



# Travel Health Insurance for Foreigners

INSURANCE POLICY NO.

This insurance is valid and meets the conditions of travel health insurance 326/1999 Coll., as amended, for the residence of foreigners on the territory of the Czech Republic.

Assistance service: **+420 251 032 835**



**POLICY START DATE**

**POLICY END DATE**

**MONTHS**

**TERRITORY**



## INSURER

Name Colonnade Insurance S.A., registered office Rue Jean Piret 1, L-2350 Luxembourg, registered under no. B 61605, acting through Colonnade Insurance S.A., branch office, Na Pankráci 1683/127, 140 00 Prague 4, identification no.: 044 85 297, registered in the Commercial Register administered by the Metropolitan Court in Prague, file no. A 77229

Address Na Pankráci 1683/27, 140 00 Praha 4, Česká republika

Company ID No. CZ044 85 297 E-mail [travel@colonnade.cz](mailto:travel@colonnade.cz)



## POLICYHOLDER

Name  Birth date

Surname  Sex

Phone no.  Nationality

E-mail  Document Number

Address in Czech Republic



## INSURED PERSON

Name  Surname

Date of Birth  Sex  Student

E-mail  Phone no.  Passport no.

Address in Czech Republic



## PRODUCT VARIANT

Product variant  GTC



## PREMIUM PAYMENT

Payment term  Insurance Premium



## INSURANCE BROKER

Company Name



## SCOPE OF COVER AND LIMITS

<b>A. Medical Expenses</b>	
<b>Essential and urgent health care - Applicable in CZ/CZ+Schengen Area (according to the territorial scope agreed)</b>	
Essential emergency or first-aid service	
Transport to the nearest specialized health care facility indicated by the physician	
Determining a diagnosis and treatment including necessary examinations;	
Essential and urgent medical procedures including medical supplies	
Essential hospitalization for the necessary period of time including medication	
Outpatient treatment and hospital treatment including diagnostics	
Preventive care and dispensary care	
Repatriation or transport of remains of the insured to their country of origin	
Treatment in connection with an allergy if it is the First Occurrence of a particular type of allergy in the insured, including subsequent essential allergological and immunological examinations (does not cover medication)	
Essential stomatological treatment for the purpose of eliminating pain, simple dental filling and stomatological treatment in the case of an accident	
Medication prescribed as part of outpatient care	
<b>Comprehensive health care - Applicable only in CZ</b>	
Essential and urgent health care	
Preventive check-up with a GP	
Preventive dental check-up	
Preventive gynaecological check-up for women over 15 years of age	
Mandatory vaccinations	
<b>B. Assistance</b>	
24/7 assistance service	
Arrangement of interpretation services	
Physician-indicated transportation to a medical facility (both to and from).	
Transport, repatriation to the Czech Republic or the country of permanent residence (EU)	
<b>C. Accident Insurance</b>	
Permanent disability	
Accidental death for people who are 18 and over	
Accidental death for people up to 18 years of age	
<b>D. Liability for Damage</b>	
Damage to health (deductible CZK 1,000)	
Damage to property (deductible CZK 1,000)	
<b>Optional Insurance</b>	
<b>E. Optional Insurance for Pregnant Women</b>	
<b>F. Optional Insurance for Professional Athletes</b>	

Unless specified otherwise in the table, the limits always apply to the insured event.  
The reimbursement under the medical expense insurance can never exceed the amount covered by public health insurance in the Czech Republic.



# Travel Health Insurance for Foreigners

INSURANCE POLICY NO.  

**COLONNADE**   
A FAIRFAX COMPANY



**ASSISTANCE SERVICE**  
**+420 251 032 835**

① In the event of illness or injury, please contact the assistance service immediately.

Our assistance service is available 24/7 in Czech and English.



I confirm that I have read all the submitted documents, including the insurance terms, information about the insurance product (IPID), valuation tables, and the Rules on Personal Data Protection. I understand their contents, and I have informed all insured persons about them. Additionally, I agree to pay the insurance premium amount and in the manner stated in these documents.

I acknowledge that my personal data, including special category data, will be provided to other entities providing assistance services. Furthermore, I consent to my personal data being provided to the Police of the Czech Republic – Foreign Police Service and authorized employees of the Ministry of the Interior for the purpose of assessing my residence permit in the Czech Republic in accordance with Act No. 326/1999 Coll., on the Stay of Aliens in the Territory of the Czech Republic.



The Policyholder or the Insured Person (if different from the Policyholder) declares that at the time of entering into the insurance contract, the Insured Person:

- does not suffer from severe nervous disorders, mental illnesses, bilateral deafness, bilateral blindness, paralysis, drug addiction, alcohol addiction, addiction to medications, liver cirrhosis, cancer, malignant tumor (carcinoma), tuberculosis, kidney dialysis-requiring disease, HIV infection, AIDS;
- is not bedridden, hospitalized, or incapable of work, and has not been diagnosed with a high-risk pregnancy.

Date of Conclusion  
19.09.2023 22:11:39

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If required by state authority,  
the policyholder's signature

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Mgr. Dominik Štros  
Head of the Branch Office