



YOUR HEALTH
WE CARE



Gasamamo Insurance
LIMITED

www.gasanmamo.com

Sana Healthcare Health Policy

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Health insurance isn't just about jumping queues and it certainly isn't just for the wealthy few. It's simply about feeling confident you're in control.



INTRODUCTION

Welcome to the Sana Healthcare Private Medical Insurance policy.

This guide has been designed in order to explain the terms and conditions of your policy including what is covered by your private medical insurance plan, what is not covered and how to make a claim.

Health insurance isn't just about jumping queues and it certainly isn't just for the wealthy few. It's simply about feeling confident you're in control. Being sure that you'll get the treatment you need, when and where you need it, ensuring that you're comfortable with everything, from the quality of the medical staff to the hospital's location. Your peace of mind is as important to us as it is to you.

Sana Healthcare allows you to focus on your recovery in the knowledge that the financial side of things is being taken care of. Sana Healthcare is equipped to assist you throughout all the stages of the policy's life, from inception through to underwriting and most importantly in the event of a claim.

CALL SANA HEALTHCARE BEFORE HAVING ANY TREATMENT



You must call **our** customer care team on **(+356) 21 345123** when planning to have any medical **treatment**. Over the phone **we** will be able to confirm **your** level of cover, whether **your** chosen hospital is a **participating hospital** and if the **treatment** is covered by **your** chosen plan.

If the **treatment** is given as part of an emergency then it may not be possible for **you** to call **us** beforehand. However, **you** should ask someone to call **us** as soon as possible in order to make sure that if and when **you** are admitted to hospital, the hospital will have all the necessary details so that they can contact **us**.

DIRECT SETTLEMENT OF MEDICAL BILLS



Sana Healthcare has arrangements with **participating hospitals** which offer excellent standards of medical care. These may change from time to time so it is important to call us before having any medical **treatment**.

Direct settlement of **your** medical bills is possible with these **participating hospitals**. This means, that if **you** require in-patient or day-treatment received at one of these hospitals then **Sana Healthcare** will be able to take care of **your** medical bills and settle directly with the hospital on **your** behalf. This is subject to the terms of **your** chosen plan and the **treatment** has to be pre-authorised by **us**.

In case of **out-patient treatment** received at a hospital these will have to be settled directly with the hospital. The receipted bill together with a claim form is to be sent to **Sana Healthcare** in order for **us** to be able to reimburse **you** according to **your** scheme.



CLAIMS

When **you** wish to make a claim please let **us** know and **we** will supply **you** with the necessary claim form. Claim forms are available from all participating hospitals, clinics, intermediaries, GasanMamo Insurance branches and can also be downloaded online from **our** website www.gasanmamo.com. **You** must fill in this claim form, sign it and then get it signed by **your general practitioner** or the **specialist** treating **you** at the time. This is then to be sent to **us**. **You** must be referred for **specialist** consultations or other **treatment** by **your general practitioner**.

In order for **us** to process the claim the policyholder has to send a filled in claim form as soon as possible and not later than 3 months after the **treatment** has been received. **We** must also collect all the original invoices and receipts for the costs of the **treatment**. **We** may also require more information such as medical reports which have to be provided to **us** at the policyholder's expense.

In more complex cases, the information supplied on the claim form may not be enough and **we** may need additional information from **you** for **us** to assess **your** claim.

Before receiving treatment from a specialist you must always be referred by a general practitioner.

MEDICAL CHARGES

We will pay for all charges covered by **your** chosen plan as long as they are customary, fair and reasonable and not higher than what is normally charged. We will assess any charges which are higher than **we** consider to be normal in the medical **treatment** field.

UNDERWRITER

All **Sana Healthcare** products are underwritten by **GasamMamo Insurance** Limited who is authorised to carry on business of insurance regulated by the Malta Financial Services Authority. Company Registration Number: C3143.

EMERGENCY TREATMENT OVERSEAS – INTERNATIONAL MEDICAL RESCUE

International Medical Rescue is a worldwide, 24 hours a day emergency medical service. International Medical Rescue must be notified immediately of an illness or injury which requires **you** to go into hospital, as an in-patient. If this is not possible because the condition is serious then contact must be made as soon as possible after **you** are hospitalised. Immediate contact should be made with the Emergency Medical Service before arrangements are made for repatriation.

An experienced Assistance Coordinator will deal with **your** enquiry and will make sure that:

1. Hospitals are contacted if necessary;
2. Necessary medical fees are guaranteed;
3. Medical advisors are consulted;
4. Repatriation to Malta is arranged, by the most appropriate method, if this is considered to be medically suitable.

Telephone: for calls from outside the UK - 0044 208 669 9292

Telephone: for calls from within the UK - 0 208 669 9292

Telefax: London, UK. - 0044 208 669 3442

The cost of the International Medical Rescue Emergency Service is paid by **us**. The operation and availability of the service is governed by the terms, conditions and exclusions in the **policy** wording and **your** choice of plan.

Please quote **your policy** number and state that **you** are insured by **GasamMamo Insurance**, Malta.

DEFINITIONS

1. **Acute condition.** A disease illness or injury that is likely to respond quickly to **treatment** which aims to return **you** to the state of health **you** were in immediately before suffering the disease, illness or injury, or which leads to **your** full recovery.
2. **Area of cover.** The **area of cover** depends on what plan **you** have chosen these differ and can be either in **Malta** only or **Worldwide excluding USA and Canada**.
3. **Children.** The term children incorporate biological, adopted and children under guardianship. The main criterion is that they are financially dependent on the principal policyholder.
4. **Chronic condition.** A disease, illness or injury which has at least one of the following characteristics: Continues indefinitely and has no known cure; recurs or is likely to recur; is permanent; means **you** need to be rehabilitated or specially trained to cope with it; needs long term monitoring, consultations, check ups, examinations or tests.
5. **Commencement date.** The date shown on the **policy schedule** or certificate on which cover under this **policy** commences.
6. **Complementary medicine.** This refers to any diagnostic method, method of **treatment** or therapy, and products whose theoretical bases and techniques diverge from conventional medical methods.
7. **Date of entry.** The date shown on the **policy schedule** or certificate on which **you** were included under the **policy**.
8. **Day-patient treatment.** **Treatment** which, for medical reasons means, you have to go to hospital or a **day-patient** unit because **you** need a period of clinically supervised recovery but do not have to stay overnight.
9. **Emergency.** A sudden and unexpected acute condition which, without **treatment** within 48 hours of onset could result in death or cause a serious bodily impairment.
10. **Gasamamo Insurance.** Refers to **Gasamamo Insurance** Limited who is authorised to carry on business of insurance regulated by the Malta Financial Services Authority. Registration Number: C3143.
11. **General Practitioner.** A registered **medical practitioner** in general practice, recognised by **us**.
12. **Group.** When the person paying for the policy is not a single member benefiting from cover and is not a family member either.
13. **In-patient treatment.** **Treatment** which, for medical reasons, means you have to stay in hospital overnight or longer.
14. **Medical practitioner.** A person who has a degree in the practice of medicine, surgery or dentistry having attended a medical school recognised by **us**. They must be licensed to practice such medicine by the relevant licensing authority in the country where **treatment** is given.
15. **Nurse.** A qualified **nurse** who is registered to practice in a hospital or place where **treatment** is given.

16. **Out-patient treatment. Treatment** given at a hospital, consulting room or **out-patient** clinic where you do not go in for **day-patient** or **in-patient treatment**.
17. **Participating hospitals / clinics.** A hospital / clinic which **we** recognise as one of **our** supporting hospitals / clinics at the time that **treatment** is to be received. The list of participating hospitals / clinics is subject to change from time to time.
18. **Period of cover.** The period set out in the **policy schedule** or certificate during which cover is in place and for which the premium has been paid.
19. **Physiotherapist.** A person who is qualified and licensed to practice as a **physiotherapist**.
20. **Policy.** The insurance contract between **you** and **GasanMamo Insurance**. The terms of this contract is subject to the application form **you** filled in at inception. It is also subject to the **benefits table** of **your** chosen medical insurance plan.
21. **Policy schedule / certificate.** The schedule giving details of (among others) the policyholder, insured persons and any endorsements.
22. **Pre-existing condition.** Any disease, illness or injury for which **you** have received medication, advice or **treatment** in the 5 years before the start of **your** cover or **you** have experienced symptoms whether the condition has been diagnosed or not in the 5 years before the start of **your** cover.
23. **Prescription. Out-patient** drugs or dressings prescribed by a **medical practitioner** used for the **treatment** of a medical condition covered by **your policy**.
24. **Sana Healthcare** is a brand of medical insurance owned by **GasanMamo Insurance Limited**.
25. **Specialist.** A **medical practitioner** who is registered according to local requirements and who is or has been a consultant in a national hospital and is currently practicing in that appointment in the speciality for which the patient needs the required **treatment**. Or has a certificate of **specialist** accreditation that is recognised by **us** or approved by **us** for the medical **treatment**.
26. **Sponsor.** The company or individual with whom **we** have entered into an agreement to provide **you** with cover under a **group health policy**.
27. **Table of Benefits.** The table that is applicable to **your** chosen medical insurance plan. This table outlines the limits of benefits payable for several medical procedures.
28. **Therapists.** These include physiotherapists, chiropractor, osteopaths, acupuncturist, homeopaths, podiatrists and other parishes as may be agreed by **us**.
29. **Treatment.** Surgical or medical service (including diagnostic test) needed to diagnose, relieve or cure a disease, illness or injury.
30. **We, us, our.** Refers to **Sana Healthcare**, or **GasanMamo Insurance Limited**.
31. **You, Your.** Refers to the **policyholder**.

WHAT IS COVERED



The policyholder(s) may be treated by a general practitioner and/or a specialist approved by us depending on the circumstances. The charges made by the **medical practitioner** must be customary, fair, and reasonable according to the level normally charged for the treatment received. If **we** believe that the charges are too high and not reasonable we will only pay the amount which is fair and reasonable to us and the policyholder(s) will have to pay the difference.



We will pay for the following items up to the limits shown in the table of benefits of your chosen plan. If you incur costs in excess of such limits these will have to be paid by yourself.

IN-PATIENT OR DAY-PATIENT TREATMENT OF ACUTE CONDITIONS IN A PARTICIPATING HOSPITAL.

- Hospital accommodation charges
- Prescribed medicines, drugs and dressings
- Operating theatre fees
- Nursing charges
- **Specialist** fees including surgeons', anaesthetists' and physicians' fees.
- Charges for diagnostic tests including X-rays, high tech scans, pathology and physiological tests
- Radiotherapy and chemotherapy

OUT-PATIENT TREATMENT OF ACUTE CONDITIONS.

- **Specialist** fees for consultations
- Charges for diagnostic tests including X-rays, high tech scans, pathology and physiological tests
- Radiotherapy and chemotherapy

Payment of a claim may be affected if you do not obtain approval from us in advance of your treatment.

BENEFIT TERMS

1. All **treatment** received from a **specialist** must be on referral from your **general practitioner**.
2. Benefits are only payable in respect of eligible **treatment** within the **area of cover** covered by **your** chosen plan.
3. **We** will pay for **your** accommodation in a **participating hospital** as part of your **day-case** or **in-patient treatment**, this includes your meals and beverages. Personal items such as telephone calls, internet connection and guest meals are not covered. **Day-case** or **in-patient treatment** must be necessary in order to be admitted into hospital. When there is a benefit limit in your chosen plan for the **treatment** you are undertaking, this value is the total **we** will pay for all your hospital or clinic charges.
4. If **treatment** is not available at one of **our participating hospitals** but is available at another hospital **we** will at **our** reasonable discretion after being requested to do so nominate one or more hospitals for the purpose of the private **treatment** covered by the **policy**. The **treatment** at such a hospital must be pre-authorised by **us** in writing.
5. Costs claimed for **treatment** must be reasonable and be necessarily incurred. The **treatment** must be wholly and exclusively for the **treatment** of an **acute condition** on a short term basis. Benefit is only payable in respect of **treatment** that aims to return **you** to the state of health **you** were in immediately before suffering the disease, illness or injury or which leads to **your** full recovery.
6. **We** produce a list of **specialist** fee limits based on factors such as the complexity and duration of each procedure. **We** consider these limits to be reasonable payments for **specialists'** fees. Any amount above this will not be covered by the **policy** and will be **your** responsibility.
7. Nursing at home is only available on **specialist** recommendation if taking place in **your** home. It is only payable if all charges are reasonable and necessary and are exclusively for exercising nursing skills of which only a qualified **nurse** is capable of. Nursing at home must follow private **treatment** in a participating hospital which has been the subject of a valid claim under **your policy**. The number of weeks outlined in the table of benefits is per policy year.
8. Parent accommodation is limited to reasonable costs at a participating hospital incurred by one parent accompanying his or her child under the age of 14 undergoing eligible in-patient treatment according to the chosen plan. The child must be included in a **Sana Healthcare policy**. The number of nights outlined in the table of benefits is per policy year.
9. The maternity benefit will only be payable for medical expenses **you** incur if the birth takes place more than 10 months after the mother's date of entry and the mother has since remained an insured person. This benefit must be claimed within 3 months of the child's birth upon presentation of an original birth certificate together with a completed claim form.
10. If a **general practitioner** refers **you** to a **specialist** more than 10 times in combined total for the same medical condition in the same **period of cover** then each subsequent referral must be under the control of a **specialist**.
11. Once **we** have decided on the amount to be paid for a claim any excess or deductible must be subtracted from this amount and the balance paid to the claimant and/or hospital. The excess or deductible is applied once per claim per insured person. If **treatment** continues from one **period of cover** to another the excess will therefore apply again.

12. A member of the **policy** cannot be living abroad for more than 120 days in one year.
13. **Treatment** of an **acute condition** cannot be for longer than 180 days in one year.
14. M.M.D.N.A. Each **Sana Healthcare** policyholder is automatically made a member of the M.M.D.N.A. The Malta Memorial District Nursing Association, each member is entitled to be visited at home to receive nursing services as prescribed by a locally registered **medical practitioner**. Nursing services includes general care of patients, blanket baths, prevention and treatment of bed sores, toe nail cutting, injections (other than intravenous), enema, wash-outs, dressing of wounds, catheterization, nursing care and **treatment** of diabetics. The nursing service excludes Physiotherapy, Chiropody and sitting in service with patients. Full information is available from the M.M.D.N.A membership regulations leaflet or website www.mmdna.com.
15. **We** will pay a cash benefit instead of any other benefit when **you** receive in-patient **treatment** at a state hospital. **You** must be covered for the benefit under **your** chosen plan. **We** will pay the amount outlined in **your** chosen plan per night up to a maximum of 35 nights per policy year.
16. **You** must inform **us** about any changes which affect **your** medical insurance policy and which have occurred either since the policy commenced or since the last renewal date. If you are unsure whether certain facts are relevant please ask **Sana Healthcare**. If **you** do not inform **us** about relevant changes, this may affect your **policy** cover and may make the **policy** invalid.
17. The newborn care benefit and benefit limit specific to newborn care is subject to your chosen plan.
18. If you have a **Sana Vital Plan** we will pay up to a maximum of Lm200 for each course of cancer treatment. This is the total we will pay for consultant's fees, hospital/clinic charges for tests and drugs that are specifically related to carrying out the treatment of cancer.

EXCLUSIONS FROM COVER.

BENEFITS WILL NOT BE PAYABLE FOR:

1. **Treatment** of any **Pre-existing condition** or any related condition unless this condition was fully disclosed to **us** in writing on **our** proposal form and **we** have not excluded **treatment** relating to this condition.
2. **Treatment** of any condition that is not **acute**, **we** will only pay for **treatment** to the point of diagnosis of a **chronic condition**.
3. **Treatment** directly or indirectly arising from or required due to pregnancy or childbirth (other than abnormal conditions arising at least 10 months after the **date of entry**). Male and female birth control, infertility, termination of pregnancy and any form of assisted reproduction are not covered.
4. **Treatment** for alcoholism, alcohol abuse, drug abuse, solvent abuse or any other addictive condition of any kind. **Treatment** from an illness or injury arising directly or indirectly from such abuse or addiction.
5. **Treatment** received in a health hydros, natural cure clinics or similar establishments.
6. **Treatment** for psychiatric, psycho-geriatric or mental illness unless authorised by **us** in writing. Any **treatment** received within 2 years from the date a member joined the **policy** is not covered. **Treatment** in Malta only
7. **Treatment** of myopia.
8. Cosmetic surgery whether or not for psychological purposes.
9. Drugs and dressings which have not been prescribed by a **specialist** for use during **in-patient treatment** or **day-patient treatment** at a participating hospital or for use after a surgical procedure for **out-patient treatment** at a participating hospital.
10. **Treatment** by a **general practitioner** (other than minor surgery) or diagnostic tests requested by a **general practitioner**.
11. Routine medical examinations such as sight testing, vaccinations, the issue of medical certificates, attestation and emanation regarding the suitability of employment or travel.
12. Routine dental **treatment**.
13. Hospital charges if admission is arranged for domestic reasons.
14. Hearing aids, contact lenses, spectacles, dentures, other optical equipment, surgical or medical appliances.
15. **Treatment** for an injury sustained whilst training or playing a sport for which **you** receive payment or sponsorship.
16. **Treatment** required due to war, terrorist activity and military activity.
17. **Treatment** due to criminal activity or public disorder.

18. **Treatment** due to the use, misuse, escape or explosion of any gas or hazardous substance.
19. **Treatment** which **we** decide based on Maltese medical practice is experimental or unproven.
20. Any **treatment** or surgical procedure carried out for the purpose of removing undiseased body tissue.
21. **Treatment** due to a self-inflicted injury or attempted suicide.
22. Private **treatment** received at a hospital / clinic that is not supported by **us** and is therefore not a **participating hospital / clinic**.
23. **Treatment** to help development delay in **children** whether physical or psychological.
24. Birth Defects and Congenital illness.
25. Abortion except where there is an immediate threat to the life of the mother.
26. All elective caesareans.
27. Costs for acquisition and implantation of artificial heart and mono or bi-ventricular devices.
28. Claims for **treatment** in respect of medical expenses incurred after the expiry of the **period of cover**.
29. Charges by a **General practitioner, Medical practitioner or Specialist** for completion of a claim form.
30. Kidney dialysis.
31. Gender reassignment.
32. Prosthesis, Surgical or Medical appliances.
33. All organ transplants and associated expenses.
34. **Treatment** received from a **General practitioner, Medical practitioner, Specialist** not recognised by **us**.
35. The costs of use of a life support machine or similar device beyond the first 14 days of use.

CONDITIONS

- 1. Compliance with policy terms:** Our liability under this **policy** will be affected if the **policyholder** and each insured person do not comply with the terms and conditions.
- 2. Cover:** The insurance is effective only after the **policyholder** has been accepted by **us** and the premium has been received by **us**.
- 3. Eligibility:** The maximum age for **policyholders** at first enrolment age is not to exceed 60 years.
- 4. Continuity of cover:** In accordance with **policy** rules and/or definitions of eligibility up to age 69 years at last renewal in respect of renewal business only, subject to medical underwriting and/or terms and conditions to be mutually agreed.
- 5. Cessation of cover:** At next renewal date following your 70th birthday and/or as agreed, **GasanMamo Insurance** reserve the right to alter the terms, conditions and premium upon which renewal is invited having regard to all assessed underwriting factors and/or claims experience.
- 6. Dependants:** Dependants of the **policyholder** are eligible to join his/her **policy** although they must elect the same cover as the **policyholder**.
- 7. Change of risk:** If there are any changes relating to the **policyholder** or person insured which affect the information given to **us** upon application then the **policyholder** must inform **us** as soon as possible. In light of such changes we reserve the right to alter the premium and **policy** terms or cancel cover of an insured person due to the change of risk.
- 8. Policy duration:** The **policy** shall be for a period of one year (12 calendar months) commencing on the day indicated on the **policy schedule** and is subject to the terms in force at the time of each renewal. **We** reserve the right to refuse to renew **your policy** and/or amend terms, conditions and premiums.
- 9. Premiums:** From time to time **our** premiums may change however this **policy** will not be subject to any alteration in premium rates until the next renewal date. If **you** move age band the premium will then increase at the next renewal date. All premiums are payable in advance.
- 10. Children:** If a child is born to an insured mother during a **period of cover** and the mother has been insured for the whole 10 months prior to the baby's birth then **we** must be notified in writing including a birth certificate within 3 months of birth. **We** will then cover the child under the **policy** from the date of birth regardless of the state of health. No premium will be payable for the child for 3 months from the date of birth or to the next renewal date depending on which is the lesser time period. **We** do not allow this concession if the baby was born due to any method of assisted conception or if they have been adopted. **We** do not provide cover for any congenital deformity in **children**. In such cases an application form will have to be filled in so **you** can give **us** the necessary medical history.
- 11. Cancellation:** This **policy** shall be cancelled automatically if the premium has not been paid although **we** may at **our** discretion reinstate the cover if the premium is paid within 30 days of its due date. If any premium is due from the **policyholder** then **we** may in addition defer payment of all claims until such premiums outstanding have been paid in full. **We** may cancel a **policy** if a **policyholder** has misled **us** due to misrepresentation or non-disclosure or knowingly claimed benefits for any purposes other than the ones provided for under this **policy**. Failure to act in utmost good faith will also result in cancellation of the **policy**. A cancellation of **policy** will be given in writing by **us** to the **policyholder**. In such cases **we** will **not** refund the premium paid and **we** shall reserve the right to proceed judicially in accordance with the law.

12. **Claims procedure:** Before having any **treatment** covered by the **policy** you must notify **us**. Where possible, claims should be authorised in advance and **you** should call **us** even if referred to a **specialist** by a **general practitioner**. In order to confirm **your** cover before a claim **we** must receive all the necessary medical reports and other documentation at least 5 working days prior to **treatment**. This should include a filled in claim form. **We reserve the right to not accept any claim which is not submitted within a reasonable time frame**. All the documents **we** require to support a claim or an application for cover, such as x-rays and medical reports shall be provided by **you** and without any expense to **us**.
13. **Other insurance cover:** If there is another insurance covering the same benefits the **policyholder** must disclose this to **us** and **we** shall not be liable to pay or contribute more than the rateable proportion.
14. **Fraudulent claims:** If any claim paid under this **policy** is in any respect fraudulent, the benefit paid and which is to be paid shall be forfeited and/or recoverable from the **policyholder** or insured person. **Moreover, we reserve the right to proceed judicially in such cases.**
15. **Independent medical practitioner:** **We** may appoint and cover the cost of an independent **medical practitioner** to advise **us** on the medical issues related to the claim. If required the independent **medical practitioner** may also medically examine the insured and will provide **us** with a report. If **you** do not allow the independent **medical practitioner** to examine **you** then **we** will not pay the claim.
16. **Foreign currencies:** If Sana Healthcare agrees to pay for a claim in a foreign currency other than the Maltese Lira or the Euro, the currency will then be converted using the closing mid point exchange rate of the Maltese lira / Euro published by the Central Bank of Malta, when **we** assess the claim. Any payment will be subject to any exchange control regulations which are in force at the time of payment.
17. **Payment:** Payments for a claim will be made to the policyholder unless **we** have been notified otherwise in writing.
18. **Cooling off period:** **You** have 30 days in which **you** may cancel this **policy** for any reason by notifying **us** in writing. If no claims have been made **we** will refund the premium paid for the **policy**.
19. **Subrogation:** **We** may at **our** option take over and conduct in **your** name, or the name of the person claiming under the **policy**, the defence or settlement of any **claim** or take proceedings for **our** own behalf but in **your** name, or in the name of anyone else insured by this **policy** to recover any payment **we** have made under this **policy**. **We** shall have full discretion in the conduct of any proceedings or the settlement of any **claim**. The person who is seeking payment under this **policy** shall give **us** all the information and assistance necessary for **us** to achieve a settlement.
20. **Arbitration:** All differences arising out of this **policy** shall be referred to the decision of an arbitrator appointed under the provisions of the arbitration act 1996 within one month after a written request by **you** or **us**. An award must be made by the arbitrator before any court proceedings can be started against **us**. If **we** refuse liability for the claim and this claim is not referred to arbitration within one year from the date of such refusal, the claim shall be deemed to have been withdrawn and cannot subsequently be revived.

GROUP COVER

The terms and conditions of **your** medical insurance **policy** are governed by an agreement between **your sponsor** and **Sana Healthcare**. There is no legal contract between **you** and **Sana Healthcare** covering **your** membership to the **group** medical insurance **policy**. To be covered under the **group** medical insurance **policy** **you** must be confirmed by the sponsors and must be resident in **Malta**.

This medical insurance **policy** along with **your** chosen plan set out the details of **your** cover. This may be subject to variations which have been agreed on by **your sponsor** and **Sana Healthcare**. **Your sponsor** is responsible for letting **you** know of any variations to the terms and conditions of **your policy**.

The plan chosen by **your sponsor** will be listed on **your** medical insurance **policy**. **You** should read the table of benefits and notes that apply to this chosen plan to know what **you** are covered for.

If **you** are unsure which level of cover applies to **you**, please call **Sana Healthcare**.

If **your sponsor** does not pay the premiums and all relevant taxes and levies when due, **your** medical insurance **policy** will not be valid. The renewal of **your group** medical insurance **policy** is subject to **your sponsor** renewing the agreement with **Sana Healthcare**.

Sana Healthcare can end a **group** medical insurance **policy** if there is reasonable evidence that the **sponsor** has misled **us** by giving false information or keeping necessary information from **us**.

No changes to the **group** medical insurance **policy** or people covered by it can be made unless specifically agreed on and in writing between **your sponsor** and **Sana Healthcare**.

If **your group** medical insurance **policy** ends **you** can apply for an individual health **policy** with **Sana Healthcare**.

JURISDICTION

Without prejudice to any arbitration proceedings in Malta under current statutory provisions, this **policy** shall be subject to the exclusive jurisdiction of the Maltese Courts.

We will pay only in respect of judgements, orders or awards that are delivered by or obtained from a court within Malta, or in arbitration in Malta under current statutory provisions. We will not pay in respect of any judgment, order or award obtained in Malta for the enforcement of a judgement or arbitration award obtained elsewhere or to costs and expenses of litigation recovered by any claimant from you or any other persons entitled to indemnity under this policy which costs and expenses of litigation are not incurred in Malta.

PROTECTION AND COMPENSATION FUND REGULATIONS 2003

Under the Protection and Compensation Fund Regulations 2003, should the company be unable to meet all its liabilities to policyholders, compensation may be available. Further information may be obtained by visiting the Malta Financial Services Authority website.

LAW APPLICABLE TO CONTRACT

The law of Malta will apply to this contract unless **you** and **us** agree otherwise.

COMPLAINTS PROCEDURE

As a valued customer **you** are right to expect fairness and a swift and courteous service at all times.

We recognise that sometimes **you** may be dissatisfied with **our** service. To help **us** improve **we** would appreciate **your** honesty in telling **us** about **your** experience of **our** service – **Your** feedback will make all the difference.

WHAT SHOULD YOU DO?

Step 1. Please speak to **your** usual insurance advisor or **your GasanMamo Insurance** contact.

Step 2. If **you** remain dissatisfied or **you** feel **your** complaint remains unsolved please write to the Managing Director, **GasanMamo Insurance** Limited, Msida Road, Gzira, GZR 03 giving **us your policy** or claim number in any correspondence.

Step 3. If, after making a complaint to **us**, **you** are still unhappy and feel the matter has not been resolved to **your** satisfaction **you** may wish to contact the Consumer Complaints Manager, Malta Financial Services Authority, Notabile Road, Attard BKR 14.

Following these procedures will not affect **your** right to take legal action.

Telephone monitoring

For **our** joint protection, telephone calls may be recorded and/or monitored.



Gasamamo Insurance LIMITED

Msida Road, Gzira GZR 03, Malta

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BRANCHES

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☎: 21 232 666

Mellieha: 23, G. Borg Olivier Street

☎: 21 523 672

Paola: 124, Antoine de Paule Square

☎: 21 662 815

B'Kara: 233, Brared Street

☎: 21 496 235

Qormi: 206, Victory Street

☎: 21 487 118

Sliema: Il-Piazzetta, Tower Road

☎: 21 342 211

Mriehel: Mriehel Gasan Centre, Mriehel Bypass

☎: 23 851 277

Rabat: 120, St Rita Street

☎: 21 455 523