

TRAVEL INSURANCE

PILGRIMAGE COVER IRELAND

SCHEDULE OF BENEFITS

The full 12 page booklet is available through our Reservations Department on **01 241 0800** or you can download from : www.joewalstours.ie/holidays/pilgrimages

Please note the health conditions contained within this policy applies to all Insureds.

Please do not Curtail any Trip or incur In-patient medical expenses without first contacting MAPFRE Assistance : +353 91 501634

Maximum age 94 years at time of travel (persons aged 86-94 years must advise their Pilgrimage Tour Operator of their age as an additional premium is payable for them).

Section/Description	Limit (per Insured)	Excess (per Insured)
1. Curtailment	Up to €4,000	N/A
2. Travel Delay		
i. For each 24 hour delay	€20	
Maximum	€150	N/A
ii. Trip Abandonment	Nil	
3. Missed Departure	Up to €250	€75
4. Personal Accident *	Maximum Benefit	
Loss of Limbs or Sight (Aged under 66yrs)	€10,000	N/A
Permanent Total Disablement (Aged under 66yrs)	€10,000	N/A
Death Benefit (Aged 18 to 65yrs)	€5,000	N/A
Death Benefit (Under 18yrs or over 65yrs)	€3,000	N/A
All Benefits (Aged 66yrs and over)	€3,000	N/A
5. Medical and Additional Expenses *	Up to €2,000,000	€95 (€150 – 86-94yrs)
Including Emergency Assistance Services		
Dental Expenses	Up to €250	€95 (€150 – 86-94yrs)
Funeral Expenses	Up to €7,000	€95 (€150 – 86-94yrs)
6. Personal Property	Up to €1,200	€95
Single Article Limit	€200	
Valuables Limit	€200	
Delayed Personal Property		
After 12 hours	€40	
For each 24 hour period thereafter	€40	
Maximum	€120	N/A
7. Money	Up to €300	€75
Cash limit (notes and coins – aged 18yrs or over)	Up to €200	€75
Cash limit (notes and coins – aged under 18 yrs)	Up to €75	€75
8. Passport, Licence and Travel Documents		
Travel Documents	Up to €150	€75
9. Hijack	€300 (€30 per day)	N/A
10. Personal Liability *	Up to €1,000,000	€300
11. Overseas Legal Expenses	Up to €5,000	€300
12. Cancellation	Up to 100 %	€200

IMPORTANT CONTACT DETAILS

MAPFRE Assistance Emergency Assistance Service

Telephone: +353 91 501634

Other Claims Except Legal Expenses

Telephone: 091 501622 E-mail: travelclaims@mapfre.com

Legal Expense Claims

Arc Legal Assistance Ltd. Telephone: 0344 770 9000

Financial Services Ombudsman's Bureau

Lo Call: 1890 882090 Fax: 01 662 0890. Telephone: 01 662 0899

E-mail: enquiries@financialombudsman.ie

Website: www.financialombudsman.ie

Blue Insurance Limited

Plaza 255, Blanchardstown Corporate Park 2, Blanchardstown, Dublin 15.

Telephone: 0818 484 484

E-mail: info@blueinsurance.ie



DATA PROTECTION

Mapfre Assistance is committed to protecting Your privacy. The information you provide about yourself and third parties will remain confidential and may be used for the provision and administration of insurance products and related services. Such information may be disclosed in confidence for these purposes to agents or services providers appointed by MAPFRE ASSISTANCE Agency Ireland, regulatory bodies, other insurance companies (directly or via central register) and other MAPFRE Group companies inside and outside the European Economic Area. This information will be processed and held on our computers and manual records subject to the provisions of the Data Protection Acts 1988 and 2003. You have a right to request a copy of the personal data MAPFRE ASSISTANCE Agency Ireland holds about you by sending a request in writing to the Data Protection Officer, MAPFRE ASSISTANCE Agency Ireland, Ireland Assist House 22-26 Prospect Hill, Galway, together with the payment of the applicable fee (currently €6.35). You also have a right to correct any errors in the data we hold about you, to block certain uses or object to the processing of your personal data. Please note that a copy of our full Data Protection and Privacy Policy can be viewed on our website www.insureandgo.ie or can be requested by writing to our Data Protection Officer at the above address.

Security of Customer Data

Mapfre Assistance is committed to protecting the security of Your personal information. We use a variety of security technologies and procedures to help protect Your Customer Data from unauthorised access, alteration, use, disclosure, accidental loss or destruction. For example, we store the personal information you provide on computer systems with limited access, which are located in controlled facilities. When we transmit highly confidential information (such as a credit card number) over the internet, we protect it through the use of encryption and secure servers. As effective as modern security practices are, we cannot guarantee the complete security of our database, nor can we guarantee that information you supply will not be intercepted while being transmitted to us over the Internet. Mapfre Assistance will continue to revise policies and implement additional security features as new technologies become available.

Changes to the Data Protection and Privacy Policy

Mapfre Assistance reserves the right to change this Data Protection & Privacy Policy from time to time in its sole discretion. If we decide to make any changes, we will post those changes to our website www.insureandgo.ie so that you will always know what information we gather, how we might use that information and in what circumstances we will disclose it to anyone. By continuing to use Mapfre Assistance after we post any changes, you accept and agree to this Data Protection & Privacy Policy, as modified.

Claims History

Under the conditions of Your Policy you must tell us about any Insurance related incidents (such as fire, Liquid Damage, Theft or an accident) whether or not they give rise to a claim. When you tell us about an incident we will pass information relating to it to our internal database. We may search these databases when you apply for insurance, in the event of any incident or claim, or at time of renewal to validate Your claims history or that of any other person or property likely to be involved in the Policy or claim. You should show this notice to anyone insured under the Policy.

THIS MUST BE COMPLETED BY YOUR GENERAL PRACTITIONER IF YOU HAVE A PRE-EXISTING MEDICAL CONDITION AT THE TIME OF BOOKING, OTHERWISE YOUR CONDITION WILL BE EXCLUDED, IT MUST ALSO ACCOMPANY YOU ON YOUR TRIP. IN THE EVENT OF A MEDICAL OR CURTAILMENT CLAIM YOU WILL BE ASKED TO PRODUCE A COPY OF YOUR MEDICAL DECLARATION FORM.

Pilgrimage Travel Insurance Medical Declaration Form

PLEASE COMPLETE IN BLOCK CAPITALS AND SIGN BELOW. YOU MUST GIVE FULL AND TRUE ANSWERS TO ALL QUESTIONS. YOUR POLICY COULD BE INVALID IF YOU PROVIDE US WITH INCORRECT OR INCOMPLETE INFORMATION.

Personal Details

INSURED'S TITLE	MR / MRS / MS	TELEPHONE	
INSURED'S NAME			
ADDRESS			
DATE OF BIRTH		OCCUPATION	

G.P.'S NAME		TELEPHONE	
ADDRESS			

Trip Details

DATES OF TRIP	FROM		TO	
DESTINATION			NUMBER OF DAYS	

General Practitioner Use Only

GP's Note

Please do not sign this form if in your professional opinion, the insured may not be able to fully undertake the complete Trip or if the insured is travelling with the intention of receiving pre-booked medical treatment.

- I confirm that the insured is fit to travel and fully partake in the planned Trip and that the medical records of the insured have been noted accordingly.

Signature General Medical Practitioner _____

Date _____

Under no circumstances should you back date this form.

Declaration

- I declare that I am not travelling against the advice of a medical practitioner and that I have consulted my regular GP concerning the Trip that I am planning to undertake.
- I declare that my regular GP has declared that I am fit to travel and fully partake in the planned Trip and that my medical records have been noted accordingly.
- I declare that I am not travelling with the intention of having medical treatment abroad.
- I confirm that I will take adequate supplies of any medication that I am currently taking and that I will follow the usual medical regime required for my condition.
- I confirm that the above information is true and accurate and authorise the Underwriter/Insurer to approach my GP and obtain any information they may require from my medical records.

Signature _____

PLEASE PRINT NAME HERE _____ Date _____

This section only needs to be submitted to the claim adjusters in the event of a claim.

This document is strictly confidential and no content is permitted to be shown, copied, extracted or forwarded to any third party without the prior written consent of MAPFRE Assistance or Blue Insurance Limited.

PLEASE RETAIN THIS FORM WITH YOUR TRAVEL DOCUMENTS