a general determination of medical necessity and all such determinations are made by us in reliance based upon the completeness and accuracy of the information provided by you or on your behalf at the time of the Pre-Certification. Whilst a Guarantee of Payment (subject to Policy terms and Conditions) may be subsequently issued to a medical provider, Pre-Certification in itself is not a guarantee of payment, assurance, authorisation, verification of coverage, or a verification of benefits.

Subject to all Policy Wording terms, if you comply with the Pre-Certification requirements under your Plan, we will pay eligible charges for the costs or treatment which is Pre-Certified as medically necessary. Failure to comply with Pre-Certification requirements may jeopardise your claim or cover.

	CREWSELECT INTERNATIONAL SM	Standard	Elite
	Overall aggregate maximum sum insured per period of insurance per insured person	£1,500,000 \$2,500,000 €1,750,000	£5,000,000 \$8,000,000 €6,000,000
Α	In-Patient & Day-Patient Treatment		
1	Hospital Accommodation & Theatre		
2	Accidents, Emergencies, Intensive Care inc. Surgical Care, Second Surgical Opinion, Anaesthetics, Medical Practitioner charges for Surgery, Treatment, Services and Supplies routinely provided		
3	Surgeons, Consultants, Anaesthetists, Nurses and Ancillary Charges		
4	Medical Practitioners		
5	Prescribed Drugs, Dressings and Durable Medical Equipment		
6	Reconstructive Surgery-following an accident or following surgery for an eligible condition	Full Cover	Full Cover
7	Diagnostic Tests and Procedures, X-rays, Pathology, & MRI/CT Scans		
8	Cancer Tests, Drugs, Treatment and Consultants, including cover for Chemotherapy and Radiotherapy		
9	Physiotherapy		
10	Parental Hospital Accommodation		
11	Post Hospitalisation Treatment Received within 90 days of being discharged from hospital		
12	Hospital Cash Benefit	£150/\$255/€175/night 60 nights	£200/\$340/€235/night 60 nights
13	Organ Transplant (for major organs)	£100,000/\$160,000/€117,000 Lifetime Limit	£200,000/\$320,000/€234,000 Lifetime Limit
14	Prosthetic Devices	Full cover	Full cover
15	Psychiatric Treatment After 12 months continuous cover under the Policy	Full cover to a maximum of 30 days	Full cover to a maximum of 30 days

AIDS/HIV Treatment		CREWSELECT INTERNATIONAL SM	Standard	Elite
Specialists and Consultants (fee for consultational) 3 - 2-rays, Pathogopy Diagnostic Tests and Pooredures	В	Out-Patient Treatment		
Service of Drugs, Medicines, Dessings and Durable Medical Equipment	1	Family Doctor, Treatment & Referrals		
3. X-rays, Pathology, Diagnostic Tests and Proceedures 4. Prescribed Drugs, Medicines, Dressings and Durable Medical Equipment 5. Out Patient Surgery 6. Cancer Tests, Drugs, Treatment and Consultants 6. Physiotherapy, Homeopathic and Osteopathic Therapy 7. Complementary Medical Treatment 7. Including Acquancture and Chiropractic Therapy 8. Drugs Application (September 1) 8. Physiotherapy, Medical Treatment 8. Including Acquancture and Chiropractic Therapy 9. Complementary Medical Treatment 9. Up to \$50007\$850046000 with 1 and 1550007\$850046000 with 1 and 1550007\$8500060000 with 1 and 1550007\$8500060000 with 1 and 1550007\$8500060000 with 1 and 1550007\$8500060000 with 1 and 1550007\$85000600000 with 1 and 1550007\$8500060000 with 1 and 1550007\$8500060000 with 1 and 1550007\$8500060000 with 1 and 1550007\$8500060000 with 1	2	Specialists and Consultants (fees for consultations)	Un to CE 000/69 E00/66 000	Full Cover
Source Tests, Drugs, Treatment and Consultants	3	X-rays, Pathology, Diagnostic Tests and Procedures	Up to ±5,000/\$8,500/€6,000	Full Cover
Early Cover Full Cover	4	Prescribed Drugs, Medicines, Dressings and Durable Medical Equipment		
Amazimum 15 violts as part of the \$2,000/\$4,250/£4,	-			
Bysiotherapy, Homeopathic and Osteopathic Therapy Complementary Medical Treatment Complementary Medical Treatment Complementary Medical Treatment Complementary Medical Treatment Dy to £5,000/\$8,500/€6,000 with a lifetime Limit of £10,000/\$12,000/£1,800 with a lifet	\vdash		Full Cover	Full Cover
8 Physiotherapy, Homocopathic and Ostoopathic Therapy 9 Complementary Medical Treatment 9 Including Acupuncture and Chiropractic Therapy 10 AIDS/HVI Treatment 10 AIDS/HVI Treatment 11 Homone Replacement Therapy 11 Homone Replacement Therapy 12 Phimary care services of a registered nurse in the insured Person's home immediately after, or instead of, in-patient or day care treatment Rehabilitation or Primary care services of a registered nurse in the insured Person's home immediately after, or instead of, in-patient or day care treatment Rehabilitation in Primary care services of a registered nurse in the insured Person's home immediately after, or instead of, in-patient or day care treatment Rehabilitation in Primary care services of a registered nurse in the insured Person's home immediately after, or instead of, in-patient or day care treatment Rehabilitation in Primary care services of a registered nurse in the insured Person's home immediately after, or instead of, in-patient or day care treatment Rehabilitation in Primary care services of a registered nurse in the insured Person's home immediately after or instead of, in-patient or day care treatment Rehabilitation in Primary care services of a registered nurse in the Insured Person's home immediately after or insured to the Primary care services of a registered nurse in the Insured Person's home immediately after or insured to the Primary care services of a registered nurse in the Insured Person's home immediately after or insured to the Primary care services of a registered nurse in the Insured Person's home immediately after or insured Person's primary after a manifest or insured Person's home immediately after or insured Person's primary after a manifest or insured Person's primary after a manifest or insured Person's primary after a primary after	7	Cancer Tests, Drugs, Treatment and Consultants		
Visited Heading Accipance and Chiropractic Therapy Visited Spows SpowSpows Spows	8	Physiotherapy, Homeopathic and Osteopathic Therapy	£5,000/\$8,500/ €6,000 limit	
a Lifetime Umit of £10,000/\$17,000/\$1,800	9		Up to £500/\$850/€600	Up to £2,500/\$4,250/€2,950
Home Nursing Care 12 Primary care services of a registered nurse in the Insured Person's home immediately after, or instead of, in-patient or day care treatment 13 Primary care services of a registered nurse in the Insured Person's home immediately after, or instead of, in-patient or day care treatment 14 Rehabilitation 15 Hospite Care 15 Hospite Care 16 Adult Wellness and Health Check 17 Adult Wellness and Health Check 18 Mediacl check-up including cervical smear, mammogram, cancer screening, cardiovascular examinations, neurological examinations, vital sign tests (e.g. blood pressure, cholesterol check) 18 Adult Wellness and Health Check 19 Ader 12 months continuous cover under the Policy 10 Advin Wellness and Health Check 20 Prodicts and Health Check 21 Provide Transportation and Out-of-Area Benefits 22 Emergency Local Ambulance 23 Emergency Local Ambulance 24 Emergency Evacuation and Transportation 25 Compassionate Home Visit 26 Accompanying Relative, Travel and Accommodation 27 Pre-Existing Conditions 28 Pre-Existing Conditions 29 Pre-Existing Conditions 29 Pre-Existing Conditions 20 Pre-Existing Conditions 20 Pre-Existing Conditions 21 Pre-Existing Conditions 21 Pre-Existing Conditions 22 Coverd as part of the Pre- 24 Coverd as part of the Pre- 25 Coverd as part of the Pre- 26 Coverd as part of the Pre- 27 Coverd as part of the Pre- 28 Pre-Existing Conditions 29 Pre-Existing Conditions 20 Coverd as part of the Pre- 29 Coverd as part of the Pre- 20 Coverd as part of the Pre- 20 Coverd as part of the Pre- 20 Coverd as part of the Pre- 21 Coverd as part of the Pre- 21 Coverd as part of the Pre- 22 Coverd as part of the Pre- 23 Coverd as part of the Pre- 24 Coverd as part of the Pre- 25 Coverd as part of the Pre- 26 Coverd as part of the Pre- 27 Coverd as part of the Pre- 28 Coverd as part of the Pre- 29 Coverd as part of the Pre- 20 Coverd as part of the Pre- 21 Cover			a Lifetime Limit of £10,000/\$17,000/€11,800	Up to £5,000/\$8,500/€6,000 with a lifetime Limit of £20,000/\$34,000/€23,600 Full Cover up to 18 Months Limit
12 Primary care services of a registered nurse in the Insured Person's home immediately after, or instead of, in-patient or day care treatment Rehabilitation 3 Following in Patient Treatment and incurred in a rehabilitation unit of a hospital Full Cover Up to 90 days Full Cover Up to 180 day hospital Full Cover Up to 6 months Full Cover Up to 6 Full C	- 11	· '/		Lifetime
13	12	 Primary care services of a registered nurse in the Insured Person's home immediately after, or instead of, in-patient or day care treatment 	•	Up to £75/\$130/€90/visit, to a max- imum of 60 visits
Following In-Patient Treatment	13	 Following In-Patient Treatment and incurred in a rehabilitation unit of a hospital 	Full Cover Up to 90 days	Full Cover Up to 180 days
Adult Wellness and Health Check • Medical check-up including cervical smear, mammogram, cancer screening, cardiovascular examinations, neurological examinations, vital sign tests (e.g. blood pressure, cholesterol checks) • After 12 months continuous cover under the Policy Child Wellness and Health Check 17 • Vaccinations/inoculations commonly administered for children under 18 • After 12 months continuous cover under the Policy 18 Pychilatric Treatment • After 12 months continuous cover under the Policy 19 Podiatry Benefit C Travel, Transportation and Out-of-Area Benefits Emergency Local Ambulance Full Cover Fu	14		Full Cover Up to 6 months	Full Cover Up to 6 months
Medical check-up including cervical smear, mammogram, cancer screening, cardiovascular examinations, neurological examinations, vital sign tests (e.g. blood pressure, cholesterol checks) After 12 months continuous cover under the Policy	15	Hospice Care	Up to £150/\$255/€175 (Nil Excess)	Up to £250/\$425/€295 (Nil Excess)
17 Vaccinations/Inoculations commonly administered for children under 18 After 12 months continuous cover under the Policy Up to £250/\$425/€2950 Up to £2500/\$425/€2950 Up to £2500/\$425/€2950 Up to £2500/\$4250/€2950 Up to £2500/\$4	16	 Medical check-up including cervical smear, mammogram, cancer screening, cardiovascular examinations, neurological examinations, vital sign tests (e.g. blood pressure, cholesterol checks) After 12 months continuous cover under the Policy 	Up to £150/\$255/€175 (Nil Excess)	Up to £250/\$425/€295 (Nil Excess)
### After 12 months continuous cover under the Policy	17	■ Vaccinations/Inoculations commonly administered for children under 18	Up to £150/\$255/€175 (Nil Excess)	Up to £250/\$425/€295 (Nil Excess)
CREWSELECT INTERNATIONALSM Standard Elite C Travel, Transportation and Out-of-Area Benefits 1 Emergency Local Ambulance Full Cover To nearest medical facility, country of choice, country of residence, or country of nationality within Your Area of Cover 4 Cremation/Burial or Repatriation of Remains Compassionate Home Visit • After 12 months continuous cover under the Policy Up to £1,500/\$82,550/€1,750 Per Period of Insurance, Limited to 1 trip Up to £500,000/\$850,000/\$600,000, subject to 20% co-insurance (Nil Excess) 7 Worldwide Accident and Emergency Out Of Area Cover D Pre-Existing Conditions and Chronic Conditions Pre-Existing Conditions and Chronic Conditions O Insurance of Insura	18		Up to £2,500/\$4,250/€2,950	Up to £2,500/\$4,250/€2,950
Travel, Transportation and Out-of-Area Benefits Emergency Local Ambulance	19	Podiatry Benefit		Up to £500/\$750/€525 per Period of Insurance
Emergency Local Ambulance Emergency Local Ambulance Emergency Evacuation and Transportation End Cover Full Cov		CREWSELECT INTERNATIONAL SM	Standard	Elite
Full Cover To nearest medical facility, country of choice, country of residence, or country of nationality within Your Area of Cover A ccompanying Relative, Travel and Accommodation Full Cover Full	C	Travel, Transportation and Out-of-Area Benefits		
To nearest medical facility, country of choice, country of residence, or country of residence, or country of residence, or country of nearest medical facility, conficing country of residence, or country of nearest medical facility, conficing country of residence, or country of nearest medical facility, conficing country of residence, or country of nearest medical facility, conficing country of residence, or country of nearest medical facility, conficing country of residence, or country of nearest medical facility, conficing country of residence or country of nearest medical facility, conficing country of residence or country of nearest medical facility, conficing country of residence or country of nearest medical facility, conficing country of residence or country of nearest medical facility, conficing country of residence or country of nearest medical facility, conficing of choice, country of residence or country of nearest medical facility, conficing of choice, country of residence, or country of nearest medical facility, conficing on country of nearest medical facility, conficing on country of nearest medical facility, conficing of choice, country of residence or country of nearest medical facility, conficing on country of nearest medical facility, conficing of choice, country of residence or country of nearest medical facility, conficing of choice, country of residence or country of nearest medical facility of country of nearest medical facility, conficing and facility of country of nearest medical facility of country of accountry of nearest medical facility of country of nearest medical facility of country of nearest medical facility of country of pacients and policy with repair of previous facility of country of nearest medical facility of country of accountry of accountry of accountry of nearest medical facility of country of full cover. To perform of previous facility of country of pron	1	Emergency Local Ambulance	Full Cover	Full Cover
4 Cremation/Burial or Repatriation of Remains Up to £7,500/\$13,000/€9,000 Up to £10,000/\$17,000/€11 Up to £1,500/\$2,550/€1,750 Per Period of Insurance, Limited to 1 trip USA Elective treatment within Provider Network Excludes non-emergency travel & accommodation (Applicable to insureds who have not selected Area 3 − Worldwide Cover) Worldwide Accident and Emergency Out Of Area Cover Worldwide Accident and Emergency Out Of Area Cover Period of Insurance, Limited to 1 trip Up to £500,000/\$850,000/€600,000, subject to 20% co-insurance (Nil Excess) Worldwide Accident and Emergency Out Of Area Cover CREWSELECT INTERNATIONAL SM Standard Elite D Pre-Existing Conditions Pre-Existing Conditions Pre-Existing Conditions 1 • After 24 months continuous cover under the Policy (unless excluded or terms applied as indicated otherwise in writing) Covered as part of the Pre- Covered as part of the Pre-	2	Emergency Evacuation and Transportation	To nearest medical facility, country of choice, country of residence, or country of nationality within Your	To nearest medical facility, country of choice, country of residence, or country of nationality within Your
Compassionate Home Visit After 12 months continuous cover under the Policy Up to £1,500/\$2,550/€1,750 Per Period of Insurance, Limited to 1 trip USA Elective treatment within Provider Network Excludes non-emergency travel & accommodation (Applicable to insureds who have not selected Area 3 – Worldwide Cover) Worldwide Accident and Emergency Out Of Area Cover Pre-Existing Conditions Pre-Existing Conditions Pre-Existing Conditions Pre-Existing Conditions Pre-Existing Conditions After 24 months continuous cover under the Policy (unless excluded or terms applied as indicated otherwise in writing) Covered as part of the Pre- Covered as part of the Pre- Covered as part of the Pre-	3	Accompanying Relative, Travel and Accommodation	Full Cover	Full Cover
Solution Period of Insurance, Limited to 1 trip USA Elective treatment within Provider Network Excludes non-emergency travel & accommodation (Applicable to insureds who have not selected Area 3 − Worldwide Cover) Worldwide Accident and Emergency Out Of Area Cover Period of Insurance, Limited to 1 trip Up to £500,000/\$850,000/€600,000, subject to 20% co-insurance (Nil Excess) Worldwide Accident and Emergency Out Of Area Cover Worldwide Accident and Emergency Out Of Area Cover Period of Insurance, Limited to 1 trip Up to £500,000/\$850,000/€600,000, subject to 20% co-insurance (Nil Excess) Excess) Worldwide Accident and Emergency Out Of Area Cover Period of Insurance, Limited to 1 trip Up to £500,000/\$850,000/€600,000, subject to 20% co-insurance (Nil Excess) Excess) Standard Elite Period of Insurance, Limited to 1 trip Up to £500,000/\$850,000/€600,00, subject to 20% co-insurance (Nil Excess) Excess) Standard Elite Period of Insurance, Limited to 1 trip Up to £500,000/\$850,000/€600,00, subject to 20% co-insurance (Nil Excess) Excess) Up to £500,000/\$850,000/€600,00, subject to 20% co-insurance (Nil Excess) Excess) Excess) Up to £20,000/\$3,400/€2,350 with a Lifetime Maximum of £20,000/\$3,400/€2,350 with a Lifetime Maximum of £20,000/\$34,000/€23,500 Excess) Covered as part of the Pre- Covered as part of the Pre-	4	Cremation/Burial or Repatriation of Remains	Up to £7,500/\$13,000/€9,000	Up to £10,000/\$17,000/€11,800
## D Pre-Existing Conditions Pre-Existing Conditions Pre-Existing Conditions Pre-Existing Conditions Pre-Existing Conditions After 24 months continuous cover under the Policy (unless excluded or terms applied as indicated otherwise in writing) Chronic Conditions and Palliative Care ### £500,000/\$850,000/€600,000, subject to 20% co-insurance (Nil Excess) ### £500,000/\$850,000/€00,000, subject to 20% co-insurance (Nil Excess) ### £500,000/\$850,000/\$600,000, subject to 20% co-insurance (Nil Excess) ### £500,000/\$600,000, subject to 20% co-insurance (Nil Excess) ### £500,000/\$600,000, subject to 20% co-insurance (Nil Excess) ###	5		Period of Insurance, Limited to	Up to £1,500/\$2,550/€1,750 Per Period of Insurance, Limited to 1 trip
CREWSELECT INTERNATIONALSM Standard Elite D Pre-Existing Conditions and Chronic Conditions Pre-Existing Conditions Up to £2,000/\$3,400/€2,350 with a Lifetime Maximum of terms applied as indicated otherwise in writing) Up to £2,000/\$3,400/€2,350 with a Lifetime Maximum of £20,000/\$34,000/€23,500 Up to £2,000/\$34,000/€2,350 with a Lifetime Maximum of £20,000/\$34,000/€23,500 Covered as part of the Pre-	6	■ Excludes non-emergency travel & accommodation (Applicable to insureds	£500,000/\$850,000/€600,000, subject to 20% co-insurance (Nil	£500,000/\$850,000/€600,000, subject to 20% co-insurance (Nil
Pre-Existing Conditions and Chronic Conditions Pre-Existing Conditions 1 ■ After 24 months continuous cover under the Policy (unless excluded or terms applied as indicated otherwise in writing) 2 Chronic Conditions and Palliative Care Covered as part of the Pre- Covered as part of the Pre-	7	Worldwide Accident and Emergency Out Of Area Cover	45 Days Maximum	60 Days Maximum
Pre-Existing Conditions and Chronic Conditions Pre-Existing Conditions Pre-Existing Conditions 1 ■ After 24 months continuous cover under the Policy (unless excluded or terms applied as indicated otherwise in writing) 2 Chronic Conditions and Palliative Care Covered as part of the Pre- Covered as part of the Pre-		CREWSELECT INTERNATIONAL SM	Standard	Elite
Pre-Existing Conditions Up to £2,000/\$3,400/€2,350 with a Lifetime Maximum of £20,000/\$34,000/€23,500 Lifetime Maximum of £20,000/\$34,000/€23,500 Covered as part of the Pre- Covered as part of the Pre-	D			
		Pre-Existing Conditions • After 24 months continuous cover under the Policy (unless excluded or	Lifetime Maximum of	Up to £3,000/\$5,100/€3,550 with a Lifetime Maximum of £30,000/\$51,000/€35,500
existing medical limits above existing medical limits above existing medical limits above	2	Chronic Conditions and Palliative Care	Covered as part of the Pre- existing medical limits above	Covered as part of the Pre- existing medical limits above
3 Stabilisation of Acute Chronic Episode Full Cover Full Cover	3	Stabilisation of Acute Chronic Episode	Full Cover	Full Cover

	CREWSELECT INTERNATIONAL SM	Standard	Elite
E	Dental Treatment		
1	Emergency Treatment (In-Patient or Day-Patient) To restore or replace sound natural teeth lost or damaged by an Accident, except when caused by eating	Full Cover	
2	Accidental Damage - caused to sound natural teeth lost or damaged in an Accident. Out-Patient Treatment must be received within 5 days from the date of the Accident occurring	Up to £250/\$425/€295 per Period of Insurance	Full Cover
3	Emergency Treatment (Out-Patient/Dental Surgery) For relief of pain, being treatment of an abscess, cracked or broken tooth rebuild or temporary filling within 5 days of the event		Up to £250/\$425/€295 in aggregate – subject to 25% co-insurance (Nil Excess)
4	Routine Treatment (Out-patient)* A) examinations, check-up and x-rays B) tooth cleaning and polishing		Up To £400/\$675/€475 in aggregate A) £50/\$85/€60/visit, maximum two visits each period of insurance B) £50/\$85/€60/visit, maximum two visits each period of
	C) normal compound fillings, simple or non-surgical extractions *incurred after 180 days from the Effective Date of Coverage	No Cover	insurance C) £50/\$85/€60 each tooth (£80/\$135/€95 wisdom tooth) Subject to 25% co-insurance (Nil
5	Major Restorative Treatment* * ■ Removal of impacted, buried or unerupted teeth, removal of roots, removal of solid odontomes, apicetomy, new or repair of bridgework, new or repair of crowns (not precious metal), root canal treatment, new or repair of upper or lower dentures **incurred after 12 months from the Effective Date of Coverage		Excess) Up to £750/\$1,300/€900 in aggregate, subject to 50% co-insurance (Nil Excess)
	CREWSELECT INTERNATIONAL SM	Standard	Elite
F	Maternity Cover - after 12 months continuous coverage		Elite
F	Maternity Cover - after 12 months continuous coverage	Standard Up to £10,000/\$17,000/€11,800 per pregnancy	Elite Full Cover
F 1	Maternity Cover - after 12 months continuous coverage	Up to £10,000/\$17,000/€11,800 per	
	Maternity Cover - after 12 months continuous coverage Pregnancy Complications including medically required C-section Normal pregnancy and Delivery	Up to £10,000/\$17,000/€11,800 per	Full Cover Up to £5,000/\$8,500/€6,000 subject to
3 4	Maternity Cover - after 12 months continuous coverage Pregnancy Complications including medically required C-section Normal pregnancy and Delivery Including Premature Birth Treatment, Pre-, Post- and Routine Natal Care Newborn Hospital Accommodation Newborn Examination	Up to £10,000/\$17,000/€11,800 per pregnancy	Full Cover Up to £5,000/\$8,500/€6,000 subject to 20% co-insurance Up to 14 Days Up to £150/\$255/€175
2	Maternity Cover - after 12 months continuous coverage Pregnancy Complications including medically required C-section Normal pregnancy and Delivery Including Premature Birth Treatment, Pre-, Post- and Routine Natal Care Newborn Hospital Accommodation	Up to £10,000/\$17,000/€11,800 per pregnancy No Cover	Full Cover Up to £5,000/\$8,500/€6,000 subject to 20% co-insurance Up to 14 Days Up to £150/\$255/€175 £100/\$170/€120 (Nil excess)
3 4	Maternity Cover - after 12 months continuous coverage Pregnancy Complications including medically required C-section Normal pregnancy and Delivery Including Premature Birth Treatment, Pre-, Post- and Routine Natal Care Newborn Hospital Accommodation Newborn Examination	Up to £10,000/\$17,000/€11,800 per pregnancy	Full Cover Up to £5,000/\$8,500/€6,000 subject to 20% co-insurance Up to 14 Days Up to £150/\$255/€175
3 4 5	Maternity Cover - after 12 months continuous coverage Pregnancy Complications including medically required C-section Normal pregnancy and Delivery Including Premature Birth Treatment, Pre-, Post- and Routine Natal Care Newborn Hospital Accommodation Newborn Examination New Baby Benefit	Up to £10,000/\$17,000/€11,800 per pregnancy No Cover £10,000/\$17,000/€11,800 must	Full Cover Up to £5,000/\$8,500/€6,000 subject to 20% co-insurance Up to 14 Days Up to £150/\$255/€175 £100/\$170/€120 (Nil excess) £25,000/\$42,500/€29,500 must
3 4 5	Maternity Cover - after 12 months continuous coverage Pregnancy Complications including medically required C-section Normal pregnancy and Delivery Including Premature Birth Treatment, Pre-, Post- and Routine Natal Care Newborn Hospital Accommodation Newborn Examination New Baby Benefit Cover for Newborns	Up to £10,000/\$17,000/€11,800 per pregnancy No Cover £10,000/\$17,000/€11,800 must enrol with parents in 31 days	Full Cover Up to £5,000/\$8,500/€6,000 subject to 20% co-insurance Up to 14 Days Up to £150/\$255/€175 £100/\$170/€120 (Nil excess) £25,000/\$42,500/€29,500 must enrol with parents in 31 days
2 3 4 5	Maternity Cover - after 12 months continuous coverage Pregnancy Complications including medically required C-section Normal pregnancy and Delivery Including Premature Birth Treatment, Pre-, Post- and Routine Natal Care Newborn Hospital Accommodation New Baby Benefit Cover for Newborns CREWSELECT INTERNATIONALSM	Up to £10,000/\$17,000/€11,800 per pregnancy No Cover £10,000/\$17,000/€11,800 must enrol with parents in 31 days	Full Cover Up to £5,000/\$8,500/€6,000 subject to 20% co-insurance Up to 14 Days Up to £150/\$255/€175 £100/\$170/€120 (Nil excess) £25,000/\$42,500/€29,500 must enrol with parents in 31 days
2 3 4 5 6	Maternity Cover - after 12 months continuous coverage Pregnancy Complications including medically required C-section Normal pregnancy and Delivery Including Premature Birth Treatment, Pre-, Post- and Routine Natal Care Newborn Hospital Accommodation Newborn Examination New Baby Benefit Cover for Newborns CREWSELECT INTERNATIONALSM Non-Medical Covers and Benefits Out of Country Legal Expenses	Up to £10,000/\$17,000/€11,800 per pregnancy No Cover £10,000/\$17,000/€11,800 must enrol with parents in 31 days Standard Up to £5,000/\$8,500/€6,000	Full Cover Up to £5,000/\$8,500/€6,000 subject to 20% co-insurance Up to 14 Days Up to £150/\$255/€175 £100/\$170/€120 (Nil excess) £25,000/\$42,500/€29,500 must enrol with parents in 31 days Elite Up to £7,500/\$13,000/€9,000
2 3 4 5 6 G	Maternity Cover - after 12 months continuous coverage Pregnancy Complications including medically required C-section Normal pregnancy and Delivery ■ Including Premature Birth Treatment, Pre-, Post- and Routine Natal Care Newborn Hospital Accommodation Newborn Examination New Baby Benefit Cover for Newborns CREWSELECT INTERNATIONAL SM Non-Medical Covers and Benefits Out of Country Legal Expenses Subject to a Special Excess of £250/\$425/€295	Up to £10,000/\$17,000/€11,800 per pregnancy No Cover £10,000/\$17,000/€11,800 must enrol with parents in 31 days Standard Up to £5,000/\$8,500/€6,000 Lifetime Maximum	Full Cover Up to £5,000/\$8,500/€6,000 subject to 20% co-insurance Up to 14 Days Up to £150/\$255/€175 £100/\$170/€120 (Nil excess) £25,000/\$42,500/€29,500 must enrol with parents in 31 days Elite Up to £7,500/\$13,000/€9,000 Lifetime Maximum £200/\$340/€235 subject to 50%
2 3 4 5 6 G 1	Maternity Cover - after 12 months continuous coverage Pregnancy Complications including medically required C-section Normal pregnancy and Delivery ■ Including Premature Birth Treatment, Pre-, Post- and Routine Natal Care Newborn Hospital Accommodation Newborn Examination New Baby Benefit Cover for Newborns CREWSELECT INTERNATIONAL SM Non-Medical Covers and Benefits Out of Country Legal Expenses Subject to a Special Excess of £250/\$425/€295 Vision Contribution Benefit	Up to £10,000/\$17,000/€11,800 per pregnancy No Cover £10,000/\$17,000/€11,800 must enrol with parents in 31 days Standard Up to £5,000/\$8,500/€6,000 Lifetime Maximum No Cover Up to £5,000/\$8,500/€6,000 per	Full Cover Up to £5,000/\$8,500/€6,000 subject to 20% co-insurance Up to 14 Days Up to £150/\$255/€175 £100/\$170/€120 (Nil excess) £25,000/\$42,500/€29,500 must enrol with parents in 31 days Elite Up to £7,500/\$13,000/€9,000 Lifetime Maximum £200/\$340/€235 subject to 50% co- insurance Up to £7,500/\$13,000/€9,000 per
2 3 4 5 6 1 2	Maternity Cover - after 12 months continuous coverage Pregnancy Complications including medically required C-section Normal pregnancy and Delivery ■ Including Premature Birth Treatment, Pre-, Post- and Routine Natal Care Newborn Hospital Accommodation Newborn Examination New Baby Benefit Cover for Newborns CREWSELECT INTERNATIONAL ^{5M} Non-Medical Covers and Benefits Out of Country Legal Expenses Subject to a Special Excess of £250/\$425/€295 Vision Contribution Benefit Trip Interruption	Up to £10,000/\$17,000/€11,800 per pregnancy No Cover £10,000/\$17,000/€11,800 must enrol with parents in 31 days Standard Up to £5,000/\$8,500/€6,000 Lifetime Maximum No Cover Up to £5,000/\$8,500/€6,000 per Period of Insurance (Nil Excess) Up to £500/\$850/€600 per Period	Full Cover Up to £5,000/\$8,500/€6,000 subject to 20% co-insurance Up to 14 Days Up to £150/\$255/€175 £100/\$170/€120 (Nil excess) £25,000/\$42,500/€29,500 must enrol with parents in 31 days Elite Up to £7,500/\$13,000/€9,000 Lifetime Maximum £200/\$340/€235 subject to 50% co- insurance Up to £7,500/\$13,000/€9,000 per Period of Insurance (Nil excess) Up to £500/\$850/€600 per Period
2 3 4 5 6 1 2	Maternity Cover - after 12 months continuous coverage Pregnancy Complications including medically required C-section Normal pregnancy and Delivery ■ Including Premature Birth Treatment, Pre-, Post- and Routine Natal Care Newborn Hospital Accommodation Newborn Examination New Baby Benefit Cover for Newborns CREWSELECT INTERNATIONAL™ Non-Medical Covers and Benefits Out of Country Legal Expenses Subject to a Special Excess of £250/\$425/€295 Vision Contribution Benefit Trip Interruption Lost/Theft – Luggage/Personal Papers	Up to £10,000/\$17,000/€11,800 per pregnancy No Cover £10,000/\$17,000/€11,800 must enrol with parents in 31 days Standard Up to £5,000/\$8,500/€6,000 Lifetime Maximum No Cover Up to £5,000/\$8,500/€6,000 per Period of Insurance (Nil Excess) Up to £500/\$850/€600 per Period of Insurance (Nil Excess)	Full Cover Up to £5,000/\$8,500/€6,000 subject to 20% co-insurance Up to 14 Days Up to £150/\$255/€175 £100/\$170/€120 (Nil excess) £25,000/\$42,500/€29,500 must enrol with parents in 31 days Elite Up to £7,500/\$13,000/€9,000 Lifetime Maximum £200/\$340/€235 subject to 50% co- insurance Up to £7,500/\$13,000/€9,000 per Period of Insurance (Nil excess) Up to £500/\$850/€600 per Period of Insurance (Nil excess)
2 3 4 5 6 1 2 3	Maternity Cover - after 12 months continuous coverage Pregnancy Complications including medically required C-section Normal pregnancy and Delivery ■ Including Premature Birth Treatment, Pre-, Post- and Routine Natal Care Newborn Hospital Accommodation Newborn Examination New Baby Benefit Cover for Newborns CREWSELECT INTERNATIONAL™ Non-Medical Covers and Benefits Out of Country Legal Expenses Subject to a Special Excess of £250/\$425/€295 Vision Contribution Benefit Trip Interruption Lost/Theft – Luggage/Personal Papers CREWSELECT INTERNATIONAL™	Up to £10,000/\$17,000/€11,800 per pregnancy No Cover £10,000/\$17,000/€11,800 must enrol with parents in 31 days Standard Up to £5,000/\$8,500/€6,000 Lifetime Maximum No Cover Up to £5,000/\$8,500/€6,000 per Period of Insurance (Nil Excess) Up to £500/\$850/€600 per Period of Insurance (Nil Excess)	Full Cover Up to £5,000/\$8,500/€6,000 subject to 20% co-insurance Up to 14 Days Up to £150/\$255/€175 £100/\$170/€120 (Nil excess) £25,000/\$42,500/€29,500 must enrol with parents in 31 days Elite Up to £7,500/\$13,000/€9,000 Lifetime Maximum £200/\$340/€235 subject to 50% co- insurance Up to £7,500/\$13,000/€9,000 per Period of Insurance (Nil excess) Up to £500/\$850/€600 per Period of Insurance (Nil excess)
2 3 4 5 6 1 2 3 4	Maternity Cover - after 12 months continuous coverage Pregnancy Complications including medically required C-section Normal pregnancy and Delivery ■ Including Premature Birth Treatment, Pre-, Post- and Routine Natal Care Newborn Hospital Accommodation Newborn Examination New Baby Benefit Cover for Newborns CREWSELECT INTERNATIONAL SM Non-Medical Covers and Benefits Out of Country Legal Expenses Subject to a Special Excess of £250/\$425/€295 Vision Contribution Benefit Trip Interruption Lost/Theft – Luggage/Personal Papers CREWSELECT INTERNATIONAL SM Special Marine Benefits	Up to £10,000/\$17,000/€11,800 per pregnancy No Cover £10,000/\$17,000/€11,800 must enrol with parents in 31 days Standard Up to £5,000/\$8,500/€6,000 Lifetime Maximum No Cover Up to £5,000/\$8,500/€6,000 per Period of Insurance (Nil Excess) Up to £500/\$850/€600 per Period of Insurance (Nil Excess) Standard	Full Cover Up to £5,000/\$8,500/€6,000 subject to 20% co-insurance Up to 14 Days Up to £150/\$255/€175 £100/\$170/€120 (Nil excess) £25,000/\$42,500/€29,500 must enrol with parents in 31 days Elite Up to £7,500/\$13,000/€9,000 Lifetime Maximum £200/\$340/€235 subject to 50% co- insurance Up to £7,500/\$13,000/€9,000 per Period of Insurance (Nil excess) Up to £500/\$850/€600 per Period of Insurance (Nil excess) Elite

	CREWSELECT INTERNATIONAL SM	Standard	Elite
1	Other Services and Benefits		
1	24 Hour Emergency Helpline		
2	US Medical Concierge Service (For Eligible Treatment in the USA)	Included	Included
3	Medical Information Service – Access to board-certified physicians, licensed psychologists and pharmacists to assist with any routine health related questions		

CONDITIONS

- Your Policy Wording contains Conditions within some sections as well as a General Conditions Section. Failure to comply with Policy Conditions may jeopardise your claim or cover.
- It is essential that you refer to the 'insurance conditions relating to health' section in the Policy Wording as failure to comply with these conditions may jeopardise your claim or cover. If your health changes after you have applied for your Policy and prior to your effective date, you must telephone IMG Europe Ltd. On UK +44 (0) 1444 465577 to make sure that your cover is not affected.

SIGNIFICANT OR UNUSUAL EXCLUSIONS OR LIMITATIONS

You must be a Professional Marine Crew Member, as defined in the Policy Wording.

Non-US citizens i) provide a non-US residence address; or ii) provide the company a signed Statement of Residence.

United States Citizens i) not qualify for or be able to obtain adequate coverage under a US domestic insurance plan that will provide continuous coverage outside of the United States; and ii) provide the Company a signed Statement of residence, as defined in the Policy Wording – see Eligibility section of the Policy Wording.

If you are a citizen of the USA, who has purchased Area 3 Worldwide as your Geographic Area of Cover, and you return to the USA, cover under your Plan will be terminated automatically when the time you spent in the USA during any new Period of Insurance (12 months) exceeds 180 days.

If you are no longer respectively eligible under the above Eligibility section as either a Non-US Citizen or US Citizen, then your plan will automatically terminate.

Significant or Unusual Exclusions: The plan does not cover certain conditions which manifest themselves or involve procedures which take place or are recommended during the first 90 days of coverage, beginning on the effective date. These are: acne, allergies, asthma, any condition of the breast or prostate; tonsillectomy; adenoidectomy; haemorrhoids or haemorrhoidectomy; any disorder of the reproductive system; diverticulitis; hysterectomy; hernia; intervertebral disc disease; gall bladder disease or gall stones; or kidney stones – see exclusion 3 of policy wording (Page 18).

GENERAL EXCLUSIONS AND LIMITATIONS

- War risks, military action, terrorism see exclusion 2 of policy wording
- Pre-existing conditions in the first 24 months see exclusions 1 of policy wording
- Any charges in excess of what is Usual, Reasonable and Customary see exclusion 9 (vi), of policy wording
- Illness or injury which is self-inflicted, or sustained whilst under the influence of alcohol or non-prescribed drugs see exclusions 25, 28 and 9 (iii) of policy wording
- Any treatment which is not medically necessary see exclusion 9 (iv) of policy wording
- Any treatment which is not administered or ordered by a Medical Practioner - see exclusion 9 (iii) of policy wording
- Eye surgery, where the primary purpose is to correct nearsightedness, farsightedness or astigmatism see exclusion 42 of policy wording
- Injury or illness sustained whilst taking part in hazardous pursuits see exclusion 20 of policy wording

DURATION

This is an annually renewable policy – please refer to your certificate of insurance for your selected cover and Sub-Plan.

GEOGRAPHICAL AREA OF COVER

- Area 1 Europe
- Area 2 Worldwide excluding US, Canada, China, Hong Kong, Macau, Taiwan, Japan and Singapore
- Area 3 Worldwide please refer to your Certificate of Insurance for your selected area of cover.

CANCELLATION PERIOD

You may return policy documents within 30 days after receipt for a full refund of premium, provided no claim has been made.

^{*} See the Exclusions Section of policy wording for the complete list of exclusions and Definitions Sections of policy wording for definition of pre-existing conditions. All other limitations, terms and conditions of the plan are contained within the policy wording.

CLAIMS NOTIFICATION

To make a claim contact: Tel (UK): +44 2920 474 236 or Tel: (US) +1 317 655 4500

COMPLAINTS PROCEDURE

Any complaint you may have should in the first instance be addressed to one of our customer service advisors. If you wish then to register a complaint, please contact us:

in writing to

Operations Director, International Medical Group® (IMG®) Kingsgate, High Street, Redhill, Surrey. RH1 1SH. United Kingdom. by phone

+44 1737 306 710

If you cannot settle your complaint with us and you wish to take your complaint further, please write to the General Manager at Sirius International Insurance Corporation. If you are still not satisfied you may be entitled to refer your complaint to the Financial Ombudsman Service. Referral to the Financial Ombudsman will not affect your right to take legal action.

Financial Services Compensation Scheme (FSCS)

IMG Europe Ltd and Sirius International Insurance are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the FSCS if either firm cannot meet its obligations. This depends on the type of insurance transacted and the circumstances of your claim for compensation. Further details about compensation scheme arrangements are available from the FSCS.

Note: As the covers are underwritten by insurers who operate from outside the UK, you will not have to redress to the Financial Ombudsman's Service with respect to disputes with the Insurers. In the unlikely event the insurer(s) are unable to meet their liabilities, as this Insurer operates from outside the UK, you will not be entitled to compensation under the Financial Services Compensation Scheme.

However, the following regulatory authorities govern the insurers and intermediaries under this policy:

- Sirius International Insurance Corporation (main covers) regulated by Finansinspektionen, Sweden, www.fi.se.
- International Medical Group® (IMG®) is a trading name of IMG Europe Ltd, which is authorised and regulated by the Financial Conduct Authority.

e-mail: info@imgeurope.co.uk www.imgeurope.co.uk

CrewSelect Individual Policy Summary

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